

Department of Health and Human Services

National Institutes of Health

National Institute of Nursing Research

Minutes of the National Advisory Council for Nursing Research

September 9, 2025

The 117th meeting of the National Advisory Council for Nursing Research (NACNR) was convened on Tuesday, September 9, 2025, at 10:00 a.m. The open session was held in-person and broadcasted by National Institutes of Health (NIH) videocast. The open session adjourned at 2:11 p.m. The closed session of the meeting, which included consideration of grant applications, was convened on Tuesday, September 9, 2025, at 2:15 p.m. and continued until 2:40 p.m. Dr. Courtney Aklin, Chair, NACNR, presided over both meeting sessions.

OPEN SESSION

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

Welcome

Dr. Aklin called the 117th meeting of the NACNR to order and welcomed all Council members, visitors, and staff. She noted that the open session of the meeting was being videocast live and will be archived on the NIH videocast website.

Roll call

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

Dates of Future Council Meetings

Dr. Tarlov mentioned that Dates for future Council meetings were included in the NIH Electronic Council Book. The next Council meetings will be held in person on:

- January 27, 2026
- May 19, 2026
- September 15, 2026

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 she would provide specific instructions about conflict of interest and confidentiality at the beginning of the Closed Session in the afternoon.

II. DIRECTOR'S UPDATE

Dr. Aklin provided an overview of the day's agenda and then gave the Director's update, which included a series of updates about NINR, including:

- Staff collaborated across NINR to revise the research lenses and create fact sheets and one-pagers to be released after 508 compliance is complete. The update reaffirmed NINR's mission to lead nursing research that solves health challenges and informs practice and policy to optimize health for all. Nursing research was framed as solutions oriented, translating discoveries into practice, advancing intervention and implementation science, and co creating with communities to reduce disparities. Research priorities include testing strategies that address social determinants of health and identifying for whom and under what conditions interventions work. Population and community studies will identify risk and protective factors, evaluate policies and systems, and use genuine community partnerships to ensure relevance and impact. Systems and models of care work will design and evaluate nurse led and interprofessional models that improve continuity, coordination, access and person-centered care.
- NINR marked 40 years with events including
 - The 2025 Artificial Intelligence Bootcamp was held on June 2 and 3. There was strong demand and predominantly nurse scientists' participation. AI efforts emphasized responsibility, holistic design and the need for continued training and networking among nurse scientists.
 - Advancing Nursing Research to Support Healthy School Environments, co-hosted with the NIH Office of Behavioral and Social Science Research was held on June 11. It outlined gaps, opportunities and the role of school nurses, and its recommendations will feed into an implementation plan.
 - Upcoming events marking NINR's 40 years include an Early State Investigator Workshop and SDOH Research Faculty Convening (9/16) and the NINR 40th Anniversary Scientific Symposium (9/17).
- Operational updates noted staff transitions

- Budget updates covered FY 2025 closeout activities and congressional markups indicating essentially flat NINR funding for FY 2026 pending enactment.
- NIH changes include new acting leadership at the Center for Scientific Review and policy shifts to reduce specific NOFOs in FY 2026, move opportunities to Grants.gov, launch Highlighted Topics, discourage applications containing ideas substantially developed by AI, and cap each PI or MPI at six applications per calendar year.
- NINR encouraged the extramural community to pay close attention to new extramural policy resources and the NIH Director's statements, and noted alignment with NIH priorities in training, AI strategy and nutrition partnerships.

Council discussion followed ([NIH VideoCast @ 57:19](#))

III. NINR: 40 YEARS OF IMPACT ON NURSING RESEARCH

Dr. Tarlov traced 40 years of NINR's impact and the National Advisory Council for Nursing Research's role in steering that trajectory, from the 1985 creation of the National Center for Nursing Research through institute status and 21st-century strategic goals. The presentation highlighted sustained investments in training nurse scientists; advances linking biological and behavioral science; adoption of innovative trial designs and pragmatic studies via the NIH Health Care Systems Research Collaboratory; and leadership in big data, open educational resources, and AI-readiness. Council helped shape priorities in areas such as data science and school health, while community-partnered research and translation efforts kept science grounded in real-world settings and social drivers of health (housing, food security).

Illustrative outcomes included foundational end-of-life and palliative care research (e.g., the PCRC and the ongoing ASCENT consortium), influential HIV prevention work that moved from NIH evidence generation to CDC model curricula, and recent portfolios addressing housing and food insecurity, and organizational solutions to reduce nurse burnout and strengthen the nursing workforce. Over four decades, Council guidance and NINR funding have built capacity, advanced methods, and produced evidence that informs policy and practice. This work has continued to meet strategic goals by responding to public health needs, amplifying NINR's impact within NIH, surfacing future opportunities, and developing the next generation of nurse researchers.

Council discussion followed ([NIH VideoCast @ 54:58](#))

IV. IMPACTS OF NINR-FUNDED ADVANCE CARE PLANNING RESEARCH WITH ALASKA NATIVE PEOPLES

Dr. Jennifer Shaw, Research Associate Professor, Center for Alaska Native Health Research, Institute of Arctic Biology, University of Alaska Fairbanks

Dr. Shaw presented NINR-funded research on improving advance care planning (ACP) with Alaska Native peoples, underscoring ACP as a cornerstone of palliative care that aligns treatment with patient values and reduces distress, unwanted procedures, and costs. The talk situated the work within the Alaska Tribal Health System (ATHS) and highlighted that ACP remains starkly underrepresented among many U.S. Indigenous communities despite high need, noting that contextually grounded interventions and implementation strategies strengthen ACP delivery and uptake. Context included rapidly increasing older Alaska Native/American Indian populations, early quality-improvement gains in the ATHS using “Your Care, Your Choices,” and the paucity of NIH-funded ACP studies focused on U.S. Indigenous populations.

The presentation detailed two NINR-supported studies centered on adapting and testing the Jumpstart ACP communication tool in primary care. Tailoring involved population-centered changes (e.g., collectivist decision-making, culture in communication, contribution-oriented wording). A cluster-randomized pilot in Alaska demonstrated high feasibility and acceptability with signals of increased ACP conversations and documentation. Building on this foundation, a Hybrid Type 1 cluster-randomized trial launched in July will enroll 450 patients across three arms (usual care, brief tool, full tool) to compare effectiveness; the primary outcome is advance-directive documentation, with secondary outcomes including patient-reported ACP occurrence, communication quality, and symptoms of anxiety/depression, alongside a CFIR-guided implementation evaluation. The work has advanced investigator development, strengthened Alaska research capacity, and supported community self-determination with potential to change clinical practice.

Council discussion followed ([NIH VideoCast @ 1:26:55](#))

V. NINR’S COMMUNITY IMPACT

Ms. Solana Rollolazo, South Central Foundation

Ms. Rona J. Johnson, South Central Foundation, Detox Program

Ms. Rollolazo presented South Central Foundation’s Alaska Native owned Nuka System of Care, emphasizing relationship based, culturally centered, whole person care and the “customer owner” model. The talk described practical structures such as family empanelment to stable primary care teams, same

day access, and a multiyear effort to make advanced care planning part of routine care. Workflow changes now cue chart reviewers, medical assistants, and providers to start conversations with support for staff to frame advanced care planning as guidance for living rather than a focus on dying.

Ms. Johnson linked these structures to lived experience as a lifelong customer owner and clinician, underscoring elevation of Alaska Native and American Indian voices, avoidance of unnecessary village to city transfers, and careful stewardship within a single funding pool. The presentation described replacing dense legal language with culturally resonant, story driven materials, developed with community input and supported by NIH funded research, which has increased completion of documents and aligned care with values. A case from St. Paul Island illustrated how early conversations set clear treatment guardrails and supported home based end of life preferences while reducing costly medevacs.

Council discussion followed ([NIH VideoCast @ 2:03:46](#))

VI. FUTURE OF NINR'S COLLABORATION: NUTRITION AND NURSING – THE PERFECT PAIRING

Dr. Andrew A. Bremer, Director, Office of Nutrition Research

Dr. Bremer framed nutrition and nursing as a perfect pairing, outlining how nutrition functions as a disease-agnostic biological variable that affects every system across the lifespan and how nursing science uniquely translates evidence into actionable, solution-focused care. The presentation highlighted NIH's cross-government and public-private collaborations, the scale and urgency of diet-related disease, and the need to optimize health rather than merely correct deficiencies. An overview of NIH nutrition funding noted roughly \$2 billion annually, about 4 percent of NIH obligations, while NINR invests a substantially larger share of its portfolio in nutrition, about 12 percent or roughly \$23 million, underscoring alignment with prevention, implementation, and whole-person health.

The talk detailed the roles of the Office of Nutrition Research and the Office of Dietary Supplements in advancing rigor, generating evidence to inform policy and practice, fostering stewardship, and expanding the training pipeline. Priority initiatives included Nutrition for Precision Health, Food is Medicine, human milk science, adolescent nutrition efforts such as the Biomarkers of Nutrition for Development – Knowledge Indicating Dietary Sufficiency (BOND-KIDS) project, teaching kitchens that build practical skills for families, and emerging work on ultra-processed foods along with the joint NIH-FDA nutrition regulatory science program. Throughout, nursing expertise was positioned as central to study design, bedside translation, community engagement, and sustained public health impact.

Council discussion followed ([NIH VideoCast @ 2:49:30](#))

VII. ADJOURNMENT

The council adjourned for the public portion of the meeting at 2:11 p.m.

CLOSED SESSION

This portion of the meeting was closed to the public in accordance with the determination that this session concerned matters exempt from mandatory disclosure under Sections 552b(c)(4) and 552b(c)(6), Title 5, U.S. Code and Section 10(d) of the Federal Advisory Committee Act, as amended (5, USC Appendix 2). Dr. Tarlov reminded members they may not be present for Council discussion and voting on any application with which they are in conflict and instructed them to speak up if they are in conflict, and staff will move them to a virtual waiting room. Members were asked to sign and submit a statement to this effect.

Council members considered 131 research and training grant applications on which NINR was the primary Institute; these applications requested a total of \$38,013,849 (direct costs year 01). The Council also considered 120 applications, of which another Institute/Center was primary and NINR was secondary; these applications requested a total of \$43,379,739 (direct costs year 01). The Council concurred with the Institutional Review Group recommendations on these 251 applications. All applications (including those for which early concurrence was obtained) requested a total of \$81,393,588 (direct costs year 01).

VIII. REVIEW OF APPLICATIONS

Dr. Tarlov called for a motion for *en bloc* concurrence with the scientific review group's recommendations for all applications. The motion was made, seconded, and unanimously approved. Council members did not bring forward any applications for discussion for *en bloc* vote. Council members were reminded that the recommendation is advisory to the NIH Director.

IX. ADJOURNMENT

The 117th meeting of the NACNR was adjourned at 2:40 p.m. on Tuesday, September 9, 2025.

X. CERTIFICATION

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

**COURTNEY
F. AKLIN -S** Digitally signed by
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Date: 2026.01.23
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Dr. Courtney Aklin, PhD

Acting Director

National Advisory Council for Nursing Research

**ELIZABETH C.
TARLOV -S** Digitally signed by
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Date: 2026.01.23 14:05:41
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Elizabeth Tarlov, PhD, RN

Executive Secretary

National Advisory Council for Nursing Research

COUNCIL MEMBERS' PRESENT

Dr. Courtney Aklin, Council Chair

Dr. Elizabeth Tarlov, Executive Secretary

Dr. Guadalupe X. Ayala

Dr. Betty Bekemeier

Dr. Anne M. Fitzpatrick

Dr. Vincent Guilamos-Ramos

Mr. Joseph Harrington

Dr. Patricia W. Stone

Dr. Jing Wang

Colonel Cubby Gardner, *Ex-Officio*

Dr. Sheila Sullivan, *Ex-Officio*

PRESENTERS

Dr. Andrew A. Bremer

Rona J. Johnson

Solana Rollolazo

Dr. Jennifer Shaw

NIH STAFF PRESENT at OPEN SESSION

Dr. Shalanda Bynum

Dr. Dara Demner

Dr. Bill Duval

Dr. Karen Kehl
Miguelina Perez

NIH STAFF PRESENT at CLOSED SESSION

Dr. Courtney Aklin
Dr. Mary Bowen
Dr. Shalanda Bynum
Dr. Dara Demner
Dr. Bill Duval
Dr. Karen Huss
Ashlea Irick
Dr. Karen Kehl
Dr. Karen McNamara
Dr. Lauren Hashiguchi
Miguelina Perez
Dr. Julia Seay
Dr. Elizabeth Tarlov
David Tilley
Dr. Nadra Tyus
Dr. Leigh Willis
Dr. Joshua Wolff

MEETING AND WEBINAR SUPPORT

Joanna Case
Wayne Pereanu
Sean Tolliver