National Cancer Institute (NCI)
National Cancer Advisory Board (NCAB)
***ad hoc* Subcommittee on Population Science, Epidemiology, and Disparities**

Virtual Meeting
2 September 2026
10:40 a.m.–11:30 a.m. EDT

SUMMARY

Subcommittee Members
Dr. Karen M. Winkfield, Chair
Dr. Nilofer S. Azad (absent)
Dr. Callisia N. Clarke (absent)
Ms. Ysabel Duron
Dr. Gary L. Ellison, Executive Secretary
Dr. Karen M. Emmons
Ms. Tamika Felder (absent)
Dr. Christopher R. Friese
Dr. Ana Navas-Acien
Dr. Edjah K. Nduom
Dr. Fred K. Tabung

Other Participants
Dr. John Carpten, NCAB
Dr. Michelle Heacock, National Institute of Environmental Health Sciences
Dr. Amy Heimberger, NCAB
Dr. Warren Kibbe, NCI
Dr. Anthony Letai, NCI
Ms. Amber Lowery, NCI
Dr. Douglas Lowy, NCI
Dr. Thu Nguyen, University of Maryland
Dr. George Sigounas, NCI
Dr. Shamala Srinavas, NCI
Dr. Ashani Weeraratna, NCAB
Dr. Brigitte Widemann, NCI
Ms. Sally Paustian, The Scientific Consulting Group, Inc., Rapporteur

Welcome and Opening Remarks
Dr. Karen M. Winkfield, Executive Director, Meharry-Vanderbilt Alliance, Ingram Professor of Cancer Research, Professor of Radiation Oncology, Vanderbilt University School of Medicine

Dr. Karen M. Winkfield, Subcommittee Chair, welcomed the participants to the NCAB *ad hoc* Subcommittee on Population Science, Epidemiology, and Disparities (Subcommittee) meeting.

Update on *ad hoc* Working Group on Strategic Approaches and Opportunities in Multilevel and Systems Interventions in Cancer Control
Dr. Karen M. Emmons, Professor, Department of Social and Behavioral Science, Harvard T.H. Chan School of Public Health

Dr. Karen M. Emmons presented on the recent first meeting of the Working Group, noting that the members come from a wide variety of backgrounds working in multilevel interventions. Discussion on the meeting was wide ranging and included such topics as how many levels to focus on; the importance of reviewing a range of systems, including both health care and community systems; the need to ensure that interventions address health and well-being; and the role of multilevel trainings. A portfolio review is in progress that will cover the past 5 years; Working Group members have been charged with reviewing what they understand as the landscape in this area prior to that time. Dr. Emmons noted that the portfolio analysis will identify what has been funded but will not necessarily provide information on the evidence.

Dr. Winkfield reminded attendees that the Subcommittee has issued two formal reports—in 2020 and 2022—and that its purpose is to provide recommendations around scientific areas NCI may want to consider, particularly related to population health. She commented that because funding lines have

decreased, ensuring that new therapeutics and innovative science reach the communities that need them most will be critical. These reports enable the Subcommittee to provide concrete recommendations related to gaps.

Dr. Emmons explained that another meeting is being planned to review the portfolio analysis currently in progress. Working Group members are reviewing the literature and compiling evidence in their respective areas of expertise.

Ms. Ysabel Duron asked whether she could listen in on the Working Group. Dr. Winkfield explained that the Working Group is insulated to ensure work is conducted efficiently but emphasized that it will report out to the Subcommittee regularly. Dr. Gary L. Ellison, Subcommittee Executive Secretary, added that the Subcommittee also can provide feedback to the Working Group, so communication will be bidirectional. Dr. Winkfield confirmed that the Working Group is community focused and noted that its area of emphasis was chosen for the purpose of having a strong impact on reducing disparities and cancer-related mortality.

Discussion on Scientific Topics of Interest for Future Committee Agendas
Dr. Karen M. Winkfield, Executive Director, Meharry-Vanderbilt Alliance, Ingram Professor of Cancer Research, Professor of Radiation Oncology, Vanderbilt University School of Medicine and Dr. Gary L. Ellison, Acting Director, Division of Cancer Control and Population Sciences, NCI

Dr. Winkfield explained that the Subcommittee's first report was titled *Strategic Approaches and Opportunities in Population Science, Epidemiology, and Disparities* and focused on the cancer epidemiology cohort program. The second report, published in 2022, was led by Dr. Electra Paskett and focused on strategic approaches and opportunities for research on cancer among racial and ethnic minorities and underserved populations. Dr. Winkfield emphasized the need to ensure NCI receives recommendations focused on population health and added that science needs to be translated to the population level to move the needle on cancer health.

Dr. Winkfield reviewed a list of topics for new Working Groups that had been proposed in the past and asked the Subcommittee for additional suggestions. Dr. Edjah Ndoum suggested a study of workforce composition and how it affects communities, including how changes in educational policy have affected the workforce over time. Dr. Winkfield noted that the 2020 report included some workforce components and that she planned to review what already has been assessed in this area. Ms. Duron pointed out the need to include community health workers in discussions of workforce and emphasized that the field should promote the idea that community health workers are as critical as scientists in resolving issues across the cancer continuum. She noted that community projects often are limited by funding structures, such as subcontracts and small grants, and suggested including how these projects are funded in a report. Dr. Winkfield recommended expanding the definition of research workforce and determining whether NCI has funded any studies on engagement of community members in population health science.

Dr. Ellison asked about the usefulness to the Subcommittee of a review of how NCI is involved in community engagement and how its involvement has influenced studies and improved science. Dr. Winkfield recommended that such a review would be helpful for the entire NCAB and suggested adding it to a future NCAB agenda.

Dr. John Carpten pointed out that the rapid evolution of technology will affect all topic areas, emphasizing that NCI should address innovation proactively to ensure technology does not exacerbate existing issues.

Dr. Fred Tabung asked to what extent recommendations in previous reports had led to new or improved programming. Dr. Winkfield responded that Dr. Ellison's presentation could assess this question and added that the 2020 report prompted some changes.

Dr. Emmons pointed out that the current scientific moment differs from the culture in which the previous reports were published. She suggested discussing not only the impact of the previous reports but also recommendations related to the shifted landscape and how to ensure any new recommendations move forward. Dr. Winkfield commented on the need to assess the engagement of rural populations and to include all populations in clinical trials. She pointed out that the NIH Community Engagement Alliance (or CEAL) was formed during the "trial by fire" of the COVID-19 pandemic and may be able to provide lessons learned on connecting with various communities and engaging all populations in clinical trials. Dr. Winkfield noted that many models have been proposed or funded, but their success and any remaining gaps must also be assessed.

Dr. Emmons expressed concern that current data sharing practices are not relevant to the work involved in community health research. She explained that community data are not owned by researchers and thus cannot be shared, emphasizing that the moment is ripe to consider where community principles align with data sharing. When asked whether specific outcomes could be explored differently, Dr. Emmons suggested developing different expectations for data sharing in the context of community data, such as ensuring the data are not shared in ways that stigmatize communities. Research involving Indigenous communities can provide models of how data sharing can be accountable to and honor community values. Dr. Winkfield commented that any studies of this issue can be reviewed but noted that this is an internal NIH question, adding that return on investment to specific communities is hard to define.

Dr. Winkfield commented on the importance of implementation science, particularly in cancer care delivery. She recommended that Dr. Ellison's presentation include funding amounts allocated for population research compared with the rest of the portfolio.

Ms. Duron suggested that community members involved in research write a paper about their experience with scientific partners to be published alongside traditional papers, which could help the community recognize that they have a voice and increase engagement. Dr. Winkfield commented that this is part of the community-engaged research model, so many researchers already use it, but researchers could talk with the community about the best ways to create an equal relationship. These practices also may be implemented in various ways across different community-engaged research models.

Dr. Ana Navas-Acien noted the need to assess the breadth of environmental exposures that have been studied and in which communities studies have occurred, as well as what aspects of exposure have been improved. She volunteered to participate in any studies of the environment or the exposome.

Dr. Winkfield planned to contact collaborators to receive updates on current efforts in the rural space, and Dr. Anthony Letai commented that this Subcommittee can help cancer solutions reach all Americans.

Closing Remarks and Adjournment

Dr. Winkfield and Dr. Ellison expressed appreciation to the participants for their engagement and adjourned the Subcommittee meeting at 11:30 a.m. EDT.

Dr. Karen M. Winkfield Chair	Date	Dr. Gary L. Ellison Executive Secretary	Date