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 14–15, 2020

The 100th meeting of the National Advisory Council for Nursing Research (NACNR) was convened on Tuesday, January 14, 2020, at 10:00 a.m. in Conference Room D, Building 45, National Institutes of Health (NIH), Bethesda, Maryland. The first day of the meeting was an open session and adjourned that same day at 3:50 p.m. The closed session of the meeting, which included consideration of grant applications, was convened on Wednesday, January 15, 2020, at 9:00 a.m. and continued until adjournment at 1:00 p.m. Dr. Tara Schwetz, Acting Chair, NACNR, presided over both sessions of the meeting.

OPEN SESSION

I. CALL TO ORDER AND OPENING REMARKS—Dr. Tara Schwetz, Acting Director, National Institute of Nursing Research (NINR)

Dr. Schwetz called the 100th meeting of the NACNR to order and welcomed all Council members, visitors, and staff. Underscoring NIH leadership's support and interest in NINR and its continued success, she commended NINR staff for rising to the challenges during the search for a new Institute Director.

Dr. Schwetz introduced new Council member Dr. Eun-Ok Im and noted the absence of Ex Officio Council Member Sheila Sullivan. She acknowledged Council Members who will be retiring after the January Council meeting: Drs. Kathryn Bowles, Jeffrey A. Kelly, Deborah Koniak-Griffin, and Rita Pickler.

II. COUNCIL PROCEDURES AND RELATED MATTERS—Dr. Kathleen Anderson, Acting Executive Secretary, NACNR

Conflict of Interest and Confidentiality Statement

Dr. Anderson referred to the conflict of interest and confidentiality statements provided in the Council materials and indicated that specific instructions would be provided at the beginning of the closed session

on Wednesday. She reminded attendees that NIH is a smoke-free campus. She asked Council members to update their addresses on the meeting roster circulated during the meeting.

Minutes of the Previous NACNR Meeting

Minutes of the September 2019 NACNR meeting were provided to Council via email. A motion to accept these minutes was made, seconded, and approved unanimously. Approved minutes of NACNR meetings become part of the Institute's official record and are posted on the NINR website (www.ninr.nih.gov).

III. REPORT OF THE ACTING DIRECTOR, NINR—Dr. Tara Schwetz, Acting Director, NINR

The Acting Director's report focused on activities and news from the Department of Health and Human Services (HHS), NIH, and NINR since the September Council meeting. Dr. Schwetz's report included:

HHS and NIH News—Dr. Stephen Hahn was sworn in as Food and Drug Administration (FDA) Commissioner in December 2019. Dr. Norman "Ned" Sharpless had been serving as Acting FDA Commissioner since April; with Dr. Hahn's nomination, Dr. Sharpless has resumed leadership as Director of the National Cancer Institute (NCI).

Dr. Susan Gregurick was selected as NIH Associate Director for Data Science and Director of the NIH Office of Data Science Strategy. Dr. Josh Denny was selected as Chief Executive Officer of the *All of Us* Research Program. Dr. Martha Somerman has retired as Director of the National Institute of Dental and Craniofacial Research (NIDCR); Dr. Lawrence Tabak is serving as NIDCR Acting Director.

NIH and the Bill & Melinda Gates Foundation announced a collaboration to launch clinical trials for gene-based cures for HIV and sickle cell disease within sub-Saharan Africa over the coming decade. The collaboration's goal is to develop affordable strategies to be made available globally, particularly in low resource areas.

Dr. Schwetz summarized NIH reforms designed to end sexual harassment in science. In December 2019, the Advisory Council group to the NIH Director presented recommendations for NIH culture changes that focus on a means for individuals working on NIH-funded projects to contact NIH directly if they believe their rights to a safe working environment have been violated; standard operating procedures that NIH takes when a grantee or grantee institution notifies NIH; and a process for managing professional misconduct, including sexual harassment, as seriously as research misconduct.

The NIH Artificial Intelligence Working Group released a final report outlining recommendations for investing in data, establishing ethical principles for use of machine learning (ML) in biomedicine, and ensuring a pool of well-trained research professionals via development of curricula to attract ML-biomedical experts.

NINR News—Interviews for the NINR Director position are being conducted. Dr. Schwetz expressed the hope that selection of a new NINR Director will be announced before the May Council meeting.

Effective January 1, 2020, Dr. Schwetz became NINR Acting Director. Dr. Jessica Gill is Acting Deputy Director of NINR, and Dr. Kathleen Anderson is Acting Executive Secretary of NACNR and Acting Director of the NINR Division of Extramural Science Programs. Effective February 3, Dr. Terri Armstrong will become NINR Acting Scientific Director of the Division of Intramural Research (DIR). Mr. Aaron Condon has been selected to serve as NINR's Deputy Executive Officer.

Other recent NINR staff changes include the retirement of Drs. Arthur Meltzer and Augie Diana; Dr. Diana is working part-time while NINR positions are backfilled. In November, Dr. Nara Gavini left NIH to serve as Director of Research at the Massachusetts General Hospital Institute of Health Professionals.

Director's Lectures videos available on the NINR YouTube channel include Dr. Jean McSweeney's presentation on symptoms of heart disease in women (September 17, 2019) and Dr. Patricia Stone's lecture on health policy to improve healthcare for older adults (November 19, 2019).

As part of the Sound Health Initiative, NINR funded a study of an active music engagement intervention for young children with acute lymphoblastic leukemia. The Initiative explores the potential of music for treating a wide range of conditions resulting from neurological and other disorders.

NINR awarded two administrative supplements through the Helping to End Addiction Long-term^{SM} (HEAL) initiative: impact of music therapy in cancer survivors with chronic pain and differences in pain intensity, wound microbiome, and patient/wound factors between opioid-tolerant and non-opioid-tolerant individuals.

NINR Staff News—Dr. Diana and Dr. Michelle Hamlet were honored by the National Institute of Neurological Disorders and Stroke (NINDS) for contributions to the HEAL initiative.

Dr. Gill is part of the Long-Term Impact of Military-relevant Brain Injury Consortium (LIMBIC) that received $50 million from the U.S. Departments of Defense and Veterans Affairs to study effects of mild traumatic brain injury and concussion on service members and veterans. The LIMBIC study is partnering with the Uniformed Services University of the Health Sciences/Walter Reed on biomarkers of concussion.

Grantee News—On December 3, Dr. Sarah Szanton, Director of the NINR-supported Center to Promote Resilience in Persons and Families Living with Multiple Chronic Conditions (the PROMOTE Center), discussed policies, strategies, and innovations that can improve primary care treatment for patients with chronic conditions.

NINR-Funded Science Advances—Dr. Schwetz highlighted recently published findings from research conducted by NINR extramural grantees.

- *Maternal Health*: A University of California, San Francisco study found that women who have stillbirths have a fourfold higher risk of severe maternal morbidity. Results inform efforts to closely monitor these women for symptoms and signs of severe maternal morbidity.
- *HIV/AIDS*: A University of Pittsburgh study of HIV testing and antiretroviral treatment (ART) adherence among African-American gay men (BMSM) found that BMSM who self-reported homelessness were more likely to have been tested for HIV than housed counterparts but had more difficulty adhering to ART.
- *End-of-Life (EOL) and Palliative Care*: A University of Alabama, Birmingham study found hospice utilization by older cancer patients living in the Deep South differed by patient and hospital characteristics, illuminating ways to improve healthcare utilization in the region. A study at the Icahn School of Medicine found substantial variation in EOL care transitions and hospice use patterns by race. African-American patients incurred the most transitions; Hispanic and Asian-American patients were likely to die without receiving any services or to die in hospital. These findings suggest that promoting seamless care transitions can improve EOL care quality across all racial and ethnic groups.

Dr. Schwetz listed a selection of NINR-sponsored funding opportunity announcements (www.ninr.nih.gov/ResearchAndFunding/DEA/OEP/FundingOpportunities/). NINR participates in trans-NIH funding opportunities focused on a variety of topics, including environmental influences in aging; biopsychosocial factors of social connectedness and isolation in health, well-being, illness, and recovery; dissemination and implementation research in health; mechanisms underlying the contribution of sleep disturbances to pain; and postdoctoral career transition awards to promote diversity.

NINR Training Opportunities—Upcoming NINR training activities include the 20th anniversary of the Summer Genetics Institute (application deadline is March 1) and the NINR Symptom Methodologies Boot Camp (www.ninr.nih.gov/bootcamp) featuring artificial intelligence (registration opens April 1).

The NINR DIR is creating an opportunity for Symptom Science Center (SSC) training rotations. Participants rotating within NINR labs will learn specific assays to measure biomarkers, gene expression, and other molecular methods. Participants rotating through the SSC clinic will learn how to incorporate patient-reported outcomes or performance testing into phenotyping. The SSC rotations aim to provide training tailored to user needs using a modular curriculum, access to and training in the use of clinical

questionnaires and tools, a standardized collection of common elements, and learning about the integration of clinical and laboratory elements.

IV. BUDGET UPDATE/LEGISLATIVE UPDATE—Mr. Kevin Wilson, Office of Financial Services, and Dr. John Grason, Office of Science Policy and Legislation, NINR

Mr. Wilson presented an overview of the federal budget process, from agency submissions to the Office of Management and Budget (OMB) through delivery of the President's budget to Congress, subcommittee hearings, and voting on the House and Senate floors. Once the House and Senate approve a final budget bill, it is sent to the President to be signed into law or vetoed.

Budgets for Fiscal Year (FY) 2018 and FY2019 included increases for NIH (8.8% in 2018, 4.7% in 2019) and NINR (5.2% in 2018, 3.1% in 2019). The FY2020 minibus signed into law in December includes a 3.8% increase for NINR and a 6.6% increase for NIH that includes funding for the HEAL Initiative and the 21st Century Cures Act.

NINR distribution of funds for FY2019 (the most recent completed FY) shows the Institute's strong commitments to training (4.5%, the second highest at NIH) and investigator-initiated research (67.1%).

Dr. Grason provided a brief update on HR 647, the Palliative Care and Hospice Education and Training Act (PCHETA), which passed the House on October 28. HR 647 includes provisions for establishing programs to increase palliative care and hospice education and training and calls for an NIH strategy to intensify research on palliative care and hospice. The companion Senate measure (S2080) was introduced in July 2019 and referred to the Committee on Health, Education, Labor, and Pensions.

Recent congressional tours of NINR DIR labs include the Mental Health Caucus staff (June 2019) and members of the House New Democrat Coalition (July 2019).

V. AACN/TRAINING THE NEXT GENERATION OF NURSE SCIENTISTS AND THE CHALLENGES IN MAINTAINING A STRONG PIPELINE—Dr. Deborah Trautman, President and Chief Executive Officer, American Association of Colleges of Nursing (AACN)

Dr. Trautman described the focus of AACN, summarized enrollment trends for research-focused nursing programs, and outlined challenges for the next generation of nursing research. Statistics indicate great interest in Doctor of Nursing Practice (DNP), increased numbers of PhD students from underrepresented groups, and steady enrollment and graduations in PhD/Doctor of Nursing Science (DNS) programs. Challenges for nursing research include the perception of a limited number and type of opportunities (e.g., bench or academia) and a small return on investment (e.g., prolonged postdoc positions, low salaries, and few opportunities for advancement).

AACN and NINR cohosted a select group of academic nursing leaders and invited guests to discuss the need to sustain the PhD pipeline and high-quality nursing science. Recommendations included continuing conversations with internal and external stakeholders, enhancing PhD marketing, identifying data gaps to increase understanding of challenges, and engaging additional partners. The 2020 AACN Nursing Science and Research-Focused Doctorate Pre-Conference will continue the conversation with stakeholders and include discussion on tailoring approaches to meet the needs of the profession. AACN launched the PhD Pipeline Community in September to engage members on challenges and opportunities germane to students, faculty, and programs conferring a research-focused doctorate.

Council members commented on political connotations of the term *pipeline* and suggested using *pathway* or *journey* instead, advantages of the accelerated BA to PhD programs, and the need to encourage earlier entry into the nursing profession. Additional needs were identified: data that reflect intended career trajectories, guidance on how to integrate practice into research, funding mechanisms that promote career resilience before and after winning an R01, and training of grant reviewers on how to provide constructive criticism. NINR can encourage use of resources to help build experience and exposure to these processes.

VI. ANNOUNCEMENT OF VISITORS

Dr. Schwetz announced visitor names and encouraged attendees to meet them during the upcoming break.

VII. EXPERIENCES AS AN F31 TRAINEE—Ms. Jackelyn Boyden, University of Pennsylvania

Ms. Boyden presented critical lessons she learned during her journey as a nurse and scholar: learn what drives you, build a team of mentors, and seek and prepare for opportunities. Previous clinical experiences informed Ms. Boyden's program of research and career goals and revealed her passion for working with children, improving care for people with serious illness and their families, and focusing on the important connection between everyone's health and their community environment. Mentors influenced her career decisions at particularly crucial junctures along her journey. Opportunities that expanded her perspectives, deepened her knowledge base, and enhanced her research skills included coursework at the University of Pennsylvania (UPenn) Schools of Nursing, Education, and Business; experiences at the Children's Hospital of Philadelphia (CHOP); and the Ruth L. Kirschstein F31 National Research Service *Award* (NRSA) Pre-doctoral Fellowship, which gave her time to focus on research and additional funds to attend conferences in her field.

Ms. Boyden's study focuses on developing an instrument to evaluate parent-reported experiences with home-based pediatric palliative and hospice care using a multimethod, multistakeholder approach. She will complete data collection and her analysis in a few weeks. After graduating, Ms. Boyden will begin a postdoctoral fellowship at CHOP. She plans to obtain a nurse faculty position and apply for a K-level award toward her career goal of improving palliative and hospice care provided to all children with serious illnesses and their families, particularly those who spend the last phase of life at home.

VIII. K23 RECIPIENT; THE MENTORS WHO MADE ME: MY JOURNEY TO BECOME A NURSE SCIENTIST—Dr. Mark Lockwood, University of Illinois at Chicago

Dr. Lockwood outlined his nursing career timeline, described facilitators and barriers to advancing into research and scholarship in nursing, and presented recommendations to encourage engagement in nursing science. Dr. Lockwood described a 12-year delay between his early career training and time as a critical care nurse and his transition to a nurse scientist. His career trajectory changed when he enrolled in an online MSN program at Loyola University, New Orleans, and, eventually, he obtained his Ph.D. from the Oregon Health & Science University School of Nursing.

Dr. Lockwood's study employs a longitudinal design to quantify changes in alpha- and beta-diversity pre and post transplant and their relationship to symptom burden and whether baseline microbial community structure and associated gene content are associated with patient outcomes.

Potential strategies to strengthen the pipeline of nurses with doctoral degrees include reducing financial disincentives (tuition reimbursement programs, loan forgiveness for PhD-prepared nurses); increasing early-career nurses' exposure to nurse scientists (formal mentoring, outreach to bedside nurses); and raising the profile of the nurse scientist (improve marketing, leveraging social media, identifying a spokesperson).

Potential barriers to early-career nurses include an absence of mentors, a lack of appreciation of nursing as a science, a lack of exposure to doctorally prepared nurses, and financial limitations related to tuition and professional organization membership. Facilitators include financial support to pursue an MSN, having autonomy and time to pursue goals, exposure to clinical research, membership in professional nursing organizations, active seeking of mentors, and willingness to adapt as opportunities arise. For example, participation in the NINR Summer Genetics Institute expanded Dr. Lockwood's knowledge and understanding of genomics, provided the training he needed to establish a K23 team, and led to additional microbiome-related training.

IX. K99/R00 RECIPIENT; SEE A NEED, FILL A NEED—Dr. Margo Minissian, Cedars-Sinai Medical Center

Dr. Minissian provided insights that helped her succeed in obtaining her PhD and NINR grant funding during training. As an acute care nurse practitioner and Clinical Lipid Specialist in a busy women's heart clinic, she observed many gaps in preventive cardiovascular research and clinical practice and had a strong desire to fill these gaps. Through attendance at numerous workshops and professional events, she became aware of the gaps in her training and began to understand the power of a PhD in nursing.

Dr. Minissian outlined the need for students to prepare for the PhD program. She recommends offering a summer workshop to help students tease out their primary research subjects prior to the start of formal training. This will help them stay on track during their first year.

Students should optimize their PhD work by summarizing their coursework as they are engaged in it and publishing and presenting as much as possible. As new ideas arise, they need to write a specific aims page

for them. She recommended that students become involved with NINR-related activities early and meet with their grant officers at every opportunity, such as at specialty meetings attended by NINR Program Officers or any time they visit the Washington, DC area. Dr. Minissian concluded by emphasizing the importance of finding a work-life balance.

X. PANEL Q & A—Dr. Shirley Moore, Case Western Reserve University

Dr. Moore moderated a panel session designed to solicit trainee opinions of trainees and discuss ways to improve nurse training programs and attract people to them.

Q: Why did you choose a PhD program instead of a DNP?

As a clinical research nurse, Dr. Lockwood thought the DNP would require more clinical experience with direct patient care. Dr. Minissian noted that the DNP was just getting started on the West Coast at that time. Ms. Boyden had exposure to nurse faculty as an undergraduate and worked closely with faculty, which pointed to the PhD.

Q: What one thing did a mentor do that had an impact on your career development?

One of Dr. Minissian's mentors signed her up for professional society memberships and numerous volunteer opportunities. She met with her mentors quarterly for three years while preparing to join the program, in addition to having one-on-one weekly meetings with her medical director. Ms. Boyden's mentors helped her talk through the decision to obtain a PhD, including the timing, where to go, and what program to pursue. This happened during a mix of informal and scheduled discussions. Dr. Lockwood noted the need for a broad range of mentors; some of his offered great professional and clinical advice on life in academia. In particular, his dissertation chair was a well-rounded mentor.

Q: What was the timing when deciding to apply for a grant?

Ms. Boyden and her mentors discussed the timing of her F31 application as it related to her project status. While finishing coursework and attending a seminar, she wrote a proposal and the application at the same time. The possibility that the F31 would add a year or two to her program time was not a big concern because it would not have been a significant financial burden on family. Dr. Minissian wrote her application while practicing; she was on call four days a week, in clinic three days a week, and funded one day per week to write. Dr. Lockwood worked full time throughout and was a part-time student, which meant he was ineligible for a lot of support and had to take out student loans; he started writing his K23 application upon graduation.

Q: Reportedly, doctoral students and postdocs writing applications for F awards have trouble finding clinical mentors. What strategies did you use to identify a good clinical mentor?

Dr. Minissian did not encounter this barrier. She wonders why students learning to do clinical research are not paired with a clinical research preceptor. She had that because of what she was doing at work. Dr. Lockwood was embedded in a clinical study at the University of Chicago but did not know anyone when

he moved to the University of Illinois at Chicago (UIC). Making connections required persistence; he did cold calls and sent emails. He needed to show the synergy between what he was doing and what potential mentors were doing. People were receptive to that. Ms. Boyden did not have formal clinical mentors; she worked closely with the CHOP palliative care team.

Q: While in your PhD program, how were you exposed to underserved populations and health disparities? Who were mentors in those areas? How did this influence populations in your studies?

Dr. Minissian stated that the University of California, Los Angeles (UCLA) School of Nursing prides itself on health research in vulnerable populations such as Latinas and Native Americans. The Dean hired people in the homeless community to assist in her research on health in homeless populations. Ms. Boyden noted UPenn's focus on health equity; although it is not a focus of her current research, she hopes to add it. Dr. Lockwood conducted a study on mitigating barriers to kidney transplant access and had access to good public health mentors. A colleague and informal mentor involved in screening African-American women in Chicago has helped him with grant writing and will provide support when he incorporates vulnerable populations into his research. Dr. Lockwood spoke about the lack of diversity among the UIC faculty and how a lack of shared experience creates challenges in research as well as in recruitment of bright nurses who aren't considering a PhD.

Q: Describe times you might have felt vulnerable as scientists and may have considered leaving science. If you haven't personally experienced it, perhaps your peers did. What interventions were helpful to you or others?

Dr. Minissian described a medical school student at UCLA who dropped out due to family and financial issues. In her own case, practicing only two days per week so she could dedicate time to learning was a significant financial hardship for her family. Being a nurse in an academic setting can be intimidating. Women scientists face different difficulties. The time required to complete a PhD is a strong consideration. Some friends with similar backgrounds chose the DNP route because it only takes two years. Ms. Boyden has not felt vulnerable from a scientific perspective, but balancing career and family has been challenging. Her university and professors have been very supportive. Dr. Lockwood described entering academia as challenging and frustrating. Every success seems to be followed by a rejection or failure, which underscores the importance of having a broad array of mentors to provide guidance and encouragement.

Q: What kind of support from NINR would facilitate your career development as a nurse scientist?

Dr. Minissian noted that it is hard to know how someone would become aware of new NINR opportunities (e.g., the SSC training rotations) unless they are at a school of nursing or in regular communication with an NINR Program Officer. What about people who cannot manage being away from home for a rotation? Translating the program for conduct at a Center of Excellence on the West Coast would eliminate some of the financial barriers.

Q: Without the means of support each panelist described, would you have pursued the training and entered the field of nursing science?

Dr. Lockwood indicated that he would have been working in industry. Dr. Minissian described other financial mechanisms she would have used (e.g., Cedars-Sinai's tuition reimbursement program). Ms. Boyden noted that she still is paying off her master's program student loan; adding more loans would have been a huge barrier.

XI. NINR TRAINING PORTFOLIO OVERVIEW—Drs. David Banks, Technology & Training Branch, and John Grason, Division of Science Policy and Public Liaison, NINR

Dr. Banks provided an overview of the NINR extramural training program that provides support to institutions as well as individual investigators at any stage in their research careers. Extramural-intramural collaborative programs include NINR Methodologies Boot Camps and the Summer Genetics Institute. The Graduate Partnerships Program combines a university academic environment with the breadth and depth of research at NIH.

Dr. Grason presented an overview of NINR training and career development applications, awards, and outcomes for 2000–2019. In FY2019, 4.5% of the NINR budget was dedicated to support extramural research training; including career development awards would increase the total amount dedicated to training to 6.9% of the NINR budget.

NINR investment in NRSA training has been relatively high but began to decrease around 2015. NINR funding of K awards has been relatively consistent over the past 20 years, and applications have increased steadily since 2009, with a success rate of around 40%. NINR T32 awards dropped from a high of 30 in 2002 to 19 last year; similarly, trainee positions dropped from 172 in 2003 to 155 appointments in 2018. Although NIH F31 application rates have increased gradually, NINR has seen a steady decrease in F31 applications; the success rate is between 40% and 50%.

Of nearly 4,300 NINR NRSA trainee positions funded between 2000 and 2019, 86% were supported at only 20 institutions. NINR F series fellowships over the last 18 years have been concentrated in the eastern U.S.; the T32 distribution is slightly better. Nearly one-third of those trained under an NINR NRSA award between 1998 and 2018 subsequently applied for a Research Project Grant (RPG); nearly 40% were awarded.

A preliminary analysis of NINR trainees' research topics shows awards concentrated in palliative care, clinical best practices, HIV prevention, and health disparities.

Dr. Banks described NINR efforts to increase the number of nurse scientists capable of making important contributions to the biomedical research enterprise. PAR-19-256 was developed by NINR to increase the

likelihood of success with an initial R01 application for nurse scientists who have earned NIH Career Development Awards. NINR joined NIH's Maximizing Opportunities for Scientific and Academic Independent Careers (MOSAIC) K99/R00 program to help increase the number of nurse scientists from diverse backgrounds transitioning from postdoctoral researchers to independent researchers. NINR joined NIH's Advanced Data Analytics T32 to solicit applications for new predoctoral training programs in data analytics.

Council members discussed factors contributing to declines in applications, such as a shrinking pool of PhD students or lack of awareness about opportunities. Council members applauded Dr. Minissian's idea of a summer workshop for entering PhD students to consolidate their research concepts. PhD students write applications during a second semester grant writing course. The increasing number of international students entering PhD programs may not be eligible to apply for some awards; however, the F99/K00 is available to them. Suggestions included establishing an NINR-specific mechanism, eliminating work restrictions to increase the number of applications, and collecting student recruitment best practices. Suggestions for increasing awareness of available awards and supporting resources included attending and presenting at regional nursing society and minority organization meetings, open networking times, and webinars on ten top things that bring success.

The Office of National Research holds regional meetings that may be of value, but there is confusion about what those events offer; some perceive them as primarily administrative.

Council members asked about a policy limiting the number of awards per institution; Dr. Schwetz is looking into the policy and data that supported it. Council members noted that symptom science is not in the list of research topics and suggested looking through portfolios for it. Others commented that NINR does not offer undergraduate opportunities that other Institutes do.

Dr. Schwetz thanked Council for good suggestions. A Council Working Group will be formed to explore these ideas in greater depth.

XII. CONCEPT PRESENTATION AND DISCUSSION—Drs. Rebecca Henry, Office of Extramural Programs, and Jeffrey Kelly, Office of the Director, NINR

Dr. Henry presented a concept entitled "Strengthening the Impact of Community Health Workers (CHW) on Improving the HIV Care Continuum" that aims to develop a program focused on the U.S. populations with the poorest HIV treatment outcomes. The program of research would employ a population-based, community-engaged research approach to test existing or new CHW strategies and programs.

As frontline public health workers and trusted community members, CHWs are well positioned to serve as effective liaisons between health and social services and the community and facilitate access to

services. They can help reduce stigma, draw on situational experience, and understand and address healthcare barriers and social isolation that underlie the lack of HIV care engagement.

Research objectives include development and testing of interventions that leverage existing CHW systems to integrate HIV care services; existing mHealth and virtual approaches that strengthen CHW programs or extend the geographic reach of CHW activities; and honest community-based participatory methods, including collaborative assessment of the policy and clinical practice context of preliminary work toward implementation.

Dr. Kelly described the proposed concept as similar to navigation; CHWs help persons with HIV navigate psychological and social support to address barriers to treatment (e.g., drug use, housing instability, intimate partner violence). The concept proposes to broaden the ability of professional in situ CHWs to meet the needs of people with HIV.

Council members described the proposed concept as exciting, important, and needed. Recommendations included expanding the aims to include identification of people living with HIV and testing promotion and to consider models of collaboration between nurses and other healthcare workers.

Dr. Henry noted that the decision to limit the aims to adherence was deliberate. Nurses will be at the interface. The idea is to embed the program in healthcare deserts. NINR is taking the lead because nurses and CHWs are the ones who interface. The National Institute on Minority Health and Health Disparities (NIMHD) will be involved in the mental health aspects.

Dr. Pickler recommended reviewing recently published results of the Camden Program trial that used CHWs, nurses, and social workers to reduce hospitalizations of people with chronic illness; trial results showed that the methods were not effective. This could inform further development of the proposed concept.

XIII. REVIEW OF THE STATEMENT OF UNDERSTANDING—Dr. Kathleen Anderson, Acting Executive Secretary, NACNR

The revised statement of understanding that outlines Council's role in secondary review grant applications was included in the Council book. No substantive changes have been made for 2020.

Council members were asked to contact Dr. Anderson about any conflicts or expected absences for the following Council meeting dates.

2020

May 19–20 (Tuesday–Wednesday)

September 15–16 (Tuesday–Wednesday)

2021

January 26–27 (Tuesday–Wednesday)

May 18–19 (Tuesday–Wednesday)

September 14–15 (Tuesday–Wednesday)

XIV. ADJOURNMENT

Dr. Schwetz thanked meeting attendees and adjourned the open session of the meeting at 3:50 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). 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

NACNR members considered 116 research and training grant applications on which NINR was the primary Institute; these applications requested a total of $33,012,803 (direct costs year 01). Council also considered 433 applications on which another Institute/Center was primary and NINR was secondary. These applications requested a total of $174,503,915 (direct costs year 01). Council concurred with the Institutional Review Group recommendations on these 549 applications.

ADJOURNMENT

The 100th meeting of the NACNR was adjourned at 1:00 p.m. on Wednesday, January 15, 2020.

CERTIFICATION

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

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Tara A. Schwetz, PhD
Acting Chair
National Advisory Council for Nursing Research

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Kathleen Anderson, PhD
Acting Executive Secretary
National Advisory Council for Nursing Research

These minutes will be formally considered by the Council at its next meeting. Corrections or notations will be incorporated in the minutes of that meeting.

COUNCIL MEMBERS PRESENT

Dr. Tara Schwetz, Acting Chair
Dr. Kathleen Anderson, Acting Executive Secretary
Dr. Kathryn H. Bowles
Dr. Yvette Conley
Dr. Audwin Fletcher
Dr. Eun-Ok Im
Dr. Jeffrey Kelly
Dr. Deborah Koniak-Griffin
Dr. Peter A. Lewin
Dr. John Lowe
Dr. Nilda Peragallo Montano
Dr. Ida M. Moore
Dr. Shirley M. Moore
Dr. Rita H. Pickler
Dr. Sheila Sullivan, *Ex Officio*
Dr. JoEllen Wilbur
Dr. Joanne Wolfe

MEMBERS OF THE PUBLIC PRESENT

Ms. Valerie Adelson, Oncology Nursing Society
Ms. Jackelyn Boyden, University of Pennsylvania School of Nursing
Ms. Pavni Guharoy, Betah Associates
Dr. Colleen Leners, American Association of Colleges of Nursing
Dr. Mark Lockwood, University of Illinois at Chicago
Minan P. Marroquin Melara
Dr. Margo P. Minissian, Cedars-Sinai
Ms. Kathy Sedgwick, NOVA Research Company
Dr. Deborah Trautman, American Association of Colleges of Nursing
Dr. Christine Tocchi, Duke University School of Nursing

FEDERAL EMPLOYEES PRESENT

Dr. Lynn Adams, NINR/NIH
Ms. Farheen Akbar, OBSSR/NIH
Mr. Brian Albertini, NINR/NIH
Dr. Carolyn Allen, NINR/NIH
Dr. David Banks, NINR/NIH
Ms. Melissa Barrett, NINR/NIH
Ms. Brianna Brooks, NINR/NIH
Mr. Nathan Brown, NINR/NIH
Dr. Yvonne Bryan, NINR/NIH
Dr. Edmond Byrnes, NINR/NIH
Ms. Ana Ferreira, NINR/NIH

Dr. Lauren Fordyce, CSR/NIH
Ms. Alexis Franks, NINR/NIH
Dr. Jessica Gill, NINR/NIH
Dr. John Grason, NINR/NIH
Dr. Michelle Hamlet, NINR/NIH
Dr. Rebecca Henry, NINR/NIH
Dr. Karen Huss, NINR/NIH
Mr. Doug Hussey, NINR/NIH
Dr. Rosario Jaime-Lara, NINR/NIH
Ms. Deborah Jennings, NINR/NIH
Dr. Karen Kehl, NINR/NIH
Ms. Mary Kelly, NINR/NIH
Ms. Jo-Ann Kriebel, NINR/NIH
Dr. Emma Kurnat-Thoma, NINR/NIH
Dr. Chen Lai, NINR/NIH
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Mr. Rodrigo Ortiz Figueroa, NINR/NIH
Dr. Rebekah Rasooly, NINR/NIH
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Dr. Louise Rosenbaum, NINR/NIH
Ms. Marisa Sheelor, NINR/NIH
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Ms. Karen Taylor, NINR/NIH
Dr. Lois Tully, NINR/NIH
Dr. Rany Vorn, NINR/NIH
Mr. Kevin G. Wilson, NINR/NIH
Dr. Sue Wingate, NINR/NIH
Dr. Markos Woldeyohannes, NINR/NIH
Mr. Ajay Yadava, NINR/NIH
Dr. Ming Yan, NINR/NIH
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