U.S. Department of Health and Human Services
National Institutes of Health
National Institute on Minority Health and Health Disparities (NIMHD)
73rd Meeting of the National Advisory Council on Minority Health and Health Disparities (NACMHD)

Virtual Meeting

August 31, 2026
10:00 a.m. EDT - 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
Lisa M. Cacari Stone, Ph.D., University of New Mexico
Valarie Blue Bird Jernigan, DrPH, MPH, Oklahoma State University
Miguel Marino, Ph.D., Oregon Health and Science University
Ezemenari M. Obasi, Ph.D., Wayne State University
Frank J. Penedo, Ph.D., University of Miami
P. Johnelle Sparks, Ph.D., The University of Texas at San Antonio

Executive Secretary
Kelly Poe, Ph.D., Acting Director, Office of Extramural Research Activities, NIMHD

Presenters/Representatives
Kimberly Allen, Associate Director for Administration, NIMHD
Larissa Avilés-Santa, M.D., MPH, Director, Division of Clinical and Health Services Research, NIMHD
Kelvin Choi, Ph.D., Scientific Director, NIMHD
Angela Fernandez, Ph.D., MPH, LCSW, Program Officer, Division of Community Health and Population Science, NIMHD
Jinani Jayasekera, Ph.D., Division of Intramural Research, NIMHD
Anuradha Patel, M.D., Program Official, NIMHD
Nathaniel Stinson, Ph.D., M.D., MPH, Director, Division of Community Health and Population Science, NIMHD

Call to Order and Welcome

Dr. Monica Webb Hooper called the Council open session to order at 10:00 a.m.

Roll Call and Approval of Minutes

Dr. Kelly Poe, NACMHD Executive Secretary, invited Council members in attendance to introduce themselves. She opened the floor for comments or corrections to the minutes of the May 2026 Council meeting. Council members approved the minutes as written

Dr. Poe next opened the floor for questions, concerns, or corrections regarding the FY27 NACMHD Statement of Understanding. Council members approved the FY27 NACMHD Statement of Understanding.

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.

- Dr. Webb Hooper welcomed and introduced three new Council members: Drs. Miguel Marino, Ezemenari Obasi, and Johnelle Sparks. She also thanked members who agreed to extend their time on Council.
- Dr. Erica Schwartz was sworn in as Director of the Centers for Disease Control and Prevention (CDC). She previously served as Deputy Surgeon General in the U.S. Public Health Service Commissioned Corps.
- At the NIH level, there have been a number of recent NIH Institute and Center (IC) director appointments.
    - Dr. Courtney Akin, Director of the National Institute on Nursing Research (NINR).
    - Dr. Raymond Jacobson, Director of the Center for Scientific Review (CSR).
    - Dr. Steven Schiff, Director of the Fogarty International Center (FIC) and the NIH Associate Director for International Research.
    - Dr. Judy Cho, Director of the National Human Genome Research Institute (NHGRI).
    - Dr. John Gaitanis, Director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD).
    - Dr. Wendy Weber, Director of the National Center for Complementary and Integrative Health (NCCIH).
- There have also been recent NIH IC Deputy Director appointments.

    - Dr. Dorothy Fink, Deputy Director of NICHD after having served as its Acting Director.
    - Dr. Amy Adams, Deputy Director of the National Institute on Neurological Disorders and Stroke (NINDS).
    - Dr. John Powers, Principal Deputy Director of the National Institute for Allergy and Infectious Diseases (NIAID).

- Dr. Warren Casey, Director of the new Office of Research Innovation, Validation, and Application (ORIVA), established within the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI) in the NIH Office of the Director (OD).
- The White House Office of Science and Technology Policy (OSTP) announced new partnerships for the Genesis Mission, a national effort to harness super intelligence (SI) and advanced computing.
- On August 14, NIH leadership hosted a conversation with the extramural community on the new NIH Unified Funding Strategy (UFS).
- NIH has issued several requests for information (RFIs) seeking public comment on proposed changes to NIH policy.
    - One RFI seeks input on changes to reporting of peer review outcomes to strengthen alignment with the UFS. Proposed updates include placing applications into three categories: most competitive, competitive, and not discussed. Overall numerical impact scores would no longer be released to staff or applicants.
    - NIH requested feedback on a proposed cap on the number of research project grants (RPGs) that a researcher can hold as principal investigator (PI). NIH is reviewing the feedback and will share next steps as the process moves forward.
- NIH is updating the Career Development (K) award program to simplify and streamline funding opportunities. NIH will consolidate individual K award Notices of Funding Opportunities (NOFOs) into a smaller set of parent opportunities organized by program type.
- NIH is seeking input through an RFI on how to strengthen training for investigators to lead rigorous clinical trials.
- NIH social media accounts have been transitioned to @NIH_Innovates on X and LinkedIn, which will provide centralized, timely updates on grants policies, Highlighted Topics, and funding opportunities.
- NIH released its first NOFO under the Department of Health and Human Services (HHS) SimplerNOFO Initiative which aims to reduce administrative burden and improve accessibility through standardized structure, plain language, and clear requirements.

- The NIH Loan Repayment Program (LRP) has been simplified for the FY27 cycle. The six categories will be streamlined into three core pathways: Clinical Research (L30), FOCUS (L70), and Pediatric Research (L40). Although there will not be a health disparities category, researchers should still apply after finding the best fit in the new pathways.

- Dr. Webb Hooper highlighted several NIMHD-sponsored events:

    - NIMHD and the NIH Office of Nutrition Research sponsored a virtual seminar, Food is Medicine: Research to Advance Chronic Disease.

    - NIMHD hosted a webinar, Shaping the Next Era of NIMHD Science, highlighting where the science is now, where it's moving, and what kinds of research questions are especially well-aligned with the Institute's current direction.

    - NIMHD hosted the 2026 Health Disparities Research Institute for 86 early-career scientists, representing 30 states, Puerto Rico, and the District of Columbia.

- Recent NIMHD leadership engagements include the GLOBAL Down Syndrome Foundation's AcceptAbility Gala; The Hill's Reimagining Clinical Trials: Expanding Access by Meeting Patients Where They Are; the RCMI Annual Conference hosted by the Coordinating Center at Morehouse School of Medicine; and the American Psychological Association's annual meeting.

- Dr. Webb Hooper highlighted two of the NIH Community Engagement Alliance (CEAL) resources.

    - Community Engagement in Research: Precision Outreach and Planning (CERPOP) is a tool to help those who are new to community-engaged research and plan to conduct outreach within communities.

    - Wise Practices for Outreach, Messaging, and Engagement with American Indian/Alaska Native (AI/AN) Communities for researchers seeking to engage respectfully and effectively with AI/AN communities.

- Dr. Webb Hooper shared updates on extramural scientific areas and considerations:

    - NIMHD is currently participating in 13 different Highlighted Topics and is the lead IC for a new topic, Advancing Data Science Approaches to Address Health Disparities Through AI, Machine Learning, and Community-Engaged Research.

    - The NHPI Health Research Office seeks to support the, development and training of researchers focused on NHPI health, build partnerships with organizations with NHPI community ties, and fund science seeking to improve health.

- Dr. Webb Hooper shared updates from the NIMHD Division of Intramural Research (DIR).

    - NIMHD hosted the inaugural NIH Intramural Research Program (IRP) Health Disparities Research Workshop, offering new collaboration opportunities across NIH.

- DIR participated in the 2026 Society for Epidemiologic Research annual meeting.
- DIR has launched a new intramural research award to support two-year projects involving at least two ICs that address clinically actionable conditions; biologic, behavioral, and environmental mechanisms; early detection and prevention; treatment optimization; and implementation strategies to improve measurable health outcomes.
- Two NIMHD DIR summer interns presented their research at the 2026 NIH Summer Poster Day on August 6.

- Dr. Webb Hooper shared examples of science advances to emerge recently via grants funded by NIMHD:
  - A study found that integrating a social risk decision support tool into the electronic health record (EHR) may improve chronic disease management in community-based primary care clinics. (McGrath, B. et al. *Ann Fam Med*. 2026).
  - The building and testing of a new clinical decision tool to help provide personalized exercise plans to breast cancer survivors (Tian E, …, Jayasekera J. *JMIR Form Res.* 2026).
  - The development of a decision aid focused on those with lupus, a rare disease with documented health disparities (Singh JA, et al.. Lancet Rheumatol. 2026). The decision aid supported shared decision-making and patient-provider communication in routine lupus care and is freely available now through the ManageMyLupus app.
  - A study testing whether a once-daily polypill could improve medication adherence and outcomes in adults with heart failure with reduced ejection fraction (Pandey, A., et al., *Nat Med.*. *2026*). The study is one of the first to demonstrate that a polypill provided statistically and clinically significant benefits, with potentially far-reaching implications for other polypill regimens.
  - An observational study on telomeres and accelerated aging (Moniruzzaman M, …, Tamura K. *Annals of Behavioral Medicine*. 2026) found that women living in neighborhoods with more unhealthy food outlets and higher population density had shorter telomeres—suggesting that neighborhood environment may shape biological aging and disease risk.

Intramural Concept Presentations

The Breast Cancer Recovery through ActiVe Communication and Exercise (BRAVE) Study; Presenter: Dr. Jinani Jayasekera

Through a new research and development (R&D) contract mechanism, the BRAVE Study aims to test a simulation-based clinical decision tool that helps improve exercise prescriptions and participation among breast cancer survivors. Despite guidelines recommending individualized exercise prescriptions

for breast cancer survivors, fewer than half of survivors discuss exercise with clinicians, and no clinical tools currently exist to support this.

A new simulation model-based tool has been developed to support clinicians in offering tailored exercise recommendations to breast cancer survivors. The simulation model uses information from EHRs and a pre-visit question prompt list to generate a tailored discussion prompt for the clinician and a patient handout to use during the clinic visit, both of which can be modified during the visit.

The BRAVE study will assess the feasibility and acceptability of the intervention in a large healthcare system, incorporate those findings, and then conduct a cluster randomized trial, randomizing clinicians to either the intervention or control arm. Analysis will look at effectiveness in the overall population as well as in subgroups based on education level and race and/or ethnicity.

The concept was unanimously approved by Council members.

Population Health and Clinical Research Coordinating Center; Presenter: Dr. Kelvin Choi

The objective is to establish a population health and clinical research coordinating center for NIMHD DIR through a new research and development (R&D) contract mechanism in support of conducting population health and clinical research to understand and reduce health disparities in the U.S.

The proposed center would assist DIR in implementing population health and clinical research, including clinical trials, and provide necessary logistical, technical, administrative, and other support to various research projects outside the walls of NIH. The center would perform tasks such as identifying and recommending subcontractors and sites for various research tasks; collecting and maintaining critical documents for various research activities; ensuring compliance with human subjects research protection policies; facilitating communication and coordination between DIR and subcontractors/sites; monitoring activities and performance and reporting back to DIR; coordinating data collection, processing, analysis, and transfer between subcontractors and sites; and, if needed, terminating subcontractors/sites that do not meet performance or human subjects research protection requirements.

The concept was unanimously approved by Council members.

Extramural Concept Presentations

Multiple Chronic Diseases Research Centers and Coordinating Center; Presenter: Dr. Anuradha Patel

The objective of the concept is to establish regional Multiple Chronic Disease Research Centers (MCDRCs) and a coordinating center, MCD-RCC, that will focus on timely screening, prevention, diagnosis, and optimal treatment and management of co-existing multiple chronic diseases in pediatric and adult populations that experience health disparities to achieve clinically meaningful health outcomes and reduction in health disparities. The proposal is for one MCD-RCC and up to 11 MCDRCs. This initiative was authorized by Public Law 116-260 and the Consolidated Appropriations Act of 2021.

In alignment with the Make America Healthy Again (MAHA) agenda, the MCDRCs will advance relevant goals to optimize prevention, diagnosis, treatment, and management of multiple chronic diseases and improve health outcomes across the lifespan. The MCDRCs and MCD-RCC will focus on innovative research that tests and evaluates novel models or strategies; and/or leverages interventions in various settings including healthcare settings, healthcare systems, and/or community-based settings; and/or performs implementation science to scale up effective interventions.

The MCDRCs will apply solution-focused methodologies – including the testing and evaluation of novel models, strategies, or the implementation of evidence-based interventions – to achieve measurable and clinically meaningful improvements in health outcomes, and to reduce disparities in the prevention, diagnosis, treatment, and long-term management of chronic conditions. The MCD-RCC will assist the MCDRCs with tasks including coordination of administrative functions and data collection; planning and facilitation of meetings; developing common metrics; maintaining a centralized database to track investigator outcomes and research productivity; evaluating collaborative activities; disseminating findings; and establishing a Healthcare and Community Advisory Board.

The concept was unanimously approved by Council members.

EmbraceHealth Clinical Research Network; presenter: Dr. Larissa Avilés-Santa

The objective of this R&D contract concept is to establish a multi-site network of Research Consortia (RC) and a Research Coordinating Center (CC) that will establish infrastructure to perform systematic clinical research to address emerging, urgent, and/or chronic health needs at the local level and across the consortia. The goal is to lead to earlier and more timely prevention or diagnosis and lead to strategies to fully implement care guidelines and effective interventions that reduce health disparities. While the primary focus is on ambulatory care, data or analysis involving inpatient care will also be important. The consortia will serve a high proportion of individuals and communities that experience health disparities, promoting innovative clinical and behavioral interventions to reduce health disparities and lead to clinically meaningful improvement in health outcomes.

The initiative will focus on implementations embedded in clinical settings, implementation science, rigorous scientific methods, replication and scalability, cross-collaborations among the RC, and becoming a platform for future studies. The CC will provide and support consultation on research design, clinical research best practices, a steering committee, guidance on collaborations, and a data repository. Research areas of interest include interventions to promote timelier prevention, diagnosis, and effective treatment; integrative models of care; clinical and pre-clinical phenotypes; integration of genomics into clinical care; data science and Super Intelligence (SI) for algorithms used in clinic or by patients for self-care; prescription trends, medication adherence, and medication safety; integration of home-based data and biospecimen collection; and coordination and transitions of care.

The concept was unanimously approved by Council members.

Resource Center for the Tribal Epidemiology Centers (RC-TEC); presenter: Dr. Angela Fernandez

This R&D contract concept will support a comprehensive technical assistance resource center to enhance the capacity of Tribal Epidemiology Centers (TECs) to engage in health research focused on AI/AN populations. The proposal has been discussed with the NIH Tribal Health Research Office (THRO) and is subject to change based on Tribal consultation. TECs were established by the Indian Health Care Improvement Act (IHCIA) and funded by the Indian Health Service (IHS) to provide enhanced public health support to AI/AN people, Tribes, Tribal organizations, and urban Indian organizations. There are currently 12, one in each IHS area with one serving urban Indian clinics.

The initiative will support a single Resource Center (RC-TEC) to support enhanced research infrastructure and capacity at TECs. The RC-TEC is expected to provide direct support to each TEC to enhance capacity to engage in data collection, compilation, analysis, and reporting. Resources can be used to support personnel, training, and/or information technology infrastructure. The RC-TEC will also provide technical assistance regarding research design, methodology, data collection, curation, and analysis through direct consultation with individual TECs. The RC-TEC will also support research skills development; implementation of a pilot project program to develop research training skills; dissemination of information about NIH and other federal research funding, training, and mentorship opportunities; and maintaining a listing of shareable data resources generated by TECs and data sharing policies to foster collaboration, both across TECs and between TECs and external researchers.

The concept was unanimously approved by Council members.

Notification of Congressionally Mandated Initiatives; presenter: Dr. Nathaniel Stinson

Dr. Stinson noted that these four initiatives are congressionally mandated and thus do not require a vote.

- Research Centers in Minority Institutions (RCMI)
- Limited Competition: NIMHD Initiative for Improving American Indian and Alaska Native Cancer Outcomes
- Limited Competition: John Lewis NIMHD Research Endowment Program
- Innovative Research to Improve Native Hawaiian and Pacific Islander (NHPI) Health Outcomes.

Closing Remarks and Open Session Adjournment

Dr. Webb Hooper thanked the Council members for their attention and feedback and the NIMHD staff for their concise, thoughtful presentations. Dr. Webb Hooper adjourned the open session at 1:28 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 1:35PM on August 31, 2026. Dr. Kelly Poe 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 255 competing applications requesting an estimated $119,886,795 in total costs for Year 1 for non-fellowship grants. Funding recommendations for all applications submitted in response to funding opportunity announcements were reviewed. Applications submitted in response to program announcements and special program review announcements were considered by the Council through En Bloc voting.

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

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Kelly Poe, Ph.D. Date
Executive Secretary
National Institute on Minority Health and Health Disparities, NIH