

**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 27-28, 2009

The 67th meeting of the National Advisory Council for Nursing Research (NACNR) was convened on Tuesday, January 27, 2009, at 1:00 p.m. in Conference Room 6C, 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 approximately 4:46 p.m. The closed session of the meeting, which included consideration of grant applications, was convened on Wednesday, January 28, 2009, at 9:00 a.m. and continued until adjournment at 11:09 a.m. Dr. Patricia A. Grady, Chair, NACNR, presided over both sessions of the meeting.

OPEN SESSION

**I. CALL TO ORDER, OPENING REMARKS, COUNCIL PROCEDURES,
AND RELATED MATTERS**

Dr. Grady called the 67th meeting of the NACNR to order, welcoming all Council members, visitors, and staff.

Conflict of Interest and Confidentiality Statement

Dr. Mary Kerr, Executive Secretary, NACNR, reminded attendees that the standard rules of conflict of interest applied throughout the Council meeting. Briefly, all closed session material is privileged, and all communications from investigators to Council members regarding any actions on applications being considered during the Council should be referred to National Institute of Nursing Research (NINR) staff. In addition, during either the open or the closed session of the meeting, Council members with a conflict of interest with respect to any topics or any application must excuse themselves from the room and sign a statement attesting to their absence during the discussion of that application. Dr. Kerr also reminded NACNR members of their status as special Federal employees while serving on the Council, and that the law prohibits the use of any funds to pay the salary or expenses of any Federal employee to lobby or otherwise influence state legislatures or Congress. Specific policies and procedures were reviewed in more detail at the beginning of the closed session and were available in Council notebooks.

Minutes of Previous NACNR Meeting

Standing Council members received a copy of the minutes of the September 16-17, 2008, NACNR meeting by electronic mail. One correction to the minutes of the September 2008 was the affiliation of Council member Dr. Marion Broome. A motion to accept the minutes of the September 16-17, 2008 Council meeting was proposed, seconded, and approved unanimously. Any comments, corrections, and changes to the September 2008 meeting minutes identified at a later time should be forwarded to Drs. Grady or Kerr. The approved minutes of each quarterly NACNR meeting become part of the Institute's permanent record and are posted on the NINR Web Site (www.ninr.nih.gov).

Dates of Future Council Meetings

Dates of future meetings in 2009 and 2010 have been approved and confirmed. Council members should confirm their calendars for these meeting dates and contact Drs. Grady or Kerr regarding any conflicts or expected absences.

2009

May 19-20 (Tuesday-Wednesday)

September 22-23 (Tuesday-Wednesday)

2010

January 19-20 (Tuesday-Wednesday)

May 18-19 (Tuesday-Wednesday)

September 14-15 (Tuesday-Wednesday)

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

The Director's report focused on updates since the last Council meeting and on current and impending activities and initiatives related to the NIH and NINR budgets, the NIH overall, and the NINR.

Budget Update—Dr. Grady provided a current status of appropriations and projections for the NINR budget. The NIH and its Institutes and Centers (ICs) currently are operating under a continuing resolution. Similar to the NIH, the NINR has experienced a steady state budget for

the past several years, which translates into a decreasing budget when taking the biomedical inflation index into account. The NINR's funding for fiscal year (FY) 2008 was \$138.207 million, plus a supplemental appropriation of \$731,000. The President's Budget proposes a 0.1 percent increase, and increases in the House and Senate appropriations total 3.5 percent and 2.9 percent, respectively. The economic stimulus package may include provisions for the NIH, and in preparation of this, the NINR is considering ideas for advances in science that could occur during a timeframe of up to 2 years.

The NINR's budget allocations for FY 2009 are expected to remain consistent with those of prior years: research program grants (RPGs) (72%), of which P01 grants comprise 1 percent; Centers (6%); other research (2%); research management and support (7%); training (7%); research and development (3%); and intramural research (3%). The NINR ranks as the second highest among NIH ICs in the percent of budget allocated to support of training.

The number of NINR research awards has remained relatively constant since FY 2004, and NINR's success rate is comparable to NIH's overall rate. The number of NINR full-time training position (FTTP) awards has decreased from 277 in FY 2004 to 230 in FY 2008, primarily in predoctoral grants; the current ratio between NINR pre- and postdoctoral FTTP awards is 2.5:1. In keeping with recommendation of NRC panel, NINR remains committed to increasing its number of postdoctoral awards. In addition, nearly 15 percent of the Ph.D. graduates supported through National Research Service Award (NRSA) training grants and fellowships are in the field of nursing sciences, and most of these are supported by the NINR.

NIH and NINR News—Dr. Grady reported on news across the NIH and the NINR, including the leadership transition at the U.S. Department of Health and Human Services (HHS) with the departure of Secretary Michael Levitt. At NIH, Dr. Raynard Kington is the Acting NIH Director with the departure of Dr. Elias Zerhouni. Other notable appointments include Dr. John Holdren as Assistant to the President for Science and Technology and Drs. Harold Varmus and Eric Lander as Co-Chairs of the President’s Council of Advisors on Science and Technology. Dr. Linda S. Birnbaum has been appointed the Director of the National Institute of Environmental Health Sciences. The 2008 Nobel Prize in Chemistry has been awarded to NIH extramural scientists, Drs. Martin Chalfie and Roger Y. Tsien. The NIH Public Trust Initiative Partners in Research program has made 78 awards to support partnerships between scientists and the community. The Science of Eliminating Health Disparities Summit was held in December 2008, with keynote speaker Dr. Maya Angelou and approximately 3,000 attendees coalescing around the science of health disparities.

New staff within NINR’s Division of Extramural Activities include: Dr. David Banks, Section on Acute and Long-Term Care, End-of-Life, and Training; Dr. Jeanette Hosseini, Section on Immunology, Infectious Disease, and Chronic Disorders; Dr. Susan Marden, Section on Neuroscience, Genetics, and Symptom Management; Dr. Mario Rinaudo, Scientific Review Officer; Dr. Joan Wasserman, Section on Neuroscience, Genetics, and Symptom Management; and Dr. Linda Weglicki, Section on Child and Family Health, and Health Disparities. A recent article on “Interdisciplinary Research at NIH and NINR” was published in *Nursing Outlook*.

NINR’s Division of Intramural Research published an article in *Current Molecular Pharmacology*, which used a graphic from the article as its cover art. The Summer Genetics

Institute will be held June 8 – July 31, 2009, and deadline for applications is March 2, 2009. The NINR is celebrating its first two graduates from the NIH Graduate Partnerships Program: Drs. Anne Letocha Ersig and Katy Balk Meilleur, both of whom also were early participants in the Summer Genetics Institute. An NINR study on the use of mobile technology, specifically text messaging, to influence behavior affecting HIV/AIDS was featured in an ABC News story.

NINR Outreach— Ms. Elisa Gladstone, Communications Director, NINR

Ms. Elisa Gladstone described recent NINR presentations, including to the Council for the Advancement of Nursing Science, the National Research Council, New Approaches to Neurological Pain Meeting, Sixth Biennial Joanna Briggs Colloquium, Building Academic Geriatric Nursing Capacity, and AACN Doctoral Education Conference. In addition, the *NIH Record* reported that Dr. Grady participated in a Panel on Systems Medicine held at Georgetown University and that the NINR hosted a successful “NighTinGala” and held its ninth Summer Genetics Institute. The NINR has produced a brochure on *Research Training Grants & Opportunities* and prepared a press release in October 2008 regarding a published article by Council member Dr. J. Randall Curtis entitled “Prolonging the Withdrawal of Life Support in the ICU Affects Family Satisfaction with Care.”

III. UPDATES IN THE PEER REVIEW PROCESS—Dr. Toni Scarpa, Director, Center for Scientific Review (CSR)

Dr. Scarpa provided an update on the NIH peer review process. In 2008, 77,000 applications were received into the CSR peer review system; 240 Scientific Review Officers oversaw 1,600 review meetings during which 16,000 reviewers vetted 56,000 applications.

Changes to the peer review system have been influenced by the NIH and CSR budgets, the number of applications submitted, and the workload placed on reviewers. The CSR has successfully reduced peer review costs by approximately \$25 million by issuing non-refundable airline tickets, reducing the number of reviewers, conducting 15 percent of reviews using electronic platforms, and holding one meeting each year in the western United States.

CSR's efforts to enhance peer review have involved internal reorganization, recruitment of scientific staff, and the revision of study section guidelines. Other changes included improvements to study section alignment and performance, a shortened review cycle, the use of additional review platforms and processes such as electronic media, and the recruitment of the best reviewers.

Dr. Scarpa described past NIH Director Dr. Zerhouni's peer review recommendations.

Dr. Zerhouni charged two advisory committees to review the peer review system with the objective to "fund the best science, by the scientists, with the least administrative burden." Four

priorities resulted: (1) engage the best reviewers; (2) improve the quality and transparency of review; (3) ensure balanced and fair reviews across scientific fields and career stages; and (4) maintain continuous review of the peer review process. Changes have been implemented to reflect these priorities, such as a focus on highly transformative research, funding the best research earlier, and reducing the burden on applicants and reviewers. In addition, policies have been enacted regarding new and early stage investigators, resubmission of applications, and scoring and review criteria. Council members were referred to <http://enhancing-peer-review.nih.gov/> for additional information about improvements to the NIH peer review system.

**IV. CLINICAL AND TRANSLATIONAL SCIENCE AWARDS—Dr. Barbara Alving,
Director, National Center for Research Resources (NCRR)**

Dr. Alving reported on the Clinical and Translational Science Award (CTSA) Program. The awards, which are overseen by the NCRR, help accelerate research from basic discovery in pre-clinical and clinical settings to improved public health and patient care in the community. Specific strategies involve implementing biomedical discoveries, bringing new prevention strategies into medical practice more rapidly, catalyzing change, and encouraging innovative approaches. Grounded in a philosophy of team science, partnerships, collaboration, connectivity, and breaking down institutional barriers, the program includes a national consortium of 38 medical research institutions that engage communities in clinical research efforts, train clinical and translational researchers, and leverage existing collaborations with other institutions. Each CTSA institution provides support for trial design, advanced degree-granting programs, participant and community engagement, regulation, biostatistics, clinical resources, biomedical

informatics, and clinical research ethics. To promote regional partnership opportunities, the CTSA Program emphasizes efforts in pediatrics, translational research, public-private partnerships, education career development, evaluation, community engagement, and informatics. Dr. Alving shared examples of informatics pilot projects that were funded through supplements and required three CTSAAs to work with each other.

Through its Web Site, the CTSA Program provides information that member institutions can use to help work more effectively together within and outside the consortium, including with international colleagues. Many consortium members have formed partnerships with business schools to develop business plans, create cross-educational programs, prepare cost analyses, protect CTSA-developed patents, and form industry partnership programs. In addition, CTSA thematic research network and interest groups have been established in emergency medicine, sleep research, critical care, neurology, and neuro-imaging.

The educational impact of the CTSA Program includes: the doubling of the clinical and translational training workforce between 2006 and 2008; an increased number of regional training interactions among consortium sites; and a supplement to develop a National CTSA Educational Resource Program to identify, catalog, and assess training module in clinical and translational research, as well as to enhance and broaden training opportunities for clinician scientists. In 2008, more than 6,250 investigators and 513 trainees and scholars were involved with the CTSA Program. Additionally, 29 NINR grants utilized CTSAAs and 20 nursing scholars and trainees worked within the CTSA consortium.

V. ADVANCING NURSING SCIENCE VIA CTSAs—Dr. Jerilyn Allen, Johns Hopkins University School of Nursing (via telecom)

Dr. Allen described the interdisciplinary collaboration within CTSA awardee Johns Hopkins University, involving the Whiting School of Engineering, School of Medicine, School of Nursing, and Bloomberg School of Public Health. The eight core components that comprise the University's Institute for Clinical and Translational Research (ICTR) are: (1) trial design, (2) advanced degree-granting programs, (3) participant and community involvement, (4) regulatory support, (5) biostatistics, (6) clinical resources, (7) biomedical informatics, and (8) research participant recruitment office. The University's nursing leadership has a strong presence in five of these eight areas. Dr. Allen described the primary nursing leadership, as well as those involved with the School of Nursing trainees and faculty mentors, illustrating the University's commitment to the CTSA Program.

Key elements of the University's CTSA consist of:

- A collaborative University culture supported by senior leadership, mutual respect of scientific contribution, ongoing interdisciplinary collaborations, and joint appointments;
- An enthusiastic School of Nursing culture that has clear expectations of involvement, is opportunistic, and identifies those who can serve as champions for clinical and translational research and the CTSA program; and

- Strong individual leadership qualities, such as self-awareness, assertiveness, persistence, flexibility, negotiation, passion, and vision.

VI. REVIEW OF THE BIENNIAL REPORT—Dr. Mary E. Kerr, Deputy Director, NINR

Dr. Kerr explained that every other year, the NINR provides the NACNR with a report describing the inclusion of women and minorities in NINR-supported clinical research. She noted that overall enrollment of women and minorities has increased from 91,000 (2007) to 141,000 (2008). Council members reviewed and discussed the report.

Following this update, Dr. Grady thanked participants and attendees for their time and interest 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 was concerned with 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

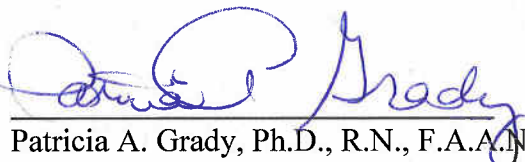
The members of the NACNR considered 75 research and training grant applications on which NINR was the primary Institute; these applications requested a total of \$16,346,801 (direct costs year 01). The Council also considered 392 applications on which another Institute/Center was primary and NINR was secondary; these applications requested a total of \$96,422,598 (direct costs year 01). The Council concurred with the IRG recommendations on these 467 applications.

ADJOURNMENT

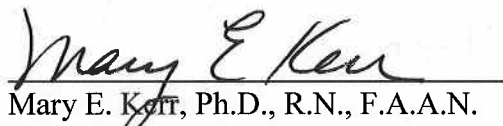
The 67th meeting of the NACNR was adjourned at 11:09 am on January 28, 2009.

CERTIFICATION

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



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



Mary E. Kerr, Ph.D., R.N., F.A.A.N.
Executive Secretary
National Advisory Council for Nursing
Research

MEMBERS PRESENT

Dr. Patricia A. Grady, Chair
Dr. Mary E. Kerr, Executive Secretary
Dr. Marion Broome
Dr. Michael Counte
Dr. J. Randall Curtis
Dr. David Dinges
Dr. Stanley Finkelstein
Dr. Kevin Frick
Dr. Felicia Hodge
Dr. Diana Lake
Mr. James Linn
Dr. Jean McSweeney
Capt. Maggie Richard, *Ex Officio*
Dr. Marla Salmon
Dr. Sharon Tennstedt
Dr. Clarann Weinert

MEMBERS OF THE PUBLIC PRESENT

Dr. Jeri Allen, Johns Hopkins University School of Nursing (via teleconference)
Dr. Nancy Artinian, College of Nursing, Wayne State University
Ms. Chandra Burnside, American Association of Colleges of Nursing
Ms. Barbara Choo, University of Virginia
Mr. Rick Hansen, Digicon Corporation
Ms. Darlene Summers, Consolidated Solutions and Innovations

FEDERAL EMPLOYEES PRESENT

Mr. Brian Albertini, NINR/NIH
Dr. Barbara Alving, NCRR/NIH
Dr. David Banks, NINR/NIH
Ms. Melissa Barrett, NINR/NIH
Mr. Raymond Bingham, NINR/NIH
Dr. Josephine Boyington, NINR/NIH
Dr. Yvonne Bryan, NINR/NIH
Dr. Paul Cotton, NINR/NIH
Dr. Ray Dionne, NINR/NIH
Ms. Ana Ferreira, NINR/NIH
Dr. Jessica Gill, NINR/NIH
Ms. Elisa Gladstone, NINR/NIH
Dr. John Grason, NINR/NIH
Dr. J Taylor Harden, NIA/NIH
Dr. Rebecca Hawes, NINR/NIH
Dr. Jeanette Hosseini, NINR/NIH
Dr. Karen Huss, NINR/NIH
Mr. Douglas Hussey, NINR/NIH
Ms. Deborah Jennings, NINR/NIH

Dr. Kathleen Jett, NINR/NIH
Ms. Ellie Johnson, NINR/NIH
Dr. Weiqun Li, NINR/NIH
Dr. Yujing Liu, NINR/NIH
Dr. Susan Marden, NINR/NIH
Ms. Angela Marshall, NINR/NIH
Dr. Jeri Miller, NINR/NIH
Ms. Mary Murray, NINR/NIH
Dr. Mario Rinaudo, NINR/NIH
Ms. Linda Rodman, OD/NIH
Dr. Leorey Saligan, NINR/NIH
Dr. Toni Scarpa, CSR/NIH
Ms. Cheryl Stevens, NINR/NIH
Ms. Tonya Truesdale-Young, NINR/NIH
Dr. Joan Wasserman, NINR/NIH
Dr. Linda Weglicki, NINR/NIH
Mr. Kevin Wilson, NINR/NIH
Dr. Marie Zeimetz, NINR/NIH