

**Department of Health and Human Services
National Institutes of Health
National Institute of Nursing Research
Minutes of the National Advisory Council for Nursing Research**

January 23-24, 2007

The 61st meeting of the National Advisory Council for Nursing Research (NACNR) was convened on Tuesday, January 23, 2007, at 1:05 p.m. in Conference Room 6C, Building 31, National Institutes of Health (NIH), Bethesda, Maryland. The first day and open session of the meeting adjourned at 5:20 p.m. The closed session of the meeting, which included consideration of grant applications, was convened the next day, Wednesday, January 24, 2007, at 9:00 a.m., and continued until adjournment at on the same day at 11:00 a.m. Dr. Patricia A. Grady, Chair, NACNR, presided over both sessions of the meeting.

OPEN SESSION

**I. CALL TO ORDER, OPENING REMARKS, COUNCIL PROCEDURES, AND
RELATED MATTERS**

Dr. Grady called the 61st meeting of the NACNR to order, welcoming all Council members, visitors, and staff. She introduced new Council member, Dr. Randall Curtis, M.D., M.P.H., Professor of Medicine, University of Washington, who was unable to attend the September NACNR meeting. Dr. Curtis's areas of research interest include critical care medicine and end-of-life issues. Dr. Grady also recognized three departing Council members: Ms. Rosemary Crisp, Dr. Joyce Geiger, and Dr. Frances Munet-Vilaro. She thanked them for their time, effort,

expertise, and contributions to the National Institute of Nursing Research (NINR) and NACNR during their 4-year tenure on Council.

Conflict of Interest and Confidentiality Statement

Dr. Mary Kerr, Executive Secretary, NACNR, reminded attendees that the standard rules of conflict of interest applied throughout the Council meeting. All closed session material is privileged, and all communications from investigators to Council members regarding any actions on applications being considered during the Council should be referred to NINR staff. Council members with a conflict of interest with respect to any topics or any application must excuse themselves from the room and sign a statement attesting to their absence during the discussion of that application. Dr. Kerr also reminded NACNR members of their status as special Federal employees while serving on the Council, and that the law prohibits the use of any funds to pay the salary or expenses of any Federal employee to lobby or otherwise influence State legislatures or Congress. Specific policies and procedures were reviewed in more detail at the beginning of the closed session and were available in Council notebooks.

Minutes of Previous NACNR Meeting

Standing Council members received a copy of the minutes of the September 26-27, 2006, NACNR meeting by electronic mail. There were no changes or corrections to the minutes of the September 2006 Council meeting. A motion to accept the minutes of the September 26-27, 2006 Council meeting as circulated was proposed, seconded, and approved unanimously. Any comments, corrections, and changes to the September meeting minutes identified at a later time

should be forwarded to Dr. Grady or Dr. Kerr. The minutes of each quarterly NACNR meeting are posted on the NINR Web Site (www.ninr.nih.gov).

Dates of Future Council Meetings

Dates of future meetings in 2007 and 2008 have been approved and confirmed. Council members should contact Dr. Grady or Dr. Kerr regarding any conflicts or expected absences.

2007

- May 22-23 (Wednesday-Thursday)
- September 25-26 (Tuesday-Wednesday)

2008

- January 22-23 (Tuesday-Wednesday)
- May 20-21 (Tuesday-Wednesday)
- September 23-24 (Tuesday-Wednesday)

II. REPORT OF THE DIRECTOR, NINR (Dr. Patricia Grady, Director, NINR)

The Director's report focused on updates since the last Council meeting and on current and impending activities, initiatives, and updates related to the NIH and NINR budgets, NIH, and NINR.

Budget Updates—The Federal budget is on a continuing resolution set to expire on February 15, 2007. The President's Budget Request for FY08 was slated to be sent to Congress by February 5, 2007. The NIH FY08 budget is expected to remain flat, while NINR anticipates a slight

decrease in its allocation, consistent with most other ICs. The NIH success rate was approximately 20 percent in FY06 and NINR reported an 18 percent rate for FY06. The proportion of funding dedicated to each of the components of the NINR budget is expected to remain constant.

NIH Update—On December 8, 2006, Congress passed an NIH reauthorization bill, the NIH Health Reform Act of 2006 and the President signed the bill into law on January 15, 2007 (<http://olpa.od.nih.gov/legislation/109/publiclaws/reformact06.asp>). Key provisions of the legislation include authorization of: (1) a new process to facilitate trans-NIH research and establishment of the Division of Program Coordination, Planning, and Strategic Initiatives (previously referred to as the Office of Planning and Strategic Initiatives) within the NIH Office of the Director; (2) a “Common Fund” for discretionary use by the NIH Director; (3) a Council of Councils to advise on research proposals that would be funded by the Common Fund; and (4) a Scientific Management Review Board to conduct periodic organizational reviews of NIH and make recommendations on the use of NIH organizational authorities

Dr. Grady reported that three NIH officials have been elected to the Institute of Medicine (IOM) since the last Council meeting, including Dr. Raynard Kington, Deputy Director, NIH; Dr. Paul Sieving, Director, National Eye Institute; and Dr. H. Clifford Lane, Director, Office of Clinical Research, National Institute of Allergy and Infectious Diseases. Closer to home, one NINR scientist Dr. Suzanne Bakken, Director, Center for Evidence-Based Practice in the Underserved, Columbia University, was also elected to the IOM. NIH staff changes include the swearing in of Dr. John Neiderhuber as the new National Cancer Institute Director and the stepping down of Dr.

Stephen Strauss as National Center for Complimentary and Alternative Medicine Director. Dr. Grady and NIAID Director Dr. Anthony Fauci are featured in an article titled, “Think of Exercise as a Lifestyle,” in the inaugural issue of the magazine.

Dr. Grady provided an update on the NIH Roadmap initiatives. The National Consortium to Transform Clinical Research announced the first 12 recipients of its Clinical Translational Science Awards (CTSAs) which included institutions with schools of nursing (SONs). The application deadline for the 2007 NIH Director’s Pioneer Award was January 16, 2007. The National Network of Nanomedicine Centers now has four new academic institutions receiving awards (<http://nihroadmap.nih.gov/nanomedicine/index.asp>).

The transition to electronic-only grant submissions is nearly complete. As of February 5, 2007, the NIH requires electronic application submissions for all R01 applications. Training resources are available at <http://era.nih.gov/ElectronicReceipt/training.htm>, and full details on the new process can be found at <http://era.nih.gov/ElectronicReceipt/>. A two-part article titled, “What you need to know about electronic R01 submissions,” is available at www.sciencecareers.org.

NINR Update—The year-long celebration of NINR’s 20th anniversary culminated with three key events in October 2006: (1) the NINR 20th Anniversary Symposium, “Nursing Research: Looking to the Future,” on October 11; (2) the Friends of NINR’s (FNINR) Nightingala evening event, also on October 11; and (3) the State of the Science Congress on Nursing Research, held October 12-14, 2006. At the Anniversary Symposium, Dr. Grady spoke about the convergence of challenges facing nursing research and clinical care in the new century: an aging population,

increased use of technology, chronic illness, and the racial and ethnic diversity of the U.S. population and attendant health disparities. Department of Health and Human Services (DHHS) Secretary Michael Leavitt spoke about the scientific basis for health care, and the Honorable John Porter, a strong supporter of the NIH, who was instrumental in the NIH doubling initiative, provided closing remarks. The theme of the FNINR Nightingala was “Nursing Research: Imagine the Future,” and health care reporter Susan Dentzer was the featured keynote speaker. Dr. Grady was the keynote speaker at the State of the Science Congress on Nursing Research.. The 20th Anniversary events and activities throughout the year were consistently well attended.

NINR continues its involvement in outreach activities. Dr. Grady attended the ribbon-cutting at Vanderbilt University’s new SON, Godchaux Hall, which was renovated using funds secured through a competitive award from the National Center for Research Resources. Dr. Grady was interviewed on NIH Radio about the NINR-funded Creating Opportunities for Parent Empowerment (COPE) Study, which demonstrated the efficacy of an educational-behavioral intervention program for parents of premature infants in improving parent-child interactions, depression in new mothers, and the development and health outcomes of children. She was also interviewed about diseases in the elderly for PharmaView.

Dr. Grady also announced that NINR’s newly redesigned website at www.ninr.nih.gov, now includes a full array of downloadable items and media including NINR Anniversary presentations. NINR has released two new publications, “Subtle and Dangerous: Symptoms of Heart Disease in Women,” and “Changing Practice, Changing Lives: 10 Landmark Nursing Research Studies.”

In NINR staff news, Dr. Grady welcomed NINR's new Executive Officer, Ms. Cheryl Stevens, and announced the retirement of Dr. Nell Armstrong and Mr. Lanny Newman. Dr. D.J. McCloskey, NINR's Intramural Research Training Director, received Marymount University's 2006 Alumni Achievement Award. Dr. Grady also announced that NINR currently has several employment opportunities in the Institute's Intramural Symptom Management Laboratory: a tenure-track investigator and post-doctoral fellowship positions. Further information about these and other openings may be found at <http://www.ninr.nih.gov/AboutNINROrganizationInformation/NINRJobOpportunities.htm>. Deadline for applications for the 2007 Summer Genetics Institute is March 5, 2006.

Nursing Science in the News—Since the last Council meeting in September, NINR-funded research has been featured in numerous news outlets and publications, including *The Wall Street Journal*, *The Washington Post*, and CNN. A recent Harris poll found nurses to be among the top most prestigious occupations, and a Gallup poll continued the trend of the last 9 of 10 years and 6 years in a row showing that Americans consider nurses the most trusted and valued health professionals in the country. In other news, the American Association of Colleges of Nursing reported that student enrollment in U.S. nursing colleges and universities increased again, for the sixth consecutive year. Three NINR-funded investigators have been named Ambassadors to the Paul G. Rogers Society for Global Health Research, including Dr. William Holzemer, Dr. Beverly McElmurry, and Dr. Nilda Peragallo. In addition, Dr. Ada Sue Hinshaw was awarded a Distinguished Nurse Scholar Fellowship by the American Academy of Nursing/IOM.

In closing, Dr. Grady commented that nursing research is the profession's commitment to public trust.

III. PROMOTION OF HEALTH IN WOMEN: OFFICE OF WOMEN'S HEALTH

(Dr. Vivian Pinn, Director, Office of Research on Women's Health, NIH)

The Office of Research on Women's Health (ORWH), established in September of 1990, serves as the focal point for women's health across the NIH. Located within the NIH Office of the Director, the ORWH has no direct funding authority; therefore, all ORWH research support is through ICs as either total or co-funding of projects. In FY06, ORWH co-funded approximately 110 research grants, with 15 NIH ICs receiving these awards; NINR and ORWH have jointly supported numerous solicitations.

The NIH Revitalization Act of 1993 (PL 103-43) included a Congressional mandate for the NIH to include women and minorities in clinical research that has been pivotal in advancing research on women's health. This legislation required the advisory council of each NIH IC to prepare biennial reports describing the manner in which the IC has complied with the NIH Policy on Inclusion of Women and Minorities in Clinical Research.

ORWH's agenda for the new century has been guided by recommendations from the IOM Report on Sex and Gender in Basic Biological Research, which advocated for clarification of the use of the terms "sex" and "gender," support of additional research on sex differences, increasing the availability of sex-specific data, disclosure of the sex of origin of biological research materials,

modifications to the design of longitudinal studies to analyze results by sex, identification of the endocrine status of research subjects, support of interdisciplinary research on sex differences, and implementation of strategies to reduce the potential for discrimination based on identified sex differences. Primary advances in the knowledge to be gained from sex/gender research in women's health include a better understanding of how sex/gender factors matter in health and disease; greater knowledge about genetic, environmental, hormonal, and other causative pathways of diseases in males and females; and application of scientific information for gender-specific (sex-appropriate) medical care.

ORWH areas of research interest for FY07 include advances in clinical trial methodological, education, and career development of women in science with a focus on the factors that affect career selection and advancement; diseases and conditions that affect women; QOL (QOL) factors and approaches that promote wellness of women; and research collaborations and partnerships within and outside the NIH. Initiatives designed to meet these goals are "Specialized Centers of Interdisciplinary Research (SCOR) on Sex and Gender Factors Affecting Women's Health" (RFA-OD-06-003) and "Building Interdisciplinary Research Careers in Women's Health (BIRCWH)" (RFA-OD-06-004 and RFA-OD-05-002). Interdisciplinary research projects and programs have grown in the past 7 years to account for approximately 50 percent of ORWH's current budget.

Dr. Pinn also discussed the national debate sparked by comments by the President of Harvard on women in leadership roles in science, math, and engineering and whether the reason for fewer women in these roles is due to differences in innate or cognitive ability or to gender, behavioral,

or social factors and influences. The key findings of an NAS conference convened to study these issues can be found in the report, “Beyond Bias and Barriers: Fulfilling the Potential of Women in Academic Science and Engineering” (available at www.nationalacademies.org). Data indicate that women scientists and engineers are lost to the professions at every step up the academic ladder, the pipeline is not the primary problem or obstacle to advancement, overt discrimination and harassment may be fading but implicit and subtle biases exist in hiring and promotion, organizational structures and rules contribute to the significant under use of women in the sciences, and the consequences of not acting will be detrimental to the nation’s competitiveness. The report was submitted to Dr. Zerhouni, who established a trans-NIH committee, co-chaired by Dr. Zerhouni and Dr. Pinn, to address the report and the committee’s findings and recommendations.

IV. BLACK, HISPANIC, AND WHITE WOMEN'S SYMPTOMS OF CORONARY

HEART DISEASE (Dr. Jean McSweeney, Professor, University of Arkansas for Medical Sciences)

Dr. McSweeney reported on a series of retrospective descriptive studies designed to describe and compare ethnic differences in the symptoms associated with prodromal and acute MI (AMI) and to determine if AMI symptomology differs when controlling for cardiovascular risk status and ethnicity. These NINR-funded studies included white, black, and Hispanic women (n = 1,270) recruited from clinical sites across the United States; data were collected at 4–6 months post-AMI. The manuscript describing this research and the studies’ findings has been submitted to the *Annals of Emergency Medicine* is currently under review. The research team is continuing

this work to determine which symptoms are predictive of progressing to a CHD event. These assessments will be made based on results of a new 5-year study, also funded by NINR, that will follow at-risk black and white women for 2 years until a CHD event occurs.

V. RESEARCH ON HEALTH PROMOTION/DISEASE PREVENTION (Dr. Yvonne Bryan, Program Director, Office of Extramural Programs, NINR)

Dr. Bryan reviewed activities in the NINR's health promotion and disease prevention research portfolio: (1) reproductive health, (2) obesity, and (3) chronic disease prevention. Initiatives in reproductive health include a focus on low-term birth weight and prematurity in minority families (PA-04-027) to parenting of adolescents and youth to affect health outcomes (PA-06-097). In the area of obesity, Dr. Bryan cited four recent initiatives that the NINR has joined: (1) School-based interventions to prevent obesity (PA-06-417), (2) research on improving health care for obese patients who are hospitalized (PA-07-013), (3) translational research for the prevention and control of diabetes and obesity (PA-06-457), and (4) nutrition and diet in the causation and management of heart failure (PA-05-089). The NINR supports a number of initiatives focused on disease prevention, including the study of health disparities among minority and underserved women (PA-04-153), culturally appropriate research to prevent HIV transmission in young persons (RFA-NR-07-003), community participation in research (PAR-06-247), genome-wide association studies in the Genes and Environment Initiative (RFA-HG-06-003), and understanding and promoting health literacy (PAR-07-018).

Results of NINR-funded research have yielded important findings. A randomized clinical trial (RCT) found that an educational-behavioral intervention program (the COPE Study) empowered parents of premature infants, improved parent-child interactions, decreased depression in the mothers, improved health outcomes of children, and reduced the length of the hospital leading to substantial cost savings. Another RCT found that a behavioral intervention targeting English- and Spanish-speaking Latina youths was successful in presenting abstinence and condom use as culturally accepted and effective ways to prevent transmission of HIV and other sexually transmitted infections. Adolescents in the intervention group reported less risky behaviors that persisted for up to 12 months. This study was subsequently chosen by the Centers for Disease Control and Prevention as a model program for national dissemination. Studies of obesity have found that central obesity in young adults is linked to early risk of the metabolic syndrome and hypertension; that a mother's pre-pregnancy weight is a strong predictor of whether her child will be overweight; and that social networking was the key factor and much more influential than community-based interventions such as brochures, presentations, and health fairs in recruiting African-American women to a walking program. In the area of chronic disease prevention, NINR-funded research revealed that personal health beliefs, patient knowledge about guidelines for screening mammography, and promotion of these guidelines by health care providers were significantly related to adherence to these guidelines among African-American women. A RCT found that chronically critically ill patients receiving disease management services (coordinated care, family support, and teaching and monitoring therapies) from a team of advanced practice nurses, a geriatrician, and pulmonologists for 2 months following initial discharge from the hospital required significantly fewer re-hospitalization days at a total cost savings of approximately \$500,000 for 100 patients.

Dr. Bryan cited a range of new and ongoing research grants and training and career awards supported by the NINR in the area of health promotion and disease prevention. She identified areas warranting further investigation (e.g. causes and long-term consequences of prematurity and low-birth weight; the long-term consequences of near-term births, biomarkers to assess risk and response to treatment, and interventions to address menopausal symptoms). The obesity area could benefit from studies of individual and family interventions to sustain health-promoting behaviors, underlying mechanisms of maternal preconception obesity and childhood obesity, and factors that influence decisionmaking for health-promoting behavioral changes. In the area of health promotion and disease prevention, research is needed in identifying and evaluating susceptibility genes for at-risk individuals; interventions to moderate genetic risk; biobehavioral methods, measures, and intervention strategies to optimize health; prevention interventions for HIV/AIDS in middle-aged adults; and interventions using community-based approaches.

VI. RESEARCH CONCEPTS (NINR Program Directors, Council members)

At each January Council meeting, NINR staff present concepts representing potential areas of research opportunity tied to NINR's Strategic Plan. Council members review and critique each concept for further consideration by staff. Approved concepts are advanced and developed into program announcements and requests for proposals for the following fiscal year.

Concept: Advancing Biobehavioral Research in Genetics and Genomics (Dr. Alexis Bakos, NINR; Dr. Kathleen Dracup, Council Discussant)

Genetics offers many opportunities for nursing research, ranging from basic biological and behavioral investigations to clinical and population studies. This concept will focus on research questions related to the interactions between genes, environment, and behavior with a particular emphasis on genetic factors in symptom management, disease prevention, and health promotion. Possible areas of research include, but are not limited to:

- Assessment of gene-environment interaction in hereditary and non-hereditary risk and its impact on health behaviors and surveillance recommendations for individuals and families.
- Evaluation of outcomes of different approaches in genetics education and counseling.
- Identification of family and patient adaptation and coping in response to a diagnosis of a genetic condition and design strategies to improve psychosocial outcomes.
- Development of interventions for underserved populations at risk for genetic-related disease.
- Development of interventions for vulnerable populations such as children and individuals with cognitive or mental impairments who may be at risk for genetic-related disease.
- Identification of gene-environment interactions that improve symptom management.
- Adaptation of existing or development of new technologies or methods to improve risk assessment and identify potential interventions.
- Identification of genetic markers in individuals with life-threatening illness and development of strategies to improve palliative care and symptom management.

Discussion. There was recognition of NINR's leadership in encouraging and challenging the nursing science community to assess the role of genomics and genetics research in nursing-related basic, epidemiologic, and clinical studies and clinical care. There was general support for this concept and NINR's continued advances in this area.

Concept: Stimulating Research in Men's Health (Dr. Paul Cotton, NINR; Dr. Michael Counte, Council Discussant)

This concept involves the development of studies and interventions that will lead to the improvement of health in men. The disparities in life expectancy are more pronounced among men of color and economically disadvantaged males. Well-conducted interdisciplinary studies are needed to develop effective strategies to improve health in men. This concept emphasizes biobehavioral measures/mechanisms and technological approaches. This concept involves both health promotion/disease prevention and QOL emphases of the *NINR 2006-1010 Strategic Plan: Changing Practice, Changing Lives*. Potential research areas include, but are not limited to the following broad areas:

- Develop biomarkers or devices for monitoring symptoms and evaluating responses to treatments.
- Identify the cost-benefit of interventions that enhance health promotion in men.
- Design studies that test innovative interventions to reduce risk factors associated with the leading causes of morbidity and mortality (e.g., smoking, poor nutrition, alcohol use, sedentary lifestyle, risky sexual behavior) among racial and ethnic minority men and their subpopulations in rural, urban, and nontraditional settings, including interventions addressing multiple risk factors in the same individual.

- Develop multifaceted interventions to increase both initial and repeat health screenings and risk assessments among men age 40 and older.
- Develop innovative interventions involving families, social networks, or communities to enhance health-promoting behaviors in men.
- Test interventions that incorporate cultural and family values and are designed to test the effects of unique and creative intergenerational health promotion activities for men and boys.
- Develop culturally and linguistically appropriate studies to enhance self-efficacy, competence, and skill development to support the initiation and maintenance of health-promoting behaviors in men and boys.
- Develop and test innovative interventions that improve patient-provider communication around preventive services. These interventions can be aimed at the provider and/or the male patient.
- Develop and test strategies to increase the use of best practices in men's health, such as evidence-based guidelines or research syntheses, in health care settings.

Discussion. There was support for this concept, noting that it is well reasoned and linked to NINR's Strategic Plan. It was determined that a research portfolio focused on men's health was timely.

Concept: NINR Center Programs (Dr. Kathy Mann Koepke, NINR; Dr. Joan Austin, Council Discussant)

The purpose of the NINR Center Programs is to advance NINR's research mission through: (1) developing multidisciplinary research programs; (2) developing and enhancing research infrastructure at SONs and enhancing nursing science research resources at those schools; (3)

developing a cadre of investigators at SONs to advance the science of NINR's mission; and (4) enabling feasibility research in those areas to promote independent investigations among nurse scientists. NINR has three Center Programs that help achieve the program goals: the current NINR P20 Exploratory Centers Program, which has been funded since 2001; the NINR P30 Core Centers Program, which was initiated in 1994; and the P20 Nursing Partnership Centers for Health Disparities, which were established in 2002.

The P20 Exploratory Centers serve to augment the research infrastructure at SONs by developing widely shared resources that would promote new research, recruit new investigators to a science area, and enable feasibility research. The primary goal of the NINR P30 Core Centers Program is to enhance and consolidate research resources to promote new research, enable feasibility research, promote dissemination capacity, and enhance the collective productivity of a scientific inquiry. The P20 Nursing Partnership Centers for Health Disparities were established to foster development of nursing partnerships between researchers, faculty, and students at Minority-Serving Institutions and SONs with established health disparity research programs. The objectives of the NINR Centers Concept include, but are not limited to increasing:

- Research productivity in Strategic Plan target areas such as end of life, self-management, and health disparities.
- The pace of scientific advances in target areas.
- National availability of research resources and sharing of resources across the research community.
- Interdisciplinary biobehavioral research.

- Collaborative activities across Centers.
- The quality and quantity of independent applications from SONs and the promotion of the science and investigators at these institutions.
- Increasing and improving the quality and quantity of data for evaluation.
- Providing for the planning of increased sustainability of a research endeavor or research area.

Discussion. There was support for this concept, noting that it is reasonable, timely, and a good investment. It should increase the number of nurse researchers and their ability to secure funding, as per the Strategic Plan. It was recognized that the benefits of an individual Center can take time to realize, and the inclusion of a strengthened evaluation plan will assist in identifying successes and challenges. Centers should develop plans to become self-sustaining.

Concept: Stimulating Research in Quality of Life Self- and Family-Management in the Chronically Ill (Dr. Alexis Bakos on behalf of Dr. Karen Huss, NINR; Dr. Sharon Tennstedt, Council Discussant)

This concept involves the development of interventions to improve outcomes of an emerging group of patients, chronically critically ill adults. This group of patients is growing as more patients survive intensive care and survive once-fatal illnesses. Potential research areas include but are not limited to the following broad areas:

- Design new intervention technology targeting the chronically critically ill, their families, family support systems, and support networks to facilitate early identification of symptoms and enhance (QOL) in the community setting.

- Identify strategies for self-management and health promotion in the chronically critically ill that incorporate their families and social networks.
- Develop biomarkers or devices for monitoring symptoms and evaluating responses to treatments.
- Develop and test methods to evaluate the nutritional status of the chronically critically ill.
- Design and test measures to evaluate the ability of adults with chronic critical illnesses and their families to adopt self-management practices in the community setting.
- Identify the cost-benefit of interventions that enhance health promotion and sustain QOL of chronically critically ill persons.
- Test interventions for families, family support systems, and support networks coping with caring for the chronically critically ill who have remissions and exacerbations.
- Test tailored interventions in diverse family constellations such as single-family providers, non-biological providers, or extended families.
- Develop interventions to improve communication strategies among the clinician and the chronically critically ill patient.
- Examine the functional decline and dying trajectory of those who are chronically critically ill and identify strategies that enhance the QOL of those near the end of life.

Discussion. The concept was seen as highly consistent with NINR's mission and Strategic Plan. Specific strengths of the concept include the inclusion of both technological and biobehavioral approaches and the importance of social networks beyond patients and providers. It was suggested that the target population be expanded to include persons with chronic illnesses that

require episodic critical care and the title be changed to “chronically critically ill and sequelae of critical illness.”.

Concept: Stimulating Research to Improve the Quality of Life in HIV+ Adults (Dr. Martha Hare, NINR; Dr. Frances Munet-Vilaro)

This concept focuses on research that will improve the QOL of HIV-infected persons. It seeks to stimulate knowledge of patient needs and to develop and test interventions that will increase QOL among HIV-infected adults, particularly those who are in a chronic phase of illness receiving anti-retroviral treatment. Possible areas of research include but are not limited to:

- Testing the impact of improved self-management upon decrease in transmission by HIV-positive adults.
- Improving measures that integrate self-reported behavior with biological outcomes (e.g., viral load, evidence of metabolic complications).
- Developing and testing self-management interventions that result in improved QOL along with treatment adherence.
- Developing and testing interventions to improve QOL among patients suffering from complications of treatment.
- Refining and testing interventions for older persons living with HIV who are experiencing co-morbidities associated with aging to improve QOL in this population.

Discussion. This concept was viewed as important as HIV/AIDS becomes a chronic condition for most HIV-infected persons. It was suggested that the objectives address QOL including the various aspects of social networks, family members, and caregivers.

VII. REVIEW OF BIENNIAL REPORT (Dr. Mary E. Kerr)

Dr. Kerr explained that every other year, the NINR provides the NACNR with a report describing the breakdown of all women and minorities in NINR-supported clinical research. Discussion. There was discussion surrounding the projected versus actual minority inclusion in NINR research studies, and how do these numbers compare with those of other ICs. NINR staff will follow up with grants management and the NIH to determine which data are available and will report back to the Council with their findings.

Other Business: Dr. Grady extended special thanks Dr. Ana Ferrar, NINR's Senior Administrative Officer, for her extra time and effort over the last 10 months while the search for a new executive officer was underway. Dr. Grady then thanked participants and attendees for their time and interest and adjourned the open session of the meeting.

CLOSED SESSION

This portion of the meeting was closed to the public in accordance with the determination that this session was concerned with matters exempt from mandatory disclosure under Sections 552b(c)(4) and 552b(c)(6), Title 5, US Code, and Section 10(d) of the Federal Advisory Committee Act, as amended (5, USC Appendix 2). Members absented themselves from the meeting during discussion of and voting on applications from their own institutions or other applications in which there was a potential conflict of interest, real or apparent. Members were asked to sign a statement to this effect.

REVIEW OF APPLICATIONS


The members of the NACNR considered 77 research and training grant applications on which NINR was the primary Institute; these applications requested a total of \$ 18,891,193 (direct costs year 01). The Council also considered 103 applications on which another Institute/Center was primary and NINR was secondary; these applications requested a total of \$ 24,237,198 (direct costs year 01). The Council concurred with the IRG recommendations on these 180 grant applications.


ADJOURNMENT

The 61st meeting of the NACNR was adjourned at 11:00 a.m. on January 24, 2007.

CERTIFICATION

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


Patricia A. Grady, Ph.D., R.N., F.A.A.N.
Chair
National Advisory Council for Nursing
Research


Mary E. Kerr, Ph.D., R.N., F.A.A.N.
Executive Secretary
National Advisory Council for Nursing
Research

MEMBERS PRESENT

Dr. Patricia A. Grady, Chair
Dr. Mary E. Kerr, Executive Secretary
Dr. Joan Austin
Dr. Michael Counte
Mrs. Rosemary Crisp
Dr. J.R. Curtis
Dr. Kathleen Dracup
Dr. Felicia Hodge
Ms. Joan Lancaster
Mr. James Linn
Dr. Sandra Millon-Underwood
Dr. Gary Morrow
Dr. Frances Munet-Vilaro
Dr. Sharon Tennstedt
Dr. Clarann Weinert
Dr. Anna Alt-White, *Ex Officio*
Dr. John Murray, *Ex Officio*

MEMBERS OF THE PUBLIC PRESENT

Ms. Suzanne Begeny, American Association of Colleges of Nursing
Ms. Jacalyn Brace, University of Virginia
Ms. Cynthia Brown, University of Virginia
Ms. Debbie Campbell, American Association of Colleges of Nursing
Ms. Kim Cantor, Association of Women's Health, Obstetric, and Neonatal Nurses
Mr. Michael Cary, Jr., University of Virginia
Ms. Mary Cerny, Consolidated Solutions and Innovations
Mr. Jason Dave, University of Virginia
Ms. Andrea Knopp, University of Virginia
Dr. Jean McSweeney, University of Arkansas for Medical Sciences
Ms. Devon Noonan, University of Virginia
Dr. Barbara Parker, University of Virginia
Ms. Liz Parry, American Academy of Nursing
Ms. Mary Thompson, University of Virginia

FEDERAL EMPLOYEES PRESENT

Mr. Brian Albertini, NINR/NIH
Dr. Alexis Bakos, NINR/NIH
Mr. Ray Bingham, NINR/NIH
Dr. Yvonne Bryan, NINR/NIH
Dr. Paul Cotton, NINR/NIH
Dr. Ray Dionne, NINR/NIH
Ms. Rebecca Erickson, NINR/NIH
Ms. Ana Ferreira, NINR/NIH
Ms. Linda Fitzwater, NINR/NIH

Mr. Lawrence Haller, NINR/NIH
Ms. Tarnzetta Hampton, OD/NIH
Dr. Martha Hare, NINR/NIH
Dr. Karen Huss, NINR/NIH
Dr. Kathy Mann Koepke, NINR/NIH
Ms. Donna Jo McCloskey, NINR/NIH
Ms. Michele McDonald, NHLBI/NIH
Ms. Mary Miers, NINR/NIH
Ms. Marlene Mroczka, NINR/NIH
Dr. Jose Ruiz, NINR/NIH
Mr. Charles Sabatos, NINR/NIH
Ms. Christian Shaw, NINR/NIH
Dr. Barbara Smothers, NINR/NIH
Ms. Cheryl Stevens, NINR/NIH
Ms. Allisen Stewart, NINR/NIH
Ms. Tonya Truesdale-Young, NINR/NIH
Ms. Renee Walker, NINR/NIH
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