U.S. Department of Health and Human Services
National Institutes of Health
69th 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 6, 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
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
Frank J. Penedo, B.A., Ph.D., University of Miami
Mario Sims, B.A., M.S., Ph.D., University of California at Riverside

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

Also Present

Margarita Alegria, Ph.D., Chief, Disparities Research Unit, Massachusetts General Hospital

Welcome and Introductions

Dr. Webb Hooper called the open session to order at 10:00 a.m. Dr. Cotton reminded members that the session was being broadcast on the NIH VideoCast network. He 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.

Final Report of the Working Group to Review the Division of Community Health and Population Science

In 2024 the Council established a working group to conduct a review of NIMHD's Extramural Division of Community Health and Population Science (DCHPS). The working group consists of members of the Council as well as experts in the field who have received NIH funding. Council member Jose Bauermeister and working group co-chair Dr. Margarita Alegria, Chief of the Disparities Research Unit at Massachusetts General Hospital, presented the working group's final report.

- The working group's functional statement set out the parameters of its review: to examine published funding opportunity announcements, the research portfolio over the past five years, and scholarly products by grantees and the impact these have had; evaluate alignment with the state of the science and NIMHD 2021-2025 Strategic Plan; submit a report summarizing the review findings, research gaps, and recommendations; and advise the NACMHD and the NIMHD Director.
- The NIMHD 2021-2025 Health Disparities Strategic Plan was central to the working group's review, specifically the Community Health and Population Science (CHPS) goals, which are: (1) identify epidemiological patterns of disease and disease risk factors in under-studied health conditions in populations with health disparities; (2) understand how family-, community-, and societal-level factors influence patterns of disease, risk factors, incidence, quality of life, morbidity, and mortality, leveraging the emerging tools of data science; and (3) develop and test interventions delivered in community settings to improve the health of individuals, families, communities, and populations. Throughout its review the working group returned to the following question: to what extent is the division activating these goals through its funding, partnerships, and scientific priorities?
- The working group assessed activities and outcomes between 2018 and 2023, a period which included programmatic growth and major contextual challenges such as the COVID-19 pandemic, heightened awareness of health disparities, and an increasing call for the need of science to benefit all populations.
- The report was guided by an impact-assessment framework with the following focus areas: scientific priorities and focus; resource allocation; scientific impact; the breadth of the portfolio; collaborations and partnerships; outreach and communication; and challenges and future directions.
- The review was conducted between January 2024 and January 2025 utilizing data from a self-study submitted by the division, supplemental data such as de-identified progress reports, communications and outreach efforts, and metrics from digital channels, and qualitative feedback from five listening sessions.
- Scientific Priorities and Focus: across 291 competing research projects funded between FY 2018-2023, the division has contributed extensively to 6 of the 9 strategic plan goals by focusing on

community engagement, development of interventions addressing social determinants of health, and fostering research and interventions that address various levels of influence.

- The division built a research portfolio that is both scientifically robust and deeply responsive to the causes of health disparities, and is designed not just to study disparities, but address them head-on.
- Resource Allocation: during the period under review the Division received 2,064 complete research applications and managed 291 awards, with a total investment of approximately $386 million. Most awards aligned with individual and community levels of influence and behavioral and sociocultural environment domains. The highest success rate was in Career Development awards.
- Scientific Impact: from 2018-2023 the Division firmly established itself as a national leader in advancing minority health and reducing health disparities through rigorous, community-engaged science. They prioritized translational impact, ensuring that scientific discoveries were positioned to improve real-world health outcomes and were not confined to academic journals. Competing research projects and subprojects focused on populations experiencing health disparities were found to be broad and inclusive. The working group acknowledged the complexity and richness of the Division's work and the difficulties this presents. In the listening sessions, program officers and scientists noted that scientific impact in this area is notoriously difficult to measure, especially when the work unfolds across multiple studies, outcomes, and timeframes.
- The working group recommends that additional efforts be undertaken to broaden the definition of impact across science, including the development of new evidence-based interventions that are culturally grounded and make community perception core to translational impact. Across listening sessions they heard a call to elevate community-based participatory research (CBPR) and to recognize the rigor of CBPR approaches.
- The Portfolio: 40% of awards focused on community-based prevention and health promotion, 32% were epidemiologic in nature, and 16% examined population health pathways and determinants. While the working group observed strong thematic alignment, they continue to see underinvestment in environmental policy and systems research.
- Collaborations and Partnerships: The working group praised the Division's commitment to collaboration at the inter-agency and external levels, which can be seen through over 30 NOFOs launched between 2018-2023, participation in working groups such as the NIH Tribal Health Research Coordinating (THRO) Committee and the NIH Community Engagement Alliance (CEAL), and involvement in community workshops.
- Outreach and Communication: Division outreach efforts spanned more than 50 NIH-wide programs, workshops, digital media, publications, and more. This included leading or co-leading 20 workshops, participating in the NIMHD-wide Health Disparities Research Institute (HDRI), engaging with various audiences on multiple digital platforms, and over 1,400 peer-reviewed publications produced by projects supported by the Division.
- The working group identified several challenges in contributing to the advancement of the field:
    - Local and institutional barriers to data sharing that impacts the efficacy of cross-sector collaboration and confidentiality of participant data
    - Disparities in the participation of institutions with fewer research resources
    - The need for greater understanding and acceptance of community-engaged research as a fundamental methodology
    - Ensuring representation of the most relevant scientific disciplines including public health, environmental sciences, economics, sociology, and demography

- Recommended areas of future focus for the Division include:
    - Broadening the range of institutions applying for grants focusing on community health and population science
    - Development of human capital to ensure that the field reflects and responds to the populations it aims to serve
    - Fostering a deeper understanding and broader acceptance of community-engaged research
    - Enhancing understanding of the benefits and risks associated with machine learning and artificial intelligence while improving population health and reducing disparities through their implementation
- The working group also made NIH-wide recommendations in the following areas:
    - Research representation (promote research that disaggregates data within heterogeneous groups; outreach and engagement of less resourced institutions; address understudied areas in research)
    - Investing in mechanisms and strategies to accelerate scientific impact (create pathways for transitioning from small feasibility grants to larger competitive grants; develop funding mechanisms for long-term maintenance and adoption of successful interventions; encourage new funding mechanisms to promote the adaptation of evidence-based interventions)
    - Strengthening scientific-community partnerships (simplify sub-award processes for community-based organizations; incorporate sustainability into funding models; ensure budget transparency and flexibility and opportunities for community partners; increase allowable funds for pre-dissemination activities; enable community partners to lead scaling and dissemination efforts for successful interventions)
    - Support for early-state investigators (provide mentoring programs and enhanced support mechanisms; build pathways for early-career researchers through mentorship programs; develop outcome-based training programs for researchers at less resourced institutions)
- The working group's key recommendations for NIMHD focus on enhancing research focus, fostering community partnerships, and ensuring scalability and sustainability of impactful interventions:
    - Expand the research portfolio to include understudied areas
    - Prioritize research on community strengths and assets as core to long-term health solutions
    - Leverage innovative methodologies (systems science, implementation science, digital phenotyping)
    - Further emphasize community engagement by supporting CBPR
    - Expand focus on reaching, implementing, and disseminating science
    - Harness the potential of technology and innovation and apply AI/ML to uncover health trends, predict outcomes, and develop culturally sensitive tools
    - Collaborate with genomics research institutions and telehealth providers to facilitate integration of precision medicine and digital health solutions
    - Invest in long-term, multigenerational, and cross-sector approaches to address the root causes of health disparities

Dr. Chau Trinh-Shevrin noted that while it is difficult to measure, building trust in science and ensuring the relevance and reach of scientific breakthroughs is one tangible impact of supporting community-engaged research. She also emphasized the importance of creating incentives for academic institutions

to allow early-stage investigators to pursue this research. She recommended expanding the timeline for research grants in this area, as it is challenging and time-consuming to develop, maintain, and sustain relationships with community partners. Dr. Samuel Adunyah commended the working group for its consideration of the role of Historically Black Colleges and Universities (HBCUs) and other minority-serving institutions (MSIs). Dr. Lisa Cacari Stone said that the working group's findings highlighted the progress of population science and community health over the previous decades. She noted the consensus among listening session participants that more time is needed to generate this type of work and to make true impact on reducing health disparities, and she highlighted the impact of building science with community partners as principal and co-investigators as a positive future direction.

Dr. Webb Hooper asked working group members to consider how future reviews might discuss the impact of the science in the Division. Dr. Alegria recommended greater reporting on community impacts, collecting data farther out after the study has concluded in order to capture more publications, and collecting more data on researchers' career trajectories. Dr. Bauermeister added that one of his major takeaways from the listening sessions was the desire for increased reporting to capture nonscientific, tangible community impacts, such as the development of small businesses, new technologies, and programs that are owned by the communities themselves. Dr. Webb Hooper commended the working group on their mixed-methods approach to the review, particularly in soliciting feedback and input from NIMHD investigators and staff. She asked working group members to suggest a top priority among their recommendations. Dr. Alegria said that she would invest in early career investigators, who are poised to inherit the intellectual wealth from the work of the past decades. Dr. Bauermeister agreed and added that the new voices and perspectives of early stage investigators will be crucial in bringing everyone to the table, especially when it comes to data science.

Dr. Bauermeister moved that the Council accept the working group's report. The motion was seconded by Dr. Adunyah and passed unanimously via a chat-based vote.

Upcoming Council Meeting Dates

Dr. Cotton reviewed the upcoming council meeting dates, which are crucial for maintaining a quorum and conducting institutional business: September 5, 2025, February 6, 2026, May 19, 2026, and August 11, 2026. He reiterated that 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 over the past several months.

- NIMHD celebrated its 15th anniversary in 2025. Dr. Webb Hooper noted that while research investments in health disparities have increased over time, there is still much to learn about their complexity and persistence across generations and populations.
- She summarized NIMHD's core mission to lead scientific research to improve health and reduce health disparities, assure good health for all populations, and conduct and support multidisciplinary research across three domains: integrative biological and behavioral sciences, clinical and health services research, and community health and population science.
- Dr. Jayanta "Jay" Bhattacharya began his tenure as the 18th NIH Director on April 1st. His initial priorities include: a focus on improving population health through basic and applied research; reproducibility, rigor, and lack of bias in research; innovation and collaboration, embracing new technologies, new ideas, and new approaches to existing problems; research safety and transparency to ensure that experiments supported by NIH pose no risk of harm to human

populations and meet the highest ethical standards; and academic freedom, including fostering an environment where varied perspectives are valued and encouraged.

- Dr. Webb Hooper shared updates on NIH grants and funding policies, which are evolving as NIH aligns with new agency priorities. NIH is currently accepting applications for active funding opportunities, though some opportunities have closed and others have been updated. Applicants are encouraged to review funding opportunities for changes to prior submissions and adjust applications accordingly, and check NIH's policy and compliance website for changes to policy statements, requirements and reporting.
- Dr. Webb Hooper presented six recent NIMHD-supported research publications which highlight the role and importance of multidisciplinary and interdisciplinary science:
    - U.S. Life Expectancy by Educational Attainment, 2000-2019: A study using National Vital Statistics System data to estimate life expectancy in 3,110 U.S. counties found that the gap in life expectancy between college graduates and persons with less than a high school education was 8 years in 2000 and nearly 11 years in 2019. This research shows the importance of education as a health disparity independent variable.
    - Effectiveness of a Primary care-based Responsive Parenting Intervention: This Video Interaction Project (VIP) used real-time video-feedback of parent-child interactions in pediatric healthcare settings to promote responsive parenting behaviors. One session led to a 22% increase in responsive parenting behaviors, while two sessions led to a 37% increase. The study presented evidence that a positive parent-child relationship can be a protective factor against the negative impacts of poverty on early child development.
    - Hospital Mental Health Screening Tool After Injury and Acute Illness: This study developed a mental health risk screen tool for inpatients who were hospitalized after emergency care, who are at increased risk for anxiety, depression, and PTSD. The study used data from 1,320 patients from 5 ethnic and racial groups admitted to 3 hospitals. During hospitalization they identified risk factors and measured mental health symptoms. Overall and within the racial or ethnic groups, 10 items accurately identified 75% of patients who later had elevated levels of mental health symptoms and 71% of those who did not. If it is validated in future studies, this screening method could be widely used to reduce disparity in referrals and access to mental health care.
    - Cultivating Food Sovereignty Using Backyard Aquaponics: This community-driven, culturally aligned intervention aims to address health disparities among Native Hawaiians by teaching families to build and use a backyard aquaponics system to grow their own food. In a pilot study, ten families completed a 3-month curriculum, including series of hands-on workshops. Consumption of fruit, vegetables, and fish increased and favorable trends in blood pressure were observed. Families found the project highly culturally acceptable and reported multiple benefits.
    - Experiences of Discrimination Linked to Changes in Gut Microbiome: This study looked at the impact of perceived discrimination on the gut health of 154 adults in Los Angeles, using the Everyday Discrimination Scale to classify high or low exposure. Researchers collected blood samples for genetic expression, stool samples for microbial and transcriptomic analysis, body measurements, and diet history. Participants who reported high levels of perceived discrimination had greater gut microbe diversity and lower amounts of certain microbe species that are linked to immune support and gut health. A machine learning model then combined biological markers to accurately identify people who experienced low versus high discrimination.
    - Health Care Models for Persons with Multiple Chronic Conditions from Populations that Experience Health Disparities: A Scoping Review: This study from the Division of Clinical

Health Services Research looked at studies from 2016 to 2023 to better understand which health care models have been tested in the U.S. for adults with two or more chronic conditions who also face health disparities. From 9,583 initially identified papers, only 17 met the criteria for the final review, and of those, only 5 were rigorous randomized controlled trials. The most frequently cited care model was the Patient-Centered Medical Home, which emphasizes team-based, coordinated care centered around patients' needs. All studies documented positive improvements in patient outcomes, some of which were clinically significant.

Dr. Trinh-Shevrin emphasized the importance of family-centered interventions at the community level. She asked for more information about the mental and physical health outcomes that were assessed in the VIP parenting study, noting that there is evidence that parents' mental health improves children's mental health and social emotional development, which has implications for physical health outcomes. Dr. Webb Hooper said that the study's primary measures were observational parenting behavior checklists, which the coaches completed in real time.

Division of Intramural Research Presentation

Dr. Kelvin Choi, Scientific Director for the Division of Intramural Research (DIR), presented an overview of the division and recent DIR activities.

- The Global Burden of Disease (GBD) study is a largescale, collaborative effort involving researchers from 150 countries. The U.S. Burden of Health Disparities collaborators in NIMHD DIR work in partnership with the Institute of Health Metrics and Evaluation at the University of Washington to investigate and quantify health disparities across different populations and geographic areas in the United States.
- The Division promotes health disparities research at NIH through its support of the Health Disparities Interest Group. The group was founded in 2014 and aims to facilitate discussions to advance biological, clinical, behavioral, social, and population sciences research to understand mechanisms of health disparities and develop interventions to eliminate them. They host 3-4 seminars each year, with the upcoming seminar focused on rural health disparities.
- The Coleman Research Innovation Award was established to help nurture the next generation of health disparities researchers. The award is a competitive funding mechanism for junior scientists across NIH intramural research programs. Since 2017, 54 awards have been made for a total of $810,000 investment.
- The Division also runs a fellowship program including: a postdoctoral fellowship with 4 years of mentored research by investigators; a predoctoral fellowship/graduate partnership program with 4 years of mentored research by investigators for predoctoral students to pursue their dissertation research at NIMHD DIR; a medical research scholar program, with 1 year of mentored research by investigators during medical school; a 2-year post-baccalaureate fellowship; and an 8-week long summer internship. Since 2017, DIR has provided fellowships to 129 trainees.

Dr. Webb Hooper asked Dr. Choi to discuss current projects within DIR. Dr. Choi gave an overview of some of the work that the six DIR investigators are involved in, including: tobacco use disparity and tobacco control; diabetes disparities, including the effect of perceived neighborhood characteristics on psychological stress and inflammatory markers; ways that lived experience influences hypertension disparities; digital health, such as disparities in accessing and using health portals; and breast cancer survivorship disparities.

Dr. Trinh-Shevrin asked if it were possible to overlay data to examine how different social and health policies are associated with regional and geographic differences, and how other early career investigators could pursue similar studies. Dr. Choi said that it is important to look at ways of collecting information on past policies and local interventions, which could then be overlaid with county data to see which particular interventions decrease disparities over time. He added that the data from these projects will be made publicly available, but in the meantime investigators could email him to talk about participating in this work.

Closing Remarks

Dr. Webb Hooper officially adjourned the open session of the meeting at 12:43 p.m.