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 15, 2020

The 102nd meeting of the National Advisory Council for Nursing Research (NACNR) was convened on Tuesday, September 15, 2020, at 11:30 a.m. The entire meeting was held by National Institutes of Health (NIH) videocast, and all observers, including members of the public, attended virtually. The open session adjourned at 1:30 p.m. The closed session of the meeting, which included consideration of grant applications, was convened on Tuesday, September 15, 2020, at 2:00 p.m. and continued until adjournment at 2:30 p.m. Dr. Tara Schwetz, Acting Chair, NACNR, presided over both meeting sessions.

OPEN SESSION

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

Dr. Schwetz called the 102nd meeting of the NACNR to order and welcomed all Council members, visitors, and staff. She introduced Dr. Kay Wanke, Acting Executive Secretary for NACNR. Dr. Schwetz announced that incoming NINR Director Dr. Shannon Zenk would present her vision for the Institute and future directions.

II. COUNCIL PROCEDURES AND RELATED MATTERS—Dr. Kay L. Wanke, Acting Executive Secretary, NACNR

Dr. Wanke noted that the open session of the meeting was being videocast and will be archived on the NIH videocast website.

Conflict of Interest and Confidentiality Statement

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

Minutes of the Previous NACNR Meeting

Council members received the minutes of the May 19, 2020, 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 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 electronic Council book. The next Council meeting is scheduled for January 25, 2021.

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

The Acting Director's report focused on activities and news from NIH and NINR since the May 2020 Council meeting. Highlights of Dr. Schwetz's report included:

NIH News— Dr. Schwetz announced the selection of four new NIH Institute Directors: Dr. Richard P. Woychik National Institute of Environmental Health Sciences (NIEHS); Dr. Michael Chiang, National Eye Institute (NEI); Dr. Lindsey A. Criswell, National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS); and Dr. Rena N. D'Souza, National Institute of Dental and Craniofacial Research (NIDCR).

COVID-19—The NIH-wide strategic plan for COVID-19 research provides a framework for accelerating therapeutics, vaccines, and diagnostics. NIH will implement five cross-cutting strategies: increase fundamental and foundational knowledge of SARS-CoV-2 and COVID-19; speed innovation in COVID-19 testing technologies through the Rapid Acceleration of Diagnostics (RADx) initiative; participate in public-private partnerships such as Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV) and Operation Warp Speed to accelerate development and testing of therapeutics and vaccines; support studies of preventive treatments and behavioral and community prevention practices; and ensure that diagnosis, treatment, and prevention options are accessible to underserved and vulnerable populations.

ACTIV has developed four clinical trial master protocols to enable evaluation of multiple agents within the same clinical trial structure: immune modulators; outpatient monoclonal antibodies (mAbs) and other therapies; inpatient mAbs and other therapies; and antithrombotics. The National Institute of Allergy and Infectious Diseases (NIAID) COVID-19 Prevention Trials Network (CoVPN) facilitates evaluation of COVID-19 prevention studies and offers a way individuals can sign up for participation in a variety of trials.

NINR is participating in two RADx initiatives: RADx-UP, which supports linked community engagement projects that enhance accessibility to and uptake of COVID-19 testing by vulnerable and underserved populations, and RADx-rad, which supports new, nontraditional approaches to testing, such as identification of biomarkers that are predictive of disease onset or severity. NINR signed on to several funding opportunity announcements (FOAs), including one focused on social, behavioral, and economic challenges around COVID. The NINR-funded Palliative Care Research Cooperative (PCRC) is on the list of NIH sites for potential involvement in future ACTIV trials.

The majority of NINR's Division of Intramural Research (DIR) team members are back on campus, but most of the rest of NINR staff continue to work remotely.

Racism and Diversity—Events across the nation have prompted NIH and NINR to reflect on what we as individuals and organizations can do to nurture a culture free of bias, discrimination, and inequity and strengthen a long-standing commitment to improving workforce diversity and supporting research to eliminate disparities. The Training Pathways Working Group update will touch on development of recommendations for increasing diversity of NINR trainees and early-stage investigators (ESIs).

Budget—The Fiscal Year (FY) 2021 federal appropriations bill has not been set, and NIH and NINR are preparing for a Continuing Resolution. Until a budget is passed, NINR will operate at the FY 2020 funding level of close to $170 million.

NINR News—Dr. Schwetz announced recent leadership changes at NINR. Dr. Susan E. Old will join NINR as Acting Deputy Director at the end of September. Dr. Kay Wanke has joined NINR as Acting Director, Division of Extramural Science Programs (DESP). (Applications for a permanent DESP Director are being solicited.) Dr. Martha Matocha recently was appointed Acting DESP Deputy Director, and Dr. Jessica Gill has returned to her previous role as Acting Scientific Director while continuing to lead her own research program.

NINR Tenure-Track Investigator Dr. Paule V. Joseph has been selected by the American Academy of Nursing as one of 230 distinguished nurse leaders to join its 2020 Class of Fellows.

In June, Dr. Schwetz joined the Oncology Nursing Society's podcast to discuss key NINR initiatives in 2020, the landscape of nursing research, and how nurse researchers are responding to COVID-19. On a segment of the American Academy of Neurology podcast, Dr. Jessica Gill described her research on neurofilament light chain as a biomarker following traumatic brain injury. In July, the NIH Office of Intramural Training & Education (OITE) hosted a panel on nursing research careers that featured NINR speakers: Dr. Patricia Brennan, Director, National Library of Medicine and Adjunct Investigator, NINR

Advanced Visualization Branch; Dr. Leorey Saligan, Acting Chief, Symptom Science Center; and Dr. Paule V. Joseph, Lasker Scholar, NINR DIR.

Recent NINR virtual events include the Genomic Response to the Social Environment: Implications for Health Outcomes Workshop, a Summer Genetics Institute 20th Anniversary Symposium, and a three-day Artificial Intelligence Virtual Boot Camp. Upcoming events include Innovative Models of Care for Reducing Inequities in Maternal Health and Symptom Science Advances in Oncology Nursing.

NINR Strategic Plan—The NINR Strategic Plan Working Group has been assembled, and the broader community and public will have opportunities to provide feedback during this process. The plan is scheduled for release in late 2021.

NINR-Funded Research Highlights—Dr. Schwetz described two research projects conducted by NINR extramural grantees. In the area of robotics, a flexible, fully integrated, and self-powered e-skin platform can provide real-time data to a user interface through Bluetooth communication. This technology may expand the potential applications of e-skin for personalized health care. In the area of informatics, researchers demonstrated that a data-driven, unsupervised computational method can rapidly mine quality phrases from a large amount of nursing notes. Identified phrases are useful for downstream tasks, such as clinical outcome predication and risk factor identification.

NINR Feedback Campaign—Over 380 answers have been submitted in response to the question, "What does nursing research mean to you?" Emerging themes include: practice-based scientific inquiry that informs evidence-based practice and patient-centered care; improves holistic outcomes across the lifespan from the individual to society; explores the social determinants of health to understand and eliminate health disparities; promotes quality of life, health, wellness, and well-being; works in partnership with other professions and disciplines; and collaborates with patients, families, and communities in developing caregiving skills to manage chronic illness.

IV. NEW NINR DIRECTOR'S REMARKS—Dr. Shannon Zenk, NINR Director

Dr. Zenk outlined her educational background, scientific career, and program of research and shared her thoughts on the health landscape and NINR science. Dr. Zenk's education integrated nursing and public health, including training in psychosocial factors in mental health and illness as well as cancer control and population sciences. Her program of research focuses on social inequities and health, with the goal of identifying effective multilevel approaches to improve health and eliminate racial and socioeconomic health inequities. Dr. Zenk uses a team science approach for all of her research, much of which is on community environments—particularly the food environment—and energy balance-related behaviors and conditions. Over time, Dr. Zenk's research has become increasingly multilevel. Recent work combines

behavioral sensors with other real-time data collection approaches to identify how environmental and (intra and inter) personal (trait and state) factors interact to influence energy balance behaviors. While serving as NINR Director, she will continue her research through the National Institute of Minority Health and Health Disparities (NIMHD) intramural program.

Dr. Zenk described key experiences that will influence her role as NINR Director. These include multidisciplinary collaborations, implementation of different types of scientific approaches, mentoring of future scientists, and peer review service and leadership. She expressed enthusiasm about NINR's role in helping prepare a diverse next generation of scientists, promoting excellence in scientific review, and disseminating NINR-funded research on a world stage.

NINR has a strong legacy of accomplishments on which to build. The current state of health and healthcare clearly shows the need for more and better knowledge, technology, healthcare, and public health services to improve the nation's health. Understanding of persistent, large health inequities is incomplete, and public demand is high for deep and enduring change in the face of social injustice that has wide-reaching health effects. Practicing nurses face these challenges every day and are counting on nursing science to find real practice and policy solutions. The COVID-19 pandemic has exposed weaknesses in preparedness and practices of public healthcare systems, while also showcasing the ingenuity and critical contributions of nurses across settings.

The holistic perspective that characterizes nursing positions nursing science to meet current health challenges, uncover groundbreaking practice and policy solutions, and push the scientific boundaries of multilevel integration, from the molecular to the macro**.** It also will be important to prioritize translation in our science.

Dr. Zenk closed by summarizing key questions for joint consideration: What are the key scientific areas/opportunities in multilevel integration? Given health inequities are a top priority for NINR, how can we eliminate systematic health gaps? What inequities should be the focus? What factors are most important to address and integrate through NINR research? What are the key scientific gaps in translating discoveries into nursing practice and policy? What training is needed to push scientific integration upstream?

V. CSR STUDY SECTION CHANGES—Dr. Delia Olufokunbi Sam, Chief, Health Care Delivery and Methodologies Research Group, Center for Scientific Review (CSR), NIH

Dr. Olufokunbi Sam described a framework CSR uses to assess the quality of the peer review process and outlined recent changes to the Healthcare Delivery/Patient Outcomes study section cluster. CSR ENQUIRE (Evaluating PaNel QUality In REview) is a data-driven framework designed to ensure quality

of peer review by integrating data and input from multiple stakeholders to determine whether study section focus or scope should be altered to facilitate identification of high-impact science, with special consideration of emerging science. This systematic, continuous process evaluates about 20 percent of CSR study sections each year.

The Healthcare Delivery/Patient Outcomes cluster was evaluated last year, and 11 new Healthcare Delivery/Patient Outcomes study sections will be established for applications due in October 2020 and scheduled for review in February 2021. Redesign of study sections in this cluster has taken into account growth and changes in healthcare research and the need to integrate key methods and approaches across all study sections rather than putting them in silos.

- *Individual-Level Health* study sections include Biobehavioral Medicine and Health Outcomes (BMHO) and Lifestyle Change and Behavioral Health (LCBH). BMHO focuses on the interface of psychological/behavioral processes with biological, physiological, and neurological processes underlying a range of diseases and conditions across the human lifespan at the individual or small-group level. LCBH will focus on adoption or uptake of health-promoting behaviors or lifestyle changes to reduce health risks or recover from diseases, conditions, or treatments at the individual or small-group level.
- *Community and Service* study sections include Science of Implementation in Health and Healthcare (SIHH), Healthcare and Health Disparities (HHD), and Health Promotion in Communities (HPC). SIHH reviews applications that identify, develop, and evaluate dissemination and implementation theories, strategies, and methods designed to integrate evidence-based health interventions into public health, clinical, and community settings. HHD focuses on systemic underpinnings of healthcare disparities closely associated with social, economic, and/or environmental disadvantage. HPC evaluates applications that develop and test the efficacy and effectiveness of interventions with a community-oriented approach aimed at promoting health or moderating health risks in the general population.
- *Clinical Management* sections include Clinical Management in General Health Care Settings (CMGC) and Interdisciplinary Clinical Care in Specialty Care Settings (ICSC). CMGC reviews applications that identify, develop, and evaluate clinical management of patients from a provider perspective in general care settings with care teams oriented around primary care, with the intent to guide care or inform clinical practice. ICSC reviews applications for clinical management of patients in institutional and inpatient settings (e.g., hospitals, nursing homes, inpatient facilities, hospice care facilities) as well as patients in ambulatory settings receiving active specialty care or involving specialized/complex care teams.

- *Health Services* study sections include Health Services: Quality and Effectiveness (HSQE) and Organization and Delivery of Health Services (ODHS). HSQE focuses on provision of health services, healthcare quality, effectiveness, and individual/patient health outcomes, including access/receipt/utilization of services, cost-effectiveness, and comparative effectiveness. ODHS focuses on systems-level organization and delivery of health services (e.g., healthcare financing, insurance, access, utilization, and the provision of health services at the population level).
- *Clinical Bioinformatics* study sections include Clinical Data Management and Analysis (CDMA) and Clinical Informatics and Digital Health (CIDH). CDMA reviews applications that develop computing technology, simulation/data models, data analytics, and technical software intended for eventual translation of research or novel findings for clinical use. CIDH focuses on development, validation, and implementation of information technology-based approaches/tools for healthcare delivery, clinical decision support in caring for individual patients, and clinician-patient data sharing.

Discussion:

Council members asked how applicants can identify the best study section for an application Dr. Olufokunbi Sam noted that CSR is very familiar with the expertise of study section members and conducts a thorough review to determine the best fit for each application. Principal Investigators can specify a study section, and they can ask a study section Scientific Review Officer to review their abstracts or specific aims to see if the application is a good fit. Panel expertise cannot be evaluated based solely on a study section's standing roster because about 30 percent of reviewers are ad hoc for each review round.

Some Council members expressed concern about a perceived lack of nursing expertise on study sections. Many NINR applications would be assigned to the two core clinical management study sections that deal with clinical practices and service. However, CSR is taking steps to ensure that all study sections have some level of clinical management expertise, which includes nursing, by adding new experts rather than moving clinical management experts from the core study sections.

Investigator-initiated COVID-19 applications will be assigned to relevant study sections. Applications submitted in response to COVID-19 announcements will be reviewed by special emphasis panels, as described in the FOA.

VI. TRAINING PATHWAYS WORKING GROUP UPDATE—Dr. Jessica Gill, Acting Scientific Director, NINR

Dr. Gill presented an interim report on the work of the NINR Pathway Nursing Research Training Working Group. The Working Group was charged with providing NINR leadership with information about strengths, limitations, and current and future challenges related to nursing research training pathways; examine issues related to diversity and inclusion; and develop recommendations to enhance nursing research education and training at all phases of education and progression. Essentially, the Working Group is exploring how to engage more of the nation's 4 million nurses in nursing research and training them to advance nursing science.

Dr. Gill noted that the 18-member Working Group includes Council members as well as representatives from regional groups, currently funded nursing programs, and Ph.D. students.

Four subgroups were formed to consider the following actions: (1) evaluating current limitations in recruitment and training, including those that limit diversity and inclusion; (2) identifying training-related shortfalls and their influence; (3) determining factors that hinder nurse researcher career progression; and (4) developing suggestions to improve NINR collaborations with other institutions and organizations. Subgroups will submit reports in October for discussion among the entire Working Group. A final report containing background, data sources, findings, and comprehensive recommendations will be compiled in November, provided to NINR leadership in December, and presented to Council in January 2021.

The Group has identified a number of important overall themes such as the need to foster cross-institutional mentoring and training. Working in a virtual environment has raised awareness of opportunities to collaborate and connect globally. NINR can encourage distance opportunities for training at all levels; increase collaboration of research-intensive and non-research-intensive institutions (especially schools with greater diversity with regard to income, race, and ethnicity); and foster cross-discipline training opportunities for interdisciplinary science.

Another overarching theme is engaging with potential nurse-scientists as early as possible. NINR can accomplish this by developing additional support for schools of nursing to engage undergraduates in research projects. Ideas include developing additional summer training opportunities at research-intensive universities as well as the NINR intramural research program; supporting integration of undergraduates in Center grants (P20/P30s) as well as R01s and institutional training awards; creating cohorts of diverse student scholars at an early phase in education; and developing resources to describe research pathways (e.g., a series of nurse research stories, including diverse examples, links to trainings and resources, and connection opportunities).

Dr. Gill encouraged meeting participants to provide feedback and ideas by contacting her, Dr. Shirley Moore, or Dr. Yvonne Brian.

Adjournment

Dr. Zenk thanked meeting attendees and adjourned the open session of the meeting at 1:30 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). 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 112 research and training grant applications on which NINR was the primary Institute; these applications requested a total of $41,477,159 (direct costs year 01). The Council also considered 435 applications on which another Institute/Center was primary and NINR was secondary. These applications requested a total of $411,723,683 (direct costs year 01). The Council concurred with the Institutional Review Group recommendations on these 547 applications.

ADJOURNMENT

The 102nd meeting of the NACNR was adjourned at 2:30 p.m. on Tuesday, September 15, 2020.

CERTIFICATION

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

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

Kay L. Wanke, Ph.D.
Acting Executive Secretary
National Advisory Council for Nursing Research

COUNCIL MEMBERS PRESENT

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

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