**Department of Health and Human Services**

**National Institutes of Health**

**National Institute of Nursing Research**

# Minutes of the National Advisory Council for Nursing Research

May 24, 2022

The 107th meeting of the National Advisory Council for Nursing Research (NACNR) was convened on Tuesday, May 24, 2022, at 11:00 a.m. The open session was held by National Institutes of Health (NIH) videocast, and all observers, including members of the public, attended virtually. The open session adjourned at 2:30 p.m. The closed session of the meeting, which included consideration of grant applications, was convened on Tuesday, May 24, 2022, at 2:36 p.m. and continued until adjournment at 2:45 p.m. Dr. Shannon N. Zenk, Chair, NACNR, presided over both meeting sessions.

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## OPEN SESSION

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

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

Dr. Zenk called the 107th 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 introduced Dr. Elizabeth Tarlov, Director, NINR Division of Extramural Science Programs (DESP), and Executive Secretary of NACNR. Dr. Tarlov joined NINR from the University of Illinois, Chicago, and the U.S. Department of Veterans Affairs (VA), where she leveraged the VA's vast data resources and external data sources. A former family nurse practitioner, she has a longstanding commitment to research on social determinants of health (SDOH) and has integrated individual, institutional, and community-level data to identify impacts of policy and the environment on adult health and behavior, healthcare outcomes, and health inequities.

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

Dr. Zenk announced that Dr. Robert Atkins (Rutgers University-Camden), Professor Daniel Dawes (Morehouse School of Medicine), Dr. Anne Fitzpatrick (Emory University School of Medicine), and Dr. Patricia W. Stone (Columbia University School of Nursing) are now official NACNR members.

Minutes of the Previous NACNR Meeting

Council members received the minutes of the January 25, 2022, NACNR meeting by email. 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 is scheduled for September 13, 2022 (format to be determined).

Conflict of Interest and Confidentiality Statement

Dr. Zenk 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 that Dr. Tarlov, NACNR Executive Secretary, 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

Dr. Shannon N. Zenk, Director, NINR

The Director's report focused on activities and news from NIH and NINR since the January 2022 Council meeting. Highlights of Dr. Zenk's report included:

**NINR Strategic Plan**—Dr. Zenk announced the launch of the 2022–2026 NINR Strategic Plan on May 6, the first day of National Nurses Week. This living document will enable NINR to respond to emerging issues or crises. The plan describes how the Institute aims to leverage the strengths, unique knowledge, and perspectives inherent in the field of nursing to the benefit of all people while fulfilling the NIH mission to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.

The strategic plan includes important principles that guide all NINR-supported work going forward. The extent to which proposed studies reflect these principles will inform decisions about which applications to fund. NINR needs to support research that addresses pressing health challenges; discovers solutions to optimize health across clinical, community, and policy settings; advances equity, diversity, inclusion, and accessibility; applies innovative, rigorous research methods; and has the potential for significant impact on health and well-being.

During development of its scientific strategy, NINR identified five lenses that make the best of nursing science strengths to innovate, think bigger, and greatly increase the Institute's impact: health equity, social determinants of health (SDOH), population and community health, prevention and health promotion, and

systems and models of care. These research lenses are complementary and synergistic, and they promote multilevel approaches, cross-disciplinary and cross-sectoral collaboration, and community engagement in research. Many of the lenses build on NINR investments. For example, 43 percent of NINR's budget supports prevention research; 34 percent focuses on research to eliminate health disparities; and 26 percent focuses on SDOH. NINR-supported investigators are encouraged to view the health equity and SDOH lenses as primary foci through which to consider the other lenses while enjoying the flexibility to consider a full spectrum of nursing research topics.

**FY 2022 Budget**—In March, Congress passed a full-year omnibus spending bill. NINR received $180 million for fiscal year (FY) 2022, a 3.4 percent increase over the last fiscal year. NIH received a 5.2 percent increase. The President's NIH budget request for FY 2023 is $62.5 billion, including over $12 billion for pandemic preparedness and $5 million for the Advanced Research Projects Agency for Health (ARPA-H). These numbers reflect a 45.6 percent increase over the FY 2022 Continuing Resolution (CR). The FY 2023 budget request for NINR is $199 million (a 13.6% increase), $20 million of which is for health disparities research.

**Division of Extramural Science Programs Update**—Since January, NINR grants have been cited in over 500 articles on PubMed. Several papers based on NINR research align with the research lenses and NINR's new Strategic Plan. For example, a study co-authored by Council Member Dr. Anne Fitzpatrick found neighborhoods with higher social vulnerability and lower childhood opportunity were associated with pediatric intensive care readmissions and longer hospital stays due to asthma. The study demonstrates that understanding the context in which a child lives can help identify those most at risk for critical asthma hospital admissions and lead to interventions that address SDOH. A pilot study of ENABLE (Educate, Nurture, Advise, Before Life Ends) Cornerstone found that, compared with the usual care group, caregiver distress and quality of life significantly improved among African American and rural family caregivers in the intervention group. The intervention targets historically underserved caregivers.

Dr. Zenk noted that the NINR funding strategies for FY 2022 are available online. Since January Council, NINR has signed onto several Funding Opportunity Announcements (FOAs), including the NIH Faculty Institutional Recruitment for Sustainable Transformation Program (RFA-RM-22-008); Transformative Research to Address Health Disparities and Advance Health Equity at Minority Serving Institutions (RFA-RM-22-001); and Dissemination and Implementation Research in Health (PAR-22-105 and PAR-22-109). NINR is participating in several Notices of Special Interest (NOSIs) related to digital health and artificial intelligence (AI) tools (NOT-CA-22-037), translational research on preventive screening services (NOT-OD-22-106 and NOT-OD-22-107), and women's health research in the Institutional Development Award (IDeA) states (NOT-GM-22-005). NINR received robust response to NINR FOAs on maternal health outcomes (RFA-NR-22-002 and RFA-NR-22-003) and food and housing policies related to COVID (RFA-NR-22-004).

**Division of Intramural Science Program Update**—NINR Graduate Partnerships Program Fellow Dr. Stephanie Chidester successfully defended her dissertation on biomarkers for diabetes risk and diagnosis. A Fellow in the laboratory of NINR's Dr. Paule Joseph, she will soon start an intramural Continuing Umbrella of Research Experiences (iCURE) program at the National Cancer Institute (NCI). Recent publications from NINR intramural researchers include an exploration of the relationship between mitochondrial DNA gene expression and fatigue in breast cancer survivors (Dr. Leorey Saligan); development of requirements for design of immersive virtual reality environments supporting self-care among individuals with chronic illness (Dr. Patricia Brennan); automated quantification of intramuscular fatty infiltration in lower extremity muscles with Ryanodine Receptor 1-Related Myopathies (Dr. Toks Lawal); and a global study characterizing smell function and recovery up to 11 months following COVID-19 infection (Dr. Paule Joseph).

**Diversity, Equity, Inclusion, and Accessibility**—Dr. Zenk noted that the Council meeting agenda included interim progress reports from two Council working groups—Diversity of the NINR-Supported Scientific Workforce (Co-chairs Drs. Christopher S. Lee, Council, and Shalanda A. Bynum, NINR) and Inclusion in NINR-Supported Studies (Co-chairs Drs. Cindy Munro, Council, and Dionne Godette-Greer, NINR). Recently, the National Academies of Sciences, Engineering, and Medicine (NASEM) recognized NIH as a leader in diversity and inclusion; a former NINR trainee, Dr. Amelia Knopf, was part of the committee that developed the NASEM report. NINR continues to support supplements to enhance diversity in health-related research (PA-21-071) and the small business programs (PA-21-345). NINR has begun requiring a diversity and inclusion plan for funded research to advance scientific and technical merit of the proposed project through expanded inclusivity, and the 2022 funding strategy indicates that advancement of diverse perspectives is a consideration in NINR funding decisions. Furthermore, NINR has announced a search for a Scientific Diversity Officer who will provide leadership and direction to the Institute for all diversity requirements and initiatives.

**Partnerships and Collaborations—**NINR and several NIH Institutes and Offices are co-chairing a new 10-year, $397 million NIH Common Fund program called Community Partnerships to Advance Science for Society (ComPASS). This transformative program aims to advance efforts toward eliminating health inequities and achieving health equity by (1) facilitating and implementing a cross-Institute, Center, and Office (ICO) framework for health equity intervention research and (2) deploying and evaluating community-driven structural health equity interventions that leverage intersectoral partnerships. NINR is co-chairing a new NIH-wide SDOH research coordinating committee of 14 NIH ICOs to accelerate SDOH across NIH, diseases and conditions, populations, life course, and SDOH domains.

Since January Council, NINR has become the NIH representative to two new federal efforts: (1) an SDOH Interagency Policy Committee supporting a federal framework for coordinated care and service delivery to

address SDOH and developing a White House action plan and (2) the Department of Health and Human Services (HHS) Initiative to Strengthen Primary Health Care, which will develop an action plan to strengthen primary health care.

**NINR News**—In April, Dr. Zenk, Acting NIH Director Dr. Lawrence Tabak, and National Institute of Minority Health and Health Disparities (NIMHD) Director Dr. Eliseo J. Pérez-Stable co-authored a *Journal of the American Medical Association* (JAMA) Viewpoint, "Research Opportunities to Address Nutrition Insecurity and Disparities." NINR will host a webinar series led by science, practice, and policy experts to inform nurse scientists about the possibilities for research and provide a forum for discussion on how NINR-supported research can inform practice and policy. On July 12, Dr. Vincent Guilamo-Ramos will present an NINR Director's lecture on nursing research priorities in SDOH; the recording will be available on the NIH videocast archive.

**NINR Staff News**—Dr. Zenk acknowledged Dr. John Grason, who has taken on the role of NINR Acting Deputy Director; he has served in the NINR Division of Science Policy and Public Liaison for over 16 years. New NINR staff include Michelle Mitchell, Legislative Affairs Officer; Eddie Boutsady, Ashlea Irick, and Wendy Pond in the Division of Management Services; Sue Marden, Acting Deputy Director of Extramural Science Programs; and Stephen Gonsalves, Catherine Kwiat, and Christopher Nguyen in the Intramural Research Division. Ongoing NINR searches for key leadership positions include Deputy Director, Clinical Director, and Scientific Director. A Health Science Administrator position also was recently posted.

**NIH Updates**—NIH staff have returned to the physical workplace. NINR is one of 14 NIH ICOs co-funding a NASEM consensus study—Use of Race, Ethnicity, and Ancestry as Population Descriptors in Genomics Research—that will review and assess existing methodologies, benefits, and challenges in the use of race and ethnicity and other population descriptors in genomics research and produce a report describing best practices. The NIH Office of Science Policy and Office of Extramural Research recently released a new resource, Informed Consent for Secondary Research with Data and Biospecimens, which provides sample language for investigators and Institutional Review Boards developing consents. NIH has issued a request for public comment on draft supplemental information to the NIH Policy for Data Management and Sharing (NOT-OD-22-131).

**ARPA-H Update**—The draft ARPA-H mission is "to benefit the health of all Americans by catalyzing health breakthroughs that cannot readily be accomplished through traditional research or commercial activity." The agency will support transformative, high-risk, high-reward biomedical and health research. ARPA-H will be complementary to, not duplicative of, NIH programs and efforts.

Discussion

Council members expressed enthusiasm for the interest in SDOH and getting to the root causes of poor health outcomes and drivers of health inequities.

**III. REPORT FROM COUNCIL WORKGROUPS**—Dr. Shalanda Bynum, Program Director, DESP, NINR; Dr. Christopher Lee, NACNR Member, Professor and Associate Dean for Research, Boston College, William F. Connell School of Nursing; Dr. Cindy Munro, NACNR Member, Dean and Professor, University of Miami School of Nursing and Health Studies

Dr. Bynum reported on the impetus for NINR Working Groups on Workforce Diversity and Inclusion. These groups are guided by the principle that all NINR-supported research should advance equity by removing structural barriers from research, cultivating diversity in perspectives and ideas, and fostering inclusion and accessibility in designing, conducting, and participating in research.

Dr. Lee presented on behalf of the Working Group on Diversity (WGD), which was charged with advising NACNR on effective strategies to enhance diversity of the NINR-supported nursing science workforce and providing recommendations for improving success rates of groups nationally underrepresented in biomedical and health research who apply for NINR grant and training funding. NINR-supported R award grantees (2015–2019) were primarily White (75.6%) and Asian (13.4%) compared with 4.3 percent Black/African American. For the same period, NINR trainees were primarily White (68% of K awards, 75% of T awards, and 70.8% of Fellowships) compared with Black (4% of K awards, 11.4% of T awards, 12.3% of Fellowships) and Hispanic (4% of K awards, 9.1% of T awards, and 6.4% of Fellowships); 0 percent of trainees were American Indian/Alaska Native or Native Hawaiian/Pacific Islander.

In efforts to understand the scope of the problem and identify viable recommendations to advance workforce diversity, the WG initial task was to categorize the factors that limit diversity in NINR's applicant and awardee pool. These barriers were categorized as factors internal to NINR, factors external to NINR, and specific factors that contribute to funding disparities. The factors internal to NINR are as follows: NINR focal areas may not resonate with diverse researchers; NINR only partially leverage NIH diversity FOAs; the structure of training programs limits opportunities for lower resourced institutions; and the lack of academic discipline and demographic diversity on review panels and understanding of the review process. External factors include the lack of awareness of nursing science as a career choice; the competing time and resource demands for potential principal investigators (PIs); the nature of some academic cultures that may not foster support or sense of belonging; limitations of Minority Serving Institutions' infrastructure for grant submission; and the lack of engaged mentorship. Funding disparity factors include structural racism, application submission deficits, lack of resources, and unfair review and funding outcomes.

Dr. Munro presented on behalf of the Working Group on Inclusion (WGI), which was charged with reviewing participant inclusion in NINR-supported studies and considering the range of factors that may affect it (e.g., PI and research team expertise, research topic, study design, inclusion and exclusion criteria, recruitment strategies, NINR policies and practices). She outlined inclusion related legislation and policies: NIH revitalization Act of 1993; the 21st century CURES Act; and the 2019 policy on inclusion across the

lifespan. These policies require inclusion of women, minorities, and individuals of all ages in research; and reporting enrollment and analyses by sex/gender, race, and ethnicity. The WGI began with a data overview, including the January 2022 NINR Triennial Report on inclusion as well as publicly available data about the research workforce. The workgroup reviewed where NINR most frequently funds Institutions across the country compared to the larger NIH; diversity and inclusion of research participants in NINR supported studies compared to NIH; and who is conducting NINR supported research by race and ethnicity compared to NIH. The group also reported about NINR's most frequent trans-NIH collaborating organizations; and the extent to which the NINR portfolio reflects health disparities, minority health, and/or rural health.

The WGI identified barriers to and promoters of inclusion by participant, investigator, and structural and institutional factors. For example, participant barriers include lack of trust, limited resources, and privacy concerns; investigator barriers include research topics that are not important to the community, data privacy concerns, and diverse PIs; and structural/organizational barriers include identification of community partners, investment in communities, and diverse review teams. Examples of inclusion promoters for participants include continuity of communication; promoters for investigators include training for inclusion of diverse populations, supplements for early investigators, and community liaisons; and structural/organizational promoters include equitable distribution of funds, increased scoring weight for diverse inclusion, and allowance for a prerecruitment engagement stage.

Next steps for both groups include convening additional meetings to prioritize concerns; focusing on feasible, actionable strategies; and developing final recommendations for presentation during the September 2022 NACNR meeting.

Discussion

Council members commented on males as a minority in the nursing profession, ongoing NINR and NIH efforts to address inclusion of diverse investigators, and concerns about addressing the external barriers identified by both Working Groups.

**IV. NIH Helping to End Addiction Long-term® (HEAL) Initiative—**Dr. Rebecca Baker, Director, NIH HEAL, Office of the Director (OD), NIH

Dr. Baker presented an update on the NIH HEAL Initiative as a response to the evolving crisis of opioid misuse and overdose, and pain. Since its launch in 2018, HEAL has provided more than $2 billion to fund over 600 research projects in more than 30 programs in all 50 states. HEAL research spans the research continuum from prevention, basic, and translational research to clinical trials and implementation science. In the area of opioid misuse and overdose, research efforts include novel therapeutics options, enhanced outcomes for infants and children, new prevention and treatment strategies, and translation into practice. Pain management work includes preclinical, translational, and clinical research.

Progress over the past year has included integrated treatments for co-occurring pain and addiction, care for infants exposed to opioids, testing of opioid alternatives, new therapeutics for pain and opioid use disorder (OUD), pain management approaches to guide clinical practice, and evidence-based treatment for people with OUD.

Nursing is of particular relevance for HEAL clinical pain research. For example, nursing professionals and researchers are ideally positioned to help identify the most effective interventions and management strategies for pain while reducing reliance on opioids, screening for chronic pain and OUD, addressing health inequities in pain and addiction, and listening to the voice of lived experience. A HEAL Community Partner Committee comprises patients, advocates, liaisons, and family members who provide voices of lived experience and help identify, refine, and prioritize HEAL engagement activities.

HEAL research addresses pain across the lifespan. Programs include the Back Pain Consortium, Pain Management Effectiveness Research Network, Hemodialysis Opioid Prescription Effort, PRagmatic and Implementation Studies for the Management of Pain (PRISM), and Integrative Management of Chronic Pain and OUD for Whole Recovery.

Health equity is an important area of focus for HEAL. Programs include Advancing Health Equity in Pain Management, Prevention of Opioid Misuse and Co-Occurring Conditions by Intervening on Social Determinants, and Advancing Health Equity in Pain and Comorbidities.

NIH pain training opportunities include a national consortium for mentors, institutions, and promising scholars; postdoc-to-independent career transition awards; Translational Science Training for Early and Mid-career Investigators (PAR-22-058); and HEAL New Innovator Awards (RFA-TR-22-013).

New HEAL research aligns with the HHS Overdose Prevention Strategy. Proposed FY 2023 HEAL concepts include Chronic Pain Management in Rural Populations, Pain Management in Sickle Cell Disease, Coordinated Approaches to Pain Care in Health Care Systems, and Multilevel Interventions to Reduce Harm and Improve Quality of Life for Patients on Long-Term Opioid Therapy. A searchable list of HEAL open funding opportunities is available at https://heal.nih.gov/funding/open. Emerging data will inform practice such as how to expand the use of electronic health records.

Dr. Baker described the HEAL Data Ecosystem, which aims to accelerate sharing HEAL-generated data and results among the broad community of researchers, healthcare providers, community leaders, policy makers, and other HEAL stakeholders who can benefit from learning the results of initiative research. The HEAL Data Ecosystem connects the HEAL community, enabling HEAL data to be searched, analyzed, and used to make new discoveries. By empowering researchers to make their HEAL-generated data FAIR (findable, accessible, interoperable, and reusable), the HEAL Data Ecosystem promotes data sharing. The HEAL Data Platform, or data "sandbox," for secure, cloud-based computing, analytical tools, diverse datasets, and data harmonization is nearly complete and will grow with time.

Discussion

Dr. Johnson facilitated discussion. In response to a question about lessons learned during the pandemic, Dr. Baker noted that COVID changed how researchers conduct their science and changed the experience of the people being served. Substance use increased dramatically, as did usage of mental health services. She noted that she was heartened to see the ingenuity and creativity on the part of the research community to recruit patients and deliver interventions in a virtual environment.

Dr. Johnson asked how HEAL training mechanisms are being leveraged to increase diversity in the scientific workforce that is focused on OUD. Dr. Baker highlighted the importance of reaching trainees earlier in their education path.

Council members asked how NINR and other ICs join HEAL FOAs when congressional appropriations for HEAL go to the National Institute on Drug Abuse and the National Institute of Neurological Disorders and Stroke. Dr. Baker explained that the OD looks for ways to direct those resources to scientific opportunities that appeal to multiple ICs. Dr. Zenk serves on the HEAL Executive Committee.

**NINR HEAL CONCEPT PRESENTATION**

**Chronic Pain Management in Rural Populations**

Dr. Karen A. Kehl, Program Director, DESP, NINR

The proposed concept aims to accelerate implementation of evidence-based chronic pain care toward optimizing health, addressing disparities, and advancing health equity in rural and remote populations. A UG3/UH3 phased cooperative agreement will support implementation in community settings and building of community partnerships. Inclusion in the PRISM Coordinating Center and NIH Pragmatic Trials Collaboratory is planned.

Drs. Lowe and Stone led discussion of this concept, which aligns with HEAL goals and the NINR Strategic Plan and responds to consistent evidence of disparities in the target populations. Chronic pain underreporting appears to be a major contributor to disparities in chronic pain management.

Council members applauded the concept and the important role nursing science can play in addressing these needs. It was noted that these settings rely heavily on community care.

## V. NIH OFFICE OF DISEASE PREVENTION

Dr. David Murray, Director, Office of Disease Prevention (ODP), NIH

Dr. Murray described the role of the NIH ODP, which aims to improve public health by increasing the scope, quality, dissemination, and impact of NIH-supported prevention research. In addition, the Office provides leadership for development, coordination, and implementation of prevention research in collaboration with

NIH ICs and other partners. ODP monitors NIH investment in prevention research and assesses progress and results of that research.

ODP defines prevention research as including primary and secondary prevention in humans with relevant methods development. Primary prevention includes preventing a new health condition, promoting health in the general population, and identifying risk factors for a new health condition. Secondary prevention includes preventing disease progression, preventing recurrence in those with a known health condition, and identifying risk factors for progression or recurrence.

Between FY 2012 and FY 2020, the percentage of new research projects characterized as prevention increased from 17.6 percent to 24.4 percent of all new NIH research projects; 31.8 percent of projects measured at least one of the top 10 risk factors for death, which is well below the attributable burden of these risk factors for death in the United States. Study design also shifted—observational studies and analysis of existing data increased and randomized interventions decreased. Among projects addressing minority health and health disparities (MHHD), a focus on a main risk factor for death decreased from 35.7 percent in FY 2016 to 26.7 percent in FY 2020.

Dr. Murray noted that NINR levels of support for prevention research have varied considerably; however, over the last few years, NINR support for prevention research (75.6%) has been higher than that of NIH as a whole (24.4%). Intervention research addressing the leading risk factors for death and disability in populations experiencing health disparities represents 3.6 percent of NIH prevention research and 17.2 percent of NINR prevention research. Between FY 2012 and FY 2020, nearly 50 percent of NINR prevention research projects were randomized interventions.

In late 2020, ODP discussed these findings with the ICOs to assess their interest in a new trans-NIH initiative—ADVANCE: Advancing Prevention Research for Health Equity—to promote preventive intervention research with populations that experience health disparities. NINR and 23 other ICOs agreed to participate in initial planning discussions. FOAs focus on NIH-designated populations experiencing health disparities and emphasize prospective preventive interventions. In 2022, health disparities research was elevated to an ODP strategic priority.

Discussion

Dr. Holmbeck led discussion, expressing excitement about the high percentages of NINR-supported prevention research and randomized interventions. Dr. Murray noted an overall decline in support for clinical trials across NIH, but pointed to NINR as having a strong portfolio of clinical trials. Council members noted that a focus on interventions is part of the culture of nursing science.

## VI. COUNCIL OPEN DISCUSSION

Dr. Lowe announced that the Third International Indigenous Nursing Research Summit will be held November 3–4, 2022, at The University of Texas at Austin.

**Adjournment**

Dr. Zenk thanked meeting attendees and adjourned the open session of the meeting at 2:30 p.m.

## VII. 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 to speak up if they are in conflict but staff do not move them to a virtual waiting room. Members were asked to sign and submit a statement to this effect.

**Review of Applications**

Council members considered 91 research and training grant applications on which NINR was the primary Institute; these applications requested a total of $20,089,804 (direct costs year 01). The Council also considered 55 applications on which another Institute/Center was primary and NINR was secondary. These applications requested a total of $19,241,531 (direct costs year 01). The Council concurred with the Institutional Review Group recommendations on these 146 applications.

**ADJOURNMENT**

The 107th meeting of the NACNR was adjourned at 2:45 p.m. on Tuesday, May 24, 2022.

**CERTIFICATION**

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

Shannon N. Zenk, PhD, MPH, RN
Chair
National Advisory Council for Nursing Research

Elizabeth Tarlov, PhD, RN
Executive Secretary
National Advisory Council for Nursing Research

**COUNCIL MEMBERS PRESENT**

Dr. Shannon N. Zenk, Council Chair

Dr. Elizabeth Tarlov, Executive Secretary

Mr. Daniel E. Dawes

Dr. Anne Fitzpatrick

Dr. Grayson N. Holmbeck

Dr. Mallory O. Johnson

Dr. Christopher Lee

Dr. Peter A. Lewin

Dr. John Lowe

Dr. Cindy L. Munro

Dr. Patricia W. Stone

Dr. Sheila Cox Sullivan, *Ex Officio*

Dr. Joanne Wolfe

**NIH STAFF PRESENT**

Olga Acosta

Anita Ambs

Rebecca Baker

David Banks

Kris Bough

Yvonne Bryan

Shalanda Bynum

Edmond Byrnes

Dionne Godette-Greer

John Grason

Karen Huss

Karen A. Kehl

Mary Kelly

Weiqun Li

David Murray

Amanda Price

Samantha Sanchez

Shawn Stocking

David Tilley

Lois Tully
Kevin Wilson
Ming Yan
Sarah Yoon

The entire meeting was held by NIH videocast, and all observers, including members of the public, attended virtually.