

2025 Triennial NIDA Advisory Council Report for Monitoring Adherence to the NIH Policy on the Inclusion of Women and Minorities in Clinical Research as Reported in FY2022 – FY2024

I. Background/Overview

This report is on the inclusion of women and minorities in clinical research for FY2022-2024.

The NIH is mandated by the [**Public Health Service Act sec. 492B, 42 U.S.C. sec. 289a-2**](#) to ensure the inclusion of women and minority groups in clinical research. The goal is to ensure that individuals are included in clinical research in a manner that is appropriate to the scientific question under study.

The National Institute on Drug Abuse (NIDA) is the lead federal agency supporting scientific research on drug use and its consequences. The mission of NIDA is to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health. This involves:

- Strategically supporting and conducting basic and clinical research on drug use (including nicotine), its consequences, and the underlying neurobiological, behavioral, and social mechanisms involved.
- Ensuring the effective translation, implementation, and dissemination of scientific research findings to improve the prevention and treatment of substance use disorders and enhance public awareness of addiction as a brain disorder.

NIDA has a broad portfolio of grants and contracts with human subjects that fall under the Inclusion of Women and Minorities Policy. The portfolio includes basic and clinical neuroscience, epidemiology, services, prevention, pharmacotherapies, medical consequences, treatment development, HIV/AIDS, as well as NIH defined phase III clinical trials. These efforts are coordinated by the NIDA Intramural and Extramural programs. When it comes to clinical and epidemiological study populations, NIDA's research has always been broad: Its portfolio by default addresses racial and/or ethnic minority groups who, unfortunately, may be disproportionately affected by consequences and problems related to drug use, including health problems such as HIV/AIDS.

In 1986 NIH established a policy for the inclusion of women in clinical research. This policy stemmed largely from a report of the Public Health Service Task Force on Women's Health in 1985. The policy was initially published in the NIH Guide to Grants and Contracts in 1987 and then later that year the policy was revised to include language encouraging the inclusion of minorities in clinical studies as well.

To ensure that NIH rigorously implement and enforce the inclusion policy, Congress included in The NIH Revitalization Act of 1993 (Public Law 103-43) a section entitled *Women and Minorities as Subjects in Clinical Research*. In 1994, NIH revised its policy to harmonize it with the statutory language. The policy, NIH Policy and Guidelines on The Inclusion of Women and Minorities as Subjects in Clinical Research, can be found at <https://grants.nih.gov/policy-and-compliance/policy-topics/inclusion/women-and-minorities/guideline>.

II. Strategies for Ensuring Compliance

NIDA supports the inclusion of a broad population in clinical studies. Funding announcements contain language requiring that women and racial and/or ethnic minorities be included in all clinical research studies, as appropriate for the scientific goals of the work proposed. Applicants are encouraged to describe plans to collaborate with other centers to leverage resources for participant diversity and to set specific goals for inclusion of populations with health disparities. NIDA ensures that all applicants, peer reviewers, NIDA scientific review officers, program officers and grants management officers and specialists are aware of the NIH policies on inclusion based on sex, race, ethnicity, and age in clinical research.

A. Peer Review

The implementation of inclusion guidelines involves the participation of review, program, policy, and grants management staff. Inclusion is first addressed by peer review. Reviewers on NIH peer review panels are given specific guidance on reviewing inclusion on the basis of sex, race, ethnicity, and age when considering clinical research applications. Reviewers evaluate applications for the appropriateness of the proposed plan for inclusion by sex, race, ethnicity, and age. For NIH-defined Phase III clinical trials, enrollment goals are further assessed for

plans to conduct analyses of intervention effects among sex, racial, and ethnic groups. Unacceptable inclusion plans must be reflected in the priority score of the application and documented in the minutes of the review session. Initial review groups make recommendations as to the acceptability of the proposed study population with respect to the inclusion policies. If issues are raised in review, program staff notify principal investigators, who are required to address these issues prior to funding. The NIDA Advisory Council performs the second level of review and makes recommendations for funding to the NIDA Director considering the overall impact score, percentile ranking, and summary statement in light of the research priorities for NIDA. Applications with unacceptable inclusion plans receive a bar to funding; an award is not issued until an acceptable resolution is received.

Effective January 2025, the new Simplified Framework for NIH Peer Review Criteria reorganized peer review criteria into three central factors: Importance, Rigor and Feasibility, and Expertise and Resources. Inclusion criteria and coding and plans for valid design and analysis of Phase III clinical trials, previously evaluated under Additional Review Criteria, are integrated within Factor 2 (Rigor and Feasibility). This change helps to emphasize the importance of these criteria in evaluating scientific merit.

B. Program Monitoring and Grants Management Oversight

NIDA ensures that applications are reviewed for compliance with the NIH Policy on Inclusion of Women and Minorities. Prior to an award, program officials/program directors are responsible for reviewing the inclusion information in the application and indicating whether the plans are scientifically appropriate. Program staff monitor actual enrollment progress in annual progress reports and provide consultation when necessary. For NIH-defined Phase III clinical trials, program officials/program directors monitor requirements for plans and reporting of sex, race, and ethnicity analyses in applications and annual progress reports. Grants management staff ensure that appropriate terms and conditions of award are included in the Notice of Grant Award, and that this information is appropriately documented in the official grant file.

C. NIDA's Training Approaches

Training at NIDA is a continual process. The NIDA inclusion representatives meet with program staff as needed to ensure compliance with NIH guidelines and to resolve technical issues related to maintaining these data for NIDA. NIH created the Inclusion Learning Path in 2024 to provide a suite of on-demand trainings on inclusion policies and procedures for program staff, which are emphasized for new program staff and any existing staff that need refresher course work. Staff may access the training on the NIH staff intranet. Other training activities include the NIH Extramural Scientist Administrator (ESA) Core Curriculum which provides details on program official responsibilities for protection of human subjects.

D. Intramural

All intramural clinical research studies require investigators to provide plans for the appropriate inclusion of women and minorities and/or a justification whenever representation is limited or absent. These plans are considered during the scientific review process. With the annual scientific review and IRB review renewal, the investigator documents the number, sex, race, and ethnicity of study participants who were accrued during the past year; any issues with accrual are addressed and plans to increase recruitment are reviewed by both the Institute and the pertinent IRB. The Clinical Center's Office of Protocol Services (OPS) coordinates annual reporting of demographic participant data to the Office of Extramural Research (OER) and the Office of Research on Women's Health (ORWH).

III. Analysis and Interpretation of Data

Aggregate data for fiscal years (FY) 2022 through 2024 were provided by the NIH Office of Extramural Research (OER) through the Human Subjects System (HSS). The HSS database is the centralized repository for collecting and storing data for all NIH Institutes and Centers (ICs) on human subjects and clinical trials.

NIDA's study and enrollment data by sex, race, and ethnicity for clinical research studies are shown in the attached tables. The total enrollment in FY2022 was 1,606,976; in FY2023 792,113; and in FY2024 607,816. A summary of the data showing the

percentage of racial and ethnic minority participants, Hispanic/Latino participants, and males and females, among all clinical research participants is provided here (with details in Tables 4-1-1-C Enrollment by Race, 4-1-1-D Enrollment by Ethnicity, 5-1-1-C Enrollment All Clinical Research at the end of this report):

Fiscal Year	Minority (Clinical Research)	Hispanic/Latino	Male	Female	Unknown Sex
2022	34.2	17.6	47.8	51.5	0.7
2023	40.3	13.7	48.9	49.5	1.6
2024	43.0	14.7	56.1	41.7	2.2

In Tables 2-1 and 2-2, the total inclusion enrollment records (IERs, also sometimes called inclusion data records, IDRs) capture the number of participants in clinical research studies and Phase III trials as reported by the study principal investigators in the applications. Table 2-3 includes the total IERs for Phase III trials that required a valid analysis by sex, and race and ethnicity. In FY2022, the total IERs for NIDA Phase III trials were 75, in FY2023 67, and in FY2024 57. The number of IERs that required valid analyses by sex, and race and ethnicity were 73 in FY2022, 67 in FY2023, and 57 in FY2024. These data are broken down further by sex, and race and ethnicity, and in Table 5-1-1-C.

Aggregate enrollment data for clinical research excluding male-only and female-only IERs are shown in Table 3-1-A respectively. In FY2022, 51.3% were female and 47.6% were male. In FY2023, 49.1% were female and 48.4% were male. In FY2024, 41.0% were female and 55.6% were male.

Table 4-2-1-C shows the minority enrollment data for all Phase III trials as 60.7% in FY2022, 54.6% in FY2023, and 59.3% in FY2024.

Aggregate enrollment data for NIDA Phase III trials excluding male-only and female-only IDRs are shown in Table 3-3 respectively. In FY2022, 35.1% were female and 63.3% were male. In FY2023, 36.4% were female and 62.3% were male. In FY2024, 40.3% were female and 49.5% were male.

Participants enrolled in NIDA Phase III trials are shown in Table 5-2-2-C. In FY2022, the data indicate that total enrollment was 36.2% female, 63.4% male, and 0.4% unknown

sex. 55.6% of female participants enrolled, 64% of male participants, and 0% of participants of unknown sex were from ethnic and racial minority groups.

In FY2023, the data indicate that total enrollment was 36.9% female, 62.7% male, and 0.4% unknown sex. 49.4% of female participants enrolled, 57.8% of male participants, and 27.1% of participants of unknown sex were from ethnic and racial minority groups.

In FY2024, the data indicate that total enrollment was 42.1% female, 57.2% male, and 0.7% unknown sex. 51.0% of female participants enrolled, 65.5% of male participants, and 44.1% of participants of unknown sex were from ethnic and racial minority groups.

For original reports and additional details about different ethnic and racial categories please see appendix tables.

NIDA validates and cleans the data to ensure the accuracy of datasets. The data presented are for studies between FY2022 - FY2024. Please note that the difference in total enrollment data between the years FY2022 and FY2023 is largely due to a single study reporting a large number of participants from a health system in FY2022. The study has ended. The difference in total enrollment data between years FY2023 and FY2024 for Phase III trials of Hispanic/Latino participants is due to studies ending in FY2023.

Research, Condition, and Disease Categorization (RCDC) Report

The RCDC Report is used by NIH to inform the public of how tax dollars are being spent to support biomedical research within the 27 institutes and centers. RCDC is a computerized process that reports more than 280 categories of diseases, conditions, or research areas. Inclusion enrollment data by RCDC category will be available on the RCDC Inclusion Statistics Report website (<https://report.nih.gov/RISR/>) at a later date, but are available by request. These data will now be published annually at this website.

Metrics Based on Inclusion Data Records (IERs)

Table 2-1. Total Inclusion Data Records (IERs) for NIH-Defined Extramural and Intramural Clinical Research Reported Between Fiscal Years 2022 and 2024

Fiscal Year	Total IERs	IERs Without Enrollment	IERs With Enrollment	US Site IERs	Non-US Site IERs	Female Only IERs	Male Only IERs	IERs Excluding Male only and Female only*
2022	1,535	781	754	725	29	63	33	658
2023	1,586	801	785	754	31	79	36	670
2024	1,676	817	859	825	34	108	28	723

*Inclusion Data Records (IERs) excluding male only and female only include unknown sex, and combination of unknown and any sex.

Total Inclusion Data Records (IERs): All NIH-Defined Phase III Trials

Table 2-2. Total Inclusion Data Records (IERs) for NIH-Defined Extramural and Intramural Phase III Trials Reported Between Fiscal Years 2022 and 2024

Fiscal Year	Total IERs	IERs Without Enrollment	IERs With Enrollment	US Site IERs	Non-US Site IERs	Female Only IERs	Male Only IERs	IERs Excluding Male only and Female only*
2022	75	33	42	40	2	12	2	28
2023	67	28	39	36	3	9	3	27
2024	57	25	32	27	5	9	1	22

*Inclusion Data Records (IERs) excluding male only and female only include unknown sex, and combination of unknown and any sex.

Total Inclusion Data Records (IERs): All NIH Phase III Clinical Trials

Table 2-3. Valid Analysis Requirements for NIH-Defined Phase III Extramural Grants Reported Between Fiscal Years 2022 and 2024

Fiscal Year	Total IERs	IERs Requiring Race		% IERs Requiring Race		IERs Requiring Sex	% IERs Requiring Sex
		Ethnicity Valid Analysis	Ethnicity Valid Analysis	IERs Requiring Sex Valid Analysis	% IERs Requiring Sex Valid Analysis		
2022	75	73	97.3	73	97.3		
2023	67	67	100.0	67	100.0		
2024	57	57	100.0	57	100.0		

Metrics Based on Aggregate Enrollment: Sex

Table 3-1-A. Total Enrollment for All NIH-Defined Extramural and Intramural Clinical Research Between Fiscal Years 2022 and 2024

Fiscal Year	Total Enrollment	Total Females	% Females	Total Males	% Males	Total Unknown	% Unknown	Enrollment in Female only	% Female only	Enrollment in Male only	% Male only	Females, Excluding Female only	% Females, Excluding Female only	Males, Excluding Male only	% Males, Excluding Male only
2022	1,606,976	827,800	51.5	768,253	47.8	10,923	0.7	3,604	0.2	3,081	0.2	824,196	51.3	765,172	47.6
2023	792,113	391,992	49.5	387,305	48.9	12,816	1.6	3,404	0.4	3,664	0.5	388,588	49.1	383,641	48.4
2024	607,816	253,685	41.7	340,944	56.1	13,187	2.2	4,209	0.7	3,116	0.5	249,476	41.0	337,828	55.6

The data presented in this report show only inclusion data records labeled as prospective data. Inclusion data records labeled as existing data are excluded.

Table 3-1-B. Total Enrollment for All NIH-Defined Extramural Clinical Research Between Fiscal Years 2022 and 2024

Fiscal Year	Total Enrollment	Total Females	% Females	Total Males	% Males	Total Unknown	% Unknown	Enrollment in Female only	% Female only	Enrollment in Male only	% Male only	Females, Excluding Female only	% Females, Excluding Female only	Males, Excluding Male only	% Males, Excluding Male only
2022	1,600,182	824,596	51.5	764,701	47.8	10,885	0.7	3,604	0.2	3,081	0.2	820,992	51.3	761,620	47.6
2023	785,196	388,736	49.5	383,682	48.9	12,778	1.6	3,403	0.4	3,662	0.5	385,333	49.1	380,020	48.4
2024	599,570	249,726	41.7	336,711	56.2	13,133	2.2	4,209	0.7	3,116	0.5	245,517	40.9	333,595	55.6

Table 3-1-C. Total Enrollment for All NIH-Defined Intramural Clinical Research Between Fiscal Years 2022 and 2024

Fiscal Year	Total Enrollment	Total Females	% Females	Total Males	% Males	Total Unknown	% Unknown	Enrollment in Female only	% Female only	Enrollment in Male only	% Male only	Females, Excluding Female only	% Females, Excluding Female only	Males, Excluding Male only	% Males, Excluding Male only
2022	6,794	3,204	47.2	3,552	52.3	38	0.6	0	0.0	0	0.0	3,204	47.2	3,552	52.3
2023	6,917	3,256	47.1	3,623	52.4	38	0.5	1	0.0	2	0.0	3,255	47.1	3,621	52.3
2024	8,246	3,959	48.0	4,233	51.3	54	0.7	0	0.0	0	0.0	3,959	48.0	4,233	51.3

Total Enrollment: All NIH-Defined Phase III Trials

Table 3-3. Total Enrollment for All NIH-Defined Phase III Trials Reporting Between Fiscal Years 2022 and 2024

Fiscal Year	Total Enrollment	Total Females	% Females	Total Males	% Males	Total Unknown	% Unknown	Enrollment in Female only	% Female only	Enrollment in Male only	% Male only	Females, Excluding Female only	% Females, Excluding Female only	Males, Excluding Male only	% Males, Excluding Male only
2022	12,766	4,621	36.2	8,097	63.4	48	0.4	144	1.1	13	0.1	4,477	35.1	8,084	63.3
2023	12,751	4,707	36.9	7,996	62.7	48	0.4	64	0.5	57	0.4	4,643	36.4	7,939	62.3
2024	4,927	2,073	42.1	2,820	57.2	34	0.7	86	1.7	381	7.7	1,987	40.3	2,439	49.5

The data presented in this report show only inclusion data records labeled as prospective data. Inclusion data records labeled as existing data are excluded.

Enrollment by Race

Table 4-1-1-C. Total Enrollment of All NIH-Defined Clinical Research

Fiscal Year	Total Enrollment	No. Inclusion Data Records	Minority Enrollment	% Minority Enrollment	American Indian Alaska Native	% American Indian Alaska Native	Asian	% Asian	Black African American	% Black African American	Native Hawaiian Pacific Islander	% Native Hawaiian Pacific Islander	White	% White	More Than One Race	% More Than One Race	Unknown Not Reported	% Unknown Not Reported
2022	1,606,976	1,535	549,291	34.2	20,958	1.3	50,789	3.2	162,453	10.1	4,164	0.3	1,026,300	63.9	56,505	3.5	285,807	17.8
2023	792,113	1,586	319,430	40.3	15,993	2.0	26,407	3.3	157,484	19.9	1,632	0.2	428,322	54.1	18,946	2.4	143,329	18.1
2024	607,816	1,676	261,433	43.0	14,117	2.3	38,685	6.4	104,693	17.2	2,391	0.4	336,403	55.3	25,169	4.1	86,358	14.2

The data presented in this report show only inclusion data records labeled as prospective data. Inclusion data records labeled as existing data are excluded.

Enrollment by Ethnicity

Table 4-1-1-D. Total Enrollment of All NIH-Defined Clinical Research

Fiscal Year	Not Hispanic	% Not Hispanic	Hispanic Latino	% Hispanic Latino	Unknown Not Reported	% Unknown Not Reported
2022	1,126,705	70.1	282,406	17.6	197,865	12.3
2023	639,690	80.8	108,264	13.7	44,159	5.6
2024	449,793	74.0	89,465	14.7	68,558	11.3

The data presented in this report show only inclusion data records labeled as prospective data. Inclusion data records labeled as existing data are excluded.

Total Phase III Trials Enrollment by Race

Table 4-2-1-C. Total Enrollment of All NIH-Defined Phase III Trials

Fiscal Year	No. Inclusion Data Records		Minority Enrollment	% Minority Enrollment	American Indian Alaska Native	% American Indian Alaska Native	Asian	% Asian	Black African American	% Black African American	Native Hawaiian Pacific Islander	% Native Hawaiian Pacific Islander	White	% White	More Than One Race	% More Than One Race	Unknown Not Reported	% Unknown Not Reported
	Total Enrollment	Data Records																
2022	12,766	75	7,750	60.7	145	1.1	1,044	8.2	4,344	34.0	27	0.2	5,134	40.2	371	2.9	1,701	13.3
2023	12,751	67	6,965	54.6	195	1.5	273	2.1	3,939	30.9	27	0.2	6,091	47.8	227	1.8	1,999	15.7
2024	4,927	57	2,921	59.3	166	3.4	1,295	26.3	852	17.3	16	0.3	2,189	44.4	206	4.2	203	4.1

The data presented in this report show only inclusion data records labeled as prospective data. Inclusion data records labeled as existing data are excluded.

Total Enrollment: All NIH-Defined Clinical Research

Table 5-1-1-C. Enrollment for All NIH-Defined Clinical Research, Sex by Race and Ethnicity

Fiscal Year	Sex	Total Enrollment	% Total	% Enrollment by Race and Ethnicity												% Enrollment by Race and Ethnicity			
				American Indian	American Indian Alaska Native	American Indian Alaska Native	Asian	% Asian	Black African American	% Black African American	Native Hawaiian Pacific Islander	% Native Hawaiian Pacific Islander	White	% White	More Than One Race	More Than One Race	Unknown Not Reported	% Unknown Not Reported	
2022	Female	827,800	51.5	11,144	1.3	28,310	3.4	78,448	9.5	2,246	0.3	548,598	66.3	27,883	3.4	131,171	15.8		
2022	Male	768,253	47.8	9,524	1.2	22,293	2.9	83,641	10.9	1,903	0.2	473,910	61.7	28,238	3.7	148,744	19.4		
2022	Unknown	10,923	0.7	290	2.7	186	1.7	364	3.3	15	0.1	3,792	34.7	384	3.5	5,892	53.9		
2023	Female	391,992	49.5	8,701	2.2	11,981	3.1	79,043	20.2	866	0.2	216,232	55.2	9,562	2.4	65,607	16.7		
2023	Male	387,305	48.9	7,013	1.8	14,166	3.7	78,043	20.2	745	0.2	209,033	54.0	8,848	2.3	69,457	17.9		
2023	Unknown	12,816	1.6	279	2.2	260	2.0	398	3.1	21	0.2	3,057	23.9	536	4.2	8,265	64.5		
2024	Female	253,685	41.7	6,676	2.6	29,070	11.5	36,977	14.6	1,328	0.5	121,410	47.9	13,413	5.3	44,811	17.7		
2024	Male	340,944	56.1	7,145	2.1	9,478	2.8	67,352	19.8	1,046	0.3	212,087	62.2	11,227	3.3	32,609	9.6		
2024	Unknown	13,187	2.2	296	2.2	137	1.0	364	2.8	17	0.1	2,906	22.0	529	4.0	8,938	67.8		

Fiscal Year	Sex	Minority	% Minority	% Enrollment by Race and Ethnicity								% Enrollment by Race and Ethnicity							
				Total Enrollment	% Total	Not Hispanic	% Not Hispanic	Hispanic Latino	% Hispanic Latino	Unknown Not Reported	% Unknown Not Reported	Total Enrollment	% Total	Not Hispanic	% Not Hispanic	Hispanic Latino	% Hispanic Latino	Unknown Not Reported	% Unknown Not Reported
2022	Female	288,277	34.8	827,800	51.5	589,975	71.3	155,277	18.8	82,548	10.0								
2022	Male	259,196	33.7	768,253	47.8	532,053	69.3	126,330	16.4	109,870	14.3								
2022	Unknown	1,818	16.6	10,923	0.7	4,677	42.8	799	7.3	5,447	49.9								
2023	Female	162,479	41.4	391,992	49.5	317,148	80.9	56,720	14.5	18,124	4.6								
2023	Male	154,920	40.0	387,305	48.9	316,433	81.7	50,726	13.1	20,146	5.2								
2023	Unknown	2,031	15.8	12,816	1.6	6,109	47.7	818	6.4	5,889	46.0								
2024	Female	132,339	52.2	253,685	41.7	155,870	61.4	51,222	20.2	46,593	18.4								
2024	Male	127,247	37.3	340,944	56.1	290,012	85.1	37,449	11.0	13,483	4.0								
2024	Unknown	1,847	14.0	13,187	2.2	3,911	29.7	794	6.0	8,482	64.3								

The data presented in this report show only inclusion data records labeled as prospective data. Inclusion data records labeled as existing data are excluded.

All Enrollment: All NIH-Defined Clinical Research

Table 5-2-2-C. ALL Enrollment for NIH-Defined Extramural and Intramural Phase III Clinical Research, Sex by Race and Ethnicity

Fiscal Year	Sex	Total Enrollment	% Total	% American Indian Alaska Native												% Native Hawaiian Pacific Islander				% More Than One Race				% Unknown	
				American Indian Native	American Indian Alaska Native	Asian	% Asian	Black African American	% Black African American	Native Hawaiian Pacific Islander	% Native Hawaiian Pacific Islander	White	% White	More Than One Race	More Than One Race	Unknown Not Reported	Unknown Not Reported								
2022	Female	4,621	36.2	63	1.4	222	4.8	1,535	33.2	15	0.3	2,125	46.0	186	4.0	475	10.3								
2022	Male	8,097	63.4	82	1.0	822	10.2	2,809	34.7	12	0.1	3,006	37.1	185	2.3	1,181	14.6								
2022	Unknown	48	0.4	0	0.0	0	0.0	0	0.0	0	0.0	3	6.3	0	0.0	45	93.8								
2023	Female	4,707	36.9	91	1.9	100	2.1	1,202	25.5	11	0.2	2,552	54.2	106	2.3	645	13.7								
2023	Male	7,996	62.7	104	1.3	170	2.1	2,732	34.2	16	0.2	3,525	44.1	119	1.5	1,330	16.6								
2023	Unknown	48	0.4	0	0.0	3	6.3	5	10.4	0	0.0	14	29.2	2	4.2	24	50.0								
2024	Female	2,073	42.1	74	3.6	402	19.4	294	14.2	8	0.4	1,113	53.7	99	4.8	83	4.0								
2024	Male	2,820	57.2	86	3.0	892	31.6	553	19.6	8	0.3	1,062	37.7	107	3.8	112	4.0								
2024	Unknown	34	0.7	6	17.6	1	2.9	5	14.7	0	0.0	14	41.2	0	0.0	8	23.5								

Fiscal Year	Sex	% Minority	Total Enrollment	% Total	Not Hispanic	% Not Hispanic	Hispanic Latino	% Hispanic Latino	% Unknown		% Unknown	
									Not Reported	Not Reported	Not Reported	Not Reported
2022	Female	2,568	55.6	4,621	36.2	3,938	85.2	662	14.3	21	0.5	
2022	Male	5,182	64.0	8,097	63.4	6,567	81.1	1,499	18.5	31	0.4	
2022	Unknown	0	0.0	48	0.4	4	8.3	0	0.0	44	91.7	
2023	Female	2,327	49.4	4,707	36.9	3,723	79.1	955	20.3	29	0.6	
2023	Male	4,625	57.8	7,996	62.7	6,219	77.8	1,747	21.8	30	0.4	
2023	Unknown	13	27.1	48	0.4	20	41.7	5	10.4	23	47.9	
2024	Female	1,058	51.0	2,073	42.1	1,808	87.2	226	10.9	39	1.9	
2024	Male	1,848	65.5	2,820	57.2	2,531	89.8	250	8.9	39	1.4	
2024	Unknown	15	44.1	34	0.7	18	52.9	5	14.7	11	32.4	

The data presented in this report show only inclusion data records labeled as prospective data. Inclusion data records labeled as existing data are excluded.