

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44

High cost of bias: Diminishing marginal returns on NIH grant funding to institutions

Wayne P. Wahls *

Department of Biochemistry and Molecular Biology, University of Arkansas for Medical Sciences, 4301 West Markham Street (slot 516), Little Rock, AR 72205-7199, USA.

* Corresponding author

E-mail: wahlswaynep@uams.edu

Abstract

Scientific output is not a linear function of amounts of federal grant support to individual investigators. As funding per investigator increases beyond a certain point, productivity decreases. This study reports that such diminishing marginal returns also apply for National Institutes of Health (NIH) research project grant funding to institutions. Analyses of data (2006-2015) for a representative cross-section of institutions, whose amounts of funding ranged from \$3 million to \$440 million per year, revealed robust inverse correlations between funding (per institution, per award, per investigator) and scientific output (publication productivity and citation impact productivity). Interestingly, prestigious institutions had on average 65% higher grant application success rates and 50% larger award sizes, whereas less-prestigious institutions produced 65% more publications and had a 35% higher citation impact per dollar of funding. These findings suggest that implicit biases and social prestige mechanisms (e.g., the Matthew effect) have a powerful impact on where NIH grant dollars go and the net return on taxpayers' investments. They support evidence-based changes in funding policy geared towards a more equitable, more diverse and more productive distribution of federal support for scientific research. Success rate/productivity metrics developed for this study provide an impartial, empirically based mechanism to do so.

Keywords

Science policy; peer review; bias; implicit bias; social prestige mechanisms; Matthew effect

Call-Out Quotes

"Giving the lion's share of grant dollars to a small minority of institutions seems counterproductive and wasteful—whether or not the disparities in funding are driven by bias."

"A more egalitarian distribution of funding among institutions would yield greater collective gains for the research enterprise and the taxpayers who support it."

45 Introduction

46

47 There is strength in diversity. Diversity in scientific research includes the perspectives and
48 creative ideas that are harnessed, the model systems and experimental tools employed, the
49 types of investigators supported, and the regions in which research is conducted. Multiple
50 levels of diversity increase the likelihood of scientific breakthroughs and maximize the return on
51 taxpayers' investments in federally sponsored research (Lorsch, 2015; Peifer, 2017a).
52 Unfortunately, there are barriers to maximizing diversity.

53

54 A landmark study in *Science* reported that black investigators are much less likely to get their
55 National Institutes of Health (NIH) research grant applications funded than white applicants,
56 even after for controlling for other factors (Ginther et al., 2011). There are also large differences
57 in success rates for investigators grouped by age (Levitt & Levitt, 2017). While there does not
58 seem to be a gender gap for new NIH grants, female applicants have lower success rates than
59 their male counterparts for competitive renewals (Kaatz et al., 2016; Magua et al., 2017;
60 Pohlhaus et al., 2011). There are also large differences in success rates for investigators
61 grouped by state (Wahls, 2016). The differences in success rates affect where federal research
62 dollars go, contributing to heavily skewed distributions of support among all investigators. For
63 example, just 1% of funded investigators receive about 11% of NIH research grant dollars and
64 10% of funded investigators get about 40% of the money (Basson et al., 2016; Collins, 2017).

65

66 One way to visualize the distribution of wealth, the magnitude of disparity and the degree of
67 skew is through Pareto plots (Figure 1). The histograms (left Y-axis) display the amount of NIH
68 research project grant funding to each bin (there are 52 bins in each plot). For example, the first
69 bin of investigators, which contains the top-funded 1.9% of awardees, received more than twice
70 as many dollars as the second bin (Figure 1, top panel). The cumulative curves (right Y-axis)
71 display the fraction of funding that is allocated to a given bin and all higher-funded bins (i.e.,
72 those to its left). For example, the first two bins of investigators (the top-funded 3.8%) received
73 22% of all research dollars. Strikingly, the distributions of research dollars among institutions
74 and states (Wahls, 2016, 2018) are even more heavily skewed than that for investigators
75 (Basson et al., 2016; Collins, 2017). Half of all NIH research project grant dollars go to about
76 19% of funded investigators, 2% of funded institutions and 10% of states (Figure 1). The actual
77 magnitude of disparity is even higher than depicted here because many well-qualified scientists
78 who apply for support go unfunded. About three-quarters of applicants are denied funding each
79 year (Rockey, 2014) and less than one in three applicants get any of their research project grant
80 applications funded over a five-year period (Lauer, 2016c).

81

82 This “funding inequality has been rising since 1985, with a small segment of investigators and
83 institutes getting an increasing proportion of funds, and investigators who start in the top funding
84 ranks tend to stay there” (Katz & Matter, 2017). While the rich get richer, there is increasing
85 hyper-competition elsewhere in the ranks for the remaining funds. This creates a barrier for the
86 entry of talented young scientists into the biomedical workforce, threatening the future of the
87 research enterprise (Carr, 2013). Similarly, the approximately 70% of awardees who hold a
88 single NIH grant are at increased risk of losing that support, their research laboratories, and
89 even their livelihood (Peifer, 2017a). Consequently, scientists, agency officials and
90 organizations such as the Federation of American Societies for Experimental Biology have
91 advocated for a more equitable distribution of funding among investigators to help sustain the

92 biomedical research enterprise (e.g., [Alberts et al., 2014](#); [FASEB, 2015](#); [Lorsch, 2015](#); [Peifer,](#)
93 [2017a](#); [Wahls, 2018](#)).

94
95 Among all types of disparities in allocations of NIH funding described to date, one is
96 preeminent—and poorly defined as to its causes and consequences. The fact that the NIH
97 gives the majority of its extramural research project grant dollars to tiny minority (about 2%) of
98 funded organizations (**Figure 1**) raises two fundamental, important questions. First, what
99 factors, other than the number of applicants, contribute to the unbalanced allocations of funding
100 among institutions? Second, are the disparities beneficial or detrimental to the national
101 research enterprise? These questions are addressed below.

102

103 **Results**

104

105 **Differences in success rates, funding rates, award sizes and funding per investigator** 106 **contribute to disparity**

107

108 To gain insight into potential causes of the funding disparities, funding and productivity metrics
109 were analyzed, encompassing data over a ten-year period, for fifteen institutions whose
110 amounts of funding ranged from about \$3 million to \$440 million per year (mean of values for
111 fiscal years 2006-2015, **Supplementary Table S1**). This range extends through the first twelve
112 bins of organizations shown in **Figure 1**, providing a broad cross section of institutions based on
113 amounts of funding. For analyses of returns on investments, in a subsequent section of the
114 Results, data were analyzed using continuous variable statistics. However, for part the
115 analyses reported in this section the data were placed into groups of prestigious and less-
116 prestigious institutions based on published rankings ([Bastedo & Bowman, 2010](#); [US News &](#)
117 [World Report, 2016](#)).

118

119 The first two variables examined have to do with likelihood of funding. The application-level
120 success rate is essentially the fraction of applications that get funded in a given fiscal year,
121 although revised applications in the same fiscal year are not counted in the denominator
122 ([Rockey, 2014](#)). The investigator-level funding rate is the fraction of applicants that get one or
123 more of their applications funded in a given fiscal year ([Rockey, 2014](#)). The success rates and
124 funding rates of the institutions were obtained through a Freedom of Information Act request to
125 the NIH (FOI case no. 46152). For fiscal years 2006 to 2015 there were about 137,000 type 1
126 (new) and type 2 (competing renewal) research project grant applications and the average rates
127 for each institution in that time frame were compared. The grant application success rate for
128 each of the prestigious institutions exceeded that for each of the less-prestigious institutions
129 (**Figure 2A**). As a group, investigators at the prestigious institutions were, on average, 1.7-
130 times more likely to get each grant application funded than those at the less-prestigious
131 institutions (33.9% vs 20.5%, $p < 0.001$). Similarly, the investigator funding rate of each
132 prestigious institution exceeded that of each less-prestigious institution, and investigators at the
133 prestigious institutions were, on average, 1.7-times more likely to get at least one application
134 funded each year that they applied (37.6% vs 22.4%, $p = 0.003$) (**Figure 2B**).

135

136 The next two variables examined have to do with amounts of funding. A search of the NIH
137 RePORTER database ([US Department of Health and Human Services, 2017](#)) identified 41,021
138 research project grant awards from fiscal years 2006 to 2015 (each year of funding for a project
139 counts as an award) and these were allocated to 6,021 principal investigators. The total amount

140 of funding to each institution over the ten years was divided by the number of investigators who
141 received funding in one or more years to yield overall funding per investigator. The overall
142 funding per investigator at each prestigious institution was higher than that per investigator at
143 each less-prestigious institution (**Figure 2C**). Investigators at the prestigious institutions were
144 awarded, on average, 2.4-times more funding than those at less-prestigious institutions
145 (\$3,508,000 vs \$1,465,000, $p < 0.001$). The mean annual award size for each prestigious
146 institution was larger than that for each less-prestigious institution, giving investigators at the
147 prestigious institutions, on average, 1.5-times more dollars per award each year (\$466,000 vs
148 \$310,000, $p < 0.001$) (**Figure 2D**).

149
150 In summary, from 2006 to 2015, each of the prestigious institutions outperformed, by every
151 metric, each of the less-prestigious institutions in securing NIH research project grant funding.

152
153 The placement of institutions into prestigious and less-prestigious groups was part of the
154 experimental plan, which was laid out before any data were acquired, and the assignments
155 were based on published rankings ([Bastedo & Bowman, 2010](#); [US News & World Report, 2016](#)). Nevertheless, these groupings could be considered arbitrary and might affect the
156 results, so the data (**Supplemental Table S1**) were also analyzed as continuous variables
157 without regard to prestige rank. Linear least squares regression analyses revealed robust
158 positive correlations between success rates ($R^2 = 0.53$, $p = 0.002$), funding rates ($R^2 = 0.48$, $p =$
159 0.004), award sizes ($R^2 = 0.75$, $p < 0.001$), and funding per investigator ($R^2 = 0.62$, $p < 0.001$)
160 versus the total amounts of funding to each organization.

161
162
163 The conclusions are straightforward. Differences in grant application success rates, investigator
164 funding rates, annual award sizes, and funding per investigator contribute significantly to
165 disparities in the number of research project grant dollars allocated to institutions. Moreover,
166 the impacts of the differences in success rates (**Figure 2A**) and award sizes (**Figure 2D**) are
167 multiplicative, giving the prestigious institutions about 240% more dollars of funding per
168 investigator (**Figure 2C**). In short, differences in likelihood of funding and award sizes are
169 proximate causes of the heavily skewed distribution of funding among institutions (**Figure 1**).
170 Consequences of these imbalances are documented in subsequent sections of the Results and
171 are described in the Discussion.

172 173 **Less-prestigious institutions produce greater returns on investments**

174
175 The disparities in allocations of funding by the NIH might be justified if the prestigious
176 institutions were of greater value to the national research enterprise than the less-prestigious
177 institutions. To see if this is the case, I examined two variables for their primary scientific
178 outputs, which are funding-normalized publication productivity and the citation impacts of those
179 publications.

180
181 There were 41,021 research project grant awards from 2006 to 2015. The project numbers for
182 awards to each institution were used to search the PubMed database ([US National Library of
183 Medicine and National Institutes of Health, 2017](#)), which identified 95,035 scientific publications
184 (based on their unique PMIDs) that were supported by those projects from 2006 to 2015. The
185 total number of project-associated publications of each institution was divided by total funding to
186 yield publication productivity. Each of the less-prestigious institutions produced more scientific
187 publications per dollar of research project grant funding than each of the prestigious institutions
188 (**Figure 2E**). They were, on average, 65% more productive (8.7 vs 5.3 publications per million

189 dollars of funding, $p = 0.003$). Of course, it is possible that the scientific impact of publications
190 might differ between institutions.

191
192 To gain insight into this possibility, the relative citation ratio (RCR) (Hutchins et al., 2016) was
193 compiled for each grant-supported research article during the survey period. Citations to
194 reviews, editorials, and other non-research article types were excluded from analysis. The RCR
195 value, which is being used by the NIH to assess portfolio performance and to guide funding
196 decisions (e.g., Lauer, 2016a, 2016b, 2016d, 2017), is a time-normalized, field-normalized
197 metric for citation impact (Hutchins et al., 2016). These normalizations allow one to compare, in
198 an appropriately weighted fashion, the impact factors for articles published at different times in
199 the survey period. Since article-level citation impact factors follow a log-normal distribution
200 (Eom & Fortunato, 2011; Hutchins et al., 2016; Stringer et al., 2008), RCR (+ 1) values were
201 log-transformed (e.g., Kaltman et al., 2014). The sum of log-RCR values for each institution
202 was normalized to total funding, which provides a measure of productivity based on the citation
203 impact of publications. All but one of the less-prestigious institutions outperformed each of the
204 prestigious institutions, and as a group they had a 35% higher productivity (Figure 2F, $p =$
205 0.006).

206
207 In summary, from 2006 to 2015, the overall, funding-normalized productivity of the less-
208 prestigious institutions was greater than (35% based on citation impact) or substantially greater
209 than (65% based on publication rate) that of the prestigious institutions. I conclude that the
210 scientific output-based of value of these institutions to the national research enterprise does not
211 justify the strong disparities in allocations of funding (significant differences in success rates,
212 funding rates, award sizes, and funding per investigator) between the prestigious and less-
213 prestigious institutions.

214
215 It should be emphasized that the differences in productivity do not necessarily mean that
216 investigators at the less-prestigious institutions are “better scientists” or are “more meritorious”
217 than those at the prestigious institutions. Reasons for this are documented in a subsequent
218 section of the Results and are described in the Discussion.

219 220 **A more comprehensive measure for the magnitude of disparity**

221
222 Previous studies of funding disparities have focused primarily on differences in grant application
223 success rates (e.g., Ginther et al., 2011; Kaatz et al., 2016). However, results of this study and
224 those recently reported elsewhere (Murray et al., 2016; Wahls, 2016) show that there are also
225 disparities in amounts of funding per award. When investigators who are in a group that is
226 disadvantaged by lower success rates do get their applications funded, they often receive
227 substantially less money per award (e.g., Figure 2D). Moreover, there can be substantial
228 differences in productivity between groups (e.g., Figure 2E-2F), which is germane to whether
229 differences in success rates and award sizes are warranted. These various factors can be
230 evaluated simultaneously by using the SR/P value, which is success rate divided by
231 productivity. Differences in SR/P values for investigators grouped in any way that is desired
232 (e.g., by race, gender, age, institution or state) and using any measure of productivity that is
233 desired (e.g., publication rate or citation impact per unit of funding), reveal the success rate-
234 normalized, funding amount-normalized, scientific output-normalized magnitude of funding
235 disparities.

236

237 For all four of the different ways that the data were analyzed, the SR/P value (and a related
238 metric, below) of each prestigious institution exceeded that of each less-prestigious institution
239 (**Figure 2G-2H** and **Supplementary Table S1**). When publications were used as the basis for
240 productivity, the mean SR/P value of the prestigious institutions was 2.6-fold higher than that for
241 the less-prestigious institutions (**Figure 2G**, $p = 0.003$). When citation impact values were used
242 to gauge productivity, there was a 2.2-fold difference between groups (**Figure 2H**, $p < 0.001$).
243 Substituting per investigator funding rates (FR) for per application success rates (SR) produced
244 essentially identical results, with intergroup FR/P quotients of 2.7 ($p = 0.003$) and 2.2 ($p =$
245 0.003), respectively (**Supplementary Table S1**). The fact that four distinct approaches yielded
246 concordant results (mean of 2.41 ± 0.27 standard deviation) suggests that SR/P and FR/P
247 metrics developed for this study provide robust measures for the magnitude of disparity.
248

249 **Inverse correlations between amounts of funding and productivity**

250
251 To gain insight into consequences of the funding disparities, publication-based and citation
252 impact-based productivity values were analyzed as a function of total funding, mean annual
253 funding per award, and funding per principal investigator at each institution (**Figure 3**). For
254 each of these six analyses, linear regression statistics revealed a robust inverse correlation
255 between amounts of funding and productivity ($R^2 = 0.53$ to $R^2 = 0.78$; $p < 0.001$ to $p = 0.003$). I
256 conclude that there are diminishing marginal returns on allocations of NIH research project grant
257 dollars among these institutions, as reported for amounts of NIH funding among individual
258 grants (e.g., [Lauer, 2016a, 2016b](#)), investigators (e.g., [Basson et al., 2016](#); [Lorsch, 2015](#)), and
259 quartiles of states ([Wahls, 2016](#)). The causes of such diminishing marginal returns, their
260 impacts on the national research enterprise, and implications for funding policy are presented in
261 the Discussion section.
262

263 **Generalizability of the findings**

264
265 The analyses encompassed institutions whose amounts of funding ranged from \$3 million to
266 \$440 million per year and the conclusions are based on statistically significant differences in
267 data from more than 100,000 research project grant applications, 40,000 awards, and 95,000
268 publications acknowledging support from those grants over a ten-year period. Inspection of the
269 literature revealed that the differences in grant application success rates reported here for a
270 subset of institutions (65% difference between groups) are virtually identical to those reported
271 for all institutions placed in groups by their amounts of grant funding ([Eblen et al., 2016](#)) and, in
272 another study, for all institutions grouped by size ([Murray et al., 2016](#)). Similarly, the differences
273 in award sizes reported here are like those reported for all institutions ([Murray et al., 2016](#)). The
274 findings of this study, using a cross section of institutions whose amounts of funding cover a
275 broad (about 150-fold) range, can thus be considered representative of the broader population
276 of institutions.
277

278 **Discussion**

279
280 There are three key findings described in this study. First, allocations of NIH research project
281 grant funding to institutions are extremely skewed, favoring a tiny minority and disfavoring the
282 vast majority (**Figure 1**). Second, differences in grant application success rates and award
283 sizes contribute to these disparities (**Figure 2A, 2D**). The impacts of differences in success
284 rates and award sizes are multiplicative, giving the favored institutions about 240% more dollars

285 per investigator (**Figure 2C**). Third, the scientific productivity of the disfavored institutions
286 exceeds that of the favored institutions (**Figure 2E-2F**) and there are robust inverse correlations
287 between funding (total, per award, per investigator) and productivity (**Figure 3**). These findings
288 provide important new insight into causes and consequences of disparities in federal funding for
289 scientific research, and they support evidence-based changes in funding policy.

290

291 **Funding allocations are biased by institution**

292

293 The extreme disparities in NIH funding to institutions (e.g., 1% of funded organizations get about
294 34% of the dollars), which favor a tiny minority and disfavor the vast majority (**Figure 1**), are not
295 matched by extreme differences in distributions of talent. For example, a congressionally
296 mandated study found that the talent to carry out research resides throughout the United States
297 ([National Academies, 2013](#)). All institutions have access to a surplus of highly trained
298 investigators and supporting scientists ([Alberts et al., 2014](#); [Carr, 2013](#)) and the value of an
299 investigator to the nation's research enterprise is largely independent of institutional affiliation
300 ([Deville et al., 2014](#)). Moreover, this study revealed that large differences in grant application
301 success rates and award sizes among institutions are discordant with their productivity-based
302 value to the national research enterprise (**Figure 2**). It thus appears that the NIH funding
303 process is biased by institution, as has been reported for funding by the Natural Sciences and
304 Engineering Research Council of Canada ([Murray et al., 2016](#)).

305

306 **Subconscious bias and social prestige mechanisms**

307

308 It seems unlikely that grant reviewers and NIH officials at-large are overtly biased, so what are
309 potential sources of bias and how could they possibly have such a strong impact on allocations
310 of funding among institutions?

311

312 Most bias is subconscious and these pervasive, implicit biases even affect the actions of
313 individuals who are not overtly biased ([Lai et al., 2013](#); [Staats et al., 2016](#)). Our actions are also
314 strongly affected by social prestige mechanisms that encompass non-meritocratic factors such
315 as the wealth, reputation and selectivity of institutions ([Bastedo & Bowman, 2010](#); [Burris, 2004](#);
316 [Clauset et al., 2001](#)). The preferential allocation of NIH funding to prestigious institutions
317 (**Figure 2**), despite their lower productivity, is an excellent example of the Matthew effect (a type
318 of bias/social prestige mechanism) ([Merton, 1968](#); [Perc, 2014](#)) in action. As another example,
319 manuscripts are more frequently accepted for publication when they come from prestigious
320 institutions than from less-prestigious institutions, and the acceptance rate gap closes when
321 author identity and institutional affiliation are withheld from the reviewers ([Tomkins et al., 2017](#)).
322 We are hard-wired, biologically, to make conscious and subconscious distinctions between
323 groups of people and those distinctions, however unjustified they might be, can affect
324 allocations of funding.

325

326 A little bias goes a long way. Even small differences in reviewers' scores for preferred and non-
327 preferred applicants produce large differences in grant application success rates ([Day, 2015](#)).
328 There are at least four distinct steps of the funding process, involving both scientific merit review
329 (peer review) and administrative funding decisions, at which bias can occur (**Figure 4**).
330 Consequently, the effects of even minor, subconscious biases at each step can multiply
331 exponentially through successive steps of the process. Their net impact at population scale can
332 be inferred by measuring differences in SR/P values, which take into account differences in
333 likelihood of funding, amounts of funding, and scientific output between investigators grouped in

334 any way desired. Four different permutations of this metric yielded similar results (**Figure 2G-**
335 **2H, Supplementary Table S1**) for the magnitude of disparity between the groups of prestigious
336 and less-prestigious institutions analyzed (mean of 2.41 ± 0.27 standard deviation). The SR/P
337 metric thus provides a potentially useful benchmark for ameliorating disparities and, as
338 described below, for optimizing the efficiency with which research dollars are expended.
339

340 **Disparities in funding affect the return on taxpayers' investments**

341
342 The principle that unbalanced allocations of grant funding yield diminishing marginal returns
343 (incremental output for each additional dollar of funding) has been documented extensively at
344 the level of investigators (e.g., [Basson et al., 2016](#); [Berg, 2010](#); [Cook et al., 2015](#); [Doyle et al.,](#)
345 [2015](#); [Fortin & Currie, 2013](#); [Lauer, 2016a, 2016b](#); [Lorsch, 2015](#); [Mongeon et al., 2016](#)). It
346 stems from the fact that individual investigators each have a finite capacity to carry out grant-
347 related duties and their productivity declines when their amounts of funding exceed those
348 capacity limits ([Alberts, 1985](#)). At population scale these diminishing marginal returns, which
349 are a direct consequence of giving a disproportionately large share of grant funding to a minority
350 of investigators, have profound impacts on how efficiently research dollars are being expended.
351 For example, analyses of National Institute of General Medical Sciences (NIGMS) award data
352 revealed that funding for one R01 grant to an investigator produces, on average, about five
353 scientific publications in the funding period, whereas the same amount of funding for a third R01
354 grant yields only about one additional publication ([Lorsch, 2015](#)). As another example, based
355 on NIH-wide funding data and citation impact factors (median RCR values), marginal returns for
356 investigators with \$400,000 of annual research project grant funding are about five-times
357 greater than those for investigators with a million dollars of funding ([Lauer et al., 2017](#)). The
358 diminishing marginal returns persist even when investigator award data are parsed by NIH
359 institute, for “elite” investigators, and by human versus non-human model systems ([Lauer et al.,](#)
360 [2017](#)).

361
362 This study revealed that diminishing marginal returns also apply at the level of institutions
363 (**Figure 3**). The ramifications of this finding are like those for returns on investments at the level
364 of investigators. Because the NIH gives half of all research project grant dollars to about 2% of
365 supported institutions (the very well-funded ones) (**Figure 1**) and very well-funded institutions
366 tend to be considerably less productive than more modestly funded institutions (**Figure 2E-2F,**
367 **Figure 3**), the unbalance allocations have profound implications for the efficiency with which
368 research dollars are being expended. Giving the lion’s share of grant dollars to a small minority
369 of institutions seems counterproductive and wasteful—whether or not the disparities in funding
370 are driven by bias. As is the case for the distribution of research dollars among individual
371 investigators ([Lorsch, 2015](#); [Mongeon et al., 2016](#); [Peifer, 2017a, 2017b](#); [Wahls, 2017, 2018](#)), a
372 more egalitarian distribution of funding among institutions would yield greater collective gains for
373 the research enterprise and the taxpayers who support it.
374

375 **SR/P values provide impartial way to reduce disparity and increase return on** 376 **investments**

377
378 To effectively reduce systemic disparities in allocations of funding (e.g., **Figure 1**), the NIH
379 would have to close gaps in grant application success rates and award sizes for investigators
380 grouped by race ([Ginther et al., 2011](#)), gender ([Kaatz et al., 2016](#); [Magua et al., 2017](#); [Pohlhaus](#)
381 [et al., 2011](#)), age ([Levitt & Levitt, 2017](#)), institution (this study) and state ([Wahls, 2016](#)). The
382 mechanism for remediation would also have to address the impacts of diminishing marginal

383 returns (e.g., **Figure 3**) and, furthermore, must do so in proportion to their variable magnitude.
384 Overall, the process would have to strike a balance between three fundamental needs: First,
385 ensure that investigators at-large are allowed to compete on equal footing for grants and grant
386 dollars. Second, accommodate the possibility that some groups of investigators might be of
387 greater value to the research enterprise than other groups. Third, maximize the net return on
388 taxpayers' investments. The SR/P metrics developed for this study provide a straightforward
389 and impartial way to satisfy, simultaneously, these three fundamental needs.

390
391 The differences in SR/P values between institutions (**Figure 2G-2H**) encompass the impacts of
392 diminishing marginal returns on scientific output (productivity) as well as controllable factors
393 (differences in success rates and award sizes) that contribute to the diminishing marginal
394 returns. Thus, SR/P values provide useful parameters with which to optimize the net return on
395 taxpayers' investments. To do so, the NIH would adjust success rates and award sizes to the
396 extent that is necessary to establish parity or near parity of SR/P values between institutions.
397 Success rates and award sizes could still vary between institutions (according to their
398 productivity-based merit), up to but not exceeding the point at which their SR/P values depart
399 from the target range. This approach would treat systematically and proportionately the
400 proximate causes of institutional funding disparities and their deleterious impacts on net
401 productivity of the research enterprise. Moreover, because SR/P values can be derived for
402 investigators grouped in any way desired, the proposed mechanism is of broad utility for
403 addressing imbalances in funding allocations and net productivity among populations of
404 investigators grouped in other ways (e.g., by race, gender, age and state).

405 406 **Summary and implications for funding policy**

407
408 In conclusion, this study and others (e.g., [Basson et al., 2016](#); [Berg, 2010](#); [Cook et al., 2015](#);
409 [Doyle et al., 2015](#); [Fortin & Currie, 2013](#); [Lauer, 2016a, 2016b](#); [Lauer et al., 2017](#); [Lorsch, 2015](#);
410 [Mongeon et al., 2016](#); [Wahls, 2016](#)) support evidence-based changes in funding policy geared
411 towards a more equitable, more diverse and more productive distribution of federal support for
412 scientific research. A wealth of data, such as differences in SR/P values (**Figure 2**) and returns
413 on taxpayers' investments (**Figure 3**), document unambiguously the need for such changes—
414 and provide empirical benchmarks for remediation.

415 416 **Methods**

417 418 **Data sets**

419
420 Data on funding and productivity by institution for FY2006 to FY2015 are provided in
421 **Supplementary Table S1**. The institutions were selected from published rankings ([US News &](#)
422 [World Report, 2016](#)). Five institutions were from the top of the list and the remainder were
423 selected at random from mid-ranked, low-ranked, rank not posted, and unranked regions of the
424 list to provide a cross-section of institutions. Data on research project grant application success
425 rates and investigator funding rates of each institution for FY2006 to FY2015 were obtained
426 from the NIH Office of Extramural Research (Tables #96-17-1 and #96-17-2; in response to FOI
427 case no. 46152). The means of all type 1 (new) and type 2 (competing renewal) applications
428 from FY2006 to FY2015 were determined. Data on total number of research project grant
429 awards, investigators, and funding from FY2006 to FY2015 were obtained by searching the NIH
430 RePORTER database ([US Department of Health and Human Services, 2017](#)). Search

431 parameters were institution (using organization-specific DUNS numbers), fiscal year (2006-
432 2015), and funding mechanism (research project grants). A list of each institution's grant
433 numbers from the RePORTER search was constructed and was used to search the PubMed
434 database ([US National Library of Medicine and National Institutes of Health, 2017](#)) for the
435 number of grant-supported publications from 2006 to 2015. The list of PMIDs for grant-
436 supported publications of each institution was used to search the iCite database ([Hutchins et al.,
437 2016](#)) to obtain the relative citation ratio of each publication. Additional data sets were derived
438 algebraically as described in the Results and **Supplementary Table S1**.

439

440 **Statistical tests**

441

442 Grouped data sets were analyzed using the Mann Whitney test; continuous variable data sets
443 were analyzed using linear least squares regression; analyses were conducted in Prism
444 (GraphPad Software, Inc., La Jolla, CA, USA).

445

446 **Data availability**

447

448 All relevant data are contained in the manuscript and its Supplementary Information file.
449 Additional datasets (e.g., raw results from searches of NIH RePORTER and PubMed) are
450 available from the corresponding author upon request.

451

452 **Acknowledgments**

453

454 I thank the NIH Office of Extramural Research for providing data and G. Baldini, T. Chambers,
455 L. Cornett, M. Davidson, and F. Kilic for comments on the manuscript.

456

457 **Declaration of Conflicting Interests**

458

459 The author declares no potential conflicts of interest with respect to the research, authorship,
460 and/or publication of this article.

461

462 **Funding**

463

464 The author received no financial support for the research and/or authorship of this article.

465

466 **Supplementary Information**

467

468 **Table S1.** Prestige rank, funding, publication, citation impact, and funding-normalized
469 productivity data by institution (2006-2015).

470

471 **References**

472

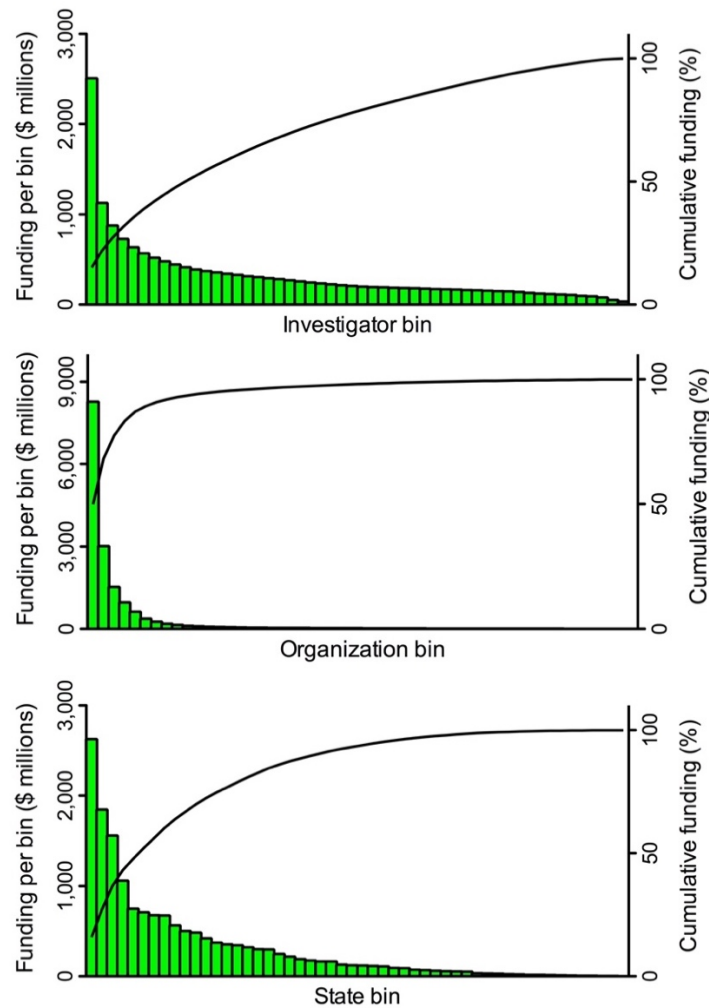
473 Alberts, B., Kirschner, M. W., Tilghman, S., & Varmus, H. (2014). Rescuing US biomedical
474 research from its systemic flaws. *Proceedings of the National Academy of Sciences USA*,
475 *111*, 5773-5777.

- 476 Alberts, B. M. (1985). Limits to growth: In biology, small science is good science. *Cell*, *41*, 337-
477 338.
- 478 Basson, J., Lorsch, J., & Dorsey, T. (2016). Revisiting the dependence of scientific productivity
479 and impact on funding level. *NIGMS Feedback Loop Blog*. Retrieved from:
480 [https://loop.nigms.nih.gov/2016/07/revisiting-the-dependence-of-scientific-productivity-and-](https://loop.nigms.nih.gov/2016/07/revisiting-the-dependence-of-scientific-productivity-and-impact-on-funding-level/)
481 [impact-on-funding-level/](https://loop.nigms.nih.gov/2016/07/revisiting-the-dependence-of-scientific-productivity-and-impact-on-funding-level/)
- 482 Bastedo, M. N., & Bowman, N. A. (2010). U.S. News & World Report college rankings: Modeling
483 institutional effects on organizational reputation. *American Journal of Education*, *116*, 163-
484 183.
- 485 Berg, J. M. (2010). Measuring the scientific output and impact of NIGMS grants. *NIGMS*
486 *Feedback Loop Blog*. Retrieved from: [https://loop.nigms.nih.gov/2010/09/measuring-the-](https://loop.nigms.nih.gov/2010/09/measuring-the-scientific-output-and-impact-of-nigms-grants/)
487 [scientific-output-and-impact-of-nigms-grants/](https://loop.nigms.nih.gov/2010/09/measuring-the-scientific-output-and-impact-of-nigms-grants/)
- 488 Burris, V. (2004). The academic caste system: Prestige hierarchies in PhD exchange networks.
489 *American Sociological Review*, *69*, 239-264.
- 490 Carr, J. P. (2013). Life science graduates face daunting labor market. *Bioscience*, *63*, 922-923.
- 491 Clauset, A., Arbesman, S., & Larremore, D. B. (2015). Systematic inequality and hierarchy in
492 faculty hiring networks. *Science Advances*, *1*, e1400005.
- 493 Collins, F. S. (2017). New NIH approach to grant funding aimed at optimizing stewardship of
494 taxpayer dollars. *The NIH Director*. Retrieved from: [https://www.nih.gov/about-nih/who-we-](https://www.nih.gov/about-nih/who-we-are/nih-director/statements/new-nih-approach-grant-funding-aimed-optimizing-stewardship-taxpayer-dollars)
495 [are/nih-director/statements/new-nih-approach-grant-funding-aimed-optimizing-stewardship-](https://www.nih.gov/about-nih/who-we-are/nih-director/statements/new-nih-approach-grant-funding-aimed-optimizing-stewardship-taxpayer-dollars)
496 [taxpayer-dollars](https://www.nih.gov/about-nih/who-we-are/nih-director/statements/new-nih-approach-grant-funding-aimed-optimizing-stewardship-taxpayer-dollars)
- 497 Cook, I., Grange, S., & Eyre-Walker, A. (2015). Research groups: How big should they be?
498 *PeerJ*, *3*, e989.
- 499 Day, T. E. (2015). The big consequences of small biases: A simulation of peer review. *Research*
500 *Policy*, *44*, 1266-1270.
- 501 Deville, P., Wang, D., Sinatra, R., Song, C., Blondel, V. D., & Barabasi, A. L. (2014). Career on
502 the move: Geography, stratification, and scientific impact. *Scientific Reports*, *4*, 4770.
- 503 Doyle, J. M., Quinn, K., Bodenstern, Y. A., Wu, C. O., Danthi, N., & Lauer, M. S. (2015).
504 Association of percentile ranking with citation impact and productivity in a large cohort of de
505 novo NIMH-funded R01 grants. *Molecular Psychiatry*, *20*, 1030-1036.
- 506 Eblen, M. K., Wagner, R. M., RoyChowdhury, D., Patel, K. C., & Pearson, K. (2016). How
507 criterion scores predict the overall impact score and funding outcomes for National
508 Institutes of Health peer-reviewed applications. *PLoS One*, *11*, e0155060.
- 509 Eom, Y. H., & Fortunato, S. (2011). Characterizing and modeling citation dynamics. *PLoS One*,
510 *6*, e24926.
- 511 FASEB. (2015). *Sustaining Discovery in Biological and Medical Sciences: A Framework for*
512 *Discussion*. Retrieved from: [http://faseb.org/Science-Policy--Advocacy-and-](http://faseb.org/Science-Policy--Advocacy-and-Communications/Science-Policy-and-Research-Issues/Sustaining-Discovery.aspx)
513 [Communications/Science-Policy-and-Research-Issues/Sustaining-Discovery.aspx](http://faseb.org/Science-Policy-and-Research-Issues/Sustaining-Discovery.aspx)
- 514 Fortin, J. M., & Currie, D. J. (2013). Big science vs. little science: How scientific impact scales
515 with funding. *PLoS One*, *8*, e65263.
- 516 Ginther, D. K., Schaffer, W. T., Schnell, J., Masimore, B., Liu, F., Haak, L. L., & Kington, R.
517 (2011). Race, ethnicity, and NIH research awards. *Science*, *333*, 1015-1019.
- 518 Henrich, J., & Gil-White, F. J. (2001). The evolution of prestige: Freely conferred deference as a
519 mechanism for enhancing the benefits of cultural transmission. *Evolution and Human*
520 *Behavior*, *22*, 165-196.
- 521 Hutchins, B. I., Yuan, X., Anderson, J. M., & Santangelo, G. M. (2016). Relative citation ratio
522 (RCR): A new metric that uses citation rates to measure influence at the article level. *PLoS*
523 *Biol*, *14*, e1002541.

- 524 Kaatz, A., Lee, Y. G., Potvien, A., Magua, W., Filut, A., Bhattacharya, A., Leatherberry, R., Zhu,
525 X., & Carnes, M. (2016). Analysis of National Institutes of Health R01 application critiques,
526 impact, and criteria scores: Does the sex of the principal investigator make a difference?
527 *Academic Medicine*, *91*, 1080-1088.
- 528 Kaltman, J. R., Evans, F. J., Danthi, N. S., Wu, C. O., DiMichele, D. M., & Lauer, M. S. (2014).
529 Prior publication productivity, grant percentile ranking, and topic-normalized citation impact
530 of NHLBI cardiovascular R01 grants. *Circulation Research*, *115*, 617-624.
- 531 Katz, Y., & Matter, U. B. (2017). On the biomedical elite: Inequality and stasis in scientific
532 knowledge production. *DASH*. Retrieved from: [http://nrs.harvard.edu/urn-
533 3:HUL.InstRepos:33373356](http://nrs.harvard.edu/urn-3:HUL.InstRepos:33373356)
- 534 Lai, C., Hoffman, K., & Nosek, B. (2013). Reducing implicit prejudice. *Social and Personality
535 Psychology Compass*, *7*, 315-330.
- 536 Lauer, M. (2016a). Applying the relative citation ratio as a measure of grant productivity. *Open
537 Mike, NIH Extramural Nexus*. Retrieved from:
538 [https://nexus.od.nih.gov/all/2016/10/21/applying-the-relative-citation-ratio-as-a-measure-of-
539 grant-productivity/](https://nexus.od.nih.gov/all/2016/10/21/applying-the-relative-citation-ratio-as-a-measure-of-grant-productivity/)
- 540 Lauer, M. (2016b). Citations per dollar as a measure of productivity. *Open Mike, NIH Extramural
541 Nexus*. Retrieved from: <https://nexus.od.nih.gov/all/2016/04/28/citations-per-dollar/>
- 542 Lauer, M. (2016c). How many researchers? *Open Mike, NIH Extramural Nexus*. Retrieved from:
543 <https://nexus.od.nih.gov/all/2016/05/31/how-many-researchers/>
- 544 Lauer, M. (2016d). Measuring impact of NIH-supported publications with a new metric: The
545 relative citation ratio. *Open Mike, NIH Extramural Nexus*. Retrieved from:
546 <https://nexus.od.nih.gov/all/2016/09/08/nih-rcr/>
- 547 Lauer, M. (2017). Research commitment index: A new tool for describing grant support. *Open
548 Mike, NIH Extramural Nexus*. Retrieved from:
549 [https://nexus.od.nih.gov/all/2017/01/26/research-commitment-index-a-new-tool-for-
550 describing-grant-support/](https://nexus.od.nih.gov/all/2017/01/26/research-commitment-index-a-new-tool-for-describing-grant-support/)
- 551 Lauer, M., Roychowdhury, D., Patel, K. C., Walsh, R., & Pearson, K. (2017). Marginal returns
552 and levels of research grant support among scientists supported by the National Institutes of
553 Health. *bioRxiv*. Retrieved from: <https://www.biorxiv.org/content/early/2017/05/26/142554>
554 doi:<https://doi.org/10.1101/142554>
- 555 Levitt, M., & Levitt, J. M. (2017). Future of fundamental discovery in US biomedical research.
556 *Proceedings of the National Academy of Sciences USA*, *114*, 6498-6503.
- 557 Lorsch, J. R. (2015). Maximizing the return on taxpayers' investments in fundamental
558 biomedical research. *Molecular Biology of the Cell*, *26*, 1578-1582.
- 559 Magua, W., Zhu, X., Bhattacharya, A., Filut, A., Potvien, A., Leatherberry, R., Lee, Y. G., Jens,
560 M., Malikreddy, D., Carnes, M., & Kaatz, A. (2017). Are female applicants disadvantaged in
561 National Institutes of Health peer review? Combining algorithmic text mining and qualitative
562 methods to detect evaluative differences in R01 reviewers' critiques. *Journal of Womens
563 Health (Larchmt)*, *26*, 560-570.
- 564 Merton, R. K. (1968). The Matthew effect in science: The reward and communication systems of
565 science are considered. *Science*, *159*, 56-63.
- 566 Mongeon, P., Brodeur, C., Beaudry, C., & Lariviere, V. (2016). Concentration of research
567 funding leads to decreasing marginal returns. *Research Evaluation*, *25*, 396-404.
- 568 Murray, D. L., Morris, D., Lavoie, C., Leavitt, P. R., MacIsaac, H., Masson, M. E., & Villard, M. A.
569 (2016). Bias in research grant evaluation has dire consequences for small universities.
570 *PLoS One*, *11*, e0155876.
- 571 National Academies (2013). *The Experimental Program to Stimulate Competitive Research*.
572 Washington DC: National Academies Press (US). Retrieved from:

- 573 [https://www.nap.edu/catalog/18384/the-experimental-program-to-stimulate-competitive-](https://www.nap.edu/catalog/18384/the-experimental-program-to-stimulate-competitive-research)
574 [research](https://www.nap.edu/catalog/18384/the-experimental-program-to-stimulate-competitive-research)
- 575 Peifer, M. (2017a). The argument for diversifying the NIH grant portfolio. *Molecular Biology of*
576 *the Cell*, 28, 2935-2940.
- 577 Peifer, M. (2017b). Call to restore NIH's cap on grant funding. *Science*, 357, 364.
- 578 Perc, M. (2014). The Matthew effect in empirical data. *Journal of the Royal Society Interface*,
579 11, 20140378.
- 580 Pohlhaus, J. R., Jiang, H., Wagner, R. M., Schaffer, W. T., & Pinn, V. W. (2011). Sex
581 differences in application, success, and funding rates for NIH extramural programs.
582 *Academic Medicine*, 86, 759-767.
- 583 Rockey, S. (2014). Comparing success rates, award rates and funding rates. *NIH Extramural*
584 *Nexus*. Retrieved from: [https://nexus.od.nih.gov/all/2014/03/05/comparing-success-award-](https://nexus.od.nih.gov/all/2014/03/05/comparing-success-award-funding-rates/)
585 [funding-rates/](https://nexus.od.nih.gov/all/2014/03/05/comparing-success-award-funding-rates/)
- 586 Staats, C., Capatosto, K., Wright, R. A., & Jackson, V. W. (2016). *State of the Science: Implicit*
587 *Bias Review*. Columbus, Ohio: Kirwan Institute for the Study of Race and Ethnicity.
- 588 Stringer, M. J., Sales-Pardo, M., & Nunes Amaral, L. A. (2008). Effectiveness of journal ranking
589 schemes as a tool for locating information. *PLoS One*, 3, e1683.
- 590 Tomkins, A., Zhang, M., & Heavlin, W. D. (2017). Reviewer bias in single- versus double-blind
591 peer review. *Proceedings of the National Academy of Sciences USA*, 114, 12708-12713.
- 592 US Department of Health and Human Services (2017). Research Portfolio Online Reporting
593 Tools. Retrieved from: <https://projectreporter.nih.gov/reporter.cfm>
- 594 US National Library of Medicine and National Institutes of Health (2017). PubMed database.
595 Retrieved from: <https://www.ncbi.nlm.nih.gov/pubmed/>
- 596 US News & World Report (2016). Best Medical Schools: Research. Retrieved from [http://grad-](http://grad-schools.usnews.rankingsandreviews.com/best-graduate-schools/top-medical-schools/research-rankings)
597 [schools.usnews.rankingsandreviews.com/best-graduate-schools/top-medical-](http://grad-schools.usnews.rankingsandreviews.com/best-graduate-schools/top-medical-schools/research-rankings)
598 [schools/research-rankings](http://grad-schools.usnews.rankingsandreviews.com/best-graduate-schools/top-medical-schools/research-rankings)
- 599 Wahls, W. P. (2016). Biases in grant proposal success rates, funding rates and award sizes
600 affect the geographical distribution of funding for biomedical research. *PeerJ*, 4, e1917.
- 601 Wahls, W. P. (2017). NIH's ineffective funding policies. *Science*, 356, 1132-1133.
- 602 Wahls, W. P. (2018). The NIH must reduce disparities in funding to maximize its return on
603 investments from taxpayers. *Elife*, 7. doi:10.7554/eLife.34965
604

605



606

607

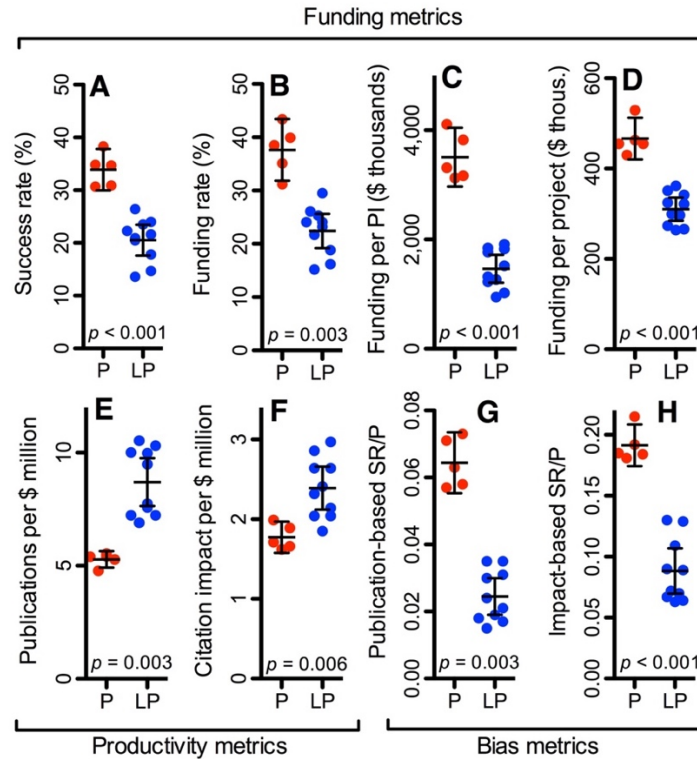
608 **Figure 1. Heavily skewed distributions of NIH grant funding favor a minority and disfavor**
609 **the majority.**

610

611 A search of the NIH RePORTER database identified 25,674 investigators who received
612 research project grant funding in FY2015. These individuals were ranked in descending order
613 by the amount of funding they received, and then grouped into 52 bins, each of which contained
614 493 investigators (the remaining, lowest-funded 38 investigators were not binned). The same
615 process was applied for amounts of funding to 2,038 organizations (39 per bin) and to 52 states,
616 including Washington DC and Puerto Rico (1 per bin). Pareto plots display amounts of funding
617 (histograms, left Y axis) to each bin. Cumulative curves (right Y axis) display fraction of total
618 funding to a given bin and all higher-funded bins (i.e., those to its left). Reproduced with
619 permission from (Wahls, 2018) under a CC-BY 4.0 international license.

620

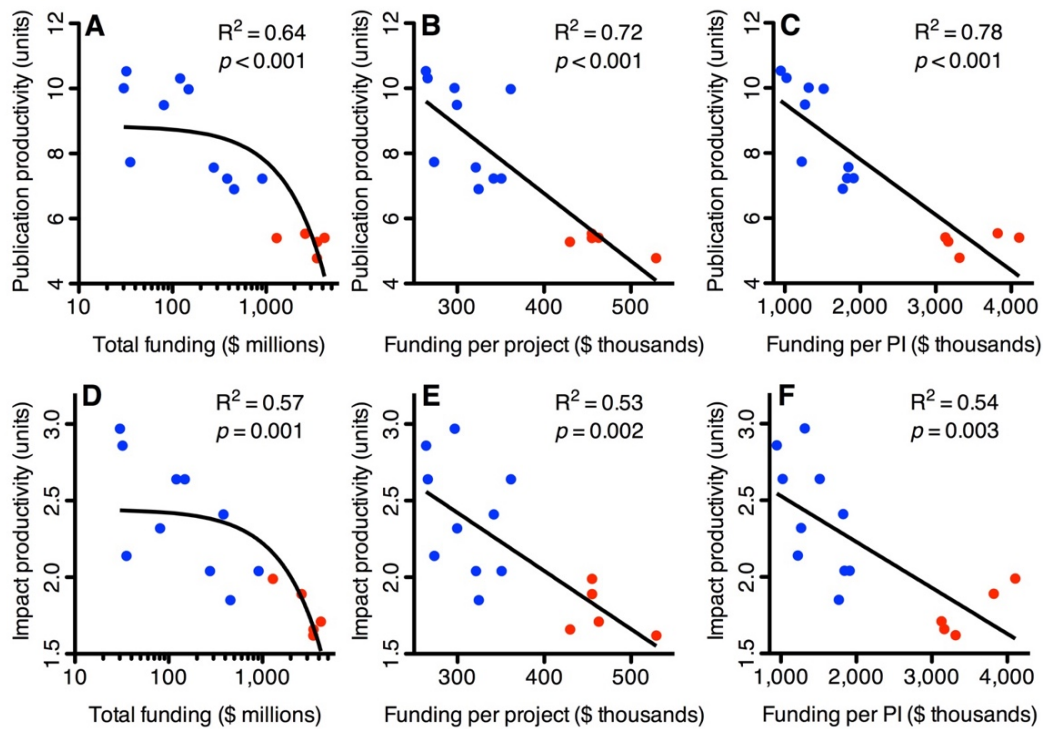
621



622
623
624
625
626
627
628
629
630
631
632
633
634
635
636
637
638
639
640
641

Figure 2. Funding allocations, productivity, and comprehensive measures of disparity.

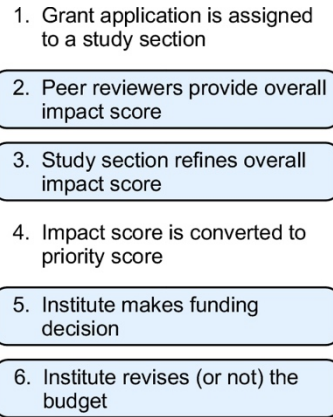
Values are for NIH research project grants, 2006-2015, grouped by prestigious (P, red) and less-prestigious (LP, blue) institutions. Funding metrics by institution are: (A) mean application success rate; (B) mean investigator funding rate; (C) total funding per investigator; and (D) mean annual funding per award. Productivity metrics are: (E) total publications and (F) total citation impact of research publications [sum of log (RCR+1)], each normalized to total funding. Differences in success rate/productivity (SR/P) ratios, using either (G) publication productivity or (H) citation impact productivity, reveal the success rate-normalized, funding amount-normalized, scientific output-normalized magnitude of disparity. Statistical values are from Mann Whitney test; lines denote mean and 95% confidence interval. Prestigious institutions: Harvard Medical School; Stanford University; Johns Hopkins University; University of California San Francisco; University of Pennsylvania. Less-prestigious institutions: Indiana University-Purdue University at Indianapolis; University of Nebraska Medical Center; University of Oklahoma Health Sciences Center; West Virginia University; University of South Dakota; Eastern Virginia Medical School, State University of New York at Buffalo; University of Mississippi Medical Center; University of North Dakota; Louisiana State University Health Sciences Center Shreveport.



642
643
644
645
646
647
648
649
650
651

Figure 3. Effects of funding disparities on productivity.

(A-C) Publication productivity and (D-F) citation impact productivity are plotted as a function of (A, D) total funding; (B, E) annual funding per project; and (C, F) funding per investigator at each institution. Data for prestigious and less-prestigious institutions are shown in red and blue, respectively. Lines and statistical values are from linear regression; curvatures in panels A and D are due to plotting total funding on a log scale.



652
653
654
655
656
657
658
659
660

Figure 4. Multiple opportunities for bias.

The impacts of even minor, subconscious biases at individual steps of the funding process (shaded) can multiply exponentially [effects of (bias 1) × (bias 2) × (bias 3) × (bias 4) = (net impact of bias)].

Table S1. Prestige rank, funding, publication, citation impact, and funding-normalized productivity data by organization (2006-2015).

Rank ¹	DUNS No. ²	Organization	Success Rate ³	Funding Rate ³	Projects ⁴	Funding ⁴	Funded PIs ⁴	Funding / Projects
1	047006379	Harvard Medical School	38.3%	43.4%	2,634	\$1,297,809,360	316	\$455,023
2	009214214	Stanford University	34.7%	39.9%	5,771	\$2,625,937,078	687	\$455,022
3 (tie)	001910777	Johns Hopkins University	30.9%	31.2%	9,534	\$4,412,893,242	1,411	\$462,859
3 (tie)	094878337	University of California, San Francisco	34.8%	38.5%	7,453	\$3,493,270,490	1,054	\$529,085
3 (tie)	042250712	University of Pennsylvania	30.7%	35.1%	8,159	\$3,506,420,297	1,103	\$429,761
47	603007902	Indiana University-Purdue University at Indianapolis	22.3%	25.3%	2,597	\$911,515,992	477	\$350,998
63	168559177	University of Nebraska Medical Center	21.6%	24.1%	1,122	\$383,461,292	210	\$341,766
72	878648294	University of Oklahoma Health Sciences Center	26.4%	29.5%	860	\$276,457,268	150	\$321,462
86	191510239	West Virginia University	17.8%	18.8%	454	\$120,706,995	118	\$265,874
88	929930808	University of South Dakota	20.9%	21.7%	102	\$30,274,425	23	\$296,808
RNP	058625146	Eastern Virginia Medical School	13.6%	15.2%	130	\$35,552,814	29	\$273,483
RNP	038633251	State University of New York at Buffalo	24.0%	26.1%	1,401	\$454,795,551	257	\$324,622
UR	928824473	University of Mississippi Medical Center	23.5%	24.1%	411	\$148,645,596	98	\$361,668
UR	102280781	University of North Dakota	20.5%	23.3%	122	\$32,202,013	34	\$263,951
UR	095439774	Louisiana State University Health Sciences Center Shreveport	14.7%	16.2%	271	\$81,206,676	64	\$299,656

¹ Rank order from 2016 US News & World Report list of "Best Medical Schools: Research" (RNP, rank not posted; UR, unranked).

² Organization-specific DUNS numbers were used for searches of NIH RePORTER.

³ Rates are means of all type 1 (new) and type 2 (renewal) RPG applications, FY2006-FY2015, from NIH OER Tables #96-17-1 and #96-17-2.

⁴ Totals for FY2006-FY2015 are from searches of NIH RePORTER conducted from 06/17/2016 to 06/21/2016.

⁵ Grant-supported publications in 2006-2015 from searches of PubMed on 06/24/2016.

⁶ From searches of iCite RCR database on 01/23/2017. Citation Impact is sum of log(RCR+1), excluding values for non-research publication types.

⁷ Differences in success rate/productivity (SR/P) and funding rate/productivity (FR/P) ratios reveal the magnitude of funding bias.

Funding / Pls	Publications ⁵	Pubs / \$M Funding	Citation Impact ⁶	Impact / \$M Funding	Publication-based SR / P ⁷	Impact-based SR / P ⁷	Publication-based FR / P ⁷	Impact-based FR / P ⁷
\$4,106,992	7,004	5.40	2577	1.99	0.071	0.192	0.080	0.218
\$3,822,325	14,541	5.54	4971	1.89	0.063	0.184	0.072	0.211
\$3,127,493	23,884	5.41	7552	1.71	0.057	0.181	0.058	0.182
\$3,314,298	16,692	4.78	5668	1.62	0.073	0.215	0.081	0.238
\$3,167,199	18,333	5.28	5832	1.66	0.058	0.185	0.066	0.211
\$1,910,935	6,588	7.23	1861	2.04	0.031	0.109	0.035	0.124
\$1,826,006	2,844	7.23	924	2.41	0.030	0.090	0.033	0.100
\$1,843,048	2,092	7.57	565	2.04	0.035	0.129	0.039	0.145
\$1,022,941	1,244	10.31	319	2.64	0.017	0.067	0.018	0.071
\$1,316,279	303	10.01	90	2.97	0.021	0.070	0.022	0.073
\$1,225,959	275	7.74	76	2.14	0.018	0.064	0.020	0.071
\$1,769,632	3,136	6.90	840	1.85	0.035	0.130	0.038	0.141
\$1,516,792	1,484	9.98	392	2.64	0.024	0.089	0.024	0.091
\$947,118	339	10.53	92	2.86	0.019	0.072	0.022	0.081
\$1,268,854	771	9.49	188	2.32	0.015	0.063	0.017	0.070