U.S. Department of Health and Human Services
National Institutes of Health
71st Meeting of the National Advisory Council on Minority Health and Health Disparities (NACMHD)

Virtual Meeting

February 6, 2026
10:00 a.m. EST - Adjournment

Meeting Minutes

Council Members Present
Monica Webb Hooper, Ph.D., Chairperson; Acting Director, NIMHD
Samuel E. Adunyah, Ph.D., Meharry Medical College
Jose A. Bauermeister, Ph.D., MPH, University of Pennsylvania
Lisa M. Marie Cacari Stone, Ph.D., University of New Mexico
Valarie Blue Bird Jernigan, DrPH, MPH, Oklahoma State University

Council Members Absent
Kendrick E. Curry, Ph.D., M.Div., The Pennsylvania Avenue Baptist Church
Frank J. Penedo, Ph.D., University of Miami

Ex Officio Members Present
Jane Simoni, Ph.D., Office of Behavioral and Social Sciences Research, NIH

Representatives Present
Kimberly Allen, Associate Director for Administration, NIMHD
Nathan Stinson Jr., Ph.D., M.D., MPH, Director, Division of Community Health and Population Science, NIMHD

Executive Secretary
Larissa Avilés-Santa, M.D., MPH, Director, Division of Clinical and Health Services Research, NIMHD

Presenters
Samuel E. Adunyah, Ph.D., Meharry Medical College
Sanika Chirwa, M.D., Ph.D., Meharry Medical College

Call to Order and Welcome

Dr. Webb Hooper called the open session to order at 10:01 a.m. and welcomed attendees to the 71st meeting of the National Advisory Council on Minority Health and Health Disparities.

Roll Call and Approval of Minutes

Dr. Avilés-Santa, NACMHD Executive Secretary, introduced the Council members and invited NIMHD staff and Council members to introduce themselves. Dr. Aviles-Santa thanked NIMHD staff for their hard work over the past year in support of the Institute.

Dr. Avilés-Santa opened the floor for comments or corrections to the minutes of the September 2025 NACHMD meeting. There were no comments. A motion was made by Dr. Cacari Stone to approve the minutes, which was seconded by Dr. Jernigan. The motion was approved unanimously.

Dr. Avilés-Santa noted the future Council meeting dates and asked Council members to reach out to Council staff to make them aware of any scheduling conflicts in order to maintain quorum. The remaining 2026 Council meeting dates are May 18-19 and August 10-11. NIH policy allows Council members no more than one absence per calendar year, and members are prohibited from participating on NIH peer review panels while serving on an NIH council.

NIMHD Acting Director's Report and Discussion

Dr. Webb Hooper greeted the Council and provided a report on NIH- and NIMHD-related policies and activities since the last Council meeting.

- Dr. Paul Cotton, Director of the Office of Extramural Research Activities at NIMHD and the Council's Executive Secretary, passed away on January 27, 2026. Dr. Cotton was a highly respected figure at NIH and the other federal agencies at which he worked throughout his distinguished career. Dr. Cotton had been with NIMHD since 2022 and he will be deeply missed. The Council observed a moment of silence in his memory.
- Recent retirements of two NIMHD staff members: Dr. Dorothy Castille and Dr. Rina Das. Dr. Castille was Health Scientist Administrator and Extramural Training Coordinator at the time of her retirement, and Dr. Das was the Director of the Division of Integrative Biological and Behavioral Sciences. Both had served at NIMHD for over a decade.
- At the NIH level, two Institute/Center Directors retired in recent months: Dr. Helene Langevin at the National Center for Complementary and Integrative Health (NCCIH) and Dr. Gary Gibbons at the National Heart, Lung, and Blood Institute (NHLBI).
- Dr. Kyle Walsh has been appointed as Director of the National Institute of Environmental Health Sciences (NIEHS) and Dr. Anthony Letai was appointed as Director of the National Cancer Institute (NCI).
- Strengthening Research Replication and Reproducibility of NIH-Funded Research is a new, agency-wide effort "to elevate replication and reproducibility studies as foundational to the conduct of gold standard

science." The goals are to strengthen existing efforts that encourage reproducibility of research, foster independent replication research to generate best practices, identify and support innovative ways of incentivizing the science of replication, and institutionalize replication and reproducibility as a scientific discipline.

- The NIH Novel and Exceptional Technology and Research Advisory Committee (NExTRAC) recently completed a multiyear project to produce recommendations on how to better engage the public as a partner in clinical research. The three primary recommendations are to establish a clear vision and framework for maximally involving patients and communities in research, ensure that these groups have meaningful input into the direction of research, and increase transparency for how research participation data is used to advance science. NIH will begin to implement the roadmap this year. Among the first efforts will be to make standard practice the return of research results to participants and establish NIH-wide principles to guide the responsible use of clinical data.
- NIH policy updates:
    - Basic Experimental Studies in Humans (BESH) Will No Longer Be Considered Clinical Trials by the NIH (NOT-OD-26-032)
    - Applications Must Be Complete and Compliant with NIH Instructions at Time of Submission (NOT-OD-26-025)
    - Administrative Burden Reduction Effort: Removal of Requirements for Letters of Intent and Unsolicited Applications Requesting $500,000 or More in Direct Costs (NOT-OD-26-019)
    - Implementation of Common Forms for Biographical Sketch and Current and Pending (Other) Support for Due Dates on or after January 25, 2026 (NOT-OD-26-018)
    - Reminder of Compliance Requirements for NIH Extramural Recipients Related to Renegotiated Aims, Objectives, Titles, and Abstracts (NOT-OD-26-007)
- Effective as of 2026, all NIH Institute, Center, and Office (ICO) funding policies must adhere to the new NIH Unified Funding Strategy and the following core tenets:
    - Alignment with the NIH's mission
    - Prioritization of scientific merit
    - Integration of a breadth of topics and approaches relevant to the ICO's priorities
    - Consideration of investigator career stage and promotion of sustainability of the biomedical research workforce
    - Promotion of a broad distribution and geographic balance of funding
    - Alignment with the availability of ICO funds
- NIH has also implemented policy updates designed to simplify and streamline the grant application and funding process. Grants.gov is now the sole source for NIH grant and cooperative agreement funding opportunities, grant and funding information has been consolidated into a single central resource, and the overall number of NIH Notice of Funding Opportunities (NOFOs) has been reduced in favor of the parent funding announcements. NIH has also created a Highlighted Topics webpage to identify research priorities and cross-cutting research topic areas for prospective grantees, who can then be guided to the appropriate parent NIH funding announcement of the given research topic.

- The President recently signed an appropriations bill to fund the Department of Health and Human Services through the end of fiscal year 2026. This bill provides NIMHD with $538.39M in funding for the fiscal year.
- NIMHD funding decision criteria will adhere to NIH cost management guidelines and the unified funding strategy. In line with this approach, NIMHD does not use a fixed payline or cutoff score. Rather, in order to ensure awards have the greatest possible public health impact, initial final award decisions are based on scientific merit in the context of NIMHD research priorities as determined by peer review. Award decisions also undergo a second-level review by the NACMHD. The Institute also assesses the programmatic balance of its research portfolio and prioritizes innovative projects with the potential for meaningful scientific impact and community benefit.
- NIMHD is focused on science that addresses novel or underexplored research questions, particularly observational research, interventions, and population-level implementation. Applicants are encourages to specify the health-related problems and the disparities and populations to be studied. Applications should be solutions-oriented and have clear and actionable endpoints.
- Update on the NIH Community Engagement Alliance (CEAL), which has 8 active programs across research areas such as genomics, primary care research, and maternal health. CEAL has expanded greatly since its inception 5 years ago, and is now comprised of over 40 research teams with a presence in over 30 states and jurisdictions. Across the 8 programs, there are 41 intervention research studies underway, with topics that include healthcare access, nutrition, mental health, and social and community context. Intervention approaches include health education, digital health modalities, and provider training. Dr. Webb Hooper shared preliminary findings from several of the CEAL programs.
- In December, NIMHD and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) celebrated the anniversary of the NIMHD-NIDDK Rwandan Health Program, which aims to build public health professional capacity in Rwanda.
- 8 selected science advances made with the help of grants funded by NIMHD:
    - The relationship between obesity and postpartum health problems after hospital discharge: The researchers analyzed three years' worth of New York City hospital records and grouped participants by pre-pregnancy body mass index (BMI) levels. All study participants had no known pre-pregnancy medical conditions. The analyses found that hospital return risk increased steadily as BMI increased, including strong links to postpartum hypertension and wound infections. The study also found higher overall risks for Black and Hispanic women or patients, and increased risk among Asian women even at low BMI. These findings suggested the need for better patient monitoring and follow-up for obese women, even those normally considered "low risk" due to lack of other health conditions.
    - A retrospective observational study investigating post-acute care (PAC) transitions after hospital discharge for stroke among Medicare beneficiaries based on claims data: The analyses of data from 2016-2019 found high rates of care discontinuation and geographic disparities in care intensity. These were notable findings because stroke recovery depends on timely and continuous rehabilitation. This study highlighted system-level targets for interventions to strengthen PAC transitions, particularly in rural areas.

- Sleep health disparities across racial and ethnic populations among adults with hypertension: The researchers performed cross-sectional analyses of over a decade of National Health and Nutrition Examination Survey (NHANES) data from over 25,000 individuals with hypertension. The study found that individuals from racial and/or ethnic minority groups had higher odds of short sleep and poor-quality sleep compared to participants who self-identified as White. The study also found that participants from racial and/or ethnic minority groups had lower odds of daytime sleepiness. These findings are important because poor sleep is associated with negative cardiovascular outcomes. Incorporating a sleep health assessment into routine hypertension care, therefore, may be a strategy for addressing disparities and minimizing cardiovascular risk factors.
- Integrating social and clinical care can help address unmet social needs, a known driver of poor health: This research team conducted a randomized controlled trial across 5 primary care clinics and 5 community-based organizations. The study compared standard of care to an electronic health record (EHR) platform with integrated clinical decision and social support referral tools. They found that the intervention led to a decrease in unmet social needs, particularly among participants with the highest initial need. This suggested that embedding social support tools into the clinical workflow may help meaningfully address unmet social needs.
- Intervention to address co-occurring type 2 diabetes and depression, is a comorbidity known to increase the risk of functional disability and mortality: The intervention involved a cross-disciplinary team that attempted to address nutrition, behavioral health, financial issues, and other unmet needs, in addition to medical care. The study resulted in lower mean HbA1c levels and a 67% reduction in depression symptoms among participants with clinical depression. These results highlight the power of integrated, culturally-grounded care models to reduce disparities and support long-term wellbeing.
- Confronting mental health conditions among women experiencing unstable housing, a population at increased risk for exposure to trauma and substance use disorder (SUD): The researchers conducted an 8-week clinical trial comparing a mindfulness-based stress reduction (MBSR) intervention to a health education-only control group. The study enrolled 156 women in residential SUD treatment programs. The research team found that post-traumatic stress disorder (PTSD) symptoms improved for women in both arms. The MBSR group showed greater reduction in depression and anxiety, however, which was also more durable over time than the control group. This suggested MBSR could be a relatively low-cost, scalable strategy to address complex mental health issues faced by this population.
- Malnutrition mortality trends among older adults in the United States from 2000 through 2019 using county-level data from the NIMHD U.S. Health Disparities Project: The team found increased malnutrition mortality rates over that 19-year period, among adults aged 65–74 and ≥ 75 years. Malnutrition mortality rates varied by geography and population group. This research underscores the need for targeted nutrition programs.
- Pregnancy-related mortality trends and disparities, also using county-level U.S. Health Disparities Project data from the same period: Pregnancy-related mortality rates have been worsening in recent years, but data on changes at the geographical level and by race and/or ethnicity has been sparse. The analyses found that mortality rates increased during the time

period in 99.4% of counties and for all racial and/or ethnic populations. The highest mortality rates were identified among counties in the Northern Great Plains and the South and among American Indian or Alaska Native and Black female populations, which suggest that these are the regions and populations where interventions would have the greatest impact.

Dr. Webb Hooper concluded her report by emphasizing the importance of designing studies that are both scientifically rigorous and impactful in order to help fulfill the NIH mission of improving the health and wellbeing of the entire U.S. population. Dr. Avilés-Santa opened the floor for discussion among the Council. Members shared their memories of Dr. Cotton and discussed his legacy as a researcher and as Executive Secretary to the Council. Members also added their gratitude and praise for Drs. Castille and Das for their service in honor of their retirements. Dr. Jernigan noted that the research around worsening mortality rates serves to underscore how the NIMHD mission remains vital, despite achievements in reducing disparities in other areas.

Presentation

Meharry Medical College RCMI Center: Risk Factors for Racial Disparities in Adverse Perinatal Outcomes Affecting African American Women
Presenters: Dr. Samuel Adunyah, Dr. Sanika Chirwa

Dr. Webb Hooper introduced Dr. Adunyah, Chairman and Tenured Professor of the Department of Biochemistry, Cancer Biology, Neuroscience and Pharmacology at the Meharry Medical College, to deliver his presentation on Meharry's Research Centers in Minority Institutions (RCMI) program. Dr. Adunyah was joined in the presentation by Dr. Sanika Chirwa, Professor of Neuroscience and Pharmacology at Meharry Medical College. Dr. Adunyah is co-PI and Program Director of the RCMI program, which is funded by a NIMHD U54 grant.

The Meharry RCMI program aims to leverage interdisciplinary and innovative approaches, from protein-level research to population health science, to combat health disparities. RCMI recently established a Research Capacity Core to provide state-of-the-art technical support, including data science, genomics, and CRISPR-Cas9 support. RCMI has also stood up an Investigator Development Core to encourage the career development of early-stage investigators (ESI), as well as a Community Engagement Core.

The RCMI Center supports three primary research projects on the neuropsychiatric effects of HIV-1 integrase inhibitors (basic science study), the risk factors for disparities in adverse perinatal outcomes affecting Black or African American women (community and behavioral project), and survivor and provider perception of trauma- and violence-informed care among Black women (community project with clinical intervention). In addition, the Center aims to strengthen core technologies and expand bioinformatics, biostatistics, and tissue culture services in support of the three studies and Meharry Medical College as a whole, which will hopefully improve the institution's success at achieving future grants. The Center also aims to strengthen the ESI pipeline by fostering an environment that supports new and early career researchers through mentorship networks, professional development activities, and funding of pilot projects. Finally, the RCMI program strives to enhance relationships with community-based organizations that partner with Meharry Medical College.

Dr. Adunyah provided a brief overview of Meharry Medical College, which is a historically Black medical school that traces its origins back to 1876. The medical school is comprised of the School of Medicine, School of Dentistry, School of Graduate Studies, School of Applied Computational Sciences, and School of Global Health. He reviewed the RCMI's structural organization and governance model, noting that the President and CEO of Meharry, Dr. James Hildreth, is a co-PI for the program. The Administrative Core is at the center of the model, interacting with the research projects, pilot programs, cores, including NIMHD program officers and an external advisory committee. Dr. Utibe Bickham-Wright is slated to be the NIMHD program officer for the RCMI following the retirement of Dr. Rina Das. Dr. Adunyah highlighted the activities of the 2025 National RCMI Consortium Conference, which was held recently in Bethesda, Maryland.

Dr. Adunyah invited Dr. Chirwa to present in greater detail on an RCMI project on which he is the PI: Risk Factors for Racial Disparities in Adverse Perinatal Outcomes Affecting African American Women. The overarching question of the study is whether it is possible to identify specific risk factors that may predispose African American women to adverse pregnancy-related morbidity and mortality outcomes. The central hypotheses are that high levels of psychosocial and socioeconomic stressors affect gestational sleep quality, reduce coping response, and impair glucose tolerance. The study has three specific aims to validate this hypothesis: determining the impact of socioeconomic status and stress on gestational sleep quality, determining if poor gestational sleep dysregulates stress coping response, and determining if poor sleep predisposes women to glucose intolerance and/or hyperglycemia.

Dr. Chirwa described the design and approach of the protocol, which has a target enrollment of 200 Black pregnant women, 50 White pregnant women, and 100 non-pregnant women. Thus far, the study has enrolled 53 pregnant women and 48 non-pregnant women. Recruitment of pregnant women begins during the 2nd trimester in order to perform an initial assessment between gestational weeks 12 and 14. A second evaluation occurs in the 3rd trimester, and then the subjects return for a third visit after delivery. Dr. Chirwa detailed how the study team uses objective tools to assess participants' sleep quality; evaluates demographics, psychosocial status, and quality of life, among other factors; and screens for adverse health outcomes during pregnancy and postpartum.

Dr. Chirwa shared with the Council some preliminary findings that have emerged from the study, including actigraphy data from wearables and participant Pittsburgh Sleep Quality Index (PSQI) scores. Thus far, pregnant women at both 2nd and 3rd trimester have shown higher incidence of poor sleep than non-pregnant participants according to PSQI score. Center for Epidemiologic Studies Depression Scale (CESD-R) scores have shown higher incidence of depression in gestational weeks 12-14 when compared to the non-pregnant cohort, but that incidence has decreased to be comparable to non-pregnant women at the 3rd trimester time point. An outstanding question is whether the pregnant women who remain depressed at the 3rd trimester can be associated with the population that later experiences adverse perinatal outcomes.

Dr. Chirwa also presented example data on cortisol awakening response (CAR) and biomarkers, which is how the protocol is assessing participants' coping response to stress. Participants are asked to collect saliva samples at home at different time periods throughout the day during the 2nd and 3rd trimester stages. Dr. Chirwa noted that high CAR levels indicate high perceived stress or anxiety, while low CAR is associated with poor sleep and

chronic fatigue. In terms of psychosocial factors, Dr. Chirwa shared an interesting finding that women in the 2nd trimester are reporting notably lower levels of social support from friends and family as compared to both the 3rd trimester assessment and the non-pregnant cohort. Mental health scores at the 2nd trimester have remained stable compared to the non-pregnant group, but there is a noteworthy small uptick in worsening mental health towards the end of the pregnancy. Overall, of the 51 pregnant women who have completed the study, 13 (25.5%) exhibited poor sleep quality and experienced adverse health perinatal outcomes, including miscarriages, gestational diabetes, preeclampsia, and premature delivery, among others. Two other women presented adverse outcomes but were not assessed to have experienced poor sleep or depression. The study has also found pregnant women to have higher rates of elevated HbA1c levels in association with poor sleep than the non-pregnant cohort. Questions that the study team would like to investigate further are whether addressing sleep quality and persistent clinical depression would lead to improved outcomes.

Discussion

In response to a question from Dr. Webb Hooper, Dr. Adunyah and Dr. Chirwa expanded on how the RCMI Center cores and resources have been invaluable in supporting not only Dr. Chirwa's study, but also research efforts across Meharry Medical College. Dr. Adunyah highlighted Meharry's long-term relationship with the communities it serves in the city of Nashville, and the importance of RCMI's Community Engagement Core. Dr. Webb Hooper asked Dr. Chirwa if he had any hypothesis about what factors might contribute to the recovery in depressive symptoms after gestational weeks 12-14. Dr. Chirwa said that is a question his team is interested in exploring in the future using the data collected in the study. Dr. Webb Hooper noted that there are known differences in hypothalamic-pituitary-adrenal (HPA) axis regulation and inquired about whether Dr. Chirwa's team has produced any data yet that compares data from the Black pregnant women cohort and White pregnant women. Dr. Chirwa said one preliminary observation is that adverse outcomes in White women are associated with high CAR levels, while in Black women those outcomes are generally associated with low CAR levels. He cautioned that the study has yet to reach its recruitment goals, but the study is powered such that those meaningful comparisons can be made once the target enrollment numbers are achieved.

Dr. Bauermeister cited research on the importance of the family as a system and the effect of the presence or absence of a father in a child's development and asked whether that is a variable Dr. Chirwa has considered assessing. Dr. Chirwa confirmed that that is a topic his team is aware of, and the hope is to use the current protocol as a stepping stone for a larger study that tracks participants further along past delivery and include components such as subject partner evaluations. The current protocol does collect basic marital status data. Dr. Chirwa noted that the majority of the women in the study thus far have been single or unmarried when pregnant. The team will also account for whether participants have had children previously in the final analyses.

Dr. Webb Hooper asked Dr. Chirwa to comment on whether his study has suggested potential early pregnancy indicators that could enable clinicians to identify patients at elevated risk for perinatal problems. Dr. Chirwa said measuring CAR levels throughout the pregnancy would provide important clinical information regarding fatigue and anxiety. Clinics should also routinely perform sleep quality assessments early in pregnancy, and test for hyperglycemia, which appears to be closely linked to poor sleep. Doing so would identify patients in need of interventional measures.

Dr. Webb Hooper invited Dr. Chirwa to opine on how the community has been engaged in the design and implementation of the study and communication of findings. Dr. Chirwa said his team works closely with the RMCI Community Engagement Core, which has helped connect the research team with community groups and leaders in Nashville. The study team brings its findings to its community partners, who have in turn connected Dr. Chirwa's team with other research groups working on maternal health in the Nashville area. The Community Engagement Core has also been helpful in guiding the RCMI researchers in how to best communicate scientific findings to a lay community.

Closing Remarks and Open Session Adjournment

Dr. Webb Hooper thanked the Council members and attendees for attending. She adjourned the open session at 12:16 p.m.

Addendum: REVIEW OF GRANT APPLICATIONS_ CLOSED SESSION

This portion of the meeting was closed to the public in accordance with the determination that it was concerned with matters exempt from mandatory disclosure under sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., and section 1009(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. § § 1001-1014).

Dr. Monica Webb Hooper called the Closed Session to order at 1:05PM on February 6, 2026. Dr. Avilés-Santa led the second level review of grant applications submitted to NIMHD programs. Council members and NIMHD staff members were instructed on conflict of interest and confidentiality regulations. Council members and staff removed themselves from the meeting room and discussions for which there was a potential conflict of interest, real or apparent. During the Closed Session, Council considered 213 competing applications requesting an estimated $106,311,099 in total costs for Year 1 for non-fellowship grants. Funding recommendations for all applications submitted in response to funding opportunity announcements were reviewed. Of note, due to the significant number of peer review sessions that were rescheduled after the federal government lapse in appropriations ended, Council was able to review only those whose Summary Statements were available at the time that the Closed Session took place. Council members agreed to review the rest of the applications once the Summary Statements became available, and vote through electronic en bloc voting.