

Department of Health and Human Services

National Institutes of Health

National Institute of Nursing Research

Minutes of the National Advisory Council for Nursing Research

May 19, 2026

The 119th meeting of the National Advisory Council for Nursing Research (NACNR) was convened on Tuesday, May 19, 2026, at 10:00 a.m. The session was held in-person and by National Institutes of Health (NIH) videocast. The session adjourned at 2:34 p.m. Dr. Courtney F. Aklin, Chair, NACNR, presided over the session.

OPEN SESSION

I. CALL TO ORDER, OPENING REMARKS, AND COUNCIL PROCEDURES

Welcome

Dr. Aklin called the 119th meeting of the NACNR to order and welcomed all Council members, visitors, and staff. She noted that the meeting was being videocast live and will be archived on the NIH videocast website.

Roll Call

Dr. Tarlov conducted a roll call of NACNR members and noted for the record that a quorum had been met.

Dates of Future Council Meetings

Dr. Tarlov reminded Council members that the dates for future Council meetings were included in the NIH Electronic Council Book. The next Council meetings will be held on:

- September 15, 2026
- January 26, 2027
- May 18, 2027

Conflict of Interest and Confidentiality Statement

Dr. Tarlov noted that the conflict of interest and confidentiality statements were included in the Council materials; reminded Council members that as special government employees, they may not engage in lobbying activities; and noted that further information is posted in the Electronic Council Book.

II. NINR'S DIRECTOR'S UPDATE

Dr. Aklin gave the Director's update, highlighting NINR's focus on implementation-ready nursing science and the Institute's emphasis on rigorous, usable evidence that identifies what works, for whom, in which settings, and under what real-world conditions. She provided an overview of recent engagement activities, including the American Association of College of Nursing (AACN) Student Policy Summit, the STrengthening Research Opportunities for NIH Grants (STRONG) Program grantee meeting, Midwest Nursing Research Society (MNRS), an NIH Lunch and Learn for Congressional staff, the Nursing Tri-Council meeting, and the NIH Health and Extreme Weather Program Symposium. These activities underscored NINR's role in advancing solutions-oriented research, supporting future nurse scientists, and increasing the visibility of nursing science. Dr. Aklin also described examples of NINR's broader scientific direction, including intramural work that uses AI, computer vision, environmental data, and Google Street View images to study street safety and daily conditions that shape health. She described several partnered activities such as National Nurses Week recognition of NIH's Clinical Center nurses with the American Nurses Association (ANA) and the launch of an early-stage investigator lecture series that featured Dr. Jane Muir, Assistant Professor, University of Pennsylvania School of Nursing, who highlighted nursing models of care in community-facing settings and their relevance to access, timeliness, outcomes, and real-world implementation.

Dr. Aklin also discussed development of NINR's next strategic plan, as the current plan ends in 2026. Input will be gathered through listening sessions, engagement with staff and Council, a future request for information, and access to a dedicated inbox specifically for the strategic plan, with the goal of producing an actionable plan that clarifies NINR's distinctive role within NIH and the broader biomedical research enterprise. The update also addressed extramural activities and collaborations, including engagement with young investigators, the NIH Nourish Challenge, the NIH Pragmatic Trials Collaboratory, regional nursing meetings, and work related to palliative care, rural health, nutrition education, HIV/AIDS and aging, genomics, and dissemination and implementation science. Dr. Aklin highlighted examples of impactful NINR-supported research, including digital decision aids for older adults with atrial fibrillation, a nurse-led chronic pain care management model in rural primary care, and transparent mask technology to improve communication for people with hearing loss. She concluded with budget, administrative, and NIH-wide updates, including NINR's FY 2026 final level of about \$198.54 million, the FY 2027

President's Budget request proposing a reduction for NINR, internal operational strengthening, NIH leadership updates, broader use of parent funding announcements, NIH strategic planning efforts, and policy updates affecting applicants.

Council discussion followed (available on NIH Videocast)

III. SCIENTIFIC PRESENTATION: TRANSLATING EVIDENCE-BASED INTERVENTIONS INTO REAL-WORLD SETTINGS TO IMPROVE PAIN CARE

Dr. Julie Fritz discussed efforts to translate evidence-based pain interventions into real-world settings, using the BeatPain Utah study as an example of how implementation science can address access barriers to nonpharmacologic pain care. The presentation framed chronic pain as a major public health issue with unequal impacts across rural, lower-income, and lower-education communities, where access to quality care is often limited. It described how the Helping to End Addiction Long-term (HEAL) Initiative, Pragmatic and Implementation Studies for the Management of Pain to Reduce Opioid Prescribing (PRISM), and the NIH Pragmatic Trials Collaboratory supported a hybrid effectiveness-implementation trial testing telehealth physical therapy in federally qualified health centers in Utah, with attention to both whether the intervention worked and whether it could be delivered through real-world clinical workflows.

Key implementation considerations included building strong academic-community partnerships, using the electronic health record and text messaging to identify and engage patients, ensuring Spanish-language access, providing feedback to clinic teams, and adapting processes to fit the needs of patients, providers, therapists, and clinics. The project also highlighted challenges related to COVID-19, staffing and capacity constraints, trust in institutions, rural recruitment, telehealth delivery, and regulatory oversight when expanding through the NIH Care for Health initiative. Lessons learned emphasized the importance of mutual respect, shared priorities, local context, workflow fit, and flexible problem-solving in conducting pragmatic research with community health centers and rural primary care networks.

Council discussion followed (available on NIH Videocast)

IV. COMMUNITY VOICE: ASSOCIATION FOR UTAH COMMUNITY HEALTH

Ms. Tracey Siaperas described the Association for Utah Community Health's (AUCH) role as Utah's federally designated primary care association and health center-controlled network, supporting community health centers through training, technical assistance, health information technology, data infrastructure, and partnerships that help implement research in real-world clinical settings. Utah's 14 health centers across 69 clinical sites serve a largely rural state where many patients face long travel distances, transportation barriers, limited local services, and financial constraints. In 2024, Utah health centers served more than 175,000 patients and provided more than 653,000 visits, with major priorities

including chronic care management, care coordination, prevention, behavioral health integration, workforce capacity, patient navigation, transportation, oral health, and support for special populations.

The presentation highlighted the partnership between AUCH, the University of Utah, Huntsman Cancer Institute's Center for HOPE, and BeatPain Utah as an example of how trusted relationships can support pragmatic research in community health centers. Implementation challenges included COVID-19 disruptions, staff turnover, limited bandwidth, competing research studies, and concerns about text message fatigue and trust. Despite these barriers, nine health centers referred 1,063 patients, with recruitment supported by Azara (a population health management tool), provider referrals, and automated text messaging for patients with chronic low back pain. The partnership also helped expand statewide use of Azara, strengthen data-driven decision-making, improve clinical quality measures, and demonstrate how shared funding, technology, and academic-community collaboration can improve care delivery and outcomes in resource-constrained settings.

Council discussion followed (available on NIH Videocast)

V. NIH DIRECTOR PRESENTATION: ADVANCING GOLD STANDARD SCIENCE TO ADDRESS AMERICA'S CHRONIC DISEASE CRISIS

Dr. Jay Bhattacharya opened his remarks by affirming his strong support for NINR's science and its critical importance to NIH's mission and the health of the American people. He emphasized NIH's responsibility to advance [Gold Standard Science](#) that improves health and longevity and highlighted the vital role of NINR-supported research in generating real-world evidence that directly improves health.

Dr. Bhattacharya showcased impactful NINR research addressing chronic and other diseases, including implementation research to [increase transcranial Doppler screening for children with sickle cell anemia](#), [technology-enhanced palliative care](#) that preserves human connection, research linking [hypertension in pregnancy](#) with later cardiovascular risk, [AI-based analysis of nursing notes](#) to identify high-risk patients, and [interventions to support cognition](#) among people aging with HIV. Dr. Bhattacharya connected these examples to NIH's core mission to enhance health, lengthen life, and reduce illness and disability, emphasizing that this kind of impactful research is essential to reversing America's stagnant life expectancy and chronic disease burden."

In addition to highlighting NINR research's impact and influence on improving health and preventing disease, Dr. Bhattacharya identified three systemic barriers that must be addressed for NIH to fully achieve its mission. He discussed how institutional disincentives limit the pursuit of bold, paradigm-challenging ideas in biomedical research. To address this challenge, NIH is expanding support for high-risk, high-reward research through its new [Unified Funding Strategy](#), which will guide more transparent

and consistent funding decisions across NIH, particularly prioritizing early-career investigators and mentor-mentee teams to foster innovative research environments.

Dr. Bhattacharya also addressed persistent limitations in replication and reproducibility in scientific research, which undermine the ability of patients and healthcare providers to rely on medical literature for decision-making. To strengthen this area, NIH is funding replication studies and creating mechanisms to publish, disseminate, and institutionally value replication science.

He further highlighted the concentration of NIH funding among relatively few institutions, which limits the diversity of scientific perspectives and research innovation. To broaden research capacity, NIH is implementing competitive infrastructure support to expand the scientific landscape and democratize access to research funding. Together, these efforts are intended to strengthen research reliability, broaden participation in the scientific enterprise, and better align NIH investments with the health needs of the American public.

Council discussion followed (available on NIH Videocast)

VI. INVITED NIH PRESENTATION: ADVANCING IMPLEMENTATION SCIENCE IN HEALTH: REFLECTIONS, PROGRESS, AND OPPORTUNITIES

Dr. David Chambers reflected on the development of implementation science as a rigorous field focused on ensuring that evidence-based interventions become standard care across health systems, communities, and populations. The presentation traced the field's roots from evidence-based medicine and passive dissemination models to NIH-wide dissemination and implementation research efforts, emphasizing that publication alone is insufficient when only a small fraction of research influences patient care after many years. Key implementation questions included how to improve adoption, training, delivery, reach, fidelity, cost, acceptability, and sustainment so that interventions can produce real population health benefit.

The presentation highlighted NIH's role in building implementation science capacity through funding announcements, training institutes, peer review infrastructure, conferences, sample grants, tools, and cross-institute collaborations, including NINR-supported work on dissemination, sustainment, multilevel implementation, hybrid effectiveness-implementation designs, and patient-reported outcomes. Future opportunities emphasized studying adaptation, dynamic sustainment, scale-up, and de-implementation, rather than assuming interventions should remain unchanged or simply be added to already crowded systems. Nursing science was positioned as especially valuable for understanding varied real-world settings, workflows, populations, care systems, and the practical conditions needed for evidence to be implemented, maintained, and improved over time.

Council discussion followed (available on NIH Videocast)

VII. ADJOURNMENT

Dr. Elizabeth Tarlov

The council adjourned the meeting at 2:34 p.m.

VIII. CERTIFICATION

I hereby certify that the foregoing minutes are accurate and complete.

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F. AKLIN -S

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Date: 2026.09.08
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Courtney F. Aklin, PhD

Director

National Advisory Council for Nursing Research

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William Duval, PhD

Acting Executive Secretary

National Advisory Council for Nursing Research

COUNCIL MEMBERS' PRESENT

Dr. Courtney Aklin, Chair

Dr. Elizabeth Tarlov, Executive Secretary

Dr. Guadalupe X. Ayala

Dr. Catherine Battaglia, Ex-Officio

Dr. Betty Bekemeier

Dr. Daniel E. Dawes

Dr. Anne M. Fitzpatrick

Dr. Vincent Guilamo-Ramos

Mr. Joseph M. Harrington

Dr. Jing Wang

Colonel Cubby Gardner, Ex-Officio

PRESENTERS

Dr. Jay Bhattacharya

Dr. David Chambers

Dr. Julie Fritz

Tracey Siaperas

NIH STAFF PRESENT

Maureen Akubu-Odero

Libbey Bowen

Yvonne Bryan

Shalanda Bynum

Molly Caisse

Bill Duval

Shannon Givens

Dionne Godette

Karen Huss

Nyala Johnson

Karen Kehl

Karen McNamara

Lauren Oliviera Hashiguchi

Miguelina Perez

Brian Rohde

Barbara Sanford

Julia Seay

Don Seymour

Jessica Walrath

Leigh Willis

Josh Wolff

Ron Wolff

MEETING AND WEBINAR SUPPORT

Joanna Case, BETAH Associates

Linda Dhawan, BETAH Associates

Danielle Impraim, BETAH Associates

Wayne Pereanu, BETAH Associates