



Association of
American Medical Colleges
655 K Street, N.W., Suite 100, Washington, D.C. 20001-2399
T 202 828 0400 F 202 828 1125
www.aamc.org

December 31, 2024

Dr. Eliseo Pérez-Stable
National Institute on Minority Health and Health Disparities (NIMHD)
9000 Rockville Pike
Bethesda, Maryland 20892

Submitted via email: NIMHDPlanningandReporting@nih.gov

Re: Request for Information: Inviting Comments and Suggestions on the NIH Minority Health and Health Disparities Strategic Plan, 2026-2030 (NOT-MD-25-002)

The Association of American Medical Colleges (AAMC) appreciates the opportunity to provide comments on the National Institutes of Health’s (NIH) Minority Health and Health Disparities Strategic Plan, which outlines the NIH’s vision for minority health and health disparities science across its activities. We support the NIH’s continued commitment to improving “minority health, reduce health disparities, fostering workforce development and building the capacity to generate the scientific knowledge to improve health for all.”

The AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, medical research, and community collaborations. Its members are all 159 U.S. medical schools accredited by the Liaison Committee on Medical Education; 13 accredited Canadian medical schools; nearly 500 academic health systems and teaching hospitals, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America’s medical schools, academic health systems and teaching hospitals, and the millions of individuals across academic medicine, including more than 201,000 full-time faculty members, 97,000 medical students, 158,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Following a 2022 merger, the Alliance of Academic Health Centers International broadened participation in the AAMC by 70 international academic health centers throughout five regional offices across the globe. Learn more at aamc.org.

The goal of the AAMC’s Center for Health Justice (Center), founded in 2021, is for all communities to have an equal opportunity to thrive — a goal that reaches well beyond medical care. Achieving health equity means addressing the common roots of health, social, and economic injustices and implementing community- and data-driven policies and practices that are explicitly oriented toward equal opportunity. The Center partners with public health and community-based organizations, government and health care entities, the private sector, community leaders, and community members to build a case for health justice through research, analysis, and expertise. For more information, visit www.aamchealthjustice.org.

I. General Comments

In 2015, the AAMC responded to the NIH’s request for information (RFI) on *Science Vision for Health Disparities Research* and provided comprehensive recommendations in support of a “transformational health disparities agenda.”¹ Notably, many of our recommendations were reflected in the 2021-2025 Minority Health and Health Disparities Strategic Plan, such as our suggestion to address research gaps for underrepresented populations such as sexual and gender minorities and Native Hawaiians.

The AAMC urges the NIH and NIMHD to continue to prioritize the “collaboration between its currently funded Centers of Excellence for Disparities Research and other equity-focused IC-funded Centers in order to maximize the identification, transfer and implementation of strategies to mitigate health and health care inequities.” Further, we believe that partnership with the Centers of Disease Control and Prevention’s Network of Prevention Research Centers would further advance evidence-based, community-engaged solutions aligned with the plan’s strategic vision.²

The AAMC values the NIMHD’s continued efforts to advance a shared vision for health disparities research and encourages actionable steps that build on these foundational insights. We believe the Federal Plan for Equitable Long-Term Recovery and Resilience (ELTRR)³ is an important step toward addressing health disparities through structural approaches such as inter-agency and departmental coordination. Establishing a shared vision and approach for funding, policymaking, and agency operations by embedding the seven Vital Conditions for Health and Well-being⁴ is essential for fostering individual and community resilience. Moreover, cross-agency collaboration focused on health equity and population health will ensure a cohesive and effective response to community needs.

Community engagement is central to the mission of the AAMC Center for Health Justice, and we appreciate that the NIMHD’s interest in receiving input from a broad range of constituents, including academic institutions, professional and community-based organizations, and other members of the public. We are pleased to note that our comments have been informed by the input and expertise of the AAMC Collaborative for Health Equity: Act, Research, Generate Evidence (AAMC CHARGE).⁵ The AAMC CHARGE consists of over 1,600 members from a diversity of sectors and disciplines who engage in health equity research and policy related to health and health care inequities.

¹ “NOT-MD-15-006, Request for Information (RFI) Soliciting Input into the NIH Science Vision for Health Disparities Research.” AAMC, 2015, <https://www.aamc.org/media/80591/download>.

² “About the Prevention Research Centers.” CDC, 2024, <https://www.cdc.gov/prevention-research-centers/php/about/index.html>.

³ “Equitable Long-Term Recovery and Resilience.” Office of Disease Prevention and Health Promotion, 2022, odphp.health.gov/our-work/national-health-initiatives/equitable-long-term-recovery-and-resilience.

⁴ “The Vital Conditions for Health and Wellbeing.” The Ripple Foundation, 2024, <https://ripple.org/vital-conditions/>.

⁵ “AAMC CHARGE.” AAMC Center for Health Justice, 2024, www.aamchealthjustice.org/get-involved/aamc-charge.

II. Proposed Goals

The AAMC supports the nine goals set forth in RFI, and in the comments below we provide recommendations on those goals.

First, we encourage the NIMHD to replace the phrase “racial and/or ethnic minority populations,” in goals 1, 3, 5, 7 & 8, with “NIH-designated populations that experience health disparities.” This revision makes the goals more inclusive of populations experiencing health disparities. Promoting health equity benefits all communities, including, but not limited to, racial, ethnic and minority populations. Additionally, the scope of health and biomedical research is broad enough to include all groups identified by the NIMHD as experiencing health disparities.

While the NIH-designated populations are defined inclusively, we note the exclusion of immigrant populations. As such, we strongly support the NIMHD’s Immigrant Health Initiative, which was “established to support research into the risk/protective factors and challenges affecting the health of U.S. immigrant populations as a result of the immigration experience and to promote health equity.”⁶ As noted by the NIMHD, immigrant populations often experience distinct risk factors which negatively impact physical and mental health.^{7 8} Furthermore, the National Academies of Sciences, Engineering, and Medicine (The National Academies) has recognized immigration as a social determinant of health.⁹ **We urge the NIH and NIMHD to formally recognize immigrants as a group, inclusive of asylees and refugees, as a population that experiences health disparities and to explicitly include them in the definition.**

Goal 1. *Promote research to understand and to improve the health of racial and/or ethnic minority populations.*

Goal 2. *Advance scientific understanding of the causes of health disparities.*

Goal 3. *Develop and test interventions to reduce health disparities and improve racial and/or ethnic minority health.*

Forty years have passed since the release of the Heckler report on Black and Minority Health.¹⁰ Since then, a significant body of work has emerged, organized through a conceptual framework that articulates three “generations” of health equity research: 1) detection, 2) understanding, and 3) solutions-focused science to reduce/eliminate health disparities. While robust first- and second-generation health equity research has characterized the disproportionate burden of deleterious health outcomes among minoritized populations and identified the root causes of

⁶ “Addressing the Etiology of Health Disparities and Health Advantages Among Immigrant Populations (R01/R21).” NIMHD, 2024, <https://www.nimhd.nih.gov/programs/extramural/investigator-initiated-research/immigrant-health-initiative.html>.

⁷ Mercado, Alfonso, et al. "Trauma and cultural values in the health of recently immigrated families." *Journal of Health Psychology* 26.5 (2021): 728-740. doi:10.1177/1359105319842935.

⁸ De Arellano, Michael A., et al. "Immigration trauma among Hispanic youth: Missed by trauma assessments and predictive of depression and PTSD symptoms." *Journal of Latina/o psychology* 6.3 (2018): 159. doi:10.1037/lat0000090

⁹ National Academies of Sciences, Engineering, and Medicine. 2018. *Immigration as a Social Determinant of Health: Proceedings of a Workshop*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25204>.

¹⁰ Heckler, Margaret. *Report of the Secretary's task force on Black & minority health*. US Department of Health and Human Services, 1985.

disparities, the third generation of scholarship,¹¹ consisting of solutions-based approaches, must be prioritized to achieve the NIMHD's third stated goal. **The AAMC encourages the NIH to build on existing knowledge to mitigate health disparities. Priority actions should focus on advancing key areas such as evaluation science, implementation science, health policy research, health equity impact research, communication science, and dissemination science.**

Goal 4. *Ensure inclusion of NIH-designated populations experiencing health disparities in NIH-funded research.*

The AAMC previously supported and commended NIH's designation of people with disabilities¹² as a population that experiences health disparities. We also encourage the explicit naming of populations with low socioeconomic status, rural populations, and sexual and gender minorities¹³ as subgroups at risk for health disparities. This would highlight the inclusivity of the NIMHD's definitions of minority health populations and populations with health disparities.¹⁴

Moreover, as outlined in the AAMC's previous comment letters responding to the 2015 NIH Science Vision RFI, Updating OMB's Race and Ethnicity Statistical Standards,¹⁵ and the RFI on NIH-Wide Strategic Plan for Sexual and Gender Minority Health Research,¹³ **the AAMC encourages the NIH to adopt a standard definition of populations with health disparities across the NIH institutes and centers, and integrate this definition in presentations, products, and communications to ensure clarity and alignment.**

Goal 5. *Develop and improve scientific methods, metrics, measures, analytic tools, and technologies that support health disparities research and improve racial and/or ethnic minority health.*

The AAMC appreciates the NIH's efforts to address structural racism and promote equity throughout the biomedical and behavioral workforces through the UNITE initiative.¹⁶ As noted in our 2021 comment letter,¹⁷ we believe that an inclusive workforce, which includes individuals from historically excluded and underrepresented groups in biomedical research, is critical to gather the range of perspectives that are needed to identify and solve complex scientific problems, including problems which disproportionately affect minority populations. One key issue is racism, which was explicitly acknowledged in the 2015 NIMHD report, "Soliciting Input into the NIH Science Vision for

¹¹ Kilbourne, Amy M., et al. "Advancing health disparities research within the health care system: a conceptual framework." *American journal of public health* 96.12 (2006): 2113-2121. doi:10.2105/AJPH.2005.077628

¹² "AAMC Joins Letter in Support of Inclusion of People with Disabilities." AAMC, 2023, www.aamchealthjustice.org/news/testimony-and-correspondence/aamc-joins-letter-support-inclusion-people-disabilities.

¹³ "Comments on The National Institutes of Health Request for Information on NIH-Wide Strategic Plan for Sexual and Gender Minority Health Research [NOT-OD-24-122]." AAMC Center for Health Justice, 2024, <https://www.aamc.org/media/78236/download?attachment>.

¹⁴ "Minority Health and Health Disparities Definitions." NIMHD, 2023, www.nimhd.nih.gov/resources/understanding-health-disparities/minority-health-and-health-disparities-definitions.html.

¹⁵ "Comments on the Initial Proposals for Updating OMB's Race and Ethnicity Statistical Standards, Docket No. OMB – 2023 – 0001." AAMC Center for Health Justice, 2023, <https://www.aamc.org/media/66246/download?attachment>

¹⁶ "UNITE." NIH, 2021, www.nih.gov/ending-structural-racism/unite.

¹⁷ "Comments on Request for Information (RFI): Inviting Comments and Suggestions to Advance and Strengthen Racial Equity, Diversity, and Inclusion in the Biomedical Research Workforce and Advance Health Disparities and Health Equity Research (NOT-OD-21-066)." AAMC, 2021, <https://www.aamc.org/media/52231/download?attachment>.

Health Disparities Research.”¹⁸ The 2015 report underscored the urgency of understanding “how racism shapes health and interacts with other environmental and biologic factors (pg. 11).”

We agree and encourage the NIMHD to prioritize research that explicitly identifies and measures the impacts of social phenomena—such as racism, sexism, classism, ableism, and other systems that confer unfair advantage or disadvantage —on health outcomes. This research should address these influences at internal, interpersonal, institutional, and structural levels to develop strategies that advance health equity.

The 2024 National Academies report, *Rethinking Race and Ethnicity in Biomedical Research*,¹⁹ emphasizes that “evidence increasingly indicates that racism, not race, drives health disparities (pg.73).” The report also highlights the frequent conflation of “racism” with the social construct of “race,” calling for a clearer distinction. Importantly, it advocates for a race-conscious biomedical research agenda that:

“[...] acknowledges that race can affect health outcomes, not because of inherent biological differences, but due to social, economic, and cultural factors. This approach involves designing studies, policies, or interventions that consider these broader social determinants of health, without reducing research participants to their racial identities; however, the term risks reifying race and being misconstrued as race-based in practice.”

Furthermore, the routine practice of using demographic variables as proxies for related concepts¹⁹ (pg. 7, Box S-1) and unobserved social phenomena should be discouraged. Instead, researchers should be encouraged to explicitly study these concepts to ensure a more accurate understanding of their impact.

Furthermore, the AAMC strongly encourages the appropriate application of frameworks like intersectionality,²⁰ social determinants of health (SDOH)²¹ and health-related social needs (HRSN)²² in quantitative and qualitative research. The intersectional framework is an essential tool to understand the complexity of simultaneously inhabiting a multitude of social positions, such as gender, race and class and identifies how these unique, intersectional experiences impact health outcomes. The social determinants of health framework describes the conditions in which people are born, grow, work, live, worship and age and delineates the overarching factors that can shape our health. HRSNs, on the other hand, allow us to understand the most proximal social needs of individuals, as opposed to those of communities and populations.

¹⁸ NIMHD Science Visioning: Report on the Results of RFI: Soliciting Input into the NIH Science Vision for Health es Research (NOT-MD-15-006), NIMHD, 2015, https://www.nimhd.nih.gov/docs/NIMHD_RFI_Summary_508.pdf.

¹⁹ National Academies of Sciences, Engineering, and Medicine. 2024. *Rethinking Race and Ethnicity in Biomedical Research*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/27913>.

²⁰ Cho, Sumi K., Kimberlé Williams Crenshaw, and Leslie McCall. "Toward a Field of Intersectionality Studies." *Theories of Race and Racism*. Routledge 614-624.

²¹ “Social Determinants of Health (SDOH).” CDC, 2024, www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html.

²² Kreuter, Matthew W., et al. "Addressing social needs in health care settings: evidence, challenges, and opportunities for public health." *Annual review of public health* 42.2021 (2021): 329-344. doi:10.1146/annurev-publhealth-090419-102204.

The distinctions between SDOH and HRSNs have frequently been overlooked, with terms and concepts used interchangeably and erroneously. Using these frameworks appropriately and for their intended purposes will help identify specific points of intervention at all levels, from the macrosocial, to the community, to the individual, as the AAMC previously articulated in the 2020 comment letter response regarding the Social Determinants of Health Measures Proposed for Inclusion in the PhenX Toolkit.²³

Goal 6. *Support training to enhance diversity and promote career advancement of minority health and health disparities investigators.*

The AAMC fully supports the NIMHD’s goal of enhancing the diversity of the biomedical research workforce and promoting career advancement of graduate students, postdoctoral scholars, faculty, and staff. **We urge the NIH to develop and disseminate new and existing tools and resources to improve research training, career progression, and the education environment in the biomedical research enterprise as AAMC recommended in its 2022 response to the related National Institute of General Medical Sciences RFI.**²⁴ In addition, NIH should consider the positive impact of and continued development of cohort-based programs, such as the NIH Maximizing Opportunities for Scientific and Academic Independent Careers²⁵ (MOSAIC) program, for which AAMC is an organizational research education awardee. **We also recommend adding “graduate students and postdoctoral scholars,” to this goal in addition to “investigators.”**

The AAMC believes that robust career and professional development training opportunities are an essential and formative component of the research training experience. Therefore, we encourage the NIH and NIMHD to invest resources at national, regional, and local levels to facilitate equitable access to career and professional development opportunities, regardless of a researcher’s funding source. This recommendation is consistent with the AAMC’s response to NIH’s request for input on envisioning US postdoctoral research training and career progression within the biomedical research enterprise.²⁶ We support the importance of effective mentorship relationships and encourage the NIMHD to require mentor training for all faculty members who supervise trainees and fellows.

Ensuring the inclusion and career advancement of individuals from populations experiencing health disparities in the biomedical research workforce²⁷ builds trust by enabling communities to see themselves represented in medicine and science.²⁸ Additionally, promoting diversity of

²³ “Comments on Social Determinant of Health (SDOH) Measures Proposed for Inclusion in the PhenX Toolkit.” AAMC, 2020, <https://www.aamc.org/media/80846/download>.

²⁴ “Comments on Request for Information (RFI): Initiatives that Improve Research Training, Career Progression, or the Educational Environment in the Biomedical Research Enterprise (NOT-GM22-030).” AAMC, 2022, <https://www.aamc.org/media/61086/download?attachment>.

²⁵ Maximizing Opportunities for Scientific and Academic Independent Careers (MOSAIC) (K99/R00 and UE5).” NIH, 2024, <https://www.nigms.nih.gov/training/careerdev/Pages/MOSAIC.aspx>.

²⁶ “Comments on Request for Information (RFI) on Recommendations on Re-envisioning U.S. Postdoctoral Research Training and Career Progression within the Biomedical Research Enterprise (NOT-OD-24-150).” AAMC, 2024. <https://www.aamc.org/media/79711/download?attachment>.

²⁷ Jeske, Melanie, et al. "Beyond inclusion: Enacting team equity in precision medicine research." *PLoS One* 17.2 (2022): e0263750. doi:10.1371/journal.pone.0263750.

²⁸ Sierra-Mercado, Demetrio, and Gabriel Lázaro-Muñoz. "Enhance diversity among researchers to promote participant trust in precision medicine research." *The American Journal of Bioethics* 18.4 (2018): 44-46. doi:10.1080/15265161.2018.1431323.

scientific disciplines and the continued support of interdisciplinary²⁸ research at NIH are encouraged for a comprehensive approach to the encompassing problem of health disparities.

Goal 8. *Expand interdisciplinary capacity among community partners to advance racial and/or ethnic minority health and health disparities science.*

The AAMC commends the NIH for its commitment to community partnership and engagement through the CEAL²⁹ research network and the ComPASS³⁰ program. We encourage the NIH to further promote collaboration in their Notice of Funding Opportunity Announcements by encouraging researchers to collaborate with community-based representatives and form interdisciplinary teams.³¹ To serve this purpose, we encourage NIH to collaborate with interdisciplinary organizations such as the Interdisciplinary Association for Population Health Science (IAPHS), which fosters scientific innovation and discovery to improve health and reduce health inequities by connecting a range of disciplines and sectors to advance population health science and promote its application.³²

Goal 9. *Promote evidence-based community engagement, dissemination, and implementation of research best practices.*

The AAMC commends the NIH and NIMHD for establishing and maintaining the work of the Community-Based Participatory Research Program,³³ which supports collaborative interventions involving scientific researchers and community members to address disease and health disparities. The AAMC supports the NIH’s continued investment and the prioritization of the program’s goal to “accelerate the translation of research findings to communities experiencing health disparities by designing effective and culturally tailored interventions.” **Moreover, the AAMC suggests that if a funding application invokes community engagement, applicants explicitly describe the expected process, including remuneration, and incorporate information from the community into progress reports to NIMHD.**

III. Strategies and Scientific Areas

Bullet 1. *Research areas that have strong potential to yield short-term positive impacts on minority health and health disparities.*

The AAMC suggests that the NIMHD require process and outcome evaluations of minority health and health disparities intervention research to understand short-term and long-term health impacts. Moreover, the use and development of formal theories of change³⁴ and logic models³⁵ should be encouraged, as they serve as fundamental components of accountability by defining the intended outcomes of health disparities research and interventions.

²⁹“NIH CEAL Research Network | NIH Community Engagement Alliance (CEAL).” NIH, 2024, ceal.nih.gov/.

³⁰ “Community Partnerships to Advance Science for Society (ComPASS).” NIH, 2022, commonfund.nih.gov/compass.

³¹“Interdisciplinary Research (IR), NIH Common Fund.” NIH, 2024, commonfund.nih.gov/Interdisciplinary.

³² “Interdisciplinary Association for Population Health Science.” IAPHS, 2024, <https://iaphs.org/>.

³³ “Community-Based Participatory Research Program.” NIMHD, 2018, www.nimhd.nih.gov/programs/extramural/community-based-participatory.html.

³⁴ Theory of Change, United Nations Development Group, 2017, <https://unsdg.un.org/sites/default/files/UNDG-UNDAF-Companion-Pieces-7-Theory-of-Change.pdf>.

³⁵ “Enhancing Program Performance with Logic Models.” University of Wisconsin Madison, 2024, logicmodel.extension.wisc.edu/.

Bullet 2. *Challenging but necessary scientific areas that should be included to foster long-term advancements.*

An important next step for the NIH and NIMHD, as leading biomedical institutions, is to develop guidance on the standardization of data collection methods for sexual and gender minorities that are receptive to and reflective of the community’s identification needs. Extant data collection guidelines are inconsistent, yielding datasets that present a distorted representation of these communities, incorrectly informing research, practice, and policy.^{36 37}

Bullet 4. *Outreach strategies to accelerate the translation of scientific knowledge and best practices into practice.*

The AAMC commends the overall efforts to democratize and make accessible the mechanisms through which input on regulatory processes is sought via a memorandum addressed to the heads of executive departments and agencies, “Broadening Public participation and Community Engagement in the Regulatory process.”³⁸ Notably, Section VII delineates that “federal agencies should consider adopting leading practices for public participation and community engagement [...]” and provide a comprehensive list of said practices for agencies to implement.

Specific to the NIH and NIMHD and its processes, community outreach and engagement strategies should prioritize fostering trust with communities and demonstrating trustworthiness at the individual and institutional levels. The AAMC Center for Health Justice developed the Principles of Trustworthiness (hereafter “Principles”)³⁹ to guide organizations and government entities in efforts to equitably partner with communities and build trust among members of those communities. The Principles were co-created with community members and provide guidance on how to build authentic, long-term community partnerships.

The AAMC invites the NIH and NIMHD to incorporate the Center’s Principles and the corresponding toolkit into the implementation strategy for this Strategic Plan, as the Principles are intended to facilitate relationships with individuals and communities who could contribute to diverse perspectives. We note that the NIMHD has previously emphasized the importance of “effective population-specific communication and outreach to inform the recruitment and retention into clinical research studies and databases...” (Goal 8, strategy 8.2 of NIMHD Strategic Plan 2021-2025).⁴⁰ Similarly, the NIH should prioritize broader communication efforts to disseminate synthesized knowledge gained through health disparities research and propagate best practices in this field, both research and intervention.

³⁶ National Academies of Sciences, Engineering, and Medicine. 2022. *Measuring Sex, Gender Identity, and Sexual Orientation*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/26424>.

³⁷ Williams, Anna-leila, and Rose Lassalle-Klein. "Data, Discrimination, and Harm: LGBTQI People Left Behind." *Teaching and Learning in Medicine* (2024): 1-7. doi:10.1080/10401334.2024.2392147.

³⁸ Memorandum on Broadening Public Participation and Community Engagement in the Regulatory Process, Executive Office of the President; Office of Management and Budget, 2023. <https://www.whitehouse.gov/wp-content/uploads/2023/07/Broadening-Public-Participation-and-Community-Engagement-in-the-Regulatory-Process.pdf>.

³⁹ “The Principles of Trustworthiness.” AAMC Center for Health Justice, 2024, www.aamchealthjustice.org/our-work/trustworthiness/trustworthiness-toolkit.

⁴⁰ “NIH Minority Health and Health Disparities Strategic Plan 2021-2025.” NIMHD, 2024, www.nimhd.nih.gov/about/strategic-plan/nih-strategic-plan-directors-foreword.html.

Bullet 5. Approaches and strategies to train and empower communities to participate in all areas of NIH research, including technological development and artificial intelligence.

As important as it is to train communities to participate in all areas of research, including artificial intelligence (AI) and other technologies, it is equally important for investigators to learn how to authentically engage communities in all aspects of the research process, from research question development to study design, data analysis to dissemination. The outputs of the full spectrum of scientific inquiry – from basic to clinical to population research – can be made more relevant, impactful, and sustainable when patient and community expertise is meaningfully incorporated. This is especially true for research focused on mitigating and eliminating health inequities. **Thus, NIHMD should issue notices of funding opportunities that call for authentic engagement and validly evaluate research proposals that propose such engagement.**

One strategy to encourage community engagement in technological development and artificial intelligence research would be for NIH to invest in training opportunities that begin by enhancing the diversity of the health, public health, biomedical, and AI workforce.⁴¹ There is a need for individuals who have expertise in health, biomedical research and AI to ensure inclusive, ethical, and unbiased application of these tools. The AI community has called for the inclusion of diverse professionals as well as those with lived expertise to mitigate the biases which may affect both the development of technology and the benefits that may be reaped from said technology.⁴¹ The National Science Foundation’s Director⁴² has made the point that "this is not just about advancing AI; it's about ensuring that AI innovation supports and benefits the entire nation, leaving no one behind."

The AAMC commends the NIH and NIMHD on the development of SchARe,⁴³ a cloud-based platform developed with the National Institute of Nursing Research (NINR), in its efforts to provide access to social determinants of health data and encouraging access and collaboration using Big Data and artificial intelligence analytic tools with a culture of ethical inquiry. The AAMC Center for Health Justice offers the Foundations of Responsible Natural Language Processing Use for Maternal Health Equity as guide for those who use NLP as a research tool and/or as part of clinical decision support as these foundations are transferable and applicable to other AI-related research endeavors.⁴⁴

IV. Next Generation of Health Disparities Research

Bullet 1. How can this plan move the field forward?

The AAMC encourages the NIH to use the intersectionality²⁰ framework in its qualitative and quantitative applications because it is an analytical tool and research methodology to understand the complexity of health disparities and advance the field. **The AAMC recommends that NIH and NIMHD recruit and cultivate intersectionality-trained professionals to encourage the**

⁴¹ Crowell, Rachel. "Why AI's diversity crisis matters, and how to tackle it." *Nature* (2023). doi:10.1038/d41586-023-01689-4

⁴² "Creating a Diverse and Inclusive AI Research Community Is the Goal of New NSF Awards." National Science Foundation (NSF), 2024, [new.nsf.gov/news/creating-diverse-inclusive-ai-research-community](https://www.nsf.gov/news/creating-diverse-inclusive-ai-research-community).

⁴³ "About SchARe." NIMHD, 2021, www.nimhd.nih.gov/resources/schare/about-schare.html.

⁴⁴ "Foundations of Responsible NLP Use for Maternal Health Equity." AAMC Center for Health Justice, 2023, www.aamchealthjustice.org/our-work/maternal-health-equity/foundations-nlp.

framework’s application in health disparities research and to support intramural and extramural funding for intersectional research and interventions. The National Academies report, Rethinking Race and Ethnicity in Biomedical Research¹⁹ notes that “...future work will be needed to integrate these findings and recommendations across domains and to incorporate intersectional approaches across dimensions of identity (pg. 21).”

Bullet 2. *Benefits or challenges to highlight in strategic plan development and advancing the science.*

The AAMC believes the Vital Conditions for Health and Well-being framework, adopted by the Federal Plan for ELTRR, provides a valuable foundation that will enhance collaboration between NIH/NIHMD and other federal agencies that shape the social determinants of health via initiatives, programs, and policies. Potential challenges to advancing the science of health disparities and minority health research remain significant and underscore the need for NIH’s continued commitment to health disparities and minority health research and evidence-based approaches to mitigate them.

Continued funding of and investment in minority and health disparities research is an essential element for individual, population and community strength, resilience, and wellbeing. Developing a long-term strategic vision for NIH-funded health equity research is an important step in this effort. The AAMC values the opportunity to contribute to this effort and would be eager to collaborate with the NIH and NIMHD to advance this important initiative. For questions about these comments, please feel free to contact us or our colleague, Carla S. Alvarado, PhD, MPH, Director of Research, AAMC Center for Health Justice (calvarado@aamc.org).

Sincerely,



Elena Fuentes-Afflick, MD, MPH
Chief Scientific Officer



Philip M. Alberti, PhD
Founding Director, AAMC Center for Health Justice
Senior Director, Health Equity Research and Policy

cc: David J. Skorton, MD, AAMC President and Chief Executive Officer