

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

September 16–17, 2014

The 84<sup>th</sup> meeting of the National Advisory Council for Nursing Research (NACNR) was convened on Tuesday, September 16, 2014, at 1:00 p.m. in Conference Room 6, Building 31, National Institutes of Health (NIH), Bethesda, Maryland. The first day of the meeting was an open session and adjourned that same day at 5:20 p.m. The closed session of the meeting, which included consideration of grant applications, was convened on Wednesday, September 17, 2014, at 9:00 a.m. and continued until adjournment at 1:00 p.m. Dr. Patricia A. Grady, Chair, NACNR, presided over both sessions of the meeting.

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**OPEN SESSION**

**I. CALL TO ORDER, OPENING REMARKS, COUNCIL PROCEDURES, AND RELATED MATTERS**—Dr. Patricia Grady, Director, National Institute of Nursing Research (NINR)

Dr. Grady called the 84<sup>th</sup> meeting of the NACNR to order, and welcomed all Council members, visitors, and staff. She noted that Council member Dr. James Tulsy would be unable to participate in the closed session.

Conflict of Interest and Confidentiality Statement

Dr. Ann Knebel, Executive Secretary, NACNR, and Deputy Director, NINR, noted that the meeting was being recorded for purposes of the minutes and that audio recordings will be destroyed once the minutes are completed. Dr. Knebel informed the Council that the presentations were being videotaped and the videos will be posted on the NINR YouTube channel (<https://www.youtube.com/user/NINRnews>). She asked Council members to update their addresses on the meeting roster that would be circulated during the meeting. Dr. Knebel reminded the Council that they cannot participate in any lobbying activities while receiving pay from the federal government, and that the complete conflict of interest statement is available to Council members in their meeting materials.

### Minutes of the Previous NACNR Meeting

Council members received the minutes of the May 20–21, 2014, NACNR meeting by email. A motion to accept these minutes was made, seconded, and approved unanimously. The approved minutes of each NACNR meeting become part of the Institute’s permanent record and are posted on the NINR website ([www.ninr.nih.gov](http://www.ninr.nih.gov)).

### Dates of Future Council Meetings

Council members were asked to confirm their calendars for the following meeting dates and to contact Drs. Grady and Knebel about any conflicts or expected absences. Dr. Grady reminded Council members that some future meetings will be held in a different location.

### 2015

January 27–28 (Tuesday-Wednesday)

May 19–20 (Tuesday-Wednesday)

September 15–16 (Tuesday-Wednesday)

### 2016

January 26–27 (Tuesday-Wednesday)

May 24–25 (Tuesday-Wednesday)

September 13–14 (Tuesday-Wednesday)

## **II. LONG RANGE PLANNING FOR NIH’S INTRAMURAL PROGRAM—Dr. Michael Gottesman, Deputy Director for Intramural Research, NIH**

Dr. Gottesman presented NIH’s long-term planning process for the future of its Intramural Research Program (IRP). The goals of this planning process are to: nourish outstanding intramural science in the face of restricted resources; articulate common goals that take advantage of the special features of the NIH IRP, appreciate that science is changing, and provide the means to reach these new goals; and provide long-term support to sustain the Clinical Center, clinical research, and clinical careers at NIH.

The long-term planning process began the identification of shared scientific opportunities—areas in which the IRP is poised to make significant contributions. Scientific Directors (SDs) met to prepare a “synthesis” of all reports. A working group of the Advisory Committee to the NIH Director (ACD) will present the synthesis report to the ACD on December 12, 2014. This ACD working group was charged with recommending how the NIH IRP should ensure its distinctive role in biomedical research and how it should differ from extramural research institutions. The working group also identified areas of

opportunity on which the IRP should focus in the next ten years and what needs to be done to ensure sustainability of the IRP's distinctive features.

Dr. Gottesman reviewed potential barriers to achieving the aforementioned IRP goals. NIH has limited funds and there is a threat of isolation of intramural scientists from the larger biomedical research community due to government laws, rules, regulations, and policies. There are also demographic issues of concern. The NIH IRP needs to diversify its Principal Investigator (PI) workforce, institute a succession plan to allow hiring of entry-level researchers, and continue to recruit and train MD, DDS, nurse, and veterinary scientists.

*Questions, Comments, and Discussion Points Included:*

- **Was the research area of symptom science identified as a shared scientific opportunity?**  
Symptom science is embedded in many of the other identified scientific areas.

**III. REPORT OF THE DIRECTOR, NINR**—Dr. Patricia Grady, Director, NINR

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

**Budget Update**—Dr. Grady reviewed recent appropriations history from Fiscal Year (FY) 2013 to the FY2015 President's Budget. The federal government is awaiting action on appropriations for FY2015; the government currently is funded through September 30, 2014. The President's Budget for FY2015 keeps funding at FY2014 levels. NINR's budget allocations remain similar from year to year and reflect NINR's strong commitment to both training and investigator-initiated research.

**HHS News**—Sylvia Mathews Burwell was sworn in as the 22nd Secretary of Health & Human Services on June 9, 2014, after bipartisan Senate confirmation on June 5<sup>th</sup>. Burwell most recently served as Director of the Office of Management and Budget (OMB) and prior to joining the Administration served as President of the Walmart Foundation and President of the Global Development Program at the Bill & Melinda Gates Foundation.

**NIH News**—NIH announced the appointment of new Council of Councils members. The Council is composed of 27 members nominated by the NIH ICs and from the Council of Public Representatives. Council members bring knowledge of their individual IC's missions and operations, not as official representatives but to provide advice beyond the research agenda of any individual IC. Dr. Barbara

Guthrie from Yale School of Nursing is NINR's representative on the Council of Councils. A roster of the full Council of Councils with further information about the members is posted on the council's website (<http://dpcpsi.nih.gov/council/>).

The 108th meeting of the Advisory Committee of the Director was held June 5–6, 2014. As part of this meeting, the Physician-Scientist Workforce Working Group (PSW-WG), a subgroup of the ACD, issued a report that includes a chapter on nurse scientists. The report was a follow-up to the Biomedical Workforce Report issued in June 2012 and can be found on the Physician-Scientist Working Group website ([http://acd.od.nih.gov/reports/PSW\\_Report\\_ACD\\_06042014.pdf](http://acd.od.nih.gov/reports/PSW_Report_ACD_06042014.pdf)). The PSW-WG was charged with analyzing the current composition and size of the physician-scientist biomedical workforce and making recommendations for actions NIH should take to help sustain and strengthen a robust and diverse PSW.

Dr. Story Landis will retire from the directorship of the National Institute of Neurological Disorders and Stroke (NINDS) after serving as Director since 2003. She was a founding co-chair of the NIH Blueprint for Neuroscience Research, a highly successful effort to support trans-NIH activities in the brain sciences. In 2013, she was integral to the launch of the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative, and went on to co-lead the NIH component with National Institute of Mental Health (NIMH) Director Dr. Tom Insel. NINDS Deputy Director Dr. Walter Koroshetz will serve as Acting Director.

NIH has created a new program on Biosecurity and Biosafety Policy. Dr. Amy Patterson will assume the role of NIH Associate Director for this program. She will lead NIH's participation in the complex area of Dual Use Research of Concern and also will be engaged in new efforts to address the growing public health problem of antibiotic resistance.

The long-term scientific vision of the BRAIN Initiative was presented in June to the NIH Director by the ACD. Dr. Collins accepted the recommendations, calling the report bold and game changing. The report drafted by the ACD BRAIN Working Group maps out a sustained commitment of \$4.5 billion in new federal funding over ten years beginning in FY2016 to achieve seven primary goals. NIH efforts on the BRAIN Initiative will seek to map the circuits of the brain, measure the fluctuating patterns of electrical and chemical activity flowing within those circuits, and understand how their interplay creates our unique cognitive and behavioral capabilities.

NIH announced three new Common Fund program areas with a focus on emerging areas of science that are ready for targeted investments in technology development and research to improve health. These areas are: the Glycoscience program, the 4D Nucleome program, and the Stimulating Peripheral Activity to Relieve Conditions (SPARC) program. The NIH Common Fund encourages collaboration and supports a series of exceptionally high-impact, trans-NIH programs.

The Science of Behavior Change (SOBC) program, which is co-chaired by Dr. Richard Hodes and Dr. Patricia Grady, and is funded by the Common Fund, has been renewed for another five years (FY2015-FY2019). The SOBC program will promote basic research on the initiation, personalization, and maintenance of behavior change. By integrating work across disciplines, this effort will lead to an improved understanding of the underlying principles of behavior change. The SOBC program aims to implement a mechanisms-focused, experimental medicine approach to behavior change research and develop the tools required to implement such an approach.

In June, a collaboration between NIH and the National Science Foundation (NSF) was announced that will give NIH-funded researchers training to help them evaluate their scientific discoveries for commercial potential, with the aim of accelerating biomedical innovations into applied health technologies. The two agencies have collaborated to develop the NIH Innovation Corps (I-Corps™) Team Training Pilot Program. This new program seeks to accelerate the development and commercialization of new products and services arising from projects supported by currently funded NIH Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) awards.

As Dr. Gottesman presented, the NIH IRP is conducting a long-range planning process to identify and guide the most effective use of NIH resources and programs over the next decade. As a part of this process, all NIH ICs with intramural programs have been asked to provide initiatives with goals and objectives that will be incorporated into the overall NIH plan. NINR has convened a long-term planning committee, co-chaired by Drs. Tulskey and Grady that includes nursing science leaders from both extramural and intramural communities.

Current Patient-Centered Outcomes Research Institute (PCORI) funding opportunities that may be of interest to the nursing community can be found on the PCORI website (<http://www.pcori.org/funding-opportunities/>). NIH-sponsored funding opportunities were also highlighted

The Interagency Pain Research Portfolio (IPRP), a database that provides information about pain research and training activities supported by the federal government, has been launched by six federal agencies. The multi-agency effort combines pain research information in an easy-to-use database in which users can search over 1,200 research projects in a multi-tiered system. The database was developed by NIH staff and members of the Interagency Pain Research Coordinating Committee (IPRCC). The IPRCC is a federal advisory committee formed to increase understanding of pain and improve treatment strategies by expanding pain research efforts and encouraging collaboration across the government. The database is managed by the Office of Pain Policy at NINDS.

**NINR News**—NINR has developed a new video “Nursing Research: Bringing Science to Life” that gives an overview of NINR and discusses the role nursing research plays in advancing health. The video, which is the latest addition to the NINR YouTube channel, provides information about NINR and its research priorities and major initiatives. The video offers examples of NINR-supported research in key focus areas, which include symptom science, wellness, self-management, end-of-life and palliative care, innovation, and training of the next generation of nurse scientists. It also describes important NINR activities, including the Palliative Care: Conversations Matter™ campaign, the Innovative Questions (IQ) initiative, and launch of the End of Life module, developed by NINR, on [NIHSeniorHealth.gov](http://NIHSeniorHealth.gov).

In June, the 2014 NINR Director’s Awards Ceremony and Employee Appreciation Day was held. Dr. Rita Pickler, Scientific Director for Nursing at Cincinnati Children’s Hospital was the keynote speaker. Dr. Pickler presented her research on preterm infant care in her talk entitled “Nurture Science: Promoting Healthy Outcomes.”

Dr. Grady thanked Dr. Barbara Medoff-Cooper, Professor, University of Pennsylvania School of Nursing, for her presentation, “Innovations in High-Risk Infant Care: Creating New Pathways.” It was an honor to have Dr. Medoff-Cooper deliver the second of the 2014 NINR Director’s Lectures, in which she described her research on infant development and strategies and technologies to improve outcomes for infants with complex congenital heart disease.

The NINR’s Innovative Questions (IQ) initiative that began at the end of 2013 was completed in August 2014 when the public input phase of the program concluded. The initiative was designed to develop creative and results-oriented research questions that could assist in guiding future research directions in nursing science. The questions emanated from the discussions at a series of workshops hosted by NINR and from input provided through a public website. NINR is pleased to provide the scientific community

with the innovative questions that were developed as a result of the IQ initiative (<https://www.ninr.nih.gov/IQ>).

In August, a Genomic Nursing Science Blueprint Workshop was held in which experts in genomics met to discuss next steps for moving the Blueprint forward. The workshop followed a NINR-sponsored workshop in August 2013 where scientific leaders and experts gathered to identify and discuss research questions specific to genomic nursing science that align with the NINR Strategic Plan. The final set of questions emanating from that workshop have helped point the way forward for nursing science and can be found on the NINR website.

A new video, co-produced by NINR and the National Institute on Aging (NIA) for the NIHSeniorHealth website, seeks to help people by describing ways to keep pain at the end of life under control. Developed to highlight content from NINR's End of Life module, the video stresses the importance of ensuring that a dying person is getting effective pain relief. The video explores the misconceptions surrounding opiate use and provides tips caregivers can use to help assess and communicate a dying person's pain. It is the latest video developed for the NINR End of Life module found at the NIHSeniorHealth website.

Current NINR funding opportunity announcements are available at:  
[www.ninr.nih.gov/ResearchAndFunding/DEA/OEP/FundingOpportunities/](http://www.ninr.nih.gov/ResearchAndFunding/DEA/OEP/FundingOpportunities/).

The following NINR staff news was noted:

- Dr. Ann Cashion, Scientific Director of NINR's Division of Intramural Research, was featured recently on the Robert Wood Johnson Foundation's Future of Nursing Scholars PhD Nurse Profiles webpage and in the summer edition of the University of Tennessee Health Science Center's Graduate Health Sciences Magazine where she was profiled as an Alumna Success Story.
- Dr. Ann Knebel, Deputy Director of NINR, was honored recently by the Alumni Association of University of California, San Francisco (UCSF) School of Nursing with the Jane Norbeck Distinguished Alumni Award. This award recognizes UCSF graduates "who have made significant contributions to the nursing profession, and have demonstrated service and/or leadership that contributed to the growth and development of the UCSF School of Nursing and/or the profession."
- Dr. Augusto (Augie) Diana has joined the NINR Office of Extramural Programs (OEP), where he will serve as a Program Director for Training and Technology, overseeing Small Business (SBIR/STTR) and Technology & Informatics (including mHealth, Big Data Management & Analysis, and Team Science).

- Dr. Lynn Adams has joined the NINR Office of End-of-Life and Palliative Care Research, where she will serve as a Health Science Administrator.

NINR will kick off its 30<sup>th</sup> anniversary activities with a Scientific Symposium that will be held October 13, 2015, on the NIH campus. This will be the first of several activities, including lectures and workshops scheduled for 2016, to commemorate 30 years of NINR as an Institute at NIH.

#### **Training Opportunities—**

- The 15<sup>th</sup> annual Summer Genetics Institute (SGI) was held in June on the NIH campus. Twenty-five students from 22 universities were enrolled for this year. SGI participants split their time between classroom lectures and hands-on lab training, where they learned the latest laboratory tools and techniques. The application period for SGI 2015 will open in mid-November.
- As part of the NINR Symptom Research Methodologies Series, the NINR Big Data in Symptoms Research Methodologies Boot Camp was held in July and brought 100 participants from across the nation to the campus. The course provided a foundation in Big Data methodology for graduate students and faculty. Information regarding next summer's Boot Camp will be available starting in January 2015.
- This summer, NINR's Division of Intramural Research welcomed six researchers-in-training from the NIH Summer Intern Program.
- The NINR Graduate Partnerships Program (GPP) is a doctoral fellowship training program that coordinates training and funding for PhD students attending a school of nursing. Preference is given to applicants with a commitment to a career as an innovative and creative leader in the nursing and scientific research community and a research interest that is congruent with focused research areas in the NIH IRPs. The 2015 GPP application period is now open with a deadline of December 1, 2014.

#### **IV. NIH INTRAMURAL TRAINING—Dr. Sharon Milgram, Director, Office of Intramural Training and Education, NIH**

Dr. Milgram provided an overview of the NIH Office of Intramural Training and Education (OITE) and available NIH training opportunities. Intramural training opportunities span the high school to postdoctoral levels. OITE is a trans-NIH resource to help IRP trainees develop scientific and professional skills. Among over 250 programs, OITE offers Science Communication Courses, Grant Writing Workshops, Management Boot Camp, an Annual NIH Career Symposium, and Summer Intern/Postbac/Graduate Student Poster Days. Dr. Milgram reviewed specific OITE activities to improve mentoring in the IRP and diversity in NIH training programs. NIH is a collaborative and interactive



community focused on doing and supporting outstanding research, science education at all levels, and global health partnerships in many scientific disciplines. Additional information on training opportunities in the NIH IRP and access to online career resources are available at [www.training.nih.gov](http://www.training.nih.gov).

*Questions, Comments, and Discussion Points Included:*

- **Who funds OITE training opportunities?**

OITE receives an annual allocation from the NIH Office of the Director; the rest of OITE's funding is acquired through various creative ways. The majority of funding comes from the ICs based on an annual budget census.

- **Do you have any programs that involve international students or international scholars?**

Yes, we do. About 60 percent of our graduate students and 65 percent of our postdoctoral fellows are foreign nationals. In the summer internship and post-bac programs, 26 percent of the post-bacs and 21 percent of the summer interns are first-generation immigrants.

- **What resources are available for mid-career professionals?**

Students and fellows receive first priority in terms of training and career support resources, but we do help mid-career and other professionals when permissible.

**V. OVERVIEW OF THE NINR INTRAMURAL RESEARCH PROGRAM**—Dr. Ann Cashion,  
Scientific Director, Division of Intramural Research, NINR

Dr. Cashion presented an overview of NINR's Division of Intramural Research (DIR). The scientific focus of NINR's DIR is symptom science. To this end, the DIR is focused on quantifying subjective symptom experiences (behavioral), exploring underlying molecular mechanisms, determining environmental influences, recognizing individual variability, and employing clinical interventions. The DIR is led by the Office of the Scientific Director, the Office of the Training Director, and the Office of the Clinical Director. The Division is divided into three branches: Biobehavioral, Symptom Management, and Tissue Injury.

The Biobehavioral Branch conducts research into the interplay of behavioral, biological, and environmental determinants of health and wellness across populations. Focus areas include brain-gut mechanisms in symptom distress related to digestive disorders and biobehavioral interventions to target digestive disorder symptoms. Recent research advances have been made in the identification of differential miRNA signatures in patients with irritable bowel syndrome (IBS).

The Symptom Management Branch conducts research on the underlying biological mechanisms of a range of symptoms, their effect on patients, and the bases for patient response to interventions. Research focus areas include weight gain biomarkers and prediction of patient outcomes, the nature and causes of fatigue in a variety of conditions, and the physiological role of nutrition in cardiovascular disease. Advances have been made recently in predicting fatigue risk during cancer therapy and discriminating fatigue phenotype using genomic signatures.

The Tissue Injury Branch researches mechanisms of tissue injury and identifies molecular targets and pathways for interventions. Research focus areas include traumatic brain injury (TBI) and molecular mechanisms of comorbidity risks, interactions among nutrients and bioactive compounds that affect vascular function and symptoms, and novel clinical outcome measures and treatments in congenital myopathies and muscular dystrophies. Advances have been made in the reduction of inflammatory gene activity following sports-related concussion.

**VI. ADVANCING SCIENCE AND HEALTHCARE THROUGH NINR'S INNOVATIVE INTRAMURAL TRAINING PROGRAMS—Dr. Mary Engler, Director of Training, Division of Intramural Research, NINR**

Dr. Engler provided an overview of training and career development opportunities offered through the NINR Division of Intramural Research. DIR offers NIH on-campus training, research fellowships, and career development awards. On-campus training opportunities include the NINR Symptom Methodologies Boot Camps and the Summer Genetics Institute. There are various research fellow opportunities. The postdoctoral fellows program provides two to three years of mentored support by an NINR investigator. The NINR Graduate Partnerships Program (GPP) is a doctoral fellowship training program that coordinates training and funding for PhD students attending a school of nursing. Post-bac IRTA fellows receive one to two years of mentored support with hands-on training in the lab and on clinical protocols. Research fellow support also is offered through the Summer Internship Program in Biomedical Research and FAES Bio-Trac Specialty Programs: The Minority Faculty Student Partnership.

An important primary career development award for NINR is the NIH Pathway to Independence Award (K99/R00), which provides up to five years of support with two phases. The initial K99 NINR intramural mentored phase is followed by a second R00 independent investigator phase. The Disparities Research and Education Advancing Our Mission (DREAM) Career Transition Award (K22) facilitates the transition of early-stage investigators working in health disparities or areas that address health disparity conditions and populations from the mentored stage of career development to the independent stage of

investigator-initiated health disparities research. NINR provides mentoring to one DREAM awardee to conduct research on HIV/AIDS comorbidity symptom management and health-related quality of life among women.

## **VII. MICROBIOME: POTENTIAL AS A DIAGNOSTIC TOOL AND TARGET OF INTERVENTION FOR PATIENTS WITH GASTROINTESTINAL SYMPTOM**

**DISTRESS**—Dr. Nicolaas Fourie, Research Fellow, Digestive Disorders Unit, Division of Intramural Research, NINR

Dr. Fourie presented his research advances in gastrointestinal (GI) symptom distress. His research focuses on the role of the microbiome in GI disorders. The relationship between the gut microbiome and the brain is believed to be bidirectional (i.e., gut microbiota may modulate brain function, and the brain may alter the gut microbiome; e.g., by changing gastrointestinal motility and intestinal permeability). Dr. Fourie has characterized and generated microbiome profiles of IBS patients. He found that IBS with diarrhea but not IBS with constipation appears to have a distinct pattern of microbial dysbiosis. The microbiome may modulate GI sensitivity and the physiological stress response. An altered bacterial composition in the oral mucosa may be indicative of imbalance at more distant points of the GI tract. Moving forward, Dr. Fourie will increase his sample size and consider additional variables such as diet and weight. He is specifically interested in minimally invasive intervention strategies for patients with GI disorders.

## **VIII. ANTIOXIDANT THERAPY TO RELIEVE SYMPTOMS OF FATIGUE IN PATIENTS WITH *RYR1* CONGENITAL MYOPATHY**

—Dr. Jessica Witherspoon, Postdoctoral Fellow, Tissue Injury Branch, Division of Intramural Research, NINR

Dr. Witherspoon presented an overview of her research on antioxidant therapy to relieve symptoms of fatigue in patients with *RYR1*-related congenital myopathy. Congenital myopathy refers to a muscle disease that is present at birth due to genetic abnormalities. Several mutations have been identified in the *RYR1* gene that lead to at least three types of congenital myopathy. This particular patient population often presents with delayed motor milestones, muscle weakness, impaired ambulation, joint contractures, and fatigue and fatigability. The NIH Clinical Center Bench to Bedside Award has enabled Dr. Witherspoon and her colleagues to implement the first drug trial in patients with *RYR1*-related myopathy, thereby aiming to reduce oxidative stress and improve fatigue and fatigability.

## **IX. BIOMARKERS RELATED TO INJURY SEVERITY IN PATIENTS WITH TRAUMATIC BRAIN INJURY**

—Ms. Christiana Martin, Post-Baccalaureate IRTA Fellow, Tissue Injury Branch, Division of Intramural Research, NINR

Ms. Martin presented research data on biomarkers related to injury severity in patients with traumatic brain injury. The aim of NINR's current research on gene expression and TBI is to investigate the differences in whole-genome gene expression among patients with mild TBI and positive or negative MRI findings for TBI. The findings have identified upregulation of molecular pathways, including intracellular signaling and neuronal repair, following mild TBI among patients with a positive MRI compared with controls. Discernable differences exist between patients who present with similar symptoms/injury severity. The findings also support the use of peripheral blood as a diagnostic tool. NINR researchers hope to identify biomarkers for chronic TBI symptoms and therapeutic agents for TBIs that regulate recovery and gene pathways.

#### **X. THE IMPACT OF DISCLOSING GENETIC VARIANTS OF UNCERTAIN SIGNIFICANCE RESULTS ON RECIPIENTS' HEALTH BEHAVIOR INTENTIONS—**

Lt. Tokunbor Lawal, NINR Graduate Partnerships Program Predoctoral Fellow

Lt. Lawal presented an overview of his dissertation proposal focusing on describing and exploring the impact of disclosing genetic variants of uncertain significance (VUS) on recipients' health-related behaviors. This work is being done in collaboration with a research team at the National Human Genome Research Institute (NHGRI). There currently are no commonly accepted guidelines for providing clinical interpretations and recommendations for VUS. Lt. Lawal's research proposal is to examine the impact of returning two subclassifications of cardiomyopathy-associated genetic VUS on recipients' intentions to pursue health-related behaviors in an exome cohort age 45-65 years. These patients will be recruited from the NHGRI longitudinal study (ClinSeq) with over 1,000 participants with a spectrum of cardiovascular disease. Lt. Lawal just received Institutional Review Board approval to pursue this study.

Dr. Grady thanked participants and attendees and adjourned the open session of the meeting.

#### **CLOSED SESSION**

This portion of the meeting was closed to the public in accordance with the determination that this session 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 115 research and training grant applications on which NINR was the primary Institute; these applications requested a total of \$31,492,890 (direct costs year 01). The Council also considered 508 applications on which another Institute/Center was primary and NINR was secondary. These applications requested a total of \$199,358,474 (direct costs year 01). The Council concurred with the Initial Review Group recommendations on these 623 applications.

## ADJOURNMENT

The 84<sup>th</sup> meeting of the NACNR was adjourned at 1:00 p.m. on September 17, 2014.

## CERTIFICATION

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

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

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Ann R. Knebel, Ph.D., R.N., F.A.A.N.  
Executive Secretary  
National Advisory Council for Nursing Research

## COUNCIL MEMBERS PRESENT

Dr. Patricia A. Grady, Chair  
Dr. Ann Knebel, Executive Secretary  
Dr. Anna Alt-White, *Ex Officio*  
Dr. Julie Anderson  
Dr. Cynthia Barnes-Boyd  
Dr. James Corbett  
Dr. Susan Gennaro  
Dr. Donna Hathaway  
Dr. William Holzemer  
Dr. Jillian Inouye  
Dr. Kenton R. Kaufman  
Dr. Elaine Larson  
Dr. Bernadette Mazurek Melnyk

Dr. Nancy Redeker  
Dr. Anne Rosenfeld  
Dr. James Tulskey

#### **MEMBERS OF THE PUBLIC PRESENT**

Dr. Joan K. Austin, Indiana University School of Nursing  
Ms. Rachel Bleman, University of Maryland  
Ms. Leeza Constantoulakis, American Association of Colleges of Nursing  
Dr. Regina Cusson, University of Connecticut  
Dr. Annette DeVito Dabbs, University of Pittsburgh  
Dr. Holli DeVon, University of Illinois at Chicago  
Ms. Ana Dialld, University of Connecticut  
Ms. Amanda Hodges, Virginia Commonwealth University  
Ms. Ann Johansson, University of Pittsburgh  
Ms. Nancy Kaufman, Mayo Clinic Rochester  
Ms. Linda Keldsen, University of Maryland  
Dr. Marguerite Littleton-Kearney, Uniformed Services University of the Health Sciences  
Ms. Patricia O'Berry, University of Delaware  
Dr. Cynthia Renn, University of Maryland  
Ms. Carmen-Anita Signes, NOVA Research Company  
Dr. Paula Sherwood, University of Pittsburgh

#### **FEDERAL EMPLOYEES PRESENT**

Ms. Sarah K. Abey, NINR/NIH  
Dr. Lynn Adams, NINR/NIH  
Ms. Megan Anderson, NINR/NIH  
Ms. Irene Arveson, NINR/NIH  
Dr. David Banks, NINR/NIH  
Ms. Karen Bashir, NINR/NIH  
Mr. Nathan Brown, NINR/NIH  
Dr. Yvonne Bryan, NINR/NIH  
Ms. Adrienne Burroughs, NINR/NIH

Dr. Ann Cashion, NINR/NIH  
Ms. Andria Cimino, NINR/NIH  
Dr. Cindy Danielson, NINR/NIH  
Dr. Augusto Diana, NINR/NIH  
Ms. Jennifer Dine, NINR/NIH  
Mr. Jeffrey Elliot, NINR/NIH  
Dr. Marguerite Engler, NINR/NIH  
Dr. Mary B. Engler, NINR/NIH  
Mr. Eric Ferguson, NINR/NIH  
Ms. Ana Ferreira, NINR/NIH  
Dr. Gabriel Fosu, CSR/NIH  
Dr. Nicolaas Fourie, NINR/NIH  
Dr. Kyungsook Gartrell, LHNCBC/NLM  
Ms. Kerry Gastley, NINR/NIH  
Dr. Jessica Gill, NINR/NIH  
Dr. Lisa Gough, NINR/NIH  
Dr. John Grason, NINR/NIH  
Mr. Pedro Guardado, NINR/NIH  
Dr. Chris Hafner-Eaton, NINR/NIH  
Ms. Alyson Elizabeth Hanish, NINR/NIH  
Mr. Alex Hanna, NINR/NIH  
Dr. Lynda Hardy, NINR/NIH  
Dr. Wendy Henderson, NINR/NIH  
Dr. Karen Huss, NINR/NIH  
Mr. George Douglas Hussey, Jr., NINR/NIH  
Mr. Kenton Kaufman, NINR/NIH  
Ms. Mary A. Kelly, NINR/NIH  
Lt. Tokunbor Lawal, NINR/NIH  
Dr. Weiqun Li, NINR/NIH  
Ms. Whitney Livingston, NINR/NIH  
Dr. Yujing Lui, NINR/NIH  
Dr. Donna Jo McCloskey, NINR/NIH  
Ms. Christiana Martin, NINR/NIH  
Ms. Wendy Massias-Burnett, NHLBI/NIH

Dr. Martha Matocha, NINR/NIH  
Dr. Katy Meilleur, NINR/NIH  
Dr. Arthur Meltzer, NINR/NIH  
Ms. Paula Nersesian, NINR/NIH  
Ms. Anlys Olivera, NINR/NIH  
Dr. Bridgett Rahim-Williams, NINR/NIH  
Ms. Shashi Ravindran, NINR/NIH  
Dr. Mario Rinaudo, NINR/NIH  
Dr. Mary C. Roary, NINR/NIH  
Dr. Louise Rosenbaum, NINR/NIH  
Ms. Meredith Rowe, NINR/NIH  
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