

Population Association of America Association of Population Centers

Office of Government and Public Affairs

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December 7, 2020

National Institutes of Health
Office of the Director
Bethesda, Maryland 20892
Sent via online form: [RFI \(nih.gov\)](https://rfi.nih.gov)

To whom it may concern:

On behalf of the Population Association of America (PAA) (www.populationassociation.org) and the Association of Population Centers (APC), we are pleased to submit comments on the NIH-Wide Strategic Plan for COVID Research.

As you know, PAA and APC are two affiliated organizations that together represent over 3,000 population scientists who conduct research on the individual-societal-and environmental-level causes and consequences of population change, including reproductive health, fertility, morbidity, and mortality. Population scientists are experts in a diverse range of health-related topics, including child and adolescent health, reproductive health, health disparities, aging, and morbidity and mortality. The National Institutes of Health (NIH), particularly the National Institute on Aging (NIA) and National Institute of Child Health and Human Development (NICHD), is the primary source of competitive, discretionary funding supporting the field of population research. Throughout the COVID-19 pandemic, population scientists have worked with the NIH to bring scientific rigor to the collection, analysis, interpretation, and dissemination of data on population dynamics and contributed research to address the pandemic and accelerate our recovery.

PAA and APC are pleased NIH has developed a strategic plan to help guide the significant resources that have been directed at the agency. Further, we are pleased that NIH is encouraging a broad spectrum of research beyond development of therapeutics and vaccines—as fundamental as those activities are to bringing an end to this devastating global pandemic. While the plan includes important dimensions of population and social science research, it could be strengthened in several important areas. Overall, we feel strongly that the plan needs to communicate clear support for the role of population research in this effort and to strengthen research initiatives toward understanding the *long-term effects* of the pandemic on the health and well-being of the U.S. population, and especially its diverse sub-populations.

We have specific comments regarding three objectives in the plan: Priority #1, Objective 1.3: “Improve Fundamental Knowledge of SARS-CoV-2 and

COVID 19”; Priority #1, Objective 1.4: “Understand COVID-19 disease progression, recovery, and psychosocial and behavioral health consequences”; and Priority #5, Objective 5.2: “Prevent and Redress Poor COVID 19 Outcomes in Health Disparity and Vulnerable Populations.”

Priority #1, “Improve Fundamental Knowledge of SARS-CoV-2 and COVID 19”

Under Priority #1, *Objective 1.3: Advance the understanding of SARSCoV-2 transmission and COVID-19 dynamics at the population level*, the plan recognized that “gaps exist in our understanding of the dynamics of disease transmission in different populations over time and the factors that influence a population’s susceptibility to severe disease.” As such, the plan noted that, “Population-level studies will be used to explain the role of different factors in driving disease severity and outcomes, including but not limited to older age; sex; social determinants of health; and such comorbidities as diabetes, cancer, cardiovascular disease, kidney and digestive diseases, and pain and substance use disorders.” We are pleased to read that population-level studies will play an important role in this objective.

We strongly recommend that this section be strengthened and specified to capture the potential that large, NIH-funded, nationally-representative, longitudinal population studies bring to the table. NIH-funded studies such as the [Fragile Families and Child Wellbeing Study](#), the [National Longitudinal Study of Adolescent to Adult Health](#), the [Health and Retirement Study](#), and the [National Health and Aging Trends Study](#) have great potential to help the research community better understand, at the national level, why some individuals and subgroups of the population are becoming sick, being hospitalized, and dying from COVID-19 compared to other individuals and groups. The rich available data in these studies – that include longitudinal details on household composition, caregiving roles, workplace and job characteristics, work-family conflicts, stress and discrimination, neighborhood characteristics, biomarkers and pre-existing health conditions, and in some cases COVID mitigating behaviors during the pandemic – are in many ways ideal for understanding the factors that influence population-based susceptibility to COVID-19 in the U.S. population.

Also, under Priority #1, *Objective 1.4 states that the NIH will prioritize research to: “Understand COVID-19 disease progression, recovery, and psychosocial and behavioral health consequences.”* The population-based, nationally-representative data sets being collected and analyzed by the population sciences community, including those mentioned above, also have great potential to understand how the pandemic will affect the long-term social, economic, behavioral, and health outcomes of all age groups of the population, and differentially so across subgroups. We commend the NIH plan for including an objective focusing on psychosocial and behavioral health consequences. However, we encourage this portion of the NIH plan to specifically also include social and economic consequences in this objective, given that the “pandemic shock” of 2020 will most likely have critical impacts on social and economic wellbeing of the U.S. population for decades to come. In addition, given research on disparities unfolding in the pandemic thus far, it will also be important for such long-term studies to best understand how the pandemic is impacting the psychosocial, behavioral, social, and economic wellbeing of population subgroups, including women, racial and ethnic minority groups, rural populations, sexual and gender minority groups, and

persons with low socioeconomic status. Population scientists are collecting the nationally-representative data and have the analytic tools to more fully understand the broad, long-term impacts of this public health crisis, an area of substantial concern that we strongly feel should be strengthened in this plan.

Priority #5, “Prevent and Redress Poor COVID-19 Outcomes in Health Disparity and Vulnerable Populations”

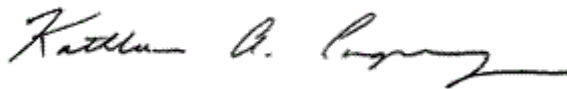
We sincerely applaud the NIH for specifying research on health disparities and vulnerable populations as one of the five priorities of this plan. As part of this priority, *Objective 5.2* includes “*Understand and address COVID-19 maternal health and pregnancy outcomes,*” as a key objective. While a great objective, we recommend broadening the section to include disparities research regarding the impact of COVID-19 on reproductive health, fertility, and infant and child development outcomes, both short- and long-term. COVID-19 has strong potential to affect reproductive health, fertility levels, and infant and child development outcomes quite strongly, especially across subgroups whose lives have been especially impacted by the pandemic. For example, there are important questions surrounding whether some women may delay or forgo childbearing in response to the pandemic, which could have important long-term implications for the U.S. population. Infant and child development may, of course, be affected by the pandemic in short- and long-term ways if their parents, caregivers, and teachers were impacted in serious ways. If so, there could also be disparities in how women, infants, and children are affected by the pandemic, both short- and long-term, that are clearly worthy of serious NIH-funded attention. Population scientists can again bring key assets to the table in this research objective, including the collection and analysis of large, population-based representative data sets, that assist the public health community in fully understanding the impact of the pandemic for the nation as a whole and among its population subgroups.

Thank you considering our suggestions as the NIH finalizes its COVID-19 research strategic plan.

Sincerely,



Eileen Crimmins
PAA President



Kathleen A. Cagney
APC President