

NIH-Wide Strategic Plan for Diversity, Equity, Inclusion, and Accessibility



Fiscal Years 2023–2027



NIH National Institutes of Health



Director's Message



To the American People,

The National Institutes of Health (NIH) invests in biomedical and behavioral research to turn scientific discoveries into better health for all. With that mission in mind, NIH has sought to foster a culture within the biomedical and behavioral research enterprise of inclusion, equity, and respect for every member of society. However, our efforts have sometimes fallen short, and more remains to be done to ensure that all feel welcomed by NIH and the research communities that we support.

We must acknowledge and redress our nation's history of persistent health disparities and many other forms of inequality, both subtle and overt. As part of NIH's commitment to doing all that we can to address these deeply disturbing problems in the biomedical and health ecosystem, we have developed a strategic plan that covers a broad spectrum of challenges related to diversity, equity, inclusion, and accessibility (DEIA). This plan—which builds on, communicates, and coordinates NIH's vision for advancing DEIA across its operations, workforce, and research—seeks to address challenges with actionable goals and strategies.

NIH has a crucial role to play in helping our nation pursue justice and equality for all. One of our most important callings is to address the health disparities that prevent many from experiencing the full and complete life they hope for and deserve. NIH-funded researchers are also striving to learn more about—and find solutions to—the health consequences of discrimination. We recognize that our workforce not only includes individuals who study health disparities and structural discrimination, but also some who have lived through such experiences. Indeed, NIH is an exceptionally talented, productive, and resilient agency because of our many races, ethnicities, cultures, faiths, gender identities, sexual orientations, ages, abilities, and backgrounds. Such diversity fuels our creativity, drives our innovation, and, ultimately, enables us to work together to improve the health of all humankind. NIH looks forward to strengthening and advancing its commitment to DEIA on many fronts.

To help us make this happen, the *Fiscal Years 2023–2027 NIH-Wide Strategic Plan for Diversity, Equity, Inclusion, and Accessibility* sets forth three objectives: growing and sustaining DEIA through structural and cultural change; implementing organizational practices to center and prioritize DEIA in the biomedical and behavioral research workforce; and advancing DEIA through research. This framework is harmonized around the framework of the *NIH-Wide Strategic Plan for Fiscal Years 2021–2025* and encompasses the workforce at NIH and NIH-supported institutions, along with other partners and community members in biomedical and behavioral research, health care, policy, philanthropy, and more.

This Plan is action oriented. NIH has gone beyond simply identifying areas in which we need to redouble our DEIA efforts. Our vision for an equitable future includes the development and implementation of a variety of measures aimed at encouraging and securing lasting change. We encourage you to read this plan closely and think about what steps you can take individually—and collectively—to help us build a biomedical and behavioral research world in which everyone feels like they truly belong.

Many thanks,

Lawrence A. Tabak, D.D.S., Ph.D.
Performing the Duties of Director, National Institutes of Health



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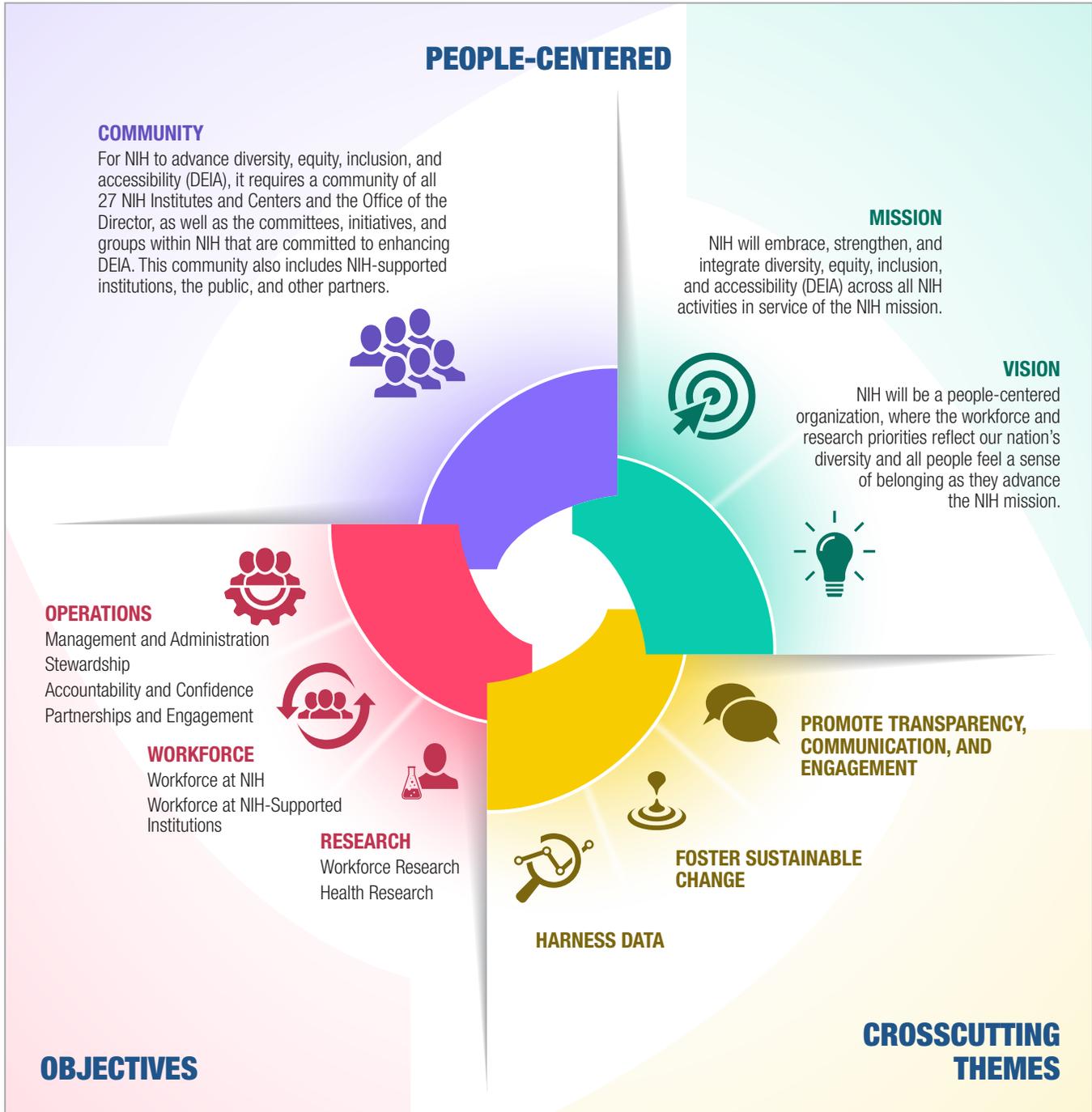
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Fiscal Years 2023–2027 NIH-Wide Strategic Plan for DEIA Framework





Introduction

As the National Institutes of Health (NIH) works to turn discovery into health, the agency recognizes that principles of diversity, equity, inclusion, and accessibility (DEIA) are intrinsic to the achievement of better health for all. The purpose of the *Fiscal Years 2023–2027 NIH-Wide Strategic Plan for DEIA* (the Plan) is to demonstrate NIH’s commitment to this recognition by articulating a path forward for the next 5 years in which NIH will address DEIA-related goals in all aspects of its activities. This includes enhancing the agency’s stewardship, empowering its own workforce and that of the research community it supports, and building on research for the benefit of the public that it serves.

Mission and Vision Statements

This Plan articulates NIH’s vision for enhancing DEIA in its operations, workforce, and research, and NIH’s mission for how to realize that vision. The Plan applies to both the internal NIH workforce (i.e., those who work at NIH facilities, including intramural researchers and other federal employees) and the external NIH-supported workforce (i.e., extramural researchers who work at institutions receiving financial support from NIH).

Mission

NIH will embrace, strengthen, and integrate diversity, equity, inclusion, and accessibility (DEIA) across all NIH activities in service of the NIH mission.

Vision

NIH will be a people-centered organization, where the workforce and research priorities reflect our nation’s diversity and all people feel a sense of belonging as they advance the NIH mission.

Catalyzing Change

Several directives from Congress and the administration influenced NIH’s development of this Plan (see [Appendix A](#)). In 2021, [Congress directed NIH to develop a strategic plan](#) with long-term and short-term goals to identify and address racial,

ethnic, and gender disparities at NIH and barriers in access to NIH funding faced by investigators researching health disparities. The Plan is also responsive to relevant Executive Orders (EOs) issued by the administration, including, but not limited to, [EO 14035: Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce](#).

EO 14035, issued on June 25, 2021, launched a whole-of-government initiative to cultivate a federal workforce that draws from the full diversity of the nation and advances equitable employment opportunities. Building on the foundation laid out in EO 14035, the administration released the [Government-wide Strategic Plan to Advance Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce](#), on November 23, 2021, which offers a roadmap for implementing EO 14035 and lays out key steps that agencies can take to strengthen DEIA in their workforce policies, practices, and culture.

NIH’s DEIA Community

NIH efforts to advance DEIA require the participation of all 27 Institutes and Centers (ICs); Offices within the Office of the Director (OD); and working groups, staff committees, advisory groups, and employee groups across NIH. All of these entities play an important role in advising the NIH Director on decisions regarding advancing DEIA across NIH (see [Appendix B](#)). Through the process of developing this Plan (see [Appendix C](#)), NIH identified a community of almost 100 offices, committees, and groups working within the NIH-wide DEIA ecosystem (see [Appendix D](#)). Additionally, several key OD offices, which are integral to the NIH-wide DEIA community and this planning process, are described here.

NIH Chief Officer for Scientific Workforce

Diversity (COSWD) Office: Leads NIH’s thought in the science of scientific workforce diversity using evidence-based approaches to catalyze cultures of inclusive excellence. COSWD works to enable NIH and NIH-funded institutions to benefit from a full

range of talent, fostering creativity and innovation in the biomedical, behavioral, and social sciences.

NIH Office of Equity, Diversity, and Inclusion:

Serves as the principal office for NIH-wide policy formulation, implementation, consulting, and strategic management of the civil rights, equal opportunity, language access, reasonable accommodation, affirmative employment, and diversity and inclusion programs for NIH.

NIH Office of Human Resources: Oversees recruitment and retention of a highly skilled and diverse workforce for NIH, operating as a catalyst for a thriving workforce that best meets the ever-changing needs of biomedical and behavioral research, and fosters civility.

Key Definitions

For the purposes of this Plan, NIH defines the following terms in line with those set out in EO 14035 and already in use by the U.S. Department of Health and Human Services (HHS) or NIH.

Diversity: The practice of including the many communities, identities, races, ethnicities, backgrounds, abilities, cultures, and beliefs of the American people, including underserved communities.

Equity: The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment.

Inclusion: The recognition, appreciation, and use of the talents and skills of employees of all backgrounds.

Accessibility: The design, construction, development, and maintenance of facilities, information and communication technology, programs, and services so that all people, including people with disabilities, can fully and independently

use them. Accessibility includes the provision of accommodations and modifications to ensure equal access to employment and participation in activities for people with disabilities, the reduction or elimination of physical and attitudinal barriers to equitable opportunities, a commitment to ensuring that people with disabilities can independently access every outward-facing and internal activity or electronic space, and the pursuit of best practices such as universal design.

Lived Experiences: The representation and understanding of an individual's human experiences, choices, and options and how those factors influence one's perception of knowledge based on one's own life.

Minority Health Research: The scientific investigation of distinctive health characteristics and attributes of minority racial and/or ethnic groups who are usually underrepresented in biomedical and behavioral research to understand health outcomes in these populations.

Health Disparities Research: The multidisciplinary field of study devoted to gaining greater scientific knowledge about the influence of health determinants; understanding the role of mechanisms; and determining how this knowledge is translated into interventions to reduce or eliminate adverse health outcomes.

Underserved Communities: Populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life.¹

Underrepresented Populations: Populations sharing a particular characteristic, who are underrepresented in the U.S. biomedical, clinical, behavioral, and social sciences research enterprise, including the NIH workforce and research participants.²

¹ In the context of this Plan, *underserved and underrepresented populations* includes, but is not limited to, those populations referred to in Executive Order 14035: *Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce* ([EO 14035](#)), and is in line with those populations referenced in the Notice of NIH's Interest in Diversity ([NOT-OD-20-031](#)).

² This has been adapted from text in the Notice of NIH's Interest in Diversity ([NOT-OD-20-031](#)), which also provides examples of groups identified as underrepresented in the biomedical, clinical, behavioral, and social sciences workforce.



Overview of the Plan

The *Fiscal Years 2023–2027 NIH-Wide Strategic Plan for DEIA* articulates NIH’s highest priorities for advancing DEIA in its operations, workforce, and research. It is intended to be an overarching framework by which the many ICs and OD offices that make up NIH can work together to pursue common goals and strategies in pursuit of the mission to continually embrace, strengthen, and integrate DEIA across all NIH activities.

The Plan affirms NIH’s commitment to enhancing the diversity of the biomedical and behavioral research workforce—internally and in those institutions that it funds—to include individuals of all races, ethnicities, sexual orientations, gender identities, ages, languages, abilities, socioeconomic statuses, and geographic regions and recognizes the many strengths that come from creating an equitable, inclusive, and accessible culture for all to bring their talents to bear.

The biomedical and behavioral research enterprise is powered by people—researchers, medical staff, administrative staff, public safety officials, the public, and everyone in between—dedicated to scientific advancement and innovation to improve human health and reduce the burden of disease for all. NIH is committed to breaking down the barriers that prevent someone from accessing or contributing to the biomedical and behavioral research enterprise. The enterprise is strengthened when it harnesses the complete intellectual capital of the nation, bringing diverse perspectives, backgrounds, and skillsets to solve complex problems. Organizational structures, policies, practices, and social norms that perpetuate bias, prejudice, discrimination, and racism limit the pace of scientific progress. As the nation’s premier biomedical and behavioral research agency, NIH will also work to advance DEIA through prioritizing research in this area. This includes supporting research on effective DEIA practices within the workplace and through a continuing focus on DEIA across health research to improve health for all.

While many of the activities highlighted in this Plan are not new to NIH, this is the first time that NIH has communicated its vision for advancing DEIA across its operations, workforce, and research together in one cohesive document.

The Plan demonstrates NIH’s commitment to integrating the principles of DEIA into all of its processes, policies, and programs. It also includes approaches to advance DEIA within NIH and the broader biomedical and behavioral research enterprise, including within its workforce and through the research it supports. As outlined above, NIH has a wide range of offices, employee groups, councils, and working groups and an institute dedicated to these DEIA efforts. It is within this infrastructure that NIH will be able to implement the actions put forth in this Plan and continue to innovate and support novel efforts that are developed in response to or inspired by this Plan.

The Framework of the *Fiscal Years 2023–2027 NIH-Wide Strategic Plan for DEIA* is harmonized to the Framework of the [NIH-Wide Strategic Plan for Fiscal Years 2021–2025](#), with NIH’s DEIA priorities organized around accomplishments, needs, opportunities, and challenges in three key areas or Objectives—Operations, Workforce, and Research—and their underlying subobjectives. For each subobjective, goals are identified, along with strategies to achieve these goals. To illustrate the types of activities that may drive progress toward each goal, a sampling of new and ongoing activities is included under many of the strategies. This is not a comprehensive list of all the activities currently underway at NIH; it is anticipated that implementation of the Plan will build on those ongoing activities and introduce many new approaches toward achieving the objectives, goals, and strategies outlined in this Plan over the next 5 years. There are also three Crosscutting Themes, which are common approaches across all objectives of the Plan that are integral to realizing NIH’s vision.



Crosscutting Themes

These crosscutting themes are integral to NIH's activities to break down barriers and build more diverse, equitable, inclusive, and accessible structures, policies, practices, and social norms in their place.

Promote Transparency, Communication, and Engagement to Advance DEIA

To fulfill the mission and vision of this Plan, it is essential that NIH communicates its priorities and actions in a way that is transparent and encourages multiway dialogue and engagement. NIH will build on lessons learned; it is through transparency that NIH holds itself accountable and helps build and sustain trust and confidence. Sharing information with the NIH community is important, but it cannot be the only direction that information flows—there must also be platforms and forums for the community to share their knowledge, perspectives, and lived experiences with NIH. This dialogue involves listening to the broad NIH community, including the public, research participants, investigators and their trainees and research staff, and the many staff and contractors who support the work of NIH directly and indirectly. It also involves communicating with communities in ways that are accessible to those communities. Transparent communication and engagement will help NIH better understand issues and identify solutions from multiple perspectives.

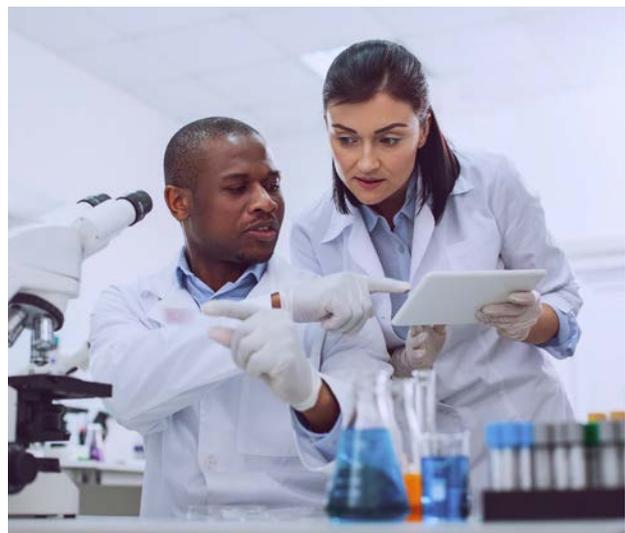
Foster Sustainable Change to Advance DEIA

To achieve institutional and research excellence, NIH must foster and sustain an inclusive and equitable culture that embraces DEIA in the workplace and in the pursuit of biomedical and behavioral science. Structural changes that lead to cultural change are essential to creating sustainable change so that everyone who supports the NIH mission feels that they belong and are valued. Structural changes are those intentional changes to policies, procedures, programs, and operations to

create a more inclusive and equitable environment. Cultural change occurs when that understanding becomes ingrained and the actions are done automatically because it is the right thing to do. For example, NIH staff trainings and resources—such as training on making electronic information accessible and information on the use of pronouns—are examples of structural changes that, if utilized broadly and in a sustained way, can lead to an environment where these actions become much more automatic and effectively ingrained in the NIH culture, rather than a specialized activity or one that is only conducted because of policy requirements. The true measure of success for cultural change is belonging—the feeling and knowledge of being included in the operations of NIH, in its workforce, and in the research that NIH supports.

Harness Data to Advance DEIA

The collection, use, sharing, and analysis of metrics and data is critical to ensuring that NIH activities to advance DEIA are having the intended effects and are contributing to progress toward the goals set forth in this Plan. Data will be used both to



Two scientists collaborate on a project. Credit: Dmytro Zinkevych/Shutterstock.



The Office of Research Services provides services to all employees at NIH. Credit: NIH.

inform internal decision-making and to fulfill NIH’s promise to be accountable to the public. The ability to collect and analyze accurate and timely data requires careful planning and processes to ensure sensitive information remains private, as well as a commitment to its responsible use. As NIH considers the implementation of each of the goals and strategies outlined in this Plan, it will also consider the kinds of metrics and data needed to measure their progress, beginning with baseline data to capture the current state of DEIA at NIH. For many of these efforts, a common set of validated metrics and measures will allow for standardizing and streamlining DEIA data collection and analyses. Easily accessible data that align with FAIR data principles (Findability, Accessibility, Interoperability,

and Reusability), which are outlined in the [NIH Strategic Plan for Data Science](#), and a culture of responsible data collection, data sharing, analysis, and program evaluation will allow the agency to best use the evidence generated to inform decisions on priority setting and course corrections as programs and initiatives are launched to achieve the goals in this Plan. As articulated in the [NIH-Wide Strategic Plan for Fiscal Years 2021–2025](#), NIH is committed to enhancing scientific stewardship by optimizing approaches that generate validated evidence used to inform programmatic, operational, and policy decisions, and this commitment is critical for advancing DEIA at NIH.



Objectives

OBJECTIVE 1 **GROW AND SUSTAIN DEIA THROUGH STRUCTURAL AND CULTURAL CHANGE**

The culture of an organization is affected by the structures in place, such as policies, practices, processes, and priorities. To advance DEIA throughout the agency, NIH must take a multifaceted approach to implementing and sustaining robust structural changes that will lead to lasting cultural change. This approach will provide the foundation and infrastructure for advancing DEIA in the workforce at NIH and NIH-supported institutions ([Objective 2](#)) and in research ([Objective 3](#)). NIH has a responsibility to uphold public trust and confidence in the agency, and this intention will be central to NIH's approach to strengthening a diverse, equitable, inclusive, and accessible culture. NIH must work to ensure that all aspects of the management and operation of the agency itself, its stewardship of biomedical and behavioral research, its engagement with internal and external community members, and its partnerships with other organizations are assessed and optimized to reach their full potential in advancing DEIA over the next 5 years.

Objective 1.1 **Optimizing Management and Administration**

Providing the optimal environment to advance biomedical and behavioral research requires effective and efficient management of NIH resources and infrastructure. Achieving the mission of both NIH and this Plan will require optimizing NIH's enterprise systems—including administrative functions; mission support; program management; and physical, technological, and cultural infrastructures. Integrating DEIA principles into all aspects of these processes will be vital to efforts to maximize organizational effectiveness, ensure equity and program integrity, minimize enterprise risk and operational failure, and foster widespread cultural change.

Objective 1.1, Goal 1 **Foster a culture of DEIA throughout NIH program management and physical, technological, and cultural infrastructures.**

Policies and associated guidance are a way for organizations to set expectations for DEIA and educate staff to improve workplace decisions and interactions. Over the next 5 years, NIH will strengthen policies that encourage and hold staff accountable for contributing to and upholding inclusive workplace practices that support a diverse workforce; ensure the availability of resources and services that allow all staff to participate in work life and culture; and facilitate a more data-driven, knowledgeable, and educated staff who are prepared for equitable decision-making.

Objective 1.1, Goal 1, Strategy 1 ***Review and update policies to incentivize positive workplace culture changes and hold NIH staff and leadership accountable for civil conduct and meeting DEIA goals.***

Over the next 5 years, NIH will review and update the NIH Policy Manual—the official source for all NIH-wide policies—with a lens toward DEIA and nondiscriminatory, inclusive language. Existing policies will be updated accordingly, and guidelines will be developed for new policies to follow. For example, NIH has started assessing policies regarding employee performance appraisal and rewards. In 2021, DEIA and anti-harassment language was added to all employee performance plans, including those of senior leadership. NIH is also undertaking an ongoing review of the NIH Directors Awards program to ensure equity in the nominations, selections, and overarching goals of the program.

NIH recognizes that equity will be realized only with both the unequivocal commitment of IC leadership and the engagement of staff in the change management process. For example, each IC and the OD will develop and implement [Racial and Ethnic Equity Plans \(REEPs\)](#) to promote the use

of evidence-based methods, annual assessments to measure progress, and evaluations to identify opportunities for improvement. The process to develop and implement the REEPs involves leadership and staff throughout NIH. The REEP requirement to assess the equity of processes and practices throughout each IC will be to the benefit of all staff because the programs and policies developed will be broadly applicable. Lessons learned can be applied to other aspects of equity in the workplace.

Objective 1.1, Goal 1, Strategy 2
Strengthen the availability and integration of accessibility services and resources at NIH in the physical, technological, and cultural infrastructures.

Providing resources on accessibility is one way that NIH can foster an inclusive and equitable

culture, and making sure that these resources are available and easy to find and use is how NIH will strengthen these services to benefit the workforce. For example, NIH provides interpreting and real-time captioning services to the deaf and hard of hearing community. Services are centrally funded and available to anyone at NIH—including employees, contractors, patients and their families, and visitors—upon request. NIH also provides services and resources to comply with the accessibility requirements for information and communication technology covered by [Section 508 of the Rehabilitation Act of 1973](#). NIH is evaluating and developing additional resources to address accessibility concerns and barriers in implementing and supporting accessible technologies to ensure the inclusion of all NIH employees, including individuals with disabilities ([Box 1](#)).

BOX 1 National Center for Medical Rehabilitation Research

Established following the passage of the [Americans with Disabilities Act](#), the [National Center for Medical Rehabilitation Research \(NCMRR\)](#) at NIH aims to foster the development of scientific knowledge needed to enhance the health, productivity, independence, and quality of life of people with physical disabilities.

Research supported by NCMRR has developed next-generation assistive technologies, including exoskeletons, powered prosthetics, and advanced mobility devices. These devices are designed to improve participation, increase function, and reduce the incidence of harmful secondary health complications for people with disabilities. Through collaborations across NIH, NCMRR research is developing evidence to inform physical activity guidelines to improve the overall health and fitness of people who use wheelchairs. NCMRR-supported research has developed and refined neuromodulation techniques for the neurorehabilitation of multiple types of neurological injuries, including spinal cord and brain injuries and stroke. Studies of early intervention for children with or at risk for cerebral palsy are exploring new ways to reduce motor impairments and increase social participation.

People with disabilities often face barriers to accessible health care, education, and employment. Research supported by NCMRR reveals that doctors often lack knowledge about their obligations to provide an accessible environment and equipment to care for patients with disabilities, and there are ways that clinicians can become better informed about their role in providing accessible health care. NCMRR-supported research has also targeted the intersection of ethnicity and disability by, for example, developing tools for outpatient education and care navigation to reduce health disparities experienced by Hispanic children after brain injury. Finally, NCMRR is committed to training the next generation of rehabilitation researchers through institutional and individual training awards, career development awards, and diversity supplements.



Research participant completes a study as a researcher looks on. Credit: DC Studio/Shutterstock

Objective 1.1, Goal 1, Strategy 3
Identify and mitigate potential biases in workplace decisions and interactions.

Research has shown that biases in the workplace may be mitigated in part by training that addresses those biases and proposes solutions to overcome them.^{3,4} NIH provides training programs to staff that focus on reducing implicit bias in the workplace and improving decision-making. The purpose of the online trainings is to increase awareness and provide behavioral strategies to minimize the impact of implicit bias on decision-making. NIH also offers bias education to its extramural and intramural staff, search committees, scientific review panels, and Boards of Scientific Counselors. Over the next 5 years, NIH will further enhance its trainings by incorporating content on establishing psychological safety in the workplace and cultivating employee engagement. NIH recognizes the importance of evaluating internal program processes for potential bias. These types of efforts to examine specific processes will continue in the future to assist in mitigating potential bias in the workplace.

Objective 1.1, Goal 2
Make evidence-based decisions regarding DEIA to increase organizational effectiveness, ensure equity and program integrity, and minimize enterprise risk and operational failure.

NIH is committed to implementing evidence-based approaches to improve administrative data management, support decision-making, prioritize the use of data for actionable results, share data, and make data accessible. Over the next 5 years, NIH will share its workforce demographic data, conduct institutional barrier analyses, survey staff on inclusion and civility, and share benchmarks with ICs and OD offices so they can utilize optimal and validated DEIA practices to model a mature, DEIA-integrated organization.

Objective 1.1, Goal 2, Strategy 1
Improve data management to move from data collection to informed decisions through accessible and shared datasets.

Data-informed decision-making relies on robust and validated data that are accessible, well-managed, analyzed, and regularly updated. To fully realize a management culture built on a foundation of making decisions informed by data, the data need to be readily accessible and shared widely across NIH. With transparent data on the NIH workforce, NIH leadership and staff can work collectively toward meeting and exceeding the goals of this Plan. For example, in early 2023, NIH launched its Workplace Civility and Equity Survey, a triennial NIH-wide survey for federal employees, contractors, and all other NIH staff. The survey will aim to identify the prevalence of any harassment or discrimination that may exist at NIH, with the goal to provide actionable results to help inform strategies toward a diverse, equitable, inclusive, accessible, safe, and harassment-free NIH workplace.

To maximize the use of the Office of Personnel Management's [Federal Employee Viewpoint Survey](#)—an annual organizational climate survey that assesses how employees experience the policies, practices, and procedures characteristic of their agency and its leadership—NIH will analyze data by race and ethnicity, sex and gender identity, disability status, level of education, and supervisory status. Managers can annually examine demographic information to help them continue to identify areas for improvement, providing opportunities to create sustainable change.

NIH provides specific workforce demographic data for the whole NIH workforce in its regular reports to the U.S. Equal Employment Opportunity Commission and Congress. Through this reporting process, NIH identifies the agency's deficiencies and provides strategic correction plans. These

³ <https://pubmed.ncbi.nlm.nih.gov/34054279>

⁴ <https://pubmed.ncbi.nlm.nih.gov/34330399>

reports are shared with the NIH community through a [publicly available website](#). In addition, NIH has developed and validated an [assessment tool](#) to measure DEIA efforts across NIH that considers measures of human capital improvement and lessons learned from the last several years of equal employment opportunity assessments. The recently updated tool provides a structure for effective management, accountability, and self-analysis for ICs and the OD to identify actionable results on DEIA efforts.

Objective 1.1, Goal 2, Strategy 2
Prioritize the use of data analysis for actionable results.

NIH recognizes that it is not enough to collect data on workforce demographics and the lived experiences of staff; the data must also be analyzed in a way that elucidates barriers, highlights successes, and presents opportunities for action. For example, NIH will undertake a barrier analysis project to identify any employment policies, procedures, practices, or conditions that may limit opportunities for the recruitment, retention, and promotion of members of underrepresented groups. The data will be gathered through focus groups and other methods and analyzed to develop recommendations for mitigation strategies.

Recruitment, promotion, and retention are three areas in which NIH has a variety of data sources that can be used to inform decisions. To recruit scientific staff, NIH has developed and implemented a systematic [Recruitment Search Protocol](#) for identifying highly qualified, diverse candidates for a range of scientific roles in the NIH workforce. The protocol sets out a process for generating a dataset of scientists within a specific field and provides guidelines on how those data are to be organized and analyzed to inform the recruitment process. This protocol has successfully expanded the outreach for approximately 40 NIH scientific positions per year since 2016, from tenure-track investigators in the Intramural Research Program (IRP) to NIH senior leadership. NIH has also trained recruitment strategists from across NIH to use the protocol, which will enable its broader use. As use of this protocol continues to scale up, NIH will evaluate the impact of the program in expanding

the diversity of scientists considered for various positions.

Objective 1.2
Fostering a Culture of Good Scientific Stewardship

NIH is entrusted as the steward of the nation's largest public investment in biomedical and behavioral research. As a steward of public funds, NIH is committed to using those funds to maximize the benefit to the public it serves, which requires supporting a culture of inclusive excellence. This stewardship will focus on internal NIH policies and processes—NIH will rigorously assess its conditions and progress to advance DEIA to ensure the effective use of funds. With 80 percent of its funds awarded to extramural organizations supporting meritorious research activities, NIH will likewise engage in funding approaches that advance DEIA throughout the biomedical and behavioral research enterprise. Collectively, these internal and external efforts will enable NIH to advance its efforts toward achieving a more diverse, equitable, inclusive, and accessible culture that meets public expectations.



Researcher wearing a mask smiles at the camera. Credit: NIH

Objective 1.2, Goal 1
Provide coordination and oversight to demonstrate NIH's commitment to upholding DEIA principles.

NIH is committed to exemplifying the highest principles of DEIA in all aspects of its operations. To address this goal, NIH will leverage its collective data to evaluate the effectiveness of its practices and programs. Such assessments will serve to guide NIH's continued improvement and

demonstrate that it is a responsible steward of the public's investment in biomedical and behavioral research.

Objective 1.2, Goal 1, Strategy 1
Enhance analysis and evaluation capacity to better integrate evidence-based practices to advance DEIA.

By strengthening evidence-based approaches to inform policies, programs, and procedures that advance DEIA, NIH will improve its internal operations and the greater biomedical and behavioral research enterprise it supports. These approaches require appropriate evaluation capacity and data usage to identify areas of concern and opportunity, monitor the progress of DEIA-focused activities, and determine whether and how solutions have the intended effect. Within this context, over the next 5 years, NIH will focus on enhancing its evaluation capacity through designated evaluation working groups, which examine evaluation insights and capacity needs across the organization and work to develop an assessment resource library. NIH will leverage survey and rubric instruments to analyze and develop richer insights on the workplace climate and DEIA program effectiveness. Additionally, NIH created an updated version of the [Management Directive-715 rubric](#) to provide NIH leadership with benchmarks for measuring DEIA program effectiveness. Data dashboards, including a [public-facing platform developed by the UNITE initiative \(Box 2\)](#), further support access to and use of DEIA data.

Objective 1.2, Goal 1, Strategy 2
Continue and expand engagement with DEIA subject matter experts both internal and external to NIH to develop and improve strategies to enhance DEIA.

NIH relies on subject-matter experts to provide information and recommendations on a myriad of topics that span NIH efforts. Over the next 5 years, NIH will work to increase engagement with DEIA experts to inform new approaches to enhancing DEIA across NIH. Expertise on matters of DEIA is provided by NIH staff and external experts who are often engaged through Federal

Advisory Committees. The NIH Advisory Committee to the Director (ACD) is one such committee. Beyond advising NIH, ACD members serve as representatives of their communities. The ACD is served by its [Working Group on Diversity](#), which is charged with developing effective diversity-related strategies for NIH and includes two subgroups: the [Diversity Program Consortium Subgroup](#), which assists the ACD to advise the NIH Director on initiatives to enhance diversity in the biomedical and behavioral research workforce, and the [Subgroup on Individuals with Disabilities](#), which is charged with assisting the ACD to provide recommendations on how NIH can improve its efforts to support individuals with disabilities in biomedical and behavioral research. If approved by the ACD, formal recommendations will be sent to the NIH Director to consider for action.

Objective 1.2, Goal 1, Strategy 3
Provide metrics to support NIH leadership's engagement in achieving DEIA principles.

Metrics are vital for accurately and efficiently tracking progress on the implementation of the policies, programs, and processes intended to advance DEIA across NIH. They help enable leadership—who are fundamental to fostering cultural change—to make informed decisions by providing a clear, synthesized summary of performance. For example, NIH IC and OD leadership, supported by DEIA subject-matter experts, will track the implementation of their [REEPs](#), which are designed to help dismantle any racial and ethnic disparities that may exist in the workforce. Senior leadership engagement in DEIA activities will be managed through a required objective in their annual [Performance Management Appraisal Program](#) reviews. Additionally, to better understand the racial and ethnic makeup of current and future senior researchers working at NIH, the agency will develop a central portal to enable tracking these staff and potentially collecting voluntarily self-reported demographics on applicants to these positions. Effective performance metrics will help NIH harmonize DEIA approaches across the agency and ensure the efficient use of its funds.

BOX 2 UNITE

On February 26, 2021, the NIH-wide [UNITE initiative](#) was publicly announced to identify and address structural racism within the biomedical and behavioral research enterprise and bolster NIH-wide efforts in DEIA. Focusing on three primary areas—minority health and health disparities research; internal NIH workforce; and external biomedical and behavioral research workforce—UNITE engages in listening and learning, transparency, accountability, communication, and generating concepts for implementation across NIH. UNITE is, in essence, a think tank that generates ideas for adoption by NIH communities. Guided by five committees, with staff representing all NIH Institutes and Centers (ICs) and Offices within the NIH Office of the Director, UNITE is committed to ending racial inequities through strategic short- and long-term actions and funding initiatives that will result in significant, lasting change. NIH will evaluate the initiative's goals and milestones to establish its long-term impact. Select progress made in UNITE's primary areas of focus includes the following.

Minority Health and Health Disparities Research

The NIH Common Fund committed an estimated \$58 million to its [Transformative Research to Address Health Disparities and Advance Health Equity initiative](#). Additionally, the NIH Common Fund launched the [Community Partnerships to Advance Science for Society \(CompPASS\)](#) program in fiscal year 2023.

Internal NIH Workforce

Each NIH IC has developed [Racial and Ethnic Equity Plans](#) that set IC-specific goals. In addition, NIH has installed [diverse portraiture](#) within its buildings and digital spaces to reflect the full diversity of the NIH staff.

External Biomedical and Behavioral Research Workforce

NIH has expanded the NIH [Science Education Partnership Award \(SEPA\) Program](#) to include more ICs. SEPA focuses on K–12 science, technology, engineering, and mathematics education and generates resources to increase interest in biomedical and behavioral career opportunities for students from diverse backgrounds, including those from underrepresented groups, while conducting outreach and engagement with minority-serving institutions.



UNITE Power of an Inclusive Workplace Recognition Project Quote Poster. Credit: NIH.

Objective 1.2, Goal 2 Enhance consideration of DEIA in the biomedical and behavioral research funding cycle.

As the chief steward of federal funding for biomedical and behavioral research, NIH receives more than 88,000 grant applications each year for funding consideration and works to ensure that the most meritorious research is funded. Integral to this, over the next 5 years, NIH is committed to the goal

of enhancing the consideration of DEIA at all stages of the funding cycle, including the application process, peer review, funding decisions, and pre- and post-award grant management. Scientific discovery is facilitated by research teams that are grounded in the principles of DEIA,^{5,6} so integrating DEIA principles across all aspects of the research grant lifecycle will ensure that the highest caliber of research is supported.

⁵ <https://www.nature.com/articles/d41586-018-07415-9>

⁶ <https://www.nature.com/articles/d41586-018-05316-5>

Objective 1.2, Goal 2, Strategy 1
Develop, streamline, and facilitate access to NIH resources to ensure equity in the grant application process.

NIH must ensure a fair process to support meritorious research activities regardless of who performs the research or where the research is performed. This requires broader and more equitable awareness of NIH funding opportunities combined with efforts to reduce barriers to applying for and successfully receiving funding in response to those opportunities. For example, focused outreach to institutions with historically low levels of NIH funding—such as limited-resourced institutions (LRIs), minority-serving institutions (MSIs), and Institutional Development Award (IDeA)⁷-eligible institutions—can provide the talented scientists at these institutions with information on the vast landscape of research funding at NIH and facilitate interaction with NIH extramural staff. The complex nature of the NIH-supported research ecosystem can present a significant barrier to researchers who are preparing grant applications, particularly those from LRIs and those who are early in their scientific careers. While early engagement of these groups can help them work with their institutions to better navigate these systems, streamlining the application process and providing technical assistance to all can also make funding opportunities more broadly accessible.

Objective 1.2, Goal 2, Strategy 2
Update policies and procedures to improve representation of individuals from a broad range of institution types in peer review and mitigate potential bias in the grant review process.

NIH is committed to effective stewardship by supporting the most meritorious biomedical and behavioral research through a highly competitive, rigorous, two-level peer-review process. The first level of review is carried out by a scientific review group (SRG; also referred to as a study section) composed primarily of nonfederal scientists who have expertise in relevant scientific disciplines and

current research areas. The second level of review is performed by IC national advisory councils, composed of scientific and public representatives chosen for their expertise, interest, or activity in the relevant area. To ensure that all eligible applications receive fair consideration, over the next 5 years, NIH will work toward strengthening practices to ensure an improved peer-review process that emphasizes equity, accountability, and diversity in perspectives (Box 3). For example, the planned NIH-wide launch of an interactive training module on bias mitigation in peer review for reviewers and NIH scientific review officers (SROs)—staff who manage the peer review process—aims to increase awareness of potential biases in the review process and provide tools and strategies to mitigate those biases. NIH strategically seeks to broaden the pool of reviewers and ensures that SRGs are diverse on multiple dimensions, such as type of home institution. NIH has developed tools that integrate data from multiple sources, including NIH program staff and professional organizations, for SROs to identify reviewers for review panels. Additionally, NIH's [Early Career Reviewer \(ECR\) Program](#) aims to enrich and diversify the pool of trained reviewers by providing early career scientists with firsthand experience with peer review. Moreover, this experience helps early-stage investigators better navigate the NIH grant application process and, ultimately, learn how to write more competitive grant proposals. NIH is exploring strategies for simplifying review criteria to improve the openness, fairness, objectivity, and effectiveness of peer review.

Objective 1.2, Goal 2, Strategy 3
Optimize approaches to advance DEIA in research awards.

A fully engaged biomedical and behavioral research workforce is critical to accelerate the pace of innovative discoveries and impactful outcomes for human health. However, NIH acknowledges that talented individuals from diverse backgrounds and perspectives have historically been

⁷ The Institutional Development Award (IDeA) is a congressionally mandated program that builds research capacity in states that historically have had low levels of NIH funding. It supports competitive basic, clinical, and translational research, as well as faculty development and infrastructure improvements. For more information, visit <https://www.nigms.nih.gov/Research/DRCB/IDeA/Pages/default.aspx>.

BOX 3 Improvements in the Peer-Review Process

Multiple actions have been taken to strengthen the peer-review process by ensuring that review proceeds fairly and review groups include diverse perspectives. Together, fairness and diversity in perspectives help NIH fulfill peer review's mission of identifying the highest-impact science.

NIH developed training to raise awareness of bias in peer review and provide strategies for reviewers and scientific staff to intervene. This training has been provided to all NIH reviewers since August 2021; [initial results](#) indicate that the training is highly effective. NIH implemented a reporting avenue for concerns about unfair review; each concern is investigated and acted upon based on the findings.

In keeping with the [Notice of NIH's Interest in Diversity](#), NIH is diversifying the candidate pools for its review groups through proactive outreach and the engagement of underrepresented minorities, the development of tools to identify new reviewers, and increased data sharing and oversight.

- The [Early Career Reviewer \(ECR\) Program](#) enriches NIH's reviewer pool and provides scientists with review experience. In 2021, 16.8 percent of ECRs were underrepresented minorities, compared with 10.3 percent of all NIH reviewers and 9.2 percent of principal investigators.
- NIH developed a database to enable staff to identify new reviewers outside their known networks. The database integrates multiple information sources, includes more than 50,000 names, and incorporates demographic data.
- Dashboards allow supervisors and staff to assess the current diversity of review groups and evaluate trends over time.

NIH is considering recommendations to simplify the review criteria. The proposed changes will better focus reviewers on the importance of the research and its feasibility and rigor, aim to reduce any effects of bias that may exist in peer review, and allow NIH to explore a partially anonymized review process. The simplified criteria also serve to put expertise, prior contributions, and resources within the framework of the specific research. Considerations of reputation in a global sense will not have a place.

underrepresented among those receiving funding for biomedical and behavioral research. In 2011, a landmark report found a significant funding gap for the most commonly received grant mechanisms,⁸ with African American and Black scientists persistently disadvantaged after controlling for multiple factors.^{9,10} These findings prompted NIH to consider new approaches to ensure equity in funding decisions.

Over the next 5 years, NIH will continue to expand existing efforts and develop new approaches in research funding to promote increased participation of underrepresented and other marginalized groups in biomedical and behavioral research. Grant opportunities, such as [Research Opportunities for New and "At-Risk" Investigators to Promote Workforce Diversity](#)¹¹ and [Exploratory Grant Award](#)

⁸ The Research Project Grant (R01) is the original grant mechanism used by NIH and represents the largest single category of support provided by the agency. The R01 provides support for health-related research and development based on the mission of NIH. R01s can be investigator initiated or solicited via a Request for Applications. For more information, visit <https://grants.nih.gov/grants/funding/r01.htm>.

⁹ Ginther DK, et al. *Science* 2011; 333(6045):1015-9. PMID: 21852498

¹⁰ <https://nexus.od.nih.gov/all/2022/06/14/research-project-grant-funding-rates-and-principal-investigator-race-and-ethnicity>

¹¹ An investigator is considered an "at-risk investigator" if they have had prior support as a principal investigator on a substantial independent research award and, unless successful in securing a substantial research grant award in the current fiscal year, will have no substantial research grant funding in the following fiscal year. A "substantial" research grant award is any research grant award other than smaller grants that maintain early stage investigator and/or new investigator status.

[to Promote Workforce Diversity in Basic Cancer Research](#), are specifically designed to enhance the diversity of the research workforce by recruiting and supporting eligible new, [early-stage](#), and [at-risk](#) investigators from diverse backgrounds. Additional funding mechanisms—including such administrative research supplements as the [Research Supplements to Promote Diversity in Health-Related Research](#) and [Research Supplements to Promote Re-Entry and Re-Integration Into Health-Related Research Careers](#)—and such prize competitions as the [NIH Prize for Enhancing Faculty Gender Diversity in Biomedical and Behavioral Science](#) will be leveraged to support workforce efforts at multiple scales.

Furthermore, NIH has begun considering multiple factors to support a broad and diverse portfolio of investigators conducting research of high scientific merit in its mission areas. For example, some funding processes incorporate the consideration of the results of the peer-review process, the breadth and diversity of the IC's research portfolio, the total amount of funding available to the laboratory from the IC and other sources, and the priority of the research area for the IC's mission (e.g., the [multifactorial funding policy](#) of the National Institute of General Medical Sciences). Significantly broadening the reach of research funding increases opportunities for investigators from underrepresented groups who have historically faced institutional barriers to success. This approach aims to enhance equity and inclusivity in funding and has been shown to foster more innovative and impactful research.

Objective 1.2, Goal 2, Strategy 4
Ensure fair, consistent, and civil engagement throughout the pre- and post-award phases.

Inclusive work environments, where both people and science can thrive, are critical to maximize the impact of the biomedical and behavioral research enterprise that NIH supports. Over the next 5 years, NIH will continue to foster fairness, consistency, and civil engagement within the NIH-funded research ecosystem. To this end, NIH requires institutions that receive NIH funding to [provide safe and healthful working conditions](#) for their

employees. NIH has [policies and processes](#) in place to support this. For example, applicants requesting NIH funding support for organizing scientific conferences must not only consider the inclusion of diverse perspectives amongst organizers, attendees, and participants, but must also submit plans to promote a safe and respectful environment for all those in attendance. More broadly, employees of awardee institutions have access to a recently updated [NIH notification form](#) to report concerns that harassment or discrimination—including, but not limited to, sexual harassment and racial discrimination—is contributing to an unsafe or hostile work environment, affecting an NIH-funded project. Recipient institutions are now required to notify NIH within 30 days when key research personnel are removed from their position or are otherwise disciplined by the institution because of concerns about harassment, bullying, retaliation, or hostile working conditions. NIH is also working to address workplace civility with NIH staff, including those involved in the administration of scientific programs and grants. One approach is through participation in tailored training—for example, the [SafeZone](#) training program is designed to promote awareness and education about the needs and concerns of individuals who identify as members of the sexual and gender minority (SGM) community.



NIH Central Utility Plant employees discuss building plans. Credit: NIH.

Objective 1.3
Ensuring Accountability and Fostering Confidence

NIH is committed to advancing DEIA principles throughout all its functions. NIH will fulfill this

commitment by promoting civility, respectful behavior, and effective practices and by not tolerating harassment, discrimination, or other issues that deter from NIH's mission. In so doing, NIH is committed to clear, transparent communication of its actions, progress, and results supporting DEIA. NIH will also hold itself accountable to these values to foster the public's trust in its actions, ensure integrity, and instill confidence in the outcomes of its supported research endeavors. NIH will broadly disseminate, educate, and inform the internal and external research communities about NIH activities, progress, and respond to feedback accordingly.

Objective 1.3, Goal 1
Engage with and be responsive to the NIH community about practices to integrate DEIA principles into NIH work and culture.

Frequent engagement with internal and external community members is essential to ensuring the transparency of NIH's DEIA efforts. A critical first step of this engagement will be establishing and strengthening clear lines of communication with community members. Over the next 5 years, NIH will strengthen its activities to better understand the needs of the internal workforce, the workforce at NIH-supported institutions, and all whose lives are touched by the research that NIH conducts and supports.

Objective 1.3, Goal 1, Strategy 1
Establish bidirectional communications with community members on NIH policies and practices that impact DEIA.

Transparent communication is essential to NIH's role as a steward of public funding and being held accountable to the public. It is also essential to building a workplace where everyone belongs. It is imperative for NIH to create a culture where diverse perspectives and lived experiences are not only welcomed but actively sought out. Regular, bidirectional conversations in which NIH informs and listens to its communities will create opportunities to bring critical expertise, enhanced coordination, and novel connections to augment DEIA efforts at NIH and across the biomedical and

behavioral research community. These strategies will be broad and varied to reach all audiences— inclusive of different backgrounds and lived experiences—and reciprocal between staff and leadership. Moreover, these strategies are intended to be proactive and occur with regular frequency to promote transparency and accountability. Relevant community members will be made aware of NIH's active DEIA efforts and have an opportunity to be heard and raise concerns throughout the process. For example, pulse surveys are valuable opportunities to identify what an IC or OD office needs, gather and analyze information to identify issues and trends, and establish a baseline of the work environment.

Along these lines, NIH regularly and often reiterates that the agency supports civil, safe, and respectful work environments that are free from harassment, discrimination, retaliation, or other forms of inappropriate conduct that can result in a hostile or unequal work environment. This is done because these standards and expectations must be upheld wherever NIH-supported research is conducted to allow all individuals to fully participate in and contribute to the scientific process. For the public to trust NIH's intentions, strong communications and engagement are key. Members of the NIH community, on campus and beyond, need to be sure NIH upholds and practices the DEIA principles described herein. This includes recognizing the challenges of implementing DEIA principles and communicating solutions and outcomes.

Objective 1.3, Goal 1, Strategy 2
Ensure that NIH is responsive to community concerns and where feasible consider modifying policies and processes.

As NIH continues to integrate DEIA principles into its policies, practices, and organizational culture, the agency will openly communicate to its many communities how this work is progressing and will seek input from all sectors as to how changes meet or do not meet the needs of community members. In addition, NIH will develop multiple avenues for communicating how this information is used in a continual feedback loop.

In 2021, NIH released a [Request for Information \(RFI\)](#) that focused on identifying approaches that NIH can take to advance DEIA within all facets of the biomedical and behavioral research workforce and expand research to eliminate or lessen health disparities and inequities. NIH will build on this RFI by integrating the feedback received into policies and practices and use this method as a tool to receive suggestions and comments from NIH communities in the future. NIH will also continue to conduct listening sessions with interested communities and will make such sessions accessible, ensuring that all participants can fully and equally participate. NIH will engage with external advisory groups, such as the ACD and its Working Group on Diversity, and incorporate input from NIH-supported institutions to help inform its policies and planned activities for effective DEIA-related strategies at NIH. By using multiple tools and strategies to listen to and communicate with diverse communities, NIH ensures transparency and that all can stay informed about ongoing DEIA efforts.

Objective 1.3, Goal 1, Strategy 3
Develop and share approaches and resources to actively promote accessibility.

As part of prioritizing the accessibility of facilities, information technology, programs, and all of its other services, NIH will regularly audit its efforts for compliance, ensuring that individuals who need reasonable accessibility accommodations are provided with them. Websites maintained by NIH are being updated and made accessible to all users and compatible with assistive technology devices. NIH will explore establishing a centralized system for reporting accessibility issues. Links will be made available to federal resources that offer information on how to create virtual, in-person, or hybrid meetings that are accessible, providing meaningful access to NIH programs and activities for individuals with limited English proficiency. Each NIH IC and OD office will be encouraged to share similar approaches and resources in a centralized resource to actively promote accessibility in all its forms across the agency (including for public audiences).

Objective 1.3, Goal 2
Ensure the transparency of assessments and evaluations of NIH actions to demonstrate progress meeting DEIA principles and establish effectiveness.

To demonstrate progress toward meeting its DEIA goals, NIH will strive for maximum transparency in communicating the results of its analytic and evaluative efforts to fully understand the effectiveness and impact of its DEIA-focused activities. It is incumbent on NIH to share data and the outcomes of evaluations to allow increased transparency on NIH's progress toward its DEIA goals and better solicit public and community input on these efforts.

Objective 1.3, Goal 2, Strategy 1
Enhance the transparency of NIH data and how NIH uses data in evaluations and assessments of NIH actions.

For NIH and its communities to measure, evaluate, and share its progress toward advancing DEIA, more data need to be made open, accessible, and available while balancing confidentiality and data security of personal information. Within the bounds of what is allowed to be shared internally and publicly, NIH will release internal and external workforce data and assessments of NIH DEIA actions, including information on how those assessments were conducted. NIH's goal is to share as much information as possible, demonstrating accountability to its staff and the wider community on its progress. If specific information cannot be released, NIH will aim to clearly explain the reasons why.

A current source of NIH workforce data is the [NIH Ending Structural Racism Data Dashboard](#). This web-based dashboard was the first to report cross-tabulations of NIH DEIA workforce-related data and analyses. The aggregate, de-identified data includes information on the self-disclosed sex, race, ethnicity, and career stage of investigators involved in extramural research, intramural research, peer review service, and more. Providing this and additional data on a regular basis promotes transparency and accountability and demonstrates that ongoing DEIA efforts remain a priority at NIH.

Objective 1.3, Goal 2, Strategy 2
Widely share the results of assessments and evaluations of policies and procedures related to DEIA.

In the spirit of transparency, NIH will clearly communicate findings from evaluations and analyses of DEIA-relevant NIH policies and procedures to demonstrate accountability to its community. Communication plans—which will be built into these assessments—should clearly explain implementation strategies, changes to existing policies and procedures, and future plans to the broader NIH community.

NIH will promote a culture of sharing best practices and innovative approaches with demonstrated effectiveness to help inform internal and external DEIA efforts. The communication channels and resources will explain the methods employed for monitoring progress. Additionally, NIH will provide tailored content in appropriate formats that are fully accessible and in multiple learning modalities.

NIH is also exploring using digital platforms to aggregate data to create dynamic, interactive dashboards that would provide the broad NIH community with enhanced abilities to understand NIH progress on DEIA efforts. As these dashboards are developed, NIH remains committed to the transparent reporting of progress made in many different areas of interest relevant to DEIA. For example, NIH already publicly reports [inclusion-related data for participants in clinical research](#), [demographic data](#) on NIH-supported researchers, and [information on harassment cases](#).

Objective 1.4
Leveraging External Partnerships and Community Engagement

At NIH, structural and cultural change depends on establishing, leveraging, and expanding strategic partnerships with a wide range of external groups, including, but not limited to, professional, patient, academic, industry, nonprofit, and community-based organizations. Successful partnerships are purposeful engagements focused on listening to communities and groups external to NIH to better understand their needs and priorities.

A [report from the American Academy of Arts and Sciences](#) emphasizes the importance of strategic partnerships and collaboration between government and local scientific institutions. Critical to effective partnerships is an emphasis on developing shared goals, including those aimed specifically toward advancing DEIA principles in the biomedical and behavioral research enterprise and tailored and timely information exchange. Engaging in collaboration with external partners to achieve common goals is vital to the entire NIH research enterprise to create and sustain an inclusive culture.

Objective 1.4, Goal 1
Foster intentional external partnerships to further enhance DEIA efforts at NIH.

NIH is committed to advancing DEIA through engaging with diverse communities so they can contribute to all of NIH's work, ensuring that programs and activities meet the needs of NIH and its partners and advance the principles of DEIA. When built on understanding the needs of NIH's current and future partners, the working relationships and intended outcomes of shared activities can be shaped so that they are meaningful for all parties. Vital to this is the enhancement of existing and creation of new opportunities to leverage external partnerships for mutual benefit.

Objective 1.4, Goal 1, Strategy 1
Build and leverage strategic external partnerships to advance DEIA.

NIH partners with varied groups and communities, and each partner contributes in a variety of ways to achieve NIH's mission and those of its partners. As NIH works to advance DEIA principles, it is even more critical that new groups and communities, especially those who have historically not contributed to or engaged with NIH, have the opportunity to partner with NIH. NIH will seek new partners and work with them to develop activities that address areas of health research based on the priorities of many communities in the broad biomedical and behavioral research ecosystem.

One example of an NIH activity that is building a productive and positive environment for partnerships—and was developed with community input during the planning and implementation

phases—is the NIH Common Fund’s [Community Partnerships to Advance Science for Society \(ComPASS\)](#) program, which launched in fiscal year 2023 ([Box 4](#)). The goal of ComPASS is to invite, develop, and test community-driven interventions to address structural factors to promote health equity. The program’s design was informed by a series of listening sessions in which more than 500 attendees from multiple sectors—including academic and research institutions, community-based organizations, Tribal communities, and

faith-based organizations—shared input and recommendations about the initiative. In listening to its community of contributors, NIH designed ComPASS to advance health equity research by having community organizations as full partners in the proposed research, playing a fundamental role in the development and conduct of research plans.

Another example of developing relationships and engaging and enabling community participation in the biomedical and behavioral research enterprise is NIH’s [Helping to End](#)

BOX 4 Community Partnerships to Advance Science for Society Program

In 2021, the NIH Common Fund conducted a robust, community-informed strategic planning process on addressing health disparities, collecting input and recommendations from more than 500 partners from academia, community organizations, Tribal communities, faith-based organizations, public- and private-sector community leaders, and federal agencies. Launched in fiscal year 2023, the resulting [Community Partnerships to Advance Science for Society \(ComPASS\)](#) program will support interventions that target the structural issues that contribute to health disparities, such as transportation development, housing policies, early childhood screening, health services, and education programs. Because health equity structural interventions are not tailored to specific diseases, ComPASS will tackle common upstream risk factors that lead to disparities in multiple diseases and conditions through the staged implementation of the following activities:



- Fund community organizations that will plan and develop tailored health equity structural interventions in collaboration with researchers, public health departments, and other public and private entities. Local and national health equity research assemblies, which include public and private partnerships, will facilitate community research partnerships and consult with communities to enhance connections and resources at the local, state, and national levels.
- Fund health equity research hubs that will provide research support to community organizations to implement and evaluate community-driven health equity structural interventions to influence outcomes across multiple domains of health.
- Disseminate sustainability models for structural interventions and best practices within communities to scale up and inform policy change and best practices. Ultimately, this effort will enhance competitiveness for future NIH institute and center funding that, in turn, contributes to greater diversity and inclusion in research and provides proof of concept to spur implementation projects by other partners.

The NIH Common Fund start-up investment will advance future health equity research by demonstrating the capacity of these networks to engage communities in research that addresses structural factors and health issues of importance to those communities and that addresses pervasive and harmful health disparities and health inequities.

[Addiction Long-term® Initiative](#), or NIH HEAL Initiative®, which includes the [HEAL Community Partner Committee \(HCPC\)](#). Through the HCPC, individuals, families, communities, and caregivers with firsthand knowledge of pain conditions or opioid use disorder contribute meaningful input to pain and addiction research projects that are in development and ongoing. HCPC input contributes to the identification, refinement, and prioritization of patient and community engagement activities, as well as scientific research activities and protocols.

Partnerships that are built on trust and adaptability in response to new and existing challenges are resilient and sustainable; NIH is working to strengthen such relationships and build that resiliency into new and ongoing partnerships and programs.

Objective 1.4, Goal 1, Strategy 2
Develop clear, concise, and timely resources and communications that are tailored to the needs of external partners.

Clear communications and resources developed with a variety of audiences and communities in mind are a key component of sustainable partnerships. Several important principles should be considered when developing resources for partner organizations. Electronic communications and information technology resources should be accessible by all users, including individuals with disabilities, and culturally respectful of individuals from a wide range of communities. Additionally, a range of communication channels and methods should be utilized to facilitate engagement with diverse communities. When planning activities, NIH will proactively communicate with relevant external groups to ensure that interested communities can become involved. NIH will also continue to provide post-event recordings or summaries. For example, as part of the strategic response to the COVID-19 pandemic, NIH has prioritized tailored communications to partners through the [Community Engagement Alliance \(CEAL\) Against COVID-19 Disparities initiative](#). Facilitated by CEAL community partnerships, NIH works closely with the communities hit hardest by the COVID-19 pandemic ([Box 5](#)) to provide trustworthy and accurate information and to use rapid research

approaches to find effective ways to deliver information to impacted communities.

Objective 1.4, Goal 1, Strategy 3
Actively maintain external partnerships through exchanging information, developing shared goals, and promoting shared interests in advancing DEIA in biomedical and behavioral research.

NIH aims to maximize the productivity of its external partnerships and position the agency to capitalize on new opportunities related to DEIA as they arise. To do this, it is important that partnerships be built on a strong foundation and actively sustained through clear communication and shared interests and goals. For example, NIH's partnerships with MSIs are facilitated via ongoing outreach and engagement through staff visits and regional meetings. These events keep communication between NIH and these partners open and provide partners with up-to-date information about NIH, its funding opportunities for lesser-resourced institutions, and strategies to prepare and submit competitive grant applications. Furthermore, NIH's intramural program is working with historically Black colleges and universities (HBCUs) to create formal affiliation agreements among clinical areas, such as nursing, social work, and others. The [NIH Pathway to Excellence and Innovation \(PEI\) Initiative](#) aims to empower HBCUs with the knowledge, resources, and skills they need to effectively and consistently compete for and win contracts from NIH and thereby diversify revenue streams and create more research opportunities for those academic institutions. NIH will continue to look for opportunities to expand these clinical relationships and agreements.

OBJECTIVE 2
IMPLEMENT ORGANIZATIONAL PRACTICES TO CENTER AND PRIORITIZE DEIA IN THE WORKFORCE

The research workforce—including researchers and the many professionals who support the biomedical and behavioral research enterprise—is the engine that drives NIH to achieve its mission of turning discovery into health. NIH recognizes that its mission will be met only through the continued

BOX 5 Community Engagement Alliance Against COVID-19 Disparities

The Community Engagement Alliance (CEAL) Against COVID-19 Disparities is a NIH-wide initiative that was launched in summer 2020 to address the disproportionate impact of COVID-19 on racial and ethnic minority communities, including African American, Hispanic and Latino, American Indian and Alaska Native, Asian Americans, and Native Hawaiians and Pacific Islander communities.

The initiative supports and expands NIH's existing community-engaged research and outreach efforts. Initially, it funded 11 teams across the country in communities affected the most by COVID-19. In 2021, in response to the worsening of the pandemic, CEAL

expanded to include 10 more teams. All CEAL teams conduct urgent community-engaged research and outreach focused on COVID-19 awareness and education to address widespread misinformation and distrust regarding COVID-19 and promote an evidence-based response to the pandemic. They also promote and facilitate the inclusion of diverse racial and ethnic populations in clinical trials (prevention, vaccine, therapeutics) that are reflective of the populations disproportionately affected by the pandemic.

CEAL teams have established effective communication networks and information dissemination approaches across a variety of channels. This effort includes working with current federally funded research groups and established community networks and community leaders—all of which can have long-standing relationships within affected communities. This engagement with trusted organizations and people helped CEAL teams counter misinformation with accurate information about the virus that causes COVID-19; promote evidence-based strategies to reduce its spread; and propose effective ways to protect people, families, and communities. CEAL partners have developed educational tools, factual materials, and resources in different languages—such as Spanish, Chinese, and Korean—to broaden CEAL's reach into the affected communities.

CEAL promotes the importance of diversity and inclusion in research to ensure that scientific discoveries are beneficial to all—particularly those most impacted. Gary Gibbons, M.D., Director of the National Heart, Lung, and Blood Institute, and Eliseo Pérez-Stable, M.D., Director of the National Institute on Minority Health and Health Disparities, were recognized with a [2021 Samuel J. Heyman Service to America Medal \(Sammie\)](#) for establishing and spearheading CEAL.

For information, resources, and features on the initiative's work, visit [the CEAL website](#).



Person wearing a mask sitting in a community meeting with two other people wearing masks. Credit: Getty Images.

efforts of a talented and dedicated workforce, both on NIH campuses and at institutions supported by NIH. The strength of NIH and NIH-funded workforces depends on integrating DEIA principles in the organizational cultures by advancing DEIA-focused programs, policies, and operations. Over the next 5 years, NIH is committed to implementing sustainable organizational practices to center and prioritize DEIA in the workforce to bring about positive and enduring change.

Objective 2.1 Cultivating DEIA Within the Workforce at NIH

NIH's workforce includes those working at NIH in biomedical and behavioral research, health, and infrastructure occupations, including federal employees, U.S. Public Health Service Commissioned Corps officers, volunteers, trainees, and job applicants. The entire workforce—regardless of race, ethnicity, sexual orientation,

gender identity, age, language, abilities, socioeconomic status, geographic region, or other defining characteristics—should feel welcome, safe, and valued. NIH commits to enhancing DEIA across the talent lifecycle (e.g., recruitment, onboarding, development, retention, and separation) by providing its current and future workforce with full and fair opportunities for employment, career advancement, recognition, and access to resources and programs that facilitate a diverse, equitable, inclusive, and accessible culture for everyone.

Objective 2.1, Goal 1
Strengthen outreach, recruitment, and hiring efforts to facilitate a diverse workforce that is inclusive of individuals from underrepresented and underserved groups.

Over the next 5 years, NIH commits to enhancing outreach and equitable recruitment and hiring practices to attract and recruit a diverse and talented workforce.

Objective 2.1, Goal 1, Strategy 1
Engage in outreach to attract diverse talent.

NIH will lay the foundation for recruiting qualified candidates from historically underrepresented and underserved groups by proactively engaging in outreach to institutions aligned with NIH’s mission. In addition, NIH will expand resources and efforts to recruit from beyond the traditional sources. NIH will focus on cultivating partnerships with academic institutions and programs at all levels of the education system through several tactics. First, NIH will create or strengthen relationships with institutions that serve underrepresented groups by engaging with their career centers, listservs, educational programs, or internship opportunities and through other relevant avenues. Then, NIH will work with these institutions and programs to increase awareness of career opportunities and provide information about internships and fellowships. In addition to increasing awareness of the opportunities, NIH will work to decrease barriers to participation in such opportunities by providing information on scholarship or stipend funding, as applicable. Finally, to continue promoting partnerships, NIH will establish, strengthen, and

expand points of contact and provide listings of available employment, internship, and fellowship opportunities.

Objective 2.1, Goal 1, Strategy 2
Enhance equitable recruitment and hiring practices.

NIH will continue to incorporate and expand on practices to support fair and consistent recruitment and hiring across the entire NIH enterprise. These efforts will focus on ensuring that hiring managers, search committees, and selecting officials (collectively, recruiting and hiring leaders) receive training and other resources to support their ability to recognize the merits of all candidates. Recruiting and hiring leaders receive training related to recognizing and mitigating bias and using special hiring authorities for veterans and persons with disabilities. NIH entities involved in recruitment and hiring will conduct an annual barrier analysis of at least one policy, procedure, or practice to support fair recruitment and hiring across the enterprise. They will also receive resources with guidance on best practices for facilitating DEIA in recruitment and hiring. Furthermore, for NIH scientific positions, designated recruitment strategists across ICs will support search committees by identifying and encouraging outreach to qualified, diverse candidates using a systematic [search protocol](#).

Objective 2.1, Goal 2
Strengthen development, recognition, and advancement efforts across NIH.

To realize a workforce that prioritizes DEIA principles, work environments must be purposefully designed to develop, recognize, and reward staff, empowering all staff to contribute to the organization’s mission. To do so, NIH will provide supportive development programs; ensure that processes for recognizing and rewarding achievements are equitable and accessible to all; cultivate leadership pathways through equitable and transparent advancement opportunities; provide participatory work processes; and retain and develop diverse talent at all levels and across positions.

Objective 2.1, Goal 2, Strategy 1

Retain and develop diverse talent at all levels and across positions.

NIH will pursue both career development and training programs designed for NIH employees to retain and develop diverse talent. For example, within the IRP, the NIH [Distinguished Scholars Program \(DSP\)](#)—a cohort program for recently hired intramural researchers with a demonstrated commitment to DEIA—provides professional development, mentoring, and networking opportunities for the participating scholars ([Box 6](#)). Similarly, the [Diversity Career Development Program \(DCDP\)](#) provides postdoctoral trainees with the tools necessary to develop as leaders in academic independent research careers. NIH will build on the DSP and DCDP by establishing DEIA research teams to explore proven practices on retaining and developing diverse talent at NIH, regardless of occupational grade, series, or status. That research will be used to inform new and existing NIH mentoring, networking, and career advancement programs.

Objective 2.1, Goal 2, Strategy 2

Ensure that processes for recognizing and rewarding achievements are equitable and accessible to all.

The success of recognition and reward programs depends on their actual and perceived equity and accessibility. As such, NIH's approach to awards, achievements, performance management assessments, attributions, special efforts, and volunteerism will be evaluated, as applicable, to identify and address potential issues within those programs, policies, or procedures—thereby assuring equity and accessibility for everyone.

Objective 2.1, Goal 2, Strategy 3

Cultivate leadership pathways through equitable and transparent advancement opportunities.

NIH is committed to developing equitable and transparent pathways to leadership opportunities. To enhance these pathways, NIH programs will work to create transparent career path profiles for all positions. Human resources staff will assist programs in developing these profiles and to support the incorporation of DEIA principles. The

BOX 6 Distinguished Scholars Program

The [Distinguished Scholars Program \(DSP\)](#) within the NIH Intramural Research Program (IRP) was designed specifically to increase the number of IRP principal investigators (PIs) who are committed to DEIA. All NIH Institutes and Centers (ICs) with IRPs contribute to an innovation fund, which provides multiyear start-up funds to ICs that hire DSP scholars. Consistent with principles of inclusive excellence, a candidate for the DSP must first be selected from a national PI search. Since its inception in 2018, the program has grown to more than 50 scholars (10–15 per year), now representing about 20 percent of the intramural tenure-track investigators at NIH. The intention is to generate large cohorts that form a self-reinforcing community and help drive cultural changes within the IRP. The program compensates for the extra time and energy spent on DEIA activities by providing small-group mentorship from senior intramural researchers and networking opportunities with NIH leadership. The DSP scholars are diverse in both their personal backgrounds and areas of research. This program and the community formed among its participants has already led to interdisciplinary research collaborations, and participants have also been actively engaged in NIH-wide and IC-specific DEIA activities.



Participants in the 2018 and 2019 NIH Distinguished Scholars Program. Credit: Marleen Van Den Neste, OD, NIH.

profiles will ultimately be provided for IC and OD executive leadership approval.

Objective 2.1, Goal 2, Strategy 4
Expand and formalize networking and mentorship opportunities.

NIH recognizes the need to expand formal networking and mentorship opportunities to develop and grow its staff's social capital and professional network of mentors.¹² Moreover, research has found that individual career aspirations and professional goals are best realized through [formal networking and mentorship](#). Building on these findings, over the next 5 years, NIH will assess its current networking and mentorship programs with the goal of formalizing and expanding them. The assessments will be conducted via a DEIA lens and barrier analysis to ensure everyone has equitable access to these opportunities.

Objective 2.1, Goal 3
Foster a culture of DEIA throughout the NIH workforce.

NIH will cultivate a healthy environment to work, study, and practice by integrating DEIA principles into its policies, practices, and programs. Culture is often described as the combination of a body

of knowledge, a body of belief, and a body of behavior, involving several elements that are often specific to ethnic, racial, religious, geographic, or social groups. In that regard, NIH is committed to developing a workplace culture that adopts, promotes, and demonstrates the foundational tenets of equity, civil rights, racial justice, and equal opportunity in every aspect of methodology, decision-making, and application of DEIA principles ([Box 7](#)). This includes the development of processes that identify representatives and ambassadors to be trained on DEIA principles and methodology for their diffusion and incorporation across the NIH workforce. To enable sustainable cultural change, accountability and performance requirements will be implemented and monitored for senior leaders, managers and supervisors, and employees.

Objective 2.1, Goal 3, Strategy 1
Integrate DEIA principles across the NIH workforce.

NIH is committed to integrating and supporting the principles of DEIA in the NIH workforce. To support such a comprehensive approach, updates to NIH's New Employee Orientation will ensure that all new hires are informed of NIH's DEIA policies, practices,

BOX 7 Pronouns in the Workplace

Gender pronouns are a way for individuals to identify themselves outside of using their names. Pronouns are important not only because they are used for everyday communication, but also because they convey and affirm gender identity, especially for sexual and gender minority (SGM) communities. This is especially true for those whose gender identity does not align with their sex assigned at birth (e.g., transgender individuals) or whose gender identity or expression does not fall within binary constructs of gender (e.g., gender nonbinary individuals). In some cases, these individuals may use gender-neutral or gender-inclusive pronouns, such as “they,” “them,” and many others. Using a person’s correct pronouns provides gender affirmation, signals mutual respect, and creates a more welcoming and accepting environment. Being misgendered (i.e., being referred to with incorrect pronouns) can be an extremely hurtful and invalidating experience. Intentional refusal to use someone’s correct pronouns could be found to be equivalent to harassment and a violation of one’s civil rights. In 2021, NIH developed and released the digital resource [Gender Pronouns & Their Use in Workplace Communications](#). This resource provides an overview of gender pronouns, legal rights that protect SGM employees, guidance on the appropriate use of pronouns within the workplace, and other useful information. The overarching goal of this resource is to help facilitate inclusive, affirming, and welcoming workplace environments for all SGM people.

¹² Bourdieu, P. 1986. “The Forms of Capital,” pp. 241–258 in *Handbook of Theory and Research for the Sociology of Education*, edited by J. G. Richardson. New York: Greenwood Press.

employee resource groups ([Box 8](#)), and strategic plan toward advancing equity for everyone. Additionally, each IC and OD office will appoint at least two representatives to participate in NIH-wide DEIA activities to ensure the continuity of practices that promote a culture that values an inclusive work environment where everyone may contribute to the NIH mission. This will be accomplished through various personnel management initiatives, such as the development of structured leadership and staff orientation curricula; employee engagement activities and resources; and work-life learning and development programs that reinforce DEIA principles as an integral part of the NIH workforce culture. Furthermore, NIH's Special Emphasis Portfolio strategists will continue to ensure that different communities remain a successful part of a broader diversity and inclusion strategy for NIH ([Box 9](#)).

Objective 2.1, Goal 3, Strategy 2
Support managers and supervisors on their integration of DEIA best practices into the workplace.

NIH supports and cultivates an environment where managers and supervisors engage in the integration of DEIA best practices into the workplace. All NIH employees will receive DEIA training, which

includes a culture change component. NIH leadership training programs will incorporate DEIA principles into the curriculum, including training for both new and established supervisors. NIH will make interactive reasonable accommodation training for all NIH managers and supervisors mandatory and will include specific laboratory and other NIH contexts. Finally, NIH will integrate DEIA incentive and accountability programs through its performance- and non-performance-based award systems. Active participation by managers and supervisors in DEIA strategic planning and implementation efforts will ensure that NIH cultivates an environment where everyone feels invited and welcomed to engage in the integration of DEIA principles in the NIH workplace.

Objective 2.1, Goal 3, Strategy 3
Improve accessibility in the workplace to mitigate barriers for employees with disabilities.

Compliance with relevant laws and EOs will allow NIH to continue to advance DEIA within the workforce. In fact, NIH is currently working to strengthen and expand its Section 508 program to proactively address the information and communication technology needs of employees with disabilities. NIH will work with ICs and OD offices to ensure that it is in full compliance with

BOX 8 Abilities-Focused Employee Resource Groups

Employee Resource Groups (ERGs) are voluntary, member-led groups formed around common interests. At NIH, various ERGs exist that focus on the interests and quality of life of staff and trainees with disabilities. These groups create safe, affirming, equitable, and inclusive spaces to candidly discuss issues faced while working at NIH. Such issues may relate to outreach, training needs, cultural competencies, advancement, and potential barriers that keep staff with disabilities from achieving their career goals at rates consistent with those of the general workforce. For instance, “3 Blind Mice” is an ERG open to all NIH staff who are dedicated to sharing information and resources related to blindness and low vision. Among other activities, this group identifies accessibility software and other reasonable accommodations; advocates best practices, equal access to programs, and efforts that enhance recruitment and retention; and builds and strengthens personal and professional relationships. Examples of other ERGs at NIH include NIH Abilities, DEAF NIH Network, Fellows of All Abilities, Native American Elders Disability Group, and the Spectrum Neurodiversity Group. When taken together, these groups catalyze efforts at NIH to promote a positive, diverse, high-performing, and inclusive work environment reflective of all segments of society. For more information regarding NIH ERGs, please refer to this [NIH EDI blog post](#).

BOX 9 Special Emphasis Portfolios

Historically, individuals from underserved communities have experienced unjust barriers to employment and inequitable treatment in the workplace. To address this at NIH, Special Emphasis Portfolios were commissioned to focus on ensuring equitable and inclusive employment experiences for individuals from underserved communities. These portfolios are an integral part of the success of NIH.

Each Special Emphasis Portfolio is led by a principal strategist, who chairs their respective portfolios' Engagement Committees to identify any barriers that may keep employees from underrepresented and underserved populations from achieving their career goals at rates consistent with the general workforce. In partnership with committee members, strategists develop and implement strategies that improve the work and quality of life of people at NIH, including people of Asian descent, Asian Americans, and Pacific Islanders; people who are African, Black Americans, and persons of the African diaspora; people who are Hispanic and Latino; people who are lesbian, gay, bisexual, transgender, queer, and intersex; American Indians and Alaska Natives; people with disabilities; and women. The strategists provide educational, cultural, and sensitivity awareness opportunities to the NIH community and engage with internal and external communities on matters that encompass all aspects of equal opportunity and non-discrimination in department programs and employment. Strategists work in partnership with Engagement Committees to recommend, support, and lead actions and activities to help recruit and retain a diverse, high-performing workforce that is reflective of all segments of society. They also assist with identifying triggers or barriers to employment, retention, recruitment, and career advancement that may exist and develop interventions to remove those barriers.

For more information please visit the NIH Office of Diversity, Equity, and Inclusion website for [Special Emphasis Portfolios](#).



Employee uses American Sign Language to communicate with a colleague. Credit: fstop123/iStock by Getty Images

[Section 508 of the Rehabilitation Act of 1973](#). While this program is focused on compliance, it also puts in place policies and plans that will increase the accessibility of NIH's information technology (IT) platforms and programs for all of NIH's workforce. For example, one in 12 men are colorblind, and [everyone sees color a little differently](#), even those who are not colorblind, so graphics and pictures should be developed with easily differentiated visual cues to communicate meaning. Proactively strengthening policies that prioritize the ability for all individuals to engage with these resources and materials will benefit the full workforce and support the cultural shift toward all staff feeling that they belong at NIH.

Beyond IT platforms and programs, it is important that accessible products and services be consistently procured. In a barrier analysis, NIH found that it can do a better job procuring accessible products and services and is currently working to ensure that this barrier is overcome, allowing these products and services to be readily available. This example highlights the importance of adopting practices that will foster accessibility in the workplace. Over the next 5 years, NIH will work with other agencies to benchmark and learn how they are fostering accessibility and will bring those practices to NIH. These actions will allow all of NIH's workforce to thrive in an inclusive environment that is accessible to all.

Objective 2.2

Strengthening DEIA Within the Workforce at NIH-Supported Institutions

NIH is committed to equitably funding a broad range of institutions and organizations to address the nation's biomedical and behavioral research needs through a diverse pool of researchers and topic areas. NIH is committed to providing opportunities to a [broad array of institutions](#), including those that have [historically received lower levels of NIH funding](#) and [minority-owned small businesses](#). Through targeted outreach and programs, increased accountability, and incentivized change, NIH will enhance its support of institutions and organizations with historically lower levels of NIH funding to facilitate greater contributions to the biomedical and behavioral research enterprise and will partner with all its funded institutions to enhance DEIA throughout the biomedical and behavioral research community.

Objective 2.2, Goal 1

Advance DEIA at institutions supported by NIH through research capacity building.

Enabling full, innovative contributions to the biomedical and behavioral research enterprise requires that a broad and diverse range of institutions have the appropriate foundation for success. This foundation consists of researchers and institutions having sufficient resources, awareness of funding opportunities, and knowledge about how to secure such funding. NIH will implement efforts to identify and address any structural biases and support these foundational requisites, particularly at institutions that have historically lacked the financial, informational, or other resources to expand their research and research training capacity.

Objective 2.2, Goal 1, Strategy 1

Fund the development of research infrastructure at lesser-resourced institutions, including those with a demonstrated record of training students and/or faculty who enhance the diversity of the biomedical and behavioral research enterprise.

Institutions with historically lower levels of NIH funding—for example, HBCUs and Tribal colleges

and universities—are a major source of untapped biomedical and behavioral research talent. These institutions educate and prepare undergraduate students from diverse backgrounds, including those from underrepresented groups, for the next stage of their careers, yet may lack the infrastructure necessary to support sustained research programs and attract research-oriented faculty to train the next generation of scholars, including those from groups underrepresented in the biomedical and behavioral sciences. NIH will make the biomedical and behavioral research enterprise more equitable by building research infrastructure at these institutions through several strategies, including, but not limited to, addressing equitable review of grants across a range of institution types and supporting funding opportunity announcements to attract interest among investigators from diverse populations.

Objective 2.2, Goal 1, Strategy 2

Identify and address potential NIH-specific barriers to submitting competitive applications for institutions and organizations with limited grant administration infrastructure.

NIH recognizes that institutions and organizations with limited grant administration infrastructure may encounter barriers to submitting competitive applications in response to NIH funding opportunities. Therefore, NIH is committed to identifying and addressing issues that hinder the diverse and equitable distribution of NIH funding. Initiatives such as [Building Infrastructure Leading to Diversity \(BUILD\)](#) have made promising headway to support institutions with fewer resources as they work to implement and study innovative approaches to engage and retain students from diverse backgrounds in biomedical and behavioral research. BUILD-funded institutions have limited resources and serve geographically and racially diverse populations, and the BUILD initiative aims to support students, faculty, and institutions simultaneously through its unique approach. Importantly, BUILD sites are encouraged to increase their focus on sustaining interventions and disseminate their research findings to a broader audience, further expanding the impact on infrastructure.

Objective 2.2, Goal 1, Strategy 3
Encourage and support researchers at institutions and organizations with historically lower levels of NIH funding through targeted outreach and programming.

NIH is committed to systematically supporting the enhancement of research capacity at institutions and organizations with historically lower levels of NIH funding through targeted programs to support basic, clinical, and translational research; faculty and student development; and scientific infrastructure improvements across the nation. An example of an NIH program that supports these efforts includes the [IDeA program](#), which broadens the geographic distribution of NIH funding by supporting faculty development and institutional research infrastructure enhancement in states that have historically received low levels of funding from NIH. In addition to enhancing the competitiveness of investigators and the research capacities of institutions in 23 states and Puerto Rico, the program serves unique populations, such as rural and medically underserved communities.

Objective 2.2, Goal 2
Understand the demographics of the workforce at institutions supported by NIH through data collection and analysis.

Appropriate DEIA solutions can be best developed with a holistic understanding of the conditions and changes in conditions over time. Such understanding requires accurate and reproducible systematic data and rigorous analysis and interpretation. In turn, analytical insights can be responsibly linked to recommended practices, programs, or other actions to improve the culture. Additionally, maintaining accountability through transparent communication on conditions and plans is critical for continued progress. Therefore, NIH will work to obtain, analyze, and communicate on DEIA data related to the NIH-funded workforce.

Objective 2.2, Goal 2, Strategy 1
Collect, curate, and analyze comprehensive DEIA data on the workforce at institutions supported by NIH, as permitted by applicable law.

Measurement and assessment are vital to NIH's DEIA strategy. Understanding the NIH-funded

workforce demographics enables NIH to make strategic decisions about its DEIA goals, track benchmarks and progress, and communicate with partners and communities about what is working and what may require an alternate approach. Data on the demographics of the individuals at institutions submitting grant applications and receiving NIH funding could enable a more comprehensive understanding of where any disparities in success rates among groups may exist. Therefore, NIH will explore opportunities to expand the collection of applicant demographics to identify DEIA-related challenges and opportunities, in addition to continuing to analyze data on grantees.

Objective 2.2, Goal 2, Strategy 2
Increase transparency regarding the demographics of the workforce at institutions supported by NIH, as permitted by applicable law.

Consistent with NIH's commitment to data-informed decision-making and transparency, it is critical that the demographics of the workforce at NIH-supported institutions be widely accessible. NIH will implement strategies to expand the data presented through its tools and resources, such as the [NIH Data Book](#), allowing transparent communication of the demographics of institutions that receive NIH funding.

Objective 2.2, Goal 3
Encourage the enhancement of DEIA principles in research environments at NIH funded institutions.

NIH recognizes that meaningfully enhancing DEIA requires broader institutional change. This Plan presents many of the strategies and examples of initiatives that NIH will pursue to achieve this goal. Beyond its internal physical and virtual work environments, NIH will encourage its funded institutions to advance institutional changes to foster inclusive cultures of excellence. To support its funded institutions in this regard, NIH will encourage institutions to better understand and improve their own environments and to incentivize and develop diverse, equitable, inclusive, and accessible research environments.

Objective 2.2, Goal 3, Strategy 1
Fund institutions to conduct self-assessments to catalyze sustained changes to achieve DEIA.

Self-assessment is an essential component of institutional transformation. Such assessments can help inform the practices, programs, or policies that would facilitate change in a given institution. Funding extramural institutions to conduct institutional self-assessments will help clarify factors that may be impeding or promoting DEIA efforts throughout their institutions, which can, in turn, enable them to develop plans to address the identified issues. Additionally, institutional self-assessments will provide information on where institutions stand at baseline and how they progress toward key DEIA goals over time. NIH can use these assessments to evaluate institutional culture and consider ways to incentivize and reward excellence and sustained progress.

Objective 2.2, Goal 3, Strategy 2
Support institutions to promote recruiting and retaining a diverse scientific workforce and reward institutional excellence in DEIA.

NIH will support institutions in strengthening DEIA practices across the talent lifecycle, focusing especially on programs that may lead to sustainable change by fostering self-reinforcing cultures of DEIA excellence. These efforts will include programs intended to build or enhance inclusive environments and programs designed to reward outstanding practices and progress.

To build or enhance inclusive environments, the [Maximizing Opportunities for Scientific and Academic Independent Careers \(MOSAIC\)](#) program provides funding to facilitate the transition of promising early-career researchers from diverse backgrounds into independent, tenure-track faculty positions. Similarly seeking to advance successful DEIA practices, the NIH [Diversity Program Consortium](#) develops, implements, assesses, and disseminates innovative and effective approaches to training, mentoring, and professional development.¹³

¹³ The Diversity Program Consortium is composed of three main interconnected programs: Building Infrastructure Leading to Diversity (BUILD), the National Research Mentoring Network (NRMN), and the Coordination and Evaluation Center (CEC). Two additional programs—Sponsored Programs Administration Development (SPAD) Program and Diversity Program Consortium Dissemination and Translation Awards (DPC DaTA)—were added during the second phase of the Consortium. Additional information about the Diversity Program Consortium can be found on the Consortium’s website at: <https://dpcnew.netlify.app>.

To reward outstanding efforts to promote the implementation of innovative DEIA programs and policies throughout extramural institutions, NIH is developing an [Institutional Excellence in DEIA Prize](#). The potential prize would recognize institutions of higher education that have implemented successful, innovative interventions for enhancing faculty and student DEIA.

Objective 2.2, Goal 3, Strategy 3
Recognize, reward, and support individuals who are bringing about positive DEIA-related change in the biomedical and behavioral research enterprise.

Mentorship has a positive impact on career trajectories of scientists from all groups; however, individuals from underrepresented groups often have difficulty finding mentors with similar backgrounds or experiences. NIH initiatives such as the [National Research Mentoring Network \(NRMN\)](#) and the [DEIA Mentorship Supplement Award](#) recognize the crucial role that great mentors play in the development of future leaders in the scientific research enterprise. The DEIA Mentorship Supplement Award provides additional funding to scientists with existing awards who are outstanding mentors and have demonstrated commitment and contributions to enhancing DEIA in the biomedical and behavioral sciences. These initiatives and others like them will be expanded over the next 5 years.

OBJECTIVE 3

ADVANCE DEIA THROUGH RESEARCH

NIH is the nation’s premier biomedical and behavioral research agency, responsible for supporting discovery and innovation to improve human health. Over the next 5 years, NIH will advance DEIA through research on effective DEIA practices within the workplace and through a continuing focus on DEIA across health research to improve health for all. To maximize the integration of DEIA principles in the biomedical and behavioral research workforce, NIH is committed to fostering

research on the best policies, practices, and procedures for enhancing DEIA within the NIH and NIH-supported workforces. A critical component of integrating DEIA into research is intentionally including populations that have historically not been included, not treated equitably, or suffered disproportionate negative health impacts due to structural and social determinants of health (SDOH). NIH will advance DEIA in health research through building on the priorities outlined in the [NIH Minority Health and Health Disparities Strategic Plan for 2021–2025](#); by removing barriers to those conducting research focused on health disparities, minority health, and SDOH; and working to further integrate the principles of DEIA into all biomedical and behavioral research conducted and supported by NIH.



Scientist handling research samples. Credit: Dmytro Zinkevych/Shutterstock.

Objective 3.1 Promoting Workforce Research

NIH supports a wide range of programs and initiatives to promote DEIA principles in the NIH workforce and at NIH-supported institutions. Ensuring that these efforts achieve their intended purposes requires that NIH accurately diagnose organizational conditions and evaluate program performance. Sufficient data should now be available to begin identifying which DEIA programs, policies, and initiatives make significant

contributions to the NIH mission. Over the next 5 years, NIH will work to conduct and support rigorous research to determine what policies, practices, and procedures work best for enhancing DEIA within the NIH and NIH-supported workforces and how enhancing DEIA in the workforce can further advance the NIH mission. When the results of this research are disseminated, the NIH community and other interested parties will understand how DEIA contributes to the accomplishment of the NIH mission and have a roadmap for how to promote DEIA in the biomedical and behavioral research enterprise.

Objective 3.1, Goal 1 Expand research to identify promising practices for enhancing DEIA in the biomedical and behavioral workforce.

An extensive body of research supports the concept that scientific workforce diversity is essential to accomplish NIH's mission.^{14,15,16,17,18,19} The [NIH COSWD Strategic Plan for 2022–2026](#) outlines NIH's goals to develop, disseminate, and act on evidence to enhance DEIA in the scientific workforce. Building on those goals, a rigorous comparison of strategies used to enhance DEIA in the scientific workforce could inform which promising practices might be the most effective. This research would use a systematic and evidence-based approach that focuses on specific organizational contexts found throughout the biomedical and behavioral research enterprise. NIH will also identify gaps in knowledge and develop recommendations for new research or data collection efforts to fill those gaps.

Objective 3.1, Goal 1, Strategy 1 Systematically review DEIA efforts supported by NIH and similar institutions, to identify common features of efforts that have impacted DEIA in the workforce versus those that have not.

NIH recognizes that solutions to complex problems in biomedical and behavioral research require teams

¹⁴ <https://www.pnas.org/doi/10.1073/pnas.1700616114>

¹⁵ <https://www.pnas.org/doi/10.1073/pnas.1515612112>

¹⁶ <https://estsjournal.org/index.php/ests/article/view/142/89>

¹⁷ <https://www.nber.org/papers/w19905>

¹⁸ <https://www.sciencedirect.com/science/article/abs/pii/S0003347220302256>

¹⁹ <https://pubmed.ncbi.nlm.nih.gov/34983876>

of specialists from diverse backgrounds working across the boundaries of disciplinary silos. NIH will apply this team science approach to identifying promising practices and those not so promising at enhancing DEIA in the workforce. For example, NIH published a [Notice of Special Interest \(NOSI\)](#) encouraging potential grant applicants to study and/or address the impacts of structural racism and discrimination on biomedical and behavioral research career progression and the biomedical and behavioral research enterprise. Over the next 5 years, NIH will encourage research to identify elements of initiatives that have been successful and unsuccessful at enhancing DEIA in the workforce. Using these analyses, NIH will explore novel combinations of the successful elements predicted to lead to more effective and reproducible enhancement of DEIA in the workforce; part of this strategy will require defining outcomes and measures of success for DEIA practices.

Objective 3.1, Goal 1, Strategy 2
Conduct and support analyses to identify investigators, departments, and institutions with strong track records of fostering inclusive research environments.

Initial assessments of practices that have enhanced DEIA in the workforce will help guide broader assessments of biomedical and behavioral research programs across NIH and within NIH-supported institutions. Challenge prize competitions are run by NIH to find new and creative approaches to problems using a flexible alternative to traditional funding mechanisms. By using challenges, NIH can support institutions in promoting their best practices, lessons learned, and evidence-based approaches for transformative change. For example, NIH's [Challenge Prize to Address Gender Diversity and Equity Problems Faced by Faculty in Higher Education](#) has already yielded [several resources and transformative approaches](#) that could be disseminated throughout the biomedical and behavioral workforce. In preparation for a new challenge prize, NIH released an RFI inviting comments and suggestions on the development

of a [prize competition for institutional excellence in DEIA](#). These awards will identify individuals, programs, and institutions whose practices should be shared with the greater biomedical and behavioral research community and help NIH develop a framework or roadmap for other institutions to apply toward fostering inclusive environments.

Objective 3.1, Goal 1, Strategy 3
Conduct and support analyses on factors influencing career path choices and access to career-advancement opportunities.

Groups that have been historically underrepresented in the biomedical and behavioral research workforce continue to be underrepresented today, and this is [especially true at higher career levels](#). Previous workforce research suggests that [diverse talent opts to leave the research career pathway](#) at key career progression or transition points, such as the transition from undergraduate to graduate school. Training and mentoring programs that take into consideration differing cultures, values, inequities, and priorities have been shown to help mitigate the loss of talent throughout the research career pathway. The NIH Common Fund's [Diversity Program Consortium](#)²⁰ was created to develop, implement, assess, and disseminate interventions to reduce barriers to the career progression of individuals from underrepresented groups in biomedical and behavioral research. Over the next 5 years, NIH will leverage the established infrastructure of Diversity Program Consortium and three of its interconnected programs—[BUILD](#), [NRMN](#), and the [Coordination and Evaluation Center](#)—to apply lessons learned from prior strategies, conduct and support evaluations of training and mentoring interventions, and disseminate these lessons and effective approaches across the biomedical and behavioral research training and career development community. NIH will also identify gaps in knowledge and develop recommendations for new research or data collection efforts to fill those gaps.

²⁰ Additional information about the Diversity Program Consortium can be found on the Consortium's website at: <https://dpcnew.netlify.app>

Objective 3.1, Goal 2**Expand research to identify and remove potential barriers to the implementation and expansion of promising and effective DEIA practices, policies, and procedures.**

NIH recognizes that its efforts to enhance DEIA in the biomedical and behavioral workforce must extend beyond simply increasing the number of individuals from underrepresented, underserved, and marginalized groups recruited into science. The agency must also work to identify and remove barriers to fostering environments of inclusive excellence. Barriers can be embedded in social, institutional, organizational, and governmental structures, processes, procedures, and practices and can limit opportunities and resources accessible to segments of the population. Several ICs, OD offices, and programs have demonstrated success in promoting DEIA.^{21,22,23,24,25,26} Over the next 5 years, NIH will share tools and resources with its supported institutions to more widely adopt those initiatives with a demonstrated record of success. It will be important to determine why successful programs may not have been replicated and identify ways to overcome these barriers.

Objective 3.1, Goal 2, Strategy 1
Conduct and support analyses to identify promising means for overcoming potential barriers to the implementation and expansion of effective practices.

While individual programs to enhance DEIA are necessary, they are not sufficient. Institutional transformation and culture change—at NIH and in the broader NIH community—are facilitated by many factors, including support and endorsement by leadership. NIH established the [NIH Equity Committee](#), comprising 20 scientific leaders across NIH, to enable the systematic tracking and evaluation of DEIA metrics for each IC's IRP. The committee's work to identify and remediate inequities has highlighted potential barriers to the

implementation and expansion of effective practices that could form the basis for further analyses. Over the next 5 years, NIH will conduct and support various barrier analyses to understand how NIH practices, policies, and programs are working or not working to enhance DEIA in the workforce. For example, NIH recently started a 5-year project to understand the barriers or challenges that contribute to a lack of DEIA in the workforce and identify best, promising, and emerging practices and evidence-based policy recommendations to overcome these barriers or challenges to DEIA efforts.

Objective 3.1, Goal 2, Strategy 2
Conduct and support longitudinal analyses of ongoing programs.

Understanding how DEIA-promoting initiatives affect individuals and organizations over time will help support sustainable cultural change. Over the next 5 years, NIH will conduct and support long-term analyses of ongoing programs at NIH and NIH-supported institutions to evaluate whether the interventions have made progress toward or achieved the intended outcomes on DEIA in the biomedical and behavioral workforce in a sustainable way. The findings from these analyses will inform the development of future programs and timelines for tracking progress and reporting results in a transparent and accountable manner. For example, the goal of the NIH Common Fund's [Faculty Institutional Recruitment for Sustainable Transformation \(FIRST\) program](#) is to develop evidence-based strategies that significantly impact inclusive excellence within research environments and ultimately diversify the biomedical and behavioral research workforce ([Box 10](#)). Fulfilling this goal will require the identification of measures for assessing the impact of research conducted by FIRST faculty cohorts with metrics for short-, intermediate-, and long-term outcomes. Assessment of barriers and how they were

²¹ <https://meyerhoffgrad.umbc.edu>

²² <https://www.cancer.gov/about-nci/organization/crchd/crchd-cure-paradigm.pdf>

²³ [https://www.cell.com/neuron/pdf/S0896-6273\(20\)30487-6.pdf](https://www.cell.com/neuron/pdf/S0896-6273(20)30487-6.pdf)

²⁴ <https://www.nigms.nih.gov/News/reports/Documents/IRACDA-outcomes-report.pdf>

²⁵ <https://diversity.nih.gov/programs-partnerships/dsp>

²⁶ <https://irp.nih.gov/catalyst/v30i2/meet-26-new-stadtman-investigators>

BOX 10 Faculty Institutional Recruitment for Sustainable Transformation Program

The NIH Common Fund's [Faculty Institutional Recruitment for Sustainable Transformation \(FIRST\)](#) program aims to transform culture at NIH-funded extramural institutions by building a self-reinforcing community of scientists who are committed to diversity and inclusive excellence (scientific environments that can cultivate and benefit from a full range of talents). The FIRST program's objectives are focused on (1) awardee institutions employing a faculty cohort model to recruit, mentor, and advance faculty amid a set of integrated, systems-level approaches at the institutional level and (2) an independent [Coordination and Evaluation Center \(CEC\)](#) to assess the impact of the cohort model on defined metrics of institutional culture, diversity, and inclusion. The program issued six FIRST Cohort awards in 2021 to test the hypothesis that cluster hiring of a diverse cohort of faculty—with substantial institutional commitment—is an effective strategy for establishing and sustaining a diverse cohort of faculty and enriching the scientific research environment at the institution. In 2022, the FIRST CEC awardee received funding to establish common data elements, organize consortium meetings, and, ultimately, conduct analyses of culture change over the term of the cohort awards. By the end of fiscal year 2023, it is projected that NIH will have funded 14 or more cohorts, supporting more than 140 early-career scientists towards successful attainment of tenure.



overcome by specific programs and environments will be integral to leveraging and building on lessons learned from these long-term analyses.

Objective 3.1, Goal 2, Strategy 3
Use the NIH Intramural Research Program as a testbed to study potential barriers to the implementation of large-scale DEIA initiatives and how any identified barriers can be overcome.

One barrier to analyzing the effectiveness of initiatives aimed at enhancing DEIA in the biomedical and behavioral research workforce is that data often must be pooled from multiple institutions to obtain sufficient numbers of individuals from underrepresented groups to perform meaningful statistical analyses. This pooling of data makes it difficult to draw conclusions about the effectiveness of individual initiatives or institutions. NIH's IRP comprises more than 1,000 research groups and is an effective testbed for large-scale DEIA initiatives. For example, the NIH Common Fund's FIRST program is based on the success of the IRP's [Distinguished Scholars Program \(Box 6\)](#), which aims to build a more inclusive community within the IRP by

reducing barriers to the recruitment and success of principal investigators who have a commitment to DEIA. In addition, many promising DEIA practices have been incorporated into IRP's tenure-track investigator recruitment approaches, such as the [Stadtman Tenure-Track Investigators Search](#) and the [Lasker Clinical Research Scholars Program](#). These IRP programs present ample opportunities for further analysis and leveraging of existing infrastructure to test strategies to overcome barriers in DEIA initiatives.

Objective 3.1, Goal 3
Examine how enhancing DEIA in the biomedical and behavioral workforce influences the accomplishment of the NIH mission.

At its core, NIH is a mission-driven agency that relies on the scientific method to generate the evidence base needed to make decisions. Over the next 5 years, NIH will develop a hypothesis-driven framework for measuring, assessing, and communicating how applying DEIA principles in the biomedical and behavioral workforce contributes to the accomplishment of the NIH mission.

Fulfilling this goal and properly communicating the results will require the identification of metrics and measures of success that are linked to the NIH mission.

Objective 3.1, Goal 3, Strategy 1
Support research to identify measures of success that more accurately reflect contributions to achieving the NIH mission than current measures of productivity.

Standard measures of productivity in biomedical and behavioral research focus on the outputs of research, such as publication rates and citations in peer-reviewed literature. While these measures help to tell the story of biomedical and behavioral discovery and innovation, they do not tell the whole story—of the full roster of research teams, including individuals who may do the research but are not named on grants, nor of the lived experiences that those in the workforce bring to NIH or NIH-supported institutions and that shape the work they do or the scientific questions they ask. Over the next 5 years, NIH will work to identify and promote the application of measures of productivity that better reflect the full depth and breadth of the biomedical and behavioral research pathway and the workforce involved (e.g., mentoring relationships). Part of this work will explore the type of data needed to answer these questions and assess if new data collection systems are required. In addition, current measures of productivity may be a reasonable proxy for the acquisition of fundamental knowledge about the nature and behavior of living systems (the first half of the NIH mission), but such measures are a less reliable proxy for the application of that knowledge to enhance health, lengthen life, and reduce illness and disability (the second half of the NIH mission). New measures and data collection systems may be required to connect the dots between specific research accomplishments and improvements in public health or clinical practice.

Objective 3.1, Goal 3, Strategy 2
Measure the impact of embracing DEIA principles on individual, departmental, and institutional performance.

Much of the work proposed to identify promising practices and barriers to applying DEIA principles

in the NIH and NIH-supported workforces can be leveraged to understand the relationship between belonging and performance. Over the next 5 years, NIH will capitalize on the information gained to develop a roadmap for the biomedical and behavioral research community to use in assessing where they are on the path to inclusive excellence, incorporating metrics and measures for institutions that are in the beginning stages all the way to those that have more fully implemented DEIA efforts. This effort could build on the Maturity Model recommended by the [Government-wide Strategic Plan to Advance Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce](#), which—although an industry best practice for improving organization DEIA outcomes—may require adaptations for the biomedical and behavioral research enterprise. Institutional climate surveys, which include qualitative and quantitative assessments, are useful for this purpose.

Objective 3.1, Goal 3, Strategy 3
Systematically examine the ways that accessibility services and resources benefit the NIH workforce.

Accessible buildings, technology, and programs promote inclusion for individuals with disabilities by removing barriers that prevent them from performing their jobs. For example, NIH developed building accessibility maps to indicate all accessible entrances across NIH's campus. Improvements to accessibility may benefit individuals with and without disabilities. Over the next 5 years, NIH will conduct and support research and evaluation on accessibility to identify specific accessibility improvements that could benefit the NIH and NIH-supported workforces and develop recommendations to implement those improvements more widely.

Objective 3.1, Goal 3, Strategy 4
Support research to examine the correlations among research team diversity; workplace culture; and the breadth, depth, and impact of research.

A growing body of evidence shows that biomedical and behavioral research teams comprising individuals with diverse perspectives and lived experiences lead to differing approaches to

research, resulting in greater innovation.^{27,28,29,30,31} Scientific productivity is also influenced by interpersonal relationships in the biomedical and behavioral workforce, such as that [between mentor and mentee](#) and how their lived experiences differ. Over the next 5 years, NIH will conduct and support research to elucidate the connections between research team diversity, workplace culture, and impacts on research findings. This work will require an analysis of what makes a biomedical and behavioral research environment diverse, equitable, inclusive, and accessible and how NIH can support the biomedical and behavioral research community in achieving this ideal.

Objective 3.2 Enhancing Health Research

To achieve the NIH mission of improving the health and well-being of all Americans, the biological, behavioral, and social science research that NIH supports must be intentionally inclusive—of race, ethnicity, sex, sexual orientation, gender identity, age, language, abilities, socioeconomic status, geographic region, and other defining characteristics—and must recognize the intersectionality of these defining characteristics

([Box 11](#)). Because research is the primary tool by which NIH effects change, it is essential for NIH to advance DEIA through research working toward health equity throughout the nation. By continually strengthening the integration of DEIA into health research, NIH will hasten understanding of mechanisms of health and disease and identify better ways for intervening, leading to improvements in the health and well-being of all. NIH ICs and OD offices have missions to address the health of underserved and underrepresented populations; many of their priorities are presented here to represent NIH-wide efforts and support. Specifically, the National Institute on Minority Health and Health Disparities coordinates minority health and health disparities research across NIH,³² as these research priorities are NIH-wide.

Over the next 5 years, NIH will build on its robust portfolio of health research focused on minority health and health disparities toward advancing health equity. Many of these priorities are outlined in the [NIH Minority Health and Health Disparities Strategic Plan for 2021–2025](#) and in other NIH-wide strategic plans specific to the needs of underserved and underrepresented populations

BOX 11 Advancements in Sexual and Gender Minority Health Research

Since 2015, NIH has seen unprecedented growth in the number of funded research projects related to the health and well-being of sexual and gender minority (SGM) communities. Examining the NIH Grants Portfolio, the agency observed a 66.1 percent increase in the number of funded SGM health-related projects from fiscal year 2015 (FY15) to fiscal year 2020 (FY20). In FY20, the number of non-HIV/AIDS funded SGM-related projects reached its highest level ever, demonstrating a 148.1 percent increase since FY15. There was also an 89.9 percent increase in the number of training- and career-related awards within SGM health research from FY15 to FY20. The growth and expansion of SGM health-related activities continues to be a key priority of NIH. Over the past 5 years, NIH has led numerous programs and initiatives in support of SGM health research and its workforce, including scientific workshops to identify research priorities, regional workshops to build researcher capacity, the annual NIH SGM Research Investigator Awards Program, and a scientific webinar series. Visit the [Sexual & Gender Minority Research Office website](#) for more details.

²⁷ <https://www.pnas.org/doi/10.1073/pnas.1700616114>

²⁸ <https://www.pnas.org/doi/10.1073/pnas.1515612112>

²⁹ <https://estsjournal.org/index.php/ests/article/view/142/89>

³⁰ <https://www.nber.org/papers/w19905>

³¹ <https://www.sciencedirect.com/science/article/abs/pii/S0003347220302256>

³² Note that 21st Century Cures Act (P.L. 112-255) language requires that IC Directors consult at least once a year with the Director of the National Institute on Minority Health and Health Disparities to ensure that future activities by ICs take into account minorities and are focused on reducing health disparities. <https://www.govinfo.gov/content/pkg/PLAW-114publ255/pdf/PLAW-114publ255.pdf>

([Box 12](#)). Additional support for minority health and health disparities research will advance DEIA goals by reducing health inequities, engaging underserved communities, and including more researchers with diverse perspectives. This work will require interdisciplinary teams of scientists to identify evidence-based approaches to reduce the unequal burdens of morbidity and mortality among populations that experience health disparities. It will also require researchers to improve on the integration of DEIA principles into their biomedical and behavioral research frameworks, from inclusive and participant-supported research design to equitable participant recruitment and treatment, and accessible sharing of research results. Objective 3.2 goals 1 and 2 and the strategies under each of these amplify the research goals described in institute-specific strategic plans and the [NIH Minority Health and Health Disparities Strategic Plan for 2021–2025](#). DEIA principles and goals are advanced as more of this type of research is supported and successful.

Objective 3.2, Goal 1
Promote research to identify health disparities and examine the factors that drive these disparities.

Health disparities are preventable differences in health status and outcomes that adversely affect

certain populations. Research on health disparities examines the influence of environmental, social, and structural determinants and other underlying mechanisms that lead to differences in health outcomes. NIH recognizes that health research needs to routinely incorporate social constructs and measurements of structural racism or discrimination across multiple domains and levels of influence if health equity is to be achieved and health disparities eliminated. Over the next 5 years, NIH will conduct and support research to better characterize and address factors that affect health disparities across the lifespan, particularly in populations that are underrepresented in research, and to better understand the complex interactions among these factors that influence health disparities.

Objective 3.2, Goal 1, Strategy 1
Develop strategies and tools to support inclusivity in NIH-funded research.

NIH is committed to conducting and supporting research that includes and benefits all, especially groups that have been historically underrepresented and underserved by biomedical and behavioral research. NIH's inclusion policies for research involving human subjects, including the [Inclusion of Women and Minorities](#) and the [Inclusion of Individuals Across the Lifespan](#), are the foundation

BOX 12 NIH-Wide Strategic Plans Relevant to Diversity, Equity, Inclusion, and Accessibility



NIH-wide strategic plans are designed to complement and harmonize priority areas across NIH. Pictured here is a selection of NIH-wide strategic plans on topics relevant to DEIA and the goals and strategies set forth in this Plan. Photo credit: NIH

for how inclusion is promoted in the research and clinical trials conducted by NIH and NIH-supported institutions. Over the next 5 years, NIH will review its current inclusion policies and practices and develop resources to support further inclusion of underrepresented and underserved groups. NIH may leverage the existing infrastructure of the Extramural Activities Working Group Inclusion Governance Committee, which is charged with overseeing inclusion policies focused on enhancing DEIA in clinical research.

Objective 3.2, Goal 1, Strategy 2
Conduct and support research to understand how social, economic, environmental, behavioral, and biological factors and their interplay affect health disparities.

Health is driven by our biology, behavior, environment, society, and our lived experiences. The lived experiences of individuals in the United States vary based on their race and ethnicity, abilities, socioeconomic status, geographic location, sex, sexual orientation, gender identity, and other sociodemographic characteristics. Supporting research to illuminate how all these factors relate to and impact one another will advance our understanding of the mechanisms driving health disparities. With a specific focus on the leading risk factors for death and disability (e.g., poor nutrition, low physical activity, smoking), the [ADVANCE: Advancing Prevention Research for Health Equity](#) program will seek research proposals on new prevention interventions and strategies to deliver existing evidence-based interventions and preventive services in populations that experience health disparities. In addition, the existing infrastructure of the NIH Common Fund is being leveraged to seek research proposals with highly innovative and transformative research questions aimed at better understanding and addressing health disparities.

Objective 3.2, Goal 1, Strategy 3
Improve measures and methods for health disparities research.

To identify, explain, and address health disparities and health inequities, measures that accurately capture these disparities and methods for collection, validation, and analysis of those

measures are necessary. Much of the focus to date on measures and methods for health disparities has been on determining the presence and magnitude of disparities or validating and assessing individual-level SDOH. What is needed are measures and methods for constructs that reflect a [complex interplay of cultural, social, and environmental factors](#) that shape an individual's or population's lived experience and their impact on health behaviors and outcomes. For example, NIH commissioned the National Academies of Sciences, Engineering, and Medicine to convene a panel to review current methodological issues with measuring sex, gender identity, and sexual orientation. The panel hosted a public workshop—which was designed to gain input from researchers, members of sexual and gender diverse populations, policymakers, and other users of these data—resulting in a [Consensus Study Report](#) with recommendations (currently under consideration by NIH) to improve data collection methods.

With the increasing recognition of the importance of incorporating a life-course perspective in health disparities research, there is a corresponding need for measures and methods that assess cumulative risk and resilience over time for individuals and population groups. Methods of data collection that are accessible and suitable for populations that experience health disparities are needed, as are methods for analyzing data collected at multiple levels to test the effectiveness of multilevel interventions and have a more holistic understanding of health disparities. Over the next 5 years, the NIH community will work to develop common language, data elements, and health data standards to improve research on health disparities.

Objective 3.2, Goal 2
Develop, adapt, test, and disseminate effective interventions to improve health and reduce health disparities.

NIH will continue to develop, implement, and evaluate evidence-based approaches to reduce health disparities—research that is integral to the achievement of NIH's mission. Addressing health disparities requires interventions that reduce the unequal burdens of morbidity and mortality

among populations that experience health disparities. However, many of the populations that experience health disparities have been historically underrepresented and underserved by biomedical and behavioral research. For interventions to be effective and impactful at addressing health disparities, they must first be accepted by the populations that they are working to reach. Over the next 5 years, NIH will prioritize research on evidence-based interventions to reduce health disparities that are informed by the individuals and communities who experience health disparities. These activities will help ensure that the most innovative and effective interventions reach the intended communities and are widely adopted to promote the broadest impact possible.

Objective 3.2, Goal 2, Strategy 1
Design, adapt, test, and implement targeted, multilevel interventions that impact determinants of health and address health disparities at appropriate time points across the life course.

NIH recognizes the importance of incorporating a life-course perspective in health disparities research by assessing cumulative risk and resilience over time for individuals and population groups. Additionally, an intersectional approach—one that fully considers the lived experiences and health impacts of belonging to more than one socially disadvantaged or marginalized population—is essential to addressing health disparities across the life course. Over the next 5 years, NIH will continue to conduct and support intervention research that considers the intersection of biology, behavior, access to resources, and social and structural determinants aimed at reducing health disparities. For example, NIH participates in the White House Social Determinants of Health Interagency Policy Committee to develop a White House Action Plan to share guidance and potential policy levers to address SDOH. This presents opportunities for governmentwide collaborations and innovations to support opportunities and approaches that cross multiple spheres of influence and time points across the life course. NIH has also recently launched the SDOH Research Coordinating Committee to facilitate sharing of information and promote

collaborations across NIH to advance SDOH research.

Objective 3.2, Goal 2, Strategy 2
Promote the adoption of frameworks that integrate diverse perspectives and community members as equal partners across intervention development, testing, and dissemination.

While NIH routinely involves its partners in the development of research priorities, policies, and programs, improvements could be made in how diverse perspectives are engaged and integrated in the biomedical and behavioral research pathway, particularly in regard to interventions. As described earlier in the Plan, NIH has made significant efforts to improve this engagement process with several programs, such as [CEAL](#), [ComPASS](#), and the new HHS and [NIH Tribal Consultation Policy](#). This policy aims to establish an effective, meaningful, and transparent process to engage American Indian/Alaska Native communities before any action is taken that will significantly affect them, building research capacity and raising cultural competency. Over the next 5 years, NIH will develop and promote the adoption of frameworks to further guide the intentional engagement and integration of diverse perspectives in biomedical and behavioral research. These frameworks will provide clear and straightforward roadmaps for how NIH and NIH-supported biomedical and behavioral research should be conducted—engaging with each population as equal partners in trust, respect, and shared responsibility.

Objective 3.2, Goal 2, Strategy 3
Fund infrastructure that facilitates equitable identification, engagement, enrollment, retention, and accrual of participants for inclusion in clinical trials.

Appropriate infrastructure is essential to facilitate the integration of diverse perspectives in clinical studies. Over the next 5 years, NIH will leverage existing clinical study infrastructures—for clinical research programs such as the [All of Us Research Program](#), the [INvestigation of Co-occurring conditions across the Lifespan to Understand Down syndromE \(INCLUDE\) Project](#), and the [Trial Innovation Network](#)—to ensure that clinical trial participation is diverse, equitable, inclusive,

and accessible to those individuals who would benefit most from the proposed interventions. By leveraging existing infrastructures, NIH will be able to gather lessons on what works and what does not work for certain populations, scale up successful approaches, and improve efforts to recruit diverse populations in clinical trials through partnerships across NIH and the broader biomedical and behavioral community.

Objective 3.2, Goal 2, Strategy 4
Conduct dissemination and implementation research designed to accelerate the adoption of evidence-based interventions to address health disparities.

NIH supports dissemination and implementation research to determine how evidence-based practices, interventions, and policies are effectively translated to and used in real-world settings, such as hospitals, schools, and communities. It is critical to support research approaches and engagement strategies that can rapidly scale effective interventions to have the broadest impact on addressing health disparities. Over the next 5 years, NIH will conduct and support dissemination and implementation research focused on diverse, equitable, inclusive, and accessible interventions for reducing health disparities that are effective and supported by the community of interest. For example, the newly approved NIH Common Fund [ComPASS](#) initiative aims to develop and implement an NIH-wide framework for research on community-driven structural interventions to reduce health disparities ([Box 4](#)). The framework will guide the implementation, evaluation, and validation of the interventions designed for and driven by the community.

Objective 3.2, Goal 3
Promote the consideration of DEIA in all NIH-supported research and research-sustaining activities.

For NIH to realize the vision presented in this Plan, biomedical and behavioral research and research-sustaining activities must be diverse, equitable, inclusive, and accessible to all. Over the next 5 years, NIH will work to better engage individuals and communities impacted by the

research it supports—expanding their participation in the research enterprise; incorporating their perspectives into research questions and methods; and increasing their involvement in developing new strategies to disseminate, implement, and communicate results. These steps will set the tone for the rest of the biomedical and behavioral research enterprise, establishing a new standard for research results that are equitable, inclusive, and accessible to all.

Objective 3.2, Goal 3, Strategy 1
Incorporate representation from diverse perspectives into research planning, conduct, dissemination, and evaluation.

To account for the diverse lived experiences and exposures of various populations, individuals and communities who experience health disparities should be included in all aspects of the biomedical and behavioral research process, starting at the earliest stages of planning and design. Over the next 5 years, NIH will develop and leverage infrastructure to engage with individuals and communities that are historically underrepresented and underserved by biomedical and behavioral research throughout all stages of the research process. Several programs have established relationships with underrepresented and underserved communities to better prioritize and meet patient needs, increase participation and retention in studies, ensure study populations are representative, and maximize implementation and dissemination of outcomes. Examples of such programs include the [Native American Research Centers for Health \(Box 13\)](#) and the [Connecting Underrepresented Populations to Clinical Trials Program](#), which works to increase participation of underserved populations in cancer clinical trials. In addition, the [NIH HEAL[®] Initiative](#) has several community-driven partnerships with individuals and communities experiencing pain conditions or opioid use disorder to gather input on key issues to develop relevant and practical research grounded in real-life experience. NIH will apply the lessons from these programs to new initiatives aimed at engaging other individuals and communities, such as SGM populations and individuals with disabilities.

BOX 13 Native American Research Centers for Health

Multiple NIH institutes and centers and offices within the NIH Office of the Director have partnered with the Indian Health Service to support the [Native American Research Centers for Health \(NARCH\)](#). The program supports research, research capacity building, and career enrichment to meet health research needs prioritized by American Indian/Alaska Native (AI/AN) Tribes or tribally based organizations. NARCH aims to:

- Support health research prioritized by AI/AN communities.
- Promote health equity for AI/AN populations.
- Build capacity and infrastructure within tribal organizations to engage in health research.
- Develop a cadre of scientists and health research professionals committed to AI/AN health research.

NARCH grant applications are submitted by and awarded to the Tribe or Tribal organization. Awarding the grant directly to the Tribe or Tribal organization allows for the community to dictate and oversee research priorities, while drawing on necessary expertise from the research community to accomplish its scientific goals. Culturally appropriate research approaches are encouraged. In fiscal year 2021, in consultation with Tribal Nations and communities, NIH conducted an [evaluation of the NARCH program](#) to ensure that it continues to optimally meet the health research, education, and training needs identified and prioritized by AI/AN communities.



American Indian family smiles at the camera. Credit: Mona Makela/Shutterstock

Objective 3.2, Goal 3, Strategy 2
Encourage researchers to consider DEIA in their research questions and methods to design studies that are realistic to deliver, practical, sustainable, and cost-effective, and hold them accountable when reporting on their progress.

NIH recognizes that engaging underrepresented and underserved populations in biomedical and behavioral research is necessary but not sufficient to address health disparities; the research that NIH conducts and supports must also carefully consider DEIA principles in its design, approach, implementation, and evaluation. Over the next 5 years, NIH will develop guidelines and reporting requirements to encourage and help NIH-supported researchers consider DEIA in the research questions and methods proposed. NIH programs, such as the [Support for Research Excellence \(SuRE\) Award](#) support the establishment and sustainment of inclusive scientific environments at

NIH-supported institutions by investing in early-career researchers and students. By rewarding scientists earlier in their training and careers for demonstrated commitment to inclusive excellence, NIH can build a more diverse, equitable, inclusive, and accessible biomedical and behavioral research enterprise. By developing and sharing resources to support investigators in embedding DEIA principles in research project design, and requiring progress reports toward this end, NIH can make lasting structural and cultural change that has ripple effects throughout the broader biomedical and behavioral research community.

Objective 3.2, Goal 3, Strategy 3
Broaden strategies for the communication of research priorities, methods, and findings to learn about and address the various needs of individuals with diverse perspectives.

Fostering public trust in biomedical and behavioral research requires transparent and accessible

communication of science-based information—including research priorities, methods, and findings—through active community engagement and outreach. Since 2021, NIH has been connecting researchers with local community-engaged leaders through [CEAL](#) to help reach communities disproportionately affected by the COVID-19 pandemic that were not located near clinical research recruitment sites ([Box 5](#)). Over the next 5 years, NIH will develop new and

leverage existing strategies for engagement with underrepresented and underserved communities where there is still an unmet need, such as those of individuals with reduced vision or hearing, reduced access to information, limited English language proficiency, and low literacy. By understanding the needs, values, and cultures of a community and enhancing the community’s understanding of the scientific process, NIH research will have a broader and lasting impact on the health of all in the nation.



Researcher conducting an experiment. Credit: NIH



Appendix A

Directives for the Strategic Plan

The National Institutes of Health (NIH) developed the *Fiscal Years 2023–2027 NIH-Wide Strategic Plan for Diversity, Equity, Inclusion, and Accessibility (DEIA)* in response to several directives from Congress and the Administration, which are outlined below.

Report Language

In *Report 116-450 on H.R. 7614*, under “Diversity at NIH Working Group and Strategic Plan,” the Labor, Health and Human Services, Education, and Related Agencies Committee requested that NIH develop a strategic plan:

While the Committee is encouraged by the NIH’s demonstrated commitment to diversity, the Committee remains concerned about the continued lack of diversity at NIH among staff and grantees. Accordingly, the Committee requests, within 180 days of enactment of this Act, a strategic plan with long-term and short-term goals to address the racial, ethnic, and gender disparities at NIH. Given recent research in funding gaps at NIH, the Committee requests that this strategic plan identifies barriers in access to NIH funding by investigators researching health disparities, as well as corrective solutions that can be implemented at NIH. The Committee encourages NIH to establish a working group to support development and implementation of this plan, which should be comprised of, but is not limited to, the NIH Office of Equity, Diversity, and Inclusion; Institute and Center Directors and their designees; extramural grantees; experts working in diversity and inclusion; and other community stakeholders.

Based on the NIH Executive Committee’s recommendation, NIH requested and received an extension from Congress for development of the Plan.

Executive Orders

In addition to responding to report language, the *Fiscal Years 2023–2027 NIH-Wide Strategic Plan for DEIA* will also be responsive to relevant Executive Orders (EOs) issued by President Joseph Biden, including, but not limited to, [EO 14035: Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce](#) and [EO 13988: Preventing and Combating Discrimination on the Basis of Gender Identify or Sexual Orientation](#).

EO 14035: *Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce*, issued on June 25, 2021, launched a whole-of-government initiative to cultivate a federal workforce that draws from the full diversity of the nation and advances equitable employment opportunities. EO 14035 is one of at least [eight EOs related to DEIA](#) signed by President Biden; unlike the other seven EOs, it carries an internal government workforce focus for every department and agency.

EO 14035 establishes that it is the policy of the administration to cultivate a workforce that draws from the full diversity of the nation. The EO outlines seven aims for federal departments:

1. Build and maintain a diverse pipeline.
2. Achieve pay equity.
3. Ensure equity for LGBTQ+ employees.
4. Ensure equity for individuals with disabilities.

5. Provide equity-focused training, development, and opportunities for guaranteed advancement.
6. Maintain a safe workplace.
7. Support efforts with a data-driven approach.

The Government-wide Strategic Plan to Advance Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce

Building on the foundation laid out in EO 14035, the Administration released the [*Government-wide Strategic Plan to Advance Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce*](#) on November 23, 2021. The Government-wide DEIA Plan offers a roadmap for implementing EO 14035 and lays out key steps that agencies can take to strengthen DEIA in their workforce policies, practices, and culture. The Government-wide DEIA Plan—

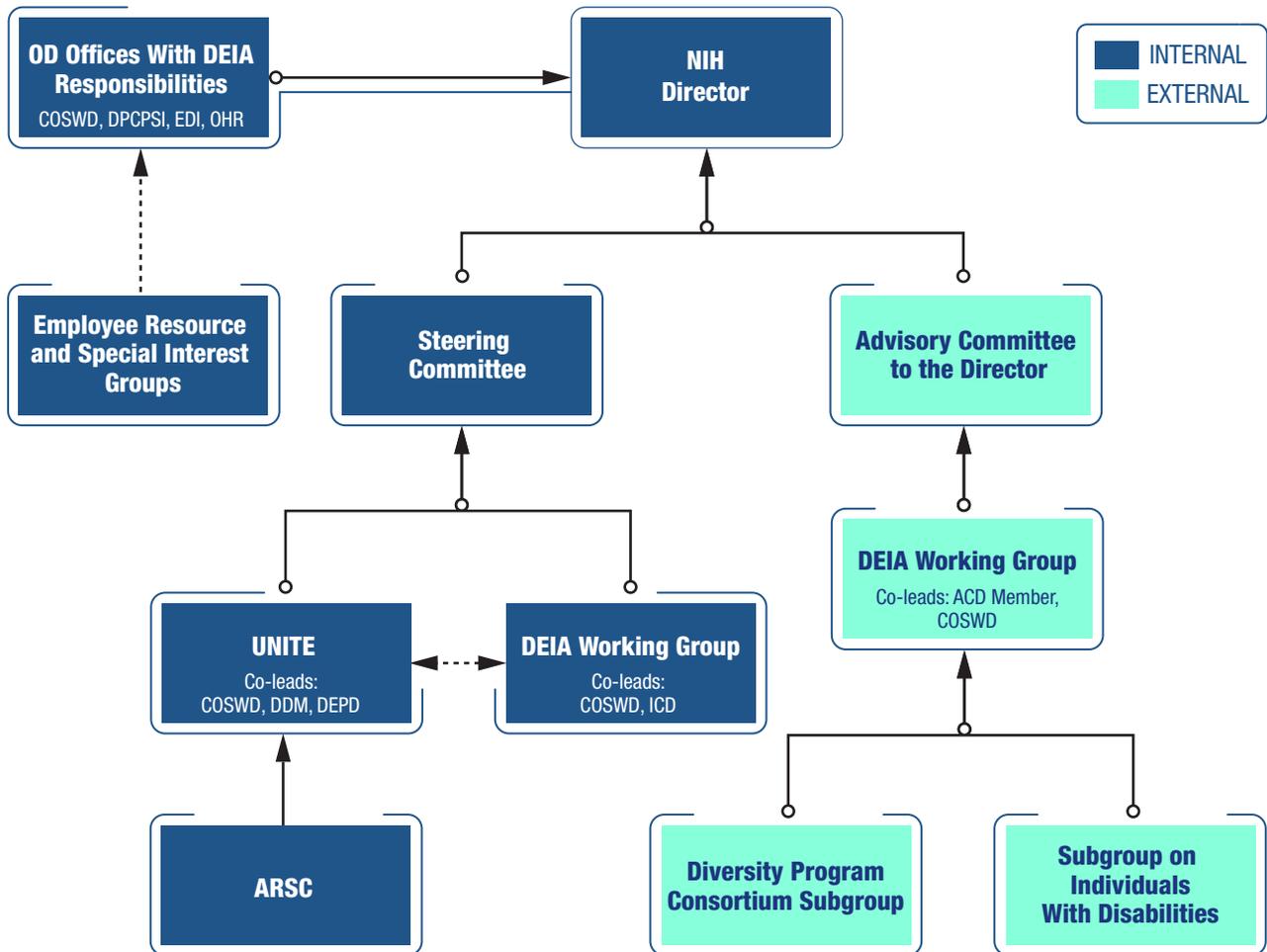
- Provides vision and mission statements
- Establishes five operating principles to advance and sustain DEIA within agencies
- Further outlines the DEIA priorities expressed in the EO
- Details strategies for advancing DEIA
- Provides an example maturity model to support growth
- Outlines steps to create a comprehensive framework to address workplace harassment
- Explains next steps for advancing DEIA

In addition, the Government-wide DEIA Plan charges agencies with developing agency DEIA strategic plans by March 23, 2022. The U.S. Department of Health and Human Services (HHS) Office of Human Resources developed the [*HHS DEIA Strategic Plan*](#). The *HHS DEIA Strategic Plan* is not intended to replace any individual operating division or staff division DEIA strategies; rather, it is intended to enhance the common DEIA elements across the department while highlighting departmentwide principles, goals, strategies, and actions. As one of 11 operating divisions of HHS, NIH has developed the *Fiscal Years 2023–2027 NIH-Wide Strategic Plan for DEIA* to align with the *HHS DEIA Strategic Plan*.

Appendix B

NIH DEIA Governance Structure

Groups Providing Input to the NIH Director about DEIA



Key to Acronyms

ACD = Advisory Committee to the Director
ARSC = Anti-Racism Steering Committee
COSWD = Chief Officer for Scientific Workforce Diversity
DDM = Deputy Director for Management
DEIA = Diversity, Equity, Inclusion, and Accessibility
DEPD = Principal Deputy Director

DPCPSI = Division of Program Coordination, Planning, and Strategic Initiatives
EDI = Office of Equity, Diversity, and Inclusion
ICD = Institute and Center Directors
NIH = National Institutes of Health
OD = Office of the Director
OHR = Office of Human Resources

DEIA Working Group: Provides oversight of all NIH-wide DEIA innovations generated by ICs, COSWD, EDI, etc., as well as oversight of implementation of the DEIA Strategic Plan, including Racial and Ethnic Equity Plan outcomes, which feed into DEIA Strategic Plan tracking. Also note that the Subgroup on Individuals With Disabilities was disbanded December 9, 2022, on completion of their recommendations.



Appendix C

Strategic Planning Process

The *Fiscal Years 2023–2027 NIH-Wide Strategic Plan for Diversity, Equity, Inclusion, and Accessibility (DEIA)* (the Plan) articulates NIH’s commitment to embracing, strengthening, and integrating DEIA across all NIH activities to achieve the agency’s mission. It represents one facet of NIH’s stewardship of federal dollars and contributes to maintaining transparency and accountability to its community members.

The Plan demonstrates NIH’s intention to integrate the principles of DEIA into all of its processes, policies, and programs. The Plan also includes approaches to advance DEIA within NIH and the broader biomedical and behavioral research enterprise. The Framework of the Plan is harmonized to the Framework of the [NIH-Wide Strategic Plan for Fiscal Years 2021–2025](#), with NIH’s DEIA priorities organized around accomplishments, needs, opportunities, and challenges in three key areas or Objectives—Operations, Workforce, and Research—and their underlying subobjectives. For each subobjective, goals are identified, along with strategies to achieve these goals. To illustrate the types of activities that may drive progress toward each goal, a sampling of new and ongoing activities is included under many of the strategies. This is not a comprehensive list of all the activities currently underway at NIH; it is anticipated that implementation of the Plan will build on those ongoing activities and introduce many new approaches toward achieving the objectives, goals, and strategies outlined in this Plan over the next 5 years. There are also three Crosscutting Themes—promoting transparency, communication, and engagement; fostering sustainable change; and harnessing data—which are common approaches across all objectives of the Plan that are integral to realizing NIH’s vision.

In October 2021, NIH began developing the Plan to cover fiscal years 2023–2027. The process was designed to be transparent, grounded in DEIA, focused on science and good stewardship of research, guided by evidence, and informed by NIH’s many community members.

The strategic planning process entailed five phases: (1) pre-planning; (2) developing the Plan framework; (3) gathering input from internal and external community members; (4) refining the framework, selecting content, and drafting text; and (5) finalizing and publishing the Plan. The following are key activities undertaken during these five phases.

Pre-Planning

The NIH Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI) was charged in 2021 to work with NIH’s Chief Officer for Scientific Workforce Diversity; the Office of Equity, Diversity, and Inclusion; and the Office of Human Resources to develop the Plan.

At the initiation of this process, DPCPSI developed a timeline for the strategic planning process and established an NIH-Wide Strategic Plan for DEIA Working Group, comprising staff from each institute and center (IC) and many offices within the Office of the Director (OD), representing the range of NIH’s activities and research portfolio. The first working group meeting was held at the end of October 2021.

Developing the Strategic Plan Framework

From October 2021 to January 2022, the working group met biweekly to develop the framework for the Plan, which outlines—at a high-level—NIH’s priorities for advancing DEIA through its operations, workforce, and research. The framework of the [NIH-Wide Strategic Plan for Fiscal Years 2021–2025](#) was used as a starting point, because it was an aim of the working group that the frameworks of the two

Plans be harmonized in recognition of the NIH mission. The framework for the Plan evolved over several meetings as the subobjectives supporting each objective were refined. The proposed framework was reviewed by NIH leadership at the end of December 2021, the IC Directors at the beginning of January 2022, the DPCPSI Council of Councils at the end of January 2022, and NIH executive officers in early February 2022.

Gathering Input from Internal and External Community Members

The internal NIH DEIA community comprises a wide network of all 27 ICs; offices within the OD; and staff committees, advisory groups, and employee groups across NIH. The external NIH community also comprises a wide network—including members of the scientific and health care communities, professional societies, advocacy organizations, industry, other federal agencies, and the public. The input gathered from these internal and external communities was crucial throughout development of the Plan.

In January 2021, to get a better understanding of the activities relevant to DEIA occurring across NIH, ICs and OD offices were asked to provide information on DEIA activities, including those that were considered complete, ongoing, or starting soon. The collected data comprised an NIH DEIA inventory of more than 1,700 DEIA activities dating back to 2013 that could be used to inform the development of the Plan.

To solicit comments on the proposed framework from internal and external communities, the working group developed a Request for Information (RFI)—published in the NIH Guide for Grants and Contracts ([NOT-OD-22-061](#)) and the *Federal Register* ([FRN 2022-02972](#))—which was advertised broadly. Comments were accepted online from February 1, 2022, to April 3, 2022. NIH received 175 responses to the RFI from community members. In addition, NIH hosted a webinar on March 29, 2022, to provide the opportunity for internal and external community members to ask questions about the strategic plan development process and comment on the framework. A summary of RFI responses, the webinar slides, and the transcript are [available](#).

NIH staff input was sought throughout the process. In addition to being encouraged to submit comments to the RFI and attend the webinar, the draft framework was also shared during an NIH-Wide Town Hall on DEIA on June 29, 2022.

Refining the Framework, Selecting Content, and Drafting Text

From February to March 2022, the working group further refined the framework to include goals, strategies, and crosscutting themes, and the expanded framework was presented to NIH leadership in March 2022. The NIH Office of General Counsel was also asked to provide input on the framework, helping refine the goals and strategies before the framework was approved by NIH leadership.

The NIH-Wide DEIA Strategic Plan Working Group reviewed the NIH DEIA inventory to identify potential activities to include as examples in the Plan and proposed new activities to include, as applicable. The NIH Steering Committee DEIA Working Group was consulted on the final shortlist of activities prioritized for inclusion in the Plan.

In April 2022, the working group began drafting the Plan based on the framework and the prioritized content. The working group reviewed and integrated the feedback gathered from the RFI and webinar into the framework and draft narratives. The draft went through a harmonizing process in which it was refined to have consistent tone and structure across sections.

The expanded framework, along with sample activities included in the Plan, was presented to the IC Directors on May 26, 2022; the Advisory Committee to the Director Working Group on Diversity on June 2, 2022; and the full Advisory Committee to the Director on June 10, 2022.

Finalizing and Publishing the Strategic Plan

The draft Plan was finalized through an iterative review process. Beginning in July 2022, the draft Plan was reviewed by NIH leadership, the NIH Steering Committee DEIA Working Group, IC Directors, the Office of General Counsel, and the Advisory Committee to the Director. Following final review and approval by NIH leadership, the final version of the Plan was published.



Appendix D

NIH DEIA Community

This appendix provides a sample of the vast community at the National Institutes of Health (NIH) that is committed to advancing diversity, equity, inclusion, and accessibility (DEIA) across NIH. This is not intended to be an exhaustive list representing all NIH DEIA community groups.

Institutes, Centers, and Offices

NIH Office of Equity, Diversity, and Inclusion (EDI): Serves as the principal office for NIH-wide policy formulation, implementation, consulting, and strategic management of the civil rights, equal opportunity, language access, reasonable accommodation, affirmative employment, and diversity and inclusion programs for NIH.

NIH Office of Human Resources: Oversees recruitment and retention of a highly skilled and diverse workforce for NIH, operating as a catalyst for a thriving workforce that best meets the ever-changing needs of biomedical and behavioral research, and fosters civility through the NIH Civil Program.

NIH Chief Officer for Scientific Workforce Diversity (COSWD) Office: Leads NIH's thought in the science of scientific workforce diversity using evidence-based approaches to catalyze cultures of inclusive excellence. COSWD works to enable NIH and NIH-funded institutions to benefit from a full range of talent, fostering creativity and innovation in the biomedical, behavioral, and social sciences.

NIH Office of Extramural Research: Supports the NIH extramural research community by providing policy, guidance, systems, and other support to the recipient community.

NIH Office of Intramural Research: Oversees and coordinate NIH intramural research, training, and technology transfer activities.

National Institute on Minority Health and Health Disparities: Leads scientific research efforts to improve minority health and reduce health disparities.

NIH Office of Research on Women's Health: Crafts and implements the *NIH Strategic Plan for Women's Health Research* and co-funds research on the role of sex and gender on health.

NIH Sexual & Gender Minority Research Office: Coordinates NIH sexual and gender minority-related research and activities.

NIH Tribal Health Research Office: Coordinates NIH Tribal health research; gathers input from Tribal communities on NIH policies, programs, and activities; and creates opportunities for American Indian and Alaska Native researchers.

NIH-Wide Working Groups and Initiatives

Advisory Committee to the Director (ACD) Working Group on Diversity

ACD Working Group on Changing the Culture to End Sexual Harassment

ACD Working Group on Diversity, Diversity Program Consortium Subgroup

ACD Working Group on Diversity, Subgroup on Individuals with Disabilities

Anti-Racism Steering Committee

BluePrint and Brain Research Through Advancing Innovative Neurotechnologies® (BRAIN) Training, Inclusion, and Equity Team

Coordinating Committee on Research on Women's Health (CCRWH)

CCRWH Women of Color Subcommittee

Diversity Catalysts

Equity Committee

Institute, Center, and Office Directors

Next Generation Researchers Initiative Working Group

Research Coordinating Committee on Social Determinants of Health

Section 508 Coordinators

Sexual and Gender Minority Research Coordinating Committee

Steering Committee DEIA Working Group

Training Advisory Committee Diversity Subcommittee

Tribal Advisory Committee

Tribal Health Research Coordinating Committee

UNITE Initiative

Working Group on Women in Biomedical Careers

Employee Advisory, Affinity, and Resource Groups

Abilities Special Interest Group (SIG)

African American/Black Scientists

AI/AN Health Communications & Information

American Muslim Professional Group

Asian American, Native Hawaiian and Pacific Islander–Health Scientific Interest Group (NIH AANHPI-HSIG)

Asian American, Native Hawaiian, & Pacific Islander Employment Engagement Committee*

Asian & Pacific Islander American Organization

Association of Women in Science

Bethesda Campus Christian Fellowship

Black Employment Engagement Committee*

Black Scientists and Friends

Blacks In Government

Caribbean Association at NIH

Conéctate (Get Connected!) with Acquisitions

DEAF Network

Diversity Council

Eight Changes for Racial Equity

FAN (Federation of AANHPI Network)

FAPAC (Federal Asian Pacific American Council Chapter)

Fellows and Friends

Fellows Committee

Fellows of All Abilities (FAAb)

Genomics & Health Disparities SIG

Hispanic Employee Organization

Hispanic Employment Engagement Committee*

* EDI Special Emphasis Portfolio Advisory Committees

Hispanic Health Research SIG
HOLA (Hispanic or Latin/o/a/X Ambassadors and Allies)
iCAP Movement Towards Inclusion: Trans-NIH Community of Administrative Professionals
Korean Scientists Association
Korean Women in Science
LGBT Fellows and Friends
LGBTQI+ Working Group on Genomics Education
Mom-Dad-Docs
Native American Elders Disability Group
Native American Employment Engagement Committee*
Network of African American Fellows
Network of Minority Health Research Investigators
NIH India
Orthodox Jewish Women Support Group

People with Disabilities Employment Engagement Committee*
Salutaris
Sex & Gender in Health and Disease SIG
Sexual & Gender Minority Health SIG
Sexual and Gender Minority Employment Program Advisory Committee*
Society for the Advancement of Chicanos/Hispanics and Native Americans in Science
Special Populations Research Forum
Taiwanese Association
Three Blind Mice
Veterans Recruitment and Retention Force
Women in Science
Women's Employment Engagement Committee*
Women Scientist Advisors

* EDI Special Emphasis Portfolio Advisory Committees



Appendix E

Acronyms

| | |
|----------|--|
| ACD | Advisory Committee to the Director |
| AI/AN | American Indian/Alaska Native |
| BRAIN | Brain Research Through Advancing Innovative Neurotechnologies® |
| BUILD | Building Infrastructure Leading to Diversity |
| CEAL | Community Engagement Alliance |
| CEC | Coordination and Evaluation Center |
| COMPASS | Community Partnerships to Advance Science for Society |
| COSWD | Chief Officer for Scientific Workforce Diversity |
| DCDP | Diversity Career Development Program |
| DEIA | Diversity, equity, inclusion, and accessibility |
| DPC DaTA | Diversity Program Consortium Dissemination and Translation Awards |
| DPCPSI | Division of Program Coordination, Planning, and Strategic Initiatives |
| DSP | Distinguished Scholars Program |
| ECR | Early career reviewer |
| EDI | Equity, Diversity, and Inclusion |
| EO | Executive Order |
| ERG | Employee Resource Group |
| FAIR | Findability, Accessibility, Interoperability, and Reusability |
| FIRST | Faculty Institutional Recruitment for Sustainable Transformation |
| FY | Fiscal year |
| HBCUs | Historically Black colleges and universities |
| HCPC | HEAL Community Partner Committee |
| HEAL | Helping to End Addiction Long-term® |
| HHS | U.S. Department of Health and Human Services |
| ICs | Institutes and Centers |
| IDeA | Institutional Development Award |
| IHS | Indian Health Service |
| INCLUDE | INvestigation of Co-occurring conditions across the Lifespan to Understand Down syndromE |
| IRP | Intramural Research Program |
| IT | Information technology |
| LHHS | Labor, Health and Human Services, Education, and Related Agencies |

| | |
|--------|--|
| LRI | Limited-resourced institution |
| MOSAIC | Maximizing Opportunities for Scientific and Academic Independent Careers |
| MSI | Minority-serving institution |
| NARCH | Native American Research Centers for Health |
| NCMRR | National Center for Medical Rehabilitation Research |
| NIH | National Institutes of Health |
| NIMHD | National Institute on Minority Health and Health Disparities |
| NOSI | Notice of Special Interest |
| NRMN | National Research Mentoring Network |
| OD | Office of the Director |
| PEI | Pathway to Excellence and Innovation |
| PI | Principal investigator |
| P.L. | Public law |
| REEP | Racial and Ethnic Equity Plan |
| RFI | Request for Information |
| SDOH | Social determinants of health |
| SEPA | Science Education Partnership Award |
| SGM | Sexual and gender minority |
| SIG | Special Interest Group |
| SPAD | Sponsored Programs Administration Development |
| SRG | Scientific review group |
| SRO | Scientific review officer |
| SuRE | Support for Research Excellence |
| UNITE | <p>UNITE is an initiative comprising the work of five committees, each with a unique mission, that concentrate on catalyzing change and enacting real solutions to foster equity for all:</p> <ul style="list-style-type: none"> U Committee: Understand stakeholder experiences through listening and learning. N Committee: Facilitate and develop new research on health disparities and minority health. I Committee: Improve the NIH culture and structure for equity, inclusion, and excellence. T Committee: Foster transparency, communication, and accountability with internal and external stakeholders. E Committee: Change policy, culture, and structure to promote diversity in the extramural research ecosystem. |



Appendix F

Acknowledgments

The *Fiscal Years 2023–2027 NIH-Wide Strategic Plan for Diversity, Equity, Inclusion, and Accessibility (DEIA)* (the Plan) is the product of many contributors. NIH would like to thank the following community members, committees, and staff for their time and effort in helping to develop this Plan:

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- We would like to thank the **NIH Advisory Committee to the Director (ACD)**, the **ACD Working Group on Diversity** and its **Subgroup on Individuals with Disabilities**, and the **NIH Steering Committee DEIA Working Group** for their insightful feedback on the framework and draft Plan.
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- Finally, we are enormously appreciative of the robust input into the strategic planning process from **community members**, including members of the scientific and health care communities, professional societies, advocacy organizations, industry, other federal agencies, and the general public. We look forward to your continued involvement as NIH works to implement the vision outlined in this Plan.



Appendix G

Full Listing of Objectives, Subobjectives, Goals, and Strategies

Objective 1: Grow and Sustain DEIA Through Structural and Cultural Change

Objective 1.1: Optimizing Management and Administration

Objective 1.1, Goal 1: Foster a culture of DEIA throughout NIH program management and physical, technological, and cultural infrastructures.

Objective 1.1, Goal 1, Strategy 1: Review and update policies to incentivize positive workplace culture changes and hold NIH staff and Leadership accountable for civil conduct and meeting DEIA goals.

Objective 1.1, Goal 1, Strategy 2: Strengthen the availability and integration of accessibility services and resources at NIH in the physical, technological, and cultural infrastructures.

Objective 1.1, Goal 1, Strategy 3: Identify and mitigate potential biases in workplace decisions and interactions.

Objective 1.1, Goal 2: Make evidence-based decisions regarding DEIA to increase organizational effectiveness, ensure equity and program integrity, and minimize enterprise risk and operational failure.

Objective 1.1, Goal 2, Strategy 1: Improve data management to move from data collection to informed decisions through accessible and shared datasets.

Objective 1.1, Goal 2, Strategy 2: Prioritize the use of data analysis for actionable results.

Objective 1.2: Fostering a Culture of Good Scientific Stewardship

Objective 1.2, Goal 1: Provide coordination and oversight to demonstrate NIH's commitment to upholding DEIA principles.

Objective 1.2, Goal 1, Strategy 1: Enhance analysis and evaluation capacity to better integrate evidence based practices to advance DEIA.

Objective 1.2, Goal 1, Strategy 2: Continue and expand engagement with DEIA subject matter experts both internal and external to NIH to develop and improve strategies to enhance DEIA.

Objective 1.2, Goal 1, Strategy 3: Provide metrics to support NIH leadership's engagement in achieving DEIA principles.

Objective 1.2, Goal 2: Enhance consideration of DEIA in the biomedical and behavioral research funding cycle.

Objective 1.2, Goal 2, Strategy 1: Develop, streamline, and facilitate access to NIH resources to ensure equity in the grant application process.

Objective 1.2, Goal 2, Strategy 2: Update policies and procedures to improve representation of individuals from a broad range of institution types in peer review and mitigate potential bias in the grant review process.

Objective 1.2, Goal 2, Strategy 3: Optimize approaches to advance DEIA in research awards.

Objective 1.2, Goal 2, Strategy 4: Ensure fair, consistent, and civil engagement throughout the pre- and post award phases.

Objective 1.3: Ensuring Accountability and Fostering Confidence

Objective 1.3, Goal 1: Engage with and be responsive to the NIH community about practices to integrate DEIA principles into NIH work and culture.

Objective 1.3, Goal 1, Strategy 1: Establish bidirectional communications with community members on NIH policies and practices that impact DEIA.

Objective 1.3, Goal 1, Strategy 2: Ensure that NIH is responsive to community concerns and where feasible consider modifying policies and processes.

Objective 1.3, Goal 1, Strategy 3: Develop and share approaches and resources to actively promote accessibility.

Objective 1.3, Goal 2: Ensure the transparency of assessments and evaluations of NIH actions to demonstrate progress meeting DEIA principles and establish effectiveness.

Objective 1.3, Goal 2, Strategy 1: Enhance the transparency of NIH data and how NIH uses data in evaluations and assessments of NIH actions.

Objective 1.3, Goal 2, Strategy 2: Widely share the results of assessments and evaluations of policies and procedures related to DEIA.

Objective 1.4: Leveraging External Partnerships and Community Engagement

Objective 1.4, Goal 1: Foster intentional external partnerships to further enhance DEIA efforts at NIH.

Objective 1.4, Goal 1, Strategy 1: Build and leverage strategic external partnerships to advance DEIA.

Objective 1.4, Goal 1, Strategy 2: Develop clear, concise, and timely resources and communications that are tailored to the needs of external partners.

Objective 1.4, Goal 1, Strategy 3: Actively maintain external partnerships through exchanging information, developing shared goals, and promoting shared interests in advancing DEIA in biomedical and behavioral research.

Objective 2: Implement Organizational Practices to Center and Prioritize DEIA in the Workforce

Objective 2.1: Cultivating DEIA Within the Workforce at NIH

Objective 2.1, Goal 1: Strengthen outreach, recruitment, and hiring efforts to facilitate a diverse workforce that is inclusive of individuals from underrepresented and underserved groups.

Objective 2.1, Goal 1, Strategy 1: Engage in outreach to attract diverse talent.

Objective 2.1, Goal 1, Strategy 2: Enhance equitable recruitment and hiring practices.

Objective 2.1, Goal 2: Strengthen development, recognition, and advancement efforts across NIH.

Objective 2.1, Goal 2, Strategy 1: Retain and develop diverse talent at all levels and across positions.

Objective 2.1, Goal 2, Strategy 2: Ensure that processes for recognizing and rewarding achievements are equitable and accessible to all.

Objective 2.1, Goal 2, Strategy 3: Cultivate leadership pathways through equitable and transparent advancement opportunities.

Objective 2.1, Goal 2, Strategy 4: Expand and formalize networking and mentorship opportunities.

Objective 2.1, Goal 3: Foster a culture of DEIA throughout the NIH workforce.

Objective 2.1, Goal 3, Strategy 1: Integrate DEIA principles across the NIH workforce.

Objective 2.1, Goal 3, Strategy 2: Support managers and supervisors on their integration of DEIA best practices into the workplace.

Objective 2.1, Goal 3, Strategy 3: Improve accessibility in the workplace to mitigate barriers for employees with disabilities.

Objective 2.2: Strengthening DEIA Within the Workforce at NIH-Supported Institutions

Objective 2.2, Goal 1: Advance DEIA at institutions supported by NIH through research capacity building.

Objective 2.2, Goal 1, Strategy 1: Fund the development of research infrastructure at lesser-resourced institutions, including those with a demonstrated record of training students and/or faculty who enhance the diversity of the biomedical and behavioral research enterprise.

Objective 2.2, Goal 1, Strategy 2: Identify and address potential NIH-specific barriers to submitting competitive applications for institutions and organizations with limited grant administration infrastructure.

Objective 2.2, Goal 1, Strategy 3: Encourage and support researchers at institutions and organizations with historically lower levels of NIH funding through targeted outreach and programming.

Objective 2.2, Goal 2: Understand the demographics of the workforce at institutions supported by NIH through data collection and analysis.

Objective 2.2, Goal 2, Strategy 1: Collect, curate, and analyze comprehensive DEIA data on the workforce at institutions supported by NIH, as permitted by applicable law.

Objective 2.2, Goal 2, Strategy 2: Increase transparency regarding the demographics of the workforce at institutions supported by NIH, as permitted by applicable law.

Objective 2.2, Goal 3: Encourage the enhancement of DEIA principles in research environments at NIH funded institutions.

Objective 2.2, Goal 3, Strategy 1: Fund institutions to conduct self-assessments to catalyze sustained changes to achieve DEIA.

Objective 2.2, Goal 3, Strategy 2: Support institutions to promote recruiting and retaining a diverse scientific workforce and reward institutional excellence in DEIA.

Objective 2.2, Goal 3, Strategy 3: Recognize, reward, and support individuals who are bringing about positive DEIA-related change in the biomedical and behavioral research enterprise.

Objective 3: Advance DEIA Through Research

Objective 3.1: Promoting Workforce Research

Objective 3.1, Goal 1: Expand research to identify promising practices for enhancing DEIA in the biomedical and behavioral workforce.

Objective 3.1, Goal 1, Strategy 1: Systematically review DEIA efforts supported by NIH and similar institutions, to identify common features of efforts that have impacted DEIA in the workforce versus those that have not.

Objective 3.1, Goal 1, Strategy 2: Conduct and support analyses to identify investigators, departments, and institutions with strong track records of fostering inclusive research environments.

Objective 3.1, Goal 1, Strategy 3: Conduct and support analyses on factors influencing career path choices and access to career-advancement opportunities.

Objective 3.1, Goal 2: Expand research to identify and remove potential barriers to the implementation and expansion of promising and effective DEIA practices, policies, and procedures.

Objective 3.1, Goal 2, Strategy 1: Conduct and support analyses to identify promising means for overcoming potential barriers to the implementation and expansion of effective practices.

Objective 3.1, Goal 2, Strategy 2: Conduct and support longitudinal analyses of ongoing programs.

Objective 3.1, Goal 2, Strategy 3: Use the NIH Intramural Research Program as a testbed to study potential barriers to the implementation of large-scale DEIA initiatives and how any identified barriers can be overcome.

Objective 3.1, Goal 3: Examine how enhancing DEIA in the biomedical and behavioral workforce influences the accomplishment of the NIH mission.

Objective 3.1, Goal 3, Strategy 1: Support research to identify measures of success that more accurately reflect contributions to achieving the NIH mission than current measures of productivity.

Objective 3.1, Goal 3, Strategy 2: Measure the impact of embracing DEIA principles on individual, departmental, and institutional performance.

Objective 3.1, Goal 3, Strategy 3: Systematically examine the ways that accessibility services and resources benefit the NIH workforce.

Objective 3.1, Goal 3, Strategy 4: Support research to examine the correlations among research team diversity; workplace culture; and the breadth, depth, and impact of research.

Objective 3.2: Enhancing Health Research

Objective 3.2, Goal 1: Promote research to identify health disparities and examine the factors that drive these disparities.

Objective 3.2, Goal 1, Strategy 1: Develop strategies and tools to support inclusivity in NIH-funded research.

Objective 3.2, Goal 1, Strategy 2: Conduct and support research to understand how social, economic, environmental, behavioral, and biological factors and their interplay affect health disparities.

Objective 3.2, Goal 1, Strategy 3: Improve measures and methods for health disparities research.

Objective 3.2, Goal 2: Develop, adapt, test, and disseminate effective interventions to improve health and reduce health disparities.

Objective 3.2, Goal 2, Strategy 1: Design, adapt, test, and implement targeted, multilevel interventions that impact determinants of health and address health disparities at appropriate time points across the life course.

Objective 3.2, Goal 2, Strategy 2: Promote the adoption of frameworks that integrate diverse perspectives and community members as equal partners across intervention development, testing, and dissemination.

Objective 3.2, Goal 2, Strategy 3: Fund infrastructure that facilitates equitable identification, engagement, enrollment, retention, and accrual of participants for inclusion in clinical trials.

Objective 3.2, Goal 2, Strategy 4: Conduct dissemination and implementation research designed to accelerate the adoption of evidence-based interventions to address health disparities.

Objective 3.2, Goal 3: Promote the consideration of DEIA in all NIH-supported research and research-sustaining activities.

Objective 3.2, Goal 3, Strategy 1: Incorporate representation from diverse perspectives into research planning, conduct, dissemination, and evaluation.

Objective 3.2, Goal 3, Strategy 2: Encourage researchers to consider DEIA in their research questions and methods to design studies that are realistic to deliver, practical, sustainable, and cost-effective, and hold them accountable when reporting on their progress.

Objective 3.2, Goal 3, Strategy 3: Broaden strategies for the communication of research priorities, methods, and findings to learn about and address the various needs of individuals with diverse perspectives.



National Institutes of Health