

Fall 2020 Program Meeting Pre-Meeting Poll
November 12, 2020

Table of Contents

Executive Summary	4
Demographics	5
DEI Significance	6
Workforce Development.....	7
Please list the top barrier that has most significantly limited your sphere of influence for Workforce Development	7
Please list the top barrier that has most significantly limited your sphere of influence for Workforce Development	8
Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to the following: Workforce Development	9
Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to the following:	10
Workforce Development	10
Please list the top barrier that has most significantly limited your sphere of influence for the following: CTSA Consortium Leadership	11
Please list the top barrier that has most significantly limited your sphere of influence for CTSA Consortium Leadership	12
Please list your top priority/suggestion to the field for overcoming the	13
barriers that you listed above with regard to CTSA Consortium Leadership.....	13
Additional Feedback.....	Error! Bookmark not defined.
Please list the top barrier that has most significantly limited	15
your sphere of influence for the following:	15
Disparities/Health Equity Research	15
Please list your top priority/suggestion to the field for overcoming	17
the barriers that you listed above with regard to the following:	17
Disparities/Health Equity Research	17
Please list the top barrier that has most significantly limited	19
your sphere of influence for the following: Clinical Trials Participation.....	19
Appendix	23
Please list the top barrier that has most significantly limited	23
your sphere of influence for the following: Workforce Development	23
Please list your top priority/suggestion to the field for overcoming	30

the barriers that you listed above with regard to the following: Workforce Development.....	30
Please list the top barrier that has most significantly limited your sphere of influence for the following: CTSA Consortium Leadership	37
Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to the following: CTSA Consortium Leadership ..	44
Please list the top barrier that has most significantly limited your sphere of influence for the following: Disparities/Health Equity Research	51
Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to the following: Disparities/Health Equity Research	57
Please list the top barrier that has most significantly limited your sphere of influence for the following: Clinical Trials Participation.....	63

Executive Summary

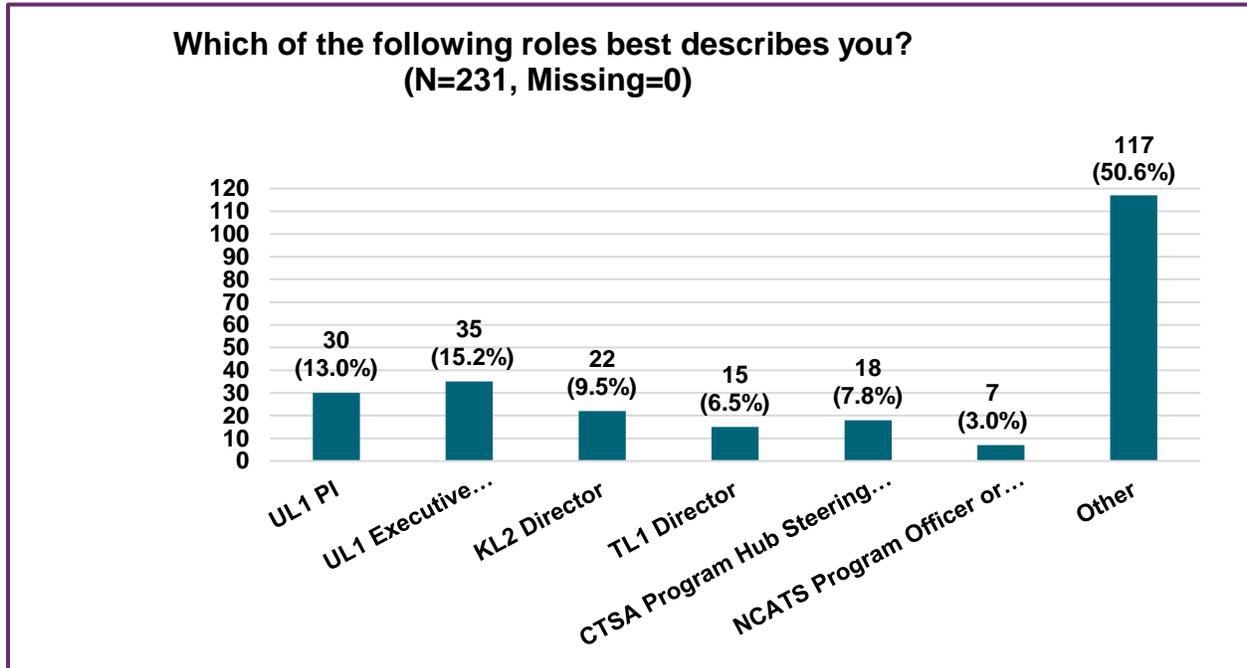
On November 12, 2020 a pre-meeting poll was sent to CTSA Fall Program Meeting registrants. This report of the evaluation questions addresses DEI efforts and issues institutionally and structurally. An initial email request with two reminders were sent to meeting registrants. A total of 231 responses were received from the meeting registrants, for a final response rate of 29.02%.

The majority of the evaluation questions were open-ended. Registrants were asked what barriers to DEI efforts were present in various aspects of clinical and translational science, and also what their recommendations were for solutions to those barriers. The barriers and recommendations most often mentioned were in regards to Recruitment, Funding, Applicant Pools, and Institutional Policies and Priorities.

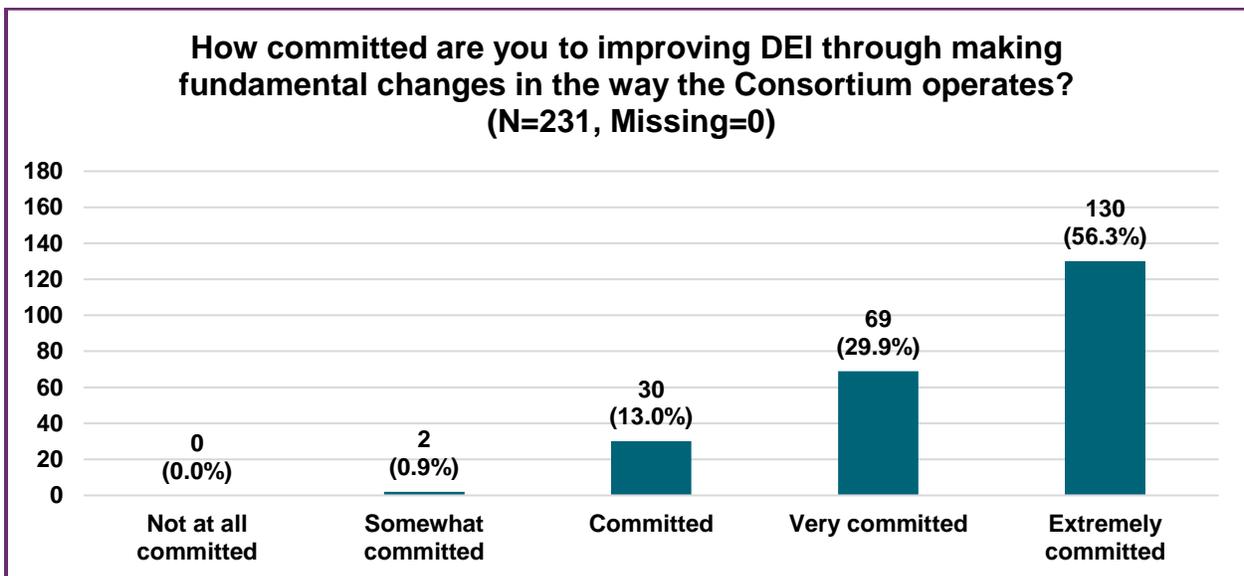
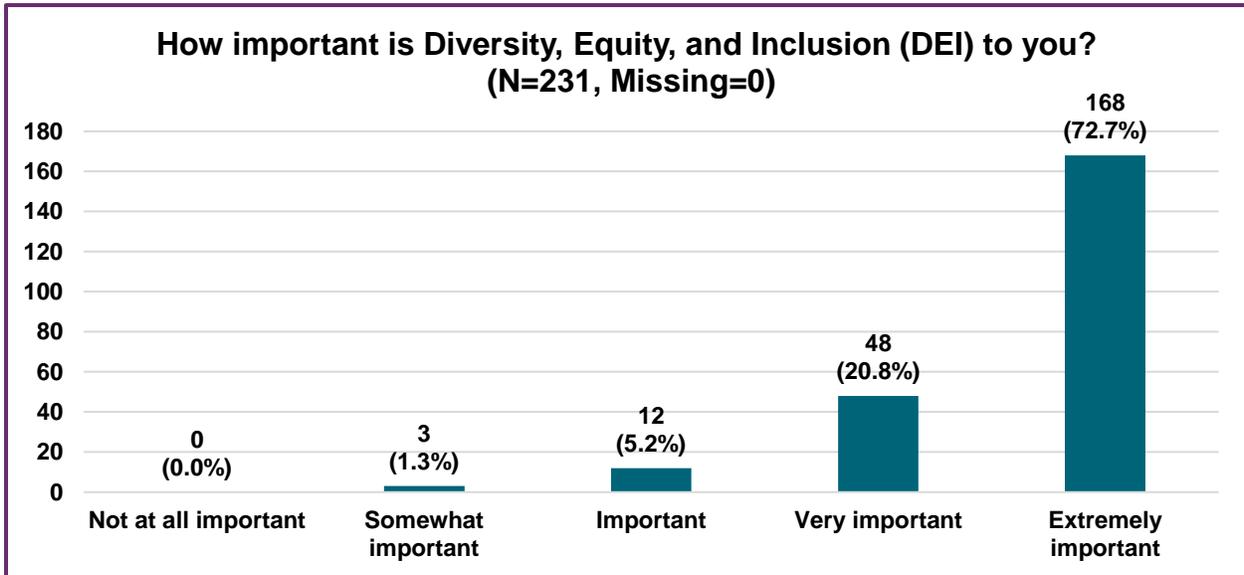
The majority of respondents identified themselves as an “Other” regarding their role or position (50.6%). UL1 Executive Director/Administrator (15.2%) and UL1 PI (13.0%) were the next highest respondent roles.

The majority of the respondents (93.5%) said that DEI was either extremely important or very important to them. Similarly, the majority of respondents (86.2%) said that they were either extremely committed or very committed to improving DEI efforts within the Consortium.

Demographics



DEI Significance



Workforce Development Barriers

Please list the top barrier that has most significantly limited your sphere of influence for Workforce Development. (N=162)

(Comments appear as submitted, identifying information is redacted in [brackets])

Theme	N*	Example Comments
Applicant Pool	23	<i>lack of qualified applicants</i>
		<i>limited diversity of applicant pool</i>
		<i>Limited diverse faculty candidates available to recruit to TL1 and KL2 positions</i>
		<i>Applicant reach</i>
		<i>lack of quality candidates</i>
		<i>Pool of participants</i>
Limited Funding	20	<i>Lack of access to institutional funding for faculty positions</i>
		<i>Money to bring opportunities to under-resourced, URM communities</i>
		<i>Lack of funding for pipeline programs that go as early as high school</i>
		<i>Funds to place money where mouth is. Need to be a priority of university senior leaders</i>
		<i>adequate availability of funding opportunities</i>
		<i>Sufficient financial support from institution or UL1</i>
Faculty/ Institutional Support	19	<i>Institutional policies</i>
		<i>Engaging new faculty</i>
		<i>lack of support from program faculty director</i>
		<i>administrative submission barriers - IRB timing</i>
		<i>Our trainees primarily come from faculty, fellows, and graduate students. We do not have influence over their hire.</i>
		<i>Commitment of institutional leadership</i>
Limited Resources	13	<i>Limited resources for older individuals</i>
		<i>lack of staff</i>
		<i>Limited opportunity for incremental recruitments</i>
		<i>Resources</i>
		<i>Resources for workshops in diversity and inclusion excellence, mentorship training</i>
		<i>creating opportunities</i>
Lack of Diversity across faculty/ Campus	9	<i>Minimal diversity at the institution</i>
		<i>university population</i>
Current Position	8	<i>I can only offer suggestions; I am not in a position in which I can directly effect change.</i>
		<i>my position</i>
Engagement/ Attraction	7	<i>Attracting a broad, diverse workforce</i>
		<i>adapting/changing communication</i>
Awareness/ Understanding/ Knowledge	7	<i>lack of awareness among underrepresented minority communities</i>
		<i>Untrained Leadership</i>
Recruitment	5	<i>Difficulty recruiting candidates</i>
		<i>Recruiting and retaining diverse scholars, trainees</i>

*N =The number of times comments addressed the corresponding theme; exceeds number of respondents

Workforce Development Barriers

Please list the top barrier that has most significantly limited your sphere of influence for Workforce Development. (N=162) (Cont.)

(Comments appear as submitted, identifying information is redacted in [brackets])

Theme	N*	Example Comments
Retention	5	<i>retention</i>
		<i>Retention, inclusion (many unarticulated rules - easy to become an outsider)</i>
Other Priorities	5	<i>Narrow vision of our WD leadership - focused only on commercialization</i>
		<i>Lack of focus/prioritization on DEI</i>
Outreach	4	<i>Not having special outreach for inclusion of diverse applicants</i>
		<i>Local pipeline relies heavily on word of mouth and warm handoffs.</i>
Strategy Implementation	2	<i>Developing strategies that enhance diversity</i>
		<i>"one and done" approach to education/training programs</i>
Other	14	<i>concerns that applicants may consider diversity questions as biased</i>
		<i>Training appears to be thought of as "training for the role you are in now" (see below).</i>
		<i>job descriptions that emphasize lived experience as opposed to degrees</i>
		<i>Lack of diversity is often excused as a "pipeline issue"</i>
		<i>Team is overwhelmed with just collecting data, not even close to stage of considering how we use it or how to revise from a DEI lens</i>
None	9	<i>Location</i>
		<i>no particular barriers identified</i>
		<i>N/A</i>

**N = The number of times comments addressed the corresponding theme; exceeds number of respondents*

Workforce Development Priorities/Suggestions

Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Workforce Development. (N=149)

(Comments appear as submitted, identifying information is redacted in [brackets])

Theme	N*	Example Comments
Education/Training Programs	23	<i>incorporate DE&I into all aspects and discussions rather than make it a separate session</i>
		<i>innovative programming starting in K-12</i>
		<i>New education and training programs</i>
		<i>cultural competency training for clinical translational research workforce</i>
		<i>develop teams for young investigators to lead and get experience that gets them in front of CTSA leadership</i>
		<i>Peer Training from POC</i>
		<i>Building bridges with other diversity programs for students at all levels on campus</i>
Pipeline Development	19	<i>Develop diverse pipeline from early in education/training path</i>
		<i>building pipeline programs with other institutions</i>
		<i>create a pipeline for recruitment, i.e., institutional and CTSA internships, grant support DEI,</i>
		<i>Developing relationships with HBCUs, K-12 pipelines</i>
		<i>better relationship with colleges to get folks into med school pipeline</i>
		<i>Blinded reviews of applicants (initial round at least) for research positions</i>
Recruitment Strategies	19	<i>Enhancement of pool of trainees from URM backgrounds</i>
		<i>novel recruitment strategies that are legally acceptable</i>
		<i>reconceptualization for a realistic trajectory for many URM and focus on talent development and not talent selection</i>
		<i>RFAs for TL1 or even pre-TL1 recruitment</i>
		<i>Need systematic approaches to increase reach beyond investigators known to others in the consortium.</i>
More Funding	19	<i>Guarantee 2 diversity supplements to each hub annually</i>
		<i>Encourage career in translational research with better financial support, subsidized day care opportunities, subsidized housing, and loan forgiveness programs</i>
		<i>expand funding</i>
		<i>Focused/dedicated funding and incentives for URM recruitment and retention</i>
		<i>increase funding resources w/less restrictions</i>
<i>Training awards that buy-out 40% effort</i>		
		<i>Develop and celebrate metrics associated with bringing on early career trainees into NIH diversity supplements. (This is currently not tracked at our institution or anywhere else that I am aware of.</i>

*N = The number of times comments addressed the corresponding theme; exceeds number of respondents

Workforce Development Priorities/Suggestions

Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Workforce Development. (N=149) (Cont.)

(Comments appear as submitted, identifying information is redacted in [brackets])

Theme	N*	Example Comments
Evaluation of Current Program/Develop Metrics/ Systematic Approaches to WFD	12	<i>we need to understand why UR trainees do not apply to training programs</i>
		<i>Reorientation to goals including DEI</i>
		<i>Improved standardization of assessment tools across hubs</i>
		<i>Evaluate hiring and retention practices across levels (staff vs leadership) and who gets promoted</i>
		<i>Develop, implement and evaluate, a scalable strategy to effectively embed, disseminate, and sustain diversity within the nationwide NIH and AHC scientific workforce</i>
		<i>increased institutional resources for workforce training</i>
More/ Increased Access to Resources	9	<i>internships, career development</i>
		<i>fairness in access to resources</i>
		<i>Inclusion and access on all platforms</i>
		<i>The criteria listed above need revision.</i>
Institutional/Administrative Support/ Policies	8	<i>Our university's HR policies and procedures need an entire overhaul, from the top down. Seriously. We're ripe for lawsuits.</i>
		<i>Do more to promote and support careers of URM minority</i>
		<i>A proven strategy and implementation steps from peer institutions, peer-peer working groups</i>
Sharing of Best Practices	8	<i>Exchange of ideas across institutions</i>
		<i>Share training resources across CTSA Hubs</i>
		<i>Target career seminars to high school and undergraduate students</i>
Engagement/Attraction	7	<i>Increase visibility of STEM career opportunities early in educational process (elementary school)</i>
		<i>outreach to leaders in diverse communities</i>
Community Outreach	5	<i>broader and more targeted outreach</i>
		<i>creating career paths to promote retention and promotion</i>
Retention	5	<i>invest early, continuity of focus on retention</i>
		<i>Recruit and retain more mentors who reflect underrepresented communities</i>
Recruitment of Diverse Workforce/Mentors	3	<i>Create a national "exchange" of qualified researchers looking for positions</i>
Other	20	<i>improve equity -- economic and educational -- across the US</i>
		<i>Tools or guides</i>
		<i>Supporting WD programs at hubs with minimizing data collected, particularly for KL2 program and focusing more on using less data more effectively.</i>
		<i>Increased understanding about professional roles in the workforce</i>
		<i>evidence based innovations not just those that sound good</i>
None/ N/A	6	<i>N/A</i>

**N =The number of times comments addressed the corresponding theme; exceeds number of respondents*

CTSA Consortium Leadership Barriers

Please list the top barrier that has most significantly limited your sphere of influence for CTSA Consortium Leadership. (N=127)

(Comments appear as submitted, identifying information is redacted in [brackets])

Theme	N*	Example Comments
DEI Efforts	35	<i>Openness to diversity initiatives</i>
		<i>too white</i>
		<i>Lack of URM in top leadership positions</i>
		<i>diverse people in senior leadership</i>
		<i>Limited representation in leadership positions</i>
		<i>The majority of PIs are not diverse</i>
Policies/ Priorities	31	<i>Reviewer opinion of me as a leader has not been great in our cycle application reviews, given that I have been more a career educator than career researcher</i>
		<i>Need all cores to make it a priority</i>
		<i>Lack of focus on solutions</i>
		<i>Unsure of how to get involved but think committees would be a good place to start?</i>
		<i>Verbal support, but little/no systematic change, even as COVID has underscored the need</i>
		<i>Priorities</i>
Communication	17	<i>recognition that this is an issue</i>
		<i>access is not clear</i>
		<i>Lack of transparency</i>
		<i>Access</i>
		<i>cultural and values knowledge</i>
		<i>communication</i>
Organizational/Structural	14	<i>Don't perceive any real avenues to influence this</i>
		<i>my position</i>
		<i>As staff, I do not have the capacity to influence DEI policy, governance, resources, and decision-making.</i>
		<i>Hierarchical structures and systems</i>
		<i>Lack of organizing fundamental questions related to DEI;</i>
		<i>leadership is mostly white malerecog</i>
Pool of Participants	9	<i>Pool of participants</i>
		<i>limited pool</i>
Recruitment/ Advancement	8	<i>robust pipeline for mid career scientists to move into leadership positions</i>
		<i>lack of diversity within the CTSA sites to promote to leadership</i>
Funding/ Resources	6	<i>Implicit bias in according authority and resources to minority research leaders</i>
		<i>there is a need for more minority supplements</i>
Metrics	6	<i>Limited by not having DEI as a stated measure with NCATs</i>
		<i>Overarching metrics focusing on scholar productivity provide a disincentive for taking on diverse candidates that might be viewed as higher risk or in need of longer development times</i>
Time	5	<i>time required to absorb the volume of valuable information</i>
		<i>time</i>

**N= Number of respondents whose comments addressed corresponding theme; exceeds number of respondents*

CTSA Consortium Leadership Barriers

Please list the top barrier that has most significantly limited your sphere of influence for CTSA Consortium Leadership. (N=127) (Cont.)

(Comments appear as submitted, identifying information is redacted in [brackets])

Theme	N*	Example Comments
Other	7	<i>Location</i>
		<i>National: Ever changing priorities and lack of true commitment to improving population/community health; HUB: Long history of independent/parallel work; no pressure to truly collaborate on things that matter (data sharing; community engagement, etc)</i>
		<i>Increased emphasis on DEI topics in seminars, colloquia training and promotion of qualified candidates</i>
N/A, None	6	n/a

*N = The number of times comments addressed the corresponding theme; exceeds number of respondents

CTSA Consortium Leadership Priorities/Suggestions

Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to CTSA Consortium Leadership. (N=114)

(Comments appear as submitted, identifying information is redacted in [brackets])

Theme	N*	Example Comments
DEI Efforts	47	<i>Adding more minority leaders as CTSI directors</i>
		<i>intentional diversification of faculty affiliated with CSTA</i>
		<i>enabling the next generation of more diverse leaders and women</i>
		<i>more diverse representation at all levels of leadership (diverse in many ways)</i>
		<i>more diversity</i>
		<i>Suggestion: posting stories of the career paths of minority and female CTSA PIs and their suggestions for increasing diversity.</i>
Recruitment/ Advancement	34	<i>Partner with academic departments when filling faculty positions</i>
		<i>don't tap into all the faculty of color for leadership- then they don't have time for their research</i>
		<i>recruitment of faculty by my institution</i>
		<i>be aggressive in getting leaders who are diverse</i>
		<i>create opportunities for mid career faculty to engage in leadership and grow to take on more responsibility</i>
		<i>Dont have the same people hold all of the leadership roles</i>
Policies/ Priorities	22	<i>provide access-there were core forums in the past with monthly calls that allowed peer administrators at the core level to engage in meaningful discussion & sharing of best practices</i>
		<i>Virtual Office Hours; Town Hall Meetings; Site Visits to target populations</i>
		<i>efforts to directly influence university and academic health center leadership to prioritize diversity</i>
		<i>More willing ness to just do it rather than fear of doing it imperfectly. Realize that mistakes will be made.</i>
		<i>we really should have a group dedicated to the DEI</i>
		<i>streamline processes so time spent is more valuable</i>
Mentorship/ Training	18	<i>Sponsor junior faculty from diverse backgrounds to grow as leaders</i>
		<i>prioritize diversity in our leadership thru mentorship and training</i>
		<i>FAculty hiring and leadership development, taking chances,</i>
		<i>Intentional mentoring and recruitment of URM in leadership positions</i>
		<i>Offer leadership development to women and URM, & nurture/mentor emerging leaders</i>
		<i>improved mentorship</i>

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CTSA Consortium Leadership Priorities/Suggestions

Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to CTSA Consortium Leadership. (N=114) (Cont.)

(Comments appear as submitted, identifying information is redacted in [brackets])

Theme	N*	Example Comments
Communication	13	<i>Suggestion: posting stories of the career paths of minority and female CTSA PIs and their suggestions for increasing diversity.</i>
		<i>raising the voices of more diverse leaders and their allies</i>
		<i>Support the idea that equity should be reflected within our ranks as well as in our outward-facing activities.</i>
		<i>broaden the conversation to include program staff</i>
		<i>More transparency and active outreach</i>
		<i>Communication more broadly to all members of CTSA's - not just leadership</i>
Organizational/ Structural	10	<i>Inclusion through various invitations and platforms</i>
		<i>integrate into all Enterprise Committees</i>
		<i>working groups</i>
Metrics	5	<i>change in leadership</i>
Funding/ Resources	4	<i>efforts to directly influence university and academic health center leadership to prioritize diversity</i>
		<i>Diversify the leadership. Require that every image of CTSA includes broad diverse images, create inclusive environment at all events.</i>
		<i>Adding support for a diversity officer at each hub.</i>
Other	11	<i>significantly augment number of minority supplements</i>
		<i>allow SC participation of non-PIs, reduce the effort requirements to be lead PI</i>
		<i>streamline processes so time spent is more valuable</i>
		<i>don't tap into all the faculty of color for leadership- then they don't have time for their research</i>
		<i>Coordinated efforts and multi-group collaborations</i>
N/A, None	31	<i>greater interaction with community engagement cores</i>
		<i>Nurture from med/grad school so as to increase pool of URN</i>
		<i>n/a</i>

**N = The number of times comments addressed the corresponding theme; exceeds number of respondents*

Disparities/Health Equity Research Barriers

Please list the top barrier that has most significantly limited your sphere of influence for Disparities/Health Equity Research. (N=138)

(Comments appear as submitted, identifying information is redacted in [brackets])

Theme	N*	Example Comments
Funding/Resources	42	<i>Resources</i>
		<i>Limited resources for funding</i>
		<i>funding limitations</i>
		<i>Scholars struggle to gain NIH research funding</i>
		<i>relative resource prioritization</i>
		<i>Limited money to support the high level of interest and competence among faculty and community partners to conduct partnered research</i>
		<i>insufficient resources</i>
		<i>Identifying appropriate funding mechanisms and matching them with investigators</i>
Institutional and CTSA Commitment, Support, Engagement, Interest, Policies, Processes, and Priorities	26	<i>Disparities are not a top priority for the health system i.e while this is a research priority, it needs to the attention of clinical leadership in an academic health center</i>
		<i>Priorities of PI, though they are typically aligned</i>
		<i>Not as highly prioritized as RCTs.</i>
		<i>Difficult to shift work towards this focus as hub has not made explicit how we will implement DEI in work</i>
		<i>Able to influence quite a bit; however, institution must commit more/invest more if we want to see more substantial outcomes in D/HE Research at our institution and across the city</i>
		<i>The curiosity of the faculty.</i>
		<i>Competing priorities</i>
		<i>Lack of support and interest -- lip service is usually provided with no committment</i>
Communication/ Transparency/ Awareness/Access	11	<i>addressing the concept of belonging</i>
		<i>Lack of HE/HD awareness</i>
		<i>Increasing access to diverse populations</i>
		<i>lack of awareness of research in this area</i>
		<i>cultural and values knowledge</i>
		<i>Lack of understanding regarding intersectionality</i>

**N =The number of times comments addressed the corresponding theme; exceeds number of respondents*

Disparities/Health Equity Research Barriers

Please list the top barrier that has most significantly limited your sphere of influence for Disparities/Health Equity Research. (N=138) (Cont.)

(Comments appear as submitted, identifying information is redacted in [brackets])

Theme	N*	Example Comments
Pool of Candidates/ Staff	10	<i>need to cast a wider net to engage those in D/HER</i>
		<i>Resources & prestige are scarce so talent goes elsewhere</i>
		<i>limited by the number of experienced investigators who can provide mentorship to others</i>
		<i>internal and external staffing</i>
		<i>Adequate pool of interested researchers</i>
		<i>Lack of researchers engaged in this field</i>
Community Engagement, Lack of Trust in Community	8	<i>lack of trust inhibiting URM groups from engaging in research</i>
		<i>Low levels of trust in the institution and trust in research from diverse communities</i>
		<i>community trust</i>
		<i>Ensuring these initiatives and research are led and well represented by the same individuals as the health equity research objective.</i>
Time, Bandwidth, Skills Available/Required	8	<i>staff capacity</i>
		<i>Time</i>
		<i>Lack of time/priority from top down - usually existing faculty working extra to meet a need</i>
Understanding of Disparities and Importance of Research	4	<i>Getting others to understand it is a priority</i>
		<i>knowledge</i>
Administrative/ Organizational/ Structural Initiatives	4	<i>structural problems in US and state policy</i>
		<i>Administration</i>
		<i>Lack of organizational support...</i>
DEI Efforts	3	<i>Leaders from diverse backgrounds</i>
		<i>current lack of diversity in faculty</i>
Recruitment, Hiring, Promotions, and Other Advancement Opportunities	3	<i>Pipeline, weighted to white women in CRP roles</i>
		<i>Recruitment strategies earlier in training pipeline</i>
Other	19	<i>APT requirements and need to publish early and often</i>
		<i>I can only offer suggestions; I am not in a position in which I can directly effect change.</i>
		<i>Lack of fit within current program</i>
		<i>Able to support but not hire faculty</i>
		<i>creativity</i>
N/A or None	15	<i>defining the key questions</i>
		<i>I would say this is an area of relative strength for us.</i>
N/A		<i>N/A</i>

**N = The number of times comments addressed the corresponding theme; exceeds number of respondents*

Disparities/Health Equity Research Priorities/Suggestions

Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Disparities/Health Equity Research. (N=135) (Cont.)

(Comments appear as submitted, identifying information is redacted in [brackets])

Theme	N*	Example Comments
Funding/Resources	41	<i>Funding for disparities research</i>
		<i>More professional incentives for engaging in this work</i>
		<i>more money</i>
		<i>Explicit funding mechanism outside of NIMHD</i>
		<i>Commitment of funds nationally and at the institutional level</i>
		<i>Advocacy for improved funding</i>
		<i>Increased funding of specific research topics</i> <i>supplementary funding</i>
Institutional and CTSA Commitment, Support, Engagement, Interest, Policies, Processes, and Priorities	32	<i>Suggestion: put a greater focus on these areas in individual CTSA's at CTSA meetings (the Fall meeting agenda is a good start).</i>
		<i>More discussion with PI about expanding this mission at our institute</i>
		<i>institutional value of community partnered research</i>
		<i>Meaningful commitment</i>
		<i>Make this a national priority - particularly at NIH</i>
		<i>Continue to support the important work going on in this area, encourage both new and established researchers to conduct research in this important area</i>
		<i>Set an agenda to make it a priority - bring in others</i> <i>understand the relation of priority and investment</i>
DEI Efforts	16	<i>Include an equity lens in all of our research</i>
		<i>Diverse pipeline</i>
		<i>Increasing a diverse leadership, promoting diverse CRP workforce</i>
		<i>Inclusion - would be helpful if we could have opened up session to person of color who were interested and wanted to have input but limited portals preclude that from happening</i>
		<i>Access and inclusion on all platforms</i>
		<i>...abolish discrimination</i>
Community Engagement, Lack of Trust in Community	14	<i>involving the community at earlier stages of research</i>
		<i>Build ongoing stable relationships with community-based organizations and leaders</i>
		<i>community partnership</i>
		<i>Require medicine to look beyond their walls; the causes of disease and poor health lie outside the clinical encounter; learn to PARTNER with those who can help bridge the gaps</i>
		<i>Learning what is important to communities not what is important to research</i> <i>Engage community/patients to identify priority areas of CTR</i>

*N = The number of times comments addressed the corresponding theme; exceeds number of respondents

Disparities/Health Equity Research Priorities/Suggestions

Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Disparities/Health Equity Research. (N=135) (Cont.)
(Comments appear as submitted, identifying information is redacted in [brackets])

Theme	N*	Example Comments
Collaboration	11	<i>Integrating opportunities for HE/HD research across a broader percentage of researchers</i>
		<i>Encourage disparities research as part of pragmatic work with clinical partners/learning health systems</i>
		<i>Identifying ways to work research into the Team Science Education institutional value of community partnered research</i>
		<i>Enhance NIMHD-NCATS collaboration. RFA?</i>
		<i>Create platform where CTSA's can identify researchers and areas of specialty and interest in collaboration</i>
Recruitment, Hiring, Promotions, and Other Advancement Opportunities and Incentives	10	<i>More professional incentives for engaging in this work</i>
		<i>Need to revise promotion criteria to reward this work. Need a paper on this topic.</i>
		<i>recruitment of DEI interested faculty</i>
		<i>Recruit additional faculty...</i>
		<i>Recruit talent...</i>
Mentorship, Training, and Education	5	<i>Fund more staff...</i>
		<i>Development of development programming and coaching approach educational materials on methods for this type of work</i>
Understanding of Disparities and Importance of Research	5	<i>meeting seminars to demonstrate models</i>
		<i>stop treating health disparities work as not scientific</i>
Metrics/Methods/ Best Practices/ Dissemination	5	<i>Raising awareness on importance of this research...</i>
		<i>...devise metrics that count towards advancement for investigators</i>
		<i>...sharing best practices/tools</i>
Other	21	<i>...better measures of change in cultural environment</i>
		<i>special issue in Translational Science</i>
		<i>focus on less descriptive and more implementation efforts at scale</i>
		<i>develop themes for research</i>
		<i>?</i>
		<i>engage all T=T_2 not just T_3-T_4</i>
N/A or None	10	<i>inventory current research</i>
		<i>We're writing an entire CTSA application about doing just this.</i>
Communication/ Transparency/ Awareness/Access	4	<i>N/A</i>
		<i>talk about how all this research is impacting people's health in plain language - discuss a population's strength</i>
		<i>two way, equitable conversation</i>

*N = The number of times comments addressed the corresponding theme; exceeds number of respondents

Clinical Trials Participation Barriers

Please list the top barrier that has most significantly limited your sphere of influence for Clinical Trials Participation. (N=140)

(Comments appear as submitted, identifying information is redacted in [brackets])

Theme	N*	Example Comments
Community Perceptions	35	<i>Community Attitudes towards participation</i>
		<i>Lack of trust in research institutions among URMs</i>
		<i>Building trust with the community after hundreds of years of medical distrust</i>
		<i>Credibility with potential participant populations</i>
		<i>suspicion by community members</i>
		<i>Distrust of the government and fear that they will be used as guinea pigs, deported, or they or their family will be otherwise harmed</i>
Lack of Effort/Support from Institution	19	<i>Lack of community engagement at the outset</i>
		<i>lack of value provided to diverse participants and lack of ask to participate</i>
		<i>Insufficient mandate to PIs to comply with equitable trial recruitment</i>
		<i>Study coordinators are frequently not on board with increasing diversity. It can make their job harder, and it may conflict with internal values.</i>
		<i>Difficult to shift work towards this focus as hub has not made explicit how we will implement DEI in work</i>
		<i>Institutional Racism</i>
Awareness/Engagement	16	<i>Limited NIH and AHC institutional investment on the recruitment and retention of vulnerable/underserved/marginalized population groups</i>
		<i>Awareness / skills needed to engage community</i>
		<i>Engagement of diverse population</i>
		<i>cultural and values knowledge</i>
		<i>just building a relationship with a community to increase participation in clinical trials seems disingenuous; it feels like it is only about the institution and it is difficult to make the direct link/benefit to the community</i>
		<i>Community-based communication</i>
Resources/Access	14	<i>Understand these efforts need to be led by individuals who best represent specific trial populations and to involve communities in the research at hand.</i>
		<i>Limited resources for recruitment</i>
		<i>Access</i>
		<i>Inadequate resources to navigate the complicated agreements, budget negotiations, etc. required to participate in CT</i>
		<i>Time and resources to appropriately engage in dialogue with underserve populations</i>
		<i>lack of resources to transform clinical trials to have a DEI lens</i>
		<i>limited access to information</i>
*N =The number of times comments addressed the corresponding theme; exceeds number of respondents		

Clinical Trials Participation Barriers

Please list the top barrier that has most significantly limited your sphere of influence for Clinical Trials Participation. (N=140) (Cont.)

(Comments appear as submitted, identifying information is redacted in [brackets])

Theme	N*	Example Comments
Recruitment and/or Inclusion	12	<i>REruitment of URM to trials</i>
		<i>Exploring novel recruitment strategies; dealing with barriers in language</i>
		<i>Multiple competing programs at the institution with limited coordination</i>
		<i>Trial design makes participation very difficult</i>
		<i>recruit diverse study participants (not interested in participating)</i>
		<i>Access, Information and Inclusion</i>
Funding	10	<i>Many of the trials are performed independently of the CTSA at our institution, since NCATS limits using our grant funds to support clinical research and clinical trials operations</i>
		<i>Economic barriers</i>
		<i>reimbursement</i>
		<i>Institutional funding</i>
		<i>lack of funding for recruitment specialists and support personnel to engage with URM communities</i>
		<i>funding</i>
Staffing	9	<i>Lack of diversity among research staff.</i>
		<i>Lack of diverse CRCs and investigators to fully engage a broad and diverse population</i>
		<i>representation of "people who look like" the minorities we seek</i>
Access to Diverse Populations	7	<i>robust community engagement; limited diversity in populations seen at medical center</i>
		<i>Access to special populations</i>
		<i>Increasing access to diverse populations</i>
Current Position	7	<i>I can only offer suggestions; I am not in a position in which I can directly effect change.</i>
		<i>Trials are run through the hospitals; university-based CTSC members have little influence over these practices and protocols</i>
		<i>my position</i>
Other	14	<i>covid</i>
		<i>Not solvable by the CTSA</i>
		<i>we need to know best practices to include in training</i>
		<i>use of CTSA advice for increasng diversity of clinical trials participation is optional</i>
		<i>Identifying PIs who need and/or would welcome technical assistance</i>
		<i>no one has talked about why there are so few BIPOC populations participating in clinical trials</i>
None-N/A	10	<i>no particular barriers identified</i>

*N =The number of times comments addressed the corresponding theme; exceeds number of respondents

Clinical Trials Participation Priorities/Suggestions

Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Clinical Trials Participation. (N=125)

(Comments appear as submitted, identifying information is redacted in [brackets])

Theme	N*	Example Comments
Specific Resources for Recruitment/ Recruitment Strategies	24	<i>Access to information for participation on all platforms</i>
		<i>better recruitment strategies- registries don't work.</i>
		<i>mobile CTRC</i>
		<i>using innovative modern tools for clinical trials recruitment</i>
		<i>Enhance recruitment efforts through novel methods to ensure adequate representation of URM and diverse gender and sexual orientations.</i>
		<i>Similar to how organ donation has been incorporated into DMV licensing, add a question about participating in research they can check, with that information feeding into a national research registry; [...]</i>
Collaboration/ Engagement with Community	18	<i>More collaboration with our community engagement group</i>
		<i>what is the problem and gear engagement around this--get diverse community leaders involved</i>
		<i>Mandate full engagement of diverse community stakeholders in design and implementation.</i>
		<i>Return results to community, engage in 2-way dialogue</i>
		<i>Participant engagement groups, engaging community leaders</i>
		<i>Be more consistently inclusive of community partners, ask them how to better include them in this proces</i>
Education/ Promotion/ Outreach to the Community	18	<i>saturate media and social media with accurate information about the benefits of participating in clinical communicated by influential celebrities- athletes, entertainers, community leaders, etc</i>
		<i>Promote community centric awareness and CABs</i>
		<i>devise and implement more community outreach and training, and health service inclusion.</i>
		<i>more education/[...]</i>
		<i>Mini research bootcamps to educate communities/patients regarding actual research process</i>
		<i>Increase knowledge & awareness of the various policies, processes, and resources available. [...]</i>
Improving Community Perceptions/ Building Relationships	17	<i>building trust</i>
		<i>Concerted effort to restore trust and transparency within URM communities</i>
		<i>seeking input from the community on ways to build trust and implementing them</i>
		<i>We just need to continue to reach out to communities, it will take time to build trust with communities of color</i>
		<i>Meaningful investment in community wellness to build trust with research institutions</i>
		<i>Build ongoing stable relationships with community-based organizations and leaders</i>

**N= Number of respondents whose comments addressed corresponding theme; exceeds number of respondents*

Clinical Trials Participation Priorities/Suggestions

Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Clinical Trials Participation. (N=125)

(Comments appear as submitted, identifying information is redacted in [brackets])

Theme	N*	Example Comments
More Funding	13	<i>reasonable reimbursement for studies</i>
		<i>Need more funding of minority PIs, CRCs to recruit minorities.</i>
		<i>Funds</i>
		<i>NCATS should allow UL1 budget to be used to offset costs of clinical research and investigator initiated clinical research and trials at our institutions, e.g. supporting staff and space in clinical research units (which used to be allowable costs).</i>
Diversity Among Staff/Faculty	9	<i>creating a workforce that looks like the participants we need</i>
		<i>recruitment of minority faculty with this interest</i>
		<i>Track diversity among research staff</i>
Shift of Focus to DEI	8	<i>Need PIs to understand how to diversify their recruitment and recruitment strategies</i>
		<i>Institutional infrastructure and commitment for true community engagement</i>
		<i>help change norms about participation in trials</i>
		<i>increase recognition and support for the engagement and bidirectional long-term relationships that are needed to build trust with underserved communities</i>
Sharing of Best Practices	7	<i>we are in a very diversified area of [CITY]. We can be approached to help others with our strategies.</i>
		<i>talk about how to get more BIPOC populations involved in clinical trials</i>
		<i>Use what has already been done to address barriers</i>
Reward-Punishment System/ Setting Goals	7	<i>Set affirmative goals for diversity of participation for every trial</i>
		<i>Possibly reward study coordinators who shine at inclusive enrollment, and talk with them to learn what they're doing</i>
		<i>Identifying benchmarks for diverse trials participation</i>
Altering Study Design	6	<i>Suggestion: have trials have a clearly stated method for recruitment of minority/female subjects and for separate analysis of data and statements of conclusions from them, if the results warrant.</i>
		<i>More patient-centered clinical trial design</i>
		<i>Design clinical trials that allow disadvantaged people to participate</i>
Training of Research Personnel	4	<i>mandatory training for PIs and research coordinators in techniques for increasing diversity representation in clinical trials</i>
		<i>Access to trained research staff</i>
Other	9	<i>vaccine for covid!</i>
		<i>Break down racial barriers</i>
		<i>Professionalize the field and reach into high schools and community colleges</i>
		<i>Central databases within and among our CTSA partners</i>
		<i>Making integration of underrepresentation</i>
		<i>Assets for sustained community partnerships</i>
<i>As staff, I do not have the capacity to influence DEI policy, governance, resources, and decision-making.</i>		
None – N/A	6	<i>n/a</i>
		<i>Not really a problem at my institution because we have a significant minority population and we have work in the community</i>

*N= Number of respondents whose comments addressed corresponding theme; exceeds number of respondents

Appendix

A. Please list the top barrier that has most significantly limited your sphere of influence for Workforce Development (N=162)	
<i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>lack of qualified applicants</i>	Applicant Pool
<i>limited diversity of applicant pool</i>	Applicant Pool
<i>Limited diverse faculty candidates available to recruit to TL1 and KL2 positions</i>	Applicant Pool
<i>Applicant reach</i>	Applicant Pool
<i>lack of quality candidates</i>	Applicant Pool
<i>Pool of participants</i>	Applicant Pool
<i>diverse applicants</i>	Applicant Pool
<i>Pool of eligible candidates</i>	Applicant Pool
<i>Lack of diverse pool of candidates</i>	Applicant Pool
<i>Limited pool of scholars, trainees & mentors to choose from</i>	Applicant Pool
<i>recruiting diverse candidate pool</i>	Applicant Pool
<i>Applicant/talent pool</i>	Applicant Pool
<i>Lack of candidates and applicants in our program, lack of holistic candidate review, probably some bias in reviews</i>	Applicant Pool
<i>limited pool of candidates, siloed approach to diversity</i>	Applicant Pool
<i>finding experienced research professionals</i>	Applicant Pool
<i>low number of URM applicants/candidates for career development programs</i>	Applicant Pool
<i>predominantly white state/region/workforce</i>	Applicant Pool
<i>Access to URM candidates</i>	Applicant Pool
<i>non-diverse population from which to draw scholars</i>	Applicant Pool
<i>Identify diverse candidates/applicants</i>	Applicant Pool
<i>difficulty identifying (and retaining when identified) a diverse pool of applicants</i>	Applicant Pool
<i>lack of qualified applicants to he workforce</i>	Applicant Pool
<i>Diversity of potential trainees</i>	Applicant Pool
<i>lack of awareness among underrepresented minority communities</i>	Awareness/Understanding/ Knowledge
<i>Untrained Leadership</i>	Awareness/Understanding/ Knowledge

A. Please list the top barrier that has most significantly limited your sphere of influence for Workforce Development (N=162)(Cont.)

(Comments appear as submitted, identifying information is redacted in [brackets])

All Comments	Themes
<i>collective lack of understanding that DEI measure can't be effectively addressed without distinguishing between racism and anti-racism and actively identifying racist action, policy and mindset that get in the way of establishing and maintaining a diverse and equitable workforce.</i>	Awareness/Understanding/ Knowledge
<i>knowledge of translational science among early career scientists; recruiting into programs before applicants apply to graduate school to join program in year 1s</i>	Awareness/Understanding/ Knowledge
<i>Lack of understanding about clinical research professional roles as professional career paths by leadership, and institutional HR gaps</i>	Awareness/Understanding/ Knowledge
<i>Lack of awareness</i>	Awareness/Understanding/ Knowledge
<i>cultural and values knowledge</i>	Awareness/Understanding/ Knowledge
<i>lack of awareness among underrepresented minority communities</i>	Awareness/Understanding/ Knowledge
<i>Untrained Leadership</i>	Awareness/Understanding/ Knowledge
<i>collective lack of understanding that DEI measure can't be effectively addressed without distinguishing between racism and anti-racism and actively identifying racist action, policy and mindset that get in the way of establishing and maintaining a diverse and equitable workforce.</i>	Awareness/Understanding/ Knowledge
<i>knowledge of translational science among early career scientists; recruiting into programs before applicants apply to graduate school to join program in year 1s</i>	Awareness/Understanding/ Knowledge
<i>I can only offer suggestions; I am not in a position in which I can directly effect change.</i>	Current Position
<i>my position</i>	Current Position
<i>no control over hiring process so pool is limited</i>	Current Position
<i>Not a decision maker</i>	Current Position
<i>Not in my primary scope of responsibility</i>	Current Position
<i>As staff, I do not have the capacity to influence DEI policy, governance, resources, and decision-making.</i>	Current Position
<i>I do not have direct hiring authority</i>	Current Position
<i>Not a faculty member</i>	Current Position
<i>Attracting a broad, diverse workforce</i>	Engagement/ Attraction
<i>adapting/changing communication</i>	Engagement/Attraction
<i>UR trainees do not apply for training programs, despite outreach and education efforts</i>	Engagement/Attraction
<i>Engagement of other cores on training initiatives</i>	Engagement/Attraction
<i>Need to attract more diverse physician scientists</i>	Engagement/Attraction

A. Please list the top barrier that has most significantly limited your sphere of influence for Workforce Development (N=162)(Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>engagement</i>	Engagement/Attraction
<i>Lack of interest in research</i>	Engagement/Attraction
<i>Institutional policies</i>	Faculty/Institutional Support
<i>Engaging new faculty</i>	Faculty/Institutional Support
<i>lack of support from program faculty director</i>	Faculty/Institutional Support
<i>Low interest in hiring/supporting diverse candidates, specifically from mid level supervisors</i>	Faculty Support
<i>administrative submission barriers - IRB timing</i>	Faculty/Institutional Support/Commitment/Policies
<i>Our trainees primarily come from faculty, fellows, and graduate students. We do not have influence over their hire.</i>	Faculty/Institutional Support/Commitment/Policies
<i>Commitment of institutional leadership</i>	Faculty/Institutional Support
<i>organizational hierarchy</i>	Faculty/Institutional Support
<i>Lack of interest/recognition of the importance of DEI</i>	Faculty/Institutional Support
<i>The subjective nature of two review criteria make it more difficult to fund researchers from smaller institutions that train underserved populations. These are "investigator" (Are the PD/PIs, collaborators, and other researchers well suited to the project?) and "Environment" (Will the scientific environment in which the work will be done contribute to the probability of success? Both can be misinterpreted.</i>	Faculty/Institutional Support/Commitment/Policies
<i>Our university's HR policies and procedures. We probably have one of the worst HR departments in the country.</i>	Faculty/Institutional Support
<i>Institutional framework</i>	Faculty/Institutional Support
<i>commitment of peers</i>	Faculty/Institutional Support

A. Please list the top barrier that has most significantly limited your sphere of influence for Workforce Development (N=162)(Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>Hard to find support for DEI efforts (I'm told not to discuss it)</i>	Faculty/Institutional Support
<i>institutional commitment of resources to attract diverse faculty</i>	Faculty/Institutional Support
<i>Unconscious policies that exclude talent</i>	Faculty/Institutional Support/Commitment/Policies
<i>we do not value people and salaries are too low</i>	Faculty/Institutional Support
<i>lack of support from program faculty director</i>	Faculty/Institutional Support
<i>Active nurturing and identification of talented junior faculty</i>	Faculty/Institutional Support
<i>Insitutional culture and emphasis on clinical services and revenue</i>	Faculty/Institutional Support
<i>Minimal diversity at the institution</i>	Lack of Diversity across faculty/ Campus
<i>university population</i>	Lack of Diversity across faculty/ Campus
<i>Time/Effort available to devote to this cause</i>	Lack of Diversity across faculty/ Campus
<i>mostly white University/system</i>	Lack of Diversity across faculty/ Campus
<i>lack of diverse workforce and inadequate mentorship</i>	Lack of Diversity across faculty/ Campus
<i>lack of diversity among faculty available to teach</i>	Lack of Diversity across faculty/ Campus
<i>Lack of diverse community that is engaging in our educational and pilot programs</i>	Lack of Diversity across faculty/ Campus
<i>Existing disparities in workforce composition</i>	Lack of Diversity across faculty/ Campus
<i>lack of minority faculty with research experience/training</i>	Lack of Diversity across faculty/ Campus
<i>Lack of access to institutional funding for faculty positions</i>	Limited Funding
<i>Money to bring opportunities to under-resourced, URM communities</i>	Limited Funding

A. Please list the top barrier that has most significantly limited your sphere of influence for Workforce Development (N=162)(Cont.)

(Comments appear as submitted, identifying information is redacted in [brackets])

All Comments	Themes
<i>Lack of funding for pipeline programs that go as early as high school</i>	Limited Funding
<i>Funds to place money where mouth is. Need to be a priority of university senior leaders</i>	Limited Funding
<i>adequate availability of funding opportunities</i>	Limited Funding
<i>Sufficient financial support from institution or UL1</i>	Limited Funding
<i>funding</i>	Limited Funding
<i>Deficits in grant or other support to efficiently target and recruit URMs to our WD programs</i>	Limited Funding
<i>hiring limitations at hub</i>	Limited Funding
<i>Lack of funding for training</i>	Limited Funding
<i>Funding</i>	Limited Funding
<i>Funding for protected time for trainees</i>	Limited Funding
<i>limited FTE</i>	Limited Funding
<i>Lack of funding for long-term, systematic interventions</i>	Limited Funding
<i>Structured inequities continue to position URM at lower funding opportunities</i>	Limited Funding
<i>Lack of protected time for faculty and staff</i>	Limited Funding
<i>funding</i>	Limited Funding
<i>Salary support for non-clinical time</i>	Limited Funding
<i>main barrier is limited NCATS funding for KL2 positions</i>	Limited Funding
<i>funding for additional KL2 slots and for research workforce</i>	Limited Funding
<i>Limited resources for older individuals</i>	Limited Resources
<i>lack of staff</i>	Limited Resources
<i>Limited opportunity for incremental recruitments</i>	Limited Resources
<i>Resources</i>	Limited resources
<i>Resources for workshops in diversity and inclusion excellence, mentorship training</i>	Limited Resources
<i>creating opportunities</i>	Limited Resources
<i>Support & resources for early diversity career pipeline programs</i>	Limited Resources
<i>Access, Information, and Inclusion</i>	Limited Resources
<i>insufficient resources</i>	Limited Resources
<i>Limited resources for longterm career development</i>	Limited Resources
<i>Insufficient early well-supported programs to educate and train minority members</i>	Limited Resources
<i>Limited career options to grow into</i>	Limited Resources
<i>Lack of opportunities for staff</i>	Limited Resources
<i>no particular barriers identified</i>	None

A. Please list the top barrier that has most significantly limited your sphere of influence for Workforce Development (N=162) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
N/A	None
NA	None
<i>There is a lot of momentum in this arena where I work. So I would say DEI activities are most likely to occur here at my CTSA.</i>	None
N/A	None
<i>We all work hard locally - no barriers</i>	None
n/a	None
NA	None
NA	None
<i>concerns that applicants may consider diversity questions as biased</i>	Other
<i>Training appears to be thought of as "training for the role you are in now" (see below).</i>	Other
<i>job descriptions that emphasize lived experience as opposed to degrees</i>	Other
<i>Lack of diversity is often excused as a "pipeline issue"</i>	Other
<i>Team is overwhelmed with just collecting data, not even close to stage of considering how we use it or how to revise from a DEI lens</i>	Other
<i>Location</i>	Other
<i>unknown</i>	Other
<i>Limited evidence-based research on the impact of diversity on the quality and outputs of translational research and to training and persistence in translational research work</i>	Other
<i>Identifying relevant topics without repeating what others in the institution are doing</i>	Other
<i>not tracking outcomes of research done by the translational workforce</i>	Other
<i>Covers a very broad group where challenges are not uniform across groups that fall under WD</i>	Other
<i>State restrictions that limit affirmative action</i>	Other
<i>top barrier</i>	Other
<i>We're just starting, so I'm guessing that the barrier will be time and attention.</i>	Other
<i>Narrow vision of our WD leadership - focused only on commercialization</i>	Other Priorities
<i>Lack of focus/prioritization on DEI</i>	Other Priorities
<i>many faculty are going the clinical route and not encouraged to be clinician investigators</i>	Other Priorities
<i>Aligning with slow-moving institutional priorities</i>	Other Priorities
<i>COVID 19 is top priority for acute care now and we are surging again</i>	Other Priorities
<i>Not having special outreach for inclusion of diverse applicants</i>	Outreach

A. Please list the top barrier that has most significantly limited your sphere of influence for Workforce Development (N=162) (Cont.)

(Comments appear as submitted, identifying information is redacted in [brackets])

All Comments	Themes
<i>Local pipeline relies heavily on word of mouth and warm handoffs.</i>	Outreach
<i>lack of effort to recruit diverse workforce</i>	Outreach
<i>lack of broad outreach</i>	Outreach
<i>pipeline</i>	Pipeline
<i>Limited pipeline</i>	Pipeline
<i>a pipeline of trainees</i>	Pipeline
<i>The pipeline is somewhat limited</i>	Pipeline
<i>Not enough of a pipeline</i>	Pipeline
<i>Pipeline</i>	Pipeline
<i>Pipeline</i>	Pipeline
<i>Developing an institutional pipeline for physician scientists.</i>	Pipeline
<i>pipeline of candidates</i>	Pipeline
<i>UiCTR pipeline</i>	Pipeline
<i>Difficulty recruiting candidates</i>	Recruitment
<i>Recruiting and retaining diverse scholars, trainees</i>	Recruitment
<i>competition for talent; difficulty recruiting to state</i>	Recruitment
<i>recruitment</i>	Recruitment
<i>Marketplace limitations</i>	Recruitment
<i>retention</i>	Retention
<i>Retention, inclusion (many unarticulated rules - easy to become an outsider)</i>	Retention
<i>The failure to retain, or indeed initially recruit, faculty from under represented groups</i>	Retention
<i>The institution's modest track record for retaining senior diverse faculty.</i>	Retention
<i>retention in the program, and an understanding of obstacles faced by the minority trainees in a way that can enable us to provide meaningful accomodation and more inclusive approaches</i>	Retention
<i>Developing strategies that enhance diversity</i>	Strategy Implementation
<i>"one and done" approach to education/training programs</i>	Strategy Implementation

B. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Workforce Development (N=149) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>outreach to leaders in diverse communities</i>	Community Outreach
<i>Improve outreach, provide mentor training, engage & partner with program alumni to expand the pool</i>	Community Outreach
<i>Connections with Community Organizations that are diverse</i>	Community Outreach
<i>broader and more targeted outreach</i>	Community Outreach
<i>incorporate DE&I into all aspects and discussions rather than make it a separate session</i>	Education/Training Programs
<i>offering education opportunities that focus on DEI and offering options on applications for opting out of responding to questions that could be seen as a potential for bias</i>	Education/Training Programs
<i>innovative programming starting in K-12</i>	Education/Training Programs
<i>For program renewal, include one or two Staff to Faculty progression "fellowship" opportunities.</i>	Education/Training Programs
<i>New education and training programs</i>	Education/Training Programs
<i>cultural competency training for clinical translational research workforce</i>	Education/Training Programs
<i>develop teams for young investigators to lead and get experience that gets them in front of CTSA leadership</i>	Education/Training Programs
<i>Include DEI researchers in designing required training</i>	Education/Training Programs
<i>Peer Training from POC</i>	Education/Training Programs
<i>The criteria listed above need revision.</i>	Education/Training Programs
<i>Mandate anti-racism/diversity training for CTSA's</i>	Education/Training Programs
<i>Adding concepts of diversity and inclusion in all workforce development programs and training. Expected participation in diversity training activities for all core personnel</i>	Education/Training Programs
<i>workshops</i>	Education/Training Programs
<i>Subsidized training programs</i>	Education/Training Programs

B. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Workforce Development (N=149) (Cont.)

(Comments appear as submitted, identifying information is redacted in [brackets])

All Comments	Themes
<i>education of health care providers and the general public</i>	Education/Training Programs
<i>Education and training</i>	Education/Training Programs
<i>provide more support and opportunities for trainees to gain confidence and hear about what worked for people in their own situation</i>	Education/Training Programs
<i>Mentorship and programatic opportunities for staff</i>	Education/Training Programs
<i>Oversee implementation of effective mitigating bias trainings</i>	Education/Training Programs
<i>encouraging clinicians to clinician-scientist positions and protecting their time so they don't keep getting pulled back into clinical work</i>	Engagement/Attraction
<i>Increased understanding about professional roles in the workforce</i>	Engagement/Attraction
<i>Target career seminars to high school and undergraduate students</i>	Engagement/Attraction
<i>Increase visibility of STEM career opportunities early in educational process (elementary school)</i>	Engagement/Attraction
<i>Do more to promote and support careers of URM minority</i>	Engagement/Attraction
<i>increased marketing to appropriate populations</i>	Engagement/Attraction
<i>Engage more with education working groups</i>	Engagement/Attraction
<i>Evaluation of race/gender diversity for programs</i>	Evaluation of Current Program
<i>Develop and celebrate metrics associated with bringing on early career trainees into NIH diversity supplements. (This is currently not tracked at our institution or anywhere else that I am aware of.</i>	Evaluation of Current Program
<i>Claim & Shame: identify top and bottom CTSA's on inclusiveness at all levels of workforce.</i>	Evaluation of Current Program
<i>implement holistic evaluation as an expectation. Academic background should be a floor (is it adequate) and not a component of scoring applications</i>	Evaluation of Current Program
<i>we need to understand why UR trainees do not apply to training programs</i>	Evaluation of Current program
<i>Reorientation to goals including DEI</i>	Evaluation of Current program
<i>Improved standardization of assessment tools across hubs</i>	Evaluation of Current Program

B. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Workforce Development (N=149) (Cont.)

(Comments appear as submitted, identifying information is redacted in [brackets])

All Comments	Themes
<i>Evaluate hiring and retention practices across levels (staff vs leadership) and who gets promoted</i>	Evaluation of Current program
<i>Develop, implement and evaluate, a scalable strategy to effectively embed, disseminate, and sustain diversity within the nationwide NIH and AHC scientific workforce</i>	Evaluation of Current Program
<i>track research outcomes of translational researchers and make that resource accessible online for the public</i>	Evaluation of Current Program
<i>benchmark goals for junior faculty</i>	Evaluation of Current Program
<i>Establishing and employing a Diversity Committee/Program within our hub</i>	Increased Diversity Among Faculty
<i>Increasing diversity in the workforce, faculty and staff</i>	Increased Diversity Among Faculty
<i>enhanced value of diversity in employment</i>	Institutional/Administrative Support
<i>Make this a priority, measurable, goal, and condition of funding for all participating institutions. This should include administrative staff as well as faculty and researchers.</i>	Institutional/Administrative Support
<i>less administrative bureaucracy in application submission</i>	Institutional/Administrative Support
<i>Institutional commitment/financial support for career path advancement for BIPOC faculty and staff</i>	Institutional/Administrative Support
<i>Supporting WD programs at hubs with minimizing data collected, particularly for KL2 program and focusing more on using less data more effectively.</i>	Institutional/Administrative Support
<i>Institutional focus on creating pipelines for underrepresented communities into CTSA resources</i>	Institutional/Administrative Support
<i>Our university's HR policies and procedures need an entire overhaul, from the top down. Seriously. We're ripe for lawsuits.</i>	Institutional/Administrative Support
<i>include Human Resources Officers in meetings</i>	Institutional/Administrative Support
<i>attention to this issue by top institutional leadership, with measurable consequences</i>	Institutional/Administrative Support
<i>More money to supply resources and build permanent pipeline infrastructure</i>	More Funding
<i>Expansionary funding</i>	More Funding
<i>Guarantee 2 diversity supplements to each hub annually</i>	More Funding

B. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Workforce Development (N=149) (Cont.)

(Comments appear as submitted, identifying information is redacted in [brackets])

All Comments	Themes
<i>Additional support for evidence-based approaches and expanded testing of promising approaches across groups</i>	More Funding
<i>Encourage career in translational research with better financial support, subsidized day care opportunities, subsidized housing, and loan forgiveness programs</i>	More Funding
<i>expand funding</i>	More Funding
<i>Funding to support administrative effort toward DEI</i>	More Funding
<i>Greater support & funding for early career pipeline & rewards for mentoring</i>	More Funding
<i>Focused/dedicated funding and incentives for URM recruitment and retention</i>	More Funding
<i>More K and T slots prioritized for health disparities research; more diversity supplements with longer funding period</i>	More Funding
<i>More funding to support salaries, time to reach R level grants</i>	More Funding
<i>Develop and fund programs that start early in education cycle that include support for students, mentors, research experiences, and a community of such scholars</i>	More Funding
<i>increase funding resources w/less restrictions</i>	More Funding
<i>pay more; train more</i>	More Funding
<i>Invest in faculty development through funding and development programs</i>	More Funding
<i>Training awards that buy-out 40% effort</i>	More Funding
<i>more funding for KL2 positions</i>	More Funding
<i>More resources/research funding for older individuals</i>	More/ Increased Access to Resources
<i>Additional resources to work with diverse candidates</i>	More/ Increased Access to Resources
<i>Tools or guides</i>	More/ Increased Access to Resources
<i>Building bridges with other diversity programs for students at all levels on campus</i>	More/ Increased Access to Resources
<i>Inclusion and access on all platforms</i>	More/ Increased Access to Resources
<i>fairness in access to resources</i>	More/ Increased Access to Resources
<i>internships, career development</i>	More/ Increased Access to Resources

B. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Workforce Development (N=149) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>support (resources, network) needed to extend the workforce pipeline, particularly to earlier stages (i.e, high school) and retention efforts (including sharing best practices for these efforts)</i>	More/ Increased Access to Resources
<i>CTSAs and universities need to work with communities to raise all boats and provide more opportunities.</i>	More/ Increased Access to Resources
<i>increased institutional resources for workforce training</i>	More/ Increased Access to Resources
<i>expand KL2 programs and opportunity for cross-institutional cohort development</i>	More/ Increased Access to Resources
<i>n/a</i>	None
<i>NA</i>	None
<i>N/A</i>	None
<i>I don't know.</i>	None
<i>improve equity -- economic and educational -- across the US</i>	Other
<i>Create a national "exchange" of qualified researchers looking for positions</i>	Other
<i>Identify and address internal bias / implicit bias that perpetuates "whiteness" approach to workforce development. Incorporate cultural awareness and competence to the design, development and delivery of workforce development programming. Checking ourselves regarding longstanding "traditions" of required work experience, academic degrees, standard testing, and grades as indicators for "qualified" workforce. These can be exclusionary and eliminate individuals who would be long term career.</i>	Other
<i>Stop spending so much time and effort on self-reflection and examining one's own fragility or privilege as these are endless slogs and provide excuses for inaction - America has had 400 years to dwell on this already.</i>	Other
<i>evidence based innovations not just those that sound good</i>	Other
<i>Not sure.</i>	Other
<i>project management and financial resources</i>	Other
<i>growth of research and mentor pool</i>	Other
<i>getting included into the conversations to be able to expand the area of influence</i>	Other
<i>As staff, I do not have the capacity to influence DEI policy, governance, resources, and decision-making.</i>	Other
<i>Who is at the table?</i>	Other
<i>end covid 19</i>	Other
<i>Focus on tailoring to group that fall within TWD</i>	Other

B. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Workforce Development (N=149) (Cont.)

(Comments appear as submitted, identifying information is redacted in [brackets])

All Comments	Themes
<i>Reward the behavior you want</i>	Other
<i>top priority</i>	Other
<i>Partner with institutional diversity efforts</i>	Partner with Other Institutions
<i>Develop diverse pipeline from early in education/training path</i>	Partner with Other Institutions
<i>Exchange of ideas across institutions</i>	Partner with Other Institutions
<i>Internal cross-hub conversations with cross-CTSA consultation</i>	Partner with Other Institutions
<i>Alignment with institutions serving URM, to increase pipeline to us</i>	Pipeline Development
<i>Expand the pipeline by reaching into undergraduate education</i>	Pipeline Development
<i>support programs that have 10-15 year timelines for pipelining a diverse workforce</i>	Pipeline Development
<i>pipeline programs</i>	Pipeline Development
<i>better pipeline programs</i>	Pipeline Development
<i>Increase opportunity at all levels of education to grow pipeline. Reduce bias in college and graduate program acceptance.</i>	Pipeline Development
<i>Creating pipeline programs for URM students and faculty</i>	Pipeline Development
<i>recruitment from outside the university</i>	Pipeline Development
<i>building pipeline programs with other institutions</i>	Pipeline Development
<i>create a pipeline for recruitment, i.e., institutional and CTSA internships, grant support DEI,</i>	Pipeline Development
<i>Broaden strategies to increase pipeline of diverse research team</i>	Pipeline Development
<i>better relationship with colleges to get folks into med school pipeline</i>	Pipeline Development
<i>Development of development programming and coaching approach</i>	Pipeline Development
<i>Need to increase pipeline- that means diversity in medical students, support for pursuing research careers for URP students, mentorship infrastructure setup for URP students and faculty.</i>	Pipeline Development
<i>developing pipelines in educational communities of color</i>	Pipeline Development
<i>Recruit and retain more mentors who reflect underrepresented communities</i>	Recruitment of Diverse Mentors
<i>Suggestion: peer mentoring by minority and female personnel at all levels of translational science jobs (not just junior faculty, fellows, and graduate students).</i>	Recruitment of Diverse Mentors
<i>Expand workforce pool</i>	Recruitment Strategies

B. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Workforce Development (N=149) (Cont.)

(Comments appear as submitted, identifying information is redacted in [brackets])

All Comments	Themes
<i>enhance recruitment of diverse trainees to the partnering institutions to expand available pool of trainees; optimize marketing of program to attract trainees from the pool</i>	Recruitment Strategies
<i>Increased reach to solicit quality candidates (HBCUs, other outlets)</i>	Recruitment Strategies
<i>A taskforce to review and amend job descriptions to reflect experiences instead of degrees</i>	Recruitment Strategies
<i>Broaden vision to go beyond KL2-TL1 scholars to focus on the overall research endeavor -- better prepare research teams to be flexible and adaptable; team science based</i>	Recruitment Strategies
<i>Early intervention to encourage a diverse physician workforce, beginning during the undergraduate years.</i>	Recruitment Strategies
<i>Developing relationships with HBCUs, K-12 pipelines</i>	Recruitment Strategies
<i>Nurture from med/grad school so as to increase pool of URN</i>	Recruitment Strategies
<i>Same</i>	Recruitment Strategies
<i>Need systematic approaches to increase reach beyond investigators known to others in the consortium.</i>	Recruitment Strategies
<i>RFAs for TL1 or even pre-TL1 recruitment</i>	Recruitment Strategies
<i>cast a wider net to attract more diverse talent-most roles/position are already predetermined</i>	Recruitment Strategies
<i>Expand to earlier stages in career - BUILD & NRMN</i>	Recruitment Strategies
<i>reconceptualization for a realistic trajectory for many URM and focus on talent development and not talent selection</i>	Recruitment Strategies
<i>We need to recruit more minorities into our doctoral and postdoctoral programs - same problem everyone has</i>	Recruitment Strategies
<i>focused recruitment of minority faculty with research expertise/interest</i>	Recruitment Strategies
<i>start early exciting people in research</i>	Recruitment Strategies
<i>Early development</i>	Recruitment Strategies
<i>Blinded reviews of applicants (initial round at least) for research positions</i>	Recruitment Strategies
<i>novel recruitment strategies that are legally acceptable</i>	Recruitment Strategies
<i>Enhancement of pool of trainees from URM backgrounds</i>	Recruitment Strategies
<i>creating career paths to promote retention and promotion</i>	Retention
<i>invest early, continuity of focus on retention</i>	Retention
<i>Symposia to share best practices</i>	Sharing of Best Practices
<i>Share training resources across CTSA Hubs</i>	Sharing of Best Practices
<i>A proven strategy and implementation steps from peer institutions, peer-peer working groups</i>	Sharing of Best Practices

C. Please list the top barrier that has most significantly limited your sphere of influence for CTSA Consortium Leadership (N=127) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>Don't perceive any real avenues to influence this my position</i>	Organizational/Structural
<i>As staff, I do not have the capacity to influence DEI policy, governance, resources, and decision-making.</i>	Organizational/Structural
<i>Hierachical structures and systems</i>	Organizational/Structural
<i>Lack of organizing fundamental questions related to DEI;</i>	Organizational/Structural
<i>Not enough activities or opportunities for mid-tier leaders to participate or contribute. Need a well structured consortium wide initiative that prioritizes DEI with URM representatives at the table.</i>	Organizational/Structural
<i>leadership is mostly white malerecog</i>	Organizational/Structural
<i>"one and done" approach to leadership and programming versus an ongoing commitment</i>	Organizational/Structural
<i>I have some influence but ultimately can only suggest changes. However, leadership has been open to change.</i>	Organizational/Structural
<i>Too many initiatives competing for resources</i>	Organizational/Structural
<i>Silos</i>	Organizational/Structural
<i>too insulated</i>	Organizational/Structural
<i>National: Ever changing priorities and lack of true commitment to improving population/community health; HUB: Long history of independent/parallel work; no pressure to truly collaborate on things that matter (data sharing; community engagement, etc)</i>	Organizational/Structural
<i>Incorporation of this mission into our CTSA mission</i>	Organizational/Structural
<i>Openness to diversity initiatives</i>	DEI Efforts
<i>too white</i>	DEI Efforts
<i>Lack of URM in top leadership positions</i>	DEI Efforts
<i>diverse people in senior leadership</i>	DEI Efforts
<i>Limited representation in leadership positions</i>	DEI Efforts
<i>The majority of PIs are not diverse</i>	DEI Efforts
<i>Lack of Diversity</i>	DEI Efforts
<i>Minimal diversity at the highest levels</i>	DEI Efforts
<i>Lack of representation</i>	DEI Efforts
<i>Limited number of UiCTR in leadership positions</i>	DEI Efforts
<i>limited number of R01-funded and/or assoc and full prof URM faculty</i>	DEI Efforts
<i>No diversity among leadership</i>	DEI Efforts
<i>Lack of diversity in the leadership</i>	DEI Efforts
<i>representation of "people who look like" the minorities we seek</i>	DEI Efforts

C. Please list the top barrier that has most significantly limited your sphere of influence for CTSA Consortium Leadership (N=127) (Cont.)

(Comments appear as submitted, identifying information is redacted in [brackets])

All Comments	Themes
<i>lack of diverse leaders</i>	DEI Efforts
<i>not enough diversity</i>	DEI Efforts
<i>Implicit bias in according authority and resources to minority research leaders</i>	DEI Efforts
<i>there is a need for more minority supplements</i>	DEI Efforts
<i>Money is limited. There is commitment for health equity (at least on paper) but not for transforming the translational science workforce to reflect the community</i>	DEI Efforts
<i>Need more communication and diversity</i>	DEI Efforts
<i>Lack of clear, apparent, active anti-racist efforts. Actions (or lack thereof) speak loudly</i>	DEI Efforts
<i>CTSA placing a priority in diversity, equity and inclusion</i>	DEI Efforts
<i>lack of interest and commitment to diversity</i>	DEI Efforts
<i>Lack of interest in DEI; lack of diversity in leadership and decisionmaking</i>	DEI Efforts
<i>Increased emphasis on DEI topics in seminars, colloquia</i>	DEI Efforts
<i>DEI is an after-thought, especially when resources are scarce, and leadership is risk-averse</i>	DEI Efforts
<i>Very little long-term investment on DEI efforts of CTSA PIs and NCATS/CTSA leadership which has led to an abysmal representation of underrepresented minorities (URM) in the Steering Committees and other governance committees and a more robust, sustained investment in health equity/disparities research</i>	DEI Efforts
<i>lack of diversity within the CTSA sites to promote to leadership</i>	DEI Efforts
<i>Limited by not having DEI as a stated measure with NCATS</i>	DEI Efforts
<i>Overarching metrics focusing on scholar productivity provide a disincentive for taking on diverse candidates that might be viewed as higher risk or in need of longer development times</i>	DEI Efforts
<i>Lack of organizing fundamental questions related to DEI;</i>	DEI Efforts
<i>Not enough activities or opportunities for mid-tier leaders to participate or contribute. Need a well structured consortium wide initiative that prioritizes DEI with URM representatives at the table.</i>	DEI Efforts
<i>The most successful, best-funded researchers are white men. We have only had white men as our program PIs since the CTSA Consortium started (same was true of the GCRC program). White men get the most funding so are the ones who are asked to lead.</i>	DEI Efforts
<i>My suggestion that we should look at the Staff/Faculty "glass ceiling" was turned down without discussion.</i>	DEI Efforts
<i>no real consortium leadership other than NCATS</i>	Leadership
<i>DEI is important but not a priority of the leadership</i>	Leadership
<i>Consortium leadership not responsive to sr managers</i>	Leadership
<i>DEI is an after-thought, especially when resources are scarce, and leadership is risk-averse</i>	Leadership

C. Please list the top barrier that has most significantly limited your sphere of influence for CTSA Consortium Leadership (N=127) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>Very little long-term investment on DEI efforts of CTSA PIs and NCATS/CTSA leadership which has led to an abysmal representation of underrepresented minorities (URM) in the Steering Committees and other governance committees and a more robust, sustained investment in health equity/disparities research</i>	Leadership
<i>lack of diversity within the CTSA sites to promote to leadership</i>	Leadership
<i>lack of access to leadership</i>	Leadership
<i>Leadership interest/investment</i>	Leadership
<i>lack of engagement by leadership</i>	Leadership
<i>leadership is mostly white malerecog</i>	Leadership
<i>"one and done" approach to leadership and programming versus an ongoing commitment</i>	Leadership
<i>Rigid criteria for metrics of success and accomplishment -- not all scholars can be measured by the same yardstick</i>	Metrics
<i>Limited by not having DEI as a stated measure with NCATS</i>	Metrics
<i>Overarching metrics focusing on scholar productivity provide a disincentive for taking on diverse candidates that might be viewed as higher risk or in need of longer development times</i>	Metrics
<i>Lack of recognition of the issue and strategic planning and targeted outcomes</i>	Metrics
<i>Unknown how to best proceed or what is/is not effective. Capacity = Time.</i>	Metrics
<i>Pool of participants</i>	Pool of Participants
<i>limited pool</i>	Pool of Participants
<i>Pool of eligible candidates</i>	Pool of Participants
<i>limited pool of potential qualified people</i>	Pool of Participants
<i>Leadership pipeline has too few diversity candidates</i>	Pool of Participants
<i>lack of qualified faculty</i>	Pool of Participants
<i>Qualified candidates are generally hyperengaged in multiple leadership roles</i>	Pool of Participants
<i>Availability (meaning both numbers of people and their available effort) of BIPOC faculty leaders.</i>	Pool of Participants
<i>Recruiting pools</i>	Pool of Participants
<i>robust pipeline for mid career scientists to move into leadership positions</i>	Recruitment/Advancement
<i>lack of diversity within the CTSA sites to promote to leadership</i>	Recruitment/Advancement
<i>Not enough activities or opportunities for mid-tier leaders to participate or contribute. Need a well structured consortium wide initiative that prioritizes DEI with URM representatives at the table.</i>	Recruitment/Advancement
<i>The most successful, best-funded researchers are white men. We have only had white men as our program PIs since the CTSA Consortium started (same was true of the GCRC program). White men get the most funding so are the ones who are asked to lead.</i>	Recruitment/Advancement
<i>My suggestion that we should look at the Staff/Faculty "glass ceiling" was turned down without discussion.</i>	Recruitment/Advancement

C. Please list the top barrier that has most significantly limited your sphere of influence for CTSA Consortium Leadership (N=127) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>training and promotion of qualified candidates</i>	Recruitment/Advancement
<i>Recruiting pools</i>	Recruitment/Advancement
<i>You can't just appoint people of color in the Community Engagement and/or Integrating Special Populations programs</i>	Recruitment/Advancement
<i>robust pipeline for mid career scientists to move into leadership positions</i>	Recruitment/Advancement
<i>lack of diversity within the CTSA sites to promote to leadership</i>	Recruitment/Advancement
<i>Not enough activities or opportunities for mid-tier leaders to participate or contribute. Need a well structured consortium wide initiative that prioritizes DEI with URM representatives at the table.</i>	Recruitment/Advancement
<i>The most successful, best-funded researchers are white men. We have only had white men as our program PIs since the CTSA Consortium started (same was true of the GCRC program). White men get the most funding so are the ones who are asked to lead.</i>	Recruitment/Advancement
<i>My suggestion that we should look at the Staff/Faculty "glass ceiling" was turned down without discussion.</i>	Recruitment/Advancement
<i>training and promotion of qualified candidates</i>	Recruitment/Advancement
<i>Recruiting pools</i>	Recruitment/Advancement
<i>You can't just appoint people of color in the Community Engagement and/or Integrating Special Populations programs</i>	Recruitment/Advancement
<i>recognition that this is an issue</i>	Communication
<i>access is not clear</i>	Communication
<i>Lack of transparency</i>	Communication
<i>Access</i>	Communication
<i>Access</i>	Communication
<i>limited access to information</i>	Communication
<i>access;</i>	Communication
<i>Very few understand the structured inequities in society and academia and believe in the narrative of meritocracy</i>	Communication
<i>agreement</i>	Communication
<i>cultural and values knowledge</i>	Communication
<i>communication</i>	Communication
<i>Unclear agenda</i>	Communication
<i>Lack of understanding about need for additional research and initiatives to support clinical research professional workforce development, study sections without appreciation of this level of team</i>	Communication
<i>Need more communication and diversity</i>	Communication
<i>My suggestion that we should look at the Staff/Faculty "glass ceiling" was turned down without discussion.</i>	Communication

C. Please list the top barrier that has most significantly limited your sphere of influence for CTSA Consortium Leadership (N=127) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>Lack of recognition of the issue and strategic planning and targeted outcomes</i>	Communication
<i>I have some influence but ultimately can only suggest changes. However, leadership has been open to change.</i>	Communication
<i>Reviewer opinion of me as a leader has not been great in our cycle application reviews, given that I have been more a career educator than career researcher</i>	Policies/Priorities
<i>Need all cores to make it a priority</i>	Policies/Priorities
<i>Lack of focus on solutions</i>	Policies/Priorities
<i>Unsure of how to get involved but think committees would be a good place to start?</i>	Policies/Priorities
<i>Verbal support, but little/no systematic change, even as COVID has underscored the need</i>	Policies/Priorities
<i>Priorities</i>	Policies/Priorities
<i>too many competing priorities</i>	Policies/Priorities
<i>competing priorities for the CTSA</i>	Policies/Priorities
<i>I don't understand the question - if you mean Leadership at NCATs, not sure what they can do beyond "asking" for metrics to show how we are doing. This is a local problem in my opinion.</i>	Policies/Priorities
<i>Not made a high priority</i>	Policies/Priorities
<i>Need for more aggressive development</i>	Policies/Priorities
<i>Historical lack of interest and need for a culture change regarding how leaders are identified</i>	Policies/Priorities
<i>Unclear agenda</i>	Policies/Priorities
<i>Lack of understanding about need for additional research and initiatives to support clinical research professional workforce development, study sections without appreciation of this level of team</i>	Policies/Priorities
<i>Money is limited. There is commitment for health equity (at least on paper) but not for transforming the translational science workforce to reflect the community</i>	Policies/Priorities
<i>Lack of clear, apparent, active anti-racist efforts. Actions (or lack thereof) speak loudly</i>	Policies/Priorities
<i>CTSA placing a priority in diversity, equity and inclusion</i>	Policies/Priorities
<i>lack of interest and commitment to diversity</i>	Policies/Priorities
<i>Lack of interest in DEI; lack of diversity in leadership and decisionmaking</i>	Policies/Priorities
<i>Very little long-term investment on DEI efforts of CTSA PIs and NCATS/CTSA leadership which has led to an abysmal representation of underrepresented minorities (URM) in the Steering Committees and other governance committees and a more robust, sustained investment in health equity/disparities research</i>	Policies/Priorities
<i>Overarching metrics focusing on scholar productivity provide a disincentive for taking on diverse candidates that might be viewed as higher risk or in need of longer development times</i>	Policies/Priorities
<i>Not enough activities or opportunities for mid-tier leaders to participate or contribute. Need a well structured consortium wide initiative that prioritizes DEI with URM representatives at the table.</i>	Policies/Priorities
<i>lack of access to leadership</i>	Policies/Priorities

C. Please list the top barrier that has most significantly limited your sphere of influence for CTSA Consortium Leadership (N=127) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>Leadership interest/investment</i>	Policies/Priorities
<i>lack of engagement by leadership</i>	Policies/Priorities
<i>"one and done" approach to leadership and programming versus an ongoing commitment</i>	Policies/Priorities
<i>Unknown how to best proceed or what is/is not effective. Capacity = Time.</i>	Policies/Priorities
<i>National: Ever changing priorities and lack of true commitment to improving population/community health; HUB: Long history of independent/parallel work; no pressure to truly collaborate on things that matter (data sharing; community engagement, etc)</i>	Policies/Priorities
<i>Incorporation of this mission into our CTSA mission</i>	Policies/Priorities
<i>Qualified candidates are generally hyperengaged in multiple leadership roles</i>	Policies/Priorities
<i>You can't just appoint people of color in the Community Engagement and/or Integrating Special Populations programs</i>	Policies/Priorities
<i>time</i>	Time
<i>time required to absorb the volume of valuable information</i>	Time
<i>Overarching metrics focusing on scholar productivity provide a disincentive for taking on diverse candidates that might be viewed as higher risk or in need of longer development times</i>	Time
<i>Unknown how to best proceed or what is/is not effective. Capacity = Time.</i>	Time
<i>Availability (meaning both numbers of people and their available effort) of BIPOC faculty leaders.</i>	Time
<i>Implicit bias in according authority and resources to minority research leaders</i>	Funding/Resources
<i>there is a need for more minority supplements</i>	Funding/Resources
<i>Money is limited. There is commitment for health equity (at least on paper) but not for transforming the translational science workforce to reflect the community</i>	Funding/Resources
<i>DEI is an after-thought, especially when resources are scarce, and leadership is risk-averse</i>	Funding/Resources
<i>The most successful, best-funded researchers are white men. We have only had white men as our program PIs since the CTSA Consortium started (same was true of the GCRC program). White men get the most funding so are the ones who are asked to lead.</i>	Funding/Resources
<i>Too many initiatives competing for resources</i>	Funding/Resources
<i>Capacity for cross-CTSA projects</i>	Other
<i>Silos</i>	Other
<i>too insulated</i>	Other
<i>National: Ever changing priorities and lack of true commitment to improving population/community health; HUB: Long history of independent/parallel work; no pressure to truly collaborate on things that matter (data sharing; community engagement, etc)</i>	Other
<i>Location</i>	Other

C. Please list the top barrier that has most significantly limited your sphere of influence for CTSA Consortium Leadership (N=127) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>Increased emphasis on DEI topics in seminars, colloquia training and promotion of qualified candidates</i>	Other
<i>"one and done" approach to leadership and programming versus an ongoing commitment</i>	Other
<i>n/a</i>	N/A, None
<i>None</i>	N/A, None
<i>N/A</i>	N/A, None
<i>I can only offer suggestions; I am not in a position in which I can directly effect change.</i>	N/A, None
<i>Not in my sphere of influence</i>	N/A, None
<i>None</i>	N/A, None
<i>None whatsoever</i>	N/A, None
<i>not part of those conversations</i>	N/A, None
<i>NA</i>	N/A, None
<i>N/A</i>	N/A, None
<i>None</i>	N/A, None
<i>N/A</i>	N/A, None
<i>N/A</i>	N/A, None
<i>not sure</i>	N/A, None
<i>No direct connection</i>	N/A, None
<i>unknown</i>	N/A, None
<i>No barrier; very responsive</i>	N/A, None
<i>not sure</i>	N/A, None
<i>n/a</i>	N/A, None
<i>Not a decision maker</i>	N/A, None
<i>Not sure.</i>	N/A, None
<i>NA</i>	N/A, None
<i>No major barriers - CTSA leadership is responsive to suggestions</i>	N/A, None
<i>N/A</i>	N/A, None
<i>none</i>	N/A, None
<i>Not in a position of authority or power</i>	N/A, None
<i>None</i>	N/A, None
<i>not part of those conversations</i>	N/A, None
<i>NA</i>	N/A, None
<i>Have not yet been involved in steering committee</i>	N/A, None
<i>none currently</i>	N/A, None

D. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to the following: CTSA Consortium Leadership (N=114) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>allow SC participation of non-PIs, reduce the effort requirements to be lead PI</i>	Organizational/Structural
<i>Inclusion through various invitations and platforms</i>	Organizational/Structural
<i>integrate into all Enterprise Committees</i>	Organizational/Structural
<i>working groups</i>	Organizational/Structural
<i>Create specific pathways to leadership that include input from faculty, staff, students and community-members of color</i>	Organizational/Structural
<i>provide access-there were core forums in the past with monthly calls that allowed peer administrators at the core level to engage in meaningful discussion & sharing of best practices</i>	Organizational/Structural
<i>Virtual Office Hours; Town Hall Meetings; Site Visits to target populations</i>	Organizational/Structural
<i>As staff, I do not have the capacity to influence DEI policy, governance, resources, and decision-making.</i>	Organizational/Structural
<i>increase workshops and communication tools</i>	Organizational/Structural
<i>create directories for each committee with meeting dates/times</i>	Organizational/Structural
<i>Adding more minority leaders as CTSA directors</i>	DEI Efforts
<i>intentional diversification of faculty affiliated with CTSA</i>	DEI Efforts
<i>enabling the next generation of more diverse leaders and women</i>	DEI Efforts
<i>more diverse representation at all levels of leadership (diverse in many ways)</i>	DEI Efforts
<i>more diversity</i>	DEI Efforts
<i>Suggestion: posting stories of the career paths of minority and female CTSA PIs and their suggestions for increasing diversity.</i>	DEI Efforts
<i>raising the voices of more diverse leaders and their allies</i>	DEI Efforts
<i>Stronger commitment to addressing DEI at early stages of the pipeline</i>	DEI Efforts
<i>Support the idea that equity should be reflected within our ranks as well as in our outward-facing activities.</i>	DEI Efforts
<i>Diversity of the groups</i>	DEI Efforts
<i>Sponsor junior faculty from diverse backgrounds to grow as leaders</i>	DEI Efforts
<i>Make DEI a stated metric for CTSA reporting</i>	DEI Efforts
<i>prioritize diversity in our leadership thru mentorship and training</i>	DEI Efforts
<i>Consortium commitment to advancement of women and BIPOC leaders</i>	DEI Efforts
<i>Encourage junior investigators from underrepresented minority groups to consider leadership positions and provide educational opportunities, mentoring, and championing to help them achieve leadership positions.</i>	DEI Efforts
<i>Having clearer information on how to get involved, and expectation that each committee should set DEI goals.</i>	DEI Efforts
<i>Intentional mentoring and recruitment of URM in leadership positions</i>	DEI Efforts

D. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to the following: CTSA Consortium Leadership (N=114) (Cont.)

(Comments appear as submitted, identifying information is redacted in [brackets])

All Comments	Themes
<i>Offer leadership development to women and URM, & nurture/mentor emerging leaders</i>	DEI Efforts
<i>Ensure diversity of membership. Include additional members as needed to ensure broad representation of lived experiences.</i>	DEI Efforts
<i>Clear mechanism for contributing to DEI at the consortium level</i>	DEI Efforts
<i>Just as community engagement was once a requirement, DEI should be a funding requirement.</i>	DEI Efforts
<i>Diversify Leadership</i>	DEI Efforts
<i>Ensure URM representation at the consortium level, especially mid-levels or IRMs that directly interact with URM communities</i>	DEI Efforts
<i>Apprenticeships for diverse leaders</i>	DEI Efforts
<i>Increased priority on raising up BIPOC in faculty hiring, tenure, and promotions.</i>	DEI Efforts
<i>Be explicit about expectations of having diverse investigators in executive leadership at CTSA's. Promote efforts to reduce bias in review of grants in all NIH programs</i>	DEI Efforts
<i>Mentorship/Courting programs for mid-level and senior minority faculty to be future CTSA leaders</i>	DEI Efforts
<i>Policy changes to be explicit regarding DEI</i>	DEI Efforts
<i>Additional support for URM K to R transitions, leadership development and pipelines</i>	DEI Efforts
<i>Create specific pathways to leadership that include input from faculty, staff, students and community-members of color</i>	DEI Efforts
<i>Diversify the leadership. Require that every image of CTSA includes broad diverse images, create inclusive environment at all events. Adding support for a diversity officer at each hub.</i>	DEI Efforts
<i>Nurture from med/grad school so as to increase pool of URN</i>	DEI Efforts
<i>clearly name DEI as an overarching CTSA priority (this is better articulated in the upcoming FOA)</i>	DEI Efforts
<i>Engaging with the farm team, so-to-speak; look at those folks next in line and reach out to them especially if they are in a URM group</i>	DEI Efforts
<i>Establish a target such as 30% of leaders (i.e., CTSA PIs and Core Directors) of translational science awards are Underrepresented Minorities and 30% of leaders are women within 5 years and a plan and roadmap for implementation, evaluation and dissemination</i>	DEI Efforts
<i>Need to create benchmarks for DEI that CTSA are graded against for funding</i>	DEI Efforts
<i>Increased diversity in leadership; increased emphasis on colloquia, seminars, workshops</i>	DEI Efforts
<i>Leadership training on racism and structural racism and how it affects the mindset of EVERYONE, including many URM</i>	DEI Efforts
<i>efforts to directly influence university and academic health center leadership to prioritize diversity</i>	DEI Efforts
<i>diversity in leadership (age, race, ethnicity, discipline, education background)</i>	DEI Efforts
<i>provide visible leadership opportunities for minority faculty</i>	DEI Efforts

D. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to the following: CTSA Consortium Leadership (N=114) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>More direction towards breaking down white racial hegemonic structures</i>	DEI Efforts
<i>increased diversity with regard to gender and ethnicity</i>	DEI Efforts
<i>Train leaders in subconscious bias to ensure they accord similar authority, resources, support to research leaders from all genders/races/ethnicities</i>	DEI Efforts
<i>Develop institutional and funder accountability for leadership diversity with accountility</i>	DEI Efforts
<i>significantly augment number of minority supplements</i>	DEI Efforts
<i>Encourage leadership to prioiritize selected leaders from URM and varied gender and sexual orrientation</i>	DEI Efforts
<i>Sponsor junior faculty from diverse backgrounds to grow as leaders</i>	Mentorship/Training
<i>prioritize diversity in our leadership thru mentorship and training</i>	Mentorship/Training
<i>FAculty hiring and leadership development, taking chances,</i>	Mentorship/Training
<i>Encourage junior investigators from underrepresented minority groups to consider leadership positions and provide educational opportunities, mentoring, and championing to help them achieve leadership positions.</i>	Mentorship/Training
<i>Intentional mentoring and recruitment of URM in leadership positions</i>	Mentorship/Training
<i>Offer leadership development to women and URM, & nurture/mentor emerging leaders</i>	Mentorship/Training
<i>improved mentorship</i>	Mentorship/Training
<i>Apprenticeships for diverse leaders</i>	Mentorship/Training
<i>have a leadership development stream</i>	Mentorship/Training
<i>Mentorship/Courting programs for mid-level and senior minority faculty to be future CTSA leaders</i>	Mentorship/Training
<i>Nurture from med/grad school so as to increase pool of URN</i>	Mentorship/Training
<i>Leadership training on racism and structural racism and how it affects the mindset of EVERYONE, including many URM</i>	Mentorship/Training
<i>education of health care providers and the general public</i>	Mentorship/Training
<i>Education and raising awareness; develop strategic plan and targeted goals</i>	Mentorship/Training
<i>Recruitment and training</i>	Mentorship/Training
<i>Train leaders in subconscious bias to ensure they accord similar authority, resources, support to research leaders from all genders/races/ethnicities</i>	Mentorship/Training
<i>Make DEI a stated metric for CTSA reporting</i>	Metrics
<i>Having clearer information on how to get involved, and expectation that each committee should set DEI goals.</i>	Metrics
<i>Need to create benchmarks for DEI that CTSA are graded against for funding</i>	Metrics
<i>Education and raising awareness; develop strategic plan and targeted goals</i>	Metrics
<i>Develop institutional and funder accountability for leadership diversity with accountility</i>	Metrics
<i>Adding more minority leaders as CTSI directors</i>	Recruitment/Advancement
<i>intentional diversification of faculty affiliated with CSTA</i>	Recruitment/Advancement

D. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to the following: CTSA Consortium Leadership (N=114) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>enabling the next generation of more diverse leaders and women</i>	Recruitment/Advancement
<i>more diverse representation at all levels of leadership (diverse in many ways)</i>	Recruitment/Advancement
<i>Examination and revision of expectations for trainees at time of recruitment and evaluation</i>	Recruitment/Advancement
<i>Support the idea that equity should be reflected within our ranks as well as in our outward-facing activities.</i>	Recruitment/Advancement
<i>allow SC participation of non-PIs, reduce the effort requirements to be lead PI</i>	Recruitment/Advancement
<i>Sponsor junior faculty from diverse backgrounds to grow as leaders</i>	Recruitment/Advancement
<i>FAculty hiring and leadership development, taking chances,</i>	Recruitment/Advancement
<i>Consortium commitment to advancement of women and BIPOC leaders</i>	Recruitment/Advancement
<i>Encourage junior investigators from underrepresented minority groups to consider leadership positions and provide educational opportunities, mentoring, and championing to help them achieve leadership positions.</i>	Recruitment/Advancement
<i>Intentional mentoring and recruitment of URM in leadership positions</i>	Recruitment/Advancement
<i>enrich leadership opportunities</i>	Recruitment/Advancement
<i>Offer leadership development to women and URM, & nurture/mentor emerging leaders</i>	Recruitment/Advancement
<i>Dont have the same people hold all of the leadership roles</i>	Recruitment/Advancement
<i>Diversify Leadership</i>	Recruitment/Advancement
<i>Apprenticeships for diverse leaders</i>	Recruitment/Advancement
<i>have a leadership development stream</i>	Recruitment/Advancement
<i>Increased priority on raising up BIPOC in faculty hiring, tenure, and promotions.</i>	Recruitment/Advancement
<i>Mentorship/Courting programs for mid-level and senior minority faculty to be future CTSA leaders</i>	Recruitment/Advancement
<i>Additional support for URM K to R transitions, leadership development and pipelines</i>	Recruitment/Advancement
<i>Create specific pathways to leadership that include input from faculty, staff, students and community-members of color</i>	Recruitment/Advancement
<i>Partner with academic departments when filling faculty positions</i>	Recruitment/Advancement
<i>Diversify the leadership. Require that every image of CTSA includes broad diverse images, create inclusive environment at all events. Adding support for a diversity officer at each hub.</i>	Recruitment/Advancement
<i>Engaging with the farm team, so-to-speak; look at those folks next in line and reach out to them especially if they are in a URM group</i>	Recruitment/Advancement
<i>Establish a target such as 30% of leaders (i.e., CTSA PIs and Core Directors) of translational science awards are Underrepresented Minorities and 30% of leaders are women within 5 years and a plan and roadmap for implementation, evaluation and dissemination</i>	Recruitment/Advancement
<i>don't tap into all the faculty of color for leadership- then they don't have time for their research</i>	Recruitment/Advancement
<i>provide visible leadership opportunities for minority faculty</i>	Recruitment/Advancement
<i>hire more diverse leaders, talk about why there are so few</i>	Recruitment/Advancement

D. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to the following: CTSA Consortium Leadership (N=114) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>recruitment of faculty by my institution</i>	Recruitment/Advancement
<i>be aggressive in getting leaders who are diverse</i>	Recruitment/Advancement
<i>Recruitment and training</i>	Recruitment/Advancement
<i>Encourage leadership to prioritize selected leaders from URM and varied gender and sexual orientation</i>	Recruitment/Advancement
<i>create opportunities for mid career faculty to engage in leadership and grow to take on more responsibility</i>	Recruitment/Advancement
<i>Just as community engagement was once a requirement, DEI should be a funding requirement.</i>	Funding/Resources
<i>Additional support for URM K to R transitions, leadership development and pipelines</i>	Funding/Resources
<i>Diversify the leadership. Require that every image of CTSA includes broad diverse images, create inclusive environment at all events. Adding support for a diversity officer at each hub.</i>	Funding/Resources
<i>significantly augment number of minority supplements</i>	Funding/Resources
<i>Suggestion: posting stories of the career paths of minority and female CTSA PIs and their suggestions for increasing diversity.</i>	Communication
<i>raising the voices of more diverse leaders and their allies</i>	Communication
<i>Support the idea that equity should be reflected within our ranks as well as in our outward-facing activities.</i>	Communication
<i>broaden the conversation to include program staff</i>	Communication
<i>More transparency and active outreach</i>	Communication
<i>Communication more broadly to all members of CTSA's - not just leadership</i>	Communication
<i>Stop counting white women and Asians as diverse. Define diversity carefully. Institutions are playing a numbers game rather than making meaningful change.</i>	Communication
<i>Having clearer information on how to get involved, and expectation that each committee should set DEI goals.</i>	Communication
<i>Be explicit about expectations of having diverse investigators in executive leadership at CTSA's. Promote efforts to reduce bias in review of grants in all NIH programs</i>	Communication
<i>Stepping out of the box to understand what is happening in communities not just assuming</i>	Communication
<i>hire more diverse leaders, talk about why there are so few</i>	Communication
<i>increase workshops and communication tools</i>	Communication
<i>broaden the conversation to include program staff</i>	Communication
<i>more direct input from each CTSA</i>	Communication
<i>More willingness to just do it rather than fear of doing it imperfectly. Realize that mistakes will be made.</i>	Policies/Priorities
<i>we really should have a group dedicated to the DEI</i>	Policies/Priorities
<i>Stop counting white women and Asians as diverse. Define diversity carefully. Institutions are playing a numbers game rather than making meaningful change.</i>	Policies/Priorities
<i>Consortium commitment to advancement of women and BIPOC leaders</i>	Policies/Priorities
<i>streamline processes so time spent is more valuable</i>	Policies/Priorities

D. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to the following: CTSA Consortium Leadership (N=114) (Cont.)

(Comments appear as submitted, identifying information is redacted in [brackets])

All Comments	Themes
<i>Clear mechanism for contributing to DEI at the consortium level</i>	Policies/Priorities
<i>Just as community engagement was once a requirement, DEI should be a funding requirement.</i>	Policies/Priorities
<i>National: push beyond medical innovations and expand to HEALTH related outcomes; HUB - same; require leadership retreats with collective action plans (not institution specific)</i>	Policies/Priorities
<i>Increased priority on raising up BIPOC in faculty hiring, tenure, and promotions.</i>	Policies/Priorities
<i>Understanding that the clinical research professional role is a Career path, not a transient non-path</i>	Policies/Priorities
<i>Stepping out of the box to understand what is happening in communities not just assuming</i>	Policies/Priorities
<i>Policy changes to be explicit regarding DEI</i>	Policies/Priorities
<i>clearly name DEI as an overarching CTSA priority (this is better articulated in the upcoming FOA)</i>	Policies/Priorities
<i>Establish a target such as 30% of leaders (i.e., CTSA PIs and Core Directors) of translational science awards are Underrepresented Minorities and 30% of leaders are women within 5 years and a plan and roadmap for implementation, evaluation and dissemination</i>	Policies/Priorities
<i>provide access-there were core forums in the past with monthly calls that allowed peer administrators at the core level to engage in meaningful discussion & sharing of best practices</i>	Policies/Priorities
<i>Virtual Office Hours; Town Hall Meetings; Site Visits to target populations</i>	Policies/Priorities
<i>efforts to directly influence university and academic health center leadership to prioritize diversity</i>	Policies/Priorities
<i>Incorporate these programs into the new RFAs for CTSA's</i>	Policies/Priorities
<i>Making this a high CTSA priority</i>	Policies/Priorities
<i>Train leaders in subconscious bias to ensure they accord similar authority, resources, support to research leaders from all genders/races/ethnicities</i>	Policies/Priorities
<i>Develop institutional and funder accountability for leadership diversity with accountability</i>	Policies/Priorities
<i>Encourage leadership to prioritize selected leaders from URM and varied gender and sexual orientation</i>	Policies/Priorities
<i>Make it happen</i>	Other
<i>Reward the behavior you want</i>	Other
<i>Broadening our K leadership to include aspects they seem to find important</i>	Other
<i>change in leadership</i>	Other
<i>efforts to directly influence university and academic health center leadership to prioritize diversity</i>	Other
<i>Coordinated efforts and multi-group collaborations</i>	Other
<i>greater interaction with community engagement cores</i>	Other
<i>allow SC participation of non-PIs, reduce the effort requirements to be lead PI</i>	Other
<i>streamline processes so time spent is more valuable</i>	Other
<i>don't tap into all the faculty of color for leadership- then they don't have time for their research</i>	Other
<i>n/a</i>	N/A, None

D. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to the following: CTSA Consortium Leadership (N=114) (Cont.)	
<i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
None	N/A, None
N/A	N/A, None
Not sure	N/A, None
N/A	N/A, None
n/a	N/A, None
not sure	N/A, None
no suggestions	N/A, None
n/a	N/A, None
Not sure.	N/A, None
N/A	N/A, None
NA	N/A, None
None noted	N/A, None
N/A	N/A, None
None	N/A, None
None	N/A, None

E. Please list the top barrier that has most significantly limited your sphere of influence for Disparities/Health Equity Research (N=138) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>Adequate pool of interested researchers</i>	Pool of Candidates
<i>Lack of researchers engaged in this field</i>	Pool of Candidates
<i>staff capacity</i>	Pool of Candidates
<i>Money and personnel</i>	Pool of Candidates
<i>Resources & prestige are scarce so talent goes elsewhere</i>	Pool of Candidates
<i>need to cast a wider net to engage those in D/HER</i>	Pool of Candidates
<i>internal and external staffing</i>	Pool of Candidates
<i>Limited resources for funding</i>	Funding/Resources
<i>dollars dedicated to funding this research and investigator awareness of importance</i>	Funding/Resources
<i>funding limitations</i>	Funding/Resources
<i>funding</i>	Funding/Resources
<i>Inadequate funding</i>	Funding/Resources
<i>available funding</i>	Funding/Resources
<i>Resources</i>	Funding/Resources
<i>We need more funding and support for researchers of color and for research looking at disparities research</i>	Funding/Resources
<i>Funding</i>	Funding/Resources
<i>Scholars struggle to gain NIH research funding</i>	Funding/Resources
<i>relative resource prioritization</i>	Funding/Resources
<i>Limited funding capacity and lack of tenure review that reinforces importance</i>	Funding/Resources
<i>lack of funding</i>	Funding/Resources
<i>Money and personnel</i>	Funding/Resources
<i>Lack of funding</i>	Funding/Resources
<i>Lack of funding & protected time to support early-stage investigators;</i>	Funding/Resources
<i>Too little funding, support</i>	Funding/Resources
<i>money</i>	Funding/Resources
<i>Resources & prestige are scarce so talent goes elsewhere</i>	Funding/Resources
<i>Lack of Funding</i>	Funding/Resources
<i>Funding</i>	Funding/Resources
<i>lack of interest by funders in my area of research, lack of time for unfunded preliminary research</i>	Funding/Resources
<i>many people are doing health equity research but not identifying their work as such bc it's not an institutional priority area of research, so it's hard to actually find/identify and network the researchers. We also don't have many internal funding sources to support HE pilot research.</i>	Funding/Resources

E. Please list the top barrier that has most significantly limited your sphere of influence for Disparities/Health Equity Research (N=138) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>insufficient resources</i>	Funding/Resources
<i>Limited funding/ time/priority/support from NIH/NCATS/CTSA and AHCs for translational health equity/disparities research and addressing structural inequities</i>	Funding/Resources
<i>Limited resources for non disease centric or generalist research</i>	Funding/Resources
<i>Financial resources</i>	Funding/Resources
<i>Limited funding</i>	Funding/Resources
<i>resources</i>	Funding/Resources
<i>it is always articulated as a priority but funded as a non priority</i>	Funding/Resources
<i>availability of funding</i>	Funding/Resources
<i>Insufficient funding for substancial research in this area</i>	Funding/Resources
<i>Identifying appropriate funding mechanisms and matching them with investigators</i>	Funding/Resources
<i>funding</i>	Funding/Resources
<i>funding</i>	Funding/Resources
<i>Lack of investment in programs and faculty conducting this resource. Limited pool of NIH research funds.</i>	Funding/Resources
<i>Funding</i>	Funding/Resources
<i>main barrier is the breadth of education that needs to be performed on DEI at our institution - fro example, we do not have resources to train all study coordinators</i>	Funding/Resources
<i>gaining the trust of our underserved communities; perception=reality</i>	Community
<i>limited community partnered research</i>	Community
<i>Community-based communication</i>	Community
<i>Low levels of trust in the institution and trust in research from diverse communities</i>	Community
<i>community trust</i>	Community
<i>dollars dedicated to funding this research and investigator awareness of importance</i>	Communication
<i>Lack of HE/HD awareness</i>	Communication
<i>Increasing access to diverse populations</i>	Communication
<i>Community-based communication</i>	Communication
<i>Limited understanding of real (vs investigator-perceived) barriers</i>	Communication
<i>cultural and values knowledge</i>	Communication
<i>Lack of understanding regarding intersectionality</i>	Communication
<i>viewing this only as a separate and distinct field, there are opportunities to focus in every area of science on how the work it self could impact health equity or diminish disparities</i>	Communication
<i>Lack of knowledge</i>	Communication

E. Please list the top barrier that has most significantly limited your sphere of influence for Disparities/Health Equity Research (N=138) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>Ensuring these initiatives and research are led and well represented by the same individuals as the health equity research objective.</i>	DEI Effort
<i>Leaders from diverse backgrounds</i>	DEI Effort
<i>Inclusion</i>	DEI Effort
<i>current lack of diversity in faculty</i>	DEI Effort
<i>Pipeline, weighted to white women in CRP roles</i>	DEI Effort
<i>Government policy and a hostile administration</i>	Policies/Priorities
<i>Disparities are not a top priority for the health system i.e while this is a research priority, it needs to the attention of clinical leadership in an academic health center</i>	Policies/Priorities
<i>Priorities of PI, though they are typically aligned</i>	Policies/Priorities
<i>Competitive review criteria</i>	Policies/Priorities
<i>Limited funding capacity and lack of tenure review that reinforces importance</i>	Policies/Priorities
<i>Not as highly prioritized as RCTs.</i>	Policies/Priorities
<i>Difficult to shift work towards this focus as hub has not made explicit how we will implement DEI in work</i>	Policies/Priorities
<i>Able to influence quite a bit; however, institution must commit more/invest more if we want to see more substantial outcomes in D/HE Research at our institution and across the city</i>	Policies/Priorities
<i>lack of interest by funders in my area of research, lack of time for unfunded preliminary research</i>	Policies/Priorities
<i>many people are doing health equity research but not identifying their work as such bc it's not an institutional priority area of research, so it's hard to actually find/identify and network the researchers. We also don't have many internal funding sources to support HE pilot research.</i>	Policies/Priorities
<i>Competing priorities</i>	Policies/Priorities
<i>Hard to find support to pursue this because it's not considered important or worth studying</i>	Policies/Priorities
<i>Limited funding/ time/priority/support from NIH/NCATS/CTSA and AHCs for translational health equity/disparities research and addressing structural inequities</i>	Policies/Priorities
<i>it is always articulated as a priority but funded as a non priority</i>	Policies/Priorities
<i>Lack of support and interest -- lip service is usually provided with no commitment</i>	Policies/Priorities
<i>narrow views of disparities</i>	Policies/Priorities
<i>Lack of a focused and strategic plan</i>	Policies/Priorities
<i>Cannot determine the priorities of individual researchers</i>	Policies/Priorities
<i>Not a unified priority from institutional leadership</i>	Policies/Priorities
<i>Not yet clearly prioritized by NCATS</i>	Policies/Priorities
<i>Institutional approaches to DEI</i>	Policies/Priorities

E. Please list the top barrier that has most significantly limited your sphere of influence for Disparities/Health Equity Research (N=138) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>Government policy and a hostile administration</i>	Policies/Priorities
<i>Disparities are not a top priority for the health system i.e while this is a research priority, it needs to the attention of clinical leadership in an academic health center</i>	Policies/Priorities
<i>Priorities of PI, though they are typically aligned</i>	Policies/Priorities
<i>Competitive review criteria</i>	Policies/Priorities
<i>Limited funding capacity and lack of tenure review that reinforces importance</i>	Policies/Priorities
<i>Lack of time/priority from top down - usually existing faculty working extra to meet a need</i>	Time
<i>Lack of funding & protected time to support early-stage investigators;</i>	Time
<i>Time</i>	Time
<i>lack of interest by funders in my area of research, lack of time for unfunded preliminary research</i>	Time
<i>Limited funding/ time/priority/support from NIH/NCATS/CTSA and AHCs for translational health equity/disparities research and addressing structural inequities</i>	Time
<i>lack of faculty with grant writing skill set</i>	Time
<i>staff capacity</i>	Time
<i>addressing the concept of belonging</i>	Other
<i>APT requirements and need to publish early and often</i>	Other
<i>I can only offer suggestions; I am not in a position in which I can directly effect change.</i>	Other
<i>Lack of fit within current program</i>	Other
<i>I'm not engaged specifically within this area of our work as one of my colleagues is embedded.</i>	Other
<i>There is still a feeling that we want diverse patients to participate in research, rather than inviting diverse community members to drive research directions</i>	Other
<i>Able to support but not hire faculty</i>	Other
<i>creativity</i>	Other
<i>Not directly engaged</i>	Other
<i>risk of opportunistic additions of health equity components to research among individuals that are doing so to access research that runs the risk of being tokenistic</i>	Other
<i>focus is still clinical and not public health enough</i>	Other
<i>My CTSA supports this type of research at our institution with pilot awards and educational programs</i>	Other
<i>This is huge area especially now, we are working ini a roubust manner to address.Many professionals of colore (nurses , docotrs) are coming forward to h</i>	Other
<i>Bias in big data; Health equity research codifying disparities (instead of disrupting)</i>	Other
<i>respect the people in the consortium who do this work; for years they have been ignored</i>	Other
<i>Limited dissemination of disparities research findings</i>	Other

E. Please list the top barrier that has most significantly limited your sphere of influence for Disparities/Health Equity Research (N=138) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>pool of investigators with sustainable research programs focused on equity</i>	Other
<i>structural problems in US and state policy</i>	Other
<i>Unwillingness to call out economics or policing as health crises</i>	Other
<i>Lack of organizational support and strategy for the development of interdisciplinary science teams</i>	Other
<i>require methodology and expertise</i>	Other
<i>Lack of measures/instruments of DEI principal progress/impact</i>	Other
<i>Lack of Faculty/staff incentives and career related rewards to conduct population health/public health research</i>	Other
<i>Recruitment strategies earlier in training pipeline</i>	Other
<i>As staff, I do not have the capacity to influence DEI policy, governance, resources, and decision-making.</i>	Other
<i>Getting others to understand it is a priority</i>	Other
<i>no particular barriers identified</i>	N/A, None
<i>N/A</i>	N/A, None
<i>N/A</i>	N/A, None
<i>defining the key questions</i>	N/A, None
<i>critical mass of investigators</i>	N/A, None
<i>N/A</i>	N/A, None
<i>no real barriers -- people eager for this</i>	N/A, None
<i>lack of awareness of research in this area</i>	N/A, None
<i>lack of training in ways to conduct DEI research or integrate it into their program of research</i>	N/A, None
<i>I would say this is an area of relative strength for us.</i>	N/A, None
<i>The curiosity of the faculty.</i>	N/A, None
<i>this is not a priority</i>	N/A, None
<i>Administration</i>	N/A, None
<i>Identifying partnerships</i>	N/A, None
<i>we need to know best practices to include in training</i>	N/A, None
<i>my position</i>	N/A, None
<i>lack of trust inhibiting URM groups from engaging in research</i>	N/A, None
<i>knowledge</i>	N/A, None
<i>funding</i>	N/A, None
<i>Searching for people in our hub that are engaged in this research and reaching out to support them. Limited by small number of funded investigators in this area</i>	N/A, None
<i>Limited money to support the high level of interest and competence among faculty and community partners to conduct partnered research</i>	N/A, None

E. Please list the top barrier that has most significantly limited your sphere of influence for Disparities/Health Equity Research (N=138) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>No barrier for studies using regional or national data already collected</i>	N/A, None
<i>Lack of reliable data on studies at the hub</i>	N/A, None
<i>none</i>	N/A, None
<i>NA</i>	N/A, None
<i>limited by the number of experienced investigators who can provide mentorship to others</i>	N/A, None
<i>Ultimately those running the program decide whether this area is important to them, and then how best to enact change. So, in that sense some leaders have been very good at doing so, and others are reluctant to fund anything but "the best science".</i>	N/A, None
<i>N/A</i>	N/A, None
<i>Not centralized at my institution</i>	N/A, None
<i>NA</i>	N/A, None

F. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Disparities/Health Equity Research (N=135)

(Comments appear as submitted, identifying information is redacted in [brackets])

All Comments	Themes
<i>Include an equity lens in all of our research</i>	DEI Efforts
<i>Creation of pipeline where we can support students of color to learn about and get roles within research</i>	DEI Efforts
<i>Being able to have clarity on how DEI integration fits relative to other priorities</i>	DEI Efforts
<i>Prioritize development of a DEI core as a requirements for all CTSA's</i>	DEI Efforts
<i>Diverse pipeline</i>	DEI Efforts
<i>Access and inclusion on all platforms</i>	DEI Efforts
<i>Increasing a diverse leadership, promoting diverse CRP workforce</i>	DEI Efforts
<i>change in research mindset and abolish discrimination</i>	DEI Efforts
<i>Consent process particularly for non-native speakers who are often under-represented; increasing efficiency decreasing time to promote recruitment; overcoming cultural biases (bi-directionally)</i>	DEI Efforts
<i>stop assuming that black and brown investigators should lead the efforts alone-majority leaders need to partner and develop partnerships to co-lead.</i>	DEI Efforts
<i>Identify definition of DEI impact; better measures of change in cultural environment</i>	DEI Efforts
<i>Inclusinog -would be helpful if we could have opened up session to person of color who were interested and wanted to have input but limited portals preclude that from happening</i>	DEI Efforts
<i>Training for all faculty and staff in anti-bias, anti-racism which goes beyond diversity</i>	DEI Efforts
<i>NCATS should dedicate resources to CTSA programs to address the needs of staff and study coordinators for DEI education, engagement, etc.</i>	DEI Efforts
<i>Development of development programming and coaching approach</i>	Mentorship/Training
<i>educational materials on methods for this type of work</i>	Mentorship/Training
<i>education of health care providers and the general public</i>	Mentorship/Training
<i>Training for all faculty and staff in anti-bias, anti-racism which goes beyond diversity</i>	Mentorship/Training
<i>meeting seminars to demonstrate models</i>	Mentorship/Training
<i>Recruit additional faculty and make this an institutional priority</i>	Recruitment/Advancement
<i>More professional incentives for engaging in this work</i>	Recruitment/Advancement
<i>Creation of pipeline where we can support students of color to learn about and get roles within research</i>	Recruitment/Advancement

F. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Disparities/Health Equity Research (N=135) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>fund more staff; devise metrics that count towards advancement for investigators</i>	Recruitment/Advancement
<i>Need to revise promotion criteria to reward this work. Need a paper on this topic.</i>	Recruitment/Advancement
<i>recruit talent; invest dollars into programs</i>	Recruitment/Advancement
<i>Commit more resources to funding high quality community-engaged research and rewarding/promoting faculty who do this research even though it takes much longer to publish and get extramural grant funding</i>	Recruitment/Advancement
<i>increase partnership opportunities with individuals doing this research rather than reinforcing potentially tokenistic additions of a 'health equity aim' among researchers without this expertise (or perhaps interest)</i>	Recruitment/Advancement
<i>recruitment of DEI interested faculty</i>	Recruitment/Advancement
<i>Funding for disparities research</i>	Funding/Resources
<i>dedicated pilot funding for disparities/health equity research</i>	Funding/Resources
<i>more money</i>	Funding/Resources
<i>Explicit funding mechanism outside of NIMHD</i>	Funding/Resources
<i>Commitment of funds nationally and at the institutional level</i>	Funding/Resources
<i>Advocacy for improved funding</i>	Funding/Resources
<i>Investment</i>	Funding/Resources
<i>Increased funding of specific research topics</i>	Funding/Resources
<i>fund more staff; devise metrics that count towards advancement for investigators</i>	Funding/Resources
<i>Expanded funded opportunities</i>	Funding/Resources
<i>supplementary funding</i>	Funding/Resources
<i>Funding</i>	Funding/Resources
<i>Increase funding at institute level</i>	Funding/Resources
<i>consider new NOSIs for this within CTSA funding opportunities</i>	Funding/Resources
<i>Prioritize funding streams for this area of research.</i>	Funding/Resources
<i>NIH allocation of funding opportunities</i>	Funding/Resources
<i>funding and connection to public policy</i>	Funding/Resources
<i>recruit talent; invest dollars into programs</i>	Funding/Resources
<i>Leverage existing resources to support DEI research, including more departmental commitments to support this research</i>	Funding/Resources
<i>Mandate as a central element and fund - including funding for community partners.</i>	Funding/Resources
<i>identifying and applying for more grants</i>	Funding/Resources

F. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Disparities/Health Equity Research (N=135) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>Increase Funding/Collaborations</i>	Funding/Resources
<i>Funding specifically for health disparities research</i>	Funding/Resources
<i>Increase funding sources not only in NIMH, but across NIH agencies and specifically in NCATS</i>	Funding/Resources
<i>Prioritize health equity research, have supplemental funds for this type of research.</i>	Funding/Resources
<i>Commit more resources to funding high quality community-engaged research and rewarding/promoting faculty who do this research even though it takes much longer to publish and get extramural grant funding</i>	Funding/Resources
<i>additional funding for CTSA's to do the necessary DEI work. Every CTSA will need to dedicate extra resources to this over the next few years.</i>	Funding/Resources
<i>increased NIH resources for funding of disparities research</i>	Funding/Resources
<i>Leverage institutional funds and private foundation \$</i>	Funding/Resources
<i>Executive leadership needs to value this and commit additional public funding</i>	Funding/Resources
<i>funding</i>	Funding/Resources
<i>more availability of funding</i>	Funding/Resources
<i>More funding</i>	Funding/Resources
<i>funding URP candidates as well as funding studies on health disparities</i>	Funding/Resources
<i>more funding announcements</i>	Funding/Resources
<i>fund more staff; devise metrics that count towards advancement for investigators</i>	Funding/Resources
<i>More directed funding</i>	Funding/Resources
<i>NCATS should dedicate resources to CTSA programs to address the needs of staff and study coordinators for DEI education, engagement, etc.</i>	Funding/Resources
<i>Integrating opportunities for HE/HD research across a broader percentage of researchers</i>	Collaboration
<i>Encourage disparities research as part of pragmatic work with clinical partners/learning health systems</i>	Collaboration
<i>Identifying ways to work research into the Team Science Education</i>	Collaboration
<i>Enhance NIMHD-NCATS collaboration. RFA?</i>	Collaboration
<i>Increase Funding/Collaborations</i>	Collaboration
<i>Create platform where CTSA's can identify researchers and areas of specialty and interest in collaboration</i>	Collaboration
<i>Convening and networking HE Scholars and investigators</i>	Collaboration
<i>Encourage and support transdisciplinary collaborative community-engaged research</i>	Collaboration
<i>Connect disparities researchers' work product to research teams so they can apply it</i>	Collaboration
<i>cross-institutional collaborations to systematically</i>	Collaboration
<i>involving the community at earlier stages of research</i>	Community
<i>Build ongoing stable relationships with community-based organizations and leaders</i>	Community
<i>community partnership</i>	Community

F. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Disparities/Health Equity Research (N=135) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>Learning what is important to communities not what is important to research</i>	Community
<i>we need more perspective from UR subjects as to why they do not participate and what will help them see the value</i>	Community
<i>Engage community/patients to identify priority areas of CTR</i>	Community
<i>Create "research champions" within marginalized communities</i>	Community
<i>Develop new ways for NIH to recognize the necessity of trust building and the length of time that it takes.</i>	Community
<i>Spend time learning more about disparities and try to learn from diverse voices in this area (for some reason, many who are leading these efforts don't reflect diverse populations)</i>	Community
<i>Encourage and support transdisciplinary collaborative community-engaged research</i>	Community
<i>work with community leaders to build trust</i>	Community
<i>two way, equitable conversation</i>	Communication
<i>More discussion with PI about expanding this mission at our institute</i>	Communication
<i>expand the discussion of disparities and equity</i>	Communication
<i>talk about how all this research is impacting people's health in plain language - discuss a population's strength</i>	Communication
<i>Connect and promote change focus on Health equity research</i>	Communication
<i>Recruit additional faculty and make this an institutional priority</i>	Policies/Priorities
<i>Suggestion: put a greater focus on these areas in individual CTSA's at CTSA meetings (the Fall meeting agenda is a good start).</i>	Policies/Priorities
<i>institutional value of community partnered research</i>	Policies/Priorities
<i>Meaningful commitment</i>	Policies/Priorities
<i>Make this a national priority - particularly at NIH</i>	Policies/Priorities
<i>Being able to have clarity on how DEI integration fits relative to other priorities</i>	Policies/Priorities
<i>Prioritize development of a DEI core as a requirements for all CTSA's</i>	Policies/Priorities
<i>develop themes for research</i>	Policies/Priorities
<i>Leverage existing resources to support DEI research, including more departmental commitments to support this research</i>	Policies/Priorities
<i>Mandate as a central element and fund - including funding for community partners.</i>	Policies/Priorities
<i>Disparities & health equity research should be required of all hubs. Past funding has skewed toward information & genomic technologies.</i>	Policies/Priorities
<i>Require institutional policies and procedures for DEI, in order to receive CTSA funding; I.e., more stringent policies and procedures, and require specified parameters for reporting on such</i>	Policies/Priorities
<i>promote more epidemiology and health services research in NCATS</i>	Policies/Priorities
<i>Continue to support the important work going on in this area, encourage both new and established researchers to conduct research in this important area</i>	Policies/Priorities
<i>change in research mindset and abolish discrimination</i>	Policies/Priorities

F. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Disparities/Health Equity Research (N=135) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>Prioritize health equity research, have supplemental funds for this type of research.</i>	Policies/Priorities
<i>Set an agenda to make it a priority - bring in others</i>	Policies/Priorities
<i>Place increased and intentional emphasis and long-term investment on innovative translational science approaches (i.e., community-engaged research) to address and overcome longstanding systemic health inequities/rural-urban health disparities</i>	Policies/Priorities
<i>Executive leadership needs to value this and commit additional public funding</i>	Policies/Priorities
<i>understand the relation of priority and investment</i>	Policies/Priorities
<i>Develop support for wide-ranging research in this area</i>	Policies/Priorities
<i>Personnel to help with the matching process, followed by TA for researchers</i>	Policies/Priorities
<i>Prioritize goals and target outcomes</i>	Policies/Priorities
<i>require institutional partnerships to be formed to receive funds</i>	Policies/Priorities
<i>More top down requirements to include stakeholders and community members in prioritizing research goals</i>	Policies/Priorities
<i>Connect and promote change focus on Health equity research</i>	Policies/Priorities
<i>NIH mandates</i>	Policies/Priorities
<i>Support investigators pursuing these careers, especially junior investigators</i>	Policies/Priorities
<i>clear messaging from NCATS regarding this area as a priority</i>	Policies/Priorities
<i>Support activities at our institutions to be sure we are working effectively to reduce health disparities</i>	Policies/Priorities
<i>special issue in Translational Science</i>	Other
<i>?</i>	Other
<i>Require medicine to look beyond their walls; the causes of disease and poor health lie outside the clinical encounter; learn to PARTNER with those who can help bridge the gaps</i>	Other
<i>engage all T=T2 not just T3-T4</i>	Other
<i>inventory current research</i>	Other
<i>We're writing an entire CTSA application about doing just this.</i>	Other
<i>not sure</i>	Other
<i>enhance teams to include the expertise</i>	Other
<i>Stop being afraid of the political implications of calling out policing or economics as being health crises</i>	Other
<i>Focused meetings on this topic only as it inter-relates to specific programs</i>	Other
<i>Facilitate CTMS roll-out and data quality</i>	Other
<i>recognize all people of color, not just black</i>	Other
<i>As staff, I do not have the capacity to influence DEI policy, governance, resources, and decision-making.</i>	Other
<i>How do we reduce barriers such as needing tax payer id's to receive incentives?</i>	Other
<i>expansion (per above comment)</i>	Other

F. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Disparities/Health Equity Research (N=135) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>Reward the behavior you want</i>	Other
<i>Raising awareness on importance of this research and sharing best practices/tools</i>	Other
<i>A way to centralize health equity researchers</i>	Other
<i>stop treating health disparities work as not scientific</i>	Other
<i>n/a</i>	N/A, None
<i>N/A</i>	N/A, None
<i>N/A</i>	N/A, None
<i>NA</i>	N/A, None
<i>N/A</i>	N/A, None
<i>N/A</i>	N/A, None
<i>NA</i>	N/A, None
<i>N/A</i>	N/A, None
<i>None</i>	N/A, None

G. Please list the top barrier that has most significantly limited your sphere of influence for Clinical Trials Participation (N=140) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>Increasing access to diverse populations</i>	Access to Diverse Populations
<i>research in the community</i>	Access to Diverse Populations
<i>robust community engagement; limited diversity in populations seen at medical center</i>	Access to Diverse Populations
<i>access</i>	Access to Diverse Populations
<i>non-diverse population from which to draw; recruitment efforts to involve underrepresented minorities are very expensive</i>	Access to Diverse Populations
<i>limited populations</i>	Access to Diverse Populations
<i>Access to special populations</i>	Access to Diverse Populations
<i>No guidance on targeted populations</i>	Access to Diverse Populations
<i>Depends on rooster of patient in institution. Cultural aspects matter.</i>	Access to Diverse Populations
<i>recognition that we need to do things differently</i>	Awareness / Engagement
<i>Lack of engagement of communities in clinical trials design and implementation</i>	Awareness / Engagement
<i>Access, Information and Inclusion</i>	Awareness / Engagement
<i>lack of health system engagement</i>	Awareness / Engagement
<i>Engagement of diverse population</i>	Awareness / Engagement
<i>cultural and values knowledge</i>	Awareness / Engagement
<i>Awareness, education and communication</i>	Communication
<i>Community-based communication</i>	Communication

G. Please list the top barrier that has most significantly limited your sphere of influence for Clinical Trials Participation (N=140) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>Awareness / skills needed to engage community</i>	Communication
<i>Community Attitudes towards participation</i>	Community Perceptions
<i>trust</i>	Community Perceptions
<i>Lack of trust in research institutions among URM</i> s	Community Perceptions
<i>Community reach</i>	Community Perceptions
<i>building trust with the community</i>	Community Perceptions
<i>Trust</i>	Community Perceptions
<i>Trust; balance of participant effort/time and ability to compensate them</i>	Community Perceptions
<i>Building trust with the community after hundreds of years of medical distrust</i>	Community Perceptions
<i>distrust</i>	Community Perceptions
<i>Trust among community members</i>	Community Perceptions
<i>enriching trust and meaningful engagement</i>	Community Perceptions
<i>mistrust</i>	Community Perceptions
<i>URM lack of trust to participate in CTs. Lack of incentives for community participation in CTs. Lack of financial support for dedicated personnel (or to hire qualified community members to facilitate recruitment and retention).</i>	Community Perceptions
<i>Community perceptions</i>	Community Perceptions
<i>just building a relationship with a community to increase participation in clinical trials seems disingenuous; it feels like it is only about the institution and it is difficult to make the direct link/benefit to the community</i>	Community Perceptions
<i>There are system wide issues related to trust and perceived prioritization among potential participants</i>	Community Perceptions

G. Please list the top barrier that has most significantly limited your sphere of influence for Clinical Trials Participation (N=140) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>Poor patient experience in clinical settings in our affiliated clinical sites, bias in recruitment, lack of flexibility in scheduling that makes it difficult for hourly workers to participate even when interested</i>	Community Perceptions
<i>Lack of trust</i>	Community Perceptions
<i>lack of knowledge, fear</i>	Community Perceptions
<i>Mistrust among underrepresented communities</i>	Community Perceptions
<i>Credibility with potential participant populations</i>	Community Perceptions
<i>lack of trust inhibiting URM groups from engaging in research</i>	Community Perceptions
<i>suspicion by community members</i>	Community Perceptions
<i>Distrust of the government and fear that they will be used as guinea pigs, deported, or they or their family will be otherwise harmed</i>	Community Perceptions
<i>Mistrust</i>	Community Perceptions
<i>Removing the stigma of research with potential subjects</i>	Community Perceptions
<i>trust; limitations to collaborative agreements with community partners</i>	Community Perceptions
<i>Lack of trust, especially in URM communities.</i>	Community Perceptions
<i>History of intentional mistreatment of black and brown people in health and research</i>	Community Perceptions
<i>Lack of community engagement at the outset</i>	Community Perceptions
<i>community engagement and trust</i>	Community Perceptions
<i>mistrust</i>	Community Perceptions

G. Please list the top barrier that has most significantly limited your sphere of influence for Clinical Trials Participation (N=140) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>Lack of trust from URMs in the community.</i>	Community Perceptions
<i>Distrust of research</i>	Community Perceptions
<i>distrust of science in the external community</i>	Community Perceptions
<i>expansion of community trust</i>	Community Perceptions
<i>Already challenged by competing trials. Will recruit anyone regardless of race, ethnicity as long as participant is positive.</i>	Competing Trials/Trial Design
<i>Multiple competing programs at the institution with limited coordination</i>	Competing Trials/Trial Design
<i>Trial design makes participation very difficult</i>	Competing Trials/Trial Design
<i>I can only offer suggestions; I am not in a position in which I can directly effect change.</i>	Current Position
<i>Trials are run through the hospitals; university-based CTSC members have little influence over these practices and protocols</i>	Current Position
<i>my position</i>	Current Position
<i>Have no role in his area.</i>	Current Position
<i>As staff, I do not have the capacity to influence DEI policy, governance, resources, and decision-making.</i>	Current Position
<i>I don't have anything to do with Clin Trial Participation at my institution but my CTSA has several significant programs focused on minority participation</i>	Current Position
<i>Do not have involvement in direct recruitment</i>	Current Position
<i>lack of funding for recruitment specialists and support personnel to engage with URM communities</i>	Funding
<i>funding</i>	Funding
<i>Funding</i>	Funding
<i>Institutional funding</i>	Funding
<i>Insufficient support for targeted efforts to increase diversity in participation in all aspects of research, from study design to execution and participation</i>	Funding
<i>reimbursement</i>	Funding
<i>Economic barriers</i>	Funding

G. Please list the top barrier that has most significantly limited your sphere of influence for Clinical Trials Participation (N=140) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>Many of the trials are performed independently of the CTSA at our institution, since NCATS limits using our grant funds to support clinical research and clinical trials operations</i>	Funding
<i>lack of value provided to diverse participants and lack of ask to participate</i>	Lack of Effort/Support from Institution
<i>Insufficiently inclusive recruitment messaging and tactics. Insufficient effort to engage in relationship building with disparately affected populations</i>	Lack of Effort/Support from Institution
<i>Insufficient mandate to PIs to comply with equitable trial recruitment</i>	Lack of Effort/Support from Institution
<i>focus only on recruiting minorities without understanding the need for access to clinical care must accompany it. And that partnership building takes time/effort</i>	Lack of Effort/Support from Institution
<i>Study coordinators are frequently not on board with increasing diversity. It can make their job harder, and it may conflict with internal values.</i>	Lack of Effort/Support from Institution
<i>Difficult to shift work towards this focus as hub has not made explicit how we will implement DEI in work</i>	Lack of Effort/Support from Institution
<i>Lack of intentional community engagement</i>	Lack of Effort/Support from Institution
<i>Institutional Racism</i>	Lack of Effort/Support from Institution
<i>Significant gaps in knowledge base, experience and approach related to engaging diverse populations in clinical trials among many clinician researchers.</i>	Lack of Effort/Support from Institution
<i>Lack of support for DEI and lack of workforce diversity or cultural competency makes it hard to recruit diverse participants</i>	Lack of Effort/Support from Institution

G. Please list the top barrier that has most significantly limited your sphere of influence for Clinical Trials Participation (N=140) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>lack of attention to the need for trusted relationships FIRST</i>	Lack of Effort/Support from Institution
<i>Limited NIH and AHC institutional investment on the recruitment and retention of vulnerable/underserved/marginalized population groups</i>	Lack of Effort/Support from Institution
<i>There is a desire for more diversity but lack of commitment to address the barriers to URM participation</i>	Lack of Effort/Support from Institution
<i>awareness of clinical trial PI's of the importance of inclusion of diverse populations in trials; mistrust of African Americans of participating in clinical research</i>	Lack of Effort/Support from Institution
<i>role models not doing enough education about trials to diverse communities</i>	Lack of Effort/Support from Institution
<i>It takes more resources and time to enroll persons who do not speak English</i>	Lack of Effort/Support from Institution
<i>need to value the methods we use to achieve this</i>	Lack of Effort/Support from Institution
<i>Institutional commitment to accountability. Failure to develop culturally and community conscious approaches</i>	Lack of Effort/Support from Institution
<i>lack of value provided to diverse participants and lack of ask to participate</i>	Lack of Effort/Support from Institution
<i>Insufficiently inclusive recruitment messaging and tactics. Insufficient effort to engage in relationship building with disparately affected populations</i>	Lack of Effort/Support from Institution

G. Please list the top barrier that has most significantly limited your sphere of influence for Clinical Trials Participation (N=140) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>Insufficient mandate to PIs to comply with equitable trial recruitment</i>	Lack of Effort/Support from Institution
<i>focus only on recruiting minorities without understanding the need for access to clinical care must accompany it. And that partnership building takes time/effort</i>	Lack of Effort/Support from Institution
<i>Study coordinators are frequently not on board with increasing diversity. It can make their job harder, and it may conflict with internal values.</i>	Lack of Effort/Support from Institution
<i>Difficult to shift work towards this focus as hub has not made explicit how we will implement DEI in work</i>	Lack of Effort/Support from Institution
<i>Lack of intentional community engagement</i>	Lack of Effort/Support from Institution
<i>Institutional Racism</i>	Lack of Effort/Support from Institution
<i>Significant gaps in knowledge base, experience and approach related to engaging diverse populations in clinical trials among many clinician researchers.</i>	Lack of Effort/Support from Institution
<i>Lack of support for DEI and lack of workforce diversity or cultural competency makes it hard to recruit diverse participants</i>	Lack of Effort/Support from Institution
<i>lack of attention to the need for trusted relationships FIRST</i>	Lack of Effort/Support from Institution
<i>Limited NIH and AHC institutional investment on the recruitment and retention of vulnerable/underserved/marginalized population groups</i>	Lack of Effort/Support from Institution

G. Please list the top barrier that has most significantly limited your sphere of influence for Clinical Trials Participation (N=140) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>There is a desire for more diversity but lack of commitment to address the barriers to URM participation</i>	Lack of Effort/Support from Institution
<i>awareness of clinical trial PI's of the importance of inclusion of diverse populations in trials; mistrust of African Americans of participating in clinical research</i>	Lack of Effort/Support from Institution
<i>role models not doing enough education about trials to diverse communities</i>	Lack of Effort/Support from Institution
<i>It takes more resources and time to enroll persons who do not speak English</i>	Lack of Effort/Support from Institution
<i>need to value the methods we use to achieve this</i>	Lack of Effort/Support from Institution
<i>Institutional commitment to accountability. Failure to develop culturally and community conscious approaches</i>	Lack of Effort/Support from Institution
<i>Limited resources for recruitment</i>	Limited Resources/Access
<i>Access</i>	Limited Resources/Access
<i>Need for institutional resources, approach that hub can align with and enhance</i>	Limited Resources/Access
<i>access to CTSC</i>	Limited Resources/Access
<i>no particular barriers identified</i>	None, N/A
<i>N/A</i>	None, N/A
<i>None</i>	None, N/A
<i>We do well when community engagement team is engaged. Cannot mandate their engagement</i>	None, N/A
<i>Don't have many clinical trials</i>	None, N/A
<i>N/A</i>	None, N/A
<i>N/A</i>	None, N/A
<i>n/a</i>	None, N/A

G. Please list the top barrier that has most significantly limited your sphere of influence for Clinical Trials Participation (N=140) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
None	None, N/A
covid	Other
Not solvable by the CTSA	Other
Lack of robust trials structure at my institution	Other
Infrastructure	Other
No pipeline for community members to be research coordinators	Other
use of CTSA advice for increasng diversity of clinical trials participation is optional	Other
Lack of reliable data on studies at the hub	Other
Identifying PIs who need and/or would welcome technical assistance	Other
no one has talked about why there are so few BIPOC populations participating in clinical trials	Other
top barrier	Other
Inclusion of diverse study participants	Other
Lack of diversity among research staff.	Other
Engagement/outreach	Outreach
Community awareness	Outreach
lack of education and outreach that is culturally relevant	Outreach
recruitment	Recruitment
recruitment that reflects the populatiojn	Recruitment
recruiting diverse populations	Recruitment
recruit diverse study participants (not interested in participating)	Recruitment
Exploring novel recruitment strategies; dealing with barriers in language	Recruitment
REcruitment of URM to trials	Recruitment
Inadequate resources to navigate the complicated agreements, budget negotiations, etc. required to participate in CT	Resources/ Access
Resources for ground-level, grassroots recruitment staff	Resources/ Access
Time and resources to appropriately engage in dialogue with underserve populations	Resources/ Access
Time	Resources/ Access
lack of resources to transform clinical trials to have a DEI lens	Resources/ Access
limited access to information	resources/ Access
Resources for continuous community engagement	Resources/ Access
Resources	Resources/ Access
Lack of diversity among research workforce, limited linguistic diversity and language services	Staffing
Lack of diverse CRCs and investigators to fully engage a broad and diverse population	Staffing
Clinical research coordinator support	Staffing

G. Please list the top barrier that has most significantly limited your sphere of influence for Clinical Trials Participation (N=140) (Cont.) <small>(Comments appear as submitted, identifying information is redacted in [brackets])</small>	
All Comments	Themes
<i>representation of "people who look like" the minorities we seek</i>	Staffing
<i>internal staffing limitations</i>	Staffing
<i>lack of minority faculty with effort devoted to research</i>	Staffing

H. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Clinical Trials Participation. (N=125) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>Suggestion: have trials have a clearly stated method for recruitment of minority/female subjects and for separate analysis of data and statements of conclusions from them, if the results warrant.</i>	Altering Study Design
<i>More patient-centered clinical trial design</i>	Altering Study Design
<i>RFAs be reworked to not only include directives to include a more representative population, but also increased and earmarked funds and time to properly do this work</i>	Altering Study Design
<i>provide standard agreements and cIRBs</i>	More Funding
<i>Design clinical trials that allow disadvantaged people to participate</i>	Altering Study Design
<i>More collaboration with our community engagement group</i>	Collaboration/Engagement with Community
<i>what is the problem and gear engagement around this--get diverse community leaders involved</i>	Collaboration/Engagement with Community
<i>Mandate full engagement of diverse community stakeholders in design and implementation.</i>	Collaboration/Engagement with Community
<i>find partners who are interested in promoting clinical trials in the community</i>	Education/Promotion/Outreach to the Community
<i>Community outreach</i>	Collaboration/Engagement with Community
<i>Community interactions, stories from diverse participants</i>	Collaboration/Engagement with Community
<i>Participant engagement groups, engaging community leaders</i>	Collaboration/Engagement with Community
<i>Engaging communities in best practices</i>	Collaboration/Engagement with Community
<i>Create "research champions" within marginalized communities</i>	Collaboration/Engagement with Community
<i>Engage community outreach to invite the URM community into our facility</i>	Collaboration/Engagement with Community
<i>Be more consistently inclusive of community partners, ask them how to better include them in this process (it's also a problem if community members are the only diverse members of the team)</i>	Collaboration/Engagement with Community

H. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Clinical Trials Participation. (N=125) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>Go out to the community and hear what they have to say and listen to it</i>	Collaboration/Engagement with Community
<i>Provide support for efforts such as broadly-engaged team science and other models that incorporate all stakeholders into all phases of research in this area</i>	Collaboration/Engagement with Community
<i>Engage communities by encouraging them to be part of the solution.</i>	Collaboration/Engagement with Community
<i>Allowing essential time for meaningful community input and engagement</i>	Collaboration/Engagement with Community
<i>Community engagement, financial reimbursement</i>	Collaboration/Engagement with Community
<i>Return results to community, engage in 2-way dialogue</i>	Collaboration/Engagement with Community
<i>Track diversity among research staff</i>	Diversity Among Staff/Faculty
<i>Efforts to increase workforce diversity will also help clinical trials participation. Don't lose sight of the human factor in recruiting.</i>	Diversity Among Staff/Faculty
<i>creating a workforce that looks like the participants we need</i>	Shift of Focus to DEI
<i>Embed URM researchers with expertise in vulnerable/underserved populations health and health equity/disparities into research teams and systematically include the perspectives of individuals from vulnerable/underserved communities in the study design and recruitment and retention planning</i>	Diversity Among Staff/Faculty
<i>Increase participation of culturally-matched investigators from recruitment of minority faculty with this interest</i>	Altering Study Design
<i>Educational campaign</i>	Diversity Among Staff/Faculty
<i>National educational programs</i>	Diversity Among Staff/Faculty
<i>Improved social media and marketing efforts</i>	Education/Promotion/Outreach to the Community
<i>more education/ relationship development</i>	Education/Promotion/Outreach to the Community
<i>devise and implement more community outreach and training, and health service inclusion.</i>	Improving Community Perceptions/Building Relationships
	Education/Promotion/Outreach to the Community

	Training of Research Personnel
H. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Clinical Trials Participation. (N=125) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>information</i>	Education/Promotion/Outreach to the Community
<i>education, tools and guides</i>	Education/Promotion/Outreach to the Community
	Specific Resources for Recruitment/Recruitment Strategies
<i>Increase knowledge & awareness of the various policies, processes, and resources available. Develop "one-stop shopping" websites/portals to reduce the administrative burden on investigators</i>	Education/Promotion/Outreach to the Community
	Other
<i>information</i>	Education/Promotion/Outreach to the Community
<i>Social media campaigns on clinical research participation with celebrity endorsements</i>	Education/Promotion/Outreach to the Community
<i>Mini research bootcamps to educate communities/patients regarding actual research process</i>	Education/Promotion/Outreach to the Community
<i>saturate media and social media with accurate information about the benefits of participating in clinical communicated by influential celebrities- athletes, entertainers, community leaders, etc</i>	Education/Promotion/Outreach to the Community
<i>education of health care providers and the general public</i>	Education/Promotion/Outreach to the Community
	Training of Research Personnel
<i>Promote community centric awareness and CABs</i>	Education/Promotion/Outreach to the Community
<i>devise and implement more community outreach and training, and health service inclusion.</i>	Education/Promotion/Outreach to the Community

H. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Clinical Trials Participation. (N=125) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>building trust</i>	Improving Community Perceptions/Building Relationships
<i>Concerted effort to restore trust and transparency within URM communities</i>	Improving Community Perceptions/Building Relationships
<i>seeking input from the community on ways to build trust and implementing them</i>	Improving Community Perceptions/Building Relationships
<i>We just need to continue to reach out to communities, it will take time to build trust with communities of color</i>	Improving Community Perceptions/Building Relationships
<i>Meaningful investment in community wellness to build trust with research institutions</i>	Improving Community Perceptions/Building Relationships
<i>Build ongoing stable relationships with community-based organizations and leaders</i>	Improving Community Perceptions/Building Relationships
<i>build trust in community engagement partners</i>	Improving Community Perceptions/Building Relationships
<i>Build trust in research by building RELATIONSHIPS with community members; not likely to happen if initiative at the clinical encounter.</i>	Improving Community Perceptions/Building Relationships
<i>Community engagement, trust and researchers from same background as communities</i>	Improving Community Perceptions/Building Relationships
	Diversity Among Staff/Faculty
	Collaboration/Engagement with Community

H. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Clinical Trials Participation. (N=125) (Cont.)	
<i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>we need more perspective from UR subjects as to why they do not participate and what will help them see the value</i>	Improving Community Perceptions/Building Relationships
<i>Community partnerships and participatory research</i>	Improving Community Perceptions/Building Relationships
<i>Multilevel approach to addressing mistrust due to mistreatment and how to address the barriers that we as a society have placed upon many URM communities</i>	Improving Community Perceptions/Building Relationships
<i>work with community leaders to build trust</i>	Improving Community Perceptions/Building Relationships
<i>Acknowledge the history of mistreatment</i>	Improving Community Perceptions/Building Relationships
<i>provide enhanced stipends for participation by under-represented populations</i>	More Funding
<i>funding for infrastructure</i>	More Funding
<i>Expand scope of community engagement with funding to engage stakeholders in informing CT participation strategies</i>	More Funding
<i>Provide more funding to Hubs for hiring URM/community, qualified hires who can be dedicated to the recruitment and retention of URMs in CTs</i>	More Funding
<i>Adequate funding for community engagement</i>	More Funding
<i>Provide "Infrastructure/StartUp/Gap funding" to support research teams during gaps in Clinical Trial participation</i>	More Funding
<i>Funding for outreach is limited and needs expansion. Studies need to address the priorities of the academic center communities</i>	More Funding
<i>reasonable reimbursement for studies</i>	Shift of Focus to DEI
<i>Need more funding of minority PIs, CRCs to recruit minorities.</i>	More Funding
<i>Funds</i>	More Funding
<i>NCATS should allow UL1 budget to be used to offset costs of clinical research and investigator initiated clinical research and trials at our institutions, e.g. supporting staff and space in clinical research units (which used to be allowable costs).</i>	More Funding

H. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Clinical Trials Participation. (N=125) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>Have real penalties or teeth in the requirements for equitable trial enrollment</i>	Reward-Punishment System/ Setting Goals
<i>Set affirmative goals for diversity of participation for every trial</i>	Reward-Punishment System/ Setting Goals
<i>Possibly reward study coordinators who shine at inclusive enrollment, and talk with them to learn what they're doing</i>	Reward-Punishment System/ Setting Goals
<i>Identifying benchmarks for diverse trials participation</i>	Reward-Punishment System/ Setting Goals
<i>Promote CTSA's working with clinical partners and community groups to understand experience of care and barriers to participation</i>	Reward-Punishment System/ Setting Goals
	Sharing of Best Practices
<i>Empower hubs with best practice resources to help researchers engage diverse participant in clinical trials, to include dissemination best practices.</i>	Reward-Punishment System/ Setting Goals
	Sharing of Best Practices
<i>setting recruitment targets that specifically address reaching generally understudied populations. Creating and communicating trust among URPs in scientific process. Having local community membership in CTSA committees.</i>	Reward-Punishment System/ Setting Goals
	Improving Community Perceptions/Building Relationships
	Collaboration/Engagement with Community
<i>we are in a very diversified area of NYC. We can be approached to help others with our strategies.</i>	Sharing of Best Practices
<i>evidence based practices to improve trial completion</i>	Sharing of Best Practices
<i>Use what has already been done to address barriers</i>	Sharing of Best Practices
<i>talk about how to get more BIPOC populations involved in clinical trials</i>	Sharing of Best Practices
<i>Sharing best practices and tool on how to work with URM group to build trust</i>	Sharing of Best Practices
<i>leadership that recognizes the need for change</i>	Shift of Focus to DEI
<i>Focus on community engagement</i>	Shift of Focus to DEI
<i>Need PIs to understand how to diversify their recruitment and recruitment strategies</i>	Shift of Focus to DEI
<i>Institutional infrastructure and commitment for true community engagement</i>	Shift of Focus to DEI
<i>help change norms about participation in trials</i>	Shift of Focus to DEI

H. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Clinical Trials Participation. (N=125) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>increase recognition and support for the engagement and bidirectional long-term relationships that are needed to build trust with underserved communities</i>	Shift of Focus to DEI
<i>Setting aside resources for enrollment of minority patients</i>	Specific Resources for Recruitment/Recruitment Strategies
<i>tools to reach diverse communities for recruitment and increased promotion of value for participation</i>	Specific Resources for Recruitment/Recruitment Strategies
	Education/Promotion/Outreach to the Community
<i>better recruitment</i>	Specific Resources for Recruitment/Recruitment Strategies
<i>Greater collaboration among healthcare entities to increase recruitment</i>	Specific Resources for Recruitment/Recruitment Strategies
<i>incentivize recruitment efforts for URM in clinical trials</i>	Specific Resources for Recruitment/Recruitment Strategies
<i>mobile clinics, "people who look like me" hire from the community in which we do research</i>	Specific Resources for Recruitment/Recruitment Strategies
	Diversity Among Staff/Faculty
<i>On-going support for community health workers for research recruitment.</i>	Specific Resources for Recruitment/Recruitment Strategies
<i>Access to information for participation on all platforms</i>	Specific Resources for Recruitment/Recruitment Strategies

H. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Clinical Trials Participation. (N=125) (Cont.) <i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>better recruitment strategies- registries don't work.</i>	Specific Resources for Recruitment/Recruitment Strategies
<i>Have each hub consider the methods of recruitment - are they inclusive, is the population being enrolled representative.</i>	Specific Resources for Recruitment/Recruitment Strategies
<i>Similar to how organ donation has been incorporated into DMV licensing, add a question about participating in research they can check, with that information feeding into a national research registry; marketing campaign on our duty as citizens to contribute to furthering scientific knowledge and discovery</i>	Specific Resources for Recruitment/Recruitment Strategies
	Education/Promotion/Outreach to the Community
<i>Same</i>	Specific Resources for Recruitment/Recruitment Strategies
<i>provide resources that CTSA's can use to train study teams in DEI- hopefully this meeting will help with that!</i>	Specific Resources for Recruitment/Recruitment Strategies
<i>Novel recruitment strategies are needed</i>	Specific Resources for Recruitment/Recruitment Strategies
<i>Inclusion of special populations</i>	Specific Resources for Recruitment/Recruitment Strategies
<i>Ensure representative participation</i>	Specific Resources for Recruitment/Recruitment Strategies
<i>strive to make the trial look like the demographic of the affected population</i>	Specific Resources for Recruitment/Recruitment Strategies
<i>pay attention to the diversity of the populations you recruit</i>	Specific Resources for Recruitment/Recruitment Strategies

H. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Clinical Trials Participation. (N=125) (Cont.)	
<i>(Comments appear as submitted, identifying information is redacted in [brackets])</i>	
All Comments	Themes
<i>Diversity recruitment plans, establishing trusted relationships with the community</i>	Specific Resources for Recruitment/Recruitment Strategies Improving Community Perceptions/Building Relationships
<i>mobile CTSC</i>	Specific Resources for Recruitment/Recruitment Strategies
<i>using innovative modern tools for clinical trials recruitment</i>	Specific Resources for Recruitment/Recruitment Strategies
<i>Enhance recruitment efforts through novel methods to ensure adequate representation of URMs and diverse gender and sexual orientations.</i>	Specific Resources for Recruitment/Recruitment Strategies
<i>expand toolkit for inclusion and retention of diverse populations into trials in cli</i>	Specific Resources for Recruitment/Recruitment Strategies
<i>mandatory training for PIs and research coordinators in techniques for increasing diversity representation in clinical trials</i>	Training of Research Personnel
<i>Access to trained research staff</i>	Training of Research Personnel
<i>vaccine for covid!</i>	Other
<i>Break down racial barriers</i>	Other
<i>Professionalize the field and reach into high schools and community colleges</i>	Other
<i>Facilitate CTMS roll-out and data quality</i>	Other
<i>Central databases within and among our CTSA partners</i>	Other
<i>As staff, I do not have the capacity to influence DEI policy, governance, resources, and decision-making.</i>	Other
<i>Making integration of underrepresentation</i>	Other
<i>Assets for sustained community partnerships</i>	Other
<i>n/a</i>	None-N/A
<i>N/A</i>	None-N/A
<i>N/A</i>	None-N/A

H. Please list your top priority/suggestion to the field for overcoming the barriers that you listed above with regard to Clinical Trials Participation. (N=125) (Cont.)

(Comments appear as submitted, identifying information is redacted in [brackets])

All Comments	Themes
<i>n/a</i>	None-N/A
<i>Not really a problem at my institution because we have a significant minority population and we have work in the community</i>	None-N/A
<i>n/a</i>	None-N/A