U.S. Department of Health and Human Services
National Institutes of Health
72nd Meeting of the National Advisory Council on Minority Health and Health Disparities (NACMHD)

Virtual Meeting

May 19, 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
José A. Bauermeister, Ph.D., MPH, University of Pennsylvania
Valarie Blue Bird Jernigan, DrPH, MPH, Oklahoma State University
Frank J. Penedo, Ph.D., University of Miami

Council Members Absent
Lisa M. Cacari Stone, Ph.D., University of New Mexico
Kendrick E. Curry, Ph.D., M.Div., The Pennsylvania Avenue Baptist Church

Ex Officio Members Present
Crystal Henderson, Ed.D., VA Health Systems Research, Department of Veterans Affairs

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

Presenters
Theresa Hayes Cruz, Ph.D., Director, National Center for Medical Rehabilitation Research, Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)

Adam Politis, Senior Advisor for Disability Health Research, Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI), Office of the Director, NIH

José A. Bauermeister, Ph.D., MPH, University of Pennsylvania

Deborah Duran, Ph.D., Senior Advisor to the Director, Data Science, Management, and Analytics, NIMHD

Call to Order and Welcome

Dr. Monica Webb Hooper called the Council open session to order at 10:00 a.m. and welcomed attendees to the 72nd meeting of the National Advisory Council on Minority Health and Health Disparities.

Roll Call and Approval of Minutes

Dr. Larissa Avilés-Santa, NACMHD Executive Secretary, invited Council members in attendance to introduce themselves.

Dr. Avilés-Santa opened the floor for comments or corrections to the minutes of the February 2026 Council meeting. There being no comments, Dr. Frank Penedo made a motion to approve the minutes, which was seconded by Dr. Samuel Adunyah. The motion was approved unanimously.

Dr. Avilés-Santa reviewed the future Council meeting dates and asked members to make Council staff aware of any scheduling conflicts to help maintain quorum for the meetings. The next Council meeting dates are August 11, 2026; February 12, 2027; May 14, 2027; and September 10, 2027. She reminded Council members that NIH policy permits council members no more than one absence per calendar year, and that members are prohibited from participating on NIH peer review panels while serving on an NIH advisory council.

NIMHD Acting Director's Report and Discussion

Dr. Webb Hooper greeted the Council and provided a report on NIH- and NIMHD-related news and policy updates since the last Council meeting and highlighting recently published science advances to emerge from NIMHD-funded research.

- At the NIH level, Dr. Jonathan Green was recently announced as the next Chief Executive Officer of the NIH Clinical Center. Dr. Green had served as director of the Office of Human Subjects Research Protections (OHSRP) at NIH since 2018 and led the effort to consolidate the various NIH institutional review boards (IRBs) into a single IRB Office.
- Dr. Elisabeth Armstrong has been named Chief of Staff in the NIH Office of the Director, where she will oversee the office and provide strategic counsel to Director Jay Bhattacharya, among other responsibilities. Dr. Armstrong joins the NIH after two decades at the U.S. Food and Drug Administration.
- Dr. Bruce Reed, Acting Director of the NIH Center for Scientific Review, recently retired from federal service. Dr. Reed served in the Acting Director role for a year and had been Deputy Director since 2019.
- NIH is in the process of developing its next NIH-wide strategic plan for fiscal years 2027-2031 and has issued a Request for Information (RFI) to solicit public comments on the proposed strategic plan framework. The primary goal of the strategic planning process is to communicate

how NIH will advance its mission. Dr. Webb Hooper noted that the NIH-wide strategic plan is by necessity a broad overview of NIH priorities; more specific data on research topic areas and funding strategies can be found in the Institutes and Centers' (IC) individual strategic plans. The NIH-wide framework articulates priorities in three key areas: biomedical and behavioral science, research capacity, and research operations.

- In March, NIH announced the publication of the revised NIH Grants Policy Statement for FY 2026. This policy serves as the terms and conditions for NIH grants and cooperative agreements. The revised policy supersedes the 2024 version and incorporates guide notices published through March 2026. NIH will continue to issue revisions and Guide notices related to the policy statement as appropriate. Principal investigators (PIs) and grants management staff are encouraged to review the updated Grants Policy Statement and accompanying summary of significant changes.
- On May 13, 2026, awardees of the inaugural NIH Replication Prize were announced. The prize was created to recognize and reward progress in making biomedical research more replicable and to encourage a culture shift towards making replication activities a standard part of the research process.
- Congress approved a FY 2026 budget for NIMHD of $540.14M.
- Dr. Webb Hooper highlighted several leadership events and engagement activities that have taken place since the last Council meeting, including the NIH Community Engagement Alliance (CEAL) annual meeting, the Society for Research on Nicotine and Tobacco's commemoration of the 20th anniversary of its health disparities network, the Morgan State University Center for Urban Health Disparities Research & Innovation's biennial conference, and an NIH Congressional Lunch and Learn.
- The 2026 NIH Postbac Poster Day was held May 1-2, 2026 which was open to the approximately 800 postbacs from across the NIH. Ten postbacs from NIMHD presented posters on their research at the event.
- A paper by NIMHD Division of Intramural Research postdoctoral fellow Dr. Juliana Camargo was named the top paper of 2025 in the category of ethnogeriatrics by the Journal of the American Geriatrics Society. The article was titled "Malnutrition Mortality among Older Adults by County, Race, and/or Ethnicity in the United States, 2000-2019," and found that malnutrition mortality rates rose significantly during the study period, and that rates were highest in the South and Southwest and among Black older adults and American Indian/Alaska Native populations.
- Dr. Webb Hooper reviewed NIH's scientific definition of health disparities, which is a measurable difference in health between specific populations and must be determined through quantifiable, data-driven metrics without assuming causation or attribution. NIMHD strives to advance a solutions-oriented approach to health disparities research, prioritizing research that is focused on testing, scaling, and implementing innovative treatments and interventions. This entails rigorous scientific trials that incorporate community engagement and aim to accelerate the translation of research findings into clinical practice. The NIMHD research portfolio is designed to foster research that strengthens disease prevention strategies, improves disease screening

and early detection, enhances treatment effectiveness, improves management of chronic disease, and reduces morbidity and mortality.

- Dr. Webb Hooper spotlighted the NIH's Highlighted Topics webpage as a resource for investigators. This page contains a centralized list of selected research priority areas within one or more NIH Institute, Center, or Office (ICO). NIMHD is currently participating in seven Highlighted Topics, and is working on additional topics to be added at a later date.
- Dr. Webb Hooper presented some general grant writing tips and advice for researchers applying for health disparities grants. Investigators should strive to write in plain language, stating at the outset what the proposed research is attempting to address and connect it to what is modifiable and actionable. The research should be grounded in empirical, measurable outcomes, and the population to be studied and any proposed interventions should be clearly defined with demographic and clinical precision. Finally, the proposal should clearly communicate the potential public health impact of the research.
- Dr. Webb Hooper shared nine examples of science advances to emerge recently via grants funded by NIMHD:
    - The first research highlight was on the topic of hypertension, which, when uncontrolled, is a leading preventable cause of heart disease, stroke, and death in the United States. This study, called IMPACTS-BP, involving a cluster-randomized trial of 1,272 participants across 36 Federally Qualified Health Centers (FQHCs) in Louisiana and Mississippi, found that a team-based hypertension intervention outperformed standard care in improving blood pressure. The findings were consistent across sociodemographic groups, which indicates suitability for broader adoption and supports expansion of this multifaceted approach to other FQHCs.
    - The second program Dr. Webb Hooper highlighted was a smartphone-based smoking cessation pilot study aimed at American Indian populations called QuitGuide for Natives. The app was culturally adapted to address smoking triggers related to ceremonial use and contained content themes related to healing, storytelling, and cultural connectedness. The pilot study's preliminary results showed increased quit attempts and better 7-day abstinence rates compared to the control group that used the National Cancer Institute (NCI) QuitGuide. These findings suggested that culturally-tailored interventions might offer greater promise for impact than generic versions designed for the general population.
    - Colorectal cancer mortality rates are a known health disparity, with Black Americans experiencing the second highest rates of death from this cancer among ethnic populations. A microsimulation study examined the effect of colorectal cancer screening among Black and White adults aged 45-75 using three cohorts: no screening, screening via annual stool blood test, and screening via colonoscopy every 10 years. Without screening, the model estimated 31 colorectal cancer deaths per 1,000 people. The model found that annual stool blood testing led a 77% reduction in deaths and a colonoscopy every 10 years was associated with a 84% reduction in deaths. These findings were consistent among racial groups, with the greatest impact observed among

Black Americans. Both types of screening were cost-effective when compared with the financial burden of cancer treatment.

- The next study addressed the health disparity experienced by children with complex medical needs living in rural areas due to lack of robust clinical coverage or physician shortages. The researchers performed a retrospective cohort study of claims data from three states involving over 93,000 children with medical complexity. The study found that rural children are much more likely to receive fragmented specialty care despite higher primary care continuity. The findings suggested that improving geographic continuity of care in rural communities could reduce preventable hospitalizations and narrow the rural-urban disparities.
- Dr. Webb Hooper presented another study on hypertension, this time focused on the impact of dietary guidance in the context of the disparity in cardiovascular disease experienced by Black adults. The investigators performed a 12-week randomized trial of 176 Black adults being treated for hypertension living in communities with limited grocery access. The trial involved two cohorts: those whose groceries were selected with dietician guidance and those who did their own shopping. The results showed reduced systolic blood pressure and lower LDL cholesterol among the dietician-guided cohort, with these improvements sustaining for three months post-intervention. This study suggested that "food as medicine" approaches could offer scalable approaches to improving cardiovascular health in communities with limited access to healthy foods.
- The next research highlight was from a study on pregnancy-related cardiometabolic risk in Hispanic and Latina women. Rates of gestational diabetes mellitus and hypertension during pregnancy are rising, particularly among Hispanic and Latina women. A prospective cohort study followed 529 women across four U.S. cities who became pregnant during the years 2008-2017, 21% of whom experienced an adverse pregnancy outcome. The study identified several cardiometabolic risk factors associated with worse pregnancy outcomes, including increased systolic blood pressure, body mass index, and insulin resistance. Based on these findings, routine pre-conception cardiometabolic screening and early intervention could reduce pregnancy complications and long-term heart disease risk among Hispanic and Latina women.
- The next highlighted study examined the effect of statin therapy among Black Americans. Heart disease and diabetes are known to be leading causes of preventable mortality in the U.S. and occur at increased rates among Black Americans. The researchers conducted a retrospective cohort study of over 4,300 Black American adults from the Jackson Heart Study, of whom 14% had baseline statin use and approximately 39% of whom at some point developed diabetes or prediabetes. After accounting for differences between statin-using and non-statin-using populations, statin use was associated with a 20% reduction in all-cause mortality, but over 80% increased odds in developing diabetes or prediabetes, with higher odds among younger individuals. These findings suggested the need for the pairing of statin therapy with routine blood sugar monitoring, lifestyle counseling, and earlier diabetes screening.

- The next research highlight also involved participants from the Jackson Heart Study. The researchers investigated the effect of metabolic syndrome severity on heart failure outcomes, which are known to vary significantly across racial groups, with Black adults experiencing higher rates and worse outcomes. A prospective cohort study was conducted involving over 4,000 Black adults without heart failure at baseline with a median follow-up of 12 years; approximately 37% had metabolic syndrome at baseline and 319 participants developed heart failure on follow-up. The study team found that higher metabolic syndrome severity was associated with early structural heart changes and greater risk of heart failure. Metabolic syndrome severity was also associated with significantly higher risk for heart failure with preserved ejection fraction as compared with heart failure with reduced ejection fraction, and heart failure risk was considerably higher among adults under 55. These findings suggested that routine screening that targets individuals with central adiposity, paired with lifestyle interventions, could reduce heart failure risk and prevent adverse outcomes, particularly among younger populations.
- Finally, Dr. Webb Hopper presented an overview of a project to develop and validate new breast cancer risk prediction models for Black women. Breast cancer remains a leading cause of cancer death in the U.S., and Black women experience 40% higher mortality rates than their White peers. Existing prediction models have historically been less accurate for Black women. The research time in this program used genetic data from Black women participants in an international consortium to develop new polygenic risk models with improved predictive accuracy, especially for aggressive cancer subtypes, which Black women are more likely to experience. Improved screening models could lead to earlier detection and treatment and better changes of survival for Black woman who develop aggressive forms of breast cancer.

Dr. Webb Hooper concluded the Director's Report by emphasizing the future directions of health disparities science at NIMHD. The Institute will continue its focus on prevalent chronic diseases with measurable health disparities. Research on the modifiable causes of differences in risk, disease progression, and treatment response will be prioritized. The Institute remains interested in life-course research on early exposures, cumulative effects, and aging. The use of real-world data and advancements in implementation science to enhance research impact will also be priorities. Dr. Webb Hooper concluded the presentation of her report by encouraging NIMHD-funded researchers to share with the Institute their latest research advances.

Discussion

Dr. Adunyah asked whether the findings of the statin study suggest the need to start considering statin alternatives. Dr. Webb Hooper said that is an important clinical question that is worth investigating, along with continued research on the efficacy of pairing statin therapy with other interventions. Reflecting on the breast cancer genetic prediction model study, Dr. Adunyah asked if NIMHD had any plans to collaborate with the National Cancer Institute (NCI) or the National Human Genome Research

Institute (NHGRI) on this topic. Dr. Webb Hooper replied that NIMHD is always interested in collaborating with its fellow ICs and has ongoing collaborations with both NCI and NHGRI. Researchers interested in this specific topic are encouraged to include NIMHD on potential grant proposals if they believe their project has overlap with NIMHD mission areas.

Dr. Penedo thanked Dr. Webb Hooper for the detailed report and the guidance she provided for researchers. Dr. Valerie Blue Bird Jernigan asked Dr. Webb Hooper if she noticed any themes or new research priorities expressed by the communities she has met with as part of her outreach efforts in recent months. Dr. Webb Hooper said the communities she has spoken with continue to be concerned about major chronic conditions, such as heart disease and cancer, and are focused on on-the-ground challenges, such as access to care, nutrition, and healthcare system reform.

NIH Disabilities Health Research Strategic Plan; Presenters: Mr. Adam Politis and Dr. Theresa Cruz

Dr. Webb Hooper welcomed Adam Politis, Senior Advisor for Disability Health Research in the NIH Division of Program Coordinating, Planning, and Strategic Initiatives (DPCPSI), and Dr. Theresa Cruz, Director of the NICHD National Center for Medical Rehabilitation Research, to present on the inaugural NIH Strategic Plan for Disabilities Health Research, covering fiscal years 2026 through 2030. Mr. Politis and Dr. Cruz serve as co-chairs of the Disabilities Health Research Coordinating Committee alongside NIMHD's Dr. Avilés-Santa. The strategic plan was released on March 26, 2026.

Mr. Politis began the presentation by providing a brief overview of disabilities health research as a discipline and the NIH strategic planning process. According to the Americans with Disabilities Act (ADA), a person with a disability is defined as someone who has a physical or mental impairment that substantially limits one or more major life activities, has a history of such impairment, or is perceived as having such impairment. Disabilities may first present at birth or occur at any point throughout the lifespan. Disabilities may be temporary or permanent, visible or invisible, and the nature of the disability may change over time. Notably, some individuals perceived as being disabled may not view themselves to be disabled, such as members of the deaf community or neurodivergent individuals. The complex nature of disabilities can be defined and conceptualized in many ways. Historically, the medical model of disability has been predominant in biomedical research and clinical care. This model views disability as an impairment to be treated or cured via medical intervention. In contrast, the social model of disability emphasizes that a disability is not primarily caused by a person's impairment, but by environmental, social, and attitudinal barriers that may prevent the person from fully participating in society. Interactional models posit that disability arises from the dynamic interplay between medical conditions and behavioral, sociocultural, and environmental factors. Disability health research seeks to understand and address the effect of medical conditions, non-medical factors, and their interaction on the health and wellbeing of people with disabilities. Disability health research takes a person-centered approach that acknowledges that people with disabilities have health needs both related and unrelated to their disability or disabilities.

NIH ICOs support a broad range of disability health research across the research spectrum. In FY2024, NIH devoted approximately $619M in funding for disability health-related research. Disability health

research is multidisciplinary and intersects with a number of NIH priority areas, such as aging, mental health, and chronic health conditions. Because disability health research at NIH takes place across the various ICOs, it has historically focused on specific conditions or impairments, rather than addressing the needs of people with disability as a population. In recent years, as the understanding of disability has evolved, there has been growing awareness that NIH needs a more coordinated and person-centered approach to disability health research. This awareness has been influenced by the work of the NIH Advisory Committee to the Director's Subgroup on Individuals with Disabilities, as well as the formal designation of people with disabilities as a population with health disparities and the continued advocacy of disability advocacy groups. In 2024, DPCPSI was charged with the strategic coordination of disability health research activities. DPCPSI subsequently established the Disability Health Research Program (DHRP), which in September 2024 launched the strategic plan development process. The purpose of the plan is to identify agency-wide strategic goals and objectives to advance innovative and responsible research that promotes the health and wellbeing of people with disabilities.

Mr. Politis described the strategic planning process and how DHRP and its committees sought stakeholder input from across the NIH, including NIMHD, and the disability health research community via an iterative draft process. He then invited Dr. Cruz to present the contents on the strategic plan. The plan is organized around four strategic goals, each of which is comprised of three or four objectives, as well as four crosscutting themes that identify important overarching considerations that related to multiple goals and objectives. The four crosscutting themes are: whole person health, inclusion of people with disabilities in research, interdisciplinary collaboration, and technology. Dr. Cruz reviewed the plan's goals and objectives. Since time constraints precluded detailed discussion of each goal and initiative, Dr. Cruz encouraged attendees to seek out the full plan at their convenience.

- Goal 1 is to "advance the science of disability health by supporting innovative, rigorous, person-centered research." The objectives for this goal are to:
    - Advance conceptualizations, definitions, and metrics for the field
    - Support research that explores biological, behavioral, sociocultural, and environmental factors that influence health and wellbeing of people with disabilities;
    - Foster research to reduce health disparities and optimize health outcomes for people with disabilities
    - Support research on health promotion and disease prevention
- Goal 2 is to "foster a highly skilled, multidisciplinary, and sustainable disability health research workforce." The objectives are to:
    - Promote development of training opportunities in disability health research
    - Encourage and support policies, programs, and opportunities for career advancement
    - Support the development and implementation of disability health curricula in research training programs
- Goal 3 is to "support accessible, state-of-the-art disability health research resources and infrastructure." This goal's objectives are the following:
    - Develop and disseminate resources to assist institutions and researchers ensure the accessibility of their facilities, equipment, and technology per federal law

    - Develop policies, programs, and resources to maximize inclusivity of people with disabilities as participants in clinical research
    - Foster the creation of collaborative disability health research networks
    - Encourage responsible data management and data sharing
- Goal 4 is to "engage in collaborative, responsible, and ethical management of disability health research activities." The objectives of this goal are to:
    - Encourage public participation and community engagement in disability health research activities
    - Evaluate regularly the efficacy of disability health research organizational structures and processes
    - Ensure that disability health research is conducted in adherence to the highest standards of scientific integrity

Mr. Politis reviewed the key activities and next steps for implementation of the strategic plan. DHRP and the Coordinating Committee will engage with NIH Council of Councils' Disability Health Research Working Group throughout the implementation process to solicit their input on research priorities, collaboration opportunities, and outreach approaches. The team is prioritizing strategic plan awareness and developing community engagement and research-related activities for the coming year. Mr. Politis expressed his team's willingness to present on the strategic plan to Council members' individual organizations if members believe that would be helpful in spreading the word.

Discussion

Dr. José Bauermeister asked how early-career researchers interested in disability health research can get started. Dr. Cruz said the team would be happy to connect interested researchers with the appropriate NIH program officer for a given research topic. Mr. Politis added that a disability health research Highlighted Topic will be published soon. Dr. Adunyah asked if there were any concerns related to the administration's shift away from diversity, equity, inclusion, and accessibility (DEIA) as a focus in biomedical research. Mr. Politis said the Strategic Plan for Disabilities Health Research has the support of NIH leadership and he believes the agency will continue to support disability health research that prioritizes scientific progress with measurable outcomes.

Dr. Webb Hooper asked the presenters to expand on the distinction between research on disabilities and research on the health of people with disabilities. Dr. Cruz said the goal of the latter category was to bring increased focus to things like nutrition, reproductive health, cancer screening, et cetera. NIH has historically done well when it comes to supporting research on specific disabilities. Another area for increased effort is working to ensure inclusion of people with disabilities in general biomedical research in order to maximize the generalizability of the research. Mr. Politis also expanded on the importance of community engagement in the strategic plan implementation process and the challenges of disability data collection in the context of various definitions of disability.

Seeing Services Through Community Eyes: Youth-Led Mystery Shopping as Implementation Science in HIV Prevention; Presenter: Dr. José Bauermeister

Dr. Webb Hooper invited Dr. Bauermeister to deliver his presentation on his work using a unique implementation science approach in HIV prevention. The basic premise is to improve the HIV prevention system by looking through the eyes of the people the system is meant to serve. Dr. Bauermeister's team uses a youth-led mystery shopping method as a form of quality assurance and to collect rigorous implementation science data. Despite decades of progress in HIV research, disparities continue to persist, which suggests that access to preventive medicine and testing is not sufficient to address the problem. The nationwide initiative Ending the HIV Epidemic in the U.S. (EHE) has four pillars of diagnose, treat, prevent, and response, and has a core assumption that expanding access to prevention and care services will improve outcomes. The problem with this assumption is that it presumes that these services are high quality and consistent nationwide. The research that Dr. Bauermeister will present interrogates this presumption.

Health systems implicitly assume that expanding access leads to meaningful encounters, that client volumes correlate with public health effectiveness, that testing sites deliver patient-centered care, and that providers consistently implement evidence-based practices. However, these assumptions are not regularly assessed at the clinical encounter level, and there is a lack of real-time, valid measures of care fidelity from the perspective of the clients. Fidelity is what measures whether the interventions validated in a clinical trial are delivered as intended in the real world; when missing, underperformance can be difficult to observe and overall efficacy can be undermined. Mystery shopping offers a scalable method to measure and improve clinical implementation quality.

In the context Dr. Bauermeister's research, mystery shopping involves community members trained in evidence-based practices who act as real clients at HIV testing sites, obviating the impact of observer or provider bias. The mystery shoppers engage in real encounters and document their experiences via validated assessment tools after the visit. The feedback they provide is confidential but informs actionable insights for the sites in question. Mystery shopping approaches should not be complaint-driven, one-off, or punitive; rather, it should be part of a structured, ongoing system of measurement designed to support improvement. Dr. Bauermeister noted that, for ethical reasons, his team always receives permission from the community and health systems/clinics before performing mystery shopper assessments at their sites. In addition to the quality assurance function, mystery shopping can be an implementation diagnostic tool that can identify gaps in service delivery and help determine where an intervention experiences issues in the real-world setting. In addition, it can help operationalize the set of Expert Recommendations for Implementing Change (ERIC) implementation strategies.

Dr. Bauermeister described the history of his HIV prevention mystery shopping trials, which date back to 2013 and early pilot work in the Detroit metropolitan area. The initial tool was developed using a community-based participatory research (CBPR) approach that involved a youth advisory board and provider advisory board and an iterative co-development process. Shoppers were recruited from the sites' target population and trained to undergo visits as typical clients and capture objective data and characterize subjective interactions. Dr. Bauermeister noted that the pilot study only assessed prevention services, not HIV care, where the ethical implications of mystery shopping would be significant. The study assessed 43 sites and found high variability between HIV-only sites and HIV and

sexually transmitted infections testing sites, with no consistent standard of care. Counseling was inconsistently delivered, prevention planning discussion was rare, and conversations around risks were limited. These gaps suggested significant missed opportunities to positively influence behaviors and outcomes. Dr. Bauermeister's group then conducted an expanded trial across three metro areas: Philadelphia, Atlanta, and Houston. The study found that sites did well in categories like clinical environment and privacy and confidentially, but, as in the pilot, but scored lower than expected on engaging clients on risk reduction counseling and sexual health education. Dr. Bauermeister discussed how his team provided findings and feedback back to the health agencies and how the results helped the agencies identify where improvement was needed to meet their mission.

Dr. Bauermeister presented another case study of the value of mystery shopping techniques in implementation research. He is co-PI on a type 2 hybrid implementation trial called the Young Adult Centered Healthforce Training (YACHT), which seeks to increase HIV testing among young sexual minority men and improve testing provider fidelity. The study takes place across 42 sites in Florida and uses HIV testing rates and PrEP uptake as effectiveness measures. For implementation measures, the study assesses provider fidelity to evidence-based practices, provider behavior changes after motivational intervention, and indicators of sustainment. Mystery shopping is one component of YACHT's strategy package, which also includes feedback reports, motivational interviewing, technical assistance, and ongoing monitoring. The baseline performance was very similar to the findings in Dr. Bauermeister's previous mystery shopper assessments. In addition to low scores for relationship context, risk reduction counseling, and sexual health education, Dr. Bauermeister also identified moderate results for provision of PrEP information as an area for improvement. The team also found significant variability in baseline performance at the county level. Some initial improvement was observed over time, although it is too early to make definitive conclusions. He noted that YACHT aligns with the goals of the EHE initiative to reduce HIV incidence, advance implementation science, and address health disparities. Dr. Bauermeister believes mystery shopping programs are cost-effective and scalable, but more research is needed on how feedback is used by agencies and how system-level interventions can be scaled and sustained. It is important to bear in mind some limitations of the mystery shopping approach, such as the subjectivity of some shopper measures, the need for complementary implementation data for a fuller view, and challenges related to site access.

Discussion

In response to a question from Dr. Webb Hooper, Dr. Bauermeister described how he came upon the idea to use mystery shoppers from his own experience working in retail and later experience working at HIV testing sites. His work with young people who were dissatisfied with public health campaigns targeting their community also influenced his interest in CBPR approaches. Mystery shopping is best used as part of a suite of measures and implementation assessment approaches, but offers unique advantages that often cannot be achieved through standard means, such as standardized patients. One ongoing challenge in clinical quality as a whole is the lack of uptake from the general public when it comes to completing patient satisfaction or experience surveys when they are offered. Dr. Bauermeister also discussed how HIV prevention funding to public health agencies has historically been tied to testing

volume, which has decreased in recent years as tests have become available through other sources. More information is needed on whether the public health agencies are getting the people most in need of their services in the door. Dr. Webb Hooper asked how the team works to standardize qualitative information collected by mystery shoppers. Dr. Bauermeister said one key component is the debrief call that takes place with the shopper and a member of the study team immediately after the visit.

NIMHD Data Resources & Tools – Advancing Health Disparity Science (SCHARE & HDPulse); Presenter: Dr. Deborah Duran

Dr. Webb Hooper introduced Dr. Deborah Duran, Senior Advisor on Data Science, Management, and Analytics to the NIMHD Director, to discuss her team's work developing the NIMHD Science Collaborative for Health and Artificial Intelligence Reduction of Errors (SCHARE), a cloud-based population science data platform and data repository, and HDPulse, a set of data and interventions research portals. The purpose of SCHARE is to help accelerate population health, health disparities, and chronic disease research by leveraging transparent AI approaches. A key aim of the project is to reduce errors in AI models and increase reproducibility. Recent advances in AI and machine learning (ML) technologies hold great promise for furthering NIMHD's mission of understanding the complex and interdependent factors behind health disparities and developing targeted interventions. The SCHARE platform's focus on population and behavioral science and non-medical drivers of health data fills a unique niche at NIH. The system can be used as a data center and allows for datasets to be connected across platforms. Training and technical assistance support is another important component of SCHARE, along with this prospective focus on data interoperability.

Dr. Duran described the data repository and secure data analysis platforms in greater detail, both of which can be used by the intramural and extramural communities. The data repository uses NIH-endorsed, project level common data elements (CDEs) to enhance data interoperability across datasets. SCHARE uses the Terra biomedical research platform, which is the cloud platform used by other major NIH repositories, such as the *All of Us* Research Program. Dr. Duran walked through an example of how a researcher might use the SCHARE data repository and some of the repository's key data submittal functions, including assessments of the dataset's readiness for analysis and CDE compliance. She noted that the datasets are already organized by health disparity for ease of use. The SCHARE repository collects data from both inactive/completed studies and active grants. SCHARE covers the hosting fees for inactive grants, but active protocols must pay for those costs. Dr. Duran also highlighted SCHARE's unique ability to serve as a data center for active multi-site research consortia and SCHARE's prioritization of data usability though its data visualization dashboard.

On the data analysis side, SCHARE maintains a Terra-centralized collection of over 350 deidentified population health datasets that can be used for data analysis projects on the platform. SCHARE provides a number of coding tools, tutorials, and other resources to assist researchers of varying levels of familiarity with computer programming and cloud computing. Dr. Duran highlighted NIMHD's monthly SCHARE Think-a-Thons, which are either tutorial-focused or research-focused. The Think-a-Thons are archived on the SCHARE website for later viewing and to serve as additional resources. SCHARE has also

had several training collaborations with other initiatives, including the NIH AIM-AHEAD program and NLHBI BioData Catalyst, and is part of the National Artificial Intelligence Research Resource (NAIRR).

Dr. Duran the provided an update on HDPulse's new features and enhancements. The data portal now has over 150 centralized datasets, and the user interface has been reorganized and improved. She provided examples of how the portal can be queried under the new interface and types of analysis that can be performed. The interventions portal can be used to search for existing interventions, or researchers can submit their own interventions for inclusion in the portal.

Discussion

Dr. Webb Hooper asked Dr. Duran to expand on the level of technical skills needed by researchers to take advantage of the SHARE platform. Dr. Duran said that the platform was designed to require a limited amount of data science expertise, and a myriad of training tools and technical assistance resources are available for those without those skills to be able to nonetheless take advantage of the platforms. As an example of how the platform was designed for novice users in mind, she highlighted SCHARE's Notebooks feature, which provides cut-and-paste code for use in specific contexts. As previously discussed, SCHARE was built with user-friendliness and interoperability in mind. It was also built to be in compliance with NIH's data management and sharing policy.

Dr. Webb Hooper asked Dr. Duran to speak more about how HDPulse data can be used by the research community. Dr. Duran replied that there are many possibilities but highlighted the usefulness of HDPulse's nationwide county-level data for things like background information for grant applications, monitoring of health disparity trends, and epidemiological studies. HDPulse also has a tool called HD*Calc that enables researchers to run data through a set of health measures to assess levels of disparity. Dr. Webb Hooper encouraged NIMHD-funded researchers and others in the wider research community to submit their interventions for inclusion in the HDPulse interventions portal. Dr. Duran concluded by relaying that SCHARE encourages smaller and less-resourced institutions to take advantage of the SCHARE platform and the jumpstart funds that are made available through the program.

Closing Remarks and Open Session Adjournment

Dr. Webb Hooper thanked the NIMHD staff for their work organizing the meeting and the Council members and presenters for their participation. Dr. Webb Hooper adjourned the open session at 2:21 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 2:00 PM on May 19, 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 127 competing applications requesting an estimated **$ 63,740,092 in total costs in year 1 for non-fellowship applications**. 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 most recent 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.

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Monica Webb Hooper, Ph.D. Date
Acting Director
National Institute on Minority Health and Health Disparities, NIH

_____ _____

M. Larissa Avilés-Santa, MD, MPH Date
Designated Federal Official
National Institute on Minority Health and Health Disparities, NIH