Director's Report

72nd Meeting of the
National Advisory Council on Minority Health and Health Disparities

May 19, 2026

Monica Webb Hooper, Ph.D.

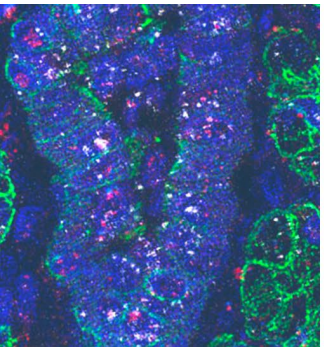
Acting Director

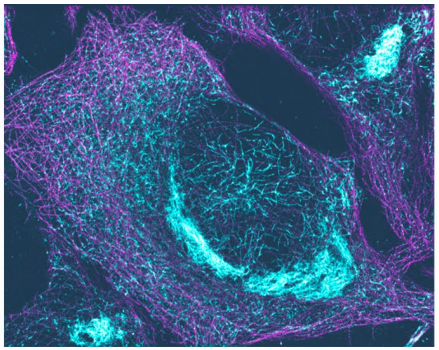
National Institute on Minority Health and Health Disparities

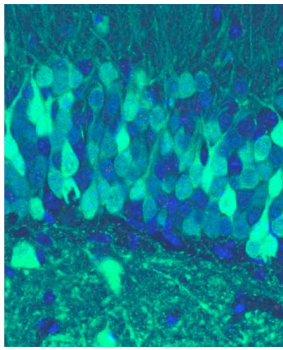
Monica.Hooper@nih.gov

National Institute on Minority Health and Health Disparities

NIH Updates







NIH Leadership Updates

Appointments

Jonathan M. Green, M.D., MBA
Chief Executive Officer
NIH Clinical Center

Elisabeth Armstrong, Dbe
Chief of Staff
NIH Office of the Director

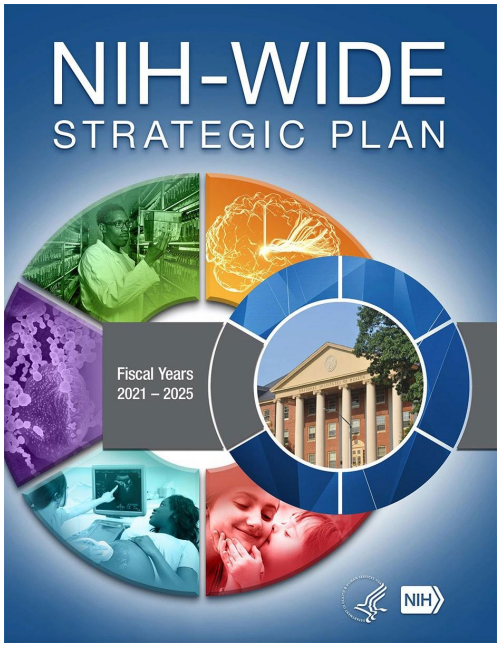
Retirement

Bruce Reed, Ph.D.
Acting Director
Center for Scientific Review

NIH-Wide Strategic Plan for Fiscal Years 2027-2031—Share Your Input

Request for Information is open inviting comments on Strategic Plan Framework

- **Priority 1: Research Areas**
  - Advance Foundational Knowledge of Human Health and Disease
  - Prevent Disease and Promote Health Across the Lifespan
  - Advance and Optimize Interventions, Treatments, and Cures
- **Priority 2: Research Capacity**
  - Develop and Sustain an Interdisciplinary Research Workforce
  - Build, Improve, and Sustain Research Resources and Infrastructure
- **Priority 3: Research Operations**
  - Enhance Scientific Stewardship and Decision-Making
  - Foster Transparency and Accountability to Improve Public Trust in Science



Learn More

Submit your comments by May 26th and help shape NIH's strategic direction

NIH Grants Policy Statement Updated — What Researchers Need to Know

Supersedes the April 2024 version |
Applies to awards beginning on or after October 1, 2025

March 2026 revision:

- Incorporates new and modified requirements
- Clarifies existing policies
- Implements changes in statutes, regulations, and policies since April 2024
- Consolidates all Guide Notices in effect as of March 17, 2026

Notable new requirement:

- Prior approval required when adding a domestic subaward post-award (effective June 1, 2026)

Review the full document and summary of significant changes on the NIH Grants Policy Statement website

Announcing the Winners of the NIH Replication Prize: Shaping the Future of Rigorous Science

Replication Prize competition launched to:

- Recognize and reward progress in making important areas of biomedical research more replicable
- Encourage a culture change where replication activities are normalized as a standard part of the scientific process

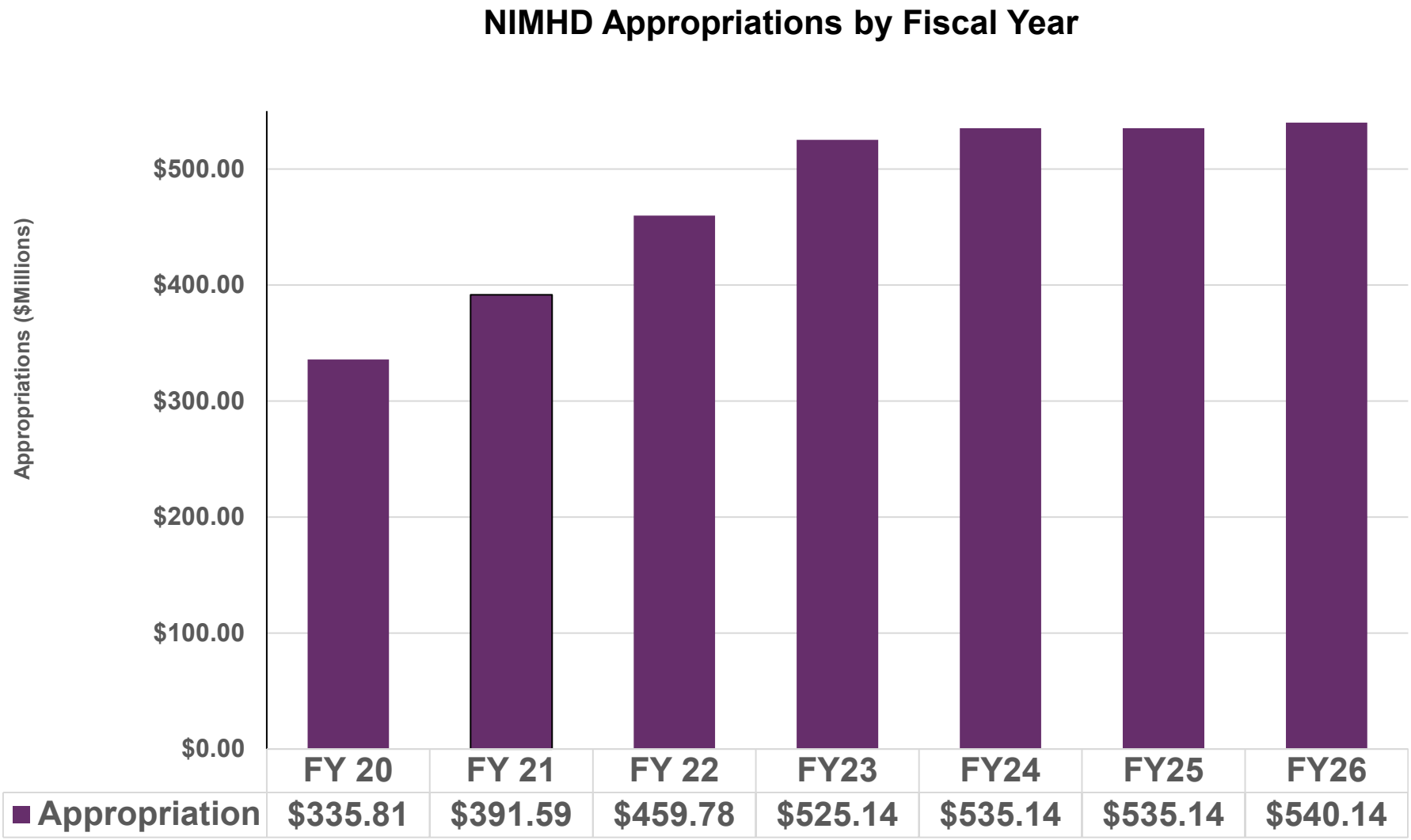
NIH selected 20 winners receiving a prize of up to $5,000 for:

- **Replication Ideas-** spanned up to five scientific categories: Basic, Translational, Pre-clinical, Clinical, and Social and Behavioral research. High-impact examples included:
  - *Externally validating cardiometabolic risk prediction models with a focus on low- and middle-income countries*
  - *Training trusted community figures to deliver evidence-based mental health care and replicate urban intervention outcomes in rural areas*
- **Replication Exemplars-** 15 pioneering researchers awarded for creatively and successfully integrated replication into their standard research practice

Learn More

NIMHD Updates

NIMHD Budget Update



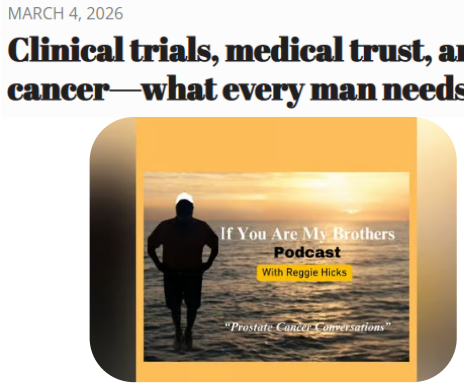
NIMHD Leadership Events and Engagement

February
- 'If You Are My Brothers' Podcast

March
- NIH Community Engagement Alliance Annual Meeting
- Society for Research on Nicotine and Tobacco: 20th Anniversary of Health Disparities Network

April
- Center for Urban Health Disparities Research & Innovation at Morgan State University: Biennial Institutional Health Disparities Conference

May
- NIH Congressional Lunch and Learn



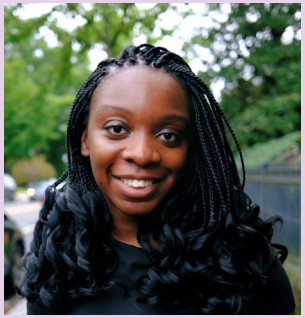
MARCH 4, 2026

Clinical trials, medical trust, and prostate cancer—what every man needs to know

2026 NIH Postbac Poster Day
May 1-2, 2026










From top left to bottom right:

Mikaya Cole, Katherine Salko, Roman Kassaraba, Saketh Damera, Joyce Milandu
Jacob Schneider, Emma Tian, Sana Khan, Gabriela Recinos, Natalia Halachev

NIMHD DIR Article Named 2025 Top Paper

- Postdoctoral fellow Dr. Juliana Camargo awarded top paper by the Journal of American Geriatrics Society
- “Malnutrition Mortality among Older Adults by County, Race and/or Ethnicity in the United States, 2000-2019”
- Findings highlighted that malnutrition mortality rates rose substantially over the study period:
  - More than doubled among adults 75 years and older: 19.5 to 49.2 deaths per 100,000
  - Counties in the South and Southwest had highest mortality; NY metro lowest rates
  - Black older adults had the highest mortality rates, followed by American Indian/Alaska Native adults
  - Asian and Latino/Hispanic older adults had the lowest rates

Institute for Health Metrics and Evaluation

AGS Geriatrics Healthcare Professionals

Scientific Definition of Health Disparities

NIH defines a health disparity as a measurable difference in health between specific population groups

Determined through quantifiable, data-driven metrics

Does not assume causation or attribution

Generates scientific questions that require investigation

Identifies where health outcomes diverge

Solution-Oriented Approaches in Health Disparities Research

NIMHD prioritizes research focused on actively testing, advancing, scaling, and implementing innovative evidence-based interventions and treatments that improve public health.

The Science

- Conduct rigorous intervention trials
- Leverage community engaged approaches
- Accelerate translation into clinical practice

The Impact

- Improve disease prevention strategies
- Optimize screening and early detection
- Enhance treatment effectiveness
- Improve management of chronic disease
- Reduce morbidity and mortality

NIH Highlighted Topics

- Highlighted Topics represent **selected research priority areas** within one or more NIH Institutes, Centers, or Offices (ICOs) that may or may not have dedicated funding.
  - Apply through an appropriate funding opportunity, such as NIH Parent Funding Announcement or other broad NIH opportunities.
  - Reach out early to the appropriate scientific contacts to discuss how your research idea may align with the topics.
  - Amount of funding awarded will depend on availability of funds, number of meritorious applications, and competing ICO priorities.
  - Applying will not affect NIH referral or review of applications.

Learn More

Highlighted Topics: NIMHD

1. Health and Extreme Weather: Advancing Critical Research to Address the Direct and Indirect Health Impacts of Weather-Related Natural Disasters and Emerging Weather-Related Harms
2. Enhancing Scientific Rigor, Transparency and Replicability
3. School Mental and Behavioral Health: Expanding Access to Evidence-Based Interventions and Services
4. Advancing “Science of Science” Research to Understand and Strengthen the Biomedical Research Ecosystem
5. Implementation Science to Optimize HIV Prevention and Treatment
6. Understanding and Combating Chronic Disease Burden: The Role of Trauma
7. Advancing Autoimmune Disease Research: Integrating Genetic, Environmental, and Immunological Factors to Improve Diagnosis and Treatment

Writing with Precision: Plain Language in Health Disparities Research

State What You are Proposing

- Name the specific condition, disease, behavior, or exposure your research will address. Specify the disparity. Connect it directly to what is modifiable and actionable.
- Solutions focus, novel observations, interventions

Ground Your Research in Empiricism, Measurable Health Outcomes

- Write about the health condition in explicit, measurable terms. The scientific rationale should be self-evident from how you describe it.
- Primary outcomes: Objective, validated, biomedical or behavioral

Writing with Precision: Plain Language in Health Disparities Research

Be Specific About Your Population

- Clearly define the population with clinical and demographic precision.

Replace Shorthand with What You Mean

- Use precise language and name exactly what you are studying: access to quality health care, environmental exposures, behavioral risk factors.

Communicate the Potential Impact on Public Health

- Clearly state what you are proposing, why it is important, and what it could mean for public health.

Science Advances

Closing the Gap: Team-Based Hypertension Control in Federally Qualified Health Centers

- Uncontrolled blood pressure is a leading preventable cause of heart disease, stroke, and death in the U.S.
- Cluster-randomized trial across 36 Federally Qualified Health Centers (2018–2022) in Louisiana and Mississippi: 1,272 patients
  - Mean age 58.8; 63.4% Black; 75.9% unemployed; 73.4% income below $25K
- Compared enhanced usual care with a multifaceted team-based strategy including health coaching, home monitoring, and protocol-based treatment
- At 18 months, the team-based intervention outperformed usual care on improving blood pressure

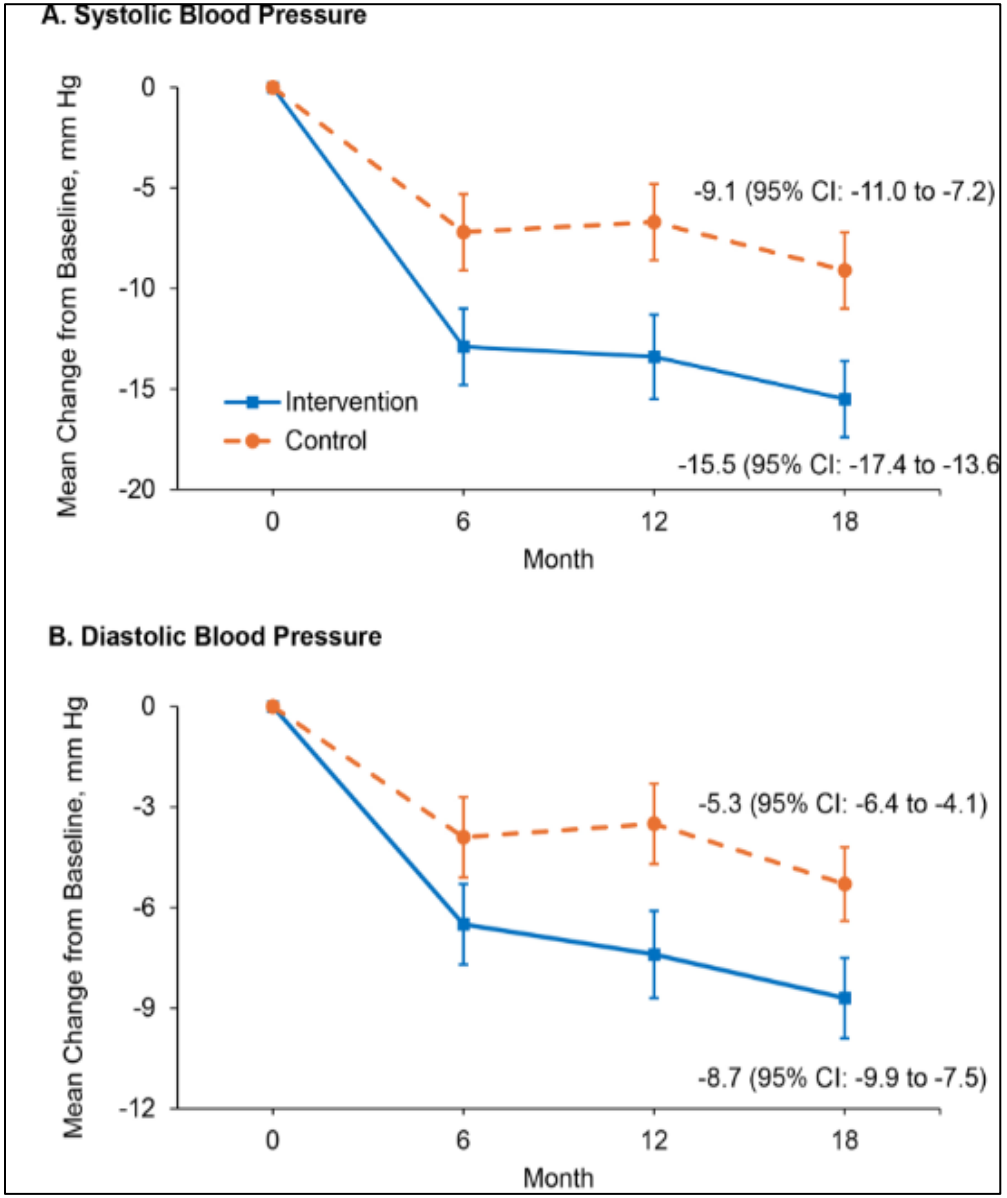
Grant No.5R01MD018183

Mills, K. et.al. N Engl J Med 2026.

Team-Based Hypertension Control: Results and Implications

- Demonstrated results:
  - Reduction in systolic blood pressure: **15.5 mmHg vs. 9.1 mmHg**
  - Systolic blood pressure below 130 mmHg: **47.7% vs. 36.4% of patients**
  - Reduction in diastolic blood pressure: **8.7 mmHg vs. 5.3 mmHg**

✓ ***Multifaceted hypertension protocols benefited patients across sociodemographic groups supporting expansion across federally qualified health centers.***



"QuitGuide for Natives" Improves Smoking Cessation

- American Indian or Alaska Native adults have the highest commercial cigarette smoking rate in the U.S.
- 5-week pilot study comparing smartphone-based smoking cessation interventions among 115 American Indian adults in Midwest.
- "QuitGuide for Natives“ included specific adaptations:
  - Smoking triggers: ceremonial use and grief and loss
  - Content and imagery around healing, storytelling, and cultural connectedness
- **Preliminary results:** higher quit attempts (6.6 vs 5.1) and two-fold 7-day abstinence (6.9% vs 3.5%); no usage difference.

✓ *‘QuiteGuide for Natives’ produced stronger cultural engagement and a promising signal for better cessation outcomes.*

Grant No. K01MD014795

Mowles Carroll, D. et al. *Tob Control*. 2025.

Colorectal Cancer Screening Saves Lives and Narrows Survival Gap

- Colorectal cancer mortality rates vary significantly across racial groups, with Black Americans experiencing the second highest death rates in the U.S.
- Microsimulation study of 45-75 year old Black and White adults with (1) No screening (2) Annual stool blood test (3) Colonoscopy every 10 yrs
- Without screening: **31 deaths** per 1,000 people
- Annual stool blood test: **77% reduction** in deaths
- Colonoscopy every 10 years: **84% reduction** in deaths
- Screening benefits were consistent across racial groups, with the greatest impact among Black Americans

Grant No. R01MD017599

Nascimento de Lima, P., et al., *JNCI*. 2025.

Colorectal Cancer Screening Saves Lives and Narrows Survival Gap

- Lives saved and cost per person across screening options

Screening Option	Lives Saved per 1,000 people	Cost per person
Annual stool blood test	24	$1,170
Colonoscopy	26	$4,633

<u>Potential Solution</u>: Colorectal cancer screening is an effective, lower-cost approach to reducing measurable differences in cancer survival outcomes

Geographic Care Continuity and Preventable Hospitalizations: The Rural-Urban Divide

- Rural-residing children with medical complexity may receive fragmented care given clinician shortages in rural communities

- Retrospective cohort study using all-payer claims from three states (2012-2017); 93,948 children with medical complexity
- Rural children are more likely to receive fragmented specialty care despite higher primary care continuity
  - **21.9% rural vs. 8.6% urban**
- Greater geographic continuity of care for rural and urban associated with:
  - 5% fewer emergency visits and 5% fewer unplanned hospitalizations
  - Largest benefit for children with lower socioeconomic status

Potential Solution

Expanded telehealth and data interoperability may bridge geographic gaps in care delivery for this population

✓ ***Improving geographic continuity of care in rural communities could reduce preventable hospitalizations and narrow the rural-urban gap***

Grant No. R01MD014735

Arakelyan, M., et al. *Rural Health*. *2026*.

Dietary Guidance Reduces Blood Pressure in Adults with Hypertension

- Hypertension is a leading driver of cardiovascular disease, occurring at higher rates among Black adults
- 12-week randomized trial of 176 Black adults being treated for hypertension in Boston communities with limited grocery access
- Groceries selected with dietician guidance vs. self-directed shopping:
  - **Reduced systolic blood pressure:** 7.0 vs. 2.0 mmHg
  - **Lower LDL cholesterol**: dropped an additional 7 points
  - **Sustained improvements:** held for three months after the intervention ended

Potential Solution

Food as medicine is a scalable solution for improving cardiovascular health in communities with limited access to heart-healthy foods

Grant No. R01MD016068

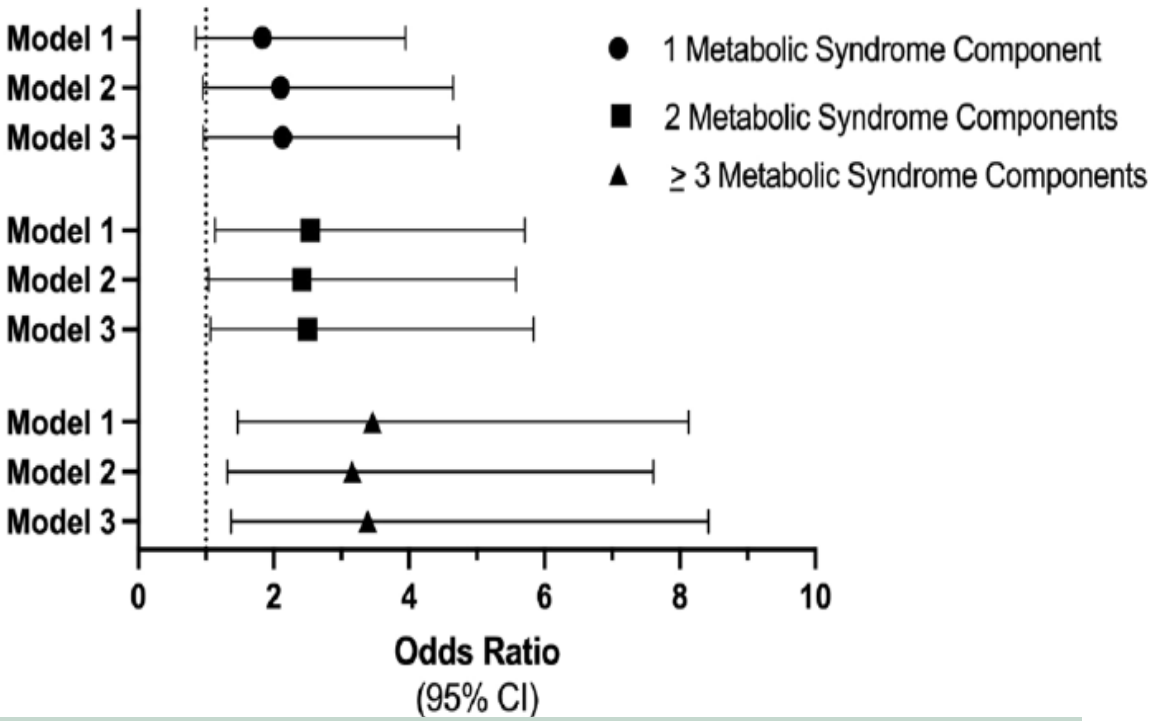
Juraschek, S., et al., *Nature Medicine*. 2026.

Cardiometabolic Risk Before Pregnancy Raises the Odds of Complications in Hispanic and Latina Women

- Gestational diabetes and hypertension during pregnancy are rising conditions linked to long-term cardiovascular risk, occurring at higher rates among Hispanic and Latina women
- Prospective cohort study from the Hispanic Community Health Study/Study of Latinos across four U.S. cities (2008–2017); 529 women who became pregnant between study visits
    - Mean age ~26 years; 21% experienced an adverse pregnancy outcome
- Multiple cardiometabolic risk factors measured before pregnancy were each significantly associated with worse pregnancy outcomes
    - Systolic blood pressure: **1.48 times higher odds per 10 mmHg increase**
    - Body mass index: **1.31 times higher odds per 5-unit increase**
    - Insulin resistance: **1.21 times higher odds**

More Risk Factors Before Pregnancy Means Dramatically Higher Odds of Complications

- Risk increased sharply with the number of risk factors present before pregnancy
  - 2 metabolic risk factors: **2.5 times higher odds**
  - 3 or more metabolic risk factors: **3.4 times higher odds**



<u>Potential Solution</u>: Routine preconception cardiometabolic screening and early intervention in Hispanic and Latina women could reduce pregnancy complications and long-term heart disease risk.

Grant: N01-HC65233, N01-HC65234, N01-HC65235, N01-HC65236, N01-HC65237

Pabon, M.A., et al. Am J Prev Cardiol. 2026.

Statins Lower Death Risk in Black Americans but Significantly Raise the Risk of Diabetes

- Heart disease and diabetes are leading drivers of preventable mortality in the U.S., occurring at higher rates among Black Americans
- Retrospective cohort study; 4,316 Black American adults from the Jackson Heart Study in Jackson, Mississippi followed from the early 2000s through 2013
  - Baseline statin use: **13.95%** of participants
  - New diabetes or prediabetes developed in **39.42%** of eligible participants
- After accounting for differences between statin users and non-users, statin use was associated with:
  - **20% reduction in all-cause mortality**
  - **82 to 84% higher odds of developing diabetes or prediabetes**
  - Under age 50: **2.44 times higher odds**
  - Age 50 and older: **1.59 times higher odds**

Potential Solution: Statin therapy paired with routine blood sugar monitoring, lifestyle counseling, and earlier diabetes screening for younger patients in community health settings.

HHSN268201800010I, HHSN268201800011I, HHSN268201800012I, HHSN268201800013I, HHSN268201800014I, HHSN268201800015I

Hadgu, A., et al. J Natl Med Assoc. 2024.

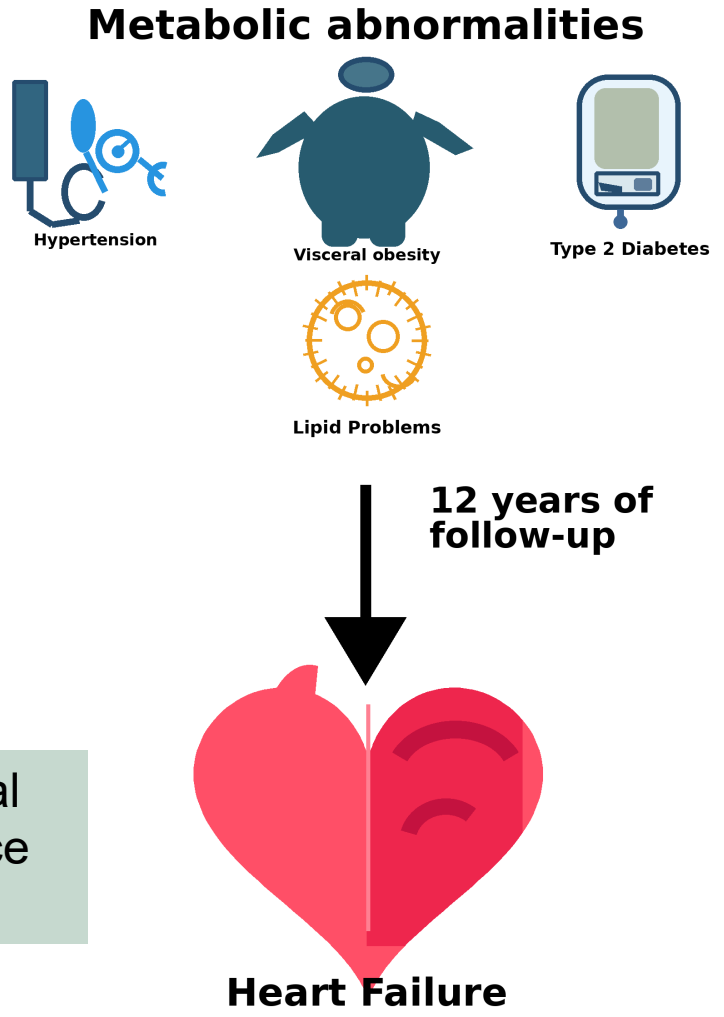
Metabolic Syndrome Severity Raises Heart Failure Risk in Black Adults

- Heart failure outcomes vary significantly across racial groups, with Black adults experiencing higher rates and worse outcomes — yet the role of metabolic syndrome severity in this population remains understudied
- Prospective cohort study of 4,069 Black adults without heart failure at baseline from the Jackson Heart Study; median follow-up of 12 years
  - 37.2% had metabolic syndrome at baseline
  - 319 participants developed heart failure over follow-up
- Higher metabolic syndrome severity was associated with early structural heart changes and greater risk of heart failure
  - Metabolic syndrome: **2 times greater risk** of heart failure (HR 2.07)
  - Highest severity group: **2.35 times greater risk** of heart failure

More Metabolic Risk Means Higher Heart Failure Risk

Exposures & Outcomes

- Risk for heart failure was substantially stronger with preserved ejection fraction than reduced ejection fraction
  - Heart failure with preserved ejection fraction: **4.94** times greater risk
  - Heart failure with reduced ejection fraction: **1.69** times greater risk
- Heart Failure risk was notably stronger in younger adults under 55: nearly **7 times greater** risk (HR 6.94)



Potential Solution: Routine screening targeting central adiposity, paired with lifestyle interventions could reduce heart failure risk and prevent adverse outcomes.

HHSN268201800013I; HHSN268201800014I; HHSN8201800015I; HHSN268201800010I; HHSN268201800011I; HHSN2682018000121

Kaze, A.D., et al. Eur J Heart Fail. 2025.

New Genetic Tools Improve Breast Cancer Risk Prediction for Black Women

- Breast cancer is a leading cause of cancer mortality in the U.S., with Black women experiencing 40% higher death rates than White women due to later stage diagnosis, aggressive subtypes, and lower access to care
- Existing prediction models using polygenic risk scores to screen for BC have historically been less accurate for Black women vs. White women.
- Genetic data from Black women, 17,391 BC cases and 18,800 controls, in an international consortium (~85% US), were used to develop and validate new risk models.
- New prediction models resulted in significantly improved predictive accuracy by 4.8% with higher accuracy for aggressive subtypes.

✓ Newly developed models used in screening could lead to earlier detection and treatment and higher chances of survival in Black women at higher risk for early-onset aggressive breast cancer at younger ages.

Grant No. R01MD013452

Li, J.L., et al., *Nature Genetics*. 2026

Future Directions for Health Disparities Science

Prevalent **chronic diseases**, such as heart disease and diabetes

Modifiable drivers of differences in risk, disease progression, treatment response, and survival

Life-course research on early exposures, cumulative effects, longevity, and aging-related outcomes

Real-world data, electronic health records (EHRs), claims, registries, and linked datasets to identify actionable patterns

Implementation science to improve uptake, fidelity, reach, and sustainability of evidence-based interventions

Rigorous science. Measurable differences.
Actionable interventions.

Thank you!