

POLICY BRIEF

Federal Research Funding for Family Medicine: Highly Concentrated, with Decreasing New Investigator Awards

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A small proportion of National Institutes of Health and other federal research funding is received by university departments of family medicine, the largest primary care specialty. That limited funding is also concentrated, with roughly a quarter of all National Institutes of Health, Centers for Disease Control and Prevention, and Agency for Healthcare Research and Quality funding awarded to 3 departments, almost half of that funding coming from 3 agencies, and a recent trend away from funding for new investigators. (J Am Board Fam Med 2016;29:531–532.)

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Previous reports have revealed that Family Medicine (FM) as a specialty receives relatively little federal research funding, despite delivering a wide

range of care to a diverse set of patients and populations.^{1–3} In addition, this limited funding has been shown to be concentrated to a small number of funders and recipient institutions, which can pose a barrier to building research capacity within less established departments of FM (DFMs) and the specialty as a whole.¹

We used the National Institutes of Health (NIH) RePORTER tool⁴ to quantify the number of US Department of Health and Human Services grants, including from the NIH, the Agency for Healthcare Research and Quality, and the Centers for Disease Control and Prevention, that were awarded to DFMs over the study period of 2002 to 2014. We specifically sought to determine how NIH FM grants are classified by activity code, academic department, and funding institute or center.⁴

There seems to be an increasing concentration by department. From 2007 to 2014, 3 departments received one quarter of all grants awarded to DFMs by the NIH—an increase from one fifth during 2002 to 2006. Notably, all 3 of these departments combine FM and public health. Grants were also awarded by a limited number of institutes or funding agencies. Across the 13-year time frame of the study, the top 3 administering institutes or centers funded nearly half of all grants awarded to DFMs

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Table 1. National Institutes of Health Grants Awarded to Departments of Family Medicine from 2002 to 2014, Classified by Activity Code, Department of Family Medicine, and Administering Institute or Center

	2002–2006*	2007–2010	2011–2014
By activity code			
R	67	59	59
K	22	21	15
U	7	12	16
Other	4	8	10
By department of family medicine			
University of California, San Diego	8	14	13
Dartmouth College	8	5	6
University of Minnesota	4	4	5
Other	80	76	76
By institute or center			
NCI	24	27	28
AHRQ	14	8	11
NHLBI	8	9	8
Other	53	56	54

Data are percentages. Percentages totals may not sum to 100% because of rounding error.

*Data from 2002 to 2006 are not consistent with the data from Lucan et al.¹ because of different methods of data collection.

AHRQ, Agency for Healthcare Research and Quality; K, research career programs; NCI, National Cancer Institute; NHLBI, National Heart Lung and Blood Institute; R, research projects; U, cooperative agreements.

(Table 1). The primary administering agency for FM grants is the National Cancer Institute, which funded 28% of NIH grants for FM research over 2011 to 2014, followed by Agency for Healthcare Research and Quality (11%) and the National Heart, Lung, and Blood Institute (8%). In terms of award type, funding for research training awards (K-series) to DFMs has declined, from 22% over 2002 to 2006 to 15% from 2011 to 2014.

An already thin stream of research funding from federal agencies also concentrates in a few universities, revealing that most funded DFMs depend on a small number of federal institutes and centers. There may be a number of endogenous factors within the specialty of FM that contribute to the issue, including fewer research fellowships or other training opportunities across the field, as well as a weaker overall research infrastructure in FM. It is also possible that applications for funding from institutions that do not have strong research support simply lack the necessary rigor. Regardless, there seems to be an opportunity to strengthen the primary care research enterprise through university

efforts to grow DFM research capacity, increased attention to the importance of primary care research across the federal research community, and efforts to reverse the decline in K-series awards being made to new investigators in DFMs.

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