



**AMERICAN
PSYCHOLOGICAL
ASSOCIATION**

December 24, 2024

National Institute on Minority Health and Health Disparities
National Institutes of Health
c/o Josue Lemus
Democracy II
6707 Democracy Blvd., Ste 207, Room 207I
Bethesda, MD 20892-5465

Re: NIH 2026-2030 Minority Health and Health Disparities Strategic Plan

To Whom It May Concern:

The American Psychological Association (APA) appreciates the opportunity to respond to the Request for Information: Inviting Comments and Suggestions on the National Institutes of Health (NIH) Minority Health and Health Disparities Strategic Plan, 2026 – 2030 ([NOT-ND-25-002](#)).

The APA is the nation's largest scientific and professional nonprofit organization representing the discipline and profession of psychology, as well as 171,331 members and affiliates who are clinicians, researchers, educators, consultants, and students in psychological science. The association supports a broad range of public policies that reduce disparities, ensure health equity, and advance population health strategies, changing systems to be more accountable and effective in meeting the needs of a diverse population.¹

APA has a longstanding history of devoting attention to and advancing diversity, equity, inclusion, and accessibility (DEIA) related issues. Accordingly, the association strongly believes these factors are critical to advancing biomedical, behavioral, and psychological research supported by NIH.²

APA believes that our nation can only achieve racial equity if we adopt a research approach that is informed by a population health perspective and community engagement. The population health perspective is an approach that focuses on solutions to promote wellness and improve systems, including and extending beyond health care to produce change at both the individual and societal levels. We are grateful to NIH's continued focus on health equity and expanding the diversity of the scientific workforce to ameliorate longstanding racial and ethnic disparities. APA offers the following comments and suggestions on the strategic plan for NIH-wide minority health and health disparities research.

¹ APA's commitment to racial equity. <https://www.apa.org/monitor/2024/11/racial-equity-commitment>

² American Psychological Association Equity, Diversity, and Inclusion Framework <https://www.apa.org/about/apa/equity-diversityinclusion/framework.pdf>

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Proposed goals

Goal 1: “Promote research to understand and to improve the health of racial and/or ethnic minority populations.” It is incumbent that NIH continues to support behavioral and social science research, particularly research that addresses the social determinants of health, including the population and societal-level factors and interventions. APA applauds the National Institute of Minority Health and Health Disparities (NIMHD) leadership of the NIH-wide initiative addressing the impact of structural racism and discrimination on minority health and health disparities.

NIH-wide supported research must continue to examine how racism has colored what counts as scientific knowledge throughout our history to recognize that racism, bias, discrimination, and hate percolates through research, including psychological science, in ways that disadvantaged communities of color and to find solutions to remedy that legacy. “Like all master narratives, the boundaries of “good” science are socialized early and policed intently. Disrupting the status quo requires effort—first acknowledging the historical roots of “good” science, then severing those roots to plant anew.”³

APA encourages prioritizing the recommendations regarding research on the social determinants of health (SDOH) outlined in the recently released NIH-supported *Ending Unequal Treatment: Strategies to Achieve Equitable Health Care and Optimal Health for All (2024)*.⁴ The report emphasizes “interventions addressing adverse SDOH and structural determinants of health in community settings have shown promise,” highlighting “the importance of the larger environmental context in moderating the outcomes of individual behaviors.” This viewpoint aligns with the APA’s elevation of the need for research that informs and incorporates a population approach to the health of all.

Goals 3 and 9: APA also strongly supports Goal 3: “develop and test interventions to reduce health disparities and improve racial and/or ethnic minority health, and Goal 9 to “promote evidence-based community engagement, dissemination, and implementation of research best practices.”

A greater focus on developing and applying implementation science and its associated research methods is needed to achieve these goals. Implementation Science, especially as it relates to health disparities and health equity research, is essential to close the current gaps in health for key groups facing systemic inequities in access and quality of services and opportunity. The knowledge translation gap needs addressing along with the gaps between what research has identified as best available practices, intervention programs, and policy. This is true across all health conditions. More attention is needed to adopt solutions for clinical challenges and conditions and implement those solutions widely in systems that reach individuals with those conditions. Implementation Science is required to evaluate whether interventions reach the intended individuals and populations.

In addition, the integration of implementation science is vital to the scaling of evidence-based interventions. The nation’s unmet mental health need is due in part to the research-to-practice gap that Implementation Science

³ Rogers, L. O., Moffitt, U., McLean, K. C., & Syed, M. (2024). Research as resistance: Naming and dismantling the master narrative of “good” science. *American Psychologist*, 79(4), 484.

⁴ National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Board on Population Health and Public Health Practice; Committee on Unequal Treatment Revisited: The Current State of Racial and Ethnic Disparities in Health Care; Georges C. Benjamin, Jennifer E. DeVoe, Francis K. Amankwah, and Sharyl J. Nass, Editors

can fill. There continue to be notable disparities in availability and access to evidence-based interventions.⁵ Evidence-based practices must be evaluated for specific groups and settings before being implemented broadly. In addition, more work is needed to understand how to implement universal prevention approaches.⁶

Goal 4: APA applauds the 2026-2030 strategic plan goals and suggests a minor adjustment to Goal 4: “Ensure inclusion [and **recruitment**] of NIH-designated populations experiencing health disparities in NIH-funded research.” NIH must prioritize inclusive research participation, reflecting the populations that experience undue burden, morbidity, and mortality. It is well documented that underrepresented and marginalized communities are often excluded from clinical trials and are not represented in developing treatments for illnesses from which they are disproportionately affected. To address health disparities, NIH-supported research must reflect our overall population, i.e., all ethnic and racial backgrounds. Accordingly, a greater focus on recruiting a diverse and adequate number of participants for NIH-supported research is needed. Attention is required to develop effective recruitment strategies to ensure that NIH-funded clinical trials achieve their scientific and clinical goals. Equity in research participation has implications for overall health equity.⁷

Goal 5: “Develop and improve scientific methods, metrics, measures, analytic tools, and technologies that support health disparities research and improve racial and ethnic minority health.” APA strongly supports the inclusion of this goal as there continues to be a lack of fundamental scientific tools (including rigorous techniques for disaggregating data), relevant metrics, and standardized data across a broad spectrum of institutions related to DEIA.

Additionally, “the racism hierarchy also permeates all social structures, including the methodologies that psychologists and social scientists use to create knowledge. It influences the selection of participants, the methodologies employed, and the ultimate conclusions drawn from studies.”⁸ There are repercussions from overlooking or minimizing history, social power, law, politics, and racism within the scientific processes. Accordingly, increased attention is required to diversify the peer-review process for funding health equity research. Specifically, a discussion of the methods needed to do research that fills gaps in health equity research is missing from the peer review process and panels. Consequently, the lack of diversification often means investigators pursuing work on health equity are not scoring as well as they should.⁹

Goal 6: “Support training to enhance diversity and promote career advancement of minority health and health disparities investigators.” Workforce diversity is central to eliminating health disparities. NIH-supported multistage funding opportunities remain essential. The association commends NIH’s continued efforts to support a scientific workforce that better reflects the backgrounds and experiences of the U.S. population. Scientific talent is undoubtedly well-represented across all groups, but unfortunately, the opportunity to participate remains elusive for some populations.

⁵ Dodge KA, Prinstein MJ, Evans AC, Ahuvia IL, Alvarez K, Beidas RS, Brown AJ, Cuijpers P, Denton EG, Hoagwood KE, Johnson C, Kazdin AE, McDaniel R, Metzger IW, Rowley SN, Schleider J, Shaw DS. Population mental health science: Guiding principles and initial agenda. *Am Psychol.* 2024 Sep;79(6):805-823. doi: 10.1037/amp0001334. Epub 2024 Jun 3. PMID: 38829360.

⁶ Dodge KA, Prinstein MJ, Evans AC, Ahuvia IL, Alvarez K, Beidas RS, Brown AJ, Cuijpers P, Denton EG, Hoagwood KE, Johnson C, Kazdin AE, McDaniel R, Metzger IW, Rowley SN, Schleider J, Shaw DS. Population mental health science: Guiding principles and initial agenda. *Am Psychol.* 2024 Sep;79(6):805-823. doi: 10.1037/amp0001334. Epub 2024 Jun 3. PMID: 38829360.

⁷ Webb Hooper, M., & Pérez-Stable, E. J. (2023). Health equity is not possible without addressing disparities. *Health Psychology, 42*(9), 625–627. <https://doi.org/10.1037/hea0001306>

⁸ Adames, H. Y., Chavez-Dueñas, N. Y., Jernigan, M. M., & Helms, J. E. (2024). Racism-conscious reflexivity in qualitative research: A practical methodological framework. *Qualitative Psychology*. Advance online publication. <https://doi.org/10.1037/qap0000315>

⁹ Adames, H. Y., Chavez-Dueñas, N. Y., Jernigan, M. M., & Helms, J. E. (2024). Racism-conscious reflexivity in qualitative research: A practical methodological framework. *Qualitative Psychology*. Advance online publication. <https://doi.org/10.1037/qap0000315>

APA commends this goal as we know that NIH funding is essential to the future of scientific discovery and individual scientists' careers. We know that success in obtaining NIH funding is a factor in tenure and promotion decisions. Unfortunately, the increase in diversity of graduate students is not reflected in the diversity of faculty. Recruitment, promotion, tenure, and retention of faculty of color remains a longstanding problem in academia. NIH must continue to address systemic issues related to faculty hiring and retention,¹⁰ including supporting innovative strategies that focus on enhancing the diversity of applicant pools. Based on slow progress, innovative approaches are necessary.

The APA Board of Scientific Affairs Taskforce on Inequities in Academic Promotion and Tenure recently released a report providing recommendations for best practices for the promotion and tenure process for faculty of color. The report seeks to educate college and university administrators regarding creating systemic change. The Taskforce report is evidence-based and describes the systemic barriers faced by faculty of color in their pursuit of promotion and tenure in psychology. Its findings underscore the "financial constraints, workplace complexities, issue of retention and attrition, and biases within the tenure evaluation criteria that disproportionately affect faculty of color."¹¹

The APA Taskforce report conclusions' highlight the need for longitudinal investigations into reducing attrition and enhancing rates of promotion. Its recommendations address mentoring and professional development of faculty of color; bias in annual evaluations and evaluation metrics; fostering success in research, publications, and funding; eliminating invisible labor, and valuing visible service and labor; fostering success in mentoring and teaching; valuing scholarship engagement contributing to the public good; and the retention and attrition of faculty of color.¹²

APA also applauds the agency's use of loan repayment awards, career development awards, and fellowships to increase the diversity of NIH-supported investigators. Continued efforts to create pathways for diverse trainees are essential to building capacity and lessening the burden on underrepresented individuals and groups who attend to improving workforce diversity. There are consequences to funding ill-prepared and untrained researchers without the necessary scientific expertise to conduct health equity research.¹³

The goal's objective should include continuing to support research on recruiting and retaining individuals from underserved communities in science careers, including identifying factors that inhibit or facilitate the inclusion of marginalized populations in health efforts at all stages of prevention and treatment.

¹⁰ Kenneth D Gibbs Jr, Jacob Basson, Imam M Xierali, David A Broniatowski (2016) Research: Decoupling of the minority PhD talent pool and assistant professor hiring in medical school basic science departments in the US eLife 5:e21393 <https://doi.org/>

¹¹ American Psychological Association, APA Task Force on Inequities in Academic Tenure and Promotion. (2023) APA Task Force Report on Promotion, Tenure and Retention of Faculty of Color in Psychology. Retrieved from <https://www.apa.org/pubs/reports/inequities-academic-tenure-promotion.pdf>.

¹² American Psychological Association, APA Task Force on Inequities in Academic Tenure and Promotion. (2023) APA Task Force Report on Promotion, Tenure and Retention of Faculty of Color in Psychology. Retrieved from <https://www.apa.org/pubs/reports/inequities-academic-tenure-promotion.pdf>.

¹³ Lett E, Adekunle D, McMurray P, Asabor EN, Irie W, Simon MA, Hardeman R, McLemore MR. Health Equity Tourism: Ravaging the Justice Landscape. J Med Syst. 2022 Feb 12;46(3):17. doi: 10.1007/s10916-022-01803-5. PMID: 35150324; PMCID: PMC8853313.

Research Strategies and Scientific Areas

There remains a need for increased support for culturally adaptive interventions that respond to the need for more equitable and culturally responsive approaches to care. Support for innovation and testing of interventions designed to address the needs of racial and ethnic minoritized groups is also needed.

APA also calls for more NIH-supported collaborative health equity research across disciplines, including psychology, and with individuals from diverse scientific backgrounds. We know it is a challenge to implement culturally adaptive interventions into traditional forms of care. There is a substantial need for additional research to address this challenge, as cultural differences can alter the effectiveness of interventions and care. The evidence base for implementing culturally informed approaches is growing. Identified areas where additional research is needed include “innovative interventions for cultural populations and the scaling up of culturally adaptive interventions.”¹⁴

APA would like to reiterate that one of the most urgent needs in health equity and health disparities research is the need for increased focus on implementation research. Noteworthy progress has been made in identifying health disparities and understanding their causes. While this research remains important, there is a critical need to develop and evaluate effective interventions to reduce these disparities. Within health equity research, there is a need for specific evidence on implementing specific interventions and policies in particular contexts to reduce health inequities.¹⁵ A shift is necessary to focus on research that proposes and evaluates solutions, including the prevention of inequities in health and well-being. Greater attention is needed to implement interventions and overcome the barriers to implementation.¹⁶ This includes areas within implementation research that require urgent attention: intervention effectiveness, policy implementation, community-based approaches, scalability and sustainability, and geospatial analysis. With attention to these areas, researchers can move beyond identifying problems to developing practical solutions that can be implemented in real-world settings.

Another area of research that should be prioritized across the NIH to address health disparities and health equity is prevention research. A focus on prevention research can benefit individuals and society significantly via improved health outcomes, reduced healthcare costs, and enhanced quality of life. In addition, prevention research can provide valuable evidence for informing public health policies and practices. Unfortunately, there are still many gaps and opportunities for prevention research that need to be addressed by the NIH. By identifying the most effective and cost-effective prevention strategies for different populations and settings, prevention research can help optimize the allocation of resources and improve health equity.

Next Generation of Health Disparities Research

The recently released National Academies report, *Ending Unequal Treatment: Strategies to Achieve Equitable Health Care and Optimal Health for All (2024)* a comprehensive review of the NIH health disparity and health equity research portfolio, “found that despite the increased funding trends in this research in recent years funding is not evenly distributed across the NIH Institutes and Centers. Biomedical and behavioral research on health disparities and health equity research must be prioritized, valued, and invested in. We support the academies’ observation that “broadening the scope of health equity research to include assessing the factors

¹⁴ DeAngelis, Tori. In search of cultural competence. *APA Monitor*, Page 64, March 2015, Vol 46. No 3
<https://www.apa.org/monitor/2015/03/cultural-competence>

¹⁵ Rasanathan, K., Diaz, T. Research on health equity in the SDG era: the urgent need for greater focus on implementation. *Int J Equity Health* 15, 202 (2016). <https://doi.org/10.1186/s12939-016-0493-7>

¹⁶ Rasanathan, K., Diaz, T. Research on health equity in the SDG era: the urgent need for greater focus on implementation. *Int J Equity Health* 15, 202 (2016). <https://doi.org/10.1186/s12939-016-0493-7>

leading to successful implementation and sustainment of interventions.”¹⁷ This includes NIH expanding the agency’s support of research that integrates examining health equity research through equity and antiracism lenses.

The next generation of NIH-supported research must be prioritized and sufficiently funded across the agency. Equity must be an essential goal of all health-related research. This includes expanding funding for research that examines health-related social needs, structural racism, and other inequities. While the NIH’s support for health-equity-related research has increased, there is substantial room for more support of related research topics.¹⁸

A recently convened APA summit provided an urgent call to transform psychological science and practice to become accountable for population-level impact on health and mental health away from a solely individual-level focus. The association recognizes that a population focus requires that effective individual-level interventions be scaled up to the population level using principles from implementation science, investing in novel intervention delivery systems, harnessing the strength of diverse providers, and forging culturally informed adaptations.¹⁹ Additionally, policy-driven community-level innovations must be innovated and tested. Transformation is needed to create a universal primary care system for mental health. This system must incorporate valid measurements, universal screening, and a community-based infrastructure for service delivery.

The association’s approach lends itself to addressing high-priority areas for future research identified by the *Ending Unequal Treatment* report, which recommends research in the following areas:

- Integrating and sustaining interventions to address health-related social needs into the health care delivery system.
- Developing and testing new care models designed to improve equity in health care access and outcomes, and implementation and health policy research to promote and accelerate, adopt, and scale up effective new models.
- Transitioning from intervention to change individual health behaviors to efforts targeting other levels of change and combining multiple levels (i.e., interventions at the community and societal levels).
- Implementation research that prioritizes studying evidence that could impact policy.

Other Relevant Topics

“Mental health interventions have an access problem.”²⁰ This includes structural barriers. These structural barriers are exacerbated in marginalized communities. Investment in novel intervention delivery systems is needed at the individual level.²¹

¹⁷ National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Board on Population Health and Public Health Practice; Committee on Unequal Treatment Revisited: The Current State of Racial and Ethnic Disparities in Health Care; Georges C. Benjamin, Jennifer E. DeVoe, Francis K. Amankwah, and Sharyl J. Nass, Editors

¹⁸ National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Board on Population Health and Public Health Practice; Committee on Unequal Treatment Revisited: The Current State of Racial and Ethnic Disparities in Health Care; Georges C. Benjamin, Jennifer E. DeVoe, Francis K. Amankwah, and Sharyl J. Nass, Editors

¹⁹ Dodge KA, Prinstein MJ, Evans AC, Ahuvia IL, Alvarez K, Beidas RS, Brown AJ, Cuijpers P, Denton EG, Hoagwood KE, Johnson C, Kazdin AE, McDaniel R, Metzger IW, Rowley SN, Schleider J, Shaw DS. Population mental health science: Guiding principles and initial agenda. *Am Psychol.* 2024 Sep;79(6):805-823. doi: 10.1037/amp0001334. Epub 2024 Jun 3. PMID: 38829360.

²⁰ Dodge KA, Prinstein MJ, Evans AC, Ahuvia IL, Alvarez K, Beidas RS, Brown AJ, Cuijpers P, Denton EG, Hoagwood KE, Johnson C, Kazdin AE, McDaniel R, Metzger IW, Rowley SN, Schleider J, Shaw DS. Population mental health science: Guiding principles and initial agenda. *Am Psychol.* 2024 Sep;79(6):805-823. doi: 10.1037/amp0001334. Epub 2024 Jun 3. PMID: 38829360.

²¹ Dodge KA, Prinstein MJ, Evans AC, Ahuvia IL, Alvarez K, Beidas RS, Brown AJ, Cuijpers P, Denton EG, Hoagwood KE, Johnson C, Kazdin AE, McDaniel R, Metzger IW, Rowley SN, Schleider J, Shaw DS. Population mental health science: Guiding principles and initial agenda. *Am Psychol.* 2024 Sep;79(6):805-823. doi: 10.1037/amp0001334. Epub 2024 Jun 3. PMID: 38829360.

APA encourages the NIH to support further the integration of behavioral and social science research to address health disparities and health inequities. NIH-supported research has consistently shown that behavioral factors and the conditions under which people live are the primary drivers of chronic disease incidence, morbidity, mortality, and healthcare costs associated with this individual, population, and societal burden. Accomplishing the agency's mission, including eliminating health disparities, will require increased recognition of the role and benefit of behavioral sciences by NIH institutes, centers, and offices. Without the attention to behavioral and social science research, the promises of even the most significant breakthroughs can fall short.

Accordingly, APA encourages the inclusion of a goal to increase NIH-wide collaboration with the NIH Office of Behavioral and Social Sciences Research (OBSSR) to integrate behavioral and social science considerations into all the priorities outlined in its proposed strategic plan. This research can play a crucial role in reducing health disparities by addressing the underlying factors that contribute to unequal health outcomes, including understanding mechanisms, developing interventions, identifying barriers to care and developing strategies to overcome them, promoting health equity via community engagement, and improving shared decision-making through health policies.

Intentional integration of social and behavioral science research agency-wide by NIH is needed, as recently documented in the **Integration of Behavioral and Social Sciences Research at the National Institutes of Health (NIH), NIH Council of Councils Working Group Report** ([Integration Report](https://obssr.od.nih.gov/sites/obssr/files/inline-files/BSSR_IntegrationWorkingGroupReport_508.pdf)).²² The congressionally mandated report responds to the House of Representatives Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill (House Report 116-450)²³: a “more robust and focused NIH commitment to behavioral science research and training [related to health disparities and health equity] have the potential to yield significant improvements to the nation's health due to the important connections between behavior and health.”²⁴

The integration of behavioral and social science considerations into the priorities outlined in the NIH-wide minority health and health disparities strategic plan would allow the agency to identify opportunities to address the goals and objectives outlined and, at the same time, provide the opportunity for the NIH institutes, centers, and offices to increase the application of behavioral and social science research in the research and training initiatives per the Integration Report. Collaboration between biomedical experts and social and behavioral scientists can lead to more effective prevention, communication, and community engagement strategies.

Thank you again for allowing APA to provide input on a critical issue. Please do not hesitate to contact Angela Sharpe, Senior Director, Congressional & Federal Relations (asharpe@apa.org) if you have questions.

Sincerely,



Adrienne Stith Butler, PhD
Head of Science

²² Integration of Behavioral and Social Sciences Research at the National Institutes of Health (NIH) report of the NIH Council of Councils Working Group Report, https://obssr.od.nih.gov/sites/obssr/files/inline-files/BSSR_IntegrationWorkingGroupReport_508.pdf

²³ H. Rept. 116-450 - Departments Of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, 2021 <https://www.congress.gov/congressional-report/116th-congress/house-report/450>

²⁴ Integration of Behavioral and Social Sciences Research at the National Institutes of Health (NIH) report of the NIH Council of Councils Working Group Report, https://obssr.od.nih.gov/sites/obssr/files/inline-files/BSSR_IntegrationWorkingGroupReport_508.pdf