May 26, 2026

The Honorable Jay Bhattacharya, M.D.
Director
National Institute of Health
9000 Rockville Pike
Bethesda, MD 20892

Submitted electronically via grants.nih.gov

RE: Request for Information (RFI): Inviting Comments and Suggestions on a Framework for the NIH-Wide Strategic Plan for Fiscal Years 2027-2031

The framework for the NIH-Wide Strategic Plan for FY27-FY31 articulates the NIH's priorities in three key areas: biomedical and behavioral science research; scientific research capacity; and scientific research operations.

Priority 1: Research Areas
The NIH presents the following goals to advance biomedical and behavioral science research in FY27-FY31.

- Goal 1: Advance Foundational Knowledge of Human Health and Disease
- Goal 2: Prevent Disease and Promote Health Across the Lifespan
- Goal 3: Advance and Optimize Interventions, Treatments, and Cures

On behalf of the American Academy of Family Physicians (AAFP), representing 124,500 family physicians and medical students, we appreciate the opportunity to comment on the NIH-Wide Strategic Plan. The American Academy of Family Physicians believes that Evidence-Based Medicine (EBM) is essential for delivering high-quality, patient-centered care and guiding health policy advocacy. EBM involves the systematic integration of the highest quality research evidence with clinical expertise and patient values to inform care decisions. We believe EBM recognizes that data, clinical judgment, context, and shared decision-making, are all essential to translating evidence into effective patient-centered interventions.

Thus, the AAFP strongly supports the three stated research goals outlined by the NIH and urges the agency to prioritize primary care–anchored research that advances evidence-based, whole-person care across the lifespan. As NIH and HHS increasingly prioritize prevention, chronic disease reduction, nutrition, physical activity, maternal and child health, and healthy aging, primary care settings represent the principal longitudinal platform through which these goals are operationalized at scale and translated into real-world health outcomes. Family physicians deliver comprehensive, continuous, relationship-based care and

1133 Connecticut Ave., NW, Ste. 1100
Washington, DC 20036-1011

info@aafp.org
(800) 794-7481
(202) 232-9033 www.aafp.org

account for approximately 192 million office visits annually, with primary care representing roughly half of all physician office visits nationwide.[i] This scale makes primary care a salient, yet underutilized, setting for generating generalizable, patient-centered evidence that reflects how Americans experience health, disease, and treatment over time. This is especially critical given that the majority of adults in the United States live with at least one chronic condition, and many live with multiple conditions that require coordinated, longitudinal care.[ii]

To advance gold-standard science and achieve the agency's stated goals on whole-person care, we recommend the NIH prioritize research areas impacting primary care delivery, including but not limited to, multimorbidity and complex chronic disease screening, treatment, and management; disease prevention across the lifespan and evidence-based vaccines; and integration of behavioral health into routine care. We also recommend the NIH explicitly recognizes primary care workforce capacity and care delivery models as research priorities. Further, primary care plays a central role in addressing social drivers of health. We recommend the NIH prioritize research that integrates clinical care with social risk screening, community partnerships, and population-level interventions to ensure equal opportunities for all people to achieve health.

Priority 2: Research Capacity

The NIH presents the following goals to advance scientific research capacity in FY27-FY31.

- Goal 1: Develop and Sustain an Interdisciplinary Research Workforce
- Goal 2: Build, Improve, and Sustain Research Resources and Infrastructure

The AAFP strongly supports these goals and encourages NIH to take targeted action to ensure they meaningfully include and elevate primary care research capacity.
Despite primary care's central role in prevention, chronic disease management, and population health improvement, federal research support for family medicine research fell to a new low of $115 million in 2024, representing just 0.31% of total federal research funding.[iii] This persistent underinvestment weakens the evidence base for the settings where most Americans receive care and where the burden of chronic disease is most acutely managed. Addressing this imbalance is essential for the NIH to generate gold-standard, generalizable evidence that improves whole-person health outcomes across the lifespan. Expanding primary care research capacity is also a strategic capital investment. Evidence consistently demonstrates that strong, continuous primary care is associated with lower total costs, reduced emergency department utilization, fewer hospitalizations, and improved use of preventive services.[iv]

To achieve its stated workforce goal, we recommend the NIH recognize primary care clinicians and community-based investigators as essential contributors to the interdisciplinary research workforce. This includes expanding funding pathways, physician-scientist training opportunities, and career development support for family physicians and other primary care professionals, particularly in rural and underserved communities where workforce shortages and differences in health outcomes are most pronounced. Further, we

believe the NIH is uniquely positioned to convene and coordinate across federal agencies, particularly the Department of Education, to engage Congress to ensure that training pathways in primary care, nursing, public health, and allied health fields are not inadvertently constrained. Proactive alignment across these systems is essential to sustaining a robust, interdisciplinary workforce and ensuring that federal education and research policies are fully supportive of the nation's health priorities.

Finally, we encourage the NIH to prioritize investments in the infrastructure necessary to conduct rigorous, real-world primary care research at scale. This includes, but is not limited to, interoperable electronic health records, shared data platforms, community-based registries, and practice-based research networks capable of supporting pragmatic clinical trials, comparative effectiveness research, and dissemination and implementation science. These resources are essential to ensuring that NIH-funded discoveries are not confined to academic medical centers, but are complementarily applicable, scalable, and effective in community settings where most patients receive care. Strengthening primary care research infrastructure will also enhance coordination with the Agency for Healthcare Research and Quality, whose complementary mission in health services research and implementation is critical to translating NIH-funded discoveries into practice.

Priority 3: Research Operations

The NIH presents the following goals to advance scientific research operations in FY27-FY31.

- Goal 1: Enhance Scientific Stewardship and Decision-Making
- Goal 2: Foster Transparency and Accountability to Improve Public Trust in Science

The AAFP appreciates NIH's commitment to strengthening research stewardship, transparency, and public trust, and we welcome the opportunity to partner in aligning NIH operations more closely with the needs of patients, clinicians, and the communities served in primary care. As NIH continues to advance its strategic framework, ensuring that research is relevant, implementable, and grounded in real-world care settings will be critical to achieving meaningful improvements in national health.

Thus, we support greater transparency in how primary care research is defined, funded, and assessed across the NIH to ensure investments better reflect evolving needs in prevention, chronic disease, nutrition, and whole-person care. Specifically, we urge the NIH to formally recognize primary care research as a distinct and foundational discipline that complements disease- and organ-specific science while uniquely advancing whole-person health. Establishing a dedicated Office of Primary Care Research would provide the clear stewardship and coordination needed to better align NIH efforts with AHRQ and foster stronger collaboration across agencies—following the example set by the establishment of the NIH Office of Emergency Care Research. We recommend NIH work with Congress and HHS to establish and resource this office, ensuring it has the authority and sustained funding needed to effectively coordinate primary care research across the federal landscape.

A more coordinated primary care research enterprise will also improve how evidence reaches patients. In an environment where patients seek clear, reliable information, primary care physicians remain highly trusted sources of health guidance. A 2026 University of Pennsylvania national survey on confidence in public health information dissemination found that Americans report 62% confidence in the NIH, compared to 82% confidence in their primary care provider.[v] Supporting pathways that equip primary care clinicians to translate emerging evidence on vaccines, screenings, and chronic disease into patient-centered care can enhance adoption, strengthen public confidence, and extend the impact of NIH-funded research. We look forward to continued collaboration with the NIH to ensure that advances in science are effectively translated into care that improves the health of all Americans.

We thank you for the opportunity to provide comments on this important issue. Should you have any questions, please contact Sahana Chakravartti, Regulatory Specialist, at schakravartti@aafp.org.

Sincerely,

Jen Brull, MD, FAAFP
American Academy of Family Physicians, Board Chair

[i] Robert Graham Center. (2021). *The state of primary care in the United States: A chartbook of facts and statistics*. American Academy of Family Physicians. https://www.graham-center.org/content/dam/rgc/documents/publications-reports/reports/PrimaryCareChartbook2021.pdf
[ii] Centers for Disease Control and Prevention. (n.d.). *Chronic diseases in America*. U.S. Department of Health and Human Services. https://www.cdc.gov/chronic-disease/about/index.html
[iii] Milbank Memorial Fund. (2026, February). *2026 Primary care scorecard shows continued underinvestment, workforce strain*. https://www.milbank.org/2026/02/2026-primary-care-scorecard-shows-continued-underinvestment-workforce-strain/
[iv] Japparpour Y, Jetty A, Byun H, Siddiqi A, Park J, Koller CF. Investing in Primary Care: The Missing Strategy in America's Fight Against Chronic Disease. The Milbank Memorial Fund and The Physicians Foundation. February 2026.
[v] Annenberg Public Policy Center. (n.d.). *Topline results: Confidence in custodians of public health (Wave 28)*. https://www.annenbergpublicpolicycenter.org/wp-content/uploads/aw28-do03-topline-confcomp-v7.pdf