

# Frequently Asked Questions (FAQs) Plan to Enhance Diversity (PED)

## 1. What are NCI's expectations for PED?

That centers should establish the necessary infrastructure and demonstrate the long-term commitment for sustained diversity across the center's membership, leadership, and advisory committees.

## 2. What does "infrastructure" mean in the PED context?

Dedicated personnel, committees, partnerships, processes, budget allocation, etc., to support the diversity, equity, inclusion (DEI) initiatives and other related efforts at cancer center.

## 3. Should a center describe its PED strategy and how it is integrated with institutional strategy?

The cancer center should have a strategy/plan that is clearly cancer-focused and distinct from that of the institution. However, per the NOFO, centers *should leverage institutional commitment and infrastructure to enhance diversity of the center's membership and leadership*. While the center can and should leverage institutional strategies regarding DEI, the PED should be part of the cancer center's strategic plan.

## 4. Should the PED component address cancer center staff?

The focus of this component is on center membership, leadership, and advisory boards. However, per the NOFO, *each center may also have special opportunities within its catchment area to enhance the diversity of its staff, membership and leadership*. It is not required that staff be addressed.

## 5. Should centers appoint a dedicated Associate Director for DEI?

Although most centers have chosen to do so, it is not mandated in the NOFO. Regardless, the leader of DEI should be part of the center's senior leadership team and should be empowered to implement various diversity strategies across the center.

## 6. Should cancer centers set targets or quotas for recruitment of women and underrepresented minorities as part of the Plan to Enhance Diversity (PED)?

NO! The PED requires centers to establish new infrastructure that will facilitate diversity efforts in coming years, but there is no expectation that centers set specific goals or quotas about future diversity, and reviewers should not expect such targets as part of the PED presentation. In fact, setting targets might be counterproductive, in that it may create a false ceiling to future diversity efforts.

**7. Should centers establish benchmarks to assess desirable outcomes? If so, what benchmarks should be used?**

The NOFO is silent on this point, but it makes sense to establish benchmarks with which to judge future efforts. Benchmarks might be the nation, peer-centers, catchment area demographics, and/or NIH characteristics of underrepresented populations in the US biomedical research enterprise.

**8. Should there be overlap of the CRTEC and COE components with the PED component?**

Yes. Reviewers have expected centers to discuss the intersection between PED, COE, and CRTEC. These interactions have frequently been shown in a Venn diagram format, with potential activities in the overlapping area being described.

**9. Should the PED include plans for specifically training and mentoring postdoctoral, and junior faculty from diverse backgrounds?**

These activities properly belong in the CRTEC component. However, it is expected that the PED will work with CRTEC to develop strategies to expand and diversify the STEM and cancer research pipelines and to advance career development programs.