

American Psychological Association, Services Inc. (APA) comments in response to the National Institutes of Health's Request for Information (RFI): Inviting Comments and Suggestions on the NIH-Wide Strategic Plan for COVID-19 Research, Notice Number: [NOT-OD-21-018](#)

Submitted electronically via the [Online Comment Form](#), December 7, 2020

Objective 4.3: Develop effective implementation models for preventive measures

The American Psychological Association (APA) recommends NIH develop a research program for risk communication to explain the science underlying public health measures related to COVID-19 and future pandemics. The research program would address the:

- Spread and containment of disease
- Testing, approval, and allocation of medical treatments
- Explanation of how non-medical (e.g., behavioral) interventions work, singly and in combination
- Interpretation of the varying forms of evidence (e.g., case reports, models, single studies, meta-analyses), and the
- Translation of evidence into personally relevant decisions.

Research supported should require empirical evaluation of the comprehensibility and interpretation of all messages. Most important, it should involve a scientific workforce that is as diverse as the populations this information must reach. Risk communication research, conveying the facts (including uncertainties) complements health promotion research, which aims to induce and increase the frequency of healthy behaviors.

APA urges NIH to create a new rapid response research grant mechanism to:

- Advance the science of COVID-19 vaccine acceptance through grants that foster partnership among research entities, public health agencies, and community-based organizations
- Evaluate existing or novel theory-driven strategies and interventions to decrease COVID-19 vaccine hesitancy, increase COVID-19 vaccine uptake, and eliminate social, cultural, logistic, and legal barriers to COVID-19 vaccination in focal populations; and
- Support research grounded in diverse theoretical and methodological approaches, emphasizing novel approaches, and data sources. For example, NIH-funded clinical trials demonstrated that using Black barbershops to communicate HIV prevention information to high-risk heterosexual Black men (e.g., Barbershop Talk with Brothers program) decreased HIV risk behaviors in the target population. APA encourages the advancement of similar creative approaches to reach populations vulnerable to COVID-19.

Objective 5.1: Understand and address COVID-19 as it relates to health disparities and COVID-19–vulnerable populations in the United States

The American Psychological Association (APA) endorses NIH-wide research and strategies designed to ascertain culturally appropriate and community competent strategies that consider differences at the levels of the individual, family, community, and population.

Research has shown that behaviors in the health domain differ between individuals and groups of differing socioeconomic status.¹ APA urges NIH to support "research on behavior change that includes "a stronger focus on [health] equity across domains [beyond the health sector], better document the differential effects on behavior change, and specify the role of inequity in theories of behavior change."²

APA endorses NIH efforts to enhance its support for research that seeks to understand the mental health burdens that result from "structural inequities attributed to policy, law, governance, and culture" and may negatively influence individuals' ability to recover from coronavirus infection. NIH's research agenda should further examine the impacts of experiences of discrimination and their consequences for accessing the beneficial social determinants of health.

APA recommends the funding of rapid grant studies that track immune responses as the vaccines are made available as well as the impacts of individual and community interventions that target stressors. A line of behavioral science research that may well be relevant to the disparities seen in the increased number and severity of COVID-19 infections in racial and ethnic minority populations is the psychoneuroimmunology work of Janice Kiecolt-Glaser and colleagues at Ohio State. Kiecolt-Glaser's research has demonstrated weaker and slower immune responses to vaccinations in populations experiencing great stress (her work in caregivers³ and medical students⁴ in particular). Stress is almost certainly higher in racial and ethnic minority populations experiencing more significant economic uncertainty, greater exposure to the COVID-19 virus, and higher rates of pre-existing chronic conditions such as obesity and diabetes. The work of getting COVID vaccines to racial and ethnic minority populations is only part of the challenge if Kiecolt-Glaser's work is a guide. The vaccines may be less effective in the very populations that are at most at risk unless stressors and stress responses can be reduced.

Objective 5.2: Understand and address COVID-19 maternal health and pregnancy outcomes

The American Psychological Association (APA) encourages NIH to incorporate consideration of behavioral and social factors into its efforts to better understand COVID-19 infection and disease in pregnant women and pregnancy outcomes. Work in this area could include expanding existing research on perinatal and postpartum depression and other mental health issues, including anxiety and psychosis. NIH could also address outcomes associated with compliance with COVID-19-related social distancing, stay-at-home orders, and quarantining guidelines (e.g., engaging with medical appointments, social interactions). The research should further address the potential impacts of pandemic-related shifts in employment, schooling, and family functioning that might impact pregnant women.

¹ Pampel, F. C., Krueger, P. M., & Denney, J. T. (2010). Socioeconomic Disparities in Health Behaviors. *Annual review of sociology*, 36, 349–370. <https://doi.org/10.1146/annurev.soc.012809.102529>

² Schüz, B., & Hooper, M. (2020). Addressing Underserved Populations and Disparities in Behavior Change. In M. Hagger, L. Cameron, K. Hamilton, N. Hankonen, & T. Lintunen (Eds.), *The Handbook of Behavior Change* (Cambridge Handbooks in Psychology, pp. 385-400). Cambridge: Cambridge University Press. doi:10.1017/9781108677318.027

³ Kiecolt-Glaser JK, Glaser R, Gravenstein S, Malarkey WB, Sheridan J. [Chronic stress alters the immune response to influenza virus vaccine in older adults](#). *Proc Natl Acad Sci U S A*. 1996 Apr 2;93(7):3043-7.

⁴ Glaser R, Kiecolt-Glaser JK, Malarkey WB, Sheridan JF. [The influence of psychological stress on the immune response to vaccines](#). *Ann N Y Acad Sci*. 1998 May 1;840:649-55.

Objective 5.3: Understand and address age-specific factors in COVID-19

The American Psychological Association (APA) recommends NIH invest in research examining the impact of COVID-19 on older minority and underserved populations. Minority older adults are disproportionately affected by COVID-19. Early COVID-19 data from the Centers for Medicare & Medicaid Services show that African American Medicare beneficiaries have been hospitalized four times as often as Caucasians and have contracted the virus nearly three times as often as Caucasians of a similar age. Hispanic and Asian people were also more likely to become infected and hospitalized than Caucasians. People on both Medicare and Medicaid were far more likely to be infected with the coronavirus.⁵

A June 2020 Brookings Institute report provides African Americans' mortality rates for each age group, including older adults. The report notes that: "Death rates among Black people between 55-64 years are higher than for white people aged 65-74, and death rates are higher for Blacks aged 65-74 than for whites aged 75-84, and so on. In every age category, Black people are dying from COVID at roughly the same rate as white people more than a decade older. Age-specific death rates for Hispanic/Latino people fall in between."⁶

APA encourages NIH to maintain research initiatives that focus technological applications on vulnerable older adults' particular needs. The vulnerabilities of older adults with their higher rates of comorbid chronic illnesses are made worse in many cases by limitations in mobility and gaps in access to or facility with technologies that would expand access to preventive services and education.

APA also recommends that NIH study the health impacts of the COVID-19-related pivot to distance learning and homeschooling. Research in this area could address the effects of increased screen time and digital media on children's cognitive, emotional, social, and behavioral functioning and developmental trajectories. The research could also address COVID-related impacts on language development, learning differences, and school readiness (e.g., social skills and academic competence), including the eventual shift back to, for many, in-person learning. APA urges NIH to collaborate with the Department of Education's Institute for Education Sciences to develop or adapt measures to assess these various impacts.

CROSSCUTTING STRATEGIES

Supporting the research workforce and infrastructure

The American Psychological Association urges NIH to support and expand the pandemic-related workforce. The agency should consider incentives for researchers willing to continue their careers in research and focus on COVID-specific topics. Incentivizing these researchers by making them eligible for programs such as the NIH Loan Repayment Program may go a long way to protecting the pandemic-related research pipeline and expanding the relevant biomedical and behavioral research workforce.

⁵ [Preliminary Medicare COVID-19 Data Snapshot Medicare Claims and Encounter Data](#): Services January 1 to May 16, 2020, Received by June 11, 2020 p. 6

⁶ Tiffany Ford, Sarah Reber and Richard V. Reeves, "[Race gaps in COVID-19 deaths are even bigger than they appear](#)," Brookings Institution Tuesday, June 16, 2020.