Initiative for Biomedical and Behavioral Minority Research

Executive Summary of the Planning Process and Consensus Recommendations

Department of Defense
U.S. Army Medical Research and Materiel Command
Congressionally Directed Medical Research Programs
Breast Cancer Research Program

December 1998

I.   Introduction

The Initiative for Biomedical and Behavioral Minority Health was suggested by the Breast Cancer Research Program (BCRP) of the Congressionally Directed Medical Research Program (CDMRP) at the U.S. Army Medical Research and Materiel Command (USAMRMC). The primary purpose of the Minority Initiative was to increase breast cancer research among minority populations in order to address the disparities in the incidence, prevalence, morbidity, and mortality rates of breast cancer among those populations. The CDMRP management team, representatives from the BCRP Integration Panel, and others involved in outreach to the medically underserved, began the initiative in February 1997 with three goals:

- To increase the number of funded breast cancer research proposals from Historically Black Colleges and Universities (HBCUs) and minority institutions (MIs)

- To increase the number of funded breast cancer research proposals from minority researchers

- To increase the number of funded breast cancer research proposals that study minority populations.

A 5-year initiative was visualized, which included the initial planning year, 3 years of implementation, and a final evaluation year. A subgroup of the BCRP IP, the Minority Initiative Committee (MIC), was formed to provide oversight to the effort. This executive summary presents the outcomes of the planning year, including the results of the needs assessment effort and the consensus development process used to create recommendations for the Program.

A.   Background on the Program

The U.S. Army has been named by the Secretary of Defense as the Executive Agent for administering the CDMRP. The Program funds efforts to promote research directed toward the understanding and the treatment of breast, prostate, and ovarian cancer, and of neurofibromatosis.

In 1993, the USAMRMC was given the responsibility of managing the Breast Cancer Research Program (BCRP), the first of the Congressionally Directed Medical Research Programs to fall under its management. A Program Management Team (PMT) was assembled at this time to establish the program and to ensure the proper distribution of funds. Due to the importance and visibility of the Program and the fact that breast cancer was outside the historic scientific expertise of the Army, the National Academy of Sciences' Institute of Medicine (IOM) was asked to provide an assessment of breast cancer research and to advise the Program on scientific peer review mechanisms and programmatic investment strategies.

Based on the recommendations of IOM, the CDMRP has created a research-funding program and management infrastructure that is innovative, scientifically sound, and responsive to the needs of the scientific and advocacy communities. As it stands today, a small staff of Army and other

Department of Defense (DoD) personnel provides the overall management of the programs. Individual programs are administered with the assistance of contractors and the guidance of expert panels consisting of scientists, clinicians, and consumer advocates spanning the entire spectrum of interests related to a specific disease. The partnership among the military, the scientific community, and the public is one of the most important elements of these programs, because spheres of interest that seldom interact are brought together. Through this distinctive interaction, a new and unique vision for research has emerged, one that will have a lasting impact on cancer and other biomedical research fields by emphasizing the communal aspects of scientific endeavor.

The Program has devised a funding strategy that creates impact without duplicating existing efforts. From its inception, the Program has attempted to identify gaps in cancer funding, to enhance previous accomplishments, and to contribute to a comprehensive national effort that will benefit all citizens through scientific innovation and technology transfer.

A Two-Tiered Review Process

Following the advice of IOM, the Program subjects all proposals to a two-tiered review process. To be funded, a proposal must be recommended by both tiers of the review system.

Scientific peer review panels organized by discipline or specialty areas conduct the first level of review. The primary responsibility of this panel is to provide unbiased expert advice to the Program on the scientific and technical merit of applications, particularly with respect to the review criteria articulated in the Program Announcement (PA). Scientific review panels include an executive secretary as a non-voting member and a chairperson, approximately 10 to 15 scientific reviewers, and two cancer consumer advocates as voting members.

An IP conducts the second level of review. The IP of each research program consists of 24 members representing a diverse group of basic and clinical scientists and consumers. Unlike the National Cancer Institute's Advisory Board, which is concerned with multiple cancer types, the IP membership focuses exclusively on a specific disease, e.g., the BCRP IP focuses exclusively on breast cancer. The scientific members represent many diverse disciplines and specialty areas and are experienced with peer review procedures. Consumers are cancer survivors who are often active in cancer programs at the local and national levels. Consumers are often trained about the science of cancer (for example, through the breast cancer Project LEAD) and are able to view cancer from the perspective of the entire constituency rather than solely from an individual perspective. In selecting proposals to recommend for funding, the IPs consider not only scientific and technical merit but also such factors as the proposal's degree of innovative science, its potential for scientific breakthrough, and its contribution to the ultimate eradication of the disease of interest. The IPs are responsible for recommending a balanced portfolio of scientific research that meets the objectives of innovation and scientific diversity in each of the research programs of the CDMRP.

The Funding Goal for Historically Black Colleges and Universities/Minority Institutions

Five percent of the total funds allocated for the various research programs is for the exclusive participation by Historically Black Colleges and Universities/Minority Institutions as defined by the Department of Education. Submissions are invited in all award categories. As in the overall program, the final investment strategy is determined by the quality and distribution of proposal submissions. To reach the funding goal, proposals submitted from HBCU/MIs are reviewed collectively with all others in peer review but are evaluated separately during programmatic review when award selections are determined. To maintain consistency with the Program's goals, proposal funding is based on scientific excellence and programmatic relevance.

B.   Minority Initiative Committee Inception and Function

The chair of the Fiscal Year (FY) 1996 HBCU/MI programmatic review panel for the BCRP IP, Dr. Ngina Lythcott, presented data to the BCRP IP detailing the need for additional supportive measures to increase the number of funded proposals from HBCUs, MIs, and minority investigators, and proposals focusing on minority populations. Based upon her recommendations, the BCRP IP moved forward to address these goals. The Minority Initiative Committee (MIC) was formed, with Dr. Lythcott serving as chair. The remaining committee members were Ms. Bettye Green, Ms. Susan Shinagawa, and Drs. Cathy Reznikoff and Lovell Jones. Both consumer advocates and researchers were represented on the committee, and four of the five members were of minority descent.

By working in tandem with the Program, the MIC provided oversight to the effort to ensure that its results are consistent with the goals of the BCRP IP and the IPs of other CDMRP research programs. They presented the results of the planning effort to the BCRP IP. Subsequently, these results were presented to the Program's other IPs for action during the upcoming fiscal year.

II.   The Planning Year

The Minority Initiative began by actively seeking input from the community. The "community" in this case is quite diverse and includes scientists and researchers of minority descent, as well as representatives of governmental, professional, academic, and community-based organizations interested in reducing cancer among minority populations. Their input resulted in the development of a phased research effort that combined qualitative and quantitative research techniques for needs assessment and an inclusive staged consensus development process.

A.   Overview of the Preliminary Studies

The study began with the input of experts and leaders in the minority health research community. This effort was based upon a multifaceted search strategy that helped shape the rest of the methodology.

To identify experts for participation in the initial interviews, a broad range of qualifications in minority health and participation in biomedical and behavioral research was considered. The selection guidelines included 1) documented contributions to science, education, and communities of color; 2) earned respect of communities of color; and 3) ability to address legal, ethical, cultural, and scientific factors related to minority participation in research. A total of 27 experts from the four racial/ethnic minority groups were contacted to provide input.

The first contact began by addressing concerns about the project and explaining the Program's motivation for conducting such a study. Specifically, the one-on-one communication conveyed the fact that the Program would take action based on guidance from the minority research community and its constituencies. As a result of the groundwork accomplished in the interpersonal communication strategy, 23 of the 27 minority researchers and experts contacted agreed to participate in the initial interviews. (Those who did not participate were unavailable during the reporting period.)

As a result of the recommendations gathered from the initial interviews, the planning effort combined the following qualitative and quantitative research strategies:

- Further intensive telephone interviews with experienced minority researchers and representatives of programs, associations, and Government agencies

- Regional focus groups with minority researchers of African American, Asian, Pacific Islander, Hispanic/Latino, and American Indian/Alaska Native descent

- Profiles of four leading minority researchers who had contributed to the training and development of minority researchers

- Profiles of effective programs for training and development of minority researchers and minority institutions

- Substantive background papers on key issues

- A computer-assisted telephone interview (CATI) survey with prior applicants to the BCRP. This method provided a population-based, quantitative research balance to the anecdotal and case-based data of the other studies.

B.	Overview of the Consensus Development Process

The groundwork in the initial interviews was essential in building trust between these individuals and the Program and allowed partnership-building opportunities for the next phase of the effort. The Program convened two consensus development conferences with researchers, stakeholders, Community leaders, and representatives who were identified throughout the research effort. The first conference (CC I) focused on soliciting a broad range of views and issues within each racial/ethnic group and across groups. During the second conference (CC II), a subset of attendees of the first conference organized the recommendations and developed action steps. The following sections describe the procedures used in each conference.

Consensus Development Conference I (CC I)

The first conference was held October 23–26, 1997, in Vienna, Virginia. The conference was attended by 78 participants representing the four largest minority groups in the United States: African American, American Indian and Alaska Native, Asian and Pacific Islander, and Hispanic/Latino. Participants also represented a variety of disciplines in biomedical, behavioral, and social science research; medicine; and public- and private-sector programs for infrastructure building and research training. In addition, the attendees represented a subset of those invited; many who were invited were unable to attend because of prior commitments.

The conference objective was to produce consensus recommendations on how the Program could provide training and technical assistance for minority researchers and help develop the infrastructure of minority research institutions. Prior to the conference, participants were sent a briefing book summarizing the findings of the preliminary studies. The conference working groups included three panels and four caucuses. The three panels examined crosscutting issues. Panel members were preassigned to ensure balanced representation of ethnicity, gender, and area of expertise on each panel. The four caucuses examined issues pertaining specifically to each of the four minority groups. Caucus members selected the caucus in which they wanted to participate. Table 1 shows the distribution of participants into caucuses and panels.

Table 1
Workgroups by Number of Participants

African American Caucus	18
American Indian/Alaska Native Caucus	8
Asian and Pacific Islander Caucus	7
Hispanic/Latino Caucus	12
Panel 1 (mixed ethnicity)	10
Panel 2 (mixed ethnicity)	11
Panel 3 (mixed ethnicity)	12
TOTAL	78

The caucuses and panels were given three programmatic goals and asked to formulate their recommendations around these goals:

·   To increase the number of applications received from minority researchers

·   To ensure that new applications from minority researchers were better able to meet the criteria for funding

·   To expand research on issues relevant to the health of minority populations in an attempt to reduce the disparity in morbidity and mortality between minority and non-minority populations.

They were also given criteria for recommendations:

·   All recommendations should relate to improving the ability of minority researchers to participate in the Command's programs; they may also have applicability beyond the programs.

·   There should be a balance of short-term and long-term recommendations.

·   All recommendations should be specific and action-oriented, should include a rationale, and should be noted as consensus or non-consensus recommendations. Key consideration would be given to consensus recommendations, although other recommendations were also welcomed.

The consensus development process was iterative in that recommendations developed by the panels and caucuses were presented repeatedly to the full group for feedback and were reworked on the basis of feedback received. The first feedback point occurred when each of the caucuses reported its recommendations to the entire group at the end of the first full day of discussions. Questions and comments followed each report. The panels then took the caucus recommendations and combined them with their crosscutting recommendations. After these deliberations, the panels presented their recommendations to eight round tables of participants at which caucus and panel members of all ethnicities and varying expertise were mixed. Each round table provided feedback, comments, and modifications. Panel members then integrated the work of the caucuses and panels into the final recommendations.

Organizing the Recommendations

The conference resulted in 187 recommendations from all sources: caucuses, panels, and round tables. Although each step in the process resulted in the creation of new recommendations, the degree of congruence among panel, caucus, and round table recommendations was striking. A key recommendation of the round tables was to group recommendations into distinct categories. The final listing combined all panel, caucus, and round table recommendations, organized by categories (Table 2 shows the recommendations by category and source).

Table 2
Number of Recommendations by Category and Source

Category	Description	Caucuses and Panels	Round Tables	Combined Version
1. Expanded Research Paradigm	Philosophical shifts and new approaches for solving problems in minority health research; new definitions; proposed changes in terminology; and similar concerns.	0	16	16
2. Communications/ Information/Data	Recommendations related to communicating information about the Program and to gathering and distributing data related to minority health research.	29	10	36
3. Participation in Decision Making	Recommendations related to the participation of minority researchers and communities in the grant awards decision- making process.	18	3	22
4. Technical Assistance and Training	Suggestions for providing technical assistance and training to grant recipients, grant applicants, and potential grant applicants.	15	1	12
5. Pipeline	Recommendations related to the process of encouraging interest in research and guiding the development of minority youngsters and older students.	7	0	9
6. Changes in the Program	Recommendations for actual changes in the CDMRP.	39	18	65
7. Infrastructure of Participating Institutions and Organizations	Recommendations related to the infrastructure of entities other than the Program.	12	4	17
8. Evaluation and Accountability	Recommendations regarding evaluation and accountability related to minority researchers and research grants funded by the Program.	5	0	7
9. Implementation and Dissemination	Recommendations for the implementation and dissemination of items related to the Program's Initiative for Biomedical and Behavioral Minority Research.	3	5	11
10. Advocacy	Recommendations related to lobbying. The Program is prohibited by law from implementing these. (However, these were not omitted from the meeting record.)	2	2	4
TOTALS		130	59	199

Note: Two round table recommendations were assigned to more than one category.

Some alterations were made to the original recommendation so that

·   All the recommendations were phrased in parallel structure;

·   Identical or very similar recommendations from different panels and/or caucuses were combined into a single recommendation;

·   Complex recommendations in which several sub-recommendations were embedded were separated and assigned to the appropriate categories;

·   Most acronyms were spelled out, and elliptical phrases and sentence fragments were completed. In some cases wording was clarified.

Consensus Development Conference II (CC II)

Consensus Conference II (CC II) was held December 11–13, 1997, in Alexandria, Virginia. Participants included 23 of the original CC I participants who were invited to reflect a balanced mix from each CC I panel and caucus and from each ethnic and disciplinary group. The purpose of CC II was to examine the recommendations of CC I and identify priority recommendations so as to arrive at a manageable number that would be more amenable to consideration and eventual implementation.

Working in three multicultural groups, conferees examined 195 recommendations in nine different categories that had been made by Consensus Conference I participants in October.[1] The specific charge to the conferees was to prioritize and operationalize the recommendations with specific action steps and responsible parties. The expected outcome of the meeting was a redrafted and consolidated set of recommendations and practical action steps that could be presented to the Program's IPs.

In order to complete work on the volume of recommendations, each CC II working group was assigned specific categories of recommendations to process, except for two categories.   One category, Expanded Research Paradigm, was simultaneously addressed by all three working groups. Another category, Changes in the Program, was assigned to an ad hoc representative group of conferees that met on the last day of the conference to address these recommendations.

Conferees used a voting process to determine which of the original recommendations were of greatest importance, identified the top three in each of the nine categories of recommendations, and developed action steps to implement these recommendations. Most of the original recommendations were retained through this process: either they were combined with other recommendations into one of the priority recommendations, or they became action steps. In all, working groups came up with 23 recommendations and associated action steps. Table 3 on the next page shows the CC II recommendations by category.

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[1]CC II did not address A tenth category, consisting of four recommendations on advocacy.

Table 3
CC II Recommendations

Category	Specific Recommendations
1. Expanded Research Paradigm	A. Increase the cultural competency of the USAMRMC Program.
	B. Broaden the Program content and agenda to reflect the expanded research paradigm.
	C. Tie grant funding to the prospect of improved health outcomes.
2. Communications/Information/Data	A. Communicate with minority investigators.
	B. Provide researchers opportunities for exposure.
	C. Sponsor needs assessment in minority communities.
3. Participation in Decision Making	A. Involve more minorities in all aspects of the grants program.
	B. Increase the representation of minorities on the Integration Panel.
	C. Ensure that the principal investigator is representative of the study population.
4. Technical Assistance and Training	A. Ensure adequate training and mentoring of minority researchers.
	B. Ensure that technical assistance is available to minority researchers.
5. Pipeline	A. Recruit more minorities into the sciences.
6. Changes in USAMRMC Research Program	A. Award grants for community-initiated research.
	B. Create a new award type for minority researchers.
	C. Increase the budget and timeline for special requirements of minority research.
	D. Increase behavioral/social science research grants.
7. Infrastructure of Participating Institutions	A. Build infrastructure at Minority Institutions.
	B. Support interdisciplinary collaborations and partnerships.
8. Evaluation and Accountability	A. Ensure that principal investigators are accountable to the minority community being studied.
	B. Evaluate the Minority Health Initiative and the fellowships.
9. Implementation and Dissemination	A. Appoint an advisory group to monitor implementation of consensus conference recommendations.
	B. Disseminate conference results.
10. Advocacy	Recommendations not addressed by CC II.

C. Minority Initiative Committee Meeting

The Program held a follow-up meeting January 5–7, 1998, in Vienna, Virginia, with members of the MIC (Dr. Ngina Lythcott, Ms. Bettye Green, Ms. Susan Shinagawa, and Dr. Cathy Reznikoff), representatives from the Program (Colonel Irene Rich, Colonel Bud Lindsay, and Dr. Gerry Moses), and other Program staff. This group reviewed the recommendations and action steps from CC II to decide how they would best be referred to the Program or to other governmental, educational, professional, and community-based organizations.

Prior to the meeting, members of the MIC reviewed the recommendations and action steps from CC II. They combined certain recommendations and action steps, finding that similar compelling ideas emerged across the categories of recommendations. They also identified the most important recommendations, given existing program staff and resources. Other priority recommendations were assessed in light of the possible need for additional staff and resources, and those that should be referred to other agencies and organizations for consideration were identified.

Based on these analyses, the MIC met to further refine their recommendations to the Program. Where recommendations referred to larger, national issues of the participation of minority researchers, the MIC recommended a collaborative and/or leadership role for the Program to take in working with other agencies charged with the issue. Also, recommendations were examined to determine whether they applied specifically to minority researchers and minority institutions or to all researchers and institutions. For example, the development of a grants technical assistance office would benefit all researchers submitting applications to the Program. Last, priority was accorded to those recommendations that were strongly supported at both consensus development conferences and to those that the MIC believed were necessary to achieve the goals of the Minority Initiative.

As a result of these deliberations, the MIC developed 14 recommendations that fell into 12 categories (see Table 4 in which the recommendations are listed in priority order). Several of the recommendations addressed aspects such as representation, culturally sensitive language, culturally competent research designs, broad inclusion of social and behavioral research, and culturally appropriate instrumentation. Generally, these recommendations focus on promoting valid research in minority communities through the involvement of minority institutions, community-based organizations (CBOs), and culturally competent researchers throughout the research process.

Table 4
Recommendation Categories by Priority Order

Category	Recommendation	Rationale	Rank
Training and Technical Assistance	Provide technical assistance to increase the number of funded grants to 1) HBCUs and MIs, 2) minority investigators, and 3) investigators studying cancer with minority populations.	Experience at the peer and programmatic review reveals that many grants could have been successful if the investigator had had access to technical assistance and training.	1
Expand the Research Paradigm—Representation	Ensure broad representation of biomedical, behavioral, social science, and other researchers (including researchers from HBCUs/MIs) and consumers from minority populations at all levels of the Program.	Broad representation ensures cultural sensitivity and competency in the administration, vision setting, review, and evaluation of the Program's cancer programs as they relate to research conducted with minority populations.	1
Expand the Research Paradigm—Community Accountability and Evaluation	Assure that investigators funded to conduct research with minority communities and/or populations are accountable to their target populations.	Communicating progress and outcomes of minority-based research is important for building trust and credibility and for gaining cooperation for research.	2
	Assure that the Minority Initiative Advisory Panel (MIAP) tracks the progress of the Minority Initiative.	Communicating progress and outcomes of the Minority Initiative is important for assuring the effort's integrity.	2
Communications and Outreach	Expand the existing database to include greater numbers of minority investigators with expertise in cancer research and related fields.	Expanding the Program's outreach will increase minority participation at all levels.	3
Expand the Research Paradigm—Language	Examine language/terminology used in the Program Announcements, and make the appropriate changes to ensure that the language is both clear and culturally sensitive.	Use of appropriate language in the Announcement in reference to ethnicities, cultures, etc., conveys the Program's commitment to cultural sensitivity.	3
Minority Initiative Advisory Panel	Create a MIAP to track the progress of the Minority Initiative across all programs and to serve in an advisory role on matters of cultural sensitivity and competency.	Creation of the MIAP demonstrates the commitment to operationalize the Minority Initiative.	4
Expand the Research Paradigm—Cultural Competence	In addition to funding research from HBCUs and MIs, encourage the IPs to continue to expand their interest in funding minority investigators and other culturally competent researchers conducting research with minority communities and/or populations.	Eradicating cancer demands the funding of all good ideas and a better understanding of how to address cancer within all communities. In order for research done in minority communities to be effective/valid, it must be culturally sensitive and competent.	4
Expand the Research Paradigm—Multidisciplinary Approach	Expand the Program's multidisciplinary and multicultural approach to cancer research.	This recommendation is intended to acknowledge, encourage, and support the involvement of persons in diverse disciplines.	4
HBCU/MI Infrastructure	Take a leadership role in establishing a consortium of interested parties to provide shared funding to build the research infrastructure at HBCUs and MIs (e.g., magnet research centers, equipment, communications networks, grants management offices).	There is need for enhanced research infrastructure at HBCUs and MIs.	4

Table 4 (Continued)

Category	Recommendation	Rationale	Rank
HBCU/MI Infrastructure (Continued)	Establish mechanisms to ensure that minority groups that lack MI-designated institutions and lack a critical mass of investigators (viz., Pacific Islanders and American Indians) are included in all research programs.	The program has a funding set-aside for HBCUs and MIs, but some minority groups that are underserved have no MIs or MI affiliations.	4
Expand the Research Paradigm—Valid and Culturally Appropriate Instrumentation	Support the development of valid, culturally appropriate cancer survey instruments, one each for the five Government-designated minority populations.	Behavioral and social science research conducted with minority populations requires culturally appropriate instrumentation to obtain valid, measurable outcomes.	4
Collaborations and Partnerships	Support/facilitate collaborations, partnerships, and linkages among researchers.	Supporting such collaborations allows multiple researchers, institutions, and communities to fill scientific gaps by pooling resources (intellectual, human, equipment, etc.) in working toward common research goals.	5
Academic Pipeline Issues	Provide collaborative support where appropriate to activities that enhance science proficiency of students at various stages in the academic pipeline.	As a long-term goal, stimulating interest in scientific education, training, and research will result in more minority students pursuing science careers.	6

III. Outcome of the Planning Year

Throughout the planning year, the Program demonstrated its commitment to the Minority Initiative by listening to and acting on the recommendations of the minority scientific community. Following CC I, this commitment was demonstrated by the immediate decision to sponsor the attendance of several consensus development participants at the Era of Hope meeting. The Era of Hope meeting also afforded the Program and the MIC the opportunity to present the initiative to the larger scientific community, thus beginning the dissemination process. The Program further attempted to show that it would honor the wishes of the participants by inviting all to provide input and review to a report of the initiative. This report included original versions of the recommendations from both consensus development conferences so that the participants could be assured that the Program did not change the intent of their words. These immediate responses contributed significantly to the building of trust between the Program and the minority scientific community.

Throughout 1998, the Program has continued to make significant strides in implementation of the recommendations. Many of the recommendations have been integrated in all programs of the CDMRP. For example, a Special Populations Program (SPP) Manager has been put in place to guide the implementation effort and to support the research needs of medically underserved populations. The Program has also begun to communicate the recommendations to other agencies, starting within the Department of Defense. Enhanced networking with minority scientists and scientists at HBCUs and MIs has also been initiated through personal contacts and attending conferences. Policies have been established to maintain minority representation at all

levels of the Program and to ensure culturally competent documents. Mechanisms for grants technical assistance are in the planning stages.

The Program has also put mechanisms in place to track the progress of the Minority Initiative. Ongoing evaluation plans include quarterly reports to the Department of the Army on the level of minority representation through all levels of the CDMRP. Regular reports will also be made to the Command and the IPs. The Program has initiated mechanisms to allow reporting of the Initiative to the participants, the minority scientific community, and HBCUs and MIs. Besides the report, the Program has established a communication network—including a listserv and a database of researchers, CBOs, and other agencies—through which it will provide updates on the Minority Initiative. The Program also plans to disseminate the results of the Initiative through a research monograph so that the lessons learned will be available to other interested parties.

The recommendations have been presented along with the findings of the planning year to the BCRP IP and the Prostate Cancer Research Program (PCRP) IP for review, comment, and action planning. The BCRP Announcement, released on March 31, 1998, reflected many of the suggestions from the Minority Initiative, including the encouragement of submissions from a broader range of disciplines and culturally sensitive language. This document will serve as a model for other Program Announcements. The PCRP created an award mechanism that encourages research with minority populations/communities, the Minority Population Focused Training Award.

In conclusion, the Program began this effort by reaching out to the minority scientific community. The Minority Initiative has raised hopes among minority researchers and representatives of HBCUs and MIs that the Program will make use of the recommendations given. The Program sees that the integration of these recommendations is vital to the success of its research programs and to addressing the disparities in health outcomes among minority populations.