NIIH Faculty Institutional Recruitment for Sustainable Transformation (FIRST)

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Origins of the Common Fund

2004: NIH Roadmap is launched

2006: Congress unanimously reauthorizes the NIH

Establishes the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI) within Office of the Director and the NIH Common Fund to provide a dedicated source of funding to enable goal driven *trans*-NIH research.

Separate budget line for these programs.

Programs strive for national impact.

One Hundred Ninth Congress
of the
United States of America

AT THE SECOND SESSION

Begun and held at the City of Washington on Tuesday,
the third day of January, two thousand and six

An Act

To amend title IV of the Public Health Service Act to revise and extend the
authorities of the National Institutes of Health, and for other purposes.

Be it enacted by the Senate and House of Representatives of
the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "National Institutes of Health
Reform Act of 2006".

TITLE I—NIH REFORM

Criteria for Common Fund Programs

Transformative: Must have high potential to dramatically affect biomedical and/or behavioral research over the next decade.

Catalytic: Must achieve a defined set of high impact goals within 5-10 years.

Synergistic: Outcomes must synergistically promote and advance individual missions of NIH Institutes and Centers to benefit health.
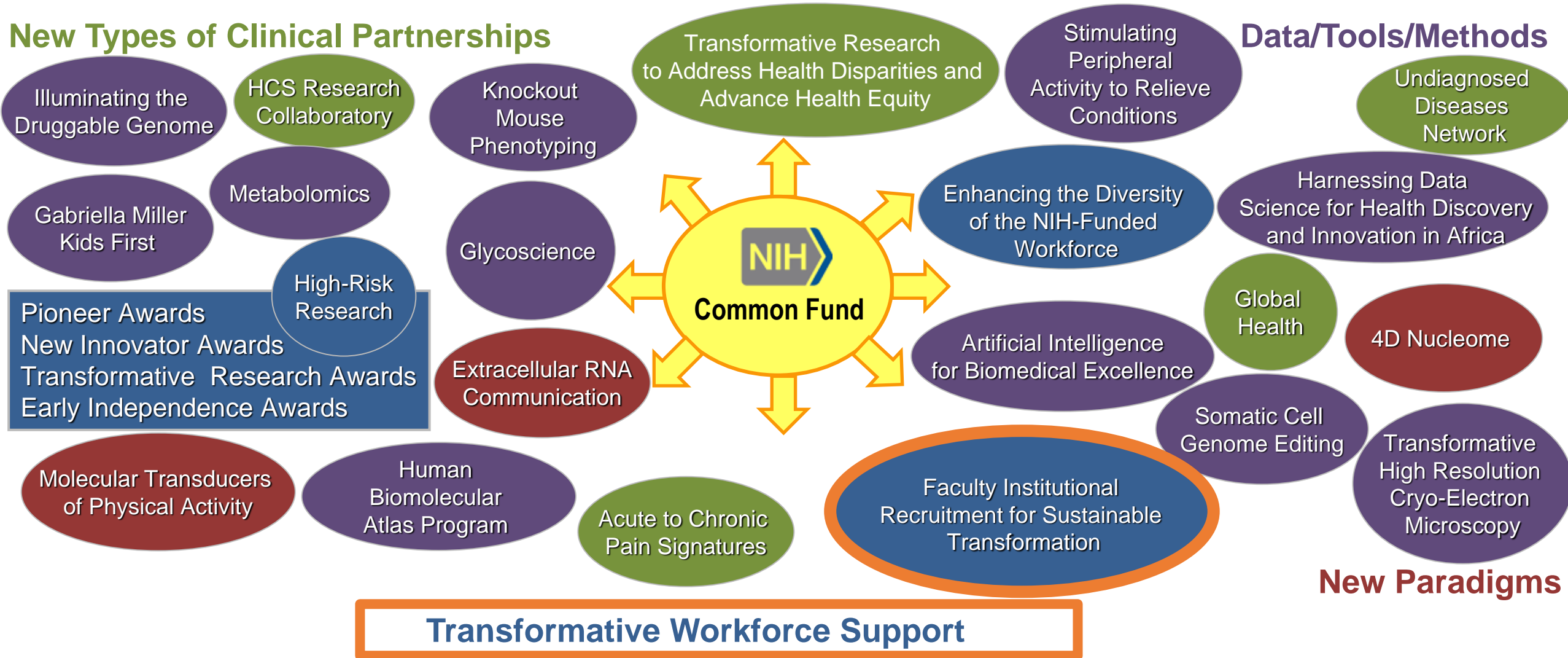
Cross-cutting: Program areas must cut across missions of multiple NIH Institutes and Centers, be relevant to multiple diseases or conditions, and be sufficiently complex to require a coordinated, trans-NIH approach.

Unique: Must be something no other entity is likely or able to do.

Common Fund Programs – FY21

Opportunities and Challenges

- Scientific workforce diversity is essential to accomplish the NIH mission of discovery and innovation towards improving human health (Nielsen et al., 2017; Valantine and Collins, 2015)

- URM Assistant Professor population growth significantly lags despite URM PhD population growth (Gibbs et al., 2016)

- URM faculty have a lower sense of inclusion, trust, and relationships compared to nonminority colleagues (Pololi et al., 2013)

- The representation gap for U.S. biomedical faculty persists due to institutional cultures that lack necessary elements of inclusion and equity, sending a message that certain groups don't belong in science (Price et al., 2009; Pololi et al., 2013).

FIRST Program Structure

**Faculty Cohort
U54
NCI**

Faculty cohort model for hiring, multi-level mentoring, professional development. At these Cohort awardee institutions, implement and sustain cultures of inclusive excellence.

**Coordination & Evaluation Center (CEC)
U24
NIMHD**

Coordination and Evaluation Center (CEC) for coordinating and facilitating development of strategies with FIRST Cohort awardees to conduct a comprehensive evaluation of the FIRST program.

Initial program budget allocation: $241 million/9 years (FY21 – FY29)

FIRST Cohort (U54) Purpose

Transform culture at NIH-funded extramural institutions

- **Support institutions to**:

  o Through the activities of the FIRST Cohort, implement and sustain cultures of **inclusive excellence** to be transformational for biomedical research at the awardee institutions and beyond

  o Build a biomedical research community by recruiting a **diverse cohort of early-career faculty in clusters of no less than three** who:

    - Have demonstrated strong commitment to promoting diversity and inclusive excellence; and are
    - Competitive for an advertised research tenure-track or equivalent faculty position

Program Overview

- 12 staggered awards: 4 awards each year
- Issue RFA each year for 3 years (1 more time), contingent upon the availability of funds
- Length of each award: 5 years

  - **Year 1:** launch year (planning) – for key personnel, core leaders, planning strategies for inclusive excellence, cluster hiring, faculty professional and research development, and search committees; develop hallmarks of success and metrics with CEC involvement
  - **Years 2-4:*** for faculty cohort/cluster* hiring start-up packages; professional development and inclusive excellence activities
  - **Year 5:** for continued core activities (Administrative, Faculty Development, and Evaluation)

* All faculty should be hired by the end of year 3 of the cohort award period.

FIRST Cohort Structure

Faculty Cohort Program

U54 Center

Administrative Core

Faculty Development Core

Evaluation Core
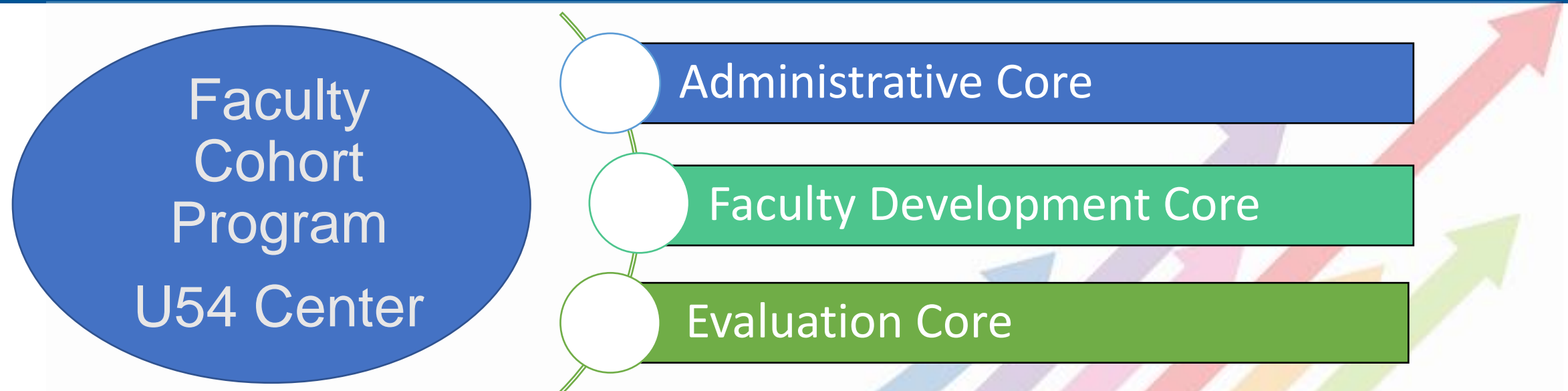
Administrative Core: Supports and manages the FIRST Cohort program. Senior academic staff, key personnel, core leaders, faculty hiring.
- Hires institutional cohort (no fewer than 6 for LRI; 10 for HRI; for partnerships, based on prior planning and what was proposed and justified in the application. If a partnership includes an HRI, no fewer than 10; If a partnership includes two LRIs, no fewer than 6.)
- Designs cohort and hire clusters of faculty (no fewer than 3 scientists per cluster) by strategic needs (areas of research, departments

Faculty Development Core: Supports and manages faculty development activities.
- Designs and implements professional, research development and mentoring programs.
- Develops programs to enhance inclusive excellence, reduce isolation, and increase community building.

Evaluation Core: Supports and evaluates the FIRST Cohort program at the applicant institution and collaboratively with the FIRST CEC.
- Applicants must incorporate aims that are appropriate to the strategies to ensure that planning, monitoring, evaluation, and tracking of program activities will be continuously ongoing, shared as negotiated, and reported to the FIRST CEC.

Eligibility

- Applicant institutions must:

  - Conduct research in the NIH mission areas
  - Provide evidence of commitment to diversity and inclusion
  - Apply as a:
    - Limited-Resourced Institution (LRI)
    - Highly Resourced Institution (HRI)
    - Partnership

Limited-Resourced Institutions
Highly Resourced Institutions

- **Limited-Resourced Institution (LRI)**: institutions offering doctorate degrees in the health professions or in a health-related science and that have a historical and current commitment to educating underrepresented students, and, for institutions that provide clinical health care services, to medically underserved communities. LRIs must have received less than $50 million per year and less than $25 million per year of R01 total cost of NIH support for the past three (3) years prior to the time of application (https://grants.nih.gov/grants/guide/rfa-files/RFA-MD-22-002.html)

- **Highly Resourced Institution (HRI)**: institutions that have received more than $50 million average in annual NIH funds within the three years prior to the time of application

Partsnerships

- **Any combination of LRI and/or HRI: LRI-LRI, LRI-HRI, or HRI-HRI.**

- The number of faculty supported in a partnership cohort must be based on prior planning and what was proposed and justified in the application. **If a partnership includes an HRI, it must hire no fewer than 10 new faculty. If a partnership includes two LRIs, it must hire no fewer than 6 new faculty.**

Overall Goals and Specific Measurable Objectives

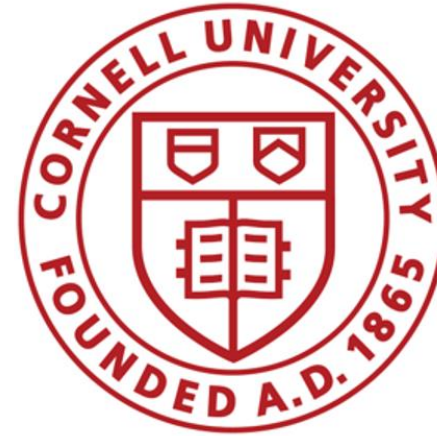| Goal	Measurable Objectives
Institutional Culture Change for Inclusive Excellence	• Demonstrate Institutional Support • Develop Strategic Plan • Achieve **Significant Systemic And Sustainable Institutional Culture Change Over Baseline** • Develop Evaluation Plan
Hiring a Diverse Cohort of Faculty	• Conduct Recruitment Activities • Outline Institutional Commitments • Develop Recruitment Committees • Establish Retention Plan
Faculty Professional Development and Mentoring	• Establish Individual Research, Career Development, and Mentorship Plans • Describe How Program Will Reduce Isolation, Increase Community Building, And Foster Career Development

Overall Budget

FIRST Cohort Estimated Program Budget

Details	Total Cost Funding	Direct Cost Funding
Per RFA (Over 5 years)	$70,500,000	$42,300,000
Total (Three (3) RFAS)	$211,700,000	$126,900,000

FIRST Cohort Estimated Budget Per Award

Year	Direct Cost Funding
Year 1	$300,000
Year 2	$3,275,000
Year 3	$3,275,000
Year 4	$3,275,000
Year 5	$120,000
Total	**$10,245,000**

These awards are contingent upon NIH appropriations and the submission of a sufficient number of meritorious applications. Future year amounts will depend on annual appropriations.

FIRST Cohort Awards (RFA-RM-20-022)

Institution	PI Name	Cluster/Scientific Focus
CORNELL UNIVERSITY	August, Avery (contact) Kotlikoff, Michael I	Quantitative Biomedical Sciences, Infection Biology, and Health equity
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	Benn, Emma Katherine Tara (contact) Campbell, Kirk N Nestler, Eric J Richardson, Lynne D	Infectious Disease, Cancer, Health Equity, and Neuroscience
DREXEL UNIVERSITY	Diez-Roux, Ana V (contact) Gitlin, Laura N	Health Disparities Research in the topics of Aging, Chronic Disease, and Environmental Determinants
UNIVERSITY OF ALABAMA AT BIRMINGHAM	Vickers, Selwyn M (contact) Durant, Raegan Winston Fouad, Mona N Yates, Clayton	Health Disparities Research in the topics of Cancer, Obesity/Diabetes, Cardiovascular Disease and Neuroscience
FLORIDA STATE UNIVERSITY	Wong, Frank Y (contact) Naar, Sylvie Keel, Pamela	Chronic Disease Prevention and Management and Mental health
SAN DIEGO STATE UNIVERSITY	Zuniga De Nuncio, Maria Luisa (contact) Reed, Mark Brian	Latino/a Health Disparities in the topics of Cancer, Environmental Health, and Obesity/Physical Activity/Nutrition

FIRST Program Management

U54 is a Partnership with NIH – "the NIH purpose is to support stimulate the recipients' activities by involvement in and otherwise working jointly with the award recipients in a partnership role"

- Initiation of monthly meetings of PIs with **Program Official (NCI)**

- Identification of Project Scientist(s)(Other NIH) is ongoing

- FIRST CEC Executive Steering Committee monthly meetings launched on November 18 **(NIMHD PO)**

FIRST Cohort RFAs

- **RFA-RM-20-022 (FY2021)**
  - Six (6) programs awarded September 2021

- **RFA-RM-21-025 (FY2022)**
  - Application Receipt – September 2021
  - Scientific Merit Review – February 2022
  - Four (4) program awards anticipated – Earliest July 2022

- **RFA-RM-XX-XXX (FY2023)**
  - IC Co-Chair Approval – November 24, 2021
  - Final NIH Internal RFA Review – Ongoing
  - RFA Release (pending availability of funds) – FY2022

Thank you – FIRST Contributors of funds

James M. Anderson, M.D., Ph.D. Director, Division of Program Planning, Coordination, and Strategic Initiatives

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Questions?