

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 25, 2024

The 112th meeting of the National Advisory Council for Nursing Research (NACNR) was convened on Thursday, January 25, 2024, at 10:00 a.m. The open session was held by National Institutes of Health (NIH) videocast, and all observers attended virtually. In accordance with Public Law 92-463, the session was open to the public until approximately 1:52 pm and was followed by the closed session on Thursday, January 25, 2024 at 2:00 p.m. Dr. Shannon N. Zenk, Director of the National Institute of Nursing Research (NINR), presided as Chair for both sessions.

OPEN SESSION

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

Dr. Shannon N. Zenk, Director, National Institutes of Nursing Research (NINR)

10:00 a.m. – 10:08 a.m.

Dr. Zenk called the 112th meeting of the NACNR to order and welcomed all Council members, visitors, and staff. She noted that the open session of the meeting was being VideoCast live and will be archived on the [NIH VideoCast website](#). Dr. Zenk acknowledged the contributions of Dr. Claire Fagin to nursing and nursing research and noted her recent passing in January 2024. Dr. Zenk welcomed two ad hoc Council members to the January 2024 Council meeting, Dr. Jing Wang and Mr. Joseph Harrington.

Dr. Elizabeth Tarlov, Director, NINR Division of Extramural Science Programs (DESP) and Executive Secretary of NACNR

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

Minutes of the Previous NACNR Meeting

Minutes of the September 12, 2023 NACNR meeting were distributed to Council members through the Electronic Council Book. A motion to accept these minutes was made, seconded, and unanimously

approved. The approved minutes of each NACNR meeting become part of the Institute's official record and are posted on the NINR website (www.ninr.nih.gov).

Dates of Future Council Meetings

Dates for future Council meetings were included in the NIH Electronic Council Book. The next Council meeting will be held in person on May 23, 2024.

Conflict of Interest and Confidentiality Statement

Dr. Tarlov noted that the conflict of interest and confidentiality statements were included in the Council materials; reminded Council members that as special government employees they may not engage in lobbying activities; and noted that she would provide specific instructions about conflict of interest and confidentiality at the beginning of the Closed Session in the afternoon.

II. REPORT OF THE NINR DIRECTOR

10:08 a.m. – 11:09 a.m.

Dr. Shannon N. Zenk, Director, NINR

The Director's report focused on activities and news from NIH and NINR since the September 12 Council meeting. Highlights of Dr. Zenk's report included the following.

Strategic Imperative Update: Firearm injury prevention—Dr. Zenk highlighted the substantial progress made in achieving the NINR's goals for firearm injury prevention. She specifically mentioned the impact of new funding opportunities and successful outcomes from previously funded projects. Dr. Zenk noted the vital role of initiatives such as the Firearm Injury Prevention in Community Healthcare Settings and the Nursing Education Program in Firearm Injury Prevention. She expressed pride in NINR's participation in the Community Firearm Violence Prevention Network and the funding of significant studies like Incorporation of a Health Equity Approach to Hospital Violence Intervention Programs.

Advancing the Science—Dr. Zenk praised the advancements in supporting extramural and intramural projects through the Bridge-to-Care initiative, which was reissued this year. She pointed out that in 2023, NINR funded four innovative projects, totaling over \$5 million, to address unmet social needs and adverse social determinants of health. Dr. Zenk also emphasized the importance of the ongoing and upcoming rounds of funding for the Short Courses in Social Determinants of Health for Education in Nursing Research, highlighting the deadline for applications.

Council Discussion—During the Council discussion on reaching the right audiences for funding opportunities, Council members expressed appreciation for ongoing research initiatives while emphasizing the need for actionable solutions and collaboration across disciplines. Concerns were raised about the narrow focus on understanding problems without practical outcomes. The importance of training new investigators in the evolving field of nursing science was highlighted, with suggestions to integrate mentorship into training opportunities to address the gap created by the absence of senior faculty and enhance the overall effectiveness of training programs.

Extramural Funding—Dr. Zenk highlighted NINR’s collaboration with other Institutes through over 20 new funding notices since September. She emphasized the introduction of two training opportunities to advance the study of intimate-partner-violence, as well as recent initiatives targeting health disparities.

Transformative Research to Address Health Disparities and Advance Health Equity—Dr. Zenk announced NINR’s leadership in evolving the Common Fund initiative into its next phase, emphasizing a recently published Research Project Cooperative Agreement Notice of Funding Opportunity (NOFO) seeking proposals for innovative intervention research that addresses SDOH and aims to prevent, reduce, or eliminate health disparities and advance health equity.

Council Discussion—Dr. Zenk asked for Council members’ perspectives on best approaches to disseminating information about funding opportunities. One suggestion was that using the established networks of regional and national nursing societies to reach interested and heterogeneous academic partners would be helpful.

Publications—Dr. Zenk highlighted the significant impact of NINR’s research, noting nearly 50 new publications from NINR-funded researchers in January alone, including a publication on the mental health of transgender women, showcasing NINR’s commitment to addressing complex social and health issues.

Intramural Efforts—In October, Dr. Zenk celebrated the inclusion of 20 first-generation college students in NINR’s Division of Intramural Research, emphasizing the Institute’s dedication to diversity in science. Additionally, she noted Dr. Lichen Xiang’s achievement of securing a patent for an innovative nucleic acid separation technique.

Outreach Activities—Dr. Zenk outlined NINR’s recent outreach efforts, including hosting events for the Friends of NINR’s 30th anniversary and engaging with nursing and public health leaders at AACN and APHA meetings, underscoring the Institute’s strategic partnerships.

Council Discussion—Dr. Zenk asked for Council members’ advice on potential avenues for NINR outreach to potential new partners and collaborators. One Council member noted that institutions with PhD programs, but without NIH-funded researchers, might lack mentorship potential, emphasizing the importance of supporting robust mentorship that includes research aspects beyond grant writing. Another participant noted that health professions schools at historically Black colleges and universities host conferences that NINR should consider attending, and there is also a network being developed for Native American, Alaska Native, and Native Hawaiian individuals interested in health professions. Another member suggested paying attention to how opportunities that pair R1 institutions with lower resourced institutions are structured, to prevent a disproportionate share of funding going to the R1 institution.

Partnerships and Collaborations—Dr. Zenk noted NINR’s key role on the interagency policy committee that developed the U.S. Playbook to Address Social Determinants of Health, released by the White House in November. She also highlighted NINR’s role as NIH representative to the HHS initiative on SDOH and her joint authorship, with the Directors of NICHD and ORWH, of a *JAMA* article on maternal mortality.

Budget—Dr. Zenk updated Council on the budget situation, noting that NIH funding continues at 2023 levels until early March due to a third continuing resolution.

NINR News and Announcements— Dr. Zenk introduced new staff and spotlighted an upcoming NIH Wednesday Afternoon Lecture Series presentation by nurse scientist Dr. Debra Moser on cardiovascular disparities in rural America. Dr. Zenk also shared NINR’s successful leadership of this year’s Combined Federal Campaign at NIH.

NIH & Federal News—Dr. Zenk welcomed the new NIH and NCI directors, Drs. Monica Bertagnolli and W. Kimryn Rathmell. She highlighted the new designation of people with disabilities as a health disparities population and the launch of the White House Initiative on Women’s Health Research.

Council Discussion—Dr. Zenk opened the floor, asking for feedback or other ideas to facilitate discussion. A Council member raised the issue of equipment-based grants, highlighting the challenge of insufficient IT infrastructure and questioning whether this could be considered part of infrastructure development.

III. REPORT OF THE NINR DEPUTY DIRECTOR

Dr. Courtney Aklin, Deputy Director, NINR

11:09 a.m. – 11:11 a.m.

Dr. Aklin, NINR Deputy Director, introduced herself and gave a brief description of her background and career path.

IV. ANNUAL REVIEW OF COUNCIL PROCEDURES

Dr. Elizabeth Tarlov noted that operating procedures for 2024 were largely unchanged from the previous year. A motion to accept the operating procedures for 2024 was made, seconded, and unanimously approved.

V. NINR CONCEPTS

NINR Staff

11:12 a.m. – 11:53 a.m.

Expanding Research Capacity in Firearm Injury Prevention

Dr. Karen Huss, Program Director, NINR

11:13 a.m. – 11:23 a.m.

The proposed concept aims to expand research capacity in nursing science for firearm injury prevention, addressing the current gaps in research and resources, and lack of focused programs in nursing schools. This initiative could support activities to enhance inter-and transdisciplinary research, community-engaged research, and diversity in the research workforce, as well as programs to support small research awards and other capacity-building activities.

Discussion

Dr. Stone opened the discussion, acknowledging the severity of firearm injuries and the lack of focus on this area in nursing science, drawing parallels with NINR's successful capacity building in palliative care and genetics among the nursing science workforce, and suggesting similar approaches (e.g., educational programs and research consortiums) to integrate experienced professionals from existing firearm research centers and set a research agenda in partnership with nursing scientists.

Advancing Health Equity Through Housing

Dr. Julia Seay, Program Director, NINR

11:23 a.m. – 11:37 a.m.

The proposed concept aims to advance health equity through a focus on housing. The concept emphasizes the link between housing insecurity and adverse health outcomes and proposes research to develop, test, and evaluate interventions addressing homelessness and housing insecurity, focusing on understanding the unique needs of affected subpopulations and the health effects of housing interventions.

Discussion

Dr. Elias Provencio-Vasquez opened the discussion, referencing the experience of Denver, Colorado in this area. He discussed local initiatives to address homelessness and housing insecurity, such as converting hotels into apartments and Denver Health's expansion of their mission to include housing for patients, emphasizing the need for more research to rigorously examine the effectiveness of these interventions in improving health outcomes.

A Council member suggested that research in housing interventions might be more effectively conducted through natural experiments and evaluating existing community initiatives.

Another Council member inquired about a funding mechanism (e.g., "R," "U") for a potential NOFO based on this concept. They expressed concern about the suitability of U-type mechanisms for natural experiments due to their focus on deliverables and suggested they are better suited for translational work.

Expanding Research to Advance Health Equity in Rural Populations

Dr. Karen Kehl, Program Director, NINR

11:37 a.m. – 11:53 a.m.

The proposed concept addresses health disparities in rural communities, where nearly one in five Americans reside. The initiative aims to understand the impact of social determinants of health outcomes in rural populations, develop and adapt interventions targeting rural health disparities, and facilitate the dissemination and implementation of effective interventions across diverse rural communities.

Discussion

Reflecting on personal experience, Dr. Cindy Munro praised the concept's focus on rural health disparities, emphasizing the need for innovative, adaptable interventions to address rural communities' unique challenges and heterogeneity, including technological and healthcare workforce limitations.

There was an acknowledgment of the importance of designing interventions with adaptability and generalizability in mind from the outset, along with recognizing the need for thoughtful community engagement, considering the differences between rural and urban community-based organizations.

Dr. Cindy Munro opened the discussion and praised the concept's focus on rural health disparities, emphasizing the need for innovative, adaptable interventions to address rural communities' unique challenges and heterogeneity, including technological and healthcare workforce limitations. There was an acknowledgment of the importance of designing interventions with adaptability and generalizability in mind from the outset, along with recognizing the need for thoughtful community engagement, considering the differences between rural and urban community-based organizations.

A Council member discussed the challenges of adapting study designs to meet NIH's rigorous standards in areas like Imperial County, California, but noted recent developments in D & I research and study design that facilitate meeting these standards. There was an acknowledgment of these historical challenges and an appreciation of being mindful of this issue from the beginning.

Another Council member inquired about including telehealth interventions to address healthcare challenges in highly rural areas, including long wait times for medical appointments.

A Council member inquired about the availability data repositories for research, particularly for those without current resources, emphasizing the ease it would bring to those proposing research. The lack of comprehensive data in areas like climate change and health was acknowledged while noting existing data collections on maternal health. There was a discussion about the necessity of being open to a wide range of topics, accepting that studies may be at different scientific stages, from preliminary efficacy to implementation-focused research.

VI. NACNR WORKING GROUP ON CLIMATE CHANGE AND HEALTH UPDATE

Dr. John Grason, Director, NINR Division of Science Policy and Public Liaison

Dr. Bety Bekemeier, Professor, University of Washington School of Nursing; Director, Northwest Center for Public Health Practice

12:27 p.m. – 12:54 p.m.

Dr. John Grason provided an update on the activities of the Council Working Group on Climate Change and Health. The working group was established in September 2023 with a charge to recommend to NACNR future directions for NINR-supported science in climate change and health. The group, which met four times between September and November 2023, identified key research areas and developed nine broad recommendations focusing on health equity, disparities, and social determinants of health in the context of climate change. The final report is in preparation.

Dr. Bekemeier presented preliminary recommendations:

1. NINR should support climate change and health research that incorporates a cross-cutting focus on health equity, health disparities, and social determinants of health.
2. NINR should support climate change and health research that has a strong focus on multilevel, interdisciplinary, and transdisciplinary research across a broad range of settings, communities, and populations.
3. NINR should support science that investigates the potential impacts of climate change on nutrition and food security and develop strategies for mitigating these impacts.
4. NINR should support the exploration of strategies for reducing the impact of climate-related disruptions and disasters on health care systems and services (e.g., the impact of increasing severe heat and storms).
5. NINR should leverage its expertise in developing and testing strategies to build and reinforce adaptation and resiliency in the face of climate change-related health impacts.
6. NINR should leverage its focus on community and population health to work with communities in developing strategies for mitigating the impact of climate change on health.
7. NINR should support the development of a cohort of trainees and new investigators with the knowledge and skills necessary to conduct rigorous and high impact research on understanding and mitigating the health effects of climate change.
8. NINR should support research to inform policy decisions about climate change and health at the federal, state, and local government levels.

9. NINR should support research improving the way that climate change and its impacts on health are communicated to the public.

Discussion

Dr. Christopher Lee opened the discussion, commending the working group for its boldness and creativity, particularly in integrating research lenses focused on health equity and social determinants of health into climate change initiatives. He expressed curiosity about specific training opportunities under recommendation 7, inquiring about possible formats like workshops, short courses, or special interest notices. He emphasized that this could become a new pillar of expertise for NINR. There was acknowledgment of the need for training in this domain, with confirmation that various options are being considered, but the specifics are yet to be finalized.

A Council member inquired why food security was highlighted separately in recommendation number 3, given its intersectionality with other aspects like housing security. Dr. Bekemeier member stated that food insecurity emerged as a distinct topic during their meetings, likely reflecting the group's diverse areas of focus and expertise, and they chose to emphasize it separately. At the same time, housing issues were more generally integrated into discussions on mitigation and adaptation.

Other Council member comments included interest in structural or system-based interventions, particularly noting the potential for learning about generalizability from initiatives like resiliency centers and cooling hubs, sparked by their experience with heat in a rural community, and prioritization of educational initiatives to build capacity for bold, nursing science-led research, emphasizing the importance of balancing the demonstration of impactful science with developing a trained workforce.

A Council member raised concerns about prioritizing key areas like firearm injury prevention, housing, and climate change above other important topics amid potential budget cuts, acknowledging the overlap and difficulty in making choices in these challenging times. In response, there was an acknowledgment of the need for guidance in setting priorities and an encouragement for Council members to share their thoughts.

VII. UPDATE ON ComPASS PROGRAM: COMMUNITY-LED, HEALTH EQUITY STRUCTURAL INTERVENTION GRANTEES

Dr. Shalanda Bynum, Program Director, NINR

12:54 p.m. – 1:24 p.m.

Dr. Bynum presented an update on the activities of the ComPASS program, for which NINR's Director, Dr. Shannon Zenk, is a co-chair. ComPASS is structured around a 10-year timeframe, doubling the traditional research period, with two main goals: to catalyze community-led interventions and develop a new health equity research model across NIH and federal agencies. The program encompasses three initiatives: the Community-Led, Health Equity Structural Interventions (CHESIs), Health Equity Research Hubs (Hubs) (not yet awarded), and the ComPASS Coordination Center. The Coordination Center is managed by NINR using the cooperative agreement mechanism.

Discussion

Professor Dawes praised the ComPASS program as a game changer, particularly its innovative approach to making community organizations the leaders in health equity projects in partnership with academic researchers. He highlighted the importance of addressing the root causes of health inequities and the need for better data, especially for underrepresented groups. Professor Dawes acknowledged ComPASS's potential to influence other health agencies and grant providers.

A Council member expressed strong enthusiasm for the ComPASS program, highlighting its potential as a game changer in health disparities research and praising the inclusivity and impact of the initiative, especially the insightful geographical mapping. A Council member also expressed eagerness to see future progress and learning outcomes, acknowledging that while not all interventions may succeed, valuable lessons will be gleaned.

A Council member expressed enthusiasm and curiosity about the common data elements in the ComPASS program.

VIII. UPDATE ON VIOLENCE AGAINST WOMEN REQUEST FOR INFORMATION

Dr. Catherine Timura, Health Science Policy Analyst, NINR

1:24 p.m. – 1:44 p.m.

Dr. Timura presented the findings of a Request for Information (RFI) on violence against women (VAW) issued by NINR and the Office of Research on Women's Health. She highlighted the RFI's aim to uncover scientific gaps and research opportunities to better understand and address violence against women.

The RFI received 118 responses from stakeholders and led to the identification of 9 major research themes:

- Advance Social Determinants of Health (SDoH) Research to Understand and Mitigate Risk
- Inform Policy Efforts for Broader Impact
- Strengthen Measures and Methodologies in VAW Research
- Increase Focus on Intersectionality
- Address the Health Sequelae of Violence
- Incorporate Research on Violence Perpetration
- Foster Family-Based Research to Address the Intergenerational Transfer of Violence
- Leverage Diverse Settings to Prevent and Treat VAW
- Expand Focus on Disproportionately Impacted Populations

Discussion

Dr. Johnson opened the discussion, acknowledging the extensive work in analyzing qualitative data, praising the clarity and actionability of the themes identified in the VAW RFI. He commended the inclusive definition of women, incorporating both cisgender and transgender women, and raised a question about the robustness of the 118 responses received. Dr. Johnson also suggested improvements, such as better measurement of violence, the inclusion of substance abuse in research, and the potential of online spaces for support and intervention, not just victimization.

A Council member expressed gratitude that intimate partner violence research is being reinvigorated at NIH, hoping for more related RFAs following the revival of interest in this area.

Another Council member expressed interest in seeing more research on primary prevention, highlighting its importance, and welcoming its inclusion in current discussions.

IX. COUNCIL DISCUSSION

1:44 p.m. – 1:52 p.m.

Dr. Zenk invited Council members to pose questions, comments, announcements, or other contributions that might foster a shared discussion within the broader community.

A Council member inquired about the NIH's evaluation of the impact of 50 recent publications resulting from their supported research, questioning whether there is an in-depth analysis beyond just the number of publications. In response, there was an acknowledgment of the challenge of assessing impact

solely based on publication numbers but emphasized their ongoing efforts to monitor and analyze various metrics, such as impact factors and citation ratios, to understand the influence of their research.

A Council member highlighted the significance of capturing the broader impact of research, like influencing health policies, beyond traditional publications, suggesting that such achievements could be better reported. A response emphasized the importance of grantees sharing not only publications but also other forms of recognition, like community reports, to better showcase the impact of funded work. Acknowledgment was also provided that impacts often emerge long after the completion of a grant or publication, encouraging continued engagement and communication with NINR to help advocate for nursing science and inform decision makers.

Adjournment

The Council adjourned for the public portion of the meeting at 1:52 p.m.

X. CLOSED SESSION

This portion of the meeting was closed to the public in accordance with the determination that this session concerned matters exempt from mandatory disclosure under Sections 552b(c)(4) and 552b(c)(6), Title 5, U.S. Code and Section 10(d) of the Federal Advisory Committee Act, as amended (5, USC Appendix 2).

Dr. Tarlov reminded members of the requirement to leave the room prior to discussion and voting on any application with which they are in conflict and instructed them to speak up if they are in conflict if staff have not already identified them as being in conflict, and staff will move them to a virtual waiting room. Members were asked to sign and submit a conflict-of-interest statement immediately following the meeting.

Review of Applications

Council members considered 115 research and training grant applications on which NINR was the primary Institute; these applications requested a total of \$31,114,164 (direct costs year 01). The Council also considered 354 applications on which another Institute/Center was primary and NINR was secondary. These applications requested a total of \$106,286,793 (direct costs year 01). The Council concurred with the Institutional Review Group recommendations on these 469 applications.

ADJOURNMENT

The 112th meeting of the NACNR was adjourned at 2:15 p.m. on Thursday, January 25, 2024.

CERTIFICATION

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

Shannon N.
Zenk -S

Digitally signed by Shannon
N. Zenk -S
Date: 2024.05.20 20:33:52
-05'00'

Elizabeth C.
Tarlov -S

Digitally signed by Elizabeth
C. Tarlov -S
Date: 2024.05.21 08:41:03
-04'00'

Shannon N. Zenk, PhD, MPH, RN

Elizabeth Tarlov, PhD, RN Executive

Chair

Secretary

National Advisory Council for Nursing Research

National Advisory Council for Nursing Research

COUNCIL MEMBERS PRESENT

- Dr. Robert L. Atkins
- Dr. Guadalupe X. Ayala
- Dr. Bety Bekemeier
- Mr. Daniel E. Dawes
- Dr. Anne M. Fitzpatrick
- Dr. Cubby L. Gardner, *Ex Officio* (Department of Defense)
- Dr. Mallory O. Johnson
- Dr. Christopher Lee
- Dr. Cindy L. Munro
- Dr. Elias Provencio-Vasquez
- Dr. Patricia W. Stone
- Dr. Sheila Cox Sullivan, *Ex Officio* (Department of Veterans Affairs)

AD HOC COUNCIL PARTICIPANTS PRESENT

- Mr. Joseph Harrington
- Dr. Jing Wang

NIH FEDERAL STAFF PARTICIPATING IN OPEN SESSION

- Courtney Aklin
- Anita Ambs
- Shalanda Bynum
- John Grason
- Karen Huss
- Karen Kehl
- Jo-Ann Kriebel
- Julia Seay
- Elizabeth Tarlov
- David Tilley
- Catherine Timura
- Shannon Zenk

NIH STAFF PARTICIPATING IN CLOSED SESSION

- Olga Acosta
- Maureen Akubu-Odero
- Brian Albertini
- Anita Ambs
- Courtney Aklin
- Libbey Bowen
- Yvonne Bryan
- Shalanda Bynum
- Augie Diana
- Bill Duval
- Dionne Godete-Greer
- John Grason
- Kevin Green
- Karen Huss
- Karen Kehl
- Jo-Ann Kriebel
- Weiqun Li
- Sylvia Long
- Karen Marie McNamara
- Liz Perruccio
- Julia Seay
- David Tilley
- Susan Toy
- Latashia Whitlowe
- Leigh A. Willis
- Kevin Wilson
- Joshua Wolff
- Sung Sug (Sarah) Yoon

MEETING AND WEBINAR SUPPORT

- Joanna Case
- Linda Dhawan
- Wayne Pereanu
- Sean Tolliver