

**U.S. Department of Health and Human Services  
National Institutes of Health  
61st Meeting of the National Advisory Council on Minority Health and Health Disparities (NACHMD)**

Virtual Meeting

September 2, 2022  
11:00 a.m. EDT - Adjournment

**Meeting Minutes**

**Council Members Present**

Eliseo J. Pérez-Stable, M.D., Chairperson; Director, NIMHD  
Emma Aguila, Ph.D., University of Southern California  
Lisa L. Barnes, Ph.D., Rush University Medical Center  
Neil S. Calman, M.D., Icahn School of Medicine at Mount Sinai  
Amy J. Elliott, Ph.D., University of South Dakota School of Medicine  
Nitza Milagros Escalera, J.D., MPA, City University of New York  
Kimberly S. Johnson, M.D., Duke University School of Medicine  
Kenneth A. Resnicow, Ph.D., University of Michigan  
Mario Sims, Ph.D., University of California, Riverside  
William M. Southerland, Ph.D., Howard University  
Chau Trinh-Shevrin, Dr.PH, New York University School of Medicine

**Council Members Absent**

Esteban G. Burchard, M.D., MPH, University of California at San Francisco

**Ex Officio Members Present**

Christine M. Hunter, Ph.D., Office of Behavioral & Social Sciences Research, NIH  
Judith A. Long, M.D., VA Center for Health Equity Research and Promotion

**Ex Officio Members Absent**

Xavier Becerra  
Donald Shell, MD  
Lawrence Tabak

**Representatives Present**

Monica Webb Hooper, Ph.D., Deputy Director, NIMHD

**Executive Secretary**

Paul Cotton, Ph.D., RDN, Office of Extramural Research Activities, NIMHD

**Presenters**

Larissa Aviles-Santa, M.D., MPH, Division of Clinical and Health Services Research, NIH  
Noni Byrnes, Ph.D., Center for Scientific Review (CSR), NIH  
Priscilla Grant, J.D., Chief Grants Management Officer, NIMHD  
Sundania J.W. Wonnum, Ph.D., LCSW, Scientific Program Director, NIMHD

### **Call to Order and Welcome**

Dr. Pérez-Stable called the open session to order at 11:00 a.m.

### **Roll Call, Minutes Review**

Dr. Cotton called the roll. Council members and others present introduced themselves. The council unanimously approved the minutes of its May 2022 meeting. Members were reminded of the council meeting dates for 2023-2024, that NIH policy allowed them no more than one absence per calendar year, and that they were prohibited from serving on review panels while on the council.

### **NIMHD Director's Report and Discussion**

[\(View report\)](#)

Dr. Pérez-Stable provided a report on NIMHD-related activities since the May 2022 council meeting.

- Dr. Anthony Fauci announced his retirement from federal service effective January 1, 2023, providing a full four months' notice. He had advised seven presidents and would be remembered for his leadership on HIV/AIDS, SARS, H1N1, Ebola, COVID-19, and other infectious diseases.
- The president selected Dr. Monica Bertagnolli as the 16th director of the National Cancer Institute (NCI). If cleared, she would be the first woman to hold the position. Dr. Pérez-Stable praised Dr. Douglas R. Lowy for his service as acting director.
- HHS Secretary Xavier Becerra named Dr. Adam Russell the acting deputy director of the Advanced Research Projects Agency for Health (ARPA-H). A permanent director for the agency had yet to be chosen. ARPA-H was an autonomous entity within NIH, but that was subject to change pending an announcement from Congress.
- Kevin Williams was selected as the new director of the NIH Office of Equity, Diversity, and Inclusion.
- Dr. Nina Schor was the new deputy director of the National Institute of Neurological Disorders and Stroke. She was named the deputy director of intramural research, replacing Michael Gottesman, who had been in the position for 29 years.
- Dr. Jim Anderson, the first permanent director of the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI), left NIH at the end of June. Dr. Lawrence A. Tabak was launching the search for his successor. Bob Eisinger would serve as acting director during the interim.
- R01 applications roughly quadrupled between fiscal year FY2016, Dr. Pérez-Stable's first official year at NIH, and FY2021. The number NIMHD was able to fund had just about doubled.

- Since they were first introduced in 2017, program announcements (PAs) had replaced RFAs as the primary source for R01 applications.
- NIMHD is promoting diversity supplements. The percentage of applicants funded each year varied but 50% was funded in 2021. Dr. Pérez-Stable said he would like to see more applications.
- The R01 award rate at NIMHD for early-stage investigators (ESIs) fell from 25.6 percent in 2018 to 11.1 percent in 2019 and 2020 but increased to 18.4 percent in 2021. For established investigators, the rate fell from 29.0 percent in 2018 to 16.6 percent in 2019 and 14.9 percent in 2020 before rising to 20.7 percent in 2021.
- NIMHD did not expect a budget by October 1 but hoped to have one by the end of the calendar year. A continuing resolution seemed likely.
- Dr. Deborah Duran met with staff from Senator Bill Cassidy's office from Louisiana. The senator, a gastroenterologist by training, had expressed interest in artificial intelligence.
- NIMHD leadership met with Representative Buddy Carter and staffers for Senator Raphael Warnock from Georgia and Representative Nanette Barragan from California to discuss the Research Endowment Program.
- Dr. Triesta Fowler was selected as NIMHD's first scientific diversity officer.
- Dr. Dottie Castille was selected as the new training coordinator for NIMHD.
- Captain Anthony (A.J.) Johnson joined the Division of Intramural Research, where he provided guidance on developing training programs and policies.
- Dr. Rick Berzon retired on July 31 after 13 years at NIMHD where he had been involved with international programs, clinical research, and HIV/AIDS.
- Dr. Judy Arroyo, who had supported NIMHD's efforts with RADx for underserved populations, and joined NIMHD as Training Coordinator, retired at the end of May.
- The John Lewis NIMHD Research Endowment Program supports research infrastructure and training capacity at eligible institutions of higher education by adding principal to the institutional endowment. Since its inception in 2001, it had awarded close to \$500 million to 22 institutions. A funding opportunity announcement would be published soon with submissions due 90 days after publication. Applications would be reviewed and cleared at the May 2023 council meeting. NIMHD was committed to awarding at least \$12 million in FY2023.
- The 2022 Health Disparities Research Institute was one of the highlights of the year. Dr. Pérez-Stable hoped to resume holding it in person in 2023, although meeting virtually allowed NIMHD to accept more applicants.
- Dr. Monica Webb Hooper was a member of the scientific editorial committee for the NCI Tobacco Control Monograph 23 *Treating Smoking in Cancer Patients: An Essential Component of Cancer Care*, and led the writing team for chapter 5 on addressing smoking in medically underserved and vulnerable cancer populations.
- Dr. Anna Nápoles was a focal presenter on a July 20 summit on Latina leaders sponsored by The Hill and Telemundo.
- Dr. Larissa Aviles-Santa, division director of clinical and health services research, gave a keynote talk at the Ponce Research Institute.

- NIMHD supported the Design by Biomedical Undergraduate Teams (DEBUT), an initiative by the National Institute of Biomedical Imaging and Bioengineering (NIBIB). In 2022, Johns Hopkins won the NIBIB Steven H. Krosnick Prize for EquinOx, a pulse oximeter that accounted for different patient skin tones. Indiana University-Purdue University Indianapolis won the NIMHD Healthcare Technologies for Low-Resource Settings Prize for HappyHeart, an accessory to the FDA-approved Kardia, a handheld EKG.
- The Community Partnership to Advance Science for Society (ComPASS) is a Common Fund program which Dr. Pérez-Stable is one of the co-chairs. ComPASS will fund community organizations to partner with researchers to work collaboratively to develop and implement a structural intervention to decrease disparities.
- A social epigenomics grantee meeting was held June 1-2, 2022 to discuss new discoveries, current data, and lessons learned to enhance this integrative research field.
- A community screening of almost 1,800 patients in Baltimore found that the positivity rate among Latinos and Latinas was disproportionately high illustrating a greater risk of exposure primarily due to type of employment and living conditions.
- A focused before-and-after design in a syringe exchange program in Oregon in early 2021 led by HIV Alliance performed five weeks of observation without contingency management evaluated rural and urban counties and saw a significant increase in acceptance of being tested among persons who injected drugs, from about 12 percent to 35 percent of unique clients.
- A study evaluated school masking in nine states from July to December 2021 found that the practice worked but that people weren't persuaded to do it all the time.
- People with more income and education were found to be more likely to take home COVID-19 tests. Latinos and Latinas were the only group associated with an increased likelihood to take the test.
- A study to understand how structural and social determinants of health shaped perceptions of coronavirus and decision making around COVID-19 testing and vaccination, conducted seven focus groups, six in Spanish and one in the indigenous language Purepecha, between August 2020 and January 2021. Themes that emerged focused on misinformation, shaped by structural factors emerging from historically based distrust in government, public health, and medicine, as well as social factors of insecurity and fear linked to present day employment and deportation concerns.
- A sobering report was published in MMWR on overdose deaths in 25 states and the District of Columbia in 2019-20. The death rates were evaluated by Census-based metrics of health inequality and compared by race/ethnicity. The study factored in access to substance use treatment centers or clinicians. There was a big gradient for African Americans, Whites, and Latinos, but not for American Indian/Alaska Natives. Six years before, overdose death rates were highest among Whites in rural areas. Now African Americans had exceeded Whites and Latinos were close behind in overall death rates. NIDA's HEAL Initiative sought to combat this, but the pandemic had made matters worse. The risk of overdose was low among Asians and Pacific Islanders, which merited further research.

- A paper by a former NIMHD ESI awardee evaluated a policy intervention comparing Medicaid Latina patients with gestational diabetes in the states of Oregon and South Carolina. Prenatal care coverage was associated with a 27.9 percent increase in antidiabetic medication use and a 10.4 percent insulin use among this population. Oregon offers health insurance coverage for maternal care 12 months after birth compared to the standard 6 weeks for South Carolina.
- A retrospective study of 440 women with gestational diabetes mellitus who received pharmacotherapy found that Blacks, Latinas, and women of other races and ethnicities had higher levels of capillary blood glucose than White women.
- A report in the Journal of Pediatrics on the cohort study funded in part by the RCMI in Puerto Rico looked at women who had had Zika while pregnant, following 114 of their children over time. A large number had eye abnormalities, and a developmental delay in at least one domain was found in almost a third of children.
- A study examined the prevalence of nonalcoholic fatty liver disease and determined risk factors by sex and age in a southern Arizona community sample of 307 Mexican origin adults. Significant predictors of steatosis were age, PNPLA3 risk allele carrier status, and interaction of BMI and sex.
- An analysis of lack of inclusive participation in clinical studies of psychiatric research in the American Journal of Psychiatry looked at 125 articles in 2019-20 and how they reported on racial and ethnic diversity. Not only were minorities underrepresented, but they were not being reported. Sexual orientation and gender identity of participants was also not being reported.
- In a survey of depression in Black medical students in the U.S., 67 percent reported feeling they worked twice as hard as others to get the same treatment or evaluation, over half reported being watched more closely than others, and 21 percent said their institution never or rarely responded to seminal race events largely implicating Black individuals.
- A study evaluated the impact of living in impoverished neighborhoods on allostatic load and increased risk of accelerated aging in young adults. Exposure to neighborhood poverty across ages 11-18 was associated with allostatic load. High attachment avoidance moderated the relationship between allostatic load and changes in cellular aging. Allostatic load was only associated with faster aging for those who were avoidant.
- Led by NIMHD's Division of Intramural Research, several NIH institutes and Offices were collaborating with the Institute for Health Metrics and Evaluation (IHME) and the University of Washington on an effort to compare trends in life expectancy from 2000 to 2019 by race and ethnicity in the United States. The group was examining not only race and ethnicity but also geography. A published paper in Lancet compared life expectancy by county and race/ethnicity. Latinos overall had a longer life expectancy than Whites, but there were some parts of the country, like the Rio Grande valley and the Four Corners area, where it was shorter. Asian Americans tended to have the longest life expectancy of all groups. American Indian and Alaska Native individuals had the shortest life expectancy. African Americans followed, although there were counties in Florida where they life expectancy was longer than Whites.
- A cross-sectional survey of Mexican American adults found that living in the U.S. for 10 or more years was significantly associated with longer sleep duration, English speakers had a higher risk

of short sleep duration than Spanish-speaking adults, moderate to severe levels of depression were significantly associated with short sleep duration, and odds of short and long sleep duration increased for every one-point increase in the nine item PHQ score.

- A study compared Afro-Caribbean and African American groups in New York City on odds of diabetes by age and BMI. Clinical profiles differed, with Afro-Caribbeans with diabetes having a lower prevalence of obesity and a higher prevalence of overweight than African Americans with diabetes.
- In an examination of cortisol levels and daily patterns among rural Latina breast cancer survivors, only 42 percent of samples had an adequate percent increase in cortisol awakening response levels from awakening to peak, indicating abnormal stress reactivity. Total daily cortisol output levels indicated that women experienced sustained higher levels of cortisol throughout the day. Hair cortisol concentration levels were approximately seven times higher than a study of individuals who reported high stress levels.
- NIMHD's summer interns made presentations during the 2022 Summer Research Presentation Week.
- NIMHD sought outstanding candidates to support its vision of an America in which all populations had an equal opportunity to live long, healthy, and productive lives. Details were available at NIMHD's website.
- Dr. Aguila asked where the data from the IHME life expectancy study would be available. Dr. Perez-Stable stated that the link to the data is in the published paper.

### **Statement of Understanding**

Ms. Grant outlined the statement of understanding between NIMHD and the council. NACHMD advised and made recommendations on NIMHD research activities, priorities, and functions, including secondary review of grant applications and concept clearance of new initiatives. Concept clearance of special initiatives and discussion of scientific and policy issues were to occur in the open session, secondary review of grant applications in the closed. Certain actions needed to be considered individually. NIH requests for applications (RFAs) did not allow appeals of initial peer review.

### **Presentations**

#### **CSR's Initiatives to Address Bias in Peer Review, Noni Byrnes, Ph.D., Director, CSR**

Dr. Byrnes current CSR initiatives to identify and address potential bias in the scientific review process. She discussed the NIH two-stage peer review system. The first level of review is evaluation of scientific merit. The second level is recommendations for funding based on scientific merit, programmatic priorities, and administrative considerations. In FY2022, CSR reviewed 61,378 applications, about 76 percent of the total received by NIH, including 167 special initiatives.

CSR was exploring blinded review processes. In collaboration with the Common Fund, it reviewed transformative research (tRO1) awards with no identifiers in the initial stages starting in April 2021. The early results indicated that the anonymized process affected the decision to apply in 25 percent of respondents.

The CSR Advisory Council (CSRAC) created two working groups to simplify review criteria for clinical and non-clinical trials. The major recommendation of both groups was to reorganize the current five scored review criteria into three factors: importance of the research, feasibility and rigor, and investigators and environment. Recommendations were being further developed by NIH leadership. An announcement is expected in 2022-23.

Each incoming study section chair participated in a two hour, interactive, facilitated bias training session. CSR launched bias awareness training for reviewers in August 2021. It was not implicit bias training; it included personal testimonials, interactive exercises, and a narrative mock study section.

[Understanding and Reducing Health Disparities: A Health Communications Perspective, Ken Resnicow, Ph.D., University of Michigan](#)

Dr. Resnicow focused on the need and data in support of culturally tailored health communications for specific racial and ethnic groups. Data on life expectancy, disease burden, and health services disparities informed allocation of resources but not so much how to intervene, and in fact disparity data alone were a weak motivator. Many diseases and risk factors exhibited little or no racial and ethnic disparity but were driven by unique determinants necessitating unique interventions. The need for tailored interventions was not yoked to higher prevalence or burden. From a health communications perspective, an important question is: does a disparity or cultural difference alter the content, format, or timing of intervention? His research examples included obesity and weight loss as well as smoking cessation interventions. Dr. Resnicow argued that intervention tailoring remains important and that there is a whole realm of data that need to be addressed to tailor interventions effectively.

Dr. Calman stressed the importance of listening to people state their preferences rather than lump them into categories. Dr. Resnicow agreed in general, but there were things one needed to know before starting a session.

Dr. Aguila suggested that the variety of preferences could be linked to income and that a lot of Hispanics would be more responsive to directive interventions. Dr. Resnicow acknowledged that he had noticed that tendency in older Hispanic persons.

Dr. Trinh-Shevrin spoke of her work with the CEAL Initiative in New York and noted the role of trusted advisors and persistent engagement in promoting COVID vaccines. Dr. Resnicow said his team was working through Black churches and created an online MI training program that showed how to use

motivational interviewing, and specific techniques such as rolling with resistance and finding fragments of change talk.

Dr. Johnson asked how a health system that wanted to roll out a program targeting behavioral intervention would operationalize issues around identity or preferences for autonomy and decision making. Dr. Resnicow said one way was to ask for direct preferences. Another was to make inferences by measuring attributes.

Dr. Southerland asked Dr. Resnicow if he had any insight into the root causes of the differences between Blacks and Whites in perception of ideal body image. Dr. Resnicow said it had not been fully articulated but that one hypothesis was that White people had an abnormal drive for thinness.

### **Approval of Concepts**

#### **[Latin America: Synergizing Health Research Across the Hemisphere; Presenter: Dr. Larissa Aviles-Santa](#)**

The purpose of this concept is to support innovative multidisciplinary and collaborative research that addresses health and health care disparities related to non-communicable diseases (NCDs), uncovers an understanding of Hispanic/Latino health that could not be accomplished solely in the U.S., and translates this understanding into optimal health outcomes across the hemisphere.

This initiative will provide a unique opportunity to understand the etiology or mediators of differences; uncover variations in clinical manifestation of NCDs; explore sociocultural, environmental, clinical, and health care contexts; advance the science of minority health and health disparities. Studies on clinical disease phenotypes or clinical manifestation of NCDs (e.g., diabetes, prediabetes, hypertension, cancer, heart failure, long COVID-19, pulmonary disease, chronic kidney disease, liver disease, dementia, and other neurodegenerative disorders, and other chronic diseases), leading to more accurate and timely diagnoses, and tailored prevention, and effective care. Potential research included but are not limited to; Studies that develop, test and/or evaluate interventions that optimize prevention, increase treatment effectiveness, improve patient self-management, and reduce preventable complications. Studies that develop, test and/or evaluate interventions that optimize health outcomes related to the care of coexisting chronic communicable (e.g., hepatitis C, HIV/AIDS) and NCDs. Studies that develop, test and/or evaluate innovative approaches on access and optimal continuity of care, quality of care, especially for underserved populations (e.g., indigenous populations, older adults, rural communities, Latin Americans communities of Afro descent).

Dr. Aguila considered this initiative a very effective way to advance research on NCDs among U.S. Latinos/Hispanics and all other groups of the population. She suggested also considering the relations of climate change, pollution, and environmental exposures with NCDs. Dr. Calman also strongly supported the concept. He considered it a great way to look at how structural racism and stress affect the diseases of interest and expressed that it has the potential to open the door to many epigenetic studies. He cautioned that some development-year funding might need to be available to engage in the work of



building research relationships between institutions in the U.S. and Latin America. He also suggested partnering with well-established NGOs and community-based partners. While he appreciated the importance of using the resources of the proposed partnerships to work on multiple chronic diseases, he urged revisiting this as a requirement, as a lot of important work had been done that focused on one single condition. Lastly, he suggested that a range rather than a fixed 30-70% funding split between the U.S. and Latin American partners would provide more flexibility. Dr. Aviles-Santa will seek to incorporate the suggestions proposed by Dr. Aguila and Dr. Calman.

Dr. Aguila made a motion to support the concept note for funding opportunity announcement (FOA) development. Dr. Calman seconded the motion. The council passed the motion unanimously.

### **[Health Disparities Experienced among Persons Living with Disabilities; presented by Dr. Sundania J.W. Wonnum](#)**

The objective of this concept is to support novel research applying an intersectional lens to examine and address health care and health disparities experienced among persons living with disabilities. Potential research studies include but are not limited to; Studies of social care/needs and strategies to mitigate associated health disparities and improve health outcomes: Clinical or community-engaged or collaborative prevention and interventions to improve independent living capacities (e.g., finances, housing, food, employment, etc.). Multilevel (i.e., family, community, healthcare system, governmental) strategies to improve quality of life. Examination of multilevel influences and evaluation of healthcare systems and service delivery on health outcomes: Factors and mechanisms influencing quality care access, utilization, screening, diagnosis, treatment, and medical/surgical referral. Effective strategies, training models, and clinical practice guidelines to address biases and/or compounding social and health considerations. Facilitators and barriers to the implementation, adaptation, and sustainment of equitable access to comprehensive or integrative care delivery models.

Dr. Barnes presented comments for herself and her co-reviewer, Dr. Johnson. She considered the concept timely and of critical importance. She noted that it was not entirely clear how intersectionality was being operationalized. She added that disability was a broadly defined term, and that it might be useful to have narrower definitions of populations of interest. The research priorities to a large degree focused on health care delivery, and Dr. Barnes suggested incorporating priorities that included a broader range of topics included in the NIMHD health disparities framework, as well as considering a life course perspective that would allow for an examination of how health care needs change as persons with disabilities age. She pointed out there was a dearth of information on people living with disabilities in rural communities and tribal nations. She praised the concept for mentioning protective measures and resilience factors and encouraged a deeper dive. She and Dr. Johnson both supported the project.

Dr. Barnes made a motion to accept the concept to move forward to FOA development. Dr. Aguila seconded the motion. The council passed the motion unanimously.

**Council Working Group Proposal – People Living with Disabilities and Health Disparities; presented by Dr. Paul Cotton**

Dr. Cotton reminded the council that to form a working group, the council must approve a functional statement. The working group would provide general guidance and strategic direction to NIMHD regarding opportunities to advance science to understand and address health disparities among people living with disabilities. It would be charged with reviewing the state of the science and providing input on gaps, research needs, and strategic opportunities for health disparities research with an intersectional lens among persons living with disabilities. It would deliberate and advise on the benefits and risks of expanding the National Institutes of Health-designated health disparities populations to include persons living with disabilities. This would include focusing on the mission prioritization, process goals, and scientific activities of NIMHD. Working group membership would include selected council members as well as individuals with appropriate expertise. The working group would advise the council and the director of NIMHD.

Dr. Calman made a motion to approve the functional statement to convene a working group on persons living with disabilities and health disparities. Dr. Barnes seconded the motion. The council passed the motion unanimously.

**Closing Remarks and Adjournment**

Dr. Pérez-Stable adjourned the meeting at 3:33 p.m.

**END NOTE: REVIEW OF GRANT APPLICATIONS\_ CLOSED SESSON** A portion of the meeting was closed to the public in accordance with the provisions set forth in Sections 552b(c)4 and 552b(c)6, Title 5 U.S.C. and 10(d) of the Federal Advisory Committee Act as amended (5 U.S.C. appendix 2). Dr. Pérez-Stable called the Closed Session to order at 1:00 pm, September 1, 2022. Dr. Cotton led the second level review of grant applications submitted to NIMHD programs. Council Members and Staff were instructed on conflict of interest and confidentiality regulations. Members and Staff absented themselves from the meeting room and discussions for which there was a potential conflict of interest, real or apparent. The Council considered 500 competing applications requesting an estimated \$270,829,042 in requested 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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Eliseo J. Pérez Stable, M.D. Date  
Director  
National Institute on Minority Health and Health Disparities, NIH

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Paul Cotton, Ph.D. Date  
Designated Federal Official  
National Institute on Minority Health and Health Disparities, NIH