National Institutes of Health
Division of Program Coordination, Planning, and Strategic Initiatives

DPCPSI STRATEGIC PLAN

FISCAL YEARS 2025 – 2027

Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI)

Office of the Director

National Institutes of Health

Foreword

Since April 2025, I have been honored to serve as the Acting Director of the Division for Program Coordination, Planning, and Strategic Initiatives (DPCPSI). This is a pivotal moment for both the Division and the broader NIH community. Transitions offer opportunities for reflection and renewed purpose, and I am proud to work alongside the dedicated Division members as we build on the exceptional work already underway and spark new ideas that will shape the future of biomedical and behavioral research.

My priorities for DPCPSI focus on five, mutually reinforcing pillars, consistent with the NIH Director's priorities and with the existing Goals, Objectives, and Strategies outlined in the strategic plan:

1. **Transformative Science via Strategic Investments**—Identify and accelerate emerging areas of biomedical research through cross-cutting NIH initiatives and programs that focus on scientific excellence and innovation.
2. **Stronger Partnerships to Amplify NIH Mission**—Cultivate and strengthen collaborations across NIH ICOs, federal agencies, and external partners, leveraging shared expertise and resources for national health priority initiatives.
3. **Data-Driven Decision-Making**—Integrate real-time data and horizon scanning into processes to inform resource allocation and program planning and evaluation.
4. **Workforce Development and Programmatic Leadership**—Promote innovative training, cross-disciplinary career development, and leadership opportunities that reflect the evolving needs of DPCPSI, NIH, and science and society at large.
5. **Accelerate Translation through Practical Solutions**—Ensure DPCPSI-supported research leads to scalable solutions by promoting translation readiness, implementation science, and community engagement.

To advance these priorities, we updated the DPCPSI Strategic Plan in the summer of 2025. Key revisions include emphasizing novel methodologies to promote human-centric biomedical research, developing a system to consolidate office-level program data to facilitate planning and automate reporting, and partnering with regulatory agencies to support modern, translational decision frameworks.

I would like to extend my deepest gratitude to all our Division members for their unwavering commitment to our shared mission and vision. Special thanks are due to the Strategic Plan Working Group for their efforts developing this plan under the exceptional leadership of Dr. Tara Schwetz, whose Director's Message follows in recognition of the many achievements she championed for the Division, including the initiation of this inaugural DPCPSI Strategic Plan.

Together, we will continue to cultivate an innovative, collaborative, strategic research ecosystem that accelerates discovery and improves health for all.

Nicole C. Kleinstreuer, Ph.D.
Acting Director, Division of Program Coordination, Planning, and Strategic Initiatives
Acting NIH Deputy Director for Program Coordination, Planning, and Strategic Initiatives

Director's Message

I am thrilled to announce the release of the first-ever NIH Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI) Strategic Plan, covering fiscal years 2025–2027. This landmark strategy represents a defining moment in our Division's history, as it sets a transformative course for how we work together to advance NIH's mission of improving health through groundbreaking scientific discovery.

As the scientific nexus within the NIH Office of the Director (OD), DPCPSI plays a critical role in shaping the future of biomedical and behavioral research. Through synergistic coordination of offices across the Division and vital partnerships with NIH Institutes and Centers (ICs) and other offices within the OD, DPCPSI identifies and catalyzes research to address scientific gaps and opportunities, fosters collaborations, develops methods to enable research goals, and serves as an experimental testbed for innovative NIH-wide activities to improve the health of the nation. In this way, DPCPSI is uniquely positioned within NIH to catalyze discoveries that push the boundaries of science, ultimately improving health outcomes for all.

The DPCPSI Strategic Plan is not intended to define *what* we do—our individual offices' strategic plans articulate those priorities—rather, it focuses on *how* we do it together. This strategic plan articulates Division-wide priorities for enhancing and harmonizing our operational and scientific approaches that unify us as a Division. At a time when science is advancing at unprecedented speed, it is critical that we set our priorities and align our efforts across the Division to maximize the impact of the science we support on society and the people we serve, ensure it is being done with optimal efficiency, and leverage opportunities to make the best use of NIH's resources.

In this strategic plan, we outline key shared priorities to unify our scientific processes, enhance our internal workforce and capacity for infrastructure, and foster engagement with our external partners. Guided by our DPCPSI Values, or our "RECIPE for Success" (Respect, Engagement, Coordination, Innovation, Partnerships, and Excellence), this plan ensures that our Division adapts to the evolving scientific landscape and guides us to lead with purpose, innovation, and impact.

As we embark on this journey, I want to express my deepest gratitude to every member of our Division for your commitment to advancing our mission: to advance biomedical and behavioral science through crosscutting, innovative strategies that foster collaboration and synergies across NIH. Together, we are cultivating a harmonized and forward-thinking research ecosystem that empowers innovation, accelerates discoveries, and improves health for all. I am confident that, with this strategic plan as our guide, we will achieve even greater heights in the years ahead.

Thank you for your continued dedication to our shared vision.

Tara A. Schwetz, Ph.D.
Former Director, Division of Program Coordination, Planning, and Strategic Initiatives
Former NIH Deputy Director for Program Coordination, Planning, and Strategic Initiatives
(November 2023 – April 2025)

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Overview of DPCPSI

As part of the National Institutes of Health (NIH), the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI or the Division) serves as the scientific nexus for the Office of the Director (OD). NIH formally established the Division within the OD as part of implementing the requirements of the *NIH Reform Act of 2006 (P.L. 109–482)*, which reaffirmed the vital role that NIH plays in advancing biomedical[1] research to improve the health of the nation (see Appendix A).

The mission of the Division is **to advance biomedical and behavioral science through crosscutting, innovative strategies that foster collaboration and synergies across NIH**. To achieve this mission, the Division coordinates across its offices and research programs, as well as the NIH Institutes, Centers, and other OD offices (ICOs). This synergistic coordination relies on a robust and responsive workforce to ensure that the Division can realize its vision of **coordinated and harmonized NIH research that enables scientific discovery and enhances the impact of NIH to improve health for all**.

The Division is comprised of 15 offices and 3 programs, which coordinate research programs and research-related activities on a broad range of biomedical topics including HIV/AIDS, behavioral and social sciences, data science, dietary supplements, disability health, disease prevention, Down syndrome, pediatric and human development, nutrition, precision medicine, tribal health, and women's health. The offices and programs also build research capacity through research infrastructure and NIH Common Fund programs, optimize Division operations, and strengthen stewardship of public funds (see Appendix B).

Overview of the Plan

The *DPCPSI Strategic Plan for Fiscal Years 2025–2027 (FY25–FY27)* articulates the Division's shared priorities for the next three years with a focus on the **how** rather than the **what** of what we do. Individual office strategic plans articulate research priorities and programmatic activities. The strategic plan was developed by Division members for Division members to use as a tool to communicate and coordinate actionable and measurable Division-wide priorities to move forward as a unified organization.

The Division sets its priorities to be responsive to the needs of the NIH community, both internal and external, within the bounds of its legislative mandate (see Appendix A). To set the Division's priorities for this strategic plan, the DPCPSI Director[2] outlined their vision for the next three years at a Division All Hands meeting in February 2024. From March 2024–January 2025, a working group of Division office directors and members iterated on this vision, considering various factors, such as NIH community needs, public health needs, and scientific challenges and opportunities, to develop the Framework for this strategic plan (see Appendix C).

The Framework of the *DPCPSI Strategic Plan for FY25–FY27* is harmonized to the Framework of the *NIH-Wide Strategic Plan for FY21–FY25*, with the Division's priorities organized around three Goals: NIH Research Advancement; Internal Workforce, Resource, and Infrastructure Alignment; and External Engagement and Communication (**Figure 1**). For each Goal, Objectives are identified along with specific Strategies to achieve them. Also outlined in the Plan are six Values for the Division—our **RECIPE for**

[1] For the purposes of this Strategic Plan, and in alignment with the NIH-Wide Strategic Plan for FY21–FY25, the term biomedical is used broadly to include biological, behavioral, and social scientific perspectives.
[2] The DPCPSI Director is also the NIH Deputy Director for Program Coordination, Planning, and Strategic Initiatives.

Success, which requires Respect, Engagement, Coordination, Innovation, Partnership, and Excellence for the Division to realize its vision.

It is anticipated that implementation of the Plan will build on the Strategies by strengthening existing approaches and introducing new activities to achieve the Goals, Objectives, and Strategies outlined in this Plan over the next three years (see Appendix D).

Figure 1. Framework of the DPCPSI Strategic Plan for Fiscal Years 2025–2027 (FY25–FY27).

Values

The Division has identified six values which comprise our **RECIPE for Success**—Respect, Engagement, Coordination, Innovation, Partnership, and Excellence (**Figure 2**). Together, these values demonstrate what the Division upholds as critical to its continued success. These values guide everything from our day-to-day interactions with each other to our decision-making at all levels. These values also complement the four focus areas outlined in the Division's 2025 Federal Employee Viewpoint Survey (FEVS) Action Plan: Communication, Trust, Accountability, and Decision-Making.

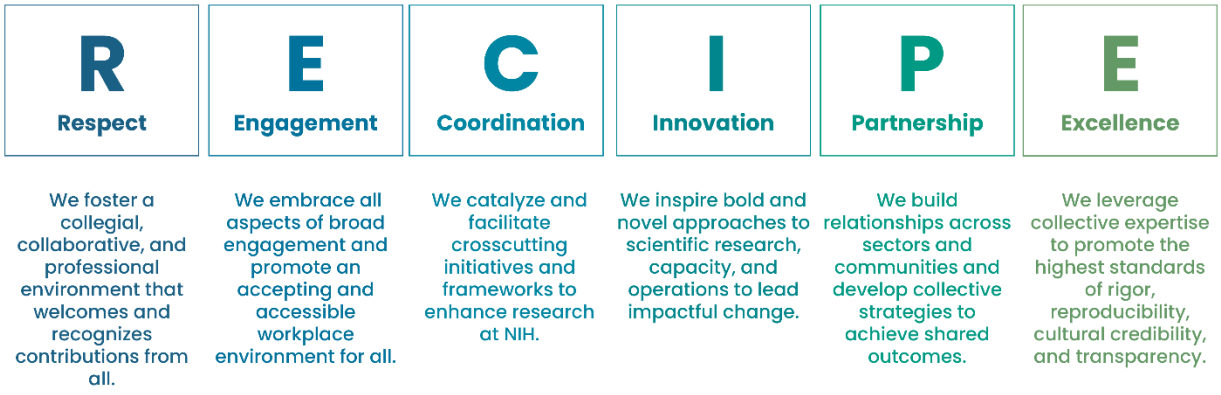

Figure 2. The Division's RECIPE for Success.

Respect

We foster a collegial, collaborative, and professional environment that welcomes and recognizes contributions from all.

We demonstrate respect by upholding integrity and recognizing and celebrating the range of our contributions. We hold ourselves accountable for maintaining an environment where everyone feels safe, supported, and empowered to fully express themselves. By integrating respect in our day-to-day interactions and tasks, we build a stronger, more resilient organization, dedicated to excellence and shared success. Our commitment to a respectful and collaborative environment means actively listening to one another, engaging in open dialogue, and honoring differences with kindness and dignity.

Engagement

We embrace all aspects of broad engagement and promote an accepting and accessible workplace environment for all.

We demonstrate engagement by striving to create an accepting and accessible environment where all employees have the opportunities, resources, and support they need to thrive and feel a sense of belonging. We embrace broad perspectives in all their forms—cultural, professional, and personal—recognizing that our strength lies in collaboration and mutual respect. By implementing intentional and systemic practices, we are dedicated to cultivating a welcoming culture that values every voice and empowers all individuals to reach their full potential.

Coordination

We catalyze and facilitate crosscutting initiatives and frameworks to enhance research at NIH.

We bring together resources and subject matter experts to build collaborations across NIH and catalyze innovative solutions to complex public health issues. By convening expertise and resources across the Division, agency, and beyond, we help NIH ICOs to achieve their missions and amplify the impact of their investments in shared interest areas. This emphasis on coordination ensures a unified, mission-driven focus that capitalizes on the range of perspectives across NIH, while maximizing efficiencies and eliminating redundancies.

Innovation

We inspire bold and novel approaches to scientific research, capacity, and operations to lead impactful change.

We believe innovation is critical to continued success. We embrace bold ideas, new methods, and novel tools and platforms to support NIH's mission of seeking fundamental knowledge to advance science and enhance health for all. We take calculated risks and plan out data-driven actions to achieve highly impactful results. We improve our systems, optimize workflows, and streamline processes to ensure efficient operations and optimal outcomes now and into the future. We coordinate research and resources effectively across NIH and collaborate with our partners to lead crosscutting research for broad, long-lasting impact.

Partnerships

We build relationships across sectors and communities and develop collective strategies to achieve shared outcomes.

We foster mutually beneficial partnerships among individuals, organizations, and ICs and OD offices to further the NIH mission. We engage as equal contributors with partners across NIH, and throughout academic, scientific, advocacy, public, private, and industry sectors. We seek to establish a shared vision, complementary objectives, and platforms for community members with a wide range of perspectives to engage with us and each other. The importance we place on partnerships underscores authentic communication, accountability, transparency, and rich discourse to promote timely, relevant action to improve public health.

Excellence

We leverage collective expertise to promote the highest standards of rigor, reproducibility, cultural credibility, and transparency.

We demonstrate excellence by ensuring that our decisions are supported by meaningful evidence and that our work is thorough, accurate, and informed by our members and partners and the broader communities that we serve. The high-quality methods by which we achieve results are well-defined, reliable, and predictable to build confidence in our work and ensure a successful transfer of knowledge. We purposely build strong connections and trust with our partners and community. We seek to understand, and be responsive to, a wide range of audiences while promoting transparency in our communications. We promote a learning culture where Division members can test, evaluate, change course, and repeat as needed. We strive for continuous improvement and development of our organization, our processes, and our team to maintain our high standards of excellence.

Priorities

The strategic plan articulates the Division's priorities for the next three years. These priorities are organized around three Goals—NIH Research Advancement; Internal Workforce, Resource, and Infrastructure Alignment; and External Engagement and Communication—with underlying Objectives and Strategies outlining how the Division intends to achieve each Goal. Each goal is equally important. The Goals are complementary and synergistic—advancing efforts in one area will lead to advancement in the others.

Goal 1: NIH Research Advancement

Catalyze innovation and align resources to stimulate transformational science.

To successfully catalyze innovative, transformational science across NIH, the Division will cultivate an environment where creativity and new ideas can flourish through effective coordination and NIH-wide capacity building. The Division will bring together experts and provide expertise on crosscutting scientific topics to support rigorous analyses that contribute to evidence-based decision-making. The Division will also develop and share resources and best practices that help ICOs to leverage the infrastructure needed to build capacity for groundbreaking research. This will promote the development and validation of novel technologies and methodologies, leading-edge research resources, and robust training programs that address research challenges. The Division will also assist with the evaluation and prioritization of opportunities, strategies, and action plans aimed at advancing transformational science across NIH. Overall, the Division will serve as a nexus and resource for all of NIH as the agency stimulates scientific progress and translates that science into practice to improve health for all people.

Objective 1.1: Catalyze and initiate innovative science by coordinating across the Division and NIH.

Strategy 1.1.1.: Establish a hub on the Division's intranet to consolidate information for Division-led coordinating committees and special interest groups (e.g., a comprehensive list of all committees and groups including email addresses).

Strategy 1.1.2.: Convene a routine (e.g., quarterly) meeting where members involved in Division-led coordinating committees and special interest groups share their processes, activities, and challenges.

Strategy 1.1.3.: Explore how to encourage better collaboration between the NIH Intramural Research Program and offices within the Division.

Strategy 1.1.4.: Conduct periodic landscape analyses, including portfolio analyses and horizon scanning, to understand the Division's role in the NIH research portfolio and to identify areas for future focus.

Objective 1.2: Advance evidence-based decision-making through rigorous analyses and innovation to enhance the impact of NIH research.

Strategy 1.2.1.: Establish a protocol for building evaluation into all stages of key Division activities, including development, implementation, and results tracking, to ensure goals are achieved (e.g., assessing co-funding outcomes).

Strategy 1.2.2.: Identify and implement novel approaches to capturing the impact of Division activities to enhance NIH research.

Strategy 1.2.3.: Develop an internal data dashboard to track progress toward the Goals, Objectives, and Strategies of the Division's Strategic Plan.

Strategy 1.2.4.: Advance efforts to develop Division-wide resources to support portfolio analyses and harmonize with other NIH portfolio analysis tools.

Objective 1.3: Support the development of innovative, cross-disciplinary research resources and training to build capacity for groundbreaking research in the intramural and extramural communities.

Strategy 1.3.1.: Increase access to resources and training for researchers to promote the adoption of FAIR (findable, accessible, interoperable, reusable) data principles to enable better sharing, discovery, and reuse of NIH-funded data and software.

Strategy 1.3.2.: Cultivate a culturally informed research workforce by supporting training for researchers involved in all areas of science that the Division engages in (e.g., AI/AN cultural awareness).

Strategy 1.3.3.: Promote intramural and extramural researcher training and workforce-focused activities to build a culturally representative and technology aware research workforce.

Strategy 1.3.4.: Develop additional funding opportunities and strategies to support limited-resource institutions to improve research infrastructure and capacity (e.g., in the field of human-centric biomedical research).

Goal 2: Internal Workforce, Resource & Infrastructure Optimization

Improve processes and resources to enable a successful and effective workforce.

The Division aims to maximize efficiency and productivity by championing effective operations and management practices while also building a comprehensive internal infrastructure to support its greatest asset: a robust workforce. The Division embraces continuous growth among its workforce and actively encourages an environment where every person is valued and empowered to contribute, learn, and thrive. The Division will continue to prioritize effective workforce recruitment, retention, and promotion opportunities, and promote a culture that advances fair treatment and encourages a broad range of perspectives. The Division will also harness innovative technologies and approaches to develop and refine internal processes and user-friendly resources to reduce burden on Division members and enhance communication and collaboration within and across the Division. In achieving this goal, the Division will model best practices in coordination and collaboration for all of NIH and beyond.

Objective 2.1: Ensure Division-wide support for workforce recruitment, retention, promotion, and continuous improvement.

Strategy 2.1.1.: Improve and socialize Division-specific materials for onboarding, offboarding, and retention of members, to complement NIH-wide resources, including resources to conduct exit and stay interviews as standard practice.

Strategy 2.1.2.: Support and promote workplace flexibilities across the Division and provide resources to recruit and retain a talented workforce representing a broad range of perspectives, particularly for offices with fewer resources.

Strategy 2.1.3.: Create and expand the availability of position-specific training and detail opportunities for all Division members across the Division and in coordination with ICs.

Strategy 2.1.4.: Provide regular opportunities for early- and mid-career Division members to gain visibility through attending meetings with the Division's senior members and leadership and presenting their work.

Strategy 2.1.5.: Provide Division-wide support for participants in internships and fellowships to be placed in or rotated through offices within the Division (e.g., American Association for the Advancement of Science's Science and Technology Policy Fellows).

Objective 2.2: Promote a culture within the Division that embraces and grows the range of Division member skills, experiences, and perspectives.

Strategy 2.2.1.: Increase recognition of the efforts of administrative Division members through acknowledgement in leadership presentations, promotions, and awards.

Strategy 2.2.2.: Convene an annual in-person meet and greet for the entire Division, scheduled to coincide with the Division Director's Awards ceremony, to build stronger relationships.

Strategy 2.2.3.: Communicate opportunities (e.g., anonymous Division evergreen Slido poll, quarterly office hours) to provide feedback to Division leadership on Division-wide practices.

Strategy 2.2.4.: Improve accessibility across the Division for those with disabilities (e.g., quiet spaces/rooms, assistive technologies).

Objective 2.3: Optimize, innovate, and streamline business processes within the Division to reduce burden and increase productivity.

Strategy 2.3.1.: Share administrative process workflows and best practice guidance to inform technical knowledge and federal administrative regulation compliance understanding across the Division.

Strategy 2.3.2.: Identify and act on opportunities for efficiencies in Division-wide business processes (e.g., travel, training, and/or contracting requests), including the potential use of AI and ensuring input from Division members at all levels.

Strategy 2.3.3.: Provide contract coordination/enterprise contracts for tools or services commonly used across many offices within the Division including project management software (e.g., Asana), email marketing services (e.g., MailChimp or GovD), website hosting, etc.

Strategy 2.3.4.: Update, organize, disseminate, and socialize resources on the Division's intranet and Dashboard (e.g., template MOUs for Details, IPA justifications, etc.).

Strategy 2.3.5.: Identify tools and software-related training needs of Division members, and facilitate resources and training opportunities, pulling from NIH-resources as available, and developing the resources and trainings that don't already exist.

Strategy 2.3.6.: Develop system to consolidate office-level program data to facilitate planning and automate reporting, enabling data-driven decision-making.

Objective 2.4: Enhance communication and collaboration to increase efficiency and engagement within the Division.

Strategy 2.4.1.: Identify unmet training needs centered on effective communication and promote the training across the Division.

Strategy 2.4.2.: Develop opportunities for cross-Division collaboration and sharing of best practices (e.g., through communities of practice and detail opportunities), and explore harmonization of those practices.

Strategy 2.4.3.: Establish a centralized point of contact for communications within the Division who can coordinate Division-wide communications and serve as a resource for Division members.

Strategy 2.4.4.: Seek transparency in how decisions are made in the OD budget process (e.g., one-time and recurring funding requests).

Goal 3: External Engagement & Communication

Foster relationships within and outside NIH to inform and promote the work of the agency.

The Division seeks to foster relationships within and outside NIH to achieve its mission and the mission of NIH. Effective communication and dissemination of information about Division-led initiatives and collaborations is critical for transparency and fostering trust within the Division and NIH. To achieve this, the Division will support and build collaborative partnerships with NIH ICOs, other government agencies, Tribal Nations and Tribal serving organizations, professional societies, community-based organizations, research institutions, other non-government organizations, and the public. This cooperative approach will leverage resources and expertise, driving innovation and amplifying the Division's and NIH's collective impact on public health challenges. By integrating community engagement and outreach into its strategic plan's framework, the Division strives to build transparent and trustworthy relationships with the communities it serves.

Objective 3.1: Strengthen relationships within and across NIH to better communicate the Division's priorities and engage with all ICOs.

Strategy 3.1.1.: Ensure Division members have wide representation on ICO and NIH-wide working groups to share subject matter expertise, forge partnerships, and promote collaboration.

Strategy 3.1.2.: Explore opportunities across NIH to share the Division's mission, activities, and accomplishments and gather feedback to understand how the Division can support ICO (i.e., outside of the Division) efforts (e.g., an annual Division 101, Division leadership retreat).

Strategy 3.1.3.: Develop a communications strategy, in alignment with the NIH Strategic Communications Plan, to promote the Division's areas of scientific interest and funding capabilities.

Objective 3.2: Forge synergistic partnerships with other U.S. Government Organizations and Tribal Nations to capitalize on shared priorities.

Strategy 3.2.1.: Identify and build relationships with units at other government agencies (e.g., the National Science Foundation, the Centers for Disease Control and Prevention) with similar coordination responsibilities.

Strategy 3.2.2.: Coordinate with regulatory agency partners (e.g., FDA, EPA) to identify opportunities for advancing translational research in support of decision frameworks (e.g., preclinical safety assessments, chemical risk assessments).

Strategy 3.2.3.: Facilitate appropriate and culturally responsive engagement between offices within the Division, Tribal Nations, and other key constituents, and leverage the lessons learned from these engagements (e.g., Tribal consultations) when developing research policies and programs.

Strategy 3.2.4.: Coordinate with the Office of Legislative Policy and Analysis to ensure that offices and efforts within the Division are represented to Congress (e.g., through the NIH Congressional Lunch and Learn presentations).

Strategy 3.2.5.: Encourage Division-led research coordinating committees to have representatives from across other government agencies.

Objective 3.3: Communicate and engage with the public (including researchers, patients, and advocacy groups) to advance research, and promote public health, transparency, and trust.

Strategy 3.3.1.: Establish a Division-wide community of practice for those involved in community engagement across the Division to share approaches and lessons learned about community-based outreach across offices within the Division.

Strategy 3.3.2.: Capitalize on Council of Councils and associated working groups as a resource for building partnerships within the extramural research community including individuals with lived experiences.

Strategy 3.3.3.: Identify and leverage the most effective platforms to engage the public (i.e., via seminars, workshops, listening sessions, and websites) on Division topics of interest to increase awareness of scientific advances, opportunities, and resources, and to gather feedback.

Appendices

Appendix A: Statutory Authority for DPCPSI

As part of the National Institutes of Health (NIH), the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI or the Division) serves as the scientific nexus for the Office of the Director (OD). NIH formally established the Division within the OD as part of implementing the requirements of the *NIH Reform Act of 2006 (P.L. 109–482)*, which reaffirmed the importance of NIH and its vital role in advancing biomedical research to improve the health of the nation. The statutory authority granted to NIH generally appears in Title IV of the *Public Health Service (PHS) Act (P.L. 78–410)*, which the *NIH Reform Act* revised. Below is a summary of the provisions relevant to the Division and its activities.

The NIH Reform Act of 2006, P.L. 109–482

On January 15, 2007, the *NIH Reform Act* was signed into law, revising Title IV of the *PHS Act*. The law reinforced how NIH's 27 Institutes and Centers (ICs), along with various other NIH components, work together on the nation's largest medical research enterprise. It also called for the formation of DPCPSI.

The *NIH Reform Act* amended Sec. 402(b) of the *PHS Act* to state that the NIH Director, in consultation with IC Directors, is responsible for conducting priority setting reviews to ensure that the NIH portfolio is balanced, free of unnecessary duplication, and collaborative; assembling data to assess research priorities, including scientific opportunity, public health burdens, and progress in reducing health disparities; and ensuring that the NIH Strategic Plan is scientifically based and supports the research priorities. These provisions were assigned to the NIH Director and have been charged to the Division to implement, consistent with this section later saying that the NIH Director may assign additional functions to the Division.

The *NIH Reform Act* also amended Sec. 402(b) of the *PHS Act* to call for DPCPSI to identify research that represents important areas of emerging scientific opportunities, rising public health challenges, or knowledge gaps that deserve special emphasis and would benefit from conducting or supporting additional research that involves collaboration between two or more ICs, or would otherwise benefit from strategic coordination and planning; and that this research would be supported by a Common Fund. These provisions were assigned directly to the Division upon its creation and are reflected in the Division's mission today: To advance biomedical and behavioral science through crosscutting, innovative strategies that foster collaboration and synergies across NIH.

Appendix B: DPCPSI Offices and Programs

Director's Office (DO)

The Director's Office (DO) provides strategic leadership, coordination, and oversight to drive the Division's mission of advancing biomedical and behavioral science. The DO ensures alignment of the Division's crosscutting programs with NIH-wide goals, fosters innovation, and promotes collaboration across NIH and with external partners. The DO serves as a hub for strategic planning, coordination, and resource development and allocation across Division offices and programs. Through collaboration with NIH leadership, the DO facilitates identifying emerging scientific opportunities, coordinating a broad range of research initiatives, and addressing challenges critical to public health. The DO also plays a key role in promoting shared goals, policies, and practices, as well as transparency and accountability, by coordinating and aligning activities and communication across the Division and beyond. Lastly, the DO bolsters the Division's operations by coordinating workforce support, administrative policy oversight, and resource alignment. By leveraging its strategic position, the DO ensures that Division programs and initiatives are well-positioned to advance NIH's mission and catalyze transformative research.

All of Us Research Program

The *All of Us* Research Program is a historic, longitudinal effort to gather data from one million or more people in the U.S., with the goal of accelerating health research and medical breakthroughs, and enabling individualized prevention, treatment, and care. The program aims to reflect the diversity of the U.S. and its territories and include participants from groups that have been historically underrepresented in health research in the past. The program is building one of the largest, most diverse databases of health information of its kind to advance discoveries on health. Unlike research studies that are focused on a specific disease or population, *All of Us* serves as a national research infrastructure to inform thousands of studies and cover a wide variety of health conditions. Researchers use data from the program to learn more about how individual differences in lifestyle, environment, and biological makeup can influence health and disease.

Environmental Influences on Child Health Outcomes (ECHO)

The NIH Environmental influences on Child Health Outcomes (ECHO) Program office promotes scientific vision and mobilizes nationwide capacity to catalyze observational and intervention research that will enhance the health of children for generations to come. Research conducted through ECHO focuses on five key pediatric outcomes that have a high public health impact: pre-, peri- and postnatal health; upper and lower airways; obesity; neurodevelopment; and positive health. The ECHO team provides programmatic and administrative oversight of its research, evaluation of strategic success, and engages an array of interested parties to broaden the reach and impact of its research. ECHO funds most of its research using cooperative agreements, which allow for collaboration between the program and many NIH ICOs. ECHO manages two NIH-wide working groups: one for its observational research and one for its intervention research. ECHO also leads an NIH-wide interest group emphasizing science about the developmental origins of health and disease. The ECHO Program contributes broadly to NIH policy implementation and evaluation, strategic planning, and data analytics.

Office of Administrative Management (OAM)

The Office of Administrative Management (OAM) provides administrative management, strategic business solutions, and consultative support and services to the 14 offices that make up the Division. OAM's mission is to provide executive services and coordination in administrative management and

support to the offices within the Division. OAM's vision is to consistently provide innovative, high quality, customer-centered executive services for the Division. We will accomplish our vision by establishing and maintaining a solid and supportive infrastructure, strategic and proactive operational planning to meet customer needs, maximizing the efficiency of daily operations, implementing innovative and creative solutions, developing tools and resources that enhance communications, facilitate information sharing and increase efficiency, fostering performance-driven customer service, optimizing its workforce through team building and skills training, and building productive relationships with Division members, leadership, and the greater NIH community.

Office of AIDS Research (OAR)

The Office of AIDS Research (OAR) coordinates the NIH HIV research program across the agency and ensures that funding is invested in the highest priority research areas to achieve pandemic control, prevent new transmissions, and improve the health of people with HIV. As HIV crosses nearly every area of medicine and scientific investigation, the response to the HIV pandemic requires a multidisciplinary, global research program. Today, that program spans 3,500 projects in nearly 100 countries. OAR works across NIH and with scientific, community, and federal partners to establish research priorities, develop the strategic plan for HIV research, and guide the public investment in high-quality, responsible research.

Office of Behavioral and Social Sciences Research (OBSSR)

Behavioral and social sciences research (BSSR) is a key part of the NIH mission. It helps us understand human behavior—how people think, feel, and act, both individually and in groups. Established in 1995, the Office of Behavioral and Social Sciences Research (OBSSR) works to strengthen BSSR's impact, and the scientific understanding of how behavioral and social factors influence health and disease. OBSSR's mission is to identify gaps and opportunities for BSSR, coordinate BSSR within the larger NIH scientific enterprise, improve public health through the application and communication of this knowledge, and integrate these findings into clinical and public health practice to improve health for all. OBSSR's vision is to integrate BSSR perspectives seamlessly into health research efforts to accelerate scientific innovation and discoveries, train and engage researchers, improve health interventions and promotion, and ensure fair and accessible implementation strategies.

Office of Disease Prevention (ODP)

The mission of the Office of Disease Prevention (ODP) is to improve public health by increasing the scope, quality, dissemination, and impact of prevention research supported by NIH. Under the direction of the NIH Associate Director for Prevention, who is also the Director of ODP, the office provides leadership for the development, coordination, and implementation of prevention research in collaboration with NIH ICOs and other federal partners. The office manages the NIH Prevention Research Coordinating Committee and participates in prevention research and health promotion activities across the government, including serving as the official NIH liaison to the U.S. Preventive Services Task Force, the Community Preventive Services Task Force, and the Healthy People initiative. ODP is also home of the Tobacco Regulatory Science Program, an interagency partnership between NIH and the U.S. Food and Drug Administration (FDA) to foster tobacco regulatory research.

Office of Dietary Supplements (ODS)

The Office of Dietary Supplements (ODS) was established in 1994 by the *Dietary Supplement Health and Education Act (DSHEA)* to support research on dietary supplements and to promote their role in improving health. The office's primary goals include: 1) understanding how supplements can play a key

role in improving healthcare in the U.S.; 2) supporting research on how supplements help maintain health and prevent diseases; 3) organizing and conducting research on dietary supplements within NIH; 4) gathering and sharing scientific findings about dietary supplements; and 5) advising the Secretary and the Assistant Secretary for Health, the Director of NIH, the Director of the Centers for Disease Control and Prevention, and the Commissioner of the FDA on issues relating to dietary supplements.

Office of Data Science Strategy (ODSS)

The Office of Data Science Strategy (ODSS) catalyzes new capabilities in biomedical and behavioral data science by providing NIH-wide leadership and coordination to strengthen research and training to meet challenges, e.g., in artificial intelligence and machine learning (AI/ML) with the associated ethical considerations, and implements innovative approaches to improve the data ecosystem toward broad and fair data sharing and reproducibility with proper safeguards for privacy and confidentiality. ODSS leads implementation of the NIH Strategic Plan for Data Science through scientific, technical, and operational collaboration with the ICOs that comprise NIH.

Office of Evaluation, Performance, and Reporting (OEPR)

The mission of the Office of Evaluation, Performance, and Reporting (OEPR) is to capture, communicate, and enhance the value of NIH research through stewardship activities, including strategic planning, performance monitoring, evaluation, and reporting. The placement of OEPR within the Division signals a commitment to the strategic and systematic strengthening of NIH's stewardship of its public funds. OEPR works with NIH ICOs to strengthen approaches to strategic planning and to build their capacity to monitor progress and evaluate programs, policies, and operations. In strengthening these capabilities, OEPR works to increase NIH's ability to generate and use evidence to inform leadership's decision-making and management of resources, and to report on NIH activities to Congress and the public. In addition to supporting ICOs, OEPR coordinates several NIH-wide activities, such as development of the NIH-Wide Strategic Plan, Government Performance and Results Act (GPRA) reporting, and the NIH Triennial Report. OEPR also develops and maintains the Strategic Tracking and Reporting Tool (START), a knowledge management platform that supports these stewardship activities. Key to executing OEPR's mission is engagement and collaboration across NIH. To do this, OEPR works closely with each of the ICOs—primarily through the NIH Planning and Evaluation community—and other offices within the Division.

Office of Nutrition Research (ONR)

The Office of Nutrition Research's (ONR) vision is to advance nutrition science for the health of this and future generations and its mission is to lead innovative research to address the complexities of nutrition, its ecology, and its critical role in health across the lifespan for all. ONR aims to establish the integral role of nutrition in all aspects of human biology, health, and disease and to serve as a synergistic hub across NIH, the government, and non-government multisectoral partners to support and coordinate the domestic and global nutrition research agenda by: Improving the precision of assessment and attribution of one's nutritional status to support clinical and public health interventions; and Providing the evidence base to develop context-specific, culturally appropriate, resilient, and sustainable solutions to address priority health outcomes across the lifespan.

Office of Portfolio Analysis (OPA)

The Office of Portfolio Analysis (OPA) accelerates the impact of biomedical research funding by supporting data-driven decision-making through development and dissemination of new methods, tools,

and best practices that enable scientific analysis of NIH investments and their role in advancing knowledge that improves human health.

Office of Research Infrastructure Programs (ORIP)

The Office of Research Infrastructure Programs (ORIP) accelerates the NIH mission by providing critical infrastructure that underpins scientific advancement. This support encompasses a diverse array of research resources, including advanced animal models for studying human diseases, cutting-edge scientific instrumentation, modern research supporting equipment, and the construction and modernization of research facilities. Additionally, ORIP fosters research training opportunities tailored for veterinary scientists. By maintaining robust engagement with NIH ICOs, as well as the broader biomedical research community, ORIP enhances existing programs and drives new initiatives to advance NIH research at the vanguard of scientific innovation. These efforts are facilitated through the targeted funding of grants, cooperative agreements, and contracts.

Office of Research on Women's Health (ORWH)

The Office of Research on Women's Health (ORWH) serves as the focal point for women's health research at NIH. ORWH works in partnership with the other NIH ICOs to promote the prioritization of women's health across research portfolios, the inclusion of women in research populations, and the consideration of sex as a biological variable in health and disease. Since its inception, ORWH also has developed innovative strategies to recruit, retain, and support women in the biomedical workforce. ORWH leads a diverse portfolio of research programs, policy and planning initiatives, events, and resource development aimed to stimulate and advance research that improves the health of women from head to toe and across the lifespan, positively impacting the health of all.

Office of Strategic Coordination (OSC) – The Common Fund

The Office of Strategic Coordination (OSC) is charged with stewardship of the NIH Common Fund. The Common Fund is a unique funding entity within NIH that supports bold scientific programs that catalyze discovery across all biomedical and behavioral research. These programs create a space where investigators and multiple NIH ICOs collaborate on innovative research expected to address high priority challenges for the NIH as a whole and make a broader impact in the scientific community. The Common Fund makes substantial investments in time-limited, goal-driven programs to significantly change the trajectory of biomedical research. These programs accelerate emerging science, enhance the biomedical research workforce, remove research roadblocks, and support high-risk high-reward science in ways that no other entity is likely or able to do. Common Fund programs are designed so that each deliverable will spur subsequent biomedical advances that otherwise would not be possible without its strategic investment. OSC members work in concert with partners in the NIH ICOs to plan and manage Common Fund programs including their scientific direction, research awards, budgets, outreach, and assessment.

Tribal Health Research Office (THRO)

The Tribal Health Research Office (THRO) is dedicated to building research partnerships for healthy Tribal Nations. In all we do, we acknowledge the enduring hope, resiliency, wisdom, and strengths of American Indian and Alaska Native (AI/AN) communities across the country. THRO was established in 2015 to ensure meaningful input from and collaboration with Tribal Nations on NIH policies, programs, and priorities. It is the central point of contact at NIH for federally recognized AI/AN Tribes throughout the U.S. and the coordination hub for Tribal health research activities at NIH. THRO is focused on enhancing capacity for research in Native communities, promoting opportunities for the next generation of AI/AN

researchers, and disseminating transparent and culturally aware information about NIH and biomedical and behavioral research. THRO also provides technical support to the NIH Tribal Advisory Committee (TAC) and drives agency-wide progress related to the NIH Strategic Plan for Tribal Health Research.

Appendix C: Strategic Planning Process

The *DPCPSI Strategic Plan for Fiscal Years 2025–2027 (FY25–FY27)* articulates the Division's shared priorities for the next three years with a focus on the **how** rather than the **what** of what we do. Individual office strategic plans articulate research priorities and programmatic activities. The strategic plan was developed by Division members for Division members to use as a tool to communicate and coordinate actionable and measurable Division-wide priorities to move forward as a unified organization. The Plan is harmonized to the Framework of the *NIH-Wide Strategic Plan for FY21–FY25*, with the Division's priorities organized around three key Goals, each Goal's underlying Objectives, and the Strategies that will be implemented to achieve those Objectives and Goals. Although laid out as separate phases, the priority setting and planning process was iterative, with overlapping phases and planning activities run in parallel.

Priority Setting

The Division sets its priorities to be responsive to the needs of the NIH community, both internal and external, within the bounds of its legislative mandate (see Appendix A). To set the Division's priorities for this strategic plan, the DPCPSI Director outlined their vision for the next three years at a Division All Hands meeting in February 2024.[3]

From March 2024–January 2025, a working group of office directors and members from across the Division iterated on this vision, considering various factors, such as NIH community needs, public health needs, and scientific challenges and opportunities, to develop the Framework for this strategic plan.

To set the priorities, the working group organized around the three main Goals articulated by the DPCPSI Director, focused on NIH Research Advancement; Internal Workforce, Resource, and Infrastructure Alignment; and External Engagement and Communication. With these Goals and the legislative mandate for the Division in mind, the working group engaged colleagues in their individual offices to solicit input on the Division's priorities for the next three years. Division members were asked to anonymously contribute ideas for priorities to inform the Plan. The working group considered these crowdsourced ideas, balancing priorities that 1) would be essential for catalyzing science and innovation across NIH, while allowing for agile responsiveness to scientific opportunities; 2) would enable the Division to coordinate across NIH to address emerging public health needs; and 3) would be feasible to implement in the three-year timeframe. As the working group developed draft priorities for the strategic plan, they shared them with Division leadership to ensure that both bottom-up and top-down priorities were being addressed. This iterative process led to a set of priorities that are responsive to the needs of the NIH community and reflect the legislative mandate.

Planning Phase 1: Working Group Launch and Framework Development

A working group with representatives from each of the offices within the Division, including the Director's Office, was convened in March 2024. The working group was cochaired by the Director of the Office of Disease Prevention, the Senior Advisor to the Division Director, and the Assistant Director for Planning and Reporting of the Office of Evaluation, Performance, and Reporting.

[3] Priority setting for specific Division program areas is conducted by the office responsible for that area, and it is covered by their strategic plans. Across all these areas, priorities are set by considering public health needs, scientific gaps and opportunities, and portfolio balance.

The working group met every other week from April 2024–January 2025. The working group started by reviewing the top-level priority (Goal) areas and Values outlined by Division leadership as well as other background materials including an analysis of the Division's individual office strategic plans.

The working group then developed the Framework of the Plan. The working group was tasked with working with their offices to develop Objectives that would move each of the Goals forward. The working group iterated on the list of Objectives to ensure that the Objectives were achievable and would support the Goals and mission of the Division.

Planning Phase 2: Division-wide Input

Input from across the Division was sought throughout the Framework development process (Phase 1), through regular engagement on specific aspects of the Framework by working group representatives with colleagues in their offices. Division office directors were also given the opportunity to review and provide feedback on the Framework during their regular Office Directors meetings.

Separate from those feedback opportunities, Division members had the opportunity to contribute directly to developing the Strategies that underly each of the Objectives of the Plan. In September 2024, after the Framework with Goals and Objectives was finalized, all Division members were invited to contribute ideas for Strategies through an online poll platform (Slido). Division members were invited to upvote Strategies proposed by others, as well as submit their own.

The working group then iterated on and prioritized the proposed Strategies based on which would most effectively move the Objectives and overarching Goals forward. Division leadership also shared their feedback on the prioritized Strategies, ensuring that the Strategies aligned with the Division's priorities.

Planning Phase 3: Drafting the Plan

From October 2024–December 2024, the working group drafted elements of the final Plan. The working group was divided into subgroups to draft narratives for the Values and Goals. The working group also continued to refine the Strategies supporting the Objectives of the Plan.

The cochairs and working group coordination team pulled all the drafted elements together into the final draft for the working group to review prior to final review and approval by Division leadership. Additionally, graphic design elements were developed by Division members.

Planning Phase 4: Approval Process and Plan Release

The Plan was reviewed and approved by Division leadership and then posted on the Division intranet.

Appendix D: Approach to Implementation

Much like the priority setting and planning process, the approach to implementation for the *DPCPSI Strategic Plan for Fiscal Years 2025–2027 (FY25–FY27)* will require a process that is iterative and responsive to feedback from Division leadership and members. One of the first steps will be to socialize the Plan across the Division by presenting it to individual offices and exploring how individual office strategic plans and priorities align with those articulated in the Division strategic plan. As a result, an implementation working group will be convened with representation from across the Division, focused on including members with expertise in coordination, progress monitoring, and analytics.

The implementation working group will divide into three subgroups, meeting regularly to coordinate, share progress, and get feedback. The subgroups may also include additional members with specific expertise from across the Division, as needed. The first subgroup will be tasked with identifying actions to be taken to implement each Strategy, including new and ongoing actions. This subgroup will also identify and coordinate with leads, who will be assigned to oversee each Strategy and its actions. The second subgroup will be tasked with developing metrics and/or indicators for each Strategy and its associated actions that are feasible and distributed across the timeframe of the strategic plan. This subgroup will also coordinate across the Division and with relevant committees to ensure alignment with Division policies, practices, and processes. The third subgroup will be tasked with developing a dashboard for tracking and reporting progress toward the strategic plan's Goals to Division leadership, including developing a workflow for offices to submit information to the dashboard. This subgroup will also be asked to interview Division leadership to understand wants and needs in a strategic plan dashboard and to conduct a landscape analysis of dashboards being used across the Division.

It is anticipated that implementation of the Plan will build on the Strategies by strengthening existing approaches and introducing new activities to achieve the Goals, Objectives, and Strategies outlined in this Plan over the next three years. This iterative process will result in an internal implementation plan and a dashboard that can be used across the Division to track and report on progress toward the strategic plan's Goals.