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By Jane Anderson

The specific value of institutional review boards and research ethics committees in promoting diversity in research has been underrecognized and their authority has been underutilized, even as the disproportionate impact of COVID-19 on certain populations in the United States has focused attention on inequalities in health, IRB officials and leaders in research ethics wrote in *Science*.^[1]

Too often, participant enrollment in research has not reflected the demographic composition of the general population, those affected by the health conditions being studied, or those for whom the investigational product is intended, they wrote. Racial and ethnic minorities, the young, and the elderly are consistently underrepresented, they said.

“Addressing the longstanding under-representation of communities of color, the elderly, and other understudied groups is important if we are to advance inclusion in clinical research and, ultimately, health equity,” said co-authors David Strauss and Barbara Bierer. “A role for IRBs in promoting diversity and inclusion during IRB (research ethics) review falls within its responsibilities to the core principles, including justice, that are foundational to the ethical conduct of research.”

IRBs are positioned to help with efforts to promote inclusion, but their role, responsibility and function to advance inclusion in clinical research has been underrecognized and underutilized, Strauss and Bierer told *RCC* in an email interview.

Strauss serves as senior advisor to the Multi-Regional Clinical Trials (MRCT) Center of Brigham and Women’s Hospital and Harvard University, and is a special lecturer at Columbia University. Bierer is faculty director of the MRCT Center and a professor of medicine at Harvard Medical School. Their co-author Sara White is executive director of the MRCT Center.

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