SDOH RESEARCH INSTITUTE: FACULTY CONVENING

Report

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National Institutes of Health
Turning Discovery Into Health

Table of Contents

Overview

The SRI Faculty Convening brought together nurse scientists and faculty from colleges and schools of nursing to discuss opportunities for advancing research that addresses the conditions of daily life (e.g., social determinants of health [SDOH]) to improve health and prevent disease. The convening facilitated open dialogue on strategies for building and sustaining programs of research that identify and implement effective approaches to improve health and well-being. Through a series of sessions, faculty engaged in discussion regarding innovative approaches to building relevant research capacity and tips and tools for supporting early stage investigators (ESIs). Faculty participated in the concurrent ESI Workshop, providing focused mentorship to emerging nurse scientists as they navigate towards research independence. Lastly, the convening provided an opportunity for faculty networking and targeted discussion on nurse-led research and training innovations.

Objectives

- Identify effective strategies for advancing and sustaining research addressing the conditions of daily life
- Learn about NINR and NIH research priorities
- Share lessons learned from advancing nursing research and training
- Understand best approaches for supporting early career nurse scientists

Contributors

Seventeen nurse scientists with expertise and experience identifying and implementing effective approaches to addressing the conditions of daily life and the wider set of social and economic factors shaping the conditions participated in the faculty convening. This report summarizes faculty insights, innovations, and lessons learned from two broad discussions on research and training.

Disclaimer

The views and ideas presented in this report reflect those of the participants and do not necessarily represent the views of the NIH, the Department of Health and Human Services (HHS), or the U.S. Government and do not necessarily reflect any planned action by NIH or by specific Institutes, Centers or Offices.

Report Framing

The convening facilitated dialogue around best approaches for enhancing and sustaining programs of research that address the conditions of daily life and the wider set of factors that shape these conditions. The below questions were used to guide the discussions across two sessions and are used to frame the content of this report.

- *Session 1: The Road Ahead for SDOH Research*
- *Session 2: Supporting ESIs in Advancing SDOH Research*

Session 1:	What is happening within your university, school, department or lab to facilitate the movement of research?
	Over the past several months, what strategies have you used to advance and sustain your own program of research addressing the conditions of daily life? What lessons have you learned?
	What have been the most pronounced lessons learned (or changes) in thinking about how you describe your research in grant applications and more broadly?
	What opportunities do you see for embedding your research within the efforts of HHS priorities such as those outlined in the Make American Health Again (MAHA) report?
Session 2:	What are the most valuable lessons learned in your mentorship capacity over the years?
	What mentorship strategies have you found to be most successful or promising in supporting ESIs during times of change? • What are the key components that have made these strategies successful? • What strategies need to be shifted, added, removed?
	What institutional practices, policies, or processes have been implemented at your organization that are favorable to ESIs conducting SDOH research? • What prompted these changes?
	Are there NIH, federal, or general resources that you find particularly useful to ESIs?

Core Insights

Across the convening, core insights emerged as key points for consideration and integration for both research and training. The compilation of these insights is outlined below.

Language and Conceptual Rigor

- Prioritize clear constructs and theoretical and methodological clarity over simple reframing.
- Do not abandon the long-standing evidence base for an area of science as priorities shift.

Translation to Clinical Care and Community Practice

- Ensure research is directly relevant to health systems and communities.
- Train investigators to develop briefs to inform policy, implementation guidance, and lay descriptions of scientific research, in addition to publishing peer-reviewed manuscripts.

Interdisciplinary Collaboration

- Work across disciplines while learning to navigate differing terminologies that often point to similar scientific ideas.

Community Engagement and Partner Priorities

- Center community values, identify partner priorities, and develop a shared path to maximizing health impacts.

Granularity and Heterogeneity

- Attend to heterogeneity of exposures and effects to understand what works for whom and when.

Funding Portfolio Diversification

- Pair NIH grant applications with complementary funding sources, including foundations and non-traditional or entrepreneurial models, especially for areas facing tougher paylines.

Alignment Across the Funding and Review Ecosystem

- Align funding opportunity announcement language, Institute priorities, and study section expectations so applications are assessed through a shared lens.
- Listen for policy signals and connect research to current decision maker priorities such as prevention, root causes of disease, well-being, and return on investment.

Communication and Messaging

- Use accessible language for lay groups, legislators, and colleagues outside the field.
- Consider partnering with journalists or communication specialists to refine messaging.

Mentorship Philosophy and Practices

- Mentor the whole person and build communities of practice rather than aiming to produce individual star researchers.
- Provide a supportive research environment so ESIs can take intellectual risks.
- Be candid about fit and, when needed, redirect research projects to better align with funder priorities and relevant questions.

Pipeline Development and Resilience

- Encourage students to cultivate resilience and the ability to pivot.
- Help trainees find or build teams, including across institutions, and connect them to supportive networks.

Defining Nursing Science and PhD Preparation

- Enhance dialogue on articulating the unique value and perspective of nursing science.
- Explore baseline expectations for PhD preparation to address variability across programs.

Institutional Culture and Incentives

- Promotion and tenure systems should reward quality, teamwork, community engagement, and translation to policy and practice rather than volume alone.
- Recognize and support career plurality across academia, policy, industry, product innovation, and community leadership.
- Institutional signals matter for what work gets done and valued.

Session 1: The Road Ahead for SDOH Research

This session explored how institutions and investigators can advance research to address the conditions of daily life by prioritizing conceptual clarity over labels and phrases; cultivating real-world partnerships; strengthening scientific communication; and aligning rigorous, community-anchored studies with funder research priorities.

What is happening within your university, school, department or lab to facilitate the movement of research?

- Re-center on conceptual clarity and mechanisms of action instead of relying on labels in funding calls. Caution that simply adjusting terminology risks compromising science and obscuring the health problem being addressed.
- Strengthen clinical relevance. Health focus must originate from real-world clinical challenges.
- Build intentional community and sector partnerships. This includes formal collaborations with health systems, city and state agencies, community-based organizations, school districts, and other relevant sectors to co-identify needs and solutions and scale evidence to practice.
- Invest in cross-disciplinary fluency. There is an increased need to translate concepts across nursing, public health, education, and policy to promote innovation and team science, and inform practice and policy.
- Prepare investigators to navigate review. Emphasize aligning scientific rationale with funding opportunities, NIH and MAHA priorities, and study section expectations.
- Elevate nursing's distinctive contribution. Must make nurses' roles in the design, implementation, and outcomes of research projects explicit so the nursing perspective is visible, valued, and impactful.
- Develop greater capacity for science communication. Bring in journalists and communications specialists to support the development of lay summaries of results for the public, and guide communication that is relevant to all audiences and focused on policy translation.
- Mentor and support for ESIs. Recognize that shifting priorities is hardest on new investigators. There is a need for targeted mentorship and institution-level sessions on navigating change.
- Create frequent listening and communication touchpoints: town halls, panels, newsletters, and office hours to relay concerns, share best approaches, and mobilize research support resources.

Over the past several months, what strategies have you used to advance and sustain your own program of research addressing the conditions of daily life? What lessons have you learned?

- Keep the research questions at the North Star. Resist "find and replace" of terminology and instead articulate what is being addressed and measured and how it will change health outcomes.
- Keep science solution-oriented and written with clarity so findings translate to practice and inform policy; avoid unnecessary complexity in frameworks.
- Intensify commitment to methodological rigor and relevance to real communities to address concern about a shrinking PhD pipeline and historically low NIH funding rates for nurse scientists.

- Describe mechanisms and units of analysis with precision.
- Diversify funding portfolios. In addition to NIH, consider pursuing foundation, local agency, and philanthropy funding.
- Let implementation signals guide continuation. Hospital partners may scale programs because of patient response and operational value, not only study outcomes, which supports sustainability.
- Communicate science for the public and policymakers. Practice plain-language narratives, impact statements, and community-friendly descriptions to broaden support and reduce perceived exclusion.
- Acknowledge heterogeneity. Frame both heterogeneity of exposure and heterogeneity of effects to explain why similar experiences yield different outcomes.
- Adapt without abandoning. Adapt and align when helpful while protecting rigor and core tenets of research program.

What have been the most pronounced lessons learned (or changes) in thinking about how you describe your research in grant applications and more broadly?

- Prioritize conceptual, theoretical, methodological, and analytical clarity. Clarity is more important than terminology. Relational, dynamic models are needed.
- Move beyond umbrella labels. Shift from broad language to explicit constructs, variables, and hypothesized mechanisms that map to interventions and evaluation.
- Explicitly identify and justify the sampling unit. Household, housing development, clinic, or community can be primary units that align with mechanisms and policy levers.
- Write for multiple audiences. Include lay summaries, persuasive writing, and clear policy relevance.
- Be explicit about nursing's value. Communicate how nursing research and practice change prevention, treatment, care delivery, and informs policy translation.
- Recognize interdisciplinary language gaps. Anticipate term differences across scientific fields and explain choices so reviewers from other disciplines understand the science and rigor.
- Accept that scientific discovery takes time. Lack of perfect clarity does not invalidate the area. Frame how the proposed work reduces uncertainty and moves the field forward.
- Align with funding opportunities and explain research with precision and clarity. Provide concise rationale that ties back to mechanisms and outcomes.

What opportunities do you see for embedding your research within the efforts of HHS priorities such as those outlined in the MAHA report?

- Leverage MAHA concepts to justify upstream focus. Themes like confronting root causes, prioritizing prevention and well-being, and articulating return on investment can anchor nursing-led research.
- Emphasize early childhood and life-course integration. Strong enthusiasm expressed for zero-to-five work that bridges health and education systems and links early exposures to lifelong health.
- Leverage real-world data and artificial intelligence/machine learning (AI/ML). Consider MAHA-aligned platforms that use real-world evidence, longitudinal designs, and advanced analytics for chronic disease prevention.

- Institutionalize plain-language requirements. Grant applications that include lay summaries and public communication plans are more legible to a range of reviewers and partners.
- Consider review process innovations like adding lay members to review panels. Further, blinding peer-review to reduce differences in award rates should be considered.
- Build multi-sector coalitions. Nutrition, environment, and social marketing partnerships can operationalize MAHA strategies and speed translation.

Session 2: Supporting ESIs in Advancing SDOH Research

In this session, faculty identified actionable mentorship lessons, effective strategies, enabling institutional practices, and key NIH resources to strengthen and retain ESIs advancing research that addresses the conditions of daily life.

What are the most valuable lessons learned in your mentorship capacity over the years?

- Help mentees focus on scientific impact rather than on specific grant mechanisms.
- Elevate team science and make collaboration visible in promotion materials; ensure external reviewer letters reflect institutional values.
- Practice radical honesty in mentoring: reframe, refocus, or redirect to align mentees' research when alignment with funder priorities is poor.
- Normalize varied career paths beyond academia and introduce alternatives early; equip trainees with a versatile "toolbox" of resources and skills to leverage, when needed.
- Rebalance toward quality over quantity and support well-being; work-life-balance should be an expectation.
- Foster mentoring that sees people as humans first; supportive environments yield stronger science and scientists.
- Teach mentees to craft a coherent scholarly narrative across different projects, while sustaining passion for research topics.

What mentorship strategies have you found to be most successful or promising in supporting ESIs during times of change?

- Redirect anxiety using concrete levers for action; emphasize perseverance when priorities and requirements shift.
- Guide concept-level thinking and framing updates in grant applications without losing core research tenets; help mentees clearly articulate what they want to achieve and how.
- Put trainees near the clinical or community problem early; embed mentees within health systems and the community to ground research perspectives.
- Use structured "experience checklists" to include grant participation, primary and secondary data collection, teaching and mentoring, publications, and team science.
- Make scientific translation part of training; inform policy briefs, promote legislative engagement, and build capacity for science communication for non-academic audiences.
- Provide explicit team training so ESIs learn collaboration mechanics, roles, and measures of shared success.
- Model engagement with NIH Program Officers; early mentor visibility strengthens program officer interactions.
- Encourage varied funding and, where appropriate, productization or partnerships that can sustain research program.

To gather additional information on the components of successful mentorship, faculty were asked follow-up questions.

- What are the key components that have made these strategies successful?
  - Clarity about impact and goals.
  - Regular, transparent communication, and a supportive culture.
  - Relevance on non-negotiables as core mentor-mentee tenets that guide mentorship.
  - Early exposure to the full research lifecycle, including translation.
- What strategies need to be shifted. added, or removed?
  - Shift promotion metrics toward impact and quality rather than volume.
  - Add standardized mentor training and science communication as core curricula.
  - Reduce incentives that reward superficial output or overwork. Quality rather than volume should be valued.

What institutional practices, policies, or processes have been implemented at your organization that are favorable to ESIs conducting SDOH research?

- Revise tenure and promotion guidelines to value community-engaged scholarship, team science, and translational impact; give external reviewers clear guidance aligned to these values.
- Build structured partnerships with health systems and communities so early scientists plug into established relationships, rather than start from scratch.
- Standardize mentor training across institutions, often through Clinical and Translational Science Award (CTSA) or graduate school programs; set expectations for mentors on K awardees and for early stage investigators.
- Provide central experts who can interpret federal guidance, budgets, contracts, and compliance to reduce administrative burden.
- Maintain steady institutional communication during times of uncertainty, sharing submission and success information and celebrating wins to sustain momentum.
- Offer early exposure to research careers through bridge, residency, or honors-style programs; clarify pathways between DNP and PhD, where appropriate.
- Acknowledge wide variability in PhD nursing training and define shared fundamentals that support rigor and success across colleges and schools of nursing.

Following discussion of the above question, faculty were asked to outline the motivating factors that shifted institutional practices in support of ESIs.

- What prompted these changes?
  - Legislative and policy pressures, hiring freezes, and uncertainty that fuel anxiety.
  - Declining PhD enrollments and overreliance on clinical faculty for core research roles.
  - The need to align incentives with quality, rigor, relevance, and quality of life.

Are there NIH, federal, or general resources that you find particularly useful to ESIs?

- Program officers can serve as primary guides; normalize early and regular contact, and model effective interactions.
- NIH Center for Scientific Review Early Career Reviewer (ECR) Program to demystify peer review and to help early scientists become more competitive as NIH grant applicants.
- NIH RePORTER and Matchmaker and curated examples of successful R21 and R01 applications in behavioral and social sciences to teach fit and grantsmanship.
- NIH Clinical and Translational Science Awards (CTSA) resources and specific graduate school mentorship courses for mentor training, team science, and translational support.
- Institutional research administrators and other internal specialists who can assist investigators with budgets, compliance, and contracts.
- Grantsmanship training customized to each career stage, with mentors curating only the necessary information to prevent information overload.
- School-level infrastructure for community partnerships should be leveraged by ESIs to engage communities efficiently and ethically.

Opportunities for Action

The convening identified several opportunities to advance and strengthen research that addresses the conditions of daily life. The actionable opportunities listed below can be leveraged across individual scientists, departments, and universities to advance impactful research and training that supports scientific rigor and improves health and well-being for all.

- Clarify and communicate preferred language and constructs for the conditions of daily life to enhance conceptual rigor and reviewer alignment.
- Encourage scientists to explicitly address heterogeneity and granularity, with the intent to translate research findings to practice and policy to improve health and well-being.
- Support communication capacity building for investigators, including writing to inform policy and media engagement.
- Highlight and reward team science, community partnership, and translational impact in funding priorities and review guidance.
- Elevate mentorship and psychological safety as core to sustaining the research pipeline, with resources that support career plurality.
- Create forums that continue cross-site communities of practice and disseminate practical exemplars of impact-focused research that address the conditions of daily life.

Momentum and Next Steps

- Independently maintain the support network formed at the convening for continued shared learning.
- Circulate summary with faculty at home institutions and broader networks.
- Organize a follow-up meeting to maintain progress, share what has been learned, and address priority areas identified during the convening.

Report Contributors

Rasheeta Chandler, PhD, RN, FNP-BC, FAANP, FAAN
Associate Professor, School of Nursing, Emory University

Melissa Horning Dehmer, PhD, RN, PHN
Associate Professor, School of Nursing, University of Minnesota

Kelli DePriest, PhD, RN
Nurse Researcher, RTI International

Jodi Ford, PhD, RN, FAAN
Grayce M. Sills Endowed Professor of Psychiatric-Mental Health, College of Nursing, The Ohio State University

Shannon L. Gillespie, PhD, RN, FAAN
Associate Professor, College of Nursing, The Ohio State University

Vincent Guilamo-Ramos, PhD, MSN, MPH, MS, MSW, BS, RN, ANP-BC, LCSW, PMPNP-BC, FAAN
Professor, Executive Director, Institute for Policy Solutions, School of Nursing, Johns Hopkins University

Kelli Stidham Hall, PhD, MS
Associate Dean of Re
search, School of Public Health & Tropical Medicine, Tulane University

Shawn Kneipp, PhD, RN, ANP, APHN-BC
Sarah Frances Russell Distinguished Term Professor, UNC-CH School of Nursing, University of North Carolina

Gayenell S. Magwood, PhD, RN, FAHA, FAAN
Myrtle Irene Brown Endowed Professor, College of Nursing, University of South Carolina

Ashley Darcy-Mahoney, PhD, NNP-BC, FAAN
Professor, School of Nursing, The George Washington University

Erin Maughan, PhD, MS, RN, PHNA-BC, FNASN, FAAN
Associate Professor, School of Nursing, George Mason University

Ellen M. McCabe, PhD, RN, PNP-BC, NCSN, FNASN
Assistant Professor, Hunter Bellevue School of Nursing, City University of New York

Matthew D. McHugh, PhD, JD, MPH, RN, FAAN
Professor and Independence Chair, School of Nursing, University of Pennsylvania

Hudson P. Santos Jr., PhD, RN, FABMR, FAAN
Dean, School of Nursing and Health Studies, University of Miami

Sarah A. Stoddard, PhD, RN, CNP, FSAHM, FAAN
Associate Professor of Nursing, School of Public Health, University of Michigan

David Vlahov, PhD, RN
Professor, School of Nursing, Yale University

Andrea Wallace, PhD, RN, FAAN
Professor and Associate Dean for Research, College of Nursing, University of Utah

Planning Committee

Shalanda A. Bynum, PhD, MPH
Strategic Scientific Advisor, NINR (Co-chair)

Lauren Oliveira Hashiguchi, PhD, MSPH
Health Specialist, NINR (Co-chair)

Michael Steele, MS
Clinical Research Data Manager, NINR

Esther Yui, PhD
Health Scientist, NINR