

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, 2015

The 85th meeting of the National Advisory Council for Nursing Research (NACNR) was convened on Tuesday, January 27, 2015, at 1:00 p.m. in Conference Room 620, Building 35, National Institutes of Health (NIH), Bethesda, Maryland. The first day of the meeting was an open session and adjourned that same day at 5:05 p.m. The closed session of the meeting, which included consideration of grant applications, was convened on Wednesday, January 28, 2015, 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.

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 85th meeting of the NACNR to order, and welcomed all Council members, visitors, and staff. Council member absences were Drs. Cynthia Barnes-Boyd, Susan Gennaro, William Holzemer (open session only), Courtney Lyder, Bernadette Mazurek Melnyk, and Nancy Redeker.

Conflict of Interest and Confidentiality Statement

Dr. Ann Knebel, Executive Secretary, NACNR 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.

Minutes of the Previous NACNR Meeting

Council members received the minutes of the September 16–17, 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).

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.

2015

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. 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—The Fiscal Year (FY) 2015 Omnibus budget was signed into law on December 16, 2014. The FY2015 budget reflects a 0.2 percent increase in funding to NINR. In FY2014, the majority of NINR's budget went to research project grants (RPGs), which includes small business grants and to support training. The intramural program comprised approximately 6 percent of the budget. These allocations remain similar from year to year and reflect NINR's strong commitment to both training and investigator-initiated research.

HHS News— Dr. Vivek Murthy was sworn in as U.S. Surgeon General. In this capacity, Dr. Murthy will lead the United States Public Health Service Commissioned Corps, a team of 6,800 officers dedicated to protecting, promoting, and advancing the health and safety of the nation. He will also play a critical role in working to address other challenges facing the nation's public health, including ongoing efforts to reduce obesity and smoking rates and flu prevention.

The HHS Office of the National Coordinator for Health Information Technology issued the Federal Health IT Strategic Plan 2015–2020. The Strategic Plan, which is open for public comment until February 6, 2015, represents a coordinated and focused effort to appropriately collect, share, and use interoperable health information to improve health care as well as individual, community, and public health and advance research across the federal government and in collaboration with private industry. The Strategic Plan will help to define how the federal government and private sector will approach sharing health information.

Over the last few months, HHS has concentrated on combating the Ebola outbreak by prioritizing development of Ebola vaccines. These efforts include accelerating development and delivery of the Ebola vaccine and designating 35 U.S. hospitals as Ebola treatment centers. HHS also has focused on strengthening aspects of the health insurance marketplace and expanding quality improvement in health centers.

NIH News—On December 2, 2014, President Obama visited the NIH campus to see first-hand the progress that biomedical research is making against the Ebola virus. The President toured the NIH Vaccine Research Center and met with scientists who are working to develop vaccines against Ebola. In a Town Hall meeting at the NIH Clinical Center, the President praised the contributions of NIH staff. NIH, the Centers for Disease Control and Prevention (CDC), and the Institute of Medicine (IOM), in collaboration with the National Research Council, convened a workshop on November 3, 2014, with key stakeholders and experts to discuss the research priorities that could guide medical and public health practice in treatment of the Ebola virus.

In November 2014, HHS issued a Notice of Proposed Rulemaking (NPRM) that would implement reporting requirements for clinical trials that are subject to the FDA Amendments Act of 2007 (FDAAA). The proposed rule clarifies requirements to clinical researchers for registering clinical trials and submitting summary trial results information to ClinicalTrials.gov, a publicly accessible database operated by the National Library of Medicine.

NIH issued a draft policy to promote the use of single institutional review boards (IRBs), in multisite clinical research studies. The draft policy proposes that each NIH-funded, multi-site study carried out in the United States, whether supported through grants, contracts, or the NIH intramural program, should use a single IRB. Wider use of single IRB review in multisite studies will help achieve greater efficiencies in the initiation of studies across NIH's clinical research portfolio.

The NIH National Center for Complementary and Alternative Medicine has been renamed the National Center for Complementary and Integrative Health (NCCIH). The new name reflects the Center's focus on integrative health care, defined as a comprehensive, often interdisciplinary approach to treatment, prevention, and health promotion that brings together complementary and conventional therapies.

Last summer, NIH held a joint workshop with the *Nature Publishing Group* and *Science* on the issue of reproducibility and rigor of research findings. Attendees included editors representing over 30 basic/preclinical science journals in which NIH-funded investigators have most often published. The workshop focused on the common opportunities in the scientific publishing arena to enhance rigor and further support research that is reproducible, robust, and transparent. Workshop attendees reached consensus on a set of principles to facilitate these goals. A number of journals agreed to endorse the principles, which were publicized in editorials in November issues of *Nature* and *Science*.

Dr. Don Lindberg, Director of the National Library of Medicine (NLM), has announced his retirement. He will be stepping down at the end of March after serving as Director for more than 30 years. Dr. Lindberg is a pioneer in applying computer and communications technology to biomedical research, health care, and the delivery of health information. He introduced numerous landmark projects such as free Internet access to MEDLINE via PubMed, MedlinePlus for the general public, the Visible Human Project, ClinicalTrials.gov, and the Unified Medical Language System. Dr. Lindberg also created the National Center for Biotechnology Information.

Congressman Rush D. Holt, retired from the U.S. House of Representatives at the end of his eighth term. He will join the American Association for the Advancement of Science (AAAS) as chief executive officer and executive publisher of the *Science* family of journals. Dr. Holt, a research physicist and former teacher, will begin his term as the 18th chief executive of the 166-year-old non-profit, non-partisan AAAS during the association's 2015 Annual Meeting, February 12–16.

NIH-sponsored funding opportunities were highlighted. <http://grants.nih.gov/grants/guide/index.html>

NINR News—Dr. Grady acknowledged and thanked those Council members who are retiring from their service on the National Advisory Council for Nursing Research: Drs. Kenton Kaufman, Courtney Lyder, and James Tulsky.

In October 2014 NINR Director Dr. Grady presented a plenary address at the 2014 State of the Science Congress on Nursing Research sponsored by the Council for the Advancement of Nursing Science titled “NINR: Advancing Innovations for Complex Health Issues.” In her talk, Dr. Grady described ways nurse scientists are improving the quality and efficiency of health care by applying innovative research approaches such as systems science, big data analytics, and bioinformatics.

In September, C-SPAN *Washington Journal* visited the NIH campus to interview NINR Director Dr. Grady, NIH Director Dr. Francis Collins, and National Institute of Diabetes and Digestive and Kidney Diseases Director Dr. Griffin Rodgers about important and groundbreaking research taking place across the NIH. Dr. Grady focused on NINR’s research mission, recent work, and unique role within the NIH and answered several viewer questions. She also highlighted available NINR resources, including the NINR website and palliative care information.

NINR-supported scientist Dr. Linda Aiken, Claire M. Fagin Leadership Professor of Nursing at the University of Pennsylvania School of Nursing, has received the 2014 Gustav O. Lienhard Award from the IOM. This is one of IOM’s highest awards and recognizes Dr. Aiken’s research, which documents that nurses’ education, patient workloads, and work environment are associated with patient outcomes. She has worked to translate her findings into practice and policy in the United States and other nations.

On March 5, Dr. Cornelia Beck is scheduled to deliver the first of three 2015 NINR Director’s Lectures on the NIH Campus. Her lecture is titled “From Alzheimer’s Interventions to Translational Science.” Dr. Beck serves as Professor in the Department of Geriatrics and Adjunct Professor of Psychiatry and Behavioral Sciences and Nursing at the University of Arkansas for Medical Sciences (UAMS). She is Co-Director of the UAMS Hartford Center for Geriatric Nursing Excellence and Co-PI for the UAMS Center for Clinical and Translational Research. The remaining two Director’s Lectures will be May 19 and September 22. Dr. Barbara Medoff-Cooper’s September 2014 Director’s Lecture is now available on NINR’s YouTube page. Dr. Medoff-Cooper described her research on infant development as well as strategies and technologies designed to improve outcomes for infants with complex congenital heart disease.

NINR hosted a briefing on the IOM report, *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*. This consensus report identified persistent gaps in care near the end of life that require action from many stakeholder groups. The report includes comprehensive recommendations in the areas of care delivery, clinician-patient communication and advance care

planning, professional education and development, payment systems and policies, and public engagement and education. The briefing reviewed the recommendations, explored possible next steps and barriers to implementation, and provided an opportunity for stakeholder groups to discuss the impact of this report on end-of-life and palliative care (EOLPC) research. The briefing will be archived on NINR's YouTube Channel, and the report is available on the IOM website.

NINR funding opportunity announcements were highlighted.

<http://www.ninr.nih.gov/researchandfunding/dea/oep/fundingopportunities>

In late September 2014, several NINR Intramural Research Program fellows presented their recent research at the NIH Research Festival on the NIH campus. Their projects exemplify the depth and diversity of the NINR Intramural Research Program and exciting future pathways for nursing research. The following NINR staff news was noted:

- Dr. Marguerite Littleton Kearney was appointed as Director, Division of Extramural Science Programs (DESP) at NINR. In this capacity, she will be responsible for leading, managing, and actively coordinating the Office of Extramural Science Programs, the Office of End-of-Life and Palliative Care Research (OEPCR) and the Office of Research Administration.
- Dr. Karen Kehl has joined the NINR OEPCR as a staff Program Director. Dr. Kehl comes to NINR from the University of Wisconsin-Madison, School of Nursing.
- Ms. Connie Latzko has been appointed NINR Chief of the Office of Information Technology and Chief Information Officer in the Division of Management Services.
- Dr. Leorey N. Saligan, a tenure-track investigator in NINR's Division of Intramural Research who studies cancer-related fatigue, was recently inducted as a Fellow in the American Academy of Nursing.
- Dr. Kristin Filler, from NINR's Symptom Biology Unit, has received a funding award from the Oncology Nursing Society Foundation. The award will enable Dr. Filler to build on her work started as a Graduate Partnership Program Fellow in the area of cancer-related fatigue. Dr. Filler completed her Ph.D. this past year.

Training Opportunities—

- The Summer Genetics Institute (SGI) will be held June 1–26, 2015, on the NIH Campus. Last year's SGI class included 25 participants, bringing the total number of graduates to over 350. The application period for the 2015 SGI Program closes on March 1.

- The NINR Methodologies Boot Camp on Big Data in Symptoms Research will be held July 20–24, 2015, on the NIH Campus. The course will provide a foundation in Big Data methodology for graduate students and faculty. The application period opens April 1.

NINR will kick off its 30th Anniversary activities with a scientific symposium on October 13, 2015, in the Natcher Building on the NIH Campus. The symposium will bring together scientists, health care professionals, and members of the public to commemorate advancements in nursing science that build the foundation for clinical practice and enhance the health of the nation. The symposium call for abstracts will be issued in February 2015. Other NINR Anniversary activities will include lectures and workshops.

III. NINR END-OF-LIFE & PALLIATIVE CARE RESEARCH PROGRAM—Dr. Jeri Miller, Chief, Office of End-of-Life and Palliative Care Research (OEPCR), Division of Extramural Science Programs, NINR

Dr. Jeri Miller provided an overview of the NINR OEPCR and current and future research activities and initiatives. According to the Center to Advance Palliative Care, 90,000,000 Americans live with challenges of serious advanced illness. There is a growing aging population and growing cultural diversity in the United States which is driving new research in EOLPC science to ensure quality of care throughout the entire life continuum. NINR-supported EOLPC research includes a lifespan approach to prevention or management of symptoms; communication and advance care planning; continuity of care; caregiving; and serving culturally diverse, vulnerable, underserved populations. To this end, OEPCR staff support stimulation of research, opportunities for collaboration, interdisciplinary science, and science that informs policy and practice.

Dr. Miller highlighted recent and ongoing funding opportunities in the areas of Effective Palliative/End-of-Life Care Interventions, Geriatric Palliative Care, and Arts-Based Approaches in Palliative Care Symptom Management. The Palliative Care Research Cooperative (PCRC) Group is building national palliative and end-of-life research capacity. The funding initiative, “PCRC: Enhancing Sustainability and Building the Science of Palliative Care”, aims to enhance the research and resource activities of the PCRC.

OEPCR has worked on a number of initiatives to inform policy and practice in EOLPC. In 2013, NINR published *Building Momentum: The Science of End-of-Life and Palliative Care. A Review of Research Trends and Funding, 1997–2010*. This report looks at the trends in EOLPC research publications over a 14-year period, including information on federal research awards, funding patterns, and contributions of

public and private investments in EOLPC science. The report helped inform the 2015 IOM consensus report *Dying in America*. On June 10, 2015, OEPCR and the NIH Office of Rare Diseases Research will host The Spectrum of Caregiving and Palliative Care in Rare Diseases workshop. In October 2015, PCRC membership will meet at NIH as part of their biannual face-to-face meeting. Dr. Miller concluded her presentation by highlighting OEPCR's research priorities.

IV. THE PALLIATIVE CARE RESEARCH COOPERATIVE GROUP (PCRC):

ACCELERATING PALLIATIVE CARE AND END-OF-LIFE RESEARCH THROUGH MULTISITE COLLABORATION—Dr. Jean Kutner, Co-Chair, PCRC

Dr. Jean Kutner provided an overview of the PCRC. Founded in June 2010, PCRC is the first research cooperative group in the United States that focuses on issues relevant to end-of-life and palliative care (EOLPC). Through grant funding from NINR, the cooperative group has developed the infrastructure to provide centralized services, including informatics and electronic data capture interface for EOLPC research. The PCRC has two Coordinating Centers and 67 member sites across the United States, in addition to international membership.

The mission of the PCRC is to develop scientifically based methods that lead to meaningful evidence for improving quality of life of patients with advanced and/or potentially life-limiting illnesses and their caregivers. Dr. Kutner reviewed the leadership and organizational structure of the cooperative group. The Project Coordinating Center, co-directed by Drs. Kutner and Amy Abernethy, works on key areas of study development, conduct, and management as well as coordination, communication, and dissemination. The Investigator Development Center provides a multifaceted approach to workforce development for EOLPC research. Statistical and data-related aspects of trial design, evaluation, quality assurance, data analysis, reporting, and data sharing are supported by the Data, Informatics and Statistics Core. The PCRC Caregiver Research Core aims to advance caregiver research. The Clinical Studies Core supports the conduct of EOLPC clinical trials by advising on study design and identifying funding opportunities. Lastly, the Measurement Core provides advice regarding study measures and study-specific challenges.

Dr. Kutner highlighted completed and active studies that the PCRC has supported over the past five years. In addition to these studies, the PCRC has developed a number of resources to support EOLPC research. These products include the Core Measures & Core Data Elements Library, online resources, and various publications, abstracts, authorship tables, posters, and PowerPoint templates. PCRC investigators are supported through grant/study development, investigator and site development, efficient study conduct,

leverage across supported studies, and dissemination. Additional information on PCRC resources can be found at: palliativecareresearch.org.

Questions, Comments, and Discussion Points Included:

- **Are the common data forms and elements publicly available to interested parties outside of the PCRC?**

Yes, those resources are available upon request. They are not downloadable at this point. These standard ways to measure outcomes are what the EOLPC field needs right now.

- **What is the process for an individual member to submit a study, and how does that work while they are applying for external funding?**

A submitter prepares a one-page concept piece. The Scientific Review Committee (SRC) reviews the concept to see if the proposed study is a good fit for the PCRC resources; not every EOLPC needs a multisite infrastructure. If the SRC determines that the proposed project is a good fit for the PCRC, we ask the submitter to prepare a letter of intent detailing the resources they need. We consider whether we have available sites and expertise. We advise the submitter during their planning process and provide guidance to help strengthen their grant proposal.

- **Are the cores available fee-for-service?**

Our business model relies on some kind of chargeback over time. As the U24 core support decreases, more investigators who use the PCRC will pay for those resources used. There is no membership fee. Consulting is supported through the U24.

- **How do you standardize within your cores when including providers from very different settings (e.g., community-based versus private)? Do they all conform to a certain level of care?**

When conducting studies in community-based and academic settings, the type of care provided may vary, but all study sites are held to the same standard of study conduct, and every member site must have a PI. Part of the PCRC mission is to enhance research capacity. Over time, as sites gain research experience, they could be member sites.

V. DIVERSITY OF THE BIOMEDICAL WORKFORCE—Dr. Hanna Valantine, Chief Officer for Scientific Workforce Diversity, NIH

Dr. Valantine provided an overview of NIH's efforts to increase the diversity of the biomedical workforce. Diversity is essential for good science in order to provide excellence, creativity, and innovation; broaden the scope of inquiry; narrow the health gap; and ensure fairness.

As Chief Officer for Scientific Workforce Diversity, Dr. Valentine leads NIH's effort to diversify the biomedical research workforce, which involves developing a vision and comprehensive strategy to expand recruitment and retention and promote inclusiveness and equity throughout the biomedical research enterprise. She is responsible for coordination, evaluation, and accountability on this issue.

Dr. Valentine reviewed initiatives focused on promoting and supporting scientific workforce diversity. Some of these activities include the Building Infrastructure Leading to Diversity (BUILD) program, the National Research Mentoring Network, the Coordination and Evaluation Center, and efforts to ensure fairness in peer review.

NIH has developed a national strategy for diversifying the biomedical research workforce. The approach includes targeted recruitments to identify the most talented candidates; leadership and professional development for postdocs and early tenure track PIs; enhancing NIH's climate of inclusion and belonging; building partnerships with diverse institutions; and leveraging new disciplines (e.g., data science) as opportunities to attract next generation researchers. Pilot programs are being put in place to enhance diversity in applicant pools. Dr. Valentine reviewed specific activities and programs in support of each these approaches to increase diversity.

Beyond these programs, a coordinated approach is needed to address barriers to transitions across the biomedical career path. The biggest gap is in transitioning to tenured scientist. NIH's overarching strategy is to create networks and strong infrastructure that support career development pathways. Essential components of this strategy include partnerships, interventions, implementation and scaling, tracking and evaluation, and organizational commitment.

VI. RESEARCH IN END-OF-LIFE COMMUNICATION AND TREATMENT DECISION-MAKING. A 10-YEAR JOURNEY SUPPORTED BY NIH/NINR—Dr. Mi-Kyung Song, Associate Professor, University of North Carolina at Chapel Hill

Dr. Song presented her research advances in end-of-life (EOL) communication and treatment decision-making. According to the literature, many patients near EOL receive burdensome and expensive treatment that is inconsistent with their values. Many family members experience anxiety, depression, and PTSD after a patient's death. EOL is major contributor to rising health care costs. The source of the problem seems to be a lack of preparedness for EOL and treatment decision-making; patients and surrogates are not aware of their roles and responsibilities. There is also a deficit of effective, ongoing EOL discussions with patients and families.

Previous interventions to improve EOL communication and treatment decision-making have failed largely because they were too narrowly focused on documenting patient’s EOL decisions in advance of medical decisions; neglected the importance of cognitive and emotional preparation; did not include family members or surrogates; and gave little attention to supporting surrogates. Dr. Song’s intervention, Sharing the Patient’s Illness Representations to Increase Trust (SPIRIT), was developed with a representational approach to patient education. SPIRIT is a structured psycho-educational, face-to-face session delivered by a trained nurse interventionist to the patient and their chosen surrogate.

A multisite randomized control trial of SPIRIT was conducted; 210 African-American and Caucasian patients and surrogates from 20 dialysis clinics in North Carolina participated. Initial findings show improved patient and surrogate preparedness outcomes including dyad congruence, patient decision-making confidence, surrogate decision-making confidence, and composite outcomes. Outcomes had both an immediate and long-lasting benefit. This trial was the first to prospectively examine the impact of an advanced care planning intervention on outcomes of dialysis patients and surrogates before, during, and after EOL.

VII. REVIEW OF THE STATEMENT OF UNDERSTANDING AND REVIEW OF THE REPORT ON INCLUSION OF WOMEN AND MINORITIES IN CLINICAL RESEARCH—Dr. Ann Knebel, NINR

Dr. Grady described two items of business for Council discussion: the NINR Statement of Understanding and the NINR Report on Inclusion of Women and Minorities in Clinical Research. The Statement of Understanding is a roadmap for how the Council operates and is reviewed annually. The Council reviews the Report on Inclusion of Women and Minorities in Clinical Research every two years.

Statement of Understanding

Dr. Knebel reminded the Council that the Statement of Understanding outlines the responsibilities of the Council members regarding second level review of grant applications and resolving special considerations such as high budgets and human subjects concerns. Dr. Knebel noted one change in the Statement of Understanding: the addition of “Concepts are brought to Council for clearance.”

Report on Inclusion of Women and Minorities in Clinical Research

Dr. Knebel briefly summarized the Report on Inclusion of Women and Minorities in Clinical Research. A key finding is that clinical trial enrollment increased substantially from FY2013 to FY2014, primarily

attributable to one study aimed at reducing the number of avoidable hospitalizations in nursing homes. Intramural enrollments were stable between FY2013 and FY2014. A motion to approve the report was made, seconded, and approved.

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

CLOSED SESSION

REVIEW OF APPLICATIONS

NACNR members considered 172 research and training grant applications on which NINR was the primary Institute; these applications requested a total of \$46,382,250 (direct costs year 01). The Council also considered 371 applications on which another Institute/Center was primary and NINR was secondary. These applications requested a total of \$127,068,608 (direct costs year 01). The Council concurred with the Initial Review Group recommendations on these 543 applications.

ADJOURNMENT

The 85th meeting of the NACNR was adjourned at 1:00 p.m. on January 28, 2015.

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

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. Julie Anderson

Dr. James Corbett

Dr. Donna Hathaway

Dr. Jillian Inouye

Dr. Kenton R. Kaufman
Dr. Anne Rosenfeld
Dr. Meredith A. Rowe
Dr. Marjana Tomic-Canic
Dr. James Tulskey

MEMBERS OF THE PUBLIC PRESENT

Ms. Joy Nathan, BETAH Associates, Inc.
Ms. Kathy Sedgwick, NOVA Research Company

FEDERAL EMPLOYEES PRESENT

Dr. Lynn Adams, NINR/NIH
Mr. Brian Albertini, NINR/NIH
Ms. Melissa Barrett, 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. Ana Ferreira, NINR/NIH
Ms. Diana Finegold, NINR/NIH
Dr. Gabriel Fosu, CSR/NIH
Dr. Chris Hafner-Eaton, NINR/NIH
Dr. Lynda Hardy, NINR/NIH
Dr. Karen Huss, NINR/NIH
Mr. George Douglas Hussey, Jr., NINR/NIH
Dr. Karen Kehl, NINR/NIH
Ms. Mary A. Kelly, NINR/NIH
Dr. Weiqun Li, NINR/NIH
Dr. Yujing Lui, NINR/NIH

Dr. Susan Marden, NINR/NIH
Ms. Wendy Massias-Burnett, NHLBI/NIH
Dr. Martha Matocha, NINR/NIH
Dr. Donna Jo McCloskey, NINR/NIH
Dr. Jessica McIlvane, NINR/NIH
Dr. Jeri Miller, NINR/NIH
Dr. Priscah Mujuru, CSR/NIH
Ms. Isla Norwood, NINR/NIH
Ms. Lindsey O'Keefe, NINR/NIH
Ms. Karyn Onyeneho, NINR/NIH
Dr. Mario Rinaudo, NINR/NIH
Dr. Mary C. Roary, NINR/NIH
Mr. Chip Rose, NINR/NIH
Dr. Bruce Schoneboom, NINR/NIH
Ms. Marisa Sheelor, NINR/NIH
Ms. Regina Sheffield-Wright, NINR/NIH
Dr. Chelvi Thyagarajan, NINR/NIH
Dr. Lois Tully, NINR/NIH
Mr. Kevin G. Wilson, NINR/NIH
Dr. Suzanne Wingate, NINR/NIH