Diversity and Bias: Perceptions and Reality

Session Transcript:
2021 HHS Small Business Program Conference: Diverse Perspectives SEEDing Impactful Innovations

Eric Padmore: Welcome, everyone. My name is Eric Padmore, and I am Senior Policy Advisor in the Office of Extramural Research, Office of the Director at the National Institutes of Health, and I will be your moderator for this afternoon. Thank you for joining us for this session entitled "Diversity and Bias: Perceptions and Reality." The COVID pandemic has shown us the value of scientific innovation and shifted the paradigm of rapid commercialization of diagnostics, therapies, and cures in a way that may change things for the better for the long term. But it has also sharpened our focus on the health disparities and the legacy of social inequities that gave rise to them. We've chosen the theme for this year's conference, and assembled this panel in particular, to demonstrate that at the highest levels the NIH is committed to addressing structural racism both within the NIH and the greater scientific community which we support. So our distinguished panelists for this discussion include Dr. Charlene Le Fauve, Senior Advisor to the Chief Officer for Scientific Workforce Diversity; Dr. Ericka Boone, who among her other responsibilities is co-chair of the NIH UNITE Committee focused on the extramural research ecosystem, and she will have a lot to tell you about that exciting new initiative later in the program; and Stephanie Fertig from the Small business Education and Entrepreneurial Development, or SEED Office, who is the Health and Human Services Small Business Program Lead, and who I am privileged to say also serves as my co-chair on the Entrepreneurial Workforce Diversity Working Group which she and I will be focusing on in our discussion for the next few minutes. So, next slide, please. We'll begin with Stephanie and I talking to you about the initiatives within the small business program proper, and then our colleagues will broaden out to give you the wider NIH and broader scientific community perspectives. Next slide, please. We are going to cover a lot of information today and we don't expect you to take it all in, but we have this slide to just remind you that most of the information that we're going to talk about can be found through our website through sbir.nih.gov, and you can see on the right-hand side of this screenshot a link to more resources for Women-Owned and Socially Disadvantaged Businesses in particular. So this is just a placeholder to remind you that there is a place to go to get more detailed information about our conversation this afternoon. And with that, let's move on to the next slide which outlined the goals of these Small Business Program as codified into the authorizing legislation that funds them across all of the federal agencies. We know that a number of academic studies have shown that diversity specifically within research and development teams, as opposed to just business leadership, fosters novel solutions that lead to radical innovation at a rate that outpaces teams that lack diversity. And so, in order to advance the likelihood that populations experiencing health disparities can benefit from them, we know that it's imperative that we expand their inclusion and participation particularly within our small business SBIR and STTR programs. Next slide, please. So, what is a Woman-Owned and Socially Disadvantaged Small Business? The definitions that you see here specifically point to the 51 percent ownership and control. But what I really want you to take away from this is the need for folks to self-identify on both the SF-424, which is a grant award application, and within the System of Award Management program, otherwise known as SAM, where appropriate. And one of the first things that we want to address here is that this demographic information is not provided to reviewers of your applications which addresses one of the most common misperceptions of bias that we frequently encounter, and my colleague, Stephanie, will have more to say about that in a few minutes. Next slide, please. So we really began our efforts leading up to, and including, this conference, in particular with a 2019 national survey that had its roots in a number of smaller ad hoc committees that formed in the wake of the National Research Council, or NRC, assessments of the NIH Small Business Program, conducted first in 2009 and again in 2015. And, that showed that the objectives, which you saw in those objectives of the program in the earlier slide, of fostering the participation of women and underserved minorities was, frankly, inadequate. And so we began our efforts, really, by asking the questions and a Matt McMahon who opened this conference a few moments ago spoke to the fact that we really went out and undertook a national survey to ask people their views and get their feedback on what was going on. And so, on the next slide you see some of the responses that we got which focused around the perceptions that there was little chance of success in doing an application and some of the pit falls here were people felt that they lacked the resources to develop a high-quality proposal, they believed that selection for a grant appeared to dependent upon existing relationships with reviewers, and that there was a low probability of funding. Other perceptions that were addressed were an unawareness or lack of information about the program itself and a failure to understand the process of how that worked. And so, the program in today's meeting is really focused on beginning to address some of those perceptions and some of those barriers to entry that we heard about. Next slide, please. So, here you see an example to the kind of responses to the feedback that we undertook after that survey, and this is a representation of the website .. . or our web page, rather, of small business success stories in keeping with the adage that "you can be it if you can see it." So, we created this page as a resource for our people to gain inspiration from the sampling of success stories which cover some 35 states, some 21 different funding institutes and at least 20 of the programs that you see here .. . or projects that you see here are from minority or women-owned companies, and it has the ability, you can see, to select by either geographic or demographic profiles to see exactly what those kinds of success stories are. Next slide, please. So, the Entrepreneurial Workforce Diversity Working Group, which Stephanie and I co-chair, came out of what I described as kind of those ad hoc smaller institution-led working groups to address these problems. And what's different about this effort is the executive sponsorship at the highest level of the NIH and the breadth of involvement of our colleagues from all of the Institutes and Centers. In coming out of this effort we've developed the beginnings of a strategic approach to fostering diversity inclusion within the community of small business innovators that is focused on three central goals. And, again, this is, again, coming out of the feedback that we got. First is to increase the awareness of NIH support for small businesses and underrepresented groups through focused outreach. Second is to identify and eliminate those barriers to entry and funding through programs and entrepreneurial activities through specific targeted training and support, and third is to expand the diversity and inclusivity within our networks by providing additional support for NIH-funded small businesses to higher members of underrepresented groups through these small business diversity supplements. And with that, let me hand it off to Stephanie, who is now going to take you through some more detailed analysis of those efforts. Stephanie?

Stephanie Fertig: Thank you, Eric. So if we go to the next slide, we can see as we've been thinking about increasing the participation of Women-Owned Businesses and Socially or Economically Disadvantaged Small Businesses, NIH recognized that we needed to change how we collected data about our companies. And again, that came from the feedback that we received from our applicants and the companies in our programs. As of April 2019, NIH stopped collecting data about a company's status so that whether or not you're a Woman-Owned Business or Socially or Economically Disadvantaged Business on that SF-424 application form. The business status is no longer visible to peer reviewers, and this minimizes the potential for bias during the peer review process. When we are doing analysis, we're utilizing information about the business type that's retrieved from the System for Awards Management, or SAM, and we really do encourage companies to self-identify accurately in the SAM system. Again, the hope is that this reduces the applicant burden, improves our data quality and consistency, and, again, minimizes that potential for bias. And, if you want more information you can see it in the notice that I've listed here, NOT-OD-19-088. So what does the data tell us? Well, if you go to the next slide, you can look at the fiscal year 2020, program statistics. This is the first year where we utilized this new reporting definitions. Looking at the applications and awarded projects of those competitive new projects, so the Phase Is, Fast-Tracks, and Direct to Phase IIs, you see that approximately 1/3 of our small business applications and awards are from Women-Owned or Socially or Economically Disadvantaged Businesses. But the question is, how does this compare to what's currently in the industry? Well looking at the next slide, we did some analysis to determine what the current percentages of women-owned or minority owned businesses are in industry. We did this by looking at the top five industry codes for health and human services. These are NAICS codes, and the NAICS code is a classification within the North American Industry Classification System. Companies self select the code that best depicts their primary business activity, and when the Census Bureau collects data for their annual business survey, they collect data on these different industry codes. The top five industry codes are identified by recent report by the National Women's Council that was released in August 2020. Looking at the data from the 2017 Annual Business Survey, which was the survey that we could most recently look at with this data, we found that the representation of Women-Owned and Socially or Economically Disadvantaged Businesses in the NIH portfolio is consistent with the overall representation in the industry. Now, if you go to the next slide, we look at some of the statistics about our SBIR and STTR programs. The small business programs are very competitive. Only 14 percent of the new projects, again, Phase I, Fast-Track, Direct to Phase II, are funded, and first submissions to have a lower success rate at 11 percent. But it's important to know that resubmissions have a much higher success rate. New companies, or investigators, are funded at a lower rate, about 10 to 11 percent. But we do support new investigators in companies. About 25 percent of our awards are to investigators that are new to the programs, about 20 percent of awards are to companies that are to the new programs. So while, yes, it is a very competitive program, we recognize that companies must resubmit, but persistence is key and new companies and new investigators are successful. Now, looking at the next slide, we also see that 14 percent, 25 percent .. . those aren't very large numbers, and NIH wants to do its part to increase the women and minorities and other underrepresented groups that go into entrepreneurship, that start small businesses. To do that we started the Administrative Supplement to Promote Diversity and Research and Development specifically for small business projects. The purpose of this administrative supplemental is to improve diversity in the research workforce by providing administrative supplements to small businesses with active small business awards to recruit and support individuals from underrepresented groups in health care research. We've made 37 awards to date, and these awards help provide not just research training, but entrepreneurial training to individuals so that they can get the experience and really be able to see what it's like to be part of a small business, and hopefully, eventually, start their own small business and be part of the entrepreneurial ecosystem. With that, I would encourage you, and I'm going to always do this, is, please, contact us, get connected. Our inbox is always open. If you look at the next slide you can see our e-mail inbox SEEDinfo@nih.gov. If you have any questions about the small business program or anything about the overall office, we're happy to answer those. With that I want to turn it over to Charlene Le Fauve who is going to continue, again, as Eric said, broaden this out and look at some of the NIH wide efforts that have been happening. So, thank you.

Charlene Le Fauve: Thank you very much, and it's a pleasure to be here on behalf of the Chief Officer for Scientific Workforce Diversity, and I'm the Senior Advisor to the Chief Officer for Scientific Workforce Diversity. Next slide, please. I'm going to provide a brief overview of what our office does and why diversity matters, and then talk about some of our diversity and inclusion initiatives. This will not be all encompassing, but just a few to highlight for relevance to this conference. Next slide. We see, from looking at the literature, that diversity has many potential benefits and presents an opportunity to advance the scientific enterprise. Specifically there are opportunities for enhancing excellence, creativity, and innovation. Also, broadening scientific inquiry into health disparities is an important benefit, and investigating changing demographics is of primary import, particularly when we look at the census data in the United States of America where by the year 2060, or even 2050, the majority of the United States citizens will actually be from underrepresented groups. And a fourth reason for diversity mattering is that research in this space provides global research preeminence as we look across the globe at health and biomedical research. Next slide. Research tells us that diversity and inclusion can lay the groundwork for stronger performance among individuals, teams and organizations. This effect applies to outcomes such as: fact-based decision-making, highlighted in the purple square; preparation and perspective taking, highlighted in the blue square; and information diligence, highlighted in the green square. Each of these are just published studies that we're empirically examining the role of diversity in particular outcomes. Next slide. So when thinking about business and technological innovation, research has shown that teams that include different kinds of thinkers with cognitive diversity outperform homogeneous groups on complex tasks producing what's been known as diversity bonuses. These bonuses include improved problem solving in general, increased innovation, and more accurate predictions if you're looking at things like economics and other businesses indices. Greater cognitive diversity leads to better performance and results especially for complex tasks, and diverse teams are more likely to develop radical innovations than non-diverse research and development teams. The two articles I've mentioned are cited at the bottom of this slide, but there is a very robust literature that demonstrates increased outputs in Silicon Valley in the economics literature in business productivity, in problem solving in technology, and other indices related to the business sector that demonstrate we really, really want to always have diverse teams rather than teams that think the same and look the same and are the same. Next slide, please. Can you go, please, back to the previous slide? I also want to mention that across the career trajectory, there is a decreased representation in science of women and a decreased representation of people from underrepresented groups. If you begin from the student and go all the way to the end of the career, maybe when one is a department chair, you see from the yellow bars that underrepresented women become almost minuscule when looking at positions of leadership in academia. And in the light blue bars, which represent underrepresented males, we see the same thing over time. Representation is markedly decreased across the career trajectory. While the opposite is true for well represented men, who increase, actually, as they get into increasing higher positions across academia. So our office has quiet a mission as we try to examine these causes of these issues and mediate or mitigate them so that they don't become the norm and that we address them so that there is more equitable representation across the career trajectory. Next slide, please. Our office's mission is to diversify the biomedical research workforce by developing a vision and comprehensive strategy to expand recruitment and retention and promote inclusiveness and equity throughout the biomedical research enterprise. We use the NIH Intramural Research Program as a test bed for innovative programming and coordination, and then we try to expand that .. . what we find in the intramural program to the extramural program. We also look at institution-wide systems to address bias and look at faculty equity, mentoring, and other issues. Then we also invest in development of the nation's scientific workforce by making sure we try to enhance participation and persistence of individuals from underrepresented groups. Next slide. Here are some initiatives to do those .. . to achieve those goals. Next slide. A barrier to the recruitment and retention of women in underrepresented groups in the scientific workforce is workplace climate and harassment. To that end, in 2019 our office administered it's first workplace climate and harassment survey, and we had a 44 percent response rate overall. The survey assessed key factors related to workplace climate and incivility and sexual harassment. The products are on our website, diversity.nih.gov, and they are available for people to learn more about the results and the administration of the survey. We also, in 2020, led a series of surveys to assess the impact of the COVID-19 pandemic on the biomedical workforce. The survey assessed the NIH workforce and then there were two surveys assessing the extramural workforce in terms of researchers and institutions. The results have been published on blogs at both Office of Extramural Research under Mike Lauer and also from our website at diversity.nih.gov. Next slide, please. Our office also advises committees on ways to reduce biases and improve evaluation of talent during hiring and grant reviews. We do implicit bias trainings for the Board of Scientific Counselors, for peer review, for search committees who are hiring people into the NIH workforce, and we provide evidence-based strategies shown to help reduce various biases. Next slide, please. We have a Diversity Program Consortium, which is a significant investment that we co-lead out of our office. It's housed in NIGMS and it's sponsored by by the NIH Common Fund, and this initiative, totaling $500 million .. . please press the next slide button .. . has two phases. The first phase was $250 million from 2014 to 2019, and it focused on developing and implementing interventions and evaluations to increase scientific workforce diversity. And, the second phase from 2019 to 2023 invested another $250 million and looked more at evaluating the work that was done in phase one, tracking outputs and looking at sustainability and dissemination and implementation of what was shown to be effective. Next slide, please. Next slide button, please, and the next. This slide summarizes a lot of what's happening in phase two that I already mentioned. When people receive NIH funding it's not enough that they do landmark research and publish their findings. We also want adoption and dissemination, and we want people across the nation to do best and most effective practices that increase scientific workforce diversity. So phase two includes the Center for Evaluation and Coordination that is responsible for pulling all the data together and disseminating it, emphasizing sustainability, and then the building infrastructure leading to diversity initiative called BUILD, also has identified specific consortium wide experiments which include entrepreneurship, stereotype threat, skills in terms of infrastructure, and other aspects. So, this initiative really speaks to some of the goals of the SBIR program. Next slide. We recommend you take a look at the various resources available on our scientific workforce diversity website. We developed an interactive toolkit to support diversity efforts including information on conducting unbiased talent searches, outreach, and networking, and mentoring. We also have information about research that's current, we have a blog. We have "This Month in Diversity," which is a newsletter, all with information which is usually current, cutting edge, and very, very helpful to the community in general as we think about diversifying the biomedical research enterprise. And our last slide includes resources for you. Next slide. And, I remind you that great minds do think differently, and this is the legacy of Dr. Hannah Valentine, our very first Chief Officer for Scientific Workforce Diversity. Thank you. I will now turn it over to Dr. Ericka Boone.

Ericka Boone: I am muted. I've been muted the whole time. You guys, please forgive me. So, I will start over just for 1 second. So for the next few minutes I'm going to give a brief overview of the NIH UNITE Initiative and its efforts to ensure greater diversity in all aspects of the biomedical workforce, which includes small business entrepreneurialship. With that being said, a long-standing concern for us here at NIH has been our small businesses programs because unfortunately entrepreneurial scientists from a diverse background remain underrepresented in Small Business Innovation Research, as well as Small Business Technology Transfer programs. Especially now in today's climate, this urgency to the work we're doing now and insuring structural change to achieve racial equity where we have authority, for example within our own walls when it comes to NIH, as well as in the extramural workspace, including grant funding, is warranted. Next slide, please. Usually my mute button is not on and I'm talking out of turn, and now for my conference, of course, my mute button is on. So, as I continue, this past year has been extremely exhausting for everyone, from COVID to feelings of isolationism and stress, anxiously watching racial injustices and brutality literally unfold before our eyes. It sparked an awakening within individuals, corporations, and within NIH alike, and we can't let this moment pass without an introspective look within and embrace this opportunity to address racism in a way that would be transformative for the biomedical research workforce. Out of this was sparked the UNITE initiative, which was developed to help us identify and address structural racism with the NIH supportive and the greater scientific community. With representation from across the NIH institutions and centers, UNITE aimed to establish an equitable and civil culture within the biomedical research enterprise, reduce barriers, identify opportunities and implement strategies to promote racial equity in the biomedical research workforce. Next slide, please. To undertake this effort, NIH has developed five committees with separate, but coordinated objectives. I'm going to focus more so on committee E, or the Extramural Research Ecosystem committee, but I want to make sure that I provide a brief overview, or explanation, of the other committees first. So for the role of Committee U, is to utilize quantitative and qualitative data gained from listening sessions with staff in the extramural community to understand their experiences related to structural racism and to use this information to develop actionable solutions. As for example, they helped to develop the RFI that was released .. . what? About 6 to 8 weeks ago? And while the RFI is now closed, I hope that you'll think about taking part in any other efforts, including today's meeting, to have your voice be heard. The N Committee is focused on assessment of current programs and developing recommendations for sparking new research programs, funding and career development opportunities related to health disparities, minority health, and health equity. As a part of the committee's efforts, NIH recently released a funding opportunity announcement that's focused on funding transformative research approaches addressing health disparities, as well as health equity. The I Committee is focused on helping NIH take an introspective look at our own processes and policies that impact our staff, including intramural researchers. Next, the T Committee is helping us to coordinate our communications efforts. Last, and finally, is the E Committee. Next slide, please. The charge of the E Committee is to identify and to make recommendations to change NIH policies, practices, cultures and structures that may have a hand in creating barriers that contribute to, or perpetuate a continued lack of inclusion and diversity of personnel, as well as funding inequities within the Extramural Research Ecosystem. Next slide, please. Our charge is to perform a broad systemic evaluation of the NIH extramural policies and .. . I'm sorry processes, and we've already talked about that one before, so we're going to move on to that next slide. In order to accomplish our goals, we've developed a framework to guide our efforts, and I will take you briefly through each of the squares that's currently on the screen. So for limited resources and capacity building .. . I'm sorry, go back one more slide, please. There we go. There is the framework slide. So with regards to limited resources and capacity building at Historically Black Colleges and Minority Serving Institutions, or MSIs, this particular subcommittee is focusing on identifying and providing recommendations to strengthen workforce institutional and infrastructural capacity at HBCUs and MSIs so that these institutions can take full advantage of new opportunities and remain competitive, full participants in the modern research enterprise. Next is inequities at extramural institutions, environment and culture. So for this particular instance, we're focusing on identifying evidence-based inventions to address a culture of discrimination and inequity across extramural institutions. So for example, some of the factors that are being explored are the power of the hidden curriculum, a lack of sufficient mentoring and sponsorship, implicit biases, as well as lack of accountability for cultures of faculty and civilian academic bullying. Inequities at NIH, processes and policies, here we're focusing on three specific areas including NIH peer review, interactions of NIH staff with applicants from underrepresented groups in science, and expanding opportunities for individuals from underrepresented backgrounds across NIH funding mechanisms. Lastly is a career pathways for underrepresented groups. This particular area, we are reviewing existing programs to identify gaps and successful metrics that can be scaled up, as well as considering additional resources and strategies to help address ongoing barriers that are faced by underrepresented groups in science. Next slide, please. So, this group has been functioning for several months and we've had some early quick wins. So, for some of our foundational efforts, we developed a framework for which to guide our efforts. We have been engaging in a deep dive in existing NIH programs to develop .. . or to better understand knowledge gaps, as well as opportunities and best practices. In order to ensure greater accountability and transparency, NIH has just updated its online data book to include greater demographic information with regards to individuals that are applying for and receiving funding from NIH. We're also beginning to identify and develop a running list of recommendations for programmatic efforts, including development of capacity building and career development programs, and also those that are focused on small business, SBIR, STTR relevant ideas. For example, some of the recommendations that we are thinking about is the development of some sort of mechanism to support research and training of individuals from underrepresented groups and product development as well as entrepreneurialship. While training for alternative career opportunities exist across NIH, a NIH-wide program to support diversity within this career path is direly needed. Next is coordination .. . Or another idea is coordination of an applicant assistance program across NIH to help support underrepresented applicants through the application process. Now, we're in an active process of investigation, also developing and implementing recommendations, so please keep in mind that we want to be strategic and we want to be thoughtful with regards to recommendations. And while over the next couple slides I'm going to briefly highlight some of our recommendations, there are going to be so many more that are going to come forward. Next, please. So as I stated, I'm going to give a brief summary of some of our initial UNITE recommendations, and that includes our commitment to publicly commit to identify and correct any NIH policies and practices that may have helped to perpetuate structural racism. We're going to launch a multi-phase tiered and integrated Common Fund initiative, which we've just recently released, that is focused on transformative health disparities research initiatives. We also want to ensure robust NIH Enterprise-wide commitment to support additional FOAs in this area. We also want to be committed or remain committed to developing a sustainable process to systemically gather and make public demographics on our internal, as well as our external workforce. Next slide, please. Additional recommendations is our commitment to implement policy changes that promote anti-racism and remove barriers to professional growth for own staff here at NIH. So not only are we trying to make extramural strides, we're also needing to make internal strides as well, so we're looking inward. Next slide. I want to acknowledge a statement that was issued by Dr. Francis Collins, that substantiates our commitment as an organization to dismantling structures and policies that are contributing to racial structure .. . structural racism. Tongue-tied today. Next slide, please. In closing, I'd like to thank you all for your participation, as well as dealing with me as I was muted for the first 2 and a half minutes. And, I want to underscore that while we're utilizing expertise from many different individuals across NIH, this slide lists members of the UNITE Initiative here at NIH. If you'd like to learn more about the UNITE initiative take a look at our website at www.nih.gov/ ending-structural-racism/UNITE. Thank you. Random order quote from Martin Luther King, Jr.. You all have a great afternoon.

Eric Padmore: Thank you to all our panelists. We are almost right up against time. I think we will probably stay over a couple of minutes if you are able to stay with us. We do want to get to a couple of questions. So, let me answer one that has come up repeatedly that I think we can take on very quickly, and that is "who qualifies as a underrepresented group"? So if you Google notice of NIH's interest in diversity, it will take you to a page, NOT-OD-20-031, which gives you a list of all of the qualifying parameters for underrepresented groups. And in answer to some questions, yes, that does include people with disabilities. It also includes people from economically depressed communities, in rural areas, folks who've been homeless. So it's a rather expansive list, so please go to that and you will find everything you need to know about who qualifies under those provisions. Let me quickly throw a question to .. . I think probably Ericka or maybe Charlene can answer this, but there is a question from several participants about whether or not the NIH collates or collects lists of grievances, complaints if you will, in and around structural racism, and where that's collected and how that's analyzed? Either one of you want to address that, please?

Charlene Le Fauve: I'm happy to start and, Ericka, if I miss anything. We have an office called CIVIL that is an office that handles formal complaints about incivility, any aspects of discrimination, harassment and so on. They can receive requests anonymously or formally. We also have an office called Equity, Diversity, and Inclusion that has a system for people to submit concerns or complaints, allegations, again, on equal treatment, bullying, incivility, harassment, discrimination, any violations of the law under the Equal Employment Opportunity guidances. So, those two vehicles will be places at NIH that receive complaints or concerns, and due to issues of confidentiality and so on, they share aggregate information with leadership around this space and we are not familiar with the particulars as members of the general NIH community. But there is a record, it is examined closely, and everyone is given due process depending on the channel that they report through. Ericka?

Ericka Boone: I'm thinking that the question could also be concerning individuals within the extramural community that may want to impart information to NIH. So one of the best ways for the extramural community to have been able to engage with us on this particular area is through the RFI that was recently released and ended, I think it was on Friday, it was. So not only was there space for individuals to answer the questions that were included within the RFI, but also to give additional insight into issues or barriers within their own experiences which would include the experience of racism, harassment, or discrimination within their own institutions. I think that that's probably an avenue that we need to think about, an area of communication that we need to think about with regards to the UNITE Initiative is development of some sort of private communications means so that members within the extramural community can continue to make us aware.

Eric Padmore: Thank you, both. Let me throw this one to Stephanie, a question around the difficulty in recruiting diversity inclusion staff and the lack of diversity regionally, what tactics are we taking to connect candidates and the organizations and other networking opportunities, and how are we measuring our performance indicators on those kinds of initiatives?

Stephanie Fertig: That's a great question, and I'm hoping I'm actually going to answer and then I might ask Charlene if she wouldn't mind stepping in as well because I know there is a number of great resources on the website that specifically talk about diversity and looking at diversity within your organization. We've very interested in this, and this is something that does come up with regards to that diversity supplement, and that's a piece of feedback that we have heard from our different companies as they're thinking about "how can we diversify our workforce?" So, and I know that the UNITE Initiative is also looking at this issue, it's something that we're very aware of. But I want to turn it over to Charlene because, again, there are some great tools and information that's available on the website now for those companies that are thinking about this really important issue.

Charlene Le Fauve: Thank you, Stephanie. Yeah. If you type in recruitment tool NIH diversity, you should get to our website that has a video tape about the use of the recruitment tool, slides, a guide that walks you through how to do objective searches .. . either bibliometric search or searches based on areas of specialty that you're looking for, to identify highly qualified, highly talented candidates for positions who are from underrepresented groups, and we've been using it here at NIH. Our methods are wonderful because it doesn't require "he said, she said," and word of mouth. It is an objective approach to identifying candidates that are available who have different areas of specialization.

Eric Padmore: Thank you, both, for that. I think maybe we'll do one more question. And, let me just say that for those of you that we didn't get to respond to directly as part of this session, again we will be posting answers to those questions in the FAQs, and I think those will be posted on the sbir.nih.gov website, so look for those there, and there will be further information about that at the end of the meeting. So, last one that I'm going to throw out here is, Stephanie, if you could elaborate on kind of the de-identification of the demographic data in the application and how that is handled in the review process. And I know we're going to have a session tomorrow called "Demyth-defying Review," so those of you who are keenly interested in that, please be sure to attend that session. But maybe, Stephanie, you can give us a review of that conversation, if you will?

Stephanie Fertig: Absolutely. So the specific information about the PI and the biosketch of the PI, that is part of the review process. But, one of the things that we did, and was historically done, was on the face page of the application there are two check boxes, and this is the standard federal-wide form for the small business program, there's two check boxes, Woman Owned business, Socially or Economically Disadvantaged business, and we used to ask that individuals self-identify on the application. We no longer do that. And in fact, if you do try to select that box we will strip that out before it goes to review. None of our applications have any identification with regards to women-owned or socially or economically disadvantaged businesses. We think that's really important because since that face page is seen by the reviewers, we don't think that information should be there. It's not relevant to the review. It is important for analysis, it's important for us to see who's coming in and where we can improve. Where we're getting better and where we can improve. And so again, that's why it's so important for companies to, and individuals to, make sure that their company is correctly identified is in the SAM system when you register for SAM, the System for Award Management. That's where we're pulling that data from and we're doing it for your company at the time of application. So again, we're no longer asking you to check that box when you first apply. We don't want you to do that. Make sure everything is accurate in the SAM system, that's where we're going to pull that information from.

Eric Padmore; Great. Thank you, Stephanie. And on that note, I think we need to end our session here. Thank you, all, for joining us today. We hope you found this session to be informative. And again, we will provide additional links and information on the conference site. If you do have additional questions, please take the opportunity to schedule a meeting with a small business program expert. There are 15-minute appointments available throughout the week with representatives from each of the NIH Institutes. So just visit the HHS and NIH Hub on the conference site, and you can find links to that there. And if you have any other issues, please click the information tab, and you'll be able to get help. Thank you, again, and enjoy the rest of the conference.