April 22, 2022

The Honorable Lawrence A. Tabak
Office of The Director
National Institutes of Health
United States Department of Health and Human Services
9000 Rockville Pike
Bethesda, Maryland 20892

Submitted via Email to NIHAANHPIRFI@nih.gov


Dear Director Tabak:


The organizations represented here work to advance the health and well-being of over 25 million Asian Americans, Native Hawaiians and Pacific Islanders (AA and NHPI) across the U.S. and territories. We aim to improve access to and the quality of care for communities who are predominantly immigrant, many of whom are limited English proficient (LEP), and may be new to the U.S. healthcare system. We draw upon this extensive experience in addressing health inequities in AA and NHPI communities to respond to this RFI.

NIH Must Invest in Research on AA and NHPI Communities

AA and NHPI communities are the fastest growing and most diverse racial groups in the U.S. With such a robust and diverse population, also comes a diversity of needs and challenges that are unique to each respective AA and NHPI subgroup. However, in examining clinical research projects funded by the NIH, a cross-sectional study found that 529 research projects focused on AA and NHPI participants between 1992 and 2018, composing only 0.17% of the total NIH budget.1 According to the same study, the proportion of the NIH budget has only increased from 0.12% before 2000 to 0.18% after 2000.2 These alarming figures are reflective of the overall lack of resources and prioritization on the health and wellbeing of AA and NHPI communities. Thus, the best way to improve research on AA and NHPI communities is to invest more on research in these communities.

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2 Ibid.
While there is some data available on health disparities and chronic diseases that disproportionately affect AAs and NHPIs, they only scratch the surface of the disparities in our communities. Such data is also conflated with the often inconsistent collection and reporting of data on AAs and NHPIs. As illustrated in federal and local data collection and reporting on AAs and NHPIs during the COVID-19 pandemic, many states and locales did not collect COVID-19 infection data on AAs and NHPIs or failed to disaggregate from AA and NHPI, which directly impacts national data reported to federal entities. The pattern of incomplete and inaccurate data on AAs and NHPIs often creates misleading narratives and conclusions that complements the lack of available research. Although reported data often portrays AA and NHPI communities faring well during the pandemic when compared to other racial groups, the reality is that COVID-19 has become one of the top three leading causes of death in AA and NHPI communities.

**Recommendations**

In order to address research gaps and barriers for AA and NHPI communities, NIH must proactively invest in more targeted research for AA and NHPI communities and ensure that all research that includes racial and ethnic data is inclusive of AA and NHPI communities. We provide the following recommendations for NIH to take appropriate measures to address research gaps and barriers in AA and NHPI communities.

1. **Funding for research targeting AA and NHPI communities must be increased and explicitly benchmarked on an annual basis, immediately and going forward.** The low percentage of NIH funded research projects on AA and NHPI communities can be alleviated by investments in research projects in these communities, including specific AA and NHPI subgroups. Such research can better identify and paint a more accurate picture of the health of AA and NHPI communities.

2. **All research must include AA and NHPI communities.** All clinical research and trials should have protocols that provide a clear data collection and reporting plan, recruitment plan, and present evidence of the degree to which racial and ethnic minority participants are being recruited and included in the study. This can include the targeted education to diverse physicians to encourage AAs and NHPIs and other racial and ethnic minorities to participate in research and clinical trials. Further, collected data on AA and NHPI communities shall be disaggregated, at minimum, by the Office of Management and Budget standard and in compliance with Section 4302 of the Affordable Care Act.

3. **All research must consider language accessibility and cultural competency.** With 1 in 3 AAs and NHPIs being LEP and nearly 60% of the AA and NHPI population being immigrants, it is critical that meaningful efforts are made to outreach to and learn about the needs of LEP and immigrant populations. While all research should develop culturally and linguistically appropriate communication and information specific to the research, NIH can also play a critical role in ensuring public outreach and education about the importance of research.

4. **Researchers should build and nurture sustained partnerships with community based organizations.** All research should build partnerships with trusted community leaders and organizations as part of their protocols for recruitment. This is critical to overcoming barriers that are common across racial and ethnic minorities to participation around the issues of mistrust, lack of comfort with the research or clinical trial process, lack of information and lack of awareness. For example, community recruiters (trained members of the community) can assist with education about the research or clinical trial.

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Conclusion

Thank you for this opportunity to submit comments and suggestions on improving research on the health and well-being of AAs and NHPIs. The NIH efforts to address research gaps and barriers is an encouraging and a welcomed sign of change. Although we could not address every health disparity that is prevalent in AA and NHPI communities, we hope that this is an invitation to continue regular discussions and dialogue between NIH and AA and NHPI communities. Please do not hesitate to contact APIAHF policy manager, Azizah Ahmad, at policy@apiahf.org for further information.

Sincerely,

Asian & Pacific Islander American Health Forum (APIAHF)
Act To Change
American Public Health Association, Asian Pacific Islander Caucus
Asian American Research Center on Health
Asian Americans Advancing Justice | AAIC
Asian and Pacific Islander American Vote (APIAVote)
Asian and Pacific Islander Caucus for Public Health (APIC)
Asian Pacific American Labor Alliance, AFL-CIO
Asian Pacific American Medical Student Association
Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL)
Asian Services in Action, Inc. (ASIA)
California Pan-Ethnic Health Network
Center for Pan Asian Community Services
Disability Rights Education and Defense Fund (DREDF)
Empowering Pacific Islander Communities (EPIC)
Hmong National Development
Japanese American Citizens League
Justice in Aging
Kamehameha Schools
Karen Society of Nebraska
Micronesian Islander Community
Monsoon Asians & Pacific Islanders in Solidarity
National Asian Pacific American Families Against Substance Abuse
National Asian Pacific American Women's Forum
National CAPACD- National Coalition for Asian Pacific American Community Development
National Council of Asian Pacific Americans (NCAPA)
National Federation of Filipino American Associations
National Japanese American Memorial Foundation (NJAMF)
National Organization of API Ending Sexual Violence
National Partnership for Women & Families
National Tongan American Society
NYU Center for the Study of Asian American Health (CSAAH)
OCA-Asian Pacific American Advocates
Orange County Asian and Pacific Islander Community Alliance (OCAPICA)
Pacific Islander Community Association of Washington
SHK Global Health
Sikh American Legal Defense and Education Fund (SALDEF)
South Asian Public Health Association (SAPHA)
Southeast Asia Resource Action Center (SEARAC)
University of Hawaii System - Office of Strategic Health Initiatives