The American Psychological Association (APA) is pleased to provide comments on the National Institutes of Health (NIH) Request for Information (RFI): Seeking Stakeholder Actionable Input to Improve Research on Health and Well-being for Asians, Native Hawaiians, and Pacific Islanders (NOT-CA-22-047)

APA appreciates the NIH's efforts to understand how to improve the research it supports for the Asian American, Native Hawaiian, and Pacific Islander (AANHPI) population. The rapidly growing AANHPI populations in the U.S. are often understudied, overlooked, and misunderstood. According to the U.S. Census, the U.S. population includes more than 22 million Asians—increasing by 72 percent since 2000 and the fastest-growing racial and ethnic group. Yet, despite exponential growth, the Asian American communities remain largely invisible in the national dialogue and scientific research.

Understudied Scientific Areas

Health Disparities—Historically, U.S.-supported research has treated AANHPI as an aggregated group. AANHPIS comprises more than 30 unique national, linguistic, and cultural groups. Across these groups are a wide range of socioeconomic status, education, and health needs. Unfortunately, the inclination to see AANHPIs as one group continues to have negative implications for understanding and addressing health, including mental health issues for AANHPI individuals. According to a recent JAMA article, over the past 25 years, only 0.17 percent of all NIH funding has been devoted to research focused on American and Pacific Islanders. APA remains concerned that despite launching the NIH UNITE initiative designed to address structural racism (which APA applauds), more attention is needed to address the AANHPI communities' concerns.

For example, research has documented that the young Asian American women seeking a culturally specific psychotherapy intervention were at high risk for suicidal ideation and intent. The research supported and expanded on previous research examining this population. More recent research by Augsberger and colleagues found that 64 percent of its sample of AANHPI women had experienced lifetime suicidal ideation, including 18 percent who had attempted suicide. Although the research did not include a non-AANHPI comparison group, these rates are atypically high and suggest suicidality is a critical concern among help-seeking AANHPIS. Yet, Asian Americans are less likely to seek mental health treatment due to cultural stigmatized beliefs and barriers.

Unfortunately, the model minority myth surrounding Asian Americans obscures the desire and interest in research where AANHPIs are faring less well. Consequently, these cultures have struggled to reconcile their identities and challenges while recognizing the privilege that comes with the "model minority" myth. Therefore, APA recommends NIH increase its support of disaggregated data of AANHPI

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subgroups' language and cultural barriers and access to health care efforts to understand better their health disparities—and the biological and social determinants that drive them.

**Emerging opportunities in research strategies**

While not new or isolated, the recent spike in anti-Asian hate has motivated communities to advocate for AANHPI issues. Accordingly, adequate resources are needed to support motivated scientists with the required expertise to do this research and who are prepared to do the research. APA recommends that NIH also provide resources for training for those interested in conducting this research. It is critical there is a substantive representation of AANHPIs in research and the workforce. Attention to AANHPIs is needed to have an adequate understanding of specific research. There is also a need for a critical mass of AANHPI leaders to provide input to the policy process.

**Top five actionable high priorities**

- Issue a request for applications (RFA) for advancing AANHPI health and health disparities, including but not limited to such topics as youth mental health. Any RFA issued mustn’t be a one-time event. Instead, a deep body of literature cultivated through multiple RFAs over time is required.
- Unpack biases in review processes that use the "model minority" myth leading to underfunding of AANHPI research
- Collect data as to the disciplinary areas of AANHPI scientists serving on NIH peer review panels
- Disaggregate AANHPI data

**Barriers or challenges in research and how to overcome**

For Asian Americans, invisibility is a defining feature of their racialized experience. Asian Americans are often left out of panels, publications, leadership, and other forums for people of color, thereby further marginalizing these communities. Ending structural racism against AANHPI requires specific attention to these groups. Barriers and challenges in research include:

- Examining and addressing how to overcome "biases in the peer review process" and the sentiment that "Asians are doing great, why do we need to study them?" Additionally, a related but different line of thinking is "Asians are doing at least better than other ethnic-racial minoritized groups, so we should not prioritize studying them"—this is highly problematic because it pits groups against each other.
- As the NIH constructs its research programs, it must resist reifying the model minority and perpetual foreigner stereotypes. 7
- Lacking necessary resources to support more exploratory work to ascertain whether there is preliminary research to establish a scientific premise.

APA reiterates its support for focused calls and adequate resources for research that will generate the science necessary to impact the AANHPI communities, eliminate disparities, and promote health equity in these populations. The association appreciates the opportunity to comment on this critical issue. Please do not hesitate to contact Angela Sharpe, Senior Director, Congressional and Federal Relations, [asharpe@apa.org](mailto:asharpe@apa.org) if APA can be of assistance.

**References**


Sincerely,
Mitch Prinstein, PhD
Chief Science Officer

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