**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 15, 2026

The 120th meeting of the National Institute of Nursing Research's National Advisory Council for Nursing Research (NACNR) was convened on Tuesday, September 15, 2026, at 10:00 a.m. The open session was held by National Institutes of Health via Teams and broadcast publicly via NIH videocast. The open session adjourned at 2:21 p.m. The closed session of the meeting, which included consideration of grant applications, was convened on Tuesday, September 15, 2026, at 2:30 p.m. and continued until adjournment at 2:41 p.m. Dr. Courtney F. Aklin, Chair, NACNR, presided over both meeting sessions.

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## OPEN SESSION

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

### Welcome

Dr. Aklin called the meeting 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. William Duval, Acting Director, Division of Extramural Science Programs, National Institute of Nursing Research, conducted a roll call of the NACNR members and noted for the record that a quorum had been met.

### Minutes of the Previous NACNR Meeting

Minutes of May 19, 2026, NACNR meeting was distributed to Council members through the NIH Electronic Council Book (ECB). A motion to accept these minutes was made, seconded, and unanimously approved. The approved minutes of NACNR meetings become part of the Institute's official record and are posted on the NINR website (www.ninr.nih.gov).

### Dates of Future Council Meetings

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

- January 26, 2027

- May 18, 2027
- September 8, 2027

**Conflict of Interest and Confidentiality Statement**

Dr. Duval 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 REPORT

Dr. Aklin gave the Director's Update, emphasizing NINR's vision for connecting discovery with improvements in health and nursing science's distinctive ability to integrate biological and behavioral research with the conditions of daily life. She reviewed engagement with early-stage investigators, NIH Clinical Center nurses, the Summer Omics Nursing Institute, and the Whole Person Physio Network. These activities highlighted opportunities to connect biological discovery with real-world context and translate clinical questions into rigorous research. She also highlighted the early-stage investigator lecture series, including work on patient-centered communication and shared decision-making in palliative cancer care.

Dr. Aklin discussed development of NINR's next strategic plan, describing a collaborative process to guide investments, partnerships, and accountability over the next five years. Seven listening sessions with 10 partner organizations had reached more than 350 participants. An open request for information sought broader input on scientific priorities, emerging opportunities, workforce needs, and gaps. A proposed Council workgroup would help prioritize opportunities based on significance, feasibility, and NINR's distinctive role, with report out returning to Council in January. Community partners would have an opportunity to see how their input was reflected before the plan's public release.

The update addressed extramural partnerships in prevention, serious illness care, and community-engaged, tribally led research. Dr. Aklin highlighted NINR's co-leadership of the IMPROVE initiative and support for the Connecting Community Health Challenge 2.0, offering up to $3.1 million to strengthen community and tribal maternal health research capacity. Other opportunities supported integration of menopause research into health professional education and F32 fellowships using longitudinal ECHO cohort data. Additional funding topics included intergenerational approaches to chronic disease, GLP-1 therapies, AI and data science, extreme weather, bioethics, food as medicine, and bacterial sexually transmitted infections in populations affected by HIV.

Dr. Aklin described intramural research integrating clinical, social, environmental, and biological data, including a bilingual AI tool for pregnant and postpartum participants, studies of roadway design and child traffic fatalities, and the Healthy Food Atlas examining food access and breast cancer mortality. She emphasized using AI to make evidence more useful to people and communities. Examples of NINR-supported research examined associations between social, financial, and nutritional resources and colorectal cancer symptom burden; stakeholder priorities for improving school asthma management; and relationships among early family adversity, household income, and adolescent depression and anxiety.

Budget and administrative updates included NINR's FY 2026 appropriation of approximately $197.693 million, approval to exceed its multi-year funding ceiling by up to $2.8 million to support additional competing research project grants, an increased small-business set-aside, the proposed FY 2027 funding reduction, and efforts to strengthen operational capacity. Dr. Aklin concluded with NIH-wide leadership and policy updates, including a new office supporting alternatives to animal use, small-business funding opportunities, loan repayment program changes, centralized review of training and career development awards, planned consolidation of most individual K awards, proposed changes to peer review reporting, and updated data sharing and collaboration letter requirements. She reaffirmed NINR's commitment to science that begins with people's lives and produces solutions they can use.

## III. NURSING RESEARCH AND THE CONDITIONS OF DAILY LIFE: ADVANCING RIGOROUS SCIENCE TO OPTIMIZE HEALTH FOR ALL

Dr. Dionne Godette, Program Director, Population and Community Health Branch at the National Institute of Nursing Research, provided an overview of NINR's extramural support for research examining the conditions of daily life, emphasizing nursing science's whole-person perspective and the importance of context across discovery, disease prevention and management, and care delivery. Dr. Godette also highlighted that community engagement can improve measurement, identify relevant conditions, and support intervention adoption. Community engagement is complementary to the examination of the conditions of daily life in its usage of context to understand impact. Common conditions examined in NINR's portfolio included food insecurity, housing, employment, education, and socioeconomic status. Education and socioeconomic status were the most prevalent, with studies addressing multiple conditions also prominent. Over the past five years there has been increasing attention to food and housing. She emphasized that the inclusion of conditions of daily life in research must be justified by the specific research question and supported by well-defined, validated measures.

Dr. Godette also discussed training and institutional support needed to strengthen research in this area. Drawing on insights from NINR's scientific convening in September 2025, she emphasized clear

concepts, shared terminology across disciplines, community engagement, and practical guidance for translating findings into clinical care. Training priorities included deliberate study design, validated measurement, rigorous and ethical interpretation, and reproducibility, supported through mentorship, coursework, and cross-disciplinary collaboration. She highlighted eight teams supported through the NIH R25 mechanism to provide research education on conditions of daily life and health. Further, she highlighted NINR's P20 initiative supporting community-partnered nursing research centers. The P20s will support nurse-led interdisciplinary teams in building centralized infrastructures for community engagement in schools and colleges of nursing. She recommended that observed health differences between population groups should serve as starting points for data-driven investigations on the conditions of daily life rather than conclusions. Dr. Godette concluded by stating that the goal should be to prepare investigators to identify which measurable conditions affect specific health outcomes, determine who benefits from interventions and under what conditions, and translate findings into clinical and community practice to improve health for all.

Council discussion followed (available on NIH VideoCast)

## IV. MITIGATING FOOD INSECURITY IN HIGH-RISK PREGNANT PATIENTS THROUGH INTEGRATED COMMUNITY-CLINICAL-ACADEMIC PARTNERSHIP

Drs. Elaine Borawski, Professor of Community Nutrition, Department of Nutrition, Case Western Reserve University School of Medicine and Alissa Glenn, Director of Community Health and Research, Greater Cleveland Food Bank, presented Nourishing Tomorrow, an NINR-supported collaboration among the Greater Cleveland Food Bank, Case Western Reserve University, University Hospitals, and MetroHealth examining medically tailored groceries for pregnant patients experiencing food insecurity. They described how food access and transportation barriers shaped regional food as medicine partnerships and the development of the Nourishing Beginnings pilot. The pilot randomized 162 pregnant individuals to receive either home-delivered groceries or $30 in unrestricted funds every two weeks, with both groups receiving cooking tools, pregnancy-specific nutrition education, and access to community health worker support. By birth, the grocery group's average food insecurity score had fallen below the food insecurity threshold, while the cash group improved, food insecurity remained low. Both groups showed improvements in psychosocial and cooking-related measures. Birth outcomes were more favorable in the grocery group, but differences were not statistically significant, warranting evaluation in a larger trial. Lessons included the importance of documenting food benefit use, obtaining clinical outcomes from medical records, and accounting for housing instability and inadequate cooking environments.

The presenters outlined Nourishing Tomorrow's randomized trial, which aims to recruit 360 food-insecure pregnant patients and compares three approaches: clinic-based grocery pickup, home-delivered groceries, and home delivery with additional personalized nutrition education and support from a registered dietitian. Groceries are tailored to household size and food preferences, and all participants receive cooking tools and pregnancy-specific nutrition information. The study will examine dietary behaviors, maternal health, and infant outcomes, while investigating pathways involving food insecurity, cooking confidence, stress, and other psychosocial factors. It will also assess how housing stability, cooking environments, food benefit use, and intervention participation influence effectiveness. The presenters reported that recruitment was on schedule and highlighted implementation lessons involving data sharing across health systems, delivery capacity, and flexibility in responding to participants' changing circumstances. They emphasized aligning study procedures with existing clinical and community workflows and identifying sustainable funding for effective services. Future questions include who benefits most from delivery versus pickup, whether medically tailored meals may better serve some patients around childbirth, and how participants can transition to other resources when the intervention ends.

*Council discussion followed (available on NIH VideoCast)*

## V. DIETARY PATTERNS IN THE CONTEXT OF DAILY LIVING: INSIGHTS FROM NCCOR

Dr. Jill Reedy, Branch Chief of the Health Behaviors Research Branch, Behavioral Research Program at the National Cancer Institute's Division of Cancer Control and Population Sciences, discussed how dietary patterns are embedded in daily living, emphasizing that modifiable behaviors are not necessarily easily changed by individuals. She described three dimensions of dietary patterns: layers, encompassing what, when, where, why, and how people eat; life course, reflecting changes across life stages and circumstances; and levels, recognizing interacting influences across individuals, environments, and broader systems. She presented the National Collaborative on Childhood Obesity Research (NCCOR), founded by CDC, NIH, USDA, and the Robert Wood Johnson Foundation, as a model for integrating expertise, strengthening measurement and surveillance, and translating research into practice. Drawing on NCCOR's 2024 workshops on obesity-related policy, systems, and environmental research, she highlighted four priorities: broadening methods and partnerships, allowing time for meaningful change, measuring pathways and outcomes relevant to partners, and building capacity across research partnerships. She emphasized co-creation with communities and approaches such as systems science, implementation science, natural experiments, and participatory design that examine context as part of the research question.

Dr. Reedy stressed that building trust, implementing systems changes, and observing health impacts often require timelines beyond a typical grant cycle. Evaluation should capture intermediate changes in access, affordability, institutional practices, and community capacity, rather than dietary intake or health outcomes alone. She highlighted resources including the Automated Self-Administered 24-hour (ASA24) Dietary Assessment Tool, the Healthy Eating Index, the Measures Registry Resource Suite, and the Catalogue of Surveillance Systems, emphasizing that conceptual models should guide measurement and that no single tool captures the whole system. Capacity building should strengthen researchers' methodological skills while providing community partners with resources and infrastructure for meaningful participation. She also noted continuing multilevel nutrition research efforts and NCCOR's implementation scorecard to help practitioners identify strengths and gaps when introducing interventions. She concluded that authentic community engagement shapes research questions, measurement, interpretation, and the translation of findings into action.

*Council discussion followed (available on NIH VideoCast)*

## VI. COUNCIL REFLECTIONS: TODAY'S TOPICS

Council members reflected on nursing science's role in understanding how conditions of daily life shape health and intervention effectiveness. Discussion addressed the need to identify intervention mechanisms and meaningful outcomes, study and measure community engagement, and strengthen the nursing research workforce. Members explored closer integration of community-engaged research and implementation science, including partnerships with health systems to support implementation and scale-up. They also considered opportunities for digital health and AI tools to reduce assessment burden while maintaining community trust, and emphasized preparing future nurse scientists to connect research, clinical practice, and community settings without losing sight of sustained relationship building. The discussion highlighted nursing science's contributions across the full research continuum, the importance of broad input into NINR's strategic plan, and the need for partnerships and pathways that support the systematic, sustainable translation of research findings into improvements in care and health.
*Council discussion followed (available on NIH VideoCast)*

## VII. ADJOURNMENT

The council adjourned for the public portion of the meeting at 2:21 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. Duval reminded members of the requirement to leave the room prior to 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 101 research and training grant applications on which NINR was the primary Institute; these applications requested a total of $36,346,980 (direct costs year 01). The Council also considered 101 applications, of which another Institute/Center was primary and NINR was secondary. These applications requested a total of $39,912,473 (direct costs year 01). The Council concurred with the Institutional Review Group recommendations on these 202 applications. All applications (including those for which early concurrence was obtained) requested a total of $76,259,453 (direct costs year 01).

## VIII. REVIEW OF APPLICATIONS

Dr. Duval called for a motion for *en bloc* concurrence with the scientific review group 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 120th meeting of the NACNR was adjourned at 2:41 on Tuesday, September 15, 2026.

CERTIFICATION

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

COURTNEY F. AKLIN -S
Digitally signed by COURTNEY F. AKLIN -S
Date: 2026.11.19 14:39:51 -05'00'

Courtney F. Aklin, PhD

Director

National Advisory Council for Nursing Research

WILLIAM L. DUVAL -S
Digitally signed by WILLIAM L. DUVAL -S
Date: 2026.11.19 16:14:32 -05'00'

Dr. William Duval, PhD

Acting Executive Secretary

National Advisory Council for Nursing Research

## COUNCIL MEMBERS PRESENT

Dr. Courtney Aklin, Council Chair

Dr. William Duval, Acting Executive Secretary

Dr. Robert L. Atkins

Dr. Guadalupe X. Ayala

Dr. Catherine T. Battaglia

Dr. Betty Bekemeier

Dr. Anne M. Fitzpatrick

Dr. Vincent Guilamo-Ramos

Mr. Joseph M. Harrington

Dr. Jing Wang

## AD-HOC MEMBERS PRESENT

Dr. Seth Berkowitz

Dr. Martha Kubik

Dr. Bridgette Rice

Dr. Hudson Santos

Dr. Rebecca Schnall

Dr. Sarah Stoddard

Dr. Coady Wing

## PRESENTERS

Dr. Elaine Borawski

Dr. Alissa Glenn

Dr. Dionne Godette

Dr. Jill Reedy

## NIH STAFF PRESENT at OPEN SESSION

Dylan Hoyos

Lauren Oliveira Hashiguchi

Nyala Johnson

Miguelina Perez

## NIH STAFF PRESENT at CLOSED SESSION

Maureen Akubu-Odero

Brian Albertini

Mary Bowen

Yvonne Bryan

Shalanda Bynum

Shannon Bradley Givens

Dionne Godette

Lauren Oliveira Hashiguchi

Karen Huss

Karen Kehl

Mia Lowden

Karen McNamara

Julia Seay

David Tilley

Nadra Tyus

Latashia Whitlowe

Leigh Willis

Joshua Wolff

## MEETING AND WEBINAR SUPPORT

Joanna Case, BETAH Associates

Linda Dhawan, BETAH Associates

Wayne Pereanu, BETAH Associates