



May 16, 2026

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

Dear Director Bhattacharya,

On behalf of the National Alliance to Impact Social Determinants of Health (NASDOH), we appreciate the opportunity to provide comments on the Framework for the NIH-Wide Strategic Plan for Fiscal Years 2027-2031.

Founded in 2018 by Governor Mike Leavitt and Dr. Karen DeSalvo, NASDOH is a multi-sector coalition of stakeholders seeking to make a material improvement in the health of individuals and communities by advancing the adoption of effective policies and programs to address health-related social needs (HRSNs) – such as food insecurity, housing instability, and transportation insecurity – as well as the underlying social and economic conditions in which people live that are often the root causes of poor health outcomes (non-medical drivers). NASDOH brings together stakeholders from different geographic regions with expertise in health care, public health, social services, patient and consumer perspectives, information technology, and business to share learnings, develop policy recommendations, and build consensus on solutions to support health. Our website lists all the NASDOH [members](#).

NASDOH Comments on Priority 1: Research Areas (Goals 1 and 2 related to advancing foundational knowledge of human health and disease, and preventing disease and promoting health across the lifespan)

Health begins long before illness or injury strikes—in our homes, schools, neighborhoods, and places of work. The ability of individuals and families to lead healthy and productive lives is influenced by personal choices, as well as the conditions in the communities where we live. Additionally, health and wellbeing are foundational to economic vitality and business competitiveness, personal achievement, and prosperity. An increased level of health for all Americans is key to the promotion of thriving lives, economies, and communities.

America is a world leader in health care and medical research. Yet, while spending approximately \$5.3 trillion per year on health care¹—approximately double the average of our industrialized peers—Americans have shorter lifespans and fare worse in many health indicators, including obesity and diabetes, infant mortality, and life expectancy.² Instead of a singular view of health as an output of health care and medicine, health is understood to be a combination of the impact of social and environmental conditions and personal choices, which can be influenced and improved through a combination of high-value medical care, illness prevention efforts, and social services.

Health and wellbeing also present a national security challenge, with only 23 percent of youth (ages 17 to 24) qualifying to join the Military without a waiver as of 2020, with the most common

¹ CMS National Health Expenditure Historical Data, 2024. Available at <https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/nhe-fact-sheet>.

² Squires, D. "U.S. Health Care from a Global Perspective." The Commonwealth Fund, 8 October 2015. Available at <https://www.commonwealthfund.org/publications/issue-briefs/2015/oct/us-health-care-global-perspective>.

disqualifications being overweight/obesity, drug abuse, medical/physical health, and mental health, respectively.³ Similarly, rising mortality rates among working-age adults have significant economic effects, with impaired health leading to lower productivity and increased hospitalizations, increasing unemployment and reducing earnings.⁴

While there is significant and growing research on the associations between the non-medical drivers of health and health outcomes, there is a need for more robust research, using consistent standards, definitions, and innovative methodologies to identify effective, scalable interventions that can be implemented to improve health outcomes.

NASDOH supports NIH's goals related to research that advances foundational knowledge of human health and disease, with a focus on prevention and promoting health. **To support these goals, NASDOH encourages the NIH to support studies on non-medical drivers of health that prioritize these principles:**

- **Actionable:** Research needs to move beyond demonstrating or refining associations between adverse social drivers of health (SDOH) and poor outcomes and should focus on identifying effective practices and programs that can be implemented to address health-related social needs of patients as well as broader community-level interventions that address non-medical drivers. Research should focus on practical questions decision-makers face (e.g., the comparative value of alternative infrastructure or programmatic investments). To the extent possible, research should also provide the basis for action by specific stakeholders (e.g., the impact of policy interventions, and the costs and benefits by type of stakeholder).
- **Measurable:** Research portfolios should carefully balance the need for long-term studies with time to capture critical outcomes of interventions, but also recognize the importance of translating research into action (e.g., through interim measures). Similarly, research on SDOH should use outcomes measures that are as broad as practicable, expanding beyond process and short-term cost savings metrics to include longer-term health and well-being outcomes.
- **Community-oriented:** SDOH research should be led by, or closely involve, community-based partners who are often the ones planning and implementing SDOH-focused solutions. The data and findings should also be accessible to communities that were studied or that can benefit from findings.
- **Responsive:** Research should be designed to address the unique needs and priorities of populations that face the greatest challenges. Priority should be given to studies that can address the needs of such populations. **Sustainable:** SDOH research should focus on how to achieve sustainable programs and interventions through policy change, sustainable funding streams, dedicated revenue sources, or other interventions that aren't dependent on discretionary grant funding.
- **Integrated:** Studies should recognize that adverse SDOH are often the result of highly related social and economic factors, rather than narrower problems or programs. Within the limits of effective research design, research should seek to address the cross-sectoral nature of both adverse SDOH and their solutions.

³ Joint Advertising, Market Research & Studies, Office of People Analytics. "Qualified Military Available (QMA) Technical Report." Department of Defense. March 2022. Available at https://www.esd.whs.mil/Portals/54/Documents/FOID/Reading%20Room/Personnel_Related/23-F-1060_QMA_Technical_Report_Mar_2022.pdf.

⁴ "1 Introduction." National Academies of Sciences, Engineering, and Medicine. 2021. *High and Rising Mortality Rates Among Working-Age Adults*. Washington, DC: The National Academies Press. doi: 10.17226/25976.

NASDOH appreciates the opportunity to provide feedback on the Framework for the NIH-Wide Strategic Plan for Fiscal Years 2027-2031 and encourages NIH to support research on the non-medical drivers of health to improve the health and well-being of all Americans.

Should you have any questions or wish to discuss our comments further, please contact Laura Pence at Laura.Pence@LeavittPartners.com.

Sincerely,

Laura Pence

Laura Pence
Advisor to NASDOH