

**U.S. Department of Health and Human Services  
National Institutes of Health  
68th Meeting of the National Advisory Council on Minority Health and Health Disparities  
(NACMHD)**

NIH Building 31  
31 Center Drive  
Bethesda, MD 20894  
and by Video/Teleconference

May 5, 2025  
10:00 a.m. EDT

**Meeting Minutes**

**Council Members Present**

Monica Webb Hooper, Ph.D., Chairperson; Deputy Director, NIMHD  
Samuel E. Adunyah, Ph.D., Meharry Medical College  
Jose A. Bauermeister, Ph.D., B.A., MPH, University of Pennsylvania  
Lisa M. Cacari Stone, Ph.D., M.S., M.A., University of New Mexico  
Valarie Blue Bird Jernigan, DrPH, MPH, Oklahoma State University  
Frank J. Penedo, B.A., Ph.D., University of Miami  
Mario Sims, B.A., M.S., Ph.D., University of California at Riverside  
Chau Trinh-Shevrin, DrPH, New York University School of Medicine

**Council Members Absent**

Kendrick E. Curry, M.Div., Ph.D., The Pennsylvania Avenue Baptist Church

**Ex Officio Members Present**

Jane Simoni, Ph.D., A.B., M.A., Associate Director, Office of Behavioral and Social Sciences Research, NIH

**Representatives Present**

Larissa Aviles-Santa, M.D., MPH, Director, Division of Clinical and Health Services Research, NIMHD  
Rebekah Corlew, Ph.D., Director, Office of Science Policy, Planning, and Reporting, NIMHD  
Rina Das, Ph.D., Director, Division of Integrative Biological and Behavioral Sciences, NIMHD  
Nathan Stinson Jr., Ph.D., M.D., MPH, Director, Division of Community Health and Population Science, NIMHD

**Executive Secretary**

Paul Cotton, Ph.D., RDN, Office of Extramural Research Activities, NIMHD

## **Welcome and Introductions**

Dr. Webb Hooper called the open session to order at 10:00 a.m. The meeting served as a make-up for the previously canceled January/February session. Dr. Cotton outlined several procedural directives for council members to ensure clarity and efficient record-keeping. He conducted a roll call, in which members and staff present briefly introduced themselves.

Dr. Cotton reviewed the upcoming council meeting dates and requested that members inform the organizers promptly of any conflicts. NIH policy permits only one absence per calendar year for council members, and individuals serving on the council cannot simultaneously serve on NIH peer review panels.

## **Acting Director's Report**

Dr. Webb Hooper detailed NIMHD's key activities and scientific advancements between September 2024 and early February 2025.

- She reiterated NIMHD's core mission: to lead scientific research aimed at improving health and reducing health disparities, striving for optimal health across all populations.
- She acknowledged Dr. Eliseo Pérez-Stable for his leadership as the second NIMHD director.
- The institute, celebrating its 15th anniversary in 2025, continues to conduct and support multidisciplinary research across three primary domains: integrative biological and behavioral sciences, clinical and health services research, and community health and population science. Dr. Webb Hooper highlighted the ongoing necessity of understanding and addressing persistent health disparities across generations and populations.
- A plaque debuted at the National Library of Medicine on September 19, 2024, honoring the 625 Black American men unethically treated in the U.S. Public Health Service Untreated Syphilis Study (1932-1972). This event also marked the 50th anniversary of the National Research Act, which established federal rules for human research participant protection as a direct response to this study.
- NIMHD announced the selection of Dr. Kelvin Choi as the new Scientific Director of the Division of Intramural Research. Dr. Choi, who joined NIMHD in 2013 and served as Acting Scientific Director since March 2023, is the first and only scientific senior investigator and a distinguished researcher in commercial tobacco use disparities and tobacco control.
- Dr. Webb Hooper shared two personal accolades: her election as a Fellow into the Academy of Behavioral Medicine Research, and receiving the 2025 Pebbles Fagan Award from the Society for Research on Nicotine and Tobacco for her work in tobacco-related disparities.
- Legislative engagement included Dr. Webb Hooper's meeting with Congressman Terri Sewell in November 2024 to discuss health disparities research updates, and Dr. Stinson's participation in an NIH Lunch and Learn congressional webinar on rural health research in December 2024.
- In October 2024, Dr. Webb Hooper authored an article for Trend magazine (published by The Pew Charitable Trusts) addressing the decline in trust in healthcare and science. The article

explored reasons for this distrust and proposed strategies for fostering greater trust and confidence.

- NIMHD was actively represented at the American Public Health Association's annual meeting, where investigators and fellows from five NIMHD intramural labs presented their research. Dr. Allana Forde participated in a panel on critical public health issues, and NIMHD hosted an exhibit booth to engage with scientists and trainees about research opportunities.
- The NIH Health Disparities Interest Group held a workshop focused on oral health disparities during the NIH Research Festival. Led by NICHD with NIMHD support, the workshop emphasized oral health as a modifiable risk factor for noncommunicable diseases and the existence of disparities across the lifespan, aiming to inform intervention efforts.
- Dr. Webb Hooper presented six recent NIMHD-supported research publications, highlighting their implications for health disparities:
  - Religion, Spirituality, and Alzheimer's Disease Risk in Black Adults: A study utilizing data from the Health and Retirement Study found that Black adults who never attended religious services had over twice the odds of being diagnosed with Alzheimer's Disease and related dementia compared to those attending more than once per week. Increased frequency of religious service participation was associated with a linear decrease in risk. This research suggests the potential role of existing cultural networks in mitigating Alzheimer's Disease prevalence and progression, offering insights into non-medical approaches to brain health.
  - Smoking Cessation Efforts in Rural American Communities: This study investigated smoking cessation attempts among rural adults. It found that only approximately 25% of rural adults who smoke daily attempted to quit over the past year. Factors positively associated with quitting attempts included higher education, e-cigarette use, disapproval of smoking by family/friends, frequent thoughts about tobacco harms, poor physical health, and clinician advice to quit. Conversely, smokeless tobacco use and higher daily cigarette consumption were negatively associated with quitting attempts. Notably, fewer than half of participants reported receiving advice to quit smoking from a clinician, despite its association with increased odds of attempting to quit. This highlights the urgent need for targeted interventions, improved clinician counseling, and enhanced access to cessation resources in rural areas.
  - Effectiveness of Smoking Cessation Interventions for Low-Income Individuals: Comparing self-help, in-person, and virtual/hybrid intervention formats, this study found that in-person support groups were the most effective for low-income individuals attempting to quit smoking, significantly outperforming the self-help approach. The virtual/hybrid group did not show a major improvement over self-help. This suggests that while virtual formats offer accessibility, in-person support with peer motivation and structured guidance may be more beneficial for this population, or virtual curricula may need adaptation.
  - Adherence to Hypertension Treatment Guidelines Post-Stroke: An analysis of over 265,000 stroke patients in the Florida Stroke Registry revealed that adherence to

guideline-concordant hypertension management ranged from 48% to 74%, falling below the 80% quality standard. Adherence was lower for Black patients, individuals with atrial fibrillation, and those with diabetes. These findings underscore the need for improved monitoring and interventions to ensure all stroke survivors receive optimal blood pressure management, particularly addressing disparities in care.

- Impact of Maui Wildfire on Mental Health Services: This study analyzed 988 Suicide & Crisis Lifeline call data in Hawaii before and after the August 2023 Maui wildfire. The monthly crisis lifeline call rate increased from a mean of approximately 97-98 calls per 100,000 Hawaii residents pre-wildfire to 137 calls per 100,000 residents post-wildfire. Concurrently, the call-answer rate decreased from approximately 90% to 77%. This indicates a significant surge in demand for mental health services post-disaster and highlights the critical need for robust, on-island mental healthcare capacity for long-term resident needs.
- Physical Activity Among Breast Cancer Survivors: Examining physical activity levels among women aged 35 and older, including nearly 6,000 breast cancer survivors and over 160,000 women without cancer, this study found that only about 38% of breast cancer survivors met aerobic exercise guidelines compared to approximately 41% of women without cancer. Participation in muscle strengthening exercises was lower across both groups. Disparities were observed, with Black or Latina breast cancer survivors and low-income survivors being less likely to meet exercise recommendations. Younger survivors (under 50), those working full-time, and renters also showed lower adherence. This research emphasizes the need for targeted interventions to increase exercise participation and address disparities in access to fitness opportunities among breast cancer survivors.
- Dr. Webb Hooper congratulated the recipients of the 2025 William G. Coleman, Jr., Ph.D., Minority Health and Health Disparities Research Innovation Award. This program honors Dr. Coleman, NIMHD's first scientific director of the intramural research program, and supports one-year innovative research projects by post-doctoral fellows, staff scientists, and clinicians within the NIH intramural research program that demonstrate high potential for impact in health disparities research.

Dr. Chau Trinh-Shevrin commended Dr. Webb Hooper on the recognitions and awards, emphasizing the importance of contextual information across subgroups and populations to optimize the effectiveness and reach of evidence-based interventions.

### **Triennial Report on Inclusion in Clinical Research**

Dr. Nathan Stinson, Director of the Division of Community Health and Population Science, presented the Triennial Report on Inclusion in Clinical Research for NIMHD, covering fiscal years (FY) 2022 to 2024. He outlined the foundational principles and legislative mandates guiding NIH's inclusion policies. The core purpose is to ensure that the distribution of study participants by sex, race, ethnicity, and age aligns with the scientific objectives of the research, rather than merely achieving specific numerical targets.

Inclusion should be scientifically appropriate and realistic, considering external validity, and not every study necessarily requires the inclusion of all demographic groups. Dr. Stinson emphasized that the data presented in this report is prospective, excluding existing or secondary data analyses that might skew participant counts due to their often very large sample sizes.

Key legislative milestones include:

- NIH Revitalization Act of 1993: Mandated the inclusion of women and racial/ethnic minorities in NIH-supported clinical research, proportionate to the scientific question. It also required Phase III clinical trials to be designed for "valid analyses" to estimate outcome differences based on sex and race.
- 21st Century Cures Act of 2016: Reinforced the requirement for valid analyses in Phase III clinical trials to be reported in ClinicalTrials.gov. It also mandated the publication of sex, race, and ethnicity inclusion data in NIH's Research, Condition, and Disease Classification (RCDC) statistics report and led to revisions in the policy for including children in NIH-funded research. It further required NIH institutes and centers to report inclusion data triennially, with these reports being incorporated into the NIH Director's report to Congress.
- NIH Inclusion Across the Lifespan Policy: Stipulated that individuals of all ages must be included in NIH human subject research unless scientifically or ethically unwarranted, and required the submission of individual-level age data in progress reports.

Aggregate data for the report was provided by the NIH Office of Extramural Research via the Human Subject System (HSS), NIH's centralized database for human subject research information. The report was structured into two main sections: inclusion records (representing the number of studies supported) and actual participant enrollment.

Inclusion Records (Study Counts)

- The total number of studies supported by NIMHD demonstrated a consistent increase over the reporting period: FY2022: 2,933 records; FY2023: 3,124 records; FY2024: 3,425 records. This trend may reflect an increase in NIMHD's budget during this period.
- The number of NIMHD-supported Phase III clinical trials showed fluctuations: FY2022: 9 trials; FY2023: 23 trials; FY2024: 13 trials.
- A significant majority of NIMHD-supported Phase III clinical trials required valid analyses: FY2022: 74%; FY2023: 91%; FY2024: 100%.

Participant Enrollment Data

- Total Enrollment Across All Studies: Total enrollment in NIMHD-supported studies increased substantially: FY2022: 66,407 participants; FY2023: 101,234 participants; FY2024: 164,978 participants
- African Americans constituted the most prevalent racial group participating in NIMHD-supported clinical research.

- A significant increase in participants with "unknown" racial/ethnic information was noted, potentially due to the growing use of internet-based studies or electronic health records where participants may not provide explicit demographic details.
- Enrollment of American Indian/Alaska Native participants increased: FY2022: 1,061; FY2023: 1,939; FY2024: 2,752
- Enrollment of Native Hawaiian and Pacific Islanders saw a notable increase, nearly doubling between FY2023 and FY2024: FY2022: 440; FY2023: 790; FY2024: 1,518
- With the exception of FY2022, the enrollment of women was approximately two times that of men.
- The overall percentage of minority enrollment in NIMHD studies remained consistently between 60% and 70%. Hispanic enrollment averaged approximately 24%, slightly lower than the percentage of African Americans.
- Total enrollment in Phase III clinical trials decreased from 690 in FY2023 to 535 in FY2024.
- The percentage of women in Phase III clinical trials significantly increased from approximately 58% to 84%.
- The number of Hispanic participants in Phase III clinical trials increased notably from 41 in FY2023 to 118 in FY2024.

Dr. Stinson presented a comparative analysis demonstrating that NIMHD's enrollment of various racial and ethnic groups in NIH-funded clinical research is consistently higher than that for NIH as a whole. This aligns with NIMHD's specific mission, goals, and objectives in addressing health disparities.

### **Vote to Approve Working Group**

Dr. Cotton sought and received approval to convene a working group. This group is tasked with conducting a comprehensive, forward-looking review of the Division of Clinical and Health Services Research. The review will systematically examine various aspects of NIMHD's clinical and health services research portfolio:

- Funding Opportunity Announcements: Assessment of published funding opportunities in key scientific areas.
- Funded Research Portfolio: Evaluation of extramural grants, cooperative agreements, and training awards issued over the past five years.
- Impact and Dissemination: Analysis of the potential impact of research findings and efforts related to their dissemination.
- Alignment with Strategic Plan: Evaluation of the research's alignment with the NIMHD Strategic Plan 2021-2025, specifically addressing:
  - Goal One: Expanding knowledge of factors influencing healthcare among populations experiencing health disparities, including etiologies of disparities in healthcare and poor clinical outcomes, and their reduction.

- Goal Two: Facilitating research on effective prevention, diagnostic management, and treatment strategies that integrate individual, population, clinical practice, and healthcare system factors.
- Goal Three: Promoting research to understand and improve quality of care, quality of life, and patient safety among populations with healthcare disparities.

The working group will comprise selected council members and external experts with relevant expertise from the extramural community. Upon completion of its review, the working group will submit a report. This report will summarize its findings, identify existing research gaps, and propose recommendations for advancing the state of knowledge, interventions, and the translation of clinical health service research approaches. The group will serve in an advisory capacity to both the NIMHD Advisory Council and the NIMHD Director.

The request for the formation of this working group was presented to the council members for their approval via a chat-based vote. Of the six voting members, five approved the formation of the working group, thereby securing its establishment.

#### **Closing Remarks**

Dr. Webb Hooper officially adjourned the open session of the meeting at 10:57 a.m.