

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH
NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH
NATIONAL ADVISORY COUNCIL FOR
COMPLEMENTARY AND INTEGRATIVE HEALTH
Minutes of the Ninety-Third Meeting
June 29, 2026**

NACCIH Members Present Virtually

Dr. Helene Benveniste, New Haven, CT
Dr. Kristine Blanche, Palm Beach Gardens, FL
Dr. Per Gunnar Brolinson, Blacksburg, VA
Dr. Nadja Cech, Greensboro, NC
Dr. Daniel Dickerson, Los Angeles, CA
Dr. Jeffery Dusek, Irvine, CA*
Dr. Helen Lavretsky, Los Angeles, CA
Dr. J. Russell Linderman, Dayton, OH**
Dr. Negar Fani, Atlanta, GA*
Dr. Kavitha Reddy, Washington, DC**
Dr. William Reed, Birmingham, AL*
Dr. Erica Sibinga, Baltimore, MD
Dr. Amala Soumyanath, Portland, OR
Dr. James Whedon, Whittier, CA*

NACCIH Members Not Present

Dr. Jay Bhattacharya, Bethesda, MD**
Secretary Robert F. Kennedy, Jr., Washington, DC**
Prof. Rhonda Magee, San Francisco, CA

* Ad-hoc Member

** Ex Officio Member

I. Closed Session

The first portion of the ninety-third meeting of the National Advisory Council for Complementary and Integrative Health (NACCIH) 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 Section 1009(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. §§ 1001-1014). A total of 169 applications were assigned to the National Center for Complementary and Integrative Health (NCCIH). Applications that were, not discussed, or not recommended for further consideration by the scientific review groups were not considered by Council. Council agreed with staff recommendations on 58 scored and 52 competitive not-discussed applications, which requested \$24,415,315 and \$26,224,932 in total costs, respectively.

II. Call to Order

Dr. Martina Schmidt, director of the NCCIH Division of Extramural Activities and executive secretary of the NACCIH, convened the open session at 12:34 p.m. ET in accordance with the Federal Advisory

Committee Act. This meeting was held virtually and broadcast live for all attendees, including Council members, NCCIH staff, and the public, and was recorded. Dr. Schmidt introduced Dr. Shurtleff, acting director of NCCIH, who welcomed attendees.

Dr. Shurtleff introduced four ad hoc NACCIH members: Dr. Dusek, professor in residence in the Department of Medicine at the University of California, Irvine; Dr. Fani, associate professor in the Department of Psychiatry and Behavioral Sciences at Emory University School of Medicine; Dr. Reed, professor in the Department of Physical Therapy at the University of Alabama at Birmingham; and Dr. Whedon, senior health services researcher and professor at the Southern California University of Health Sciences.

Dr. Shurtleff then introduced three investigators from the Emotional Well-Being Centers who would be presenting: Crystal Park, Ph.D., who serves as the Board of Trustees Distinguished Professor in the Department of Psychological Science at the University of Connecticut; Richard J. Davidson, Ph.D., who serves as the William James and Vilas Professor in the Department of Psychology and Psychiatry and is the founder and director of the Center for Healthy Minds at the University of Wisconsin School of Medicine and Public Health; and Michelle Martin, Ph.D., FACSM, FSBM, who is a professor in the Department of Preventive Medicine at The University of Tennessee Health Science Center and is also the director of Healthy Lifestyles for Humanity: A Research Center for Community Wellbeing.

Dr. Shurtleff introduced Jon Lorsch, Ph.D., deputy director of the National Institutes of Health (NIH) Office of Extramural Research, who would be presenting on NIH's efforts to reduce administrative burden and complexity across the grant funding landscape.

Dr. Schmidt had asked council members to vote on the meeting minutes from the April 17, 2026 meeting and noted once these minutes were approved.

III. NCCIH Director's Welcome and NCCIH Report

NIH and NCCIH News

Dr. Shurtleff announced leadership changes at NIH. Dr. Bruce Reed retired from NIH as the acting director of the Center for Scientific Review (CSR). Dr. Raymond Jacobson is now the director of CSR. Dr. Peter Kilmarx retired as acting director of the Fogarty International Center and as acting associate director for international research at NIH. Dr. Steven Schiff is now director of the Fogarty International Center and the NIH associate director for international research. Mr. Pius Aiyelawo stepped down from his role as chief executive officer of the NIH Clinical Center, and Dr. Jonathan Green is now serving in that role. Dr. Jeffrey Taubenberger stepped down as acting director of the National Institute of Allergy and Infectious Diseases (NIAID), and Dr. John Powers is now serving as both principal deputy director and acting director of NIAID until a permanent director is appointed. Lastly, Dr. Brad Bower has been named NIH chief artificial intelligence officer, a new position within the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI) in the NIH Office of the Director (OD).

In other NIH news, on June 15, 2026, NIH launched the Office of Research Innovation, Validation, and Acceptance (ORIVA) within DPCPSI. ORIVA's mission is to prioritize human-based research technologies, reduce animal use in NIH-funded research, and integrate innovative human-based science into agency priorities. Dr. Shurtleff said NCCIH is interested in working with ORIVA, particularly on the development of natural products, and has already begun collaboration with ORIVA.

Dr. Shurtleff announced the upcoming retirement of Ms. Ann Ellis, acting executive officer of NCCIH's Office of Administrative Operations. Ms. Ellis has been a dedicated member of NIH for nearly four decades and a cherished member of the NCCIH team. On behalf of the NCCIH staff, Dr. Shurtleff thanked Ms. Ellis for her extraordinary service to NCCIH and NIH and wished her much success. Allison Kruszewski will serve as acting executive officer after Ms. Ellis retires.

Updates on NIH Policies and Changes

Dr. Shurtleff reviewed recent developments affecting NIH and the extramural research community.

Senate and House Markup—Dr. Shurtleff reported that the House Appropriations Committee approved approximately \$48.8 billion for NIH in fiscal year (FY) 2027, representing a slight increase over FY 2026. He noted that the proposed FY 2027 funding level for NCCIH remained unchanged from FY 2026 and emphasized that the House proposal did not include consolidation or elimination of any NIH Institutes or Centers. Although the Senate had not yet completed its markup process, Dr. Shurtleff characterized the House action as an encouraging step and indicated that NCCIH would continue to monitor developments as the appropriations process progressed.

Scientific Review—Dr. Shurtleff reminded Council members that CSR now conducts all initial peer review for NIH Institutes and Centers, and he described the temporary three-tier review approach currently being used. Under this system, the highest-scoring third of applications are discussed, the middle third are designated as “competitive but not discussed,” and the lowest third are not discussed. Dr. Shurtleff noted that beginning with the January 2027 Council round, NIH plans to return to its more traditional model in which approximately half of submitted applications are discussed and the “competitive but not discussed” category is eliminated. He also explained that summary statements will continue to include bullet-format resumes of discussion.

Grant Cap—Dr. Shurtleff described a recent request for information (RFI), [NOT-OD-26-086](#), seeking input on whether placing a cap on the number of simultaneous research project grants held by an individual principal investigator could broaden the distribution of research funding and enhance scientific productivity and innovation. Dr. Shurtleff encouraged interested members of the research community to provide [feedback](#) by August 3, 2026.

Foreign Component—Dr. Shurtleff discussed new guidance clarifying the definition of a foreign component in NIH-funded research. Although the underlying definition remains unchanged, NIH issued additional guidance in a notice, [NOT-OD-26-084](#), to address questions from investigators regarding international collaborations and reporting requirements. The definition of a foreign component is broadly defined as any significant scientific or programmatic activity conducted outside the United States using NIH grant funds, or by a researcher supported by a foreign entity who is not a U.S. citizen or permanent resident. Dr. Shurtleff emphasized that the presence of a foreign co-author on a publication that cites an NIH grant does not automatically constitute a foreign component.

RFI on Measuring and Rewarding Scientific Impact—Dr. Shurtleff reviewed an RFI, [NOT-OD-26-087](#), on measuring and rewarding scientific impact, which seeks feedback on ways to measure and recognize contributions beyond traditional publication and citations metrics. Examples include data sharing, protocol dissemination, and other activities that promote transparency, collaboration, reproducibility, and the overall value of NIH research. NIH is interested in comments that include specific examples of measurable indicators, implementation approaches, potential benefits or unintended

consequences, and considerations for feasibility across career stages, disciplines, and institution types. Comments are due by August 19, 2026, and can be submitted through the [online comment portal](#).

NIH and NCCIH Outreach

Dr. Shurtleff explained that NIH Institute and Center websites are being consolidated into a centralized [NIH web platform](#), and he encouraged investigators to use the new [NCCIH webpage](#) to access information about the Center's mission, research priorities, funding opportunities, policies, and highlighted topic areas. Dr. Shurtleff noted that NIH Institute and Center social media communications are now being coordinated and delivered through [NIH-wide accounts](#). He also encouraged stakeholders to [subscribe](#) to NCCIH GovDelivery email updates to receive announcements regarding NCCIH news, events, funding opportunities, and research highlights. On the NIH Grants and Funding website, researchers interested in NCCIH funding can find information on NIH [grant opportunities](#), [highlighted topics](#), and [policy changes](#).

NIH and NCCIH Program News

Dr. Shurtleff described NCCIH's expanding participation in cross-NIH collaborations and noted ongoing work in whole person health, implementation science, computational modeling and artificial intelligence, microbiome science, and research rigor and reproducibility. Dr. Shurtleff also highlighted emerging partnerships involving food-as-medicine research, health impacts of extreme weather and disasters, and the use of chatbots in health research.

In collaboration with other Institutes and Centers, NCCIH is planning to publish the following two notices of funding opportunities (NOFOs) in November 2026:

- Feasibility Studies to Inform the Design of Future Clinical Trials ([PAR-28-011](#))
- NIH Pragmatic Trials Conducted in Health Care Systems ([PAR-28-010](#))

Dr. Shurtleff also highlighted two other funding opportunities that had previously been discussed as concepts with Council:

- Establishing a Research Network to Guide Foundational Research on Human Consciousness ([RFA-AT-27-002](#)), which will support the development of a collaborative research network to establish rigorous scientific frameworks, shared methods, and interdisciplinary partnerships for studying human consciousness.
- Interdisciplinary Research Networks to Advance Biomedical Research on Resilience and Health Optimization ([RFA-AT-26-001](#)), which will bring together investigators from multiple disciplines to accelerate research on the biological, behavioral, environmental, and social factors that promote resilience and optimize health across the lifespan, while emphasizing a whole person health research perspective.

Dr. Shurtleff announced that the NIH Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) programs have resumed, following congressional reauthorization through 2031. The new parent funding opportunities are [PA-27-100](#) for SBIR and [PA-27-102](#) for STTR. Dr. Shurtleff said these programs support the development and commercialization of innovative biomedical technologies, products, and services and provide an important pathway for small businesses to partner with NIH, including NCCIH, to translate promising research discoveries into real-world health solutions.

NCCIH Events

Dr. Shurtleff highlighted NCCIH staff participation in major conferences and workshops, including the International Congress on Integrative Medicine and Health annual conference, the Society for Clinical Trials annual meeting, the International Association of Yoga Therapists annual conference, the Society for Prevention Research annual meeting, and the National Prevention Science Coalition’s webinar on “Federal Research Investments in Whole Child Health and Wellbeing.”

Dr. Shurtleff also described NCCIH participation in numerous investigator meetings, including those associated with the NIH Bridge2AI program; the Pain Management Collaboratory, led by NIH, the Department of Defense (DOD), and the Department of Veterans Affairs (VA); the Resource Center on Cannabis and Cannabinoid Research; music and health initiatives; and the Whole Person Reference Physiome program. Dr. Shurtleff said NCCIH was joined by the directors of eight other NIH Institutes and Centers on a panel at the Whole Person Physiome Research and Coordination Center annual meeting, showing growing enthusiasm across NIH for the whole person health research initiative.

Dr. Shurtleff described NCCIH’s engagement with congressional staff through the NIH Office of Legislative Policy and Analysis (OLPA) Lunch and Learn series, which helps communicate NIH-supported research and its public health implications to policymakers. The Lunch and Learn session held on June 12, 2026, focused on substance use, alcoholism, and whole person health. The session to be held on July 17, 2026, will be on stress research.

Dr. Shurtleff then announced two upcoming NCCIH workshops. On July 23 and 24, 2026, the [first workshop](#) will examine the adaptation of mind and body interventions across populations, settings, and health conditions, addressing questions about when adaptation strengthens rigor and implementation and when it may diminish effectiveness or introduce unnecessary complexity. On August 6 and 7, 2026, the [second workshop](#), conducted in partnership with the National Institute of Neurological Disorders and Stroke, will focus on force-based manipulation research, including spinal manipulation, massage, and related interventions.

NCCIH Publications and Research Highlights

On May 20, 2026, NIH published a blog article that reaffirms the importance of fundamental, hypothesis-driven research as the foundation of biomedical discovery. Dr. Shurtleff said the article emphasized that basic research remains central to NIH’s mission and is essential for understanding how complementary and integrative health approaches work, thereby enabling rigorous translational and clinical research.

Dr. Shurtleff then provided an update on the Whole Person Health Index, describing it as an increasingly important national research resource. The measure has been incorporated into the [NIH All of Us Research Program](#), in which more than 60,000 surveys were completed during an initial pilot phase of the [Your Whole Health Study](#), and potentially more surveys will be completed in the main longitudinal part of the study. The Whole Person Health Index was also included in the 2025 National Health Interview Survey (NHIS) and is planned for the 2026 and 2027 NHIS. Dr. Shurtleff noted that recent publications, including an [NCCIH Viewpoint article](#) on the index and a psychometric validation [study](#) conducted with Centers for Disease Control and Prevention collaborators, have strengthened the scientific foundation for use of the index in population health and research settings.

Dr. Shurtleff reviewed several recently published NCCIH-supported studies. These included a landmark NIH-DOD-VA Pain Management Collaboratory [trial](#) demonstrating that the VA whole health approach reduced the impact of chronic pain on veterans' daily lives more effectively than either cognitive behavioral therapy or usual care; a [study](#) from investigators at the University of California, Irvine, who developed a simpler and more reliable way to study how sickle cell disease affects the brain and identified potential mechanisms by which chronic inflammation alters neural communication in sickle cell disease; [research](#) from Yale University advancing understanding of organ-specific neural networks and interoception; and a pragmatic [trial](#) led by investigators at Boston University demonstrating that a telehealth-delivered mindfulness group medical visit program can improve pain outcomes for individuals with chronic low-back pain.

Dr. Shurtleff said the next Council meeting will be on September 11, 2026. A [recording](#) of the Council meeting that occurred on April 17, 2026, is now available.

Discussion: Dr. Lavretsky asked about the status of the work by last year's committee on spirituality and whole person health, noting that many Council members were on the committee but were uncertain about the ultimate outcome of their recommendations. In response, Dr. Shurtleff thanked Dr. Lavretsky and the committee for their thoughtful and valuable examination of spirituality as a component of whole person health. He emphasized that NCCIH remains fully open to research applications addressing spirituality within the whole person health framework and affirmed the Center's recognition of the importance of this area of inquiry. Dr. Shurtleff stated that the committee's recommendations were consistent with the direction NCCIH hopes to pursue and noted that former NCCIH Director Dr. Helene M. Langevin had previously communicated support for this approach. While acknowledging that organizational transitions and broader changes at NIH had delayed a formal announcement regarding implementation of the recommendations, he explained that spirituality is expected to be incorporated into discussions surrounding NCCIH's next strategic plan. He added that the current strategic plan is nearing the end of its term and that the development of a new plan would provide an opportunity to more formally integrate spirituality into NCCIH's future priorities. He concluded by expressing enthusiasm about continued opportunities for research in this area.

The discussion then turned to the Whole Person Health Index. Dr. Dusek remarked that the index was an exciting development and asked whether NCCIH was considering implementation initiatives beyond its current collaborations with the NHIS and the NIH All of Us Research Program. Dr. Shurtleff responded that NCCIH views the index as a broadly applicable tool and is actively encouraging investigators to incorporate it in ongoing and future research. He explained that collaborations with the NHIS and All of Us Research Program provided opportunities to begin early testing and application of the index, but he emphasized that the Center hopes the broader scientific community will adopt the index in a wide variety of settings. He stressed that NCCIH welcomes additional innovation in the measurement of whole person health and encourages investigators to develop and validate measures that can further advance the field. Dr. Lavretsky noted that the recently announced [Make America Healthy Again – Enhancing Lifestyle and Evaluating Value-based Approaches Through Evidence \(MAHA ELEVATE\) grants](#) include requests for whole person health assessments, suggesting that the Whole Person Health Index is likely to see broad adoption within that funding context. Dr. Shurtleff welcomed the observation, reiterating NCCIH's interest in promoting the use of the index wherever appropriate.

Dr. Cech commended Dr. Shurtleff on his presentation and particularly for his summary of recent and anticipated policy changes affecting NIH and the research community, noting that the information helps Council members understand emerging developments and provide feedback on issues important to the extramural research community. She extended congratulations to investigators involved in the research accomplishments featured in Dr. Shurtleff's report. Dr. Cech also expressed appreciation for NIH staff who have assumed acting roles during a period of significant transition.

Dr. Shurtleff explained that NCCIH deliberately highlights policy developments at Council meetings because the Center seeks meaningful feedback from the extramural community. He stressed that NIH should not operate in isolation and that policy decisions should reflect broad input from the extramural community that NIH serves. Dr. Shurtleff encouraged Council members, researchers, and other stakeholders to respond to RFIs and other feedback opportunities, noting that such input plays a critical role in shaping policy. He also praised the quality of NCCIH-supported research, remarking that many additional publications could have been highlighted if time had permitted. Dr. Shurtleff said he is continually impressed by the quality of research supported by the Center and thanked Council members for their many contributions in advancing the science of complementary and integrative health.

Dr. Wen Chen added further perspective on the Whole Person Health Index, noting that NCCIH has already begun incorporating the measure into some of its funding initiatives. She encouraged investigators to pay close attention to this requirement in specific funding opportunity announcements. As an example, she referenced the emotional well-being initiative led by Dr. Erin Burke Quinlan, which includes clear expectations regarding the use of whole person health measures. Dr. Shurtleff agreed and reiterated that NCCIH intends to continue encouraging adoption of the measure through future funding opportunities.

IV. Recognition of Council Members' Service

Dr. Shurtleff recognized the Council members whose terms of service were coming to an end, which included Drs. Cech, Lavretsky, and Soumyanath. Dr. Shurtleff noted both the value of Council members' contributions and the relationships developed over the course of their service. Dr. Shurtleff thanked all departing Council members for their dedication, perseverance, and commitment to NCCIH's mission. He emphasized that their advice and service had been deeply valued and contributed substantially.

Dr. Brolinson echoed Dr. Shurtleff's appreciation. Dr. Brolinson said he had learned a great deal from Drs. Cech, Lavretsky, and Soumyanath and valued not only their scientific expertise but also the collegial relationships he developed with them through Council service, particularly during in-person meetings. Dr. Shurtleff agreed, observing that the Council's strength lies in bringing together diverse perspectives and expertise to help guide NCCIH's scientific priorities and funding decisions.

Dr. Schmidt joined in thanking the departing Council members, reflecting on the pleasure of working with them in preparation for Council meetings and in other Council activities. She acknowledged the many organizational changes and operational challenges encountered during recent years and expressed appreciation for the members' patience, perseverance, collaboration, and willingness to take on more work through the transitions.

V. NIH's Path to a Simpler Funding Opportunity Landscape

Dr. Lorsch began his presentation by explaining that simplifying processes for applicants, reviewers, and NIH staff has become a top priority of the Office of Extramural Research, alongside promoting innovation in funding approaches, strengthening research integrity, enhancing biosafety and laboratory safety, addressing foreign interference, and improving access to shared research resources.

Dr. Lorsch noted that NIH set a goal of reducing the number of active NOFOs by half, which had grown to more than 800. He explained that the large number of NOFOs created unnecessary complexity for investigators, who often struggled to identify the most appropriate funding opportunities and to navigate varying requirements across announcements. NIH achieved its goal of cutting the number of NOFOs by approximately 50 percent and is continuing efforts to maintain this. At the same time, NIH is working to make individual NOFOs shorter, clearer, and easier to understand by adopting [simplified templates and standardized formats](#) being developed across the U.S. Department of Health and Human Services (HHS).

As part of this strategy, Dr. Lorsch described NIH's increased reliance on parent (investigator-initiated) funding opportunities. Rather than issuing large numbers of narrowly focused announcements, NIH seeks to encourage investigators to submit applications through broadly available parent mechanisms. To support this shift, NIH launched a [Highlighted Topics](#) website that allows Institutes and Centers to identify priority scientific areas in which they would welcome additional applications through the parent NOFOs. He stressed that these Highlighted Topics should be viewed as areas of particular interest rather than as an exclusive list of subjects that NIH is willing to fund. Investigators whose research is not represented on the site should not interpret that absence as a lack of NIH interest in their work.

Dr. Lorsch also discussed NIH's effort to eliminate the multiple categories of NOFOs that have historically been identified by designations such as "RFAs," "PARs," and "PASs." He explained that the distinctions among these categories often create confusion and are no longer necessary in many cases. NIH is therefore moving toward a more unified funding opportunity framework in which applicants will no longer need to navigate differing sets of rules associated with various announcement types.

Moving onto other actions taken to reduce administrative burden, Dr. Lorsch reviewed several administrative requirements that NIH has eliminated or simplified. NIH has ended the requirement that investigators seek prior approval before submitting applications requesting more than \$500,000 in direct costs in a single year. The agency has also discontinued the use of letters of intent for Institute- and Center-specific funding opportunities and removed pre-approval requirements for conference grant applications. He explained that these requirements generated considerable work for applicants while providing limited value to NIH and were therefore appropriate targets for elimination.

A major area of reform involves NIH's longstanding modular budget policy. Dr. Lorsch explained that the modular budget approach originated as a pilot program in the 1990s but was never formally adopted or discontinued. Over time, inflation reduced the usefulness of the original funding threshold of \$250,000, and only a small percentage of Research Project (R01) applications continued to use modular budgets. As a result, NIH intends to retire the pilot framework entirely. Instead of requiring detailed budgets for most grant applications, NIH plans to rely primarily on budget justifications and overall funding requests, reserving detailed budget submissions for a limited set of circumstances or requesting them later through the Just-in-Time process when an application is likely to be funded. He noted that this approach aligns with NIH's simplified review framework, which focuses reviewers on assessing the overall reasonableness of proposed budgets rather than scrutinizing line-item expenditures.

Dr. Lorsch highlighted similar simplification efforts related to Data Management and Sharing Plans. NIH found that many investigators struggled to predict years in advance exactly what data types would be generated during a project and how those data would ultimately be shared. To reduce this burden, NIH has begun piloting a simplified framework consisting primarily of four yes-or-no questions regarding data sharing commitments. Detailed explanations are required only when applicants indicate that they will not meet one of the expectations. This approach reduces administrative burden while simultaneously strengthening NIH's ability to enforce data-sharing commitments because investigators are affirming a broad obligation to share data to the maximum feasible extent rather than committing only to specific datasets described at the application stage.

Dr. Lorsch described NIH's decision to reinterpret its clinical trial framework so that Basic Experimental Studies Involving Humans (BESH) are no longer categorized as clinical trials. He explained that the 2014 NIH definition of a clinical trial unintentionally encompassed many studies designed to advance fundamental understanding of human biology and behavior rather than generate clinical outcomes. As a result, investigators conducting basic human studies were often required to comply with clinical trial requirements that were poorly aligned with the goals of their research. NIH has now [reinterpreted the existing definition](#) of clinical trials so that BESH are treated separately, reducing unnecessary regulatory obligations while preserving NIH's commitment to transparency and data sharing.

Dr. Lorsch also summarized several efforts aimed at greater harmonization and standardization across NIH. These include clarifying reporting requirements related to the humane care and use of laboratory animals, establishing consistent use of the [eRA Prior Approval module](#) across all Institutes and Centers, and implementing government-wide common forms for biographical sketches and current and pending support information through the [Science Experts Network Curriculum Vitae \(SciENcv\) system](#).

Looking ahead, Dr. Lorsch outlined several additional initiatives that are planned. NIH plans to consolidate its numerous career development ("K") activity codes into a smaller and more comprehensible set while preserving the underlying range of career development opportunities. The agency is also exploring broader use of Just-in-Time information collection so that applicants are asked to provide certain materials only when funding appears likely. NIH is evaluating opportunities to align with National Science Foundation application requirements, such as replacing traditional letters of support with narrowly focused letters of collaboration, simplifying facilities and equipment descriptions to highlight only resources directly relevant to the proposed research, and simplifying and standardizing terminology. Dr. Lorsch concluded by noting that NIH intends to seek additional input from the research community through a future RFI and will continue pursuing opportunities to reduce the administrative burden.

Discussion: Dr. Shurtleff thanked Dr. Lorsch for his leadership and ongoing work to eliminate unnecessary complexity in the grants process.

Dr. Benveniste expressed appreciation for the overview and asked for additional information regarding the planned consolidation of K career grants, specifically inquiring when the changes would be implemented. Dr. Lorsch responded that the rollout would occur over the next year and that NIH would provide advance notice and guidance before the changes took effect. He stressed that NIH was not seeking to eliminate activities currently supported through K awards; rather, the goal is to harmonize many overlapping mechanisms into broader, more coherent categories. When Dr. Benveniste asked whether NIH Institute-specific K award requirements would also be standardized, Dr. Lorsch replied that NIH intended to unify them as much as possible, noting that the current system contains numerous Institute-specific activity codes that contribute to unnecessary complexity.

Dr. Soumyanath said she welcomes the new format, as the Data Management and Sharing Plan has been tricky to fill out in the past. Dr. Soumyanath explained that her team was preparing an application under an older funding announcement that still referenced previous instructions and asked whether applicants should follow the newly issued guidance instead. Dr. Lorsch said the new NIH Guide Notice ([NOT-OD-26-046](#)) supersedes all prior instructions and advised applicants currently preparing submissions to use the [updated format](#) of the Data Management and Sharing Plan.

Dr. Brolinson also praised the initiative, observing that reducing redundancy and confusion in the grants process will be highly beneficial to the research community. To illustrate the challenges investigators have encountered, he described developing a protocol to examine whether osteopathic manipulative treatment could affect carotid blood flow. Although the project was focused on physiological effect rather than clinical outcomes, questions had arisen about whether it should be registered on ClinicalTrials.gov. Dr. Lorsch agreed that such a mechanism-focused study exemplifies the need for clarification.

Dr. Shurtleff encouraged the research community to monitor future NIH announcements regarding changes. Dr. Lorsch noted that updates would be communicated through the [NIH Guide for Grants and Contracts](#) and emphasized the importance of responding to RFIs, explaining that NIH was actively seeking feedback.

In response to Dr. Benveniste's question, Dr. Schmidt added that the newly centralized [NIH](#) and [NCCIH](#) funding opportunity webpages are useful sources for seeing NCCIH's scientific interests as well as information stated in Section V of NOFOs, for acquiring information about the areas of research in which the Center participates and intends to prioritize support. Dr. Schmidt suggested that investigators consult these resources to better understand Institute- and Center-specific interests and funding priorities.

Dr. Martin thanked Dr. Lorsch for his efforts and asked about the proposed changes to letters of collaboration. She noted that many community-engaged research projects rely on community partners who may not be scientists, and she wondered how such collaborations would be documented under the revised approach. Dr. Lorsch explained that collaborators would not need to be scientists. Applicants would describe the role and contributions of the collaborating organization or group within the application and share that description with the collaborator. The collaborator would then affirm through a brief letter that the description accurately reflected the agreed-upon partnership. He emphasized that the purpose of the letters is to verify that the collaborations described in the application were genuine.

VI. Emotional Well-Being Networks Initiative: Updates, Insights, and Future Directions

Overview

Dr. Burke Quinlan, acting chief of the Basic and Mechanistic Research Branch at NCCIH, began by situating emotional well-being within a growing body of public health and biomedical research. She described emotional well-being as a positive state encompassing emotions, life satisfaction, meaning, and purpose, and she noted that research since the mid-2000s has increasingly linked emotional well-being with health outcomes. As examples of this evidence base, she highlighted studies associating emotional well-being with a substantially lower risk of all-cause mortality among healthy individuals and linking a sense of purpose in life with reduced risk of heart attack and stroke.

Dr. Burke Quinlan noted that both the 2011 National Prevention Strategy and the American Psychological Association's Stress in America survey helped elevate concerns about stress, loneliness, and social isolation and their health consequences. Together, these efforts reflected a shared conclusion: Health depends not only on the absence of disease, but also on individuals' emotional well-being and capacity to thrive. This broader public health context provided an important rationale for NCCIH and NIH partners to launch a dedicated emotional well-being initiative.

Dr. Burke Quinlan traced the initiative's origins to an April 2018 roundtable workshop co-organized by NCCIH and the Office of Behavioral and Social Sciences Research (OBSSR), with participation from NIH staff, extramural researchers, and clinicians. The roundtable was designed to identify gaps and opportunities in emotional well-being research by examining existing evidence on the role of emotional well-being in health; discussing the development, testing, and implementation of interventions to promote emotional well-being; and considering how to build a multi-NIH research program in this area.

After the roundtable, NIH launched the Emotional Well-Being: High-Priority Research Networks NOFO in December 2019, with the goal to establish interdisciplinary research networks and advance research on emotional well-being across the social, behavioral, psychological, biological, and neurobiological sciences. Applicants were asked to address at least one of the following six high-priority areas: ontology and measurement of emotional well-being; mechanistic research on the role of emotional well-being in health; biomarkers of emotional well-being; prevention research; technology and outcome-measure development for mechanistic studies; and development and validation of well-being measures.

Six networks were funded through the initiative, with support distributed across several NIH groups. The National Institute on Aging (NIA) funded two networks, the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) funded one network, and NCCIH funded three networks, with additional support from OBSSR and the Office of Disease Prevention.

Dr. Burke Quinlan went over NIA's two funded networks, which are the Network for Emotional Well-Being and Brain Aging (NEW Brain Aging Center) and the Network for Emotional Well-Being: Science, Practice, and Measurement (NEW-B). She also talked about NICHD's funded network, which is the Family Well-Being Research Network (FAMNET).

Dr. Burke Quinlan then described the three NCCIH-funded networks:

- The [Mechanisms Underlying Mind-Body Interventions and Measurement of Emotional Well-Being Network](#), or M3EWB, was designed to draw on interdisciplinary expertise in mind and body interventions, emotional well-being, measurement, neuroimaging, and intergenerational transmission to deepen understanding of emotional well-being and their role in mind and body interventions as both outcomes and mechanisms.
- The [Plasticity of Well-Being Network](#) brought together psychologists, neuroscientists, computer engineers, and population health experts to identify malleable components of emotional well-being and specify robust measures at biological, behavioral, and experiential levels of analysis.
- The [Emotional Well-Being and Economic Burden Research Network](#), or EMOT-ECON, united psychologists, economists, and physician scientists to improve understanding of how disease-related economic burden affects emotional well-being and to support development of strategies to mitigate those effects.

Although each network had its own emphasis, Dr. Burke Quinlan underscored that the initiative's value also lay in the networks' collective work. She described the "network of networks" infrastructure as

enabling accomplishments and the generation of key resources that would have been difficult to achieve through individual research project grants alone. A central example was the development of an informed definition of emotional well-being through the efforts of a working group with representatives from all six networks. As published in *Affective Science* in 2023, the resulting definition from the working group stated: “Emotional well-being is a multidimensional composite that encompasses how positive an individual feels generally and about life overall. It includes both experiential features (emotional quality of momentary and everyday experiences) and reflective features (judgments about life satisfaction, sense of meaning, and ability to pursue goals that can include and extend beyond the self). These features occur in the context of culture, life circumstances, resources, and life course.” Dr. Burke Quinlan noted that the publication had already been cited extensively.

Dr. Burke Quinlan described how NCCIH has continued to advance emotional well-being science beyond the original networks. She pointed to a NOFO published in November 2025, [PAR-25-449](#), which is focused on mind and body interventions to restore whole person health through emotional well-being mechanisms using an R61/R33 phased approach. She noted that the opportunity is active through June 2028, with the next receipt date in early October 2026.

In addition, Dr. Burke Quinlan referenced a forecasted funding opportunity, [FOR-AT-25-007](#), focused on assessing the feasibility of incorporating mechanisms into multisite clinical trials of mind and body interventions for whole person health restoration. She explained that the goal would be to establish foundational work needed to inform and enable future large-scale clinical efficacy and effectiveness trials, while also enabling investigation of potential mediating effects of those interventions through established or well-studied emotional well-being mechanisms.

Dr. Burke Quinlan concluded by introducing the three principal investigators who would present updates on NCCIH-funded emotional well-being networks.

Measurement and Mechanisms Underlying Mind-Body Interventions for Emotional Well-Being: Progress and Prospects

Dr. Park began by describing the M3EWB Network’s leadership team at the University of Connecticut, which brought together expertise in educational psychology, stress and yoga research, neuroscience, and neuroimaging.

Dr. Park explained that the network was organized around three primary goals: developing a taxonomy and collection of measures of emotional well-being and identifying measurement gaps across populations and developmental stages; creating a toolkit of measures to support research; and investigating mechanisms through which mind and body interventions may promote emotional well-being and, in turn, broader mental and physical health outcomes.

A major focus of the network's early work was the development of a definition for emotional well-being. Dr. Park described the publication of the foundational definition of emotional well-being through a special journal issue that included a target article, multiple commentaries, and a response from the network investigators. This effort generated substantial scholarly discussion and has since served as the basis for subsequent empirical studies, systematic reviews, and meta-analyses.

Dr. Park explained that the network went beyond the definition of emotional well-being to also question why emotional well-being matters. She described viewing emotional well-being through multiple complementary lenses. First, emotional well-being may be seen as an explanatory pathway to downstream physical and mental health outcomes. Second, it can serve as a useful complement to traditional measures of psychological distress, although she cautioned that emotional well-being and distress should not be viewed simply as opposites. Finally, she explained that emotional well-being possesses intrinsic value independent of its relationship to health outcomes. Characteristics such as purpose, meaning, life satisfaction, and efficacy to achieve goals are important dimensions of the human experience. For this reason, emotional well-being should be regarded as a meaningful outcome in its own right, not merely as a means of achieving other health benefits.

Upon establishing a taxonomy, the network turned its attention to measurement. Dr. Park described the extensive effort led by network investigators to create a repository of subjective measures aligned with the network's definition of emotional well-being. The team evaluated numerous candidates and ultimately identified more than 120 measures representing different dimensions of emotional well-being. Recognizing the importance of sustainability, the network partnered with the NIH Science of Behavior Change initiative to house the measures within an established measures repository, ensuring that researchers would continue to have access to them after the network's funding period concluded.

Dr. Park highlighted the network's efforts to stimulate new research through two competitive seed grant programs. The first focused on advancing measurement science and addressing gaps in available assessments, and the second focused on mechanisms underlying emotional well-being in mind and body modalities. Applicants were expected not only to complete pilot projects but also to articulate how the work could evolve into larger research programs. These investments generated conference presentations, publications, grant applications, and other scholarly products.

Dr. Park said the network organized two research summits in conjunction with major professional societies, including the Association for Psychological Science in 2023 and the Society of Behavioral Medicine in 2024. The network also supported a substantial portfolio of systematic reviews examining the definition, measurement, and intervention science of emotional well-being. Dr. Park emphasized that these reviews tend to be highly cited and provide critical guidance regarding the current state of evidence and key gaps requiring further investigation.

Dr. Park described the network's scholars and fellows programs, which were designed to cultivate the next generation of investigators focused on emotional well-being. Through structured mentoring, curriculum-based training, and hands-on research experiences, participants received guidance in areas such as mechanistic study design, systematic review development, and grants applications. The network also provided scholarships that enabled early-career investigators to attend the research summits.

Dr. Park also reviewed the network's dissemination activities. The network developed an online pop-up course on emotional well-being for students at the University of Connecticut. The course, which is now available [free](#) to the public, drew participation from more than 2,000 students for credit and involved collaboration among numerous faculty and staff members. Additional dissemination efforts included more than 50 presentations at scientific conferences and a lecture series featuring experts in emotional well-being research.

Looking ahead, Dr. Park identified several future directions. She noted that although many measures assess individual dimensions of emotional well-being, no comprehensive measure currently captures

emotional well-being, which might warrant future development. She also emphasized the need for continued mechanistic studies that can explain how mind and body interventions produce emotional well-being benefits, including investigations of biomarkers and neurobiological pathways. Finally, she called for expansion of promising pilot interventions into larger efficacy and effectiveness trials and underscored the importance of sustaining mentorship and workforce development efforts to ensure continued growth of the emotional well-being research community.

Discussion: Dr. Dusek asked for clarification on whether the approximately 50 presentations that Dr. Park referenced reflected activity across the three NCCIH-supported networks or only Dr. Park's network. Dr. Park clarified that the presentations came from her network alone, explaining that there had been substantial energy around the topic.

Dr. Soumyanath asked whether natural products could be included in the framework being developed for emotional well-being research, noting that many individuals use natural products to support emotional well-being. Dr. Park responded that natural products had not been a focus of her network's proposal and that the other networks had similarly placed little emphasis on that area. However, she agreed that natural products could be woven into future iterations of the framework. Dr. Burke Quinlan noted that although the R61/R33 funding opportunity that she mentioned in her overview presentation was centered on mind and body interventions, investigators proposing multicomponent interventions that included natural products could potentially use that mechanism to begin exploring such questions. Dr. Soumyanath welcomed the suggestion.

Dr. Dickerson said he was very excited about the discussion and reflected on past Council discussions on spirituality. He asked whether the initiative was primarily intended to fund programs to explore the role of emotion in health care and asked about the goals, first steps, and the theoretical basis for putting emotional assessments in grants. In response, Dr. Park emphasized that one of the network's key observations was that much of the broader well-being literature has lacked strong theoretical grounding. While many studies employ conceptual models, she noted that these often do not rise to the level of explanatory theories that can be tested with hypotheses. She explained that the network's work began with the existing evidence base, which tends not to be theoretically deep. Dr. Park further observed that research on emotions has historically focused on negative states such as anxiety and depression, which remain important targets for investigation. However, she argued that substantially less attention has been devoted to positive dimensions of emotional well-being, including meaning in life, purpose, and life satisfaction. The goal of the initiative, she explained, is to bring greater balance to the field by encouraging research that examines both positive and negative aspects of emotional functioning and explores how these dimensions relate to one another within a broader whole-person framework.

The Plasticity of Well-Being and Its Multi-Modal Measurement

Dr. Davidson introduced the core faculty of the Plasticity of Well-Being Network and explained that additional faculty and trainees make up the network. Dr. Davidson said the network's focus was at the intersection of several NCCIH priorities in emotional well-being research, including ontology and measurement, prevention research, and the use of technology to develop innovative measures of emotional well-being.

Dr. Davidson explained that a defining feature of the network was a fully remote randomized controlled trial known as the Be-Well Study, which was supported by seed funds from the network and other funding sources. Study participants, who were experiencing elevated symptoms of depression, were recruited nationwide from all 50 states. The intervention being tested, called Healthy Minds, was a mechanistically driven, evidence-based program based on the following four key dimensions of well-being: awareness, connection, insight, and purpose. Each dimension has been substantiated in specific neural circuits that show plasticity, and the framework of Healthy Minds was [published](#) in *PNAS* in 2020.

The Healthy Minds program was delivered through a remote app that participants downloaded and accessed for well-being training and assessments. A control group received a psychoeducational intervention that involved information about the same four well-being dimensions and a growth mindset that well-being can be changed and cultivated but excluded the experiential meditation and contemplative practices that were part of the full Healthy Minds program. A third group received usual care.

Dr. Davidson said the study used a multimodal measurement strategy that included self-report, biological, and behavioral measures that could be captured through smartphones. Working with collaborators at the MIT Media Lab, the network team created a video-based mobile assessment platform capable of collecting data on facial expression, tone of voice, and natural-language processing.

Dr. Davidson noted that greater negative sentiment and increased use of the personal pronouns “I” and “me” were associated with higher levels of depressive symptoms while greater speech rate and vocal loudness were associated with higher levels of well-being. He also noted that less intense smiles revealed blunted emotional reactivity, a key depression symptom. The study’s findings showed that these vocal and facial biomarkers changed significantly over 28 days of well-being training through the Healthy Minds program. Dr. Davidson expressed enthusiasm for identifying objective behavioral markers that not only are associated with key depression-related symptoms but also represent attributes of well-being beyond self-report measures.

Dr. Davidson reported that in the final sample of 1,157 participants, those receiving the full Healthy Minds intervention experienced greater improvements in emotional well-being after 4 weeks of treatment and at the 16-week follow-up when compared to the psychoeducational control and usual care groups. Although psychoeducation alone produced measurable benefits, the full Healthy Minds program yielded the strongest effects.

Dr. Davidson also reported reductions in pro-inflammatory cytokines, including interleukin-6, among participants receiving the Healthy Minds program from baseline to the 16-week follow-up. When compared to the usual care group, the Healthy Minds group had positive changes in the microbiome and the butyrate pathway, a system believed to play an important role in gut health and intestinal integrity.

Dr. Davidson reported that the network has secured \$11 million in additional funding from federal and philanthropic sources, including NIH, the Templeton World Charity Foundation, and the Advanced Research Projects Agency for Health. The network supported a number of pilot projects from different universities that have led to follow-on awards and publications. Dr. Davidson described a week-long summer workshop designed for emerging scholars that intentionally incorporated principles of well-being into its structure and operation. The initiative evolved into WeMerge, a peer-governed collective that continues to foster collaboration among early-career investigators across numerous institutions.

Looking ahead, Dr. Davidson described several ongoing and future directions, including large-scale implementation studies of well-being interventions; continued development of multimodal behavioral and biological assessments; investigation of the downstream effects of well-being training on educators, health care providers, students, and patients; and efforts to advance precision well-being approaches and community-engaged research.

Discussion: Dr. Dusek commended the scope of the network's work. He observed that a project of that magnitude must have required substantial financial support and asked Dr. Davidson to describe the range of funding sources that made the research possible. Dr. Davidson explained that, in addition to the NCCIH-supported Cooperative Agreement (U24) award, the research benefited from multiple private foundation grants. Dr. Davidson noted that one of the principal funders was the Hope for Depression Foundation, which provided significant support for the Be-Well Study. Dr. Burke Quinlan noted that the U24 award supported the impressive pilot work involving the blood and stool sample collection, and Dr. Davidson agreed.

Advancing Emotional Well-Being Science: Accomplishments and Impact of the EMOT-ECON Research Network

Dr. Martin said the EMOT-ECON Network was co-led by her and Dr. Maria Pisu, a health economist at the University of Alabama at Birmingham. The network consisted of a multidisciplinary team of investigators and institution coordinators and was informed by a national steering committee that included researchers, patients, patient advocates, and health care providers in the community. The network explored how disease-related economic burden impacts one's emotional well-being. The network's three aims were to (1) build a multidisciplinary network of stakeholders with interest in advancing the science of emotional well-being and the economic burden of disease, (2) accelerate research in this area by funding pilot projects, and (3) serve as a resource for the field by developing and sharing products that would support related research.

Dr. Martin reported that the network successfully established a broad national and international community of investigators and collaborators. Over the course of the award period, the network engaged 186 members, representing 105 institutions and organizations across 32 U.S. states, as well as Canada, Europe, and Asia. Although researchers made up the majority of participants, the network also included health care providers, patients, caregivers, and advocates. Many participating investigators were assistant professors, suggesting that a new generation of researchers is becoming engaged in studying the links between emotional well-being and the economic burden of disease.

Dr. Martin explained that the EMOT-ECON Network funded pilot studies of primary data collection, secondary data analyses, and collaborations designed to foster new research teams to advance the science of emotional well-being. She highlighted the geographic and topical breadth of the funded projects.

Dr. Martin featured video presentations from two EMOT-ECON pilot award investigators. The first, Dr. Elizabeth Davis of the University of California, Riverside, examined how disease-related financial hardship affects family emotional well-being and whether emotion regulation moderates those effects. Findings from Dr. Davis's research indicated that cutting costs due to illness was associated with lower life satisfaction, greater parental emotion dysregulation, and less supportive parenting responses to children's negative emotions. The research findings also showed that parents who struggled with emotion dysregulation and parents who reacted to their children's negative emotions with distress showed a stronger negative link between financial burden and well-being, suggesting that parents' own emotion

regulation capacity is an authentic point of vulnerability and potentially a point of intervention for families who are navigating economic hardship from illness. Dr. Davis said additional data analysis is ongoing. A long-term goal is to use the preliminary findings to develop possible interventions for improving family members' emotion regulation skills and well-being.

The second featured project was co-led by Drs. Shelley Johns and Catherine Mosher at Indiana University School of Medicine. In the video presentation, Dr. Johns explained that 44 percent of individuals with cancer report experiencing financial toxicity, which she defined as medical economic burden and associated distress. Dr. Johns said that evidence-based treatments for coping with financial toxicity are lacking. Her team used an Acceptance and Commitment Therapy (ACT) framework to examine the relationship between psychological factors and financial toxicity and to inform future intervention development. ACT components are designed to enhance psychological flexibility and the ability to respond effectively to difficult thoughts and emotions while pursuing a meaningful, values-driven life. Dr. Johns said their prospective cohort study examined facets of psychological inflexibility as predictors of financial toxicity in 200 adults with cancer over a 2-month period. The study found that several dimensions of psychological inflexibility at baseline predicted greater financial toxicity 2 months later. Building on these findings, the research team developed an intervention called Financial Navigation and Emotional Skills Support for Empowerment. Although an initial application to test the intervention was not funded by the National Cancer Institute, the investigators received constructive feedback and planned to refine and resubmit their proposal to test the intervention for feasibility, acceptability, and preliminary effects in a pilot randomized controlled trial.

Dr. Martin thanked Drs. Davis and Johns for their video presentations, emphasizing that their careful and rigorous pilot work has advanced science and informed future research efforts.

Dr. Martin then reviewed the productivity of the network's pilot project program and the awarded investigators. During the funding period, the network supported 15 grantee awards, which collectively produced 9 published manuscripts, 12 poster presentations, 18 oral presentations, and 11 external grant applications. In addition, the network investigators contributed to publications developed in partnership with the other NIH-supported emotional well-being research networks.

Dr. Martin described efforts to create resources that would support researchers beyond the duration of the award. These included an online literature search tool focused on emotional well-being and economic burden of disease, active social media engagement to disseminate resources and foster networking, a seminar series featuring investigators from multiple disciplines and institutions, and a presentation at the Society of Behavioral Medicine's annual conference.

Dr. Martin said the network is preparing a comprehensive review article examining the impact of disease-related economic burden on emotional well-being across conditions, extending the literature beyond its traditional focus on cancer. The network is also developing a Research Program Project Grant (P01) application that will investigate how disease-related financial burden and contextual factors impact well-being and explore the biological mechanisms linking economic hardship and well-being outcomes.

Dr. Martin said the EMOT-ECON Network filled a critical scientific gap by uniting emotional well-being and economic burden into a cohesive scientific field, noting its major impact areas of field building, collaboration, scientific foundation, and capacity building.

Discussion: Dr. Burke Quinlan asked about the origin of the review examining disease-related economic burden beyond cancer. Dr. Martin explained that the idea emerged through the EMOT-ECON Network's scientific meetings and steering committee discussions. As investigators from multiple disciplines and

disease areas came together, participants who were not focused on cancer research began raising questions about the relevance of financial burden across a broader range of conditions. Dr. Burke Quinlan observed that the effort would likely be a substantial undertaking, and Dr. Martin agreed.

Dr. Reed asked all three presenters to reflect on their experiences leading U24 networks and consider what they would do differently or emphasize more strongly if they went back 2 years.

Dr. Davidson noted the importance of mechanisms for enabling long-term sustained collaborations among a core group. He said that the U24 mechanism had brought together investigators who would not otherwise have worked closely together and had enabled novel science. Looking back, he suggested that earlier planning for subsequent work might have helped minimize gaps between funding mechanisms. While acknowledging that longer funding periods would have been beneficial, he stressed that the achievements of the networks were remarkable given the relatively modest investment, and he highlighted the particularly important role the networks played in engaging and mentoring young scholars. Dr. Burke Quinlan said that this was the first U24 initiative that NCCIH supported, and the U24 projects were 4 years, whereas other U24 projects were 5 years. Dr. Martin said she and her team had considered mechanisms such as Conference (R13) grants to continue convening investigators and steering committee members interested in the topic and had also discussed pursuing an Education Project (R25) award to support ongoing training activities. Dr. Martin expressed enthusiasm about the Research Program Project Grant (P01) application that had grown out of the network's work, but she reflected that thinking about R01s earlier might be beneficial given how long it can take for P01s to get funded.

Dr. Dusek said he is also involved in a U24 project and asked the presenters to discuss how they collaborated on cross-network activities. Dr. Park described how collaboration had begun early through the development of shared taxonomies. She noted that investigators met regularly through steering committee meetings and annual gatherings, creating numerous opportunities for collaboration. Dr. Park also highlighted joint summit activities and co-authored publications that involved investigators from multiple networks. Dr. Martin added that the EMOT-ECON Network incorporated researchers from other networks into its seminar series and made pilot funding opportunities accessible to investigators from the other networks. She explained that partner networks often disseminated announcements about pilot awards. Dr. Burke Quinlan also noted EMOT-ECON's ongoing interactions with the FAMNET Network supported by NICHD, and Dr. Martin confirmed that those collaborations and conversations remained active. Providing another example, Dr. Davidson said he co-authored with Drs. Laura Kubzansky and Elissa Epel, investigators from other emotional well-being networks, on a high-profile publication on pro-sociality as an urgent public health need.

Dr. Brolinson reflected on his decades of experience in family medicine and observed that psychological factors influence a far greater extent of clinical encounters than what was taught in his training. He asked how the findings emerging from the emotional well-being networks might ultimately be translated into undergraduate medical education, graduate medical training, residency training, and clinical practice. Dr. Davidson noted a recently submitted proposal, in part spawned by the U24 network, that is designed to provide simplified well-being training strategies to approximately 150,000 primary care providers. The proposed work is an implementation trial that would embed a simplified version of their developed well-being training into an electronic medical records system and test the efficacy on both health care providers and the patients they treat. Dr. Davidson said the need for this approach is unquestionable, noting a rate of more than one physician suicide a day in 2025 in the United States. Dr. Brolinson noted that the friction with electronic medical record systems is one of the reasons for provider burnout. Dr. Martin emphasized the importance of trainees and clinicians seeing the "whole person" and considering the broader context of patients' lives, including family circumstances, employment, emotional struggles,

and social support systems. Dr. Martin suggested that clinicians could play a meaningful role simply by acknowledging the emotional challenges associated with illness, normalizing those experiences, and connecting patients to available resources. While recognizing the time constraints faced by health care providers, she noted that even brief moments of empathy and engagement can positively influence patient care and support whole person health.

Dr. Brolinson asked Dr. Davidson if participants in the Be-Well Study were asked whether they had children or not, noting that the baby laughing in the Healthy Minds app intervention might illicit a positive response from some people but a negative response from others, depending on a person's attitude towards children. Dr. Davidson said they collected the data but haven't looked at it yet. He said Dr. Brolinson's question will prompt him to explore the data. Dr. Sibinga asked if Dr. Davidson had considered the impact of the intervention at different times and different circumstances, such as under financial strain, and whether he had considered the variability that a participant's age or other characteristics might play in the outcomes or mechanisms of emotional well-being. Dr. Davidson said the average age was in the upper 40s, around 47. He said they have age data but have not looked at it systematically. He said that baseline levels of depression and anxiety strongly impacted the training effect, with participants who started with higher levels of symptoms experiencing more improvement. Dr. Sibinga said emotional well-being may show more nuance over various ages and stages, and Dr. Davidson agreed.

Dr. Dickerson noted the emerging literature on social connection and asked whether the presenters had identified intervention strategies or treatment approaches that effectively promote social connectedness and, in turn, help address depression. Dr. Davidson responded that one of the components of the intervention developed through his network is related to connection, and that they've found it does not take much to activate brain networks that are important for social connection. He described the benefits of simple exercises, such as bringing into one's mind and heart a loved one who has been helpful, reflecting on the individuals who contributed to a person's meal, or intentionally considering positive qualities of colleagues before a meeting. Dr. Davidson said these seemingly modest practices can be integrated into everyday activities rather than treated as formal meditation exercises, and when done consistently, they can improve social interactions and connection.

Dr. Dickerson asked what neurological changes accompany these practices. Dr. Davidson noted that studies have demonstrated changes in brain connectivity after relatively limited amounts of training. He explained that research has shown increased connectivity between regions of the prefrontal cortex and the ventral striatum that are associated with prosocial behavior, and that such effects have been observed after fewer than 10 hours of training.

Dr. Martin approached the topic through the lens of the EMOT-ECON Network's work on economic burden from disease and emotional well-being. She said there is some data to suggest that the larger one's social network, the more distress individuals might experience if they are also experiencing the economic burden of disease. She explained that feelings of shame associated with the difficulty of managing illness-related financial challenges could become amplified when more people are aware of an individual's circumstances. Dr. Martin identified this as an important direction for future investigation.

Dr. Burke Quinlan asked each presenter to identify an accomplishment that emerged from the 4-year U24 program that had not been envisioned in the original proposal and that would likely not have occurred without the network structure.

Dr. Martin responded that one of the most meaningful outcomes of the EMOT-ECON Network had been the opportunity to support investigators who were new to the field and the next generation of scientists.

Dr. Park noted that an unexpected lesson was the persistence of traditional negative-framed perspectives on outcomes. She explained that the emotional well-being networks were intentionally designed to move beyond a sole focus on depression, distress, and other negative outcomes and instead examine positive dimensions of human functioning, including meaning, purpose, and self-transcendence. However, she observed that researchers and stakeholders often gravitated back toward discussions around negative-framed outcomes. Dr. Park said that maintaining attention on positive outcomes and mechanisms is unique and important.

Dr. Davidson agreed with Dr. Park's comments and highlighted two additional insights that emerged from the network experience. First, he emphasized the value of what he described as "radical interdisciplinarity" in developing novel measures of emotional well-being. Bringing together investigators from diverse scientific backgrounds generated new approaches to measurement and revealed how much additional work remains to be done in developing tools to assess well-being. Second, Dr. Davidson reflected on the network's engagement with early-career researchers. He noted that interactions with emerging scholars demonstrated a strong desire for scientific approaches that not only study well-being but also embody principles of well-being in the conduct of research itself. He expressed optimism that this perspective would continue to influence the next generation of investigators and shape the future direction of the field.

Dr. Burke Quinlan thanked Drs. Park, Davidson, and Martin for their thoughtful responses and presentations. She remarked that the presentations demonstrated not only the substantial accomplishments originally envisioned through the funding opportunity but also the unanticipated accomplishments that emerged organically through the networks and that have contributed to the emotional well-being field.

Dr. Shurtleff praised Drs. Park, Davidson, and Martin for the work they accomplished in the 4 years of the initiative and for building a new field of investigation with new measures. He noted how closely the work aligns with NCCIH's vision of promoting health and flourishing across the lifespan and not just looking at disease prevention. Dr. Shurtleff highlighted the relevance of the research to healthy emotional development beginning in childhood and extending throughout life and referenced NCCIH's growing interest in whole person health and whole child health. Looking ahead, Dr. Shurtleff encouraged continued work on fundamental mechanism science, pragmatic research, and real-world implementation, emphasizing the importance of translating findings into health care settings, schools, families, and communities. He concluded by thanking Drs. Park, Davidson, and Martin for laying a strong foundation and expressed confidence that the accomplishments of the networks represented the beginning, and not the end, of advances in emotional well-being research. Drs. Park, Davidson, and Martin thanked NCCIH for its support.

VII. Acknowledgment of Received Public Comments

Dr. Schmidt stated that current procedure requires that any member of the public who wishes to submit comments may send them in writing to Dr. Schmidt by email (Martina.Schmidt@nih.gov) or postal mail, no later than 14 days prior to the date of the Council meeting. All written comments must be under 700 words in length, which is consistent with a 5-minute oral presentation. Written comments will be provided to Council members in the Electronic Council Book in advance of the Council meeting. Dr. Schmidt will acknowledge receipt of these comments during the open session.

For this Council round, NCCIH received three public comments, which were provided to the Council members. The first comment received was from Mr. Dale Fletcher, who is the executive director of Faith

and Health Connection Ministry. Mr. Fletcher asked about NCCIH's effort in incorporating a spiritual domain in the whole person health model displayed on the NCCIH website and about future research efforts in this area. The second comment received was from Dr. Robert Herron, a U.S. Marine Corps combat infantry veteran, who asked about NCCIH's support for further research on toxic chemicals acquired during military service. The third comment received was from Dr. Stephen Grossi, a clinician and medical director of the Aultman Malvern Health Center, who asked about funding opportunities to standardize and validate nutraceutical interventions in type 2 diabetes.

VIII. Final Remarks and Adjournment

Dr. Schmidt thanked NCCIH staff for their work in making this meeting possible and thanked Council members for their hard work and participation. She also thanked guest speakers Drs. Lorsch, Park, Davidson, and Martin for their presentations. Dr. Shurtleff expressed sincere gratitude to NCCIH staff and Council members. The next Council meeting will be held virtually on September 11, 2026. The meeting adjourned at 4:35 p.m. ET.

We hereby certify that, to the best of our knowledge, the foregoing minutes are accurate and complete.

Martina Schmidt, Ph.D.
Executive Secretary
National Advisory Council for
Complementary and Integrative Health

David Shurtleff, Ph.D.
Acting Chairperson
National Advisory Council for
Complementary and Integrative Health