

# Members of Minority and Underserved Communities Set Priorities for Health Research

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## **For which topic were research priorities identified?**

health research

## **In which location was the research priority setting conducted?**

North America - USA

## **Why was it conducted at all?**

A major contributor to health disparities is the relative lack of resources - including resources for science - allocated to address the health problems of those with disproportionately greater needs. Engaging and involving underrepresented communities in setting research priorities could make the scientific research agenda more equitable, more just, and more responsive to their needs and values. We engaged minority and underserved communities in informed deliberations.

## **What was the objective?**

to engage and involve underrepresented communities in setting research priorities

## **What was the outcome?**

a ranking list of 16 research topics

## **How long did the research prioritization take?**

February 2015 - November 2015

## **Which methods were used to identify research priorities?**

focus group

## **How were the priorities for research identified exactly?**

Step 1: adapting existing simulation exercise CHAT (CHoosing All Together): spending options designed to reflect the current priorities of industry and government as well as other options. Step 2: 47 focus groups: starting with brief video about health research goals, methods, costs, funders, and uses, and introduced the deliberators to their task, the CHAT game was played on tablet devices, presenting participants with an interactive game board resembling a pie chart, each wedge of the circle represented a category of health research spending, and each wedge had different levels of spending, each of 16 categories of health research offered up to 3 cumulative spending levels that could be selected, participants chose the level of funding for each category by allocating markers, the CHAT game was played in 4 rounds: participants set priorities as individuals, then in small groups, then with entire group, and lastly again as individuals, after rounds 1 and 2 the group heard and discussed scenarios that illustrated the consequences of their choices

## **Which stakeholders took part?**

Minority and medically underserved communities. 519 participants.

## **How were stakeholders recruited?**

Participants from minority and medically underserved communities were recruited primarily through community-based organizations (eg, Michigan Center for Urban African American Aging Research, Arab Community Center for Economic & Social Services), using flyers and a variety of local advertising (newspapers, craigslist, radio) in English and Spanish; some were recruited through personal contacts; and others were recruited through the University of Michigan website.

## **Were stakeholders actively involved or did they just participate?**

Stakeholders not only participated but were also actively involved in the research prioritization process: They were part of regional advisory groups and a steering group. The steering group was composed of community leaders and several leaders of research institutions. The members designed the CHAT content.