

Director's Report National Advisory Council For Nursing Research 120th Meeting

Courtney F. Aklin, PhD
NINR Director

September 15, 2026



Overview

- NINR Updates
- Extramural Updates
- Intramural Updates
- Research Impacts
- Budget Updates
- NIH Updates





NINR Updates



- **Dr. Courtney Ferrell Aklin**
- **named NINR Director**

The Vision



Discovery

generates
contextual factors
that shape health

Collaboration
brings allied
expertise around
shared health
challenges

Translation
converts findings
into promising tools
and interventions

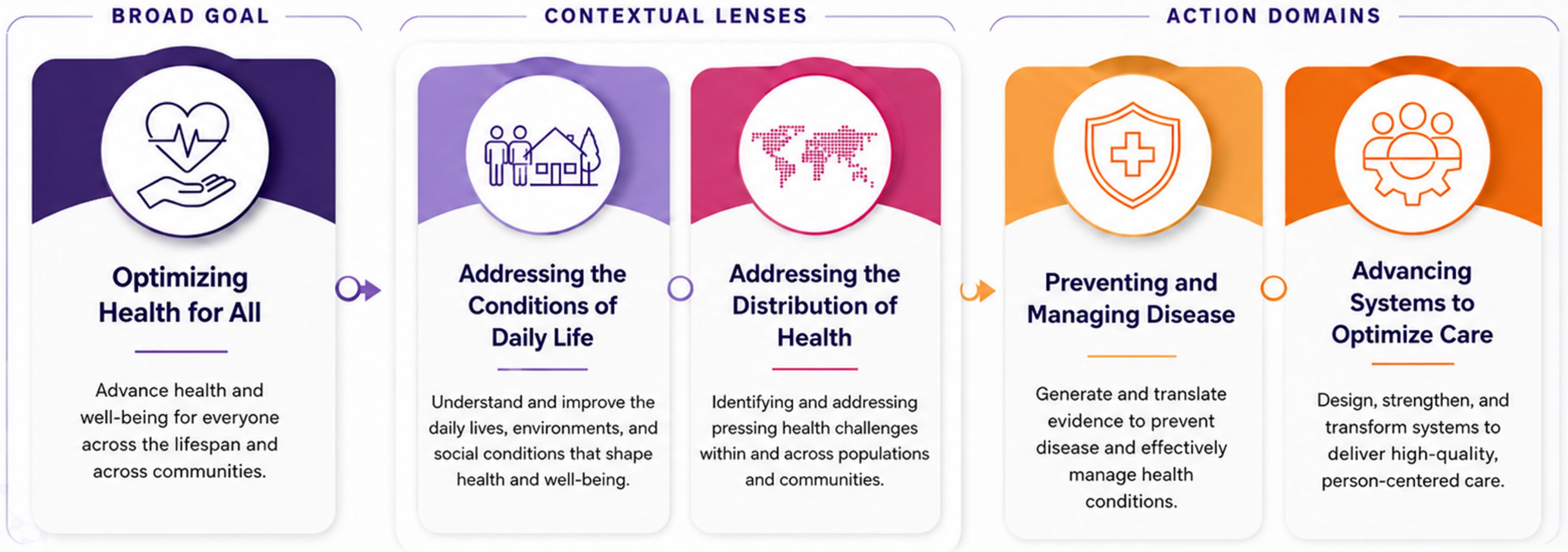
Evidence
determines what
works, for whom,
and under what
conditions

Impact
improves health,
function, quality of
life

NINR's vision is to build the pathway through which discovery improves health

NINR priority scientific areas

A research agenda focused on health, daily life, distribution, disease, and systems



NINR Director Engagements

Developing Nurse Researchers

NIMHD 2026 Health Disparities Research Institute

Leadership remarks in ICD panel to Early Stage Investigators

Clinical Center EBP Research Innovation Council

Leadership remarks to Clinical Center floor nurses from 24 units, addressing how bedside nursing intersects with nursing science

Elevating NINR's Mission & Visibility

Cross-HHS PHC Working Group In-Person Convening

Raised awareness of NINR's mission, priorities, and impact on primary health care

2026 Transformative Research to Address Health Disparities Investigators Workshop

Leadership remarks on nursing science and community-engaged research

NINR Director Engagements

Advancing Real-World, Solutions-Focused Nursing Science

Summer Omics Nursing Institute

Spoke about the future of nursing science, and the contribution of symptom science and omics

**Whole Person
Physiome Network
Investigators Meeting**
Nursing science bridges between biological systems and real-world experience



NINR Early-Stage Investigator (ESI) Lecture Series

Advancing palliative cancer care through patient-centered communication



Dr. Rachel Pozzar

Associate Professor, Nursing
Northeastern University
Nurse Scientist
Dana-Farber Cancer Institute



Dr. Abraham Brody

Assistant Dean for Transformational Excellence in Aging
Mathy Mezey Professor of Geriatric Nursing
Professor of Nursing and Medicine
New York University

NINR's Strategic Planning Process

A collaborative process that turns input into meaningful action



Timeline for Strategic Plan Development

April – October 2026

Strategic Plan Evaluation

December 2026 – March 2027

Draft Strategic Plan



Community Engagement Opportunities

1. Listening sessions: Virtual and in-person
2. Request for information (pending)
3. NINR Strategic Plan inbox ninrstrategicplan@mail.nih.gov

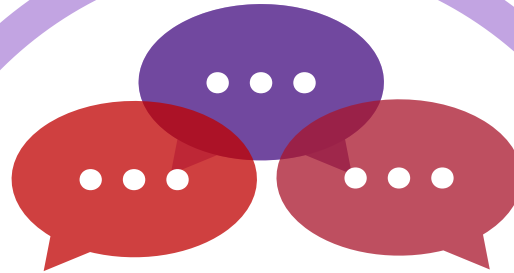
Listening Across the Nursing Research Community

Partnerships. Conversations. A stronger future for nursing science.

10

PARTNER ORGANIZATIONS

American Academy of Nursing
American Association of Colleges of Nursing
Eastern Nursing Research Society
Friends of the National Institute of Nursing Research
Midwest Nursing Research Society
National Health Council
NIH Clinical Center Department of Nursing
Research!America
Southern Nursing Research Society
Western Institute of Nursing



WE HEARD FROM

350+ VOICES

Across career stages, roles, and settings.



Educators



Trainees



Early Career
Investigators



Nurse
clinicians



Researchers



Health
System
Leaders

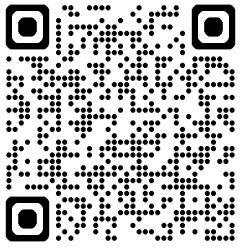
Across academic, government, clinical, and community settings

Request for Information: Seeking Stakeholder Feedback

Live now!

The RFI invites input from stakeholders throughout the scientific research, academic, advocacy, and clinical practice communities, as well as the general public.

Submit comments to
ninrstrategicplan@mail.nih.gov



NOT-NR-26-001





NACNR Workgroup

2027-2031 NINR Strategic Plan

CHARGE

Bring expert judgment to the decisions that will shape NINR's next strategic plan

The workgroup will:

- Review the current state and future direction of nursing science
- Identify and prioritize opportunities in key focus areas

TIMELINE PROPOSED

OCT–DEC 2026



Workgroup
deliberations

JAN 2027



Recommendations
to NACNR

FEB 2027



Final report



Staffing Updates

NINR Staffing Updates

Retired

Elizabeth Tarlov, PhD, RN

Director

Division of Extramural Science
Programs



NINR Staffing Updates

Acting

William Duval, PhD

Acting Director
Division of Extramural Science
Programs and

Acting Executive Secretary
National Advisory Council for
Nursing Research



Ad Hoc NACNR Members

Seth Berkowitz, MD, MPH

University of North Carolina

**Kenrick Cato, PhD, RN,
CPHIMS, FAAN**

University of Pennsylvania

Cesar de la Vega, JD

ChangeLab Solutions

**Martha Kubik, PhD, RN,
FAAN**

George Mason University SON

**Bridgette (Brawner) Rice, PhD,
MDiv, APRN, FAAN**

Villanova University

**Hudson Santos, PhD, RN,
FABMR, FAAN**

University of Miami SON

**Rebecca Schnall, PhD, MPH,
BSN, FAAN, FACMI**

Columbia University SON

**Sarah Stoddard, PhD, RN,
CNP, FSAHM, FAAN**

University of Michigan SON

Coady Wing, PhD

Indiana University, Bloomington

COLLECTIVE EXPERTISE

Health Disparities • Data & digital health • Policy & systems • Population health •
Workforce • Implementation & community engagement



Extramural Updates

Strengthening Nursing Science Connections

Annual Meeting for the Society for Prevention Research

- Highlighted NIH/NINR priorities for multilevel prevention intervention research



National IDeA Symposium of Biomedical Research Excellence

- Presented NINR priorities to potential researchers from organizations in Institutional Development Award (IDeA) states

National Academies of Sciences, Engineering, and Medicine Serious Illness Roundtable

- NINR is a partner participating in the serious illness roundtable and their activities

Advancing Tribally Led Research on Addressing the Conditions of Daily Life



IRINAH Principal Investigators and Collaborators Network Meeting

- Shared approaches for developing and testing culturally grounded, tribally led interventions for improving health in tribal communities



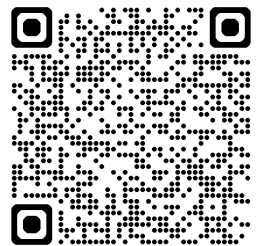
Connecting the Community Health Challenge (CCMH) 2.0

Launched August 2026

NINR co-leads the IMPROVE initiative and supports the CCMH 2.0 Challenge to encourage and reward community organizations and state or federally recognized Tribes to develop research capabilities and infrastructure to pursue research projects in maternal health

Application Deadline: September 23, 2026

Total cash prizes: up to \$3,100,000



COMpetency in Menopause & Integrated Therapy (COMMIT) Challenge

Soft Launch Now

NINR is partnering with the Office of Research on Women's Health (ORWH) to identify and reward curricula for integrating menopause research evidence into health care education and clinical practice for health professionals across the nation.

Total cash prizes up to \$2,500,000

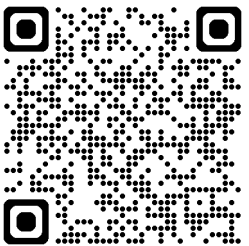


Maximizing the Scientific Value of Data Generated by the Environmental Influences on Child Health Outcomes (ECHO) Program

**Ruth L. Kirschstein National Research Service Award (NRSA)
Individual Postdoctoral Fellowship (F32)**

NINR is participating in the NOFO to support postdoctoral fellows using ECHO Cohort data to advance research and training in high-priority areas of child health by encouraging postdoctoral fellows to use ECHO Cohort data to study pediatric outcomes through large, longitudinal datasets available in the NICHD DASH repository.

Application Deadline: December 3, 2026





Highlighted Topics

Highlighted Topics

NINR- Participating



Intergenerational Interventions to Promote Health and Reduce Risk for Chronic Disease

Encourages research to develop, adapt, and/or evaluate preventive interventions that involve individuals, groups, or family members from two or more generations.

NINR-Participating



GLP-1s: Implications for Nutritional Status and Metabolic Health

Encourages research on the interaction of GLP-1s and nutrient metabolism and status, and population health .

NINR-Participating



Data Science and Artificial Intelligence (AI) Approaches for Biomedical, Biobehavioral and Social Science Research

Promotes innovative AI approaches capable of modeling complex structures and processes that cannot be addressed with traditional statistical or computational models; and to develop standards, workflows, protocols and other resources to improve widespread application of these approaches to biomedical and behavioral data.

NINR-Participating



Health and Extreme Weather: Advancing Critical Research to Address the Direct and Indirect Health Impacts of Weather-Related Natural Disasters and Emerging Weather-Related Harms.

Support research to increase understanding of how extreme weather, including weather-related natural disasters and emerging weather-related harms, impacts human health.

Highlighted Topics

NINR-Participating



Strengthening Biomedical Research, Promoting Trust, and Improving Health through Bioethics Research

Supports the consideration of ethical aspects of biomedical research in tandem with the research process to improve the health of people and increase scientific rigor and research impact.

NINR-Participating



Food is Medicine

Advance FIM programs to prevent and address diet-related chronic diseases and associated health disparities across the lifespan, including cardiovascular disease, diabetes, obesity, some cancers, and mental health disorders.

NINR-Participating



Advancing Prevention and Treatment of Bacterial Sexually Transmitted Infections in HIV-Affected Populations

Solicit research on bacterial sexually transmitted infections (STIs) in adolescent and maternal populations affected by HIV



Intramural Updates

Revealing the Contextual Factors That Shape Health

- Advanced **AI-powered measurement systems** to capture social, environmental, behavioral, and clinical determinants of health at scale.
- Continued national RCT of **Rosie**, a bilingual English/Spanish maternal health chatbot, with **400 pregnant/postpartum participants**.
- Developed **Collision Vision**, using computer vision on millions of street-level images to identify roadway features linked to child motor vehicle fatalities.
- Built the **Healthy Food Atlas**, a national geospatial database/dashboard linking healthy food access to breast cancer mortality disparities.
- Applied NLP and instruction-tuned language models to extract **social determinants of health from clinical notes** in a sepsis cohort.
- Advanced AI-based **spondyloarthritis disease subtyping** using multi-omics data and MRI analysis to support precision medicine.

The Partnerships Powering This Research

Across NIH

- NIMHD
- NIAMS
- NIAID
- NIH Office of Research on Women's Health
- NIH Office of Autoimmune Disease Research

External partners

- University of Maryland School of Public Health
- University of Utah
- University of Alabama
- Drexel University
- WashU
- Additional academic collaborators



Extending AI From Insight to Action

- Retrieval-augmented AI tools for nutrition guidance, including an evidence-aware assistant integrated with the Healthy Food Atlas.
- AI-enabled clinical-community linkages connecting patients to food, prevention, and community resources.
- Multimodal AI for precision health, including imaging, omics, EHR, geospatial, and social media data.
- Growing visibility of NINR DIR leadership in **AI and data science for nursing research**, with multiple 2026 peer-reviewed publications and national-scale tools.

NINR informing better roadway design to improve child safety

HashtagHealth Lab Intramural Program

- Collision Vision AI analyzes millions of street-level images, linking built-environment features to fatal crash data.
- Dr. Daniel Smolyak, NINR Post-Doctoral Researcher, published *Pediatrics* paper assessing built environment features across the US
- Featured on American Academy of Pediatrics On Call Podcast





Research Impacts

Why some people with colorectal cancer face more symptoms

Do patients with colorectal cancer have distinct symptom occurrence profiles, and how does diet quality and the conditions in which they live differ across profiles?

COHORT + ANALYSIS

256 adults with colorectal cancer from the ColoCare Study at 3 U.S. cancer centers; diet quality data from 137 participants. Secondary cross-sectional analysis at 6 months post-diagnosis.

RESOURCES WERE PROTECTIVE:

Higher income, social support, and diet quality were linked to lower odds of high symptoms

INCOME >\$30K

↓ **72%**

95% CI 0.09–0.89

SOCIAL
SUPPORT

↓ **13%**

95% CI 0.81–0.97

DIET QUALITY

↓ **6%**

95% CI 0.89–0.99



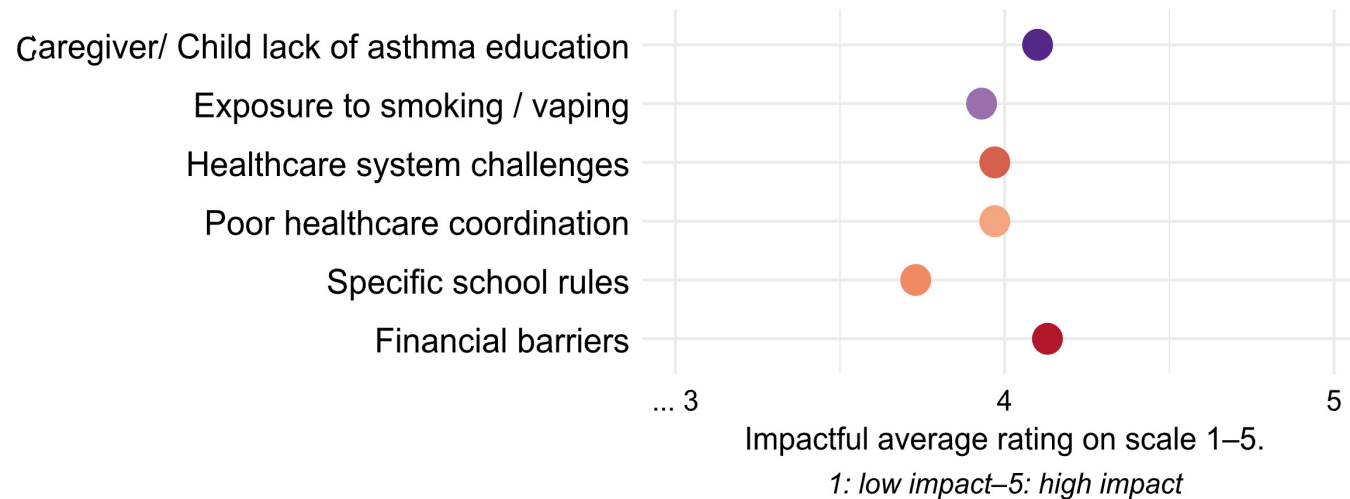
R01NR018762 • Lee et al., “Colorectal Cancer Symptom Subgroups,” Res Nurs Health, 2026

What social conditions reveal about drivers of childhood asthma

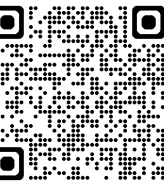
Which social circumstances do school stakeholders identify as most impactful and feasible to address to prevent asthma exacerbations in schools?

COHORT + ANALYSIS

31 school stakeholders: school nurses, school-based health providers, school staff/administrators, and families/caregivers. Group concept mapping mixed-methods study.



T32NR008857 • Borkowski et al., Social Circumstances Affecting Asthma, J Sch Nurs, 2026



Parent-related adversity in early childhood predicts teen mental health symptoms

How do early childhood ACE subtypes and household income relate to adolescent depression and anxiety symptoms?

COHORT + ANALYSIS

2,523 adolescents from the Future of Families and Child Wellbeing Study Prospective cohort; early ACEs categorized as Maltreatment vs Parent Challenges; serial linear regressions tested associations with age-15 depression/anxiety and ACE $\times$ income interactions.

PARENT-RELATED ADVERSITY MATTERED MOST

Parent challenges $\rightarrow$ higher depression + anxiety at age 15

($\beta=0.06$, $SE=0.01$; $p<0.001$ for both)

HIGHER INCOME WAS PROTECTIVE FOR DEPRESSION

Youth in households $\geq 300\%$ FPL had $\downarrow$ depression symptoms than those $<50\%$ FPL

($\beta = -0.09$, $SE = 0.04$; $p < .05$)

INCOME MODIFIED ANXIETY RISK

$<50\%$ FPL + parent challenges = highest anxiety risk

$dy/dx 0.12$, $p < .001$

F31NR020838 • Moore, et al., “Individual and interactive effects...,” Res Nurs Health, 2026





Budget Updates

NINR FY 2026 Funding

Congress provided full-year FY 2026 funding for NIH through September 30, 2026

\$198.5M

NINR operating level after transfers

The final operating level was 0.4% above the enacted appropriation.

FY 2026 enacted appropriation	\$197.693M
Net transfers	+\$0.847M
Operating level after transfers	\$198.540M

NIH Levels

\$48.993B

FY 2026 enacted

-\$0.996B

net transfers

\$47.997B

operating level after transfers

Figures are rounded. Operating levels reflect transfers reported in the May 2026 NINR Director’s Update and may change through year-end budget execution.

FY 2027 Funding Status

Three different actions define the current outlook

MARCH 2026

Administration request

\$138.4M

requested for NINR

\$60.2M below the FY 2026 operating level

30.3% proposed reduction

JUNE 2026

House committee action

Level funding

The House Appropriations Committee did not adopt the proposed NINR reduction in its FY 2027 bill.

Committee action, not final law

SEPTEMBER 2026

Current law

CR through Dec. 11

H.R. 6500 provides temporary FY 2027 funding for continuing projects and activities, generally at FY 2026 rates.

NINR has near-term funding continuity. Congress has not enacted a final full-year FY 2027 appropriation.

The President’s Budget and House committee bill represent proposals at different stages. Status as of September 15, 2026.



Administrative Updates

Growth & Vision

FOUR FOCUS AREAS

Administrative Capacity

Build staffing depth and aligned coverage that can grow with NINR.

Operational Consistency

Standardize tools, expectations, SOPs, and recurring workflows.

Service Delivery

Improve responsiveness, follow-through, and customer partnerships.

Accountability

Clarify roles, ownership, backups, and decision points.

FUTURE STATE

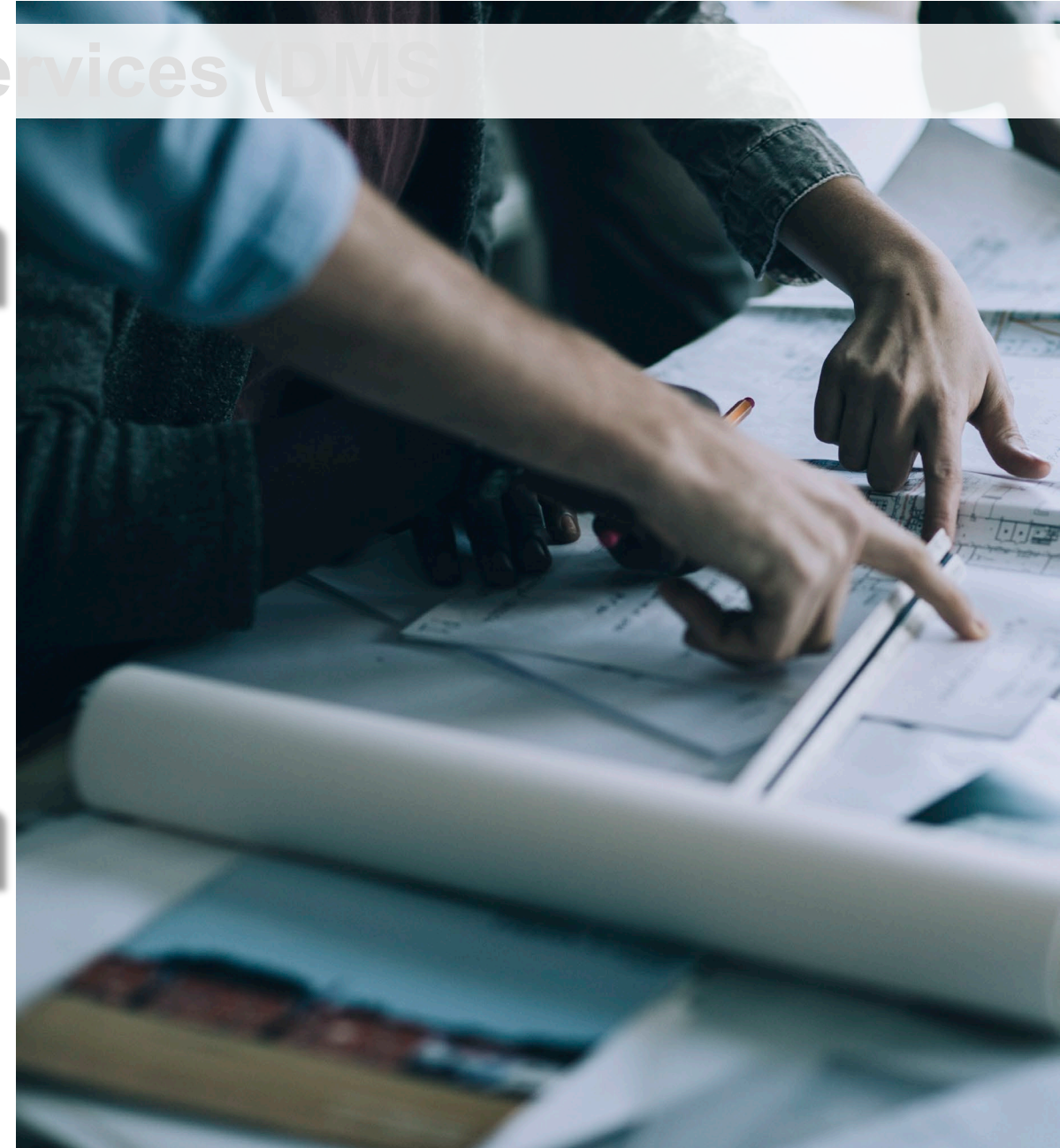
**Mission
Aligned**

**Talent &
Capacity**

**Proactive &
Agile**

**Customer Focused &
Collaborative**

**Consistent &
Accountable**





NIH Updates

White House Appoints New CDC Director

- Erica Schwartz, MD, MPH, JD was sworn in on August 13, 2026, as the Director of the Centers for Disease Control and Prevention (CDC)
- Served as the United States Deputy Surgeon General
- Dr. Bhattacharya has returned to his full-time role as the NIH Director



New Leadership for NIH Institutes and Centers

Directors

Dr. Judy H. Cho

Director

National Human Genome
Research Institute

Dr. John Gaitanis

Director

Eunice Kennedy Shriver National
Institute of Child Health and
Human Development

Deputy Directors

Dr. Dorothy Fink

Deputy Director

National Institute of Child Health
and Human Development

Dr. John H. Powers III

Principal Deputy Director and
Acting Director

National Institute on Allergy and
Infectious Disease

New Leadership for NIH Institutes and Centers

Center Directors

Dr. Raymond H. Jacobson
Director
Center for Scientific Review

Dr. Steven Schiff
Director
Fogarty International Center,
Associate Director for
International Research

Dr. Wendy J. Weber
Director
National Center for
Complementary and Integrative
Health

Dr. Peter Embi
Director
National Library of Medicine

New Leadership within the NIH Office of the Director (OD)

Joining NIH OD

Dr. Jennifer Bazinet

Associate Director
Office of Legislative Policy and
Analysis

Dr. James Day

Director
Office of Research Services

Maureen Falvella

Chief Information Officer and
Director of the Office of the Chief
Information Officer

Kristin Meredith

Director
NIH Ethics Office

New Leadership within the NIH OD

Division of Program Coordination, Planning and Strategic Initiatives (DPCPSI)

Dr. Brad Bower

Chief Artificial Intelligence Officer
DPCPSI

Dr. Kristen Honey

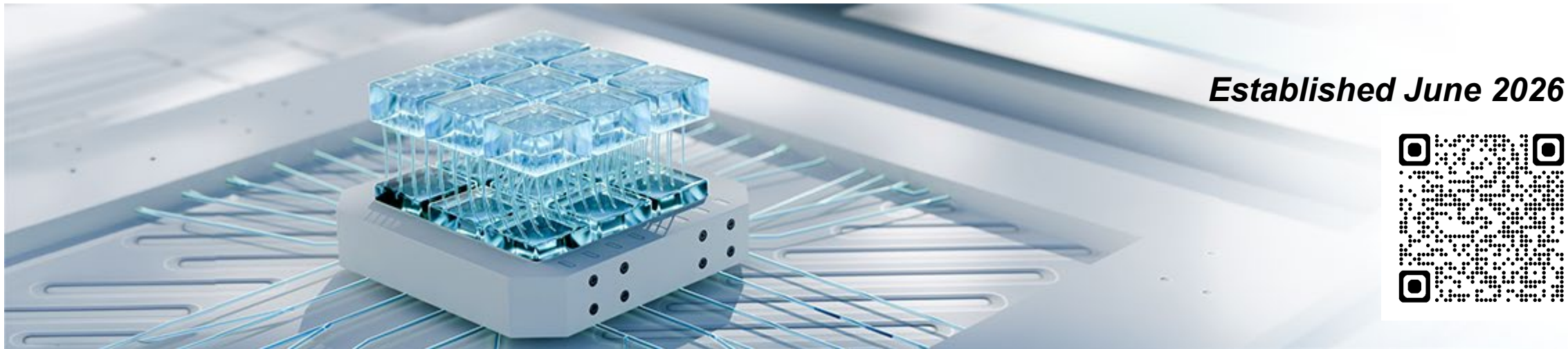
Chief Partnerships Officer
DPCPSI

Dr. Warren Casey

Director, Office of Research
Innovation, Validation, and
Application (ORIVA)
DPCPSI

Office of Research Innovation, Validation, and Application (ORIVA)

- Goal: Speed the development and use of human-based research technologies across NIH.
 - Coordinate NIH-wide efforts to develop, validate and scale New Approach Methodologies, including 3D human tissue models, computational tools and other animal-free methods that can better reflect human biology.
 - Serve as a hub for interagency coordination and regulatory translation.



NIH Small Business Program Funding Opportunities

Four NOFOs are now posted.



SBIR

Parent Small Business
Innovation Research



STTR

Parent Small Business
Technology Transfer



SBIR Phase IIB

Strategic Breakthrough
Award



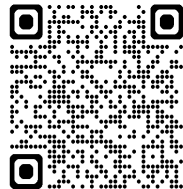
SBIR/STTR

Commercialization
Readiness Pilot Program

New and updated policies and resources are available.

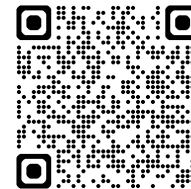
Foreign Risk Assessment

New/updated requirement
for applicants.



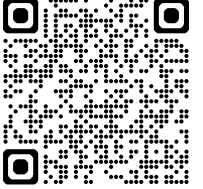
Application Limit

New/updated policy on the
number of applications per
organization.



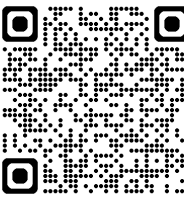
Discretionary Technical and Business Assistance

Support available to help small
businesses navigate the
application process.



Loan Repayment Program (LRP)

LRP Technical
Assistance Webinar
October 6, 2026



BEFORE

Clinical Research (L30)

Clinical Researchers from
Disadvantaged Backgrounds (L32)

Pediatric Research (L40)

REACH (L70)

Contraception & Infertility Research
(L50)

CONTINUES +
CONSOLIDATES

CONTINUES

RENAMES +
CONSOLIDATES

FROM JULY 2026

Clinical Research (L30)

L32 applicants move here; L30 continues.

Pediatric Research (L40)

L40 continues as a core pathway.

FOCUS (L70)

REACH is renamed FOCUS; L50 applicants move here.

Health Disparities Research (L60) may apply to L30, L40, or FOCUS (L70), depending on the research



NIH is reshaping the path from training to research independence

REVIEW



How applications are evaluated

CSR now centrally manages F, T, and K review, with recurring panels focused on training and career development.

The review environment is changing, not program purpose.

2026

CAREER PATHWAYS



What investigators apply for

Most individual K awards consolidate into four streamlined mechanisms beginning with October 2027 due dates.

A simpler architecture for career development.

2027

RESEARCH INDEPENDENCE



How future PIs gain trial experience

K awards will no longer fund trial conduct. NIH is seeking input on separate support for mentored K awardees to lead trials. *NOT-OD-26-095*

An unresolved question with direct relevance to early-career investigators.

Respond to RFI by September 30, 2026



RFI on Proposed Changes to Reporting Outcomes from NIH Peer Review

NOT-OD-26-088

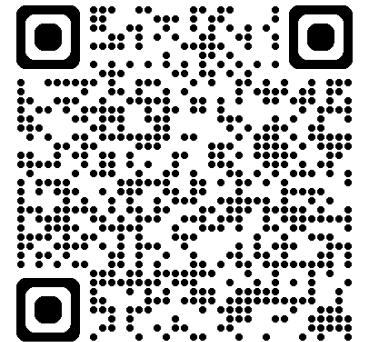
Currently applicants and NIH staff see the final overall impact scores for applications.

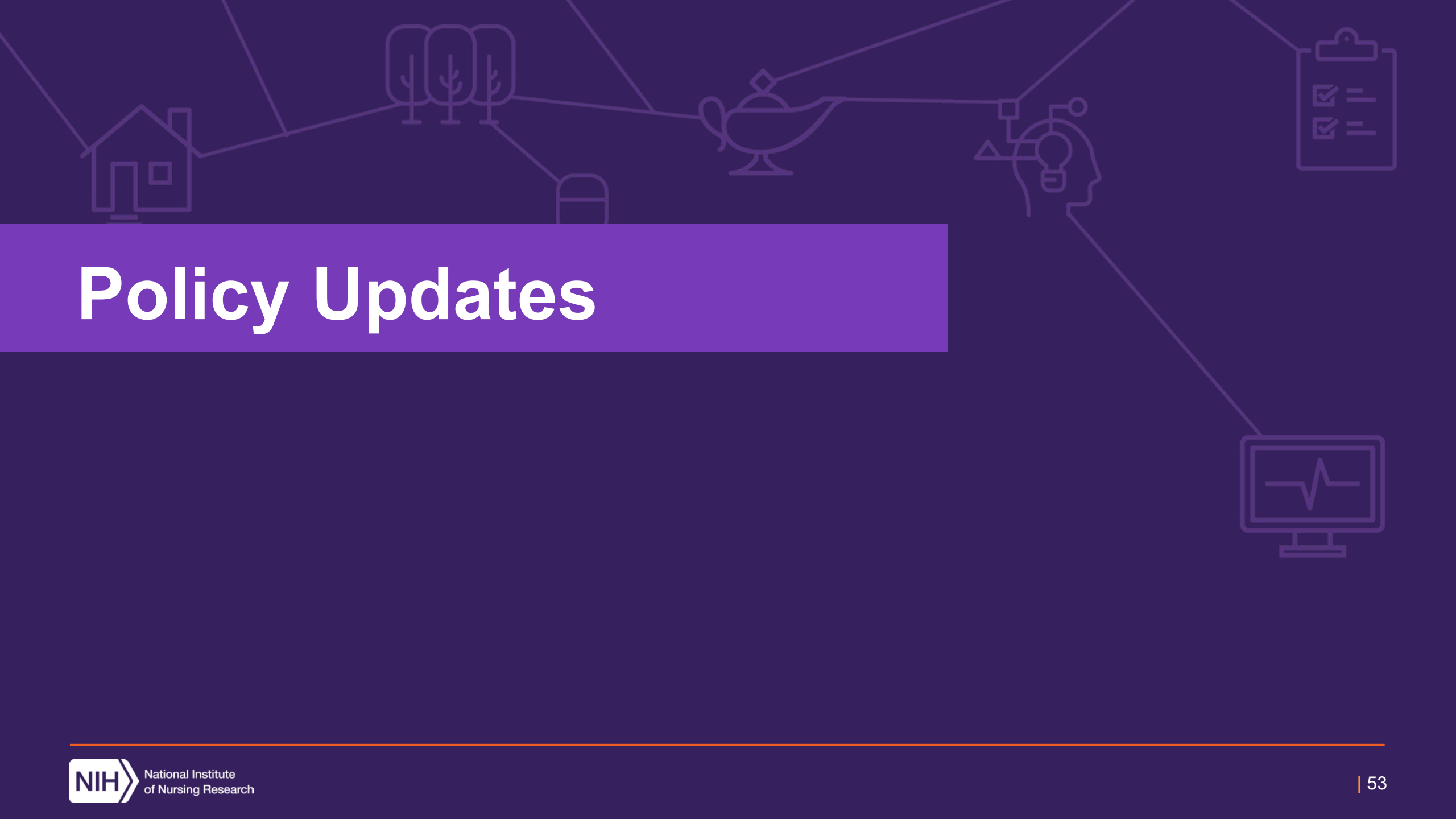
Proposed change: Based on impact scores, applications will be placed into one of three impact categories

- Most competitive (top 25%)
- Competitive (26-50%)
- Not discussed

Applicants and NIH staff will see the impact category but not the impact score.

Response Date: October 13, 2026





Policy Updates

Policy Updates



Continuation of Modifications to Peer Review Practices (NOT-OD-26-114)

- NIH has an unprecedented number of grants to review
- For January 2027 council meetings, the percent of applications discussed in most meetings will be reduced from ~50% to 30-35%

Implementation Update: NIH Data Management and Sharing Plan Requirements (NOT-OD-26-100)

- FY 2027: All existing awards and applications subject to the NIH DMS Policy must transition and align with updated DMS Plan format.
- Requirement applies regardless of when the competing application was submitted.

NIH Replacing Letters of Support with Letters of Collaboration to Reduce Administrative Burden (NOT-OD-26-094)

- NIH no longer allows letters of support.
- Requires letters of collaboration. 100-word limit. Document collaborative relationships (*not including senior/key personnel or other significant contributors*)



**Our opportunity is to lead nursing
science that begins with people's
lives and ends with solutions they
can use**

Thank you

