

December 18, 2024

Eliseo J. Pérez-Stable, M.D.  
Director  
National Institute on Minority Health and Health Disparities  
National Institutes of Health  
6707 Democracy Boulevard, Suite 800  
Bethesda, MD 20892-5465

**Re: National Institute on Minority Health and Health Disparities Strategic Plan Request for Information**

Dear Director Pérez-Stable:

Thank you for the opportunity to provide input on the National Institute on Minority Health and Health Disparities (NIMHD) Strategic Plan, 2026-2030.

The American Lung Association is the oldest voluntary public health association in the United States, representing the more than 35 million individuals living with lung disease. The Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through research, education and advocacy.

The Lung Association is pleased to share our perspective on critical priorities and areas of research that need to be addressed to improve health disparities and minority health. The Lung Association offers the following input on NIMHD's request for comment:

**Question 1: Proposed Goals**

The Lung Association is deeply supportive of NIMHD's goals to understand and address health disparities and improve minority health. Health disparities are identifiable in numerous aspects of lung disease. For example, Black individuals are 44% more likely to have asthma than white individuals.<sup>1</sup> Similar disparities can be seen among people who smoke, where about 27 of every 100 non-Hispanic American Indian/Alaska Native adults smoke (as opposed to 13 of every 100 non-Hispanic white adults) and nearly 20 of every 100 adults with a disability smoke (as opposed to 12 of every 100 adults without a disability).<sup>2</sup> More women are living with chronic obstructive pulmonary disease (COPD) compared to men, and deaths from COPD are higher in women than in men.<sup>3</sup> Among people with lung cancer, Black and Indigenous individuals are respectively 16% and 15% less likely to survive five years compared to white individuals.<sup>4</sup> Further research and better strategies are needed in order to meet patients' needs across demographics.

The Lung Association urges NIMHD to ensure that lung disease issues are included and prioritized in research as it works towards the Plan's proposed goals. Research should focus on

diseases that have high prevalence among minority and underserved communities and on how racial and ethnic health disparities, among other social determinants of health, can impact health outcomes. For example, in part, after finding that Black adults are more likely to develop invasive pneumococcal disease in their 50s, the recommended age for pneumococcal vaccination was dropped from 65 to 50.<sup>5</sup> This example demonstrates how research can directly inform policy changes that address disparities. For individuals in minority communities with comorbidities, such as asthma and COPD, the research is even more limited.

Goals 8 and 9 demonstrate NIMHD's intent to further foster community engagement. Before research can meaningfully explore and address health disparities, there must first be a focus on developing effective methods for informing and engaging these communities about medical research and its processes. Without this foundational step, efforts to ensure minority participation in research studies are likely to face continued challenges. Essential work of community engagement likely needs to begin before funding for specific research projects is secured, which underscores the critical need for grants that focus explicitly on developing evidence-based approaches for minority community engagement.

Finally, addressing health disparities requires an increased focus on improving the diversity of the research workforce and of clinical trial participants, and the Lung Association supports goals 6 and 8 as they pertain to this. NIMHD should support a diverse workforce for research investigators and other study personnel. Similarly, NIMHD needs to support research to understand how to improve recruitment and retention in cohort studies and clinical trials, especially of individuals who are typically underrepresented in biomedical research, including women and historically underrepresented communities. Current approaches to improving diversity in clinical trials have seen limited success. NIMHD should develop strategies for researchers to ensure that clinical trials are easily accessible to all eligible groups and are considered a part of the continuum of care for people living with lung disease.

## **Question 2: Research Strategies and Scientific Areas**

There are several research areas that the Lung Association believes can yield both short-term and long-term positive impacts on minority health and health disparities. The first of these is the emerging threat posed by Long COVID. Women and Hispanic and Latino individuals are at greater risk of developing Long COVID, highlighting the importance of research that identifies risk factors and health disparities among those affected by Long COVID.<sup>6</sup> While it is known that COVID-19 poses an elevated risk for people with chronic conditions, including lung disease, our understanding of the impacts of Long COVID remains limited. NIMHD should prioritize research that explores the causes and impacts of Long COVID.

The second research area is barriers to lung cancer screening and treatment. Lung cancer screening rates remain low across the nation, at just 16% of eligible individuals being screening in 2022.<sup>7</sup> Black and Hispanic/Latino individuals remain less likely to be diagnosed early and less likely to receive treatment compared to white individuals.<sup>8</sup> Further research is necessary to understand and address barriers to screening and care, particularly among minority communities. Similarly, NIMHD should focus on strategies for addressing social determinants of health and discrimination in healthcare to prevent such disparities.

Finally, disparities in tobacco use remain a critical research need in the coming years. The U.S. Surgeon General released an important report in November 2024 “Eliminating Tobacco-Related Disease and Death: Addressing Disparities” that provided a comprehensive look at disparities caused by tobacco use, including by race and ethnicity, poverty status and education level. It also examined potential public policy responses that could be most effective at reducing these disparities.<sup>9</sup> NIMHD should invest in research to continue to monitor these tobacco-use related disparities and the impact that public policies to reduce disparities have as they are implemented.

### **Question 3: Next Generation of Health Disparities Research**

Looking ahead, NIMHD should continue its work to develop novel strategies for identifying and addressing disparities. Research should leverage existing data on structural and sociocultural contexts (e.g., housing indices, distance to highways, air pollution levels, food insecurity, access to affordable healthcare and childcare), as well as individual and family level-behavior (e.g., medication adherence, healthcare utilization, tobacco use). Research should also address local-level investments in disadvantaged neighborhoods to build a healthier community. Research focused on social determinants of health would allow a better understanding of health disparities beyond race, gender, and ethnicity, and would identify areas for change that promote health equity.

Additionally, NIMHD should develop strategies for improving health literacy among minority populations. NIMHD should establish best practices for health communications with minority populations. NIMHD should examine how to best develop health literacy from an early age through elementary and high school health curricula. NIMHD should facilitate greater collaboration with trusted community organizations in order to improve the dissemination of health education and information.

There is promising research emerging on artificial intelligence (AI) and its potential uses in disease detection and as a predictive tool. As AI becomes more impactful in healthcare, NIMHD research should examine its potential uses in reducing disparities while ensuring that AI technology is programmed and implemented without biases that could worsen disparities, instead of reducing them. Some clinical algorithms discriminate against minority groups. For example, race-based correction factors used in spirometry for individuals who are identified as Black or Asian has led to concerns that disease severity is underestimated in these groups and patients may not receive appropriate treatment.<sup>10</sup> One study found that removing the race correction for Black individuals led to a 20.8% increase in patients diagnosed with a pulmonary defect.<sup>11</sup> The American Thoracic has since issued a statement for clinicians explaining why race and ethnicity should no longer be considered factors in interpreting the results of spirometry.<sup>12</sup>

### **Question 4: Other Relevant Topics**

Ongoing disparity and minority health research at the NIMHD can also be improved through collaboration with other institutes, including the National Heart, Lung, and Blood Institute and the National Institute on Allergy and Infectious Diseases, to better address health inequities found in lung disease. For example, the Lung Association is greatly looking forward to results of

NIMHD's joint study with the National Cancer Institute to look at the underlying causal factors that result in lung cancer disparities in the U.S. including the causes for screening and treatment disparities for lung cancer. Research also shows that minority communities are disproportionately affected by poor outdoor air quality.<sup>13</sup> NIMHD should collaborate with the National Institute on Environmental Health Sciences to better understand how poor air quality impacts marginalized communities and the impact this has on minority health.

In addition to collaboration with other institutes, NIMHD should collaborate with and create more research funding opportunities with trusted minority-led organizations and universities. NIMHD should build trust among researchers and by improving transparency in research. By putting a face to the research being done in this field, NIMHD can foster greater awareness of and participation in its crucial work.

### Conclusion

The Lung Association appreciates the opportunity to provide input on the NIMHD Strategic Plan, 2026-2030. The Lung Association is proud to stand with NIMHD as we work to fulfill our mission of saving lives by improving health and preventing lung disease.

Sincerely,



Harold P. Wimmer  
CEO & President

---

<sup>1</sup> Current Asthma Demographics. American Lung Association. Accessed December 10, 2024.

<https://www.lung.org/research/trends-in-lung-disease/asthma-trends-brief/current-demographics>

<sup>2</sup> Current Cigarette Smoking Among Adults. Centers for Disease Control and Prevention, March 2022.

Available at: [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/adult\\_data/cig\\_smoking/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm)

<sup>3</sup> Learn About COPD. American Lung Association. Accessed December 10, 2024. Available at:

<https://www.lung.org/lung-health-diseases/lung-disease-lookup/copd/learn-about-copd#:~:text=Women%20are%20more%20vulnerable%20than,with%20less%20cigarette%20smoke%20exposure>

<sup>4</sup> Racial and Ethnic Disparities, State of Lung Cancer. American Lung Association. Accessed December

10, 2024. Available at: <https://www.lung.org/research/state-of-lung-cancer/racial-and-ethnic-disparities>

<sup>5</sup> CDC Updates Vaccine Recommendations. October 20, 2024. Centers for Disease Control and

Prevention. Available at: <https://www.cdc.gov/ncird/whats-new/cdc-updates-vaccine-recommendations.html>

<sup>6</sup> Long COVID or Post-COVID Conditions. National Center for Immunization and Respiratory Diseases, Division of Viral Diseases. Centers for Disease Control. March 14, 2024. Available at:

[https://www.cdc.gov/covid/long-term-effects/?CDC\\_AAref\\_Val=https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects/index.html](https://www.cdc.gov/covid/long-term-effects/?CDC_AAref_Val=https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects/index.html)

<sup>7</sup> Lung Cancer Key Findings, State of Lung Cancer. American Lung Association. Accessed December 10,

2024. Available at: <https://www.lung.org/research/state-of-lung-cancer/key-findings>.

<sup>8</sup> Racial and Ethnic Disparities, State of Lung Cancer. American Lung Association. Accessed December

10, 2024. Available at: <https://www.lung.org/research/state-of-lung-cancer/racial-and-ethnic-disparities>

<sup>9</sup> U.S. Department of Health and Human Services. Eliminating Tobacco-Related Disease and Death:

Addressing Disparities—A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and

---

Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2024.

<sup>10</sup> Vyas, D. A., Eisenstein, L. G., & Jones, D. S. (2020). Hidden in plain sight — reconsidering the use of race correction in clinical algorithms. *New England Journal of Medicine*, 383(9), 874–882.

<https://doi.org/10.1056/nejmms2004740>

<sup>11</sup> Moffett, A. T., Eneanya, N. D., Halpern, S. D., & Weissman, G. E. (2021). The impact of race correction on the interpretation of pulmonary function testing among Black Patients. A7. A007. *Impact of Race, Ethnicity, and Social Determinants on Individuals with Lung Diseases*. [https://doi.org/10.1164/ajrcm-conference.2021.203.1\\_meetingabstracts.a1030](https://doi.org/10.1164/ajrcm-conference.2021.203.1_meetingabstracts.a1030)

<sup>12</sup> ATS Publishes Official Statement on Race, Ethnicity and Pulmonary Function Test Interpretation. American Thoracic Society. 2023. Available at: <https://site.thoracic.org/about-us/news/ats-publishes-official-statement-on-race-ethnicity-and-pulmonary-function-test-interpretation>

<sup>13</sup>Key Findings, State of the Air. American Lung Association. Accessed December 10, 2024. Available at: <https://www.lung.org/research/sota/key-findings#:~:text=In%20the%20counties%20with%20the,county%20with%203%20failing%20grades>