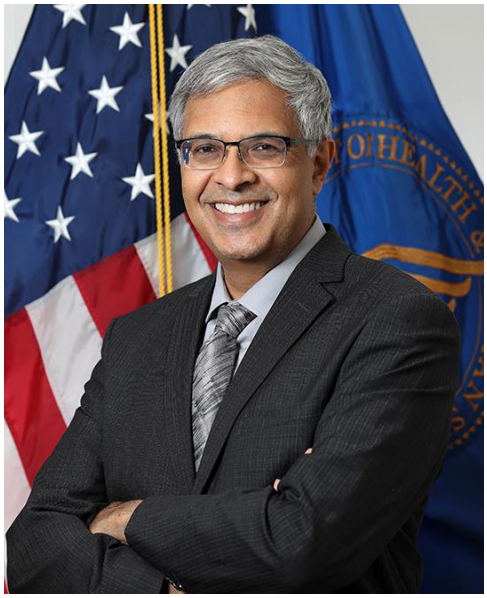
NIH Strategic Plan for Disability Health Research

Fiscal Years 2026–2030

National Institutes of Health
Turning Discovery Into Health

Foreword

A Message from the NIH Director



It is my distinct pleasure to introduce the inaugural NIH Strategic Plan for Disability Health Research. With this plan, the National Institutes of Health (NIH) reaffirms our strong commitment to improve the health and well-being of the more than 70 million Americans with disabilities.

Nearly all Americans will experience disability at some point in their lives, and many of us have family members or friends who are disabled. It is imperative that we steadfastly work to ensure that all Americans, including those with disabilities, have the opportunity to attain their highest level of health.

NIH has a long history of supporting a broad range of disability-related research, ranging from basic science to clinical, translational, and implementation research. Much of this research has focused on preventing, curing, or treating various medical conditions. Yet, as we examine the scientific evidence and listen to our fellow Americans who have disabilities, we recognize there is a vital need to support research that also addresses other, nonmedical drivers of health for disabled Americans. These nonmedical drivers of health interact with medical conditions in complex and unique ways that frequently lead to poorer health outcomes for disabled Americans.

The *NIH Strategic Plan for Disability Health Research FY26–FY30* provides a comprehensive roadmap to advance research that examines and addresses all factors that may impact the health and well-being of Americans with disabilities. By taking this holistic and harmonized approach, NIH can leverage the unique strengths of our Institutes, Centers, and Offices to promote innovative, responsible disability health research that measurably improves health outcomes for Americans with disabilities. We are committed to robust and ongoing support for disability health research and look forward to continued engagement and partnership with disability communities.

Jay Bhattacharya, M.D., Ph.D.
Director, National Institutes of Health

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Introduction

Introduction

Disability Health Research

More than one in four people in the United States has a disability.[1] According to the Americans with Disabilities Act (ADA) of 1990, as amended, a person with a disability is defined as someone who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment (e.g., cancer in remission), or is regarded by others as having such an impairment (e.g., a person who has scars from a severe burn).[2,3]

Disabilities may be present at birth or acquired at any point across the lifespan and are considered a natural part of the human experience. They may be physical, sensory, cognitive, intellectual or developmental, psychological, or related to chronic illness. Disabilities may be visible (e.g., a blind person using a cane) or invisible (e.g., a person with multiple sclerosis who experiences fatigue). They may be temporary or persist for a lifetime. People may have more than one disability, and the nature of their disability or disabilities may change over time. Some individuals and communities may not consider themselves disabled (e.g., Deaf people, many neurodivergent people) but experience discrimination because they are perceived by others to be disabled.

Disability is a complex, multidimensional construct that may be conceptualized and defined in different ways.[4-6] Historically, the predominant model of disability in biomedical research and clinical care has been the medical model of disability. The medical model of disability views disability as an individual's physical or mental impairment(s) that must be "fixed" or "cured" in order to make a person "normal." In contrast, the social model of disability,[7] which has featured prominently in the disability rights movement, emphasizes that disability is not caused primarily by a person's impairment(s), but rather by environmental, social, and attitudinal barriers that may prevent people from fully participating in society. Increasingly, driven by many in the disability community, disability is understood through interactional models, which posit that disability results from the dynamic interplay between individual medical conditions and biological, behavioral, sociocultural, and environmental factors.[8]

Like all Americans, disabled people (Box 1) may experience a range of medical conditions that affect their health and well-being. They also may face nonmedical factors[9,10] that lead to poorer health outcomes, such as inaccessible health care facilities and equipment.[11,12] *Disability health research* seeks to understand and address the effects of medical conditions, nonmedical factors, and their interaction on the health and well-being of people with disabilities.

Disability health research centers the *person* rather than the *disability*. It emphasizes that disabled people have health needs and goals both related *and unrelated* to their disabilities, the latter of which historically have been overlooked.[13]

Box 1. Disability Language

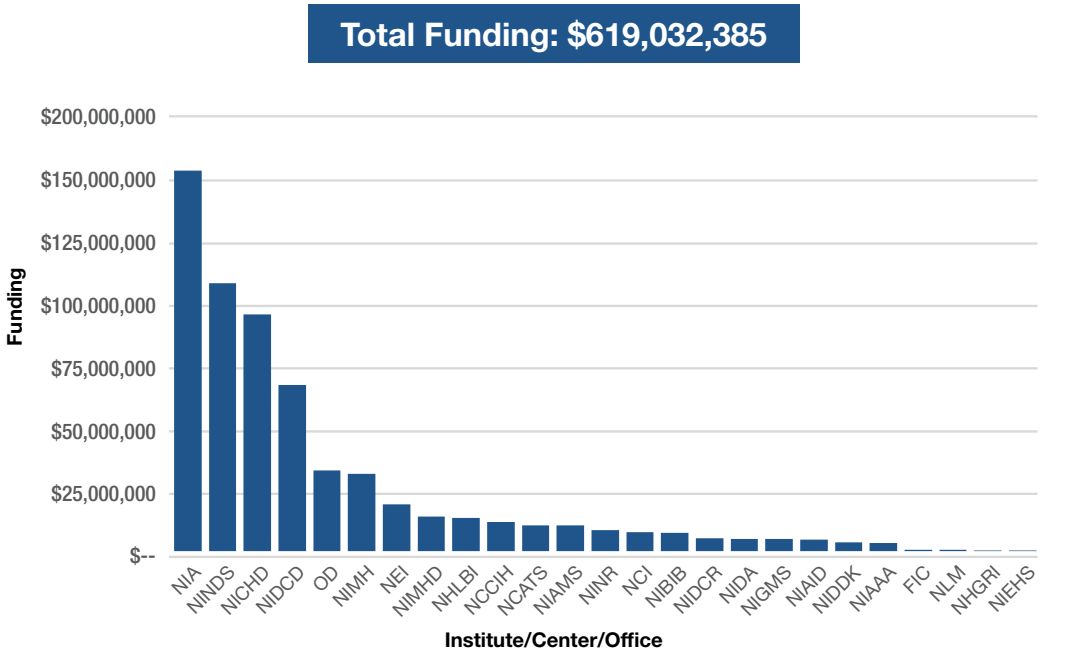
The terms "people with disabilities" and "disabled people" are used synonymously in this strategic plan. "People with disabilities" is an example of "person-first language," whereas "disabled people" is an example of "identity-first language." Both terms are used in this strategic plan to respect that individuals in disability communities have different preferences regarding the use of person-first versus identify-first language.

For a detailed discussion of disability language, please refer to Andrew EE, Powell RM, Ayers K. The evolution of disability language: choosing terms to describe disability. Disabil Health J. 2022;15(3):101328. doi:10.1016/j.dhjo.2022.101328.

The Disability Health Research Landscape at NIH

The National Institutes of Health (NIH) supports a broad range of research related to disability across its Institutes, Centers, and Offices (ICOs).[14] This research spans the continuum from basic science to clinical, translational, and implementation research. In fiscal year (FY) 2024, NIH invested more than $619 million in disability health research (Figure 1, Appendix A).[15,16] This includes investigations into the biological mechanisms underlying physical and mental impairments, medical rehabilitation interventions to improve function and quality of life, and efforts to address disparities in health and health care outcomes experienced by people with disabilities. Disability health research is interdisciplinary and intersects with multiple priority areas at NIH, such as aging, mental health, and chronic health conditions.

Figure 1. NIH Fiscal Year (FY) 2024 Funding Levels for Disability Research[15] by Institute, Center, or Office



These data are generated from RePORT: Funding of various research, condition, and disease categories (RCDC). The Disability Research area was a new category beginning in FY24.

Although many ICOs fund research that focuses on disability-related topics, efforts have historically been fragmented and typically focused on specific conditions or impairments rather than addressing people with disabilities as a population with unique health and health care needs, with the notable exception of the National Center for Medical Rehabilitation Research (NCMRR) (Box 2). As understanding of disability has evolved, influenced by interactional models of disability and informed by the experiences of disabled people, there has been growing recognition that NIH needs a more harmonized, coordinated, and person-centered approach to disability health research.

Box 2. The National Center for Medical Rehabilitation Research

Following the passage of the Americans with Disabilities Act, the National Institutes of Health Amendments of 1990 (P.L. 101-613) established the National Center for Medical Rehabilitation Research (NCMRR) within the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development.

NCMRR's purpose is to support research and research training in medical rehabilitation, coordinate medical rehabilitation research across the National Institutes of Health (NIH), and develop a comprehensive research plan for rehabilitation. For 35 years, NCMRR has promoted the health research needs of people with physical disabilities at NIH through rehabilitation.

NCMRR has done transformative work in medical rehabilitation research and will serve as an essential partner with the Division of Program Coordination, Planning, and Strategic Initiatives to accomplish the work outlined in the *NIH Strategic Plan for Disability Health Research FY26–FY30*.

For further information regarding NCMRR and rehabilitation research at NIH, please see the NCMRR website (https://www.nichd.nih.gov/about/org/ncmrr) and the NIH Research Plan on Rehabilitation (https://www.nichd.nih.gov/sites/default/files/2021-11/NIH_Research_Plan_on_Rehabilitation.pdf).

This recognition led to two major developments. First, in August 2021, the NIH Advisory Committee to the Director Subgroup on Individuals with Disabilities was established. This subgroup consisted of NIH-funded researchers with expertise in disability health research, including researchers with disabilities. The subgroup issued a seminal report to NIH in December 2022 that emphasized the need for an agency-wide approach to disability health research.[17] Among other suggestions, the subgroup advised that NIH designate people with disabilities as a health disparity population and create an Office of Disability Research.

Second, in September 2023, the Director of the National Institute on Minority Health and Health Disparities (NIMHD), in consultation with the Director of the Agency for Healthcare Research and Quality (AHRQ), formally designated people with disabilities as a population with health disparities (Box 3).[18] This designation helps to encourage research specific to the health issues and unmet health needs of people with disabilities. As the former Director of NIMHD, Dr. Eliseo Pérez-Stable, noted, "This designation recognizes the importance and need for research advances to improve our understanding of the complexities leading to disparate health outcomes [for people with disabilities]…."

These developments, together with an increasing scientific evidence base for disability health research[17] and advocacy from disability communities, led the NIH Director in spring 2024 to charge the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI) within the Office of the Director (OD) with the strategic coordination of disability health research activities. To carry out this charge, DPCPSI

established the Disability Health Research Program (DHRP) within the DPCPSI Director's Office in July 2024. In September 2024, the DHRP launched the development process for the *NIH Strategic Plan for Disability Health Research FY26–FY30*. The purpose of this plan is to identify agency-wide strategic goals and objectives to achieve NIH's disability health research mission: to advance innovative and responsible research that promotes the health and well-being of people with disabilities.

Box 3. Definition of Health Disparities

NIH defines a health disparity as a measurable difference in health that exists between specific population groups. This is a rigorously derived and data-driven determination operationalized by quantifiable metrics, rather than a statement of attribution. It is a scientific starting point that identifies where health outcomes diverge, not a predetermined conclusion about why. Scientific investigations to identify or understand the root causes are separate and distinct scientific questions, which are necessarily multifaceted and complex. NIH funded research is interested in those health disparities that are modifiable or actionable to improve the health of all population groups. Health disparities may be observed in the risks, prevalence, or problems resulting from specific behaviors, as well as the incidence, prevalence, and mortality from conditions, diseases, and/or disorders.

For additional information, please visit https://www.nimhd.nih.gov/about/what-are-health-disparities.

Strategic Planning Process

The DHRP led the development process for the *NIH Strategic Plan for Disability Health Research FY26–FY30* in partnership with an internal NIH Disability Health Research Coordinating Committee (DHRCC) composed of representatives from NIH ICOs nominated by ICO Directors (Appendix B). The DHRCC is co-chaired by representatives from the DHRP, NCMRR, and NIMHD.

The DHRP and DHRCC prioritized input and feedback from individuals and organizations with experience and expertise in disability during the development process. Between October and December 2024, the DHRP hosted six community roundtable discussions and a town hall to obtain input from disabled people and interested individuals and organizations regarding disability health research priorities. In December 2024, in coordination with the DHRCC, the DHRP issued a Request for Information (RFI; NOT-OD-25-038) to obtain public input and feedback on the draft framework for the strategic plan. In June 2025, an external Disability Health Research Working Group (DHRWG) of the NIH Council of Councils was established and subsequently provided input and feedback on the draft strategic plan in August 2025.

For additional information regarding the strategic planning process, please refer to Appendix C.

Approach to Priority Setting

The DHRP and DHRCC developed priorities for the *NIH Strategic Plan for Disability Health Research FY26–FY30* utilizing information and data from multiple sources. These included:

- Scientific literature and relevant reports
- Input and feedback from NIH subject-matter experts and ICO Directors

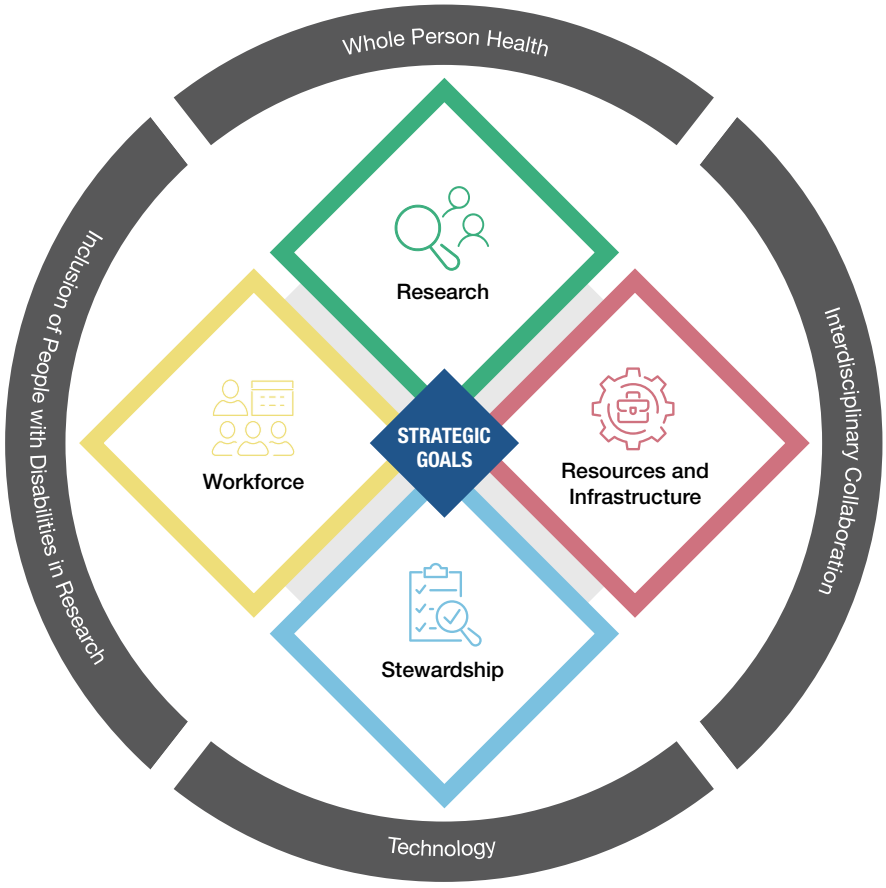
- Analysis of the existing disability research portfolio
- Dialogues at the community roundtables and town hall
- Responses to the RFI
- Input and feedback from the DHRWG

Information and data from these sources were synthesized and then used to develop crosscutting themes, goals, and objectives that (1) address pressing public health needs, (2) support promising scientific opportunities, and (3) promote balance in the NIH research portfolio. The crosscutting themes, goals, and objectives were identified and refined in an iterative process by DHRP staff and DHRCC members, the DHRCC co-chairs, and DHRP and DPCPSI leadership.

Strategic Plan Framework

The *NIH Strategic Plan for Disability Health Research FY26–FY30* provides a comprehensive and harmonized approach to advancing disability health research activities at NIH. It is organized around four strategic goals, each supported by three to four objectives. Four crosscutting themes identify important overarching considerations that intersect with multiple goals and objectives (Figure 2). The goals, objectives, and crosscutting themes will guide NIH-wide disability health research and are intended to supplement relevant ICO mission areas.

Figure 2. *NIH Strategic Plan for Disability Health Research FY26–FY30* Framework



Implementation of the Strategic Plan

The DHRP, in coordination with the DHRCC, will be responsible for implementation and ongoing evaluation of the *NIH Strategic Plan for Disability Health Research FY26–FY30*. They will develop a comprehensive implementation plan that identifies success metrics for each goal and objective in the strategic plan and outlines the actions and resources needed to meet those metrics over the next five years.

The DHRP and DHRCC will utilize NIH's Strategic Tracking and Reporting Tool (START) to streamline the collection, tracking, and organization of information to inform progress on the goals and objectives of the strategic plan. START ensures that the information is easily understandable and accessible, facilitating effective sharing with partners both inside and outside NIH. In doing so, START supports NIH's goal to exemplify and promote the highest standards of scientific integrity, public accountability, and social responsibility in the conduct of science.

The DHRP will provide yearly updates on progress toward the goals and objectives of the *NIH Strategic Plan for Disability Health Research FY26–FY30*. In addition, the DHRWG will conduct a mid-course review of the strategic plan, reporting on NIH's progress toward the plan's goals and objectives, highlighting successes, identifying opportunities and gaps, and informing the development of the next NIH Strategic Plan for Disability Health Research.

Crosscutting Themes

Crosscutting Themes

The themes below are key considerations regarding disability and people with disabilities that cut across the goals and objectives of the strategic plan.

Whole Person Health

Whole person health involves considering the whole person—not just separate organs or body systems—and examining the multiple factors that influence health and disease.[19] This approach emphasizes supporting and empowering individuals, families, communities, and populations to improve health and well-being across interconnected biological, behavioral, sociocultural, and environmental domains.[20] Disabled people have historically been defined primarily by their disability and not viewed as a whole person capable of living a healthy life.[21] Rather than focusing solely on treating specific conditions, whole person health focuses on promoting health and well-being across the lifespan for everyone, including those with disabilities.

Inclusion of People with Disabilities in Research

Disabled people are often implicitly or explicitly excluded from being participants in biomedical and behavioral research (including clinical trials[22]) without adequate scientific justification.[23,24] This violates federal regulations and ethical research principles and undermines the generalizability of research findings.[23] NIH is committed to addressing this issue by promoting the inclusion of people with disabilities in research.[25] Inclusion in research goes beyond enrollment. It requires researchers to thoughtfully consider the needs, experiences, and perspectives of disabled people when planning, designing, and conducting studies and communicating study results. To be maximally effective, this must be done in partnership with people with disabilities, their families, and their care partners.

Interdisciplinary Collaboration

Interdisciplinary collaboration is essential to advancing research on the health and well-being of people with disabilities. Disability health research spans a wide range of scientific disciplines, including medicine, neuroscience, rehabilitation science, engineering, behavioral and social sciences, data science, bioethics, public health, health services research, health economics, and health law and policy. Integrating these diverse fields enables a more comprehensive understanding of the complex factors that affect health outcomes for disabled people. Interdisciplinary approaches also foster

innovation in research design, methods, and interventions that may promote advances outside of the population(s) being studied.

Technology

Technology can play a transformative role in promoting the health and well-being of people with disabilities. Assistive technology, such as mobility devices, communication aids, sensory enhancements, and accessible digital tools, can significantly reduce barriers to care and participation in society, increase independence, and improve quality of life. Emerging technologies, including artificial intelligence and machine learning, offer exciting opportunities to enhance diagnosis, personalize treatment, and support independent living. However, these technologies also raise important ethical considerations, particularly around accessibility and affordability, privacy and confidentiality, data security, bias in algorithms and datasets, and the potential for misuse or exclusion. To ensure responsible innovation and broad access to these technologies, disabled people must be key contributors and decision-makers throughout the technology development lifecycle to ensure that potential harms unique to people with disabilities are mitigated and benefits are realized.

Goals and Objectives

Goals and Objectives

Goal 1: Research

Advance the science of disability health by supporting innovative, rigorous, person-centered research

Disability health research places individuals, not impairments, at the center of scientific inquiry. It recognizes disability as the product of dynamic interactions among medical conditions and biological, behavioral, sociocultural, and environmental factors. Advancing the science of disability health depends on supporting innovative, methodologically rigorous research that centers the goals and experiences of disabled people. By fostering cutting-edge methodologies and person-centered approaches, researchers can generate evidence that informs policies, clinical practices, and interventions that promote the health and well-being of people with disabilities.

Objective 1.1: Catalyze advances in conceptualizing, defining, and measuring disability for health research

Disability data[26] are essential for understanding the experiences and needs of disabled people. Within the context of biomedical research and clinical care, these data may represent a health outcome or a demographic variable. Given that disability is a complex construct that differs by sociocultural context, one consistent definition of disability may not be possible. Definitions of disability have been created to fit the context in which they are applied,[27] with dozens of definitions in federal statute.[6] Consequently, measurement approaches differ widely, hindering data harmonization and cross-study comparisons. To address these issues, NIH will support research to develop new conceptual frameworks and associated definitions and measures of disability that reflect current understandings of disability and are suitable for use in a variety of health and research settings. Research that involves collaborative partnerships with people with disabilities, their families and care partners, and community organizations will help ensure that disability measures are culturally responsive, accessible, and capable of capturing the full range of disability experiences needed for research purposes.

Objective 1.2: Promote research that examines the biological, behavioral, sociocultural, and environmental factors that influence the health and well-being of people with disabilities across the lifespan

The health and well-being of disabled people is shaped by constantly interacting biological, behavioral, sociocultural, and environmental factors that vary over the life

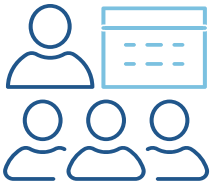
course. NIH will promote interdisciplinary, longitudinal, and community-engaged clinical and health services research to clarify these pathways and pinpoint modifiable targets at the individual, family, community, and societal levels. As people with disabilities are multifaceted and have a wide range of experiences, NIH will encourage researchers to incorporate this complexity and heterogeneity into their research designs, methods, and measures to conduct meaningful and effective research.

Objective 1.3: Support research to reduce disparities and optimize health outcomes for people with disabilities

People with disabilities experience a range of health and health care disparities, including higher rates of chronic disease and poorer access to preventive and specialty care than people without disabilities.[28–30] Previous research has identified a range of factors that contribute to disparities for disabled people, such as inaccessible health care facilities and equipment, insufficient health care provider training and knowledge regarding disability, and socioeconomic factors.[30–32] NIH will support clinical and translational research to develop, test, refine, and implement interventions for people with disabilities that reduce disparities and allow them to attain their highest level of health possible. Studies that rigorously evaluate multilevel and complex interventions[33,34] to impact the whole person health of people with disabilities will be encouraged. In addition, interventions are needed that address factors that lead to poor health outcomes for people with different types of disabilities or different levels of support needs, as these factors may be unique to specific subgroups and not addressed in interventional studies of the general population of disabled people.

Objective 1.4: Foster research on health promotion and disease prevention for people with disabilities

Achieving and maintaining good health requires access to the tools and information necessary to make healthy choices and prevent illness or injury. Unfortunately, health promotion and disease prevention programs frequently are not tailored to the needs of disabled people. In addition, health care providers often focus solely on a person's disability[35] rather than providing care that meets their full range of health needs. Gaps in care include not addressing health conditions caused or aggravated by a person's disability, as well as not treating conditions that are unrelated to their disability. NIH will support research projects to develop evidence-based health promotion and disease prevention programs that address the needs of individuals with different types of disabilities and support needs. Projects with an emphasis on physical activity, nutrition, mental health, and community-based initiatives will be encouraged.



Goal 2: Workforce

Foster a highly skilled, multidisciplinary, and sustainable disability health research workforce

Expanding research capacity in disability health research requires creating accessible entry points into the biomedical and behavioral scientific ecosystem for trainees and early career researchers and providing consistent funding opportunities to sustain careers in disability health research. It also necessitates educating the broader scientific workforce about disability health research so that disabled people may be meaningfully included in and benefit from all research, not just research focused on specific disabilities.

Objective 2.1: Support the development of training opportunities in disability health research

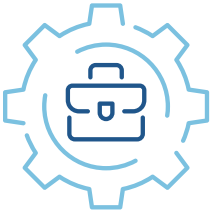
Developing targeted training opportunities in disability health research is critical to building and sustaining a skilled research workforce. NIH will support individual fellowships, institutional training awards, and career development awards that support trainees and early career faculty in developing rigorous methods to address pressing issues in disability health research. Because many trainees interested in disability health research may themselves have a disability, creating accessible environments can support their success.

Objective 2.2: Promote and support policies, programs, and opportunities to advance the careers of disability health researchers

Promoting the growth and sustainability of the disability health research workforce requires deliberate initiatives to recruit, retain, and support disability health researchers at all career stages. Disability health researchers require the same opportunities for career advancement and sustainable funding sources as other biomedical and behavioral researchers. To highlight and promote disability health research opportunities, NIH will identify disability health research as a research priority area across NIH ICOs. In addition, NIH will promote policies and programs that raise awareness of disability health research and connect disability health researchers to career advancement opportunities.

Objective 2.3: Support the development and implementation of disability health curricula in biomedical and behavioral research training

Given that people with disabilities may experience a range of medical conditions that affect their health and well-being, as well as nonmedical factors that lead to poorer health outcomes, it is important that the concept of disability health be broadly disseminated to researchers. Incorporating disability-specific curricula into research training programs is essential to enhance researcher preparedness, knowledge, and competence in disability health. For example, curricula could include discussion of conceptual models of disability, the importance of obtaining disability demographic data, and accessibility requirements for research prescribed by federal law. NIH will support the creation and implementation of curricula based on current evidence, best practices, and the lived experiences of disabled people. These curricula will ensure that future researchers are well equipped with foundational knowledge and skills that are needed to promote the inclusion of people with disabilities in research, which may make research findings more generalizable or allow for subgroup analyses.



Goal 3: Resources and Infrastructure

Support accessible, state-of-the-art disability health research resources and infrastructure

Conducting innovative, rigorous, person-centered disability health research requires modern, well-supported resources and infrastructure that enable the full participation of disabled people as researchers and research participants. Strategic investments in institutional capacity development and collaborative research networks foster a more robust and representative disability health research ecosystem. Enhancing the ethical and standardized collection, analysis, and management and sharing of disability data further strengthens scientific rigor, transparency, reproducibility, and the production of actionable evidence to inform policies and practices that improve health outcomes for people with disabilities.

Objective 3.1: Develop and disseminate resources to help researchers and institutions ensure that their research facilities, equipment, technology, and information are accessible per federal laws and regulations

Ensuring that research data, resources, and infrastructure are accessible is required by law[36] and is essential for ensuring that disabled people can conduct and/or participate in scientific research. Meeting accessibility standards requires practical guidance, ongoing training, and institutional accountability. NIH will assist researchers and institutions in meeting accessibility standards by supporting the development and dissemination of accessibility guides, toolkits, and training materials pertinent to the biomedical and behavioral research ecosystem and informed by federal laws, regulations, and standards.

Objective 3.2: Develop programs, policies, and resources to maximize the inclusion of people with disabilities as participants in clinical research

People with disabilities often are excluded from or not actively recruited as participants in research, and justifications for study eligibility criteria frequently are not provided.[22–24] The exclusion of disabled people from research (including clinical trials) without appropriate scientific or ethical justification is discriminatory and counter to federal regulations and research guidelines, and it limits study generalizability.[23] To address this, NIH will develop programs, policies, and resources that provide guidance and recommendations for how researchers and institutions can prevent unnecessary and subjective exclusion of people with disabilities in research. Particular attention should be paid to ensuring that disabled people can

utilize reasonable accommodations during the informed consent process, such as alternative consent formats and supported decision-making.

Objective 3.3: Support the development of collaborative disability health research networks

Collaborative research networks facilitate biomedical and behavioral research and research training by promoting interdisciplinary partnerships, allowing greater access to participant populations, providing varied training opportunities for students and early career researchers, and promoting knowledge exchange. NIH will support the establishment of scientific interest groups, multi-institutional research consortia, and community–academic partnerships in disability health research. Through enhanced collaboration, joint projects, and shared resources, these networks will stimulate innovation, accelerate discovery, and amplify the impact of disability health research.

Objective 3.4: Promote responsible management and sharing of disability data in NIH-funded research

Disability data are essential for identifying health disparities among disabled people, evaluating the effectiveness of interventions to mitigate those disparities, and informing health policy. Disability data should be considered essential demographic information that is collected whenever other demographic data are collected.[26] NIH will support the development of appropriate disability data collection protocols, analytical methods, dissemination guidelines, and training materials that prioritize ethical data practices, such as transparency, privacy and confidentiality, and appropriate disaggregation. Prioritizing ethical data practices enhances both scientific integrity and public trust and will expand the evidence base for improving health outcomes among people with disabilities.

Goal 4: Stewardship

Engage in collaborative, responsible, and ethical management of disability health research activities

Collaborative, responsible, and ethical conduct is essential for the effective management of disability health research activities. Actively engaging disabled people throughout the entire research process helps ensure that studies reflect community priorities and generate meaningful, applicable findings. Evaluating and refining organizational structures and processes supports efficient use of resources and responsiveness to evolving needs. Maintaining high standards of scientific integrity strengthens accountability, builds trust, and advances high-quality research that benefits people with disabilities and their communities.

Objective 4.1: Promote robust public participation and community engagement in disability health research activities

Meaningful public participation and community engagement are essential to ensuring that disability health research activities accurately reflect the needs, priorities, and experiences of disabled people and their communities. NIH will develop a community engagement plan that outlines the strategies it will use to obtain authentic, intentional, and ongoing engagement regarding disability health research priorities and activities. The plan will include structured mechanisms for public outreach and participation (e.g., advisory boards, community workshops, compensated community partner roles) that are accessible to people with various types of disabilities. NIH also will support the development of resources that promote the engagement of disabled people throughout the entire research process—from study conceptualization and design to data collection and analysis to communication and dissemination of findings—thereby increasing the relevance, rigor, and applicability of research outcomes.

Objective 4.2: Regularly evaluate the effectiveness of disability health research organizational structures and processes

The DHRP, DHRCC, and DHRWG are responsible for managing and/or providing input on disability health research activities at NIH. Regular evaluation of these structures and their processes is vital to ensure that disability health research activities are effectively managed and aligned with agency priorities. NIH will engage in systematic, data-informed assessments to identify and eliminate inefficiencies, inform strategic use of resources, and measure programmatic success. By

embedding regular monitoring into the management of disability health research activities, NIH can flexibly adapt to emerging scientific priorities, changing funding landscapes, and the varying needs of disability communities.

Objective 4.3: Ensure disability health research activities are conducted according to the highest standards of scientific integrity

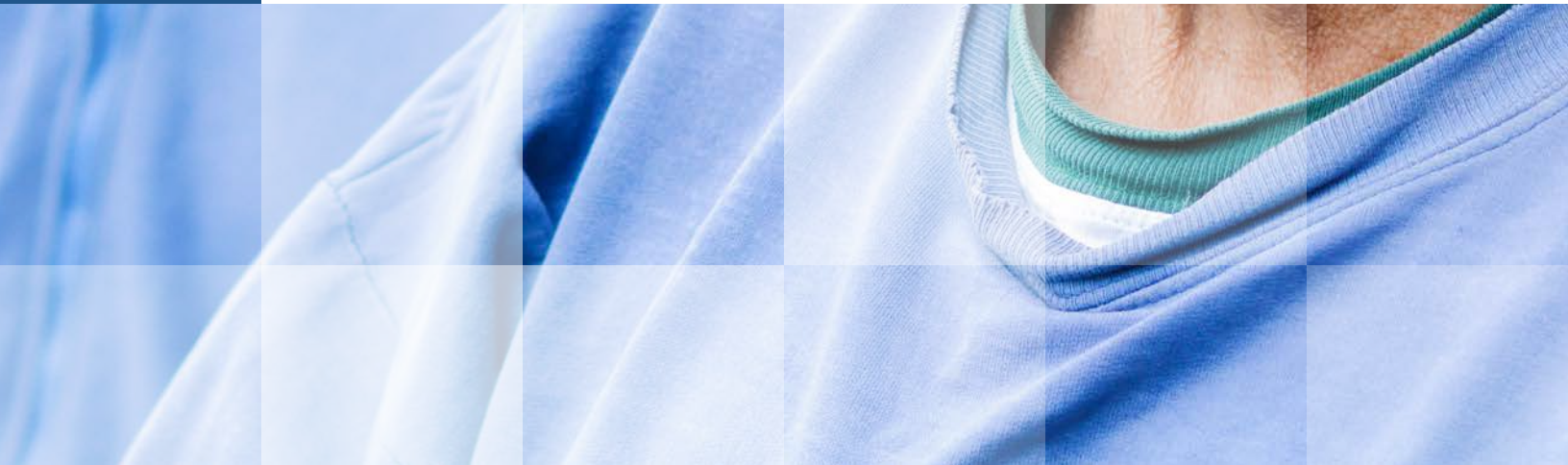
Ensuring scientific integrity in disability health research requires going beyond adherence to principles for ethical research and professional practices to actively address the ways disabled people have been excluded, misrepresented, or harmed in scientific research. For example, study designs should eliminate biased assumptions about disability, promote accessibility and access to reasonable accommodations at every stage, and respect participants' autonomy and lived experience. NIH will encourage accessible protocols, clear eligibility justifications, and the use of validated disability measures and will offer dedicated training and guidance on bias mitigation and responsible data stewardship.

Conclusion

Conclusion

The *NIH Strategic Plan for Disability Health Research FY26–FY30* provides a comprehensive framework for advancing innovative and responsible research that promotes the health and well-being of people with disabilities. By adopting a harmonized, coordinated, and person-centered approach, NIH can leverage the distinctive strengths of its Institutes, Centers, and Offices to drive progress on the agency's disability health research priorities. As meaningful engagement is essential to the strategic plan's success, NIH is committed to building and sustaining strong partnerships with disabled people and their communities. Moving forward, NIH will put this strategic plan into action to advance transformative research that addresses the health needs and goals of Americans with disabilities.

Appendices



Appendices

Appendix A: NIH Fiscal Year (FY) 2024 Funding Levels for Disability Research by Institute, Center, or Office

Institute/Center/Office	Funding
National Institute on Aging	$154,039,190
National Institute of Neurological Disorders and Stroke	$109,125,577
Eunice Kennedy Shriver National Institute of Child Health and Human Development	$94,371,323
National Institute on Deafness and Other Communication Disorders	$67,169,474
Office of the Director	$31,838,795
National Institute of Mental Health	$30,825,041
National Eye Institute	$22,009,275
National Institute on Minority Health and Health Disparities	$14,635,098
National Heart, Lung, and Blood Institute	$14,243,420
National Center for Complementary and Integrative Health	$11,081,945
National Center for Advancing Translational Sciences	$10,276,338
National Institute of Arthritis and Musculoskeletal and Skin Diseases	$10,192,757
National Institute of Nursing Research	$8,807,247
National Cancer Institute	$6,481,269
National Institute of Biomedical Imaging and Bioengineering	$6,383,926
National Institute of Dental and Craniofacial Research	$4,902,449
National Institute on Drug Abuse	$4,644,931
National Institute of General Medical Sciences	$4,387,867
National Institute of Allergy and Infectious Diseases	$4,183,944
National Institute of Diabetes and Digestive and Kidney Diseases	$3,926,042
National Institute on Alcohol Abuse and Alcoholism	$3,493,979
Fogarty International Center	$626,006
National Library of Medicine	$585,305
National Human Genome Research Institute	$415,907
National Institute of Environmental Health Sciences	$385,280
TOTAL	**$619,032,385**

These data are generated from RePORT: Funding of various research, condition, and disease categories (RCDC). The Disability Research area was a new category beginning in FY24.

Appendix B: Contributors to the Strategic Plan

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NIH would like to express its gratitude to the many members of the public and external organizations who contributed to the development of this strategic plan. The input and feedback they contributed via NIH's disability health research community engagement events and request for information was vital to the development of this plan and is sincerely appreciated.

Appendix C: Strategic Planning Process

SEPTEMBER–DECEMBER 2024

Developed Strategic Plan Framework

The Disability Health Research Program (DHRP) led the development of the framework for the *NIH Strategic Plan for Disability Health Research FY26–FY30* in partnership with the National Institutes of Health Disability Health Research Coordinating Committee (DHRCC). The DHRCC served as the strategic plan working group and met monthly to review progress and provide input and feedback.

DHRP staff conducted a landscape analysis to understand the current disability health research environment and determine how NIH resources could best be utilized to promote the health and well-being of people with disabilities. This analysis was informed by (1) a review of scientific literature and relevant reports; (2) input from NIH subject matter experts and Directors of institutes, centers, and offices; (3) analysis of the existing disability research portfolio; and (4) input from members of the public and external organizations at NIH community engagement events.

The DHRCC co-chairs established a DHRCC writing team under their leadership to draft the strategic plan framework. The writing team generated a draft framework that was informed by the DHRP's landscape analysis and its data sources. Subsequently, the DHRP held a town hall on the draft framework and published a Request for Information (RFI) to obtain public feedback on the draft framework and inform the development of the full strategic plan.

JANUARY–MAY 2025

Developed Draft Strategic Plan

The DHRCC writing team met biweekly to draft the *NIH Strategic Plan for Disability Health Research FY26–FY30*. Utilizing the results and recommendations of the landscape analysis and the RFI, the writing team used an iterative process to develop the draft strategic plan.

JUNE–NOVEMBER 2025

Refined Draft Strategic Plan

The full draft of the strategic plan was presented to the DHRCC for multiple rounds of review and feedback. The revised strategic plan was then shared with the NIH Council of Councils Disability Health Research Working Group to obtain input and feedback from external subject matter experts. Final revisions to the plan were made by the DHRCC co-chairs and shared with the DHRCC. A federal contractor provided support for copyediting, graphics and layout, and Section 508 compliance.

DECEMBER 2025–MARCH 2026

Finalized Strategic Plan

The *NIH Strategic Plan for Disability Health Research FY26–FY30* was presented to leadership from the Division of Program Coordination, Planning and Strategic Initiatives and NIH for review and approval.

Appendix D: Endnotes

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