

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

May 19–20, 2015

The 86th meeting of the National Advisory Council for Nursing Research (NACNR) was convened on Tuesday, May 19, 2015, at 1:00 p.m. in Conference Room 6, 6th Floor, 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 5:00 p.m. The closed session of the meeting, which included consideration of grant applications, was convened on Wednesday, May 20, 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 86th meeting of the NACNR to order, and welcomed all Council members, visitors, and staff. She announced new Council members Drs. Alexa Stuijbergen, Beverly Priefer, and Jennifer Temel and Colonel Michael L. Schlicher. She noted that three Council members were absent: Drs. Holzemer, Rosenfeld and Temel.

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 video 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 noted the lobbying restrictions placed on Council members as Special Government Employees.

Minutes of the Previous NACNR Meeting

Council members received the minutes of the January 27–28, 2015, 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

September 15–16 (Tuesday-Wednesday)

2016

January 26–27 (Tuesday-Wednesday)

May 24–25 (Tuesday-Wednesday)

September 13–14 (Tuesday-Wednesday)

2017

January 24–25 (Tuesday-Wednesday)

May 23–24 (Tuesday-Wednesday)

September 12–13 (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—There is not yet a budget for Fiscal Year (FY) 2016, which starts October 1. The proposed President’s Budget for FY2016 includes a 2.6 percent increase for NINR and an overall 3.3 percent increase for NIH. The President has two major initiatives—the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative and Precision Medicine—that are expected to receive increased funds, if available. In FY2014, the majority of NINR’s budget went to research project grants and to support training. These allocations remain similar from year to year and reflect NINR’s strong commitment to both training and investigator-initiated research.

HHS News—Dr. Mary Wakefield was appointed as Acting Deputy Secretary of HHS on March 12, 2015. Prior to this appointment, Dr. Wakefield served as the Administrator of the Health Resources and Services Administration (HRSA) since 2009. As Acting Deputy Secretary, Dr. Wakefield will be one of the highest-ranking nurses in the federal government.

NIH News—In January 2015, President Obama launched the Precision Medicine Initiative—a new research effort to develop a novel model of patient-centered and patient-driven research to accelerate biomedical discoveries and provide clinicians with new tools, knowledge, and therapies to select which treatments will work best for individual patients. An initial step is to assemble a cohort of 1 million people who will volunteer to share their biological, environmental, lifestyle, and behavioral information and tissue samples. A working group of the Advisory Council to the NIH Director (ACD) will be gathering public input from patient and scientific stakeholder groups to articulate the vision for building the Initiative’s national participant cohort. Nursing research is aligned with many of the Initiative’s long-term goals. The NIH Precision Medicine Initiative web page will provide information about public workshops on precision medicine topics, as well as opportunities for members of the public to offer input. Funds have yet to be appropriated for this Initiative.

Dr. Eliseo Pérez-Stable was named Director of the National Institute on Minority Health and Health Disparities (NIMHD). Dr. Pérez-Stable comes to NIH from the University of California, San Francisco (UCSF), where he was Professor of Medicine, Chief of the Division of General Internal Medicine, and Director of the Center for Aging in Diverse Communities and the UCSF Medical Effectiveness Research Center for Diverse Populations. He is expected to start his role as NIMHD Director in September 2015.

Dr. Harold Varmus, who led the National Cancer Institute (NCI) for nearly five years, stepped aside from his post March 31, 2015. Among Dr. Varmus’ accomplishments during his tenure as NCI Director was launching the Provocative Questions Initiative, creating NCI’s new Center for Global Health, revitalizing the cooperative clinical trials system, and leading the cancer component of the Precision Medicine Initiative.

Dr. Jack Whitescarver, who has led the NIH Office of AIDS Research (OAR) since 2000 and serves as the NIH Associate Director for AIDS Research, will step aside from his post effective July 1, 2015. Under Dr. Whitescarver’s leadership, the NIH OAR has developed and supported international research and training collaborations; supported domestic research programs to address HIV in minority populations;

and expanded efforts to address HIV in women and girls. Dr. Robert Eisinger will assume the role as Acting Director for OAR while the office recruits a new Director.

The 10th Annual NIH Pain Consortium Symposium on Advances in Pain Research will be held May 26–27, 2015, on the NIH Campus. The theme of this year’s Symposium will be “Looking Back and to the Future.” The Symposium will return to research topics presented at the Pain Consortium’s first symposium held in 2006. Presentations will highlight NIH-funded studies that have made significant contributions to advancing the field of pain research.

NIH recognized April 2015 as National Minority Health Month with the theme, “30 Years of Advancing Health Equity; The Heckler Report: A Force for Ending Health Disparities in America.” The Heckler Report has served as a driving force for the monumental changes in research, policies, programs, and legislation to advance health equity. Commemorative activities included an April 14 “fireside chat” between NIH Director Dr. Francis Collins and Valerie Jarrett, senior advisor to President Barack Obama and assistant to the President for Intergovernmental Affairs and Public Engagement.

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

NINR News—Dr. Grady welcomed new Council members, Drs. Jennifer Temel, Alexa Stuijbergen, Colonel Michael Schlicher and Dr. Beverly Priefer.

Dr. MarySue Heilemann of the University of California, Los Angeles School of Nursing will deliver the first NINR Director’s Lecture in 2015, titled “From the Silver Screen to the Web: Portrayals of Nursing in Media,” on Wednesday, June 24, 2015. This presentation will be archived and available to view on the web.

The March 2015 National Nursing Research Roundtable (NNRR), which was co-sponsored by the National League for Nursing, focused on the topic of “The Nexus of Practice, Research, and Education for the Health of the Nation,” in the context of healthcare transitions. A manuscript based on the meeting will soon be published in the journal *Nursing Education Perspectives*. A link to the publication will be available on the NINR website.

NINR Director provided a guest editorial for the *Journal of Nursing Scholarship*, entitled “A Pathway to the Future: An Update on NINR’s Innovative Questions Initiative.” The editorial recaps the Initiative,

which consisted of two components—scientific workshops and a public website. The article highlights how the Innovative Questions Initiative was designed to engage both the scientific community and the public to identify novel scientific questions to guide future research in nursing science.

Investigators from NINR's Division of Intramural Research delivered presentations at regional nursing conferences this spring. In particular, Kristen Weaver gave a podium presentation, "Neuroimaging the Brain-Gut Axis in Patients with Irritable Bowel Syndrome," at the Eastern Nursing Research Society (ENRS) Annual Scientific Sessions, which was named the "1st place peer-reviewed paper presentation."

Dr. Grady noted recent scientific findings of particular interest. The NINR-supported Palliative Care Research Cooperative (PCRC) reported the results from a randomized clinical trial designed to address the burden of multiple medications in patients with advanced illnesses. The study found that discontinuing statin medications in patients with advanced illness is safe and may increase quality of life, decrease the use of nonstatin medications, and reduce costs. The PCRC provides a national research infrastructure to build the science of end-of-life and palliative care, and is funded by NINR through a cooperative agreement with Duke University and the University of Colorado. There are currently over 60 PCRC Member Sites and Coordinating Centers throughout the U.S.

NINR-funded researchers recently reported a new invention that could make walking easier for patients with mobility impairments caused by stroke or other similar neurological injuries. Dr. Gregory Sawicki of North Carolina State University and colleagues developed robotic ankle orthoses—exoskeleton "boots"—that reduce the energy costs of human walking without the use of a power source. These "boots" allowed wearers to increase their walking efficiency by 7 percent. Preserving or increasing mobility is extremely important for patients with mobility impairments as well as their families and caregivers.

Continuous positive airway pressure (CPAP) is an effective intervention for obstructive sleep apnea. However, there is a high level of nonadherence in individuals prescribed this intervention. Dr. Amy Sawyer at Penn State University, a recipient of an NIH Pathway to Independence (K99/R00) Award, and her colleagues investigated claustrophobia from the CPAP mask as a contributor to nonadherence. They found that high claustrophobic tendencies were associated with CPAP nonadherence. Claustrophobic tendencies were higher in women than in men, and higher in obese individuals. These results suggest that screening for claustrophobic tendencies at the initiation of CPAP treatment could greatly reduce nonadherence for this effective sleep apnea intervention.

NINR hosted a briefing on the IOM report, *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*. 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 in regard to end-of-life and palliative care research. A video of the event is now available on the NINR YouTube channel.

NINR funding opportunity announcements were highlighted.

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

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 first day will be videocast.

The following NINR Intramural Staff news was noted:

- Dr. Marguerite Engler was appointed NINR Deputy Scientific Director on March 17, 2015. Since 2012, Dr. Engler has served as the Acting Deputy Scientific Director for the Division of Intramural Research (DIR). She also holds the title of Chief of the Cardiovascular Symptoms Unit within the Symptom Management Branch of the DIR.
- Jennifer Dine, a doctoral student at the University of Missouri, Columbia, received the Outstanding Trainee of the Year Award at the 15th Annual Center Research Fellows and Young Investigators Colloquium. Ms. Dine is enrolled in NINR's Graduate Partnership Program (GPP). She is conducting research on the identification of regulators of programmed cell death in breast cancer cells in the NCI laboratory of Dr. Stanley Lipkowitz. Ms. Dine received the Outstanding Trainee of the Year Award at the 15th Annual Center for Cancer Research Fellows and Young Investigators Colloquium.
- Dr. Kristin Filler, a postdoctoral fellow in the Symptoms Biology Unit, authored a review paper on the association of mitochondrial dysfunction with fatigue. As of March 2015, Dr. Filler's review ranks as the number-one most downloaded article in the entire *BBA Clinical* journal.
- Several Fellows across the Division of Intramural Research were selected to receive the NIH Summer Research Mentor Award through the NIH Office of Intramural Training & Education (OITE). Drs. LeeAnne Sherwin, Nicolaas Fourie, and Jessica Witherspoon will mentor student interns selected for various OITE programs from June 1–August 7, 2015.

NINR will commence its 30th Anniversary Activities with a Scientific Symposium that will be held October 13, 2015, in the Natcher Building on the NIH campus. The anniversary symposium will bring together scientists, healthcare 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 submission deadline for abstracts was May 15th and selections will be announced by July 1st. This will be the first of several NINR activities, including lectures and workshops scheduled for 2016, to commemorate 30 years of Nursing Science at NIH.

III. PROVEN: PRAGMATIC TRIAL OF VIDEO EDUCATION IN NURSING HOMES—Dr. Susan Mitchell, Senior Scientist and Director of Palliative Care Research; Professor of Medicine, Harvard Medical School

Dr. Mitchell provided an overview of the Pragmatic Trial of Video Education in Nursing Homes (PROVEN) project. PROVEN is a pragmatic cluster randomized clinical trial (RCT) of an Advance Care Planning video intervention in nursing home patients with advanced comorbid conditions. Nursing homes are medically complex healthcare systems with 3 million patients admitted annually.

Advance care planning (ACP) is the most consistent modifiable factor associated with better palliative care outcomes. Traditional ACP relies on verbal descriptions of hypothetical health states and treatments. This approach is limited because complex scenarios are difficult to envision, counseling is inconsistent, and verbal explanations are hindered by literacy and language barriers. ACP is suboptimal in nursing homes. To address these shortcomings, the PROVEN project has developed video-assisted ACP decision support tools that have shown efficacy in small randomized controlled trials. These videos are specific to conditions/treatments, an adjunct to counseling, usually 6 to 8 minutes in length, and available in multiple languages.

While several large healthcare systems have begun to adopt the videos outcomes have not been rigorously evaluated, which is a critical step prior to widespread implementation. The goal of PROVEN is to conduct a pragmatic, cluster-randomized trial to evaluate the effectiveness of the ACP video tools in the nursing home setting by partnering with two large healthcare systems that operate 492 nursing homes nationwide. Results from a pilot study have helped to refine the ACP videos and training. The trainings will be conducted via a nurse educator utilizing each corporate infrastructure, and videos will be modified based on pilot feedback. This work has the potential to improve the care provided to millions of older Americans in nursing homes and enable future pragmatic trials in this setting.

Questions, Comments, and Discussion Points included:

- **How are you accounting for the fiscal incentives that are driving the organizations and individuals involved in the care of patients in nursing homes?**

These are reasonably homogenous patient groups because they are within these two large nursing home systems. Any intervention aimed to improve care in patients with advanced disease should be in line with these new bundled care and Accountable Care Organizations (ACO) models that are trying to provide more value-based care.

- **How do you envision implementation of this intervention on a larger scale?**

I hope that we've learned some lessons with the pilot, but there will be new issues and challenges to face when implementing this intervention on a larger scale. We have engaged collaborative partners and have built in a lot of planning time before scaling this up.

- **How will electronic medical records (EMRs) affect this intervention?**

I think the EMR will facilitate the conduct of pragmatic trials—the electronic records will help us to obtain rich data. We are interested in establishing a methodology to conduct other nursing home interventions with this model. However, there are still issues with obtaining patient-level data through the EMR only.

- **Did you have to obtain a state waiver for Medicaid funding?**

We did not have to obtain a waiver; however, other intervention studies have had to get a Medicaid waiver. These nursing homes already have to conduct ACP—we are giving them an extra tool and not replacing any existing intervention.

IV. BIG DATA TO KNOWLEDGE INITIATIVE—Dr. Marjana Tomic-Canic, Professor of Dermatology and Director of Wound Healing and Regenerative Medicine Research Program, University of Miami Miller School of Medicine

Dr. Tomic-Canic provided an update on the Big Data to Knowledge (BD2K) Initiative. BD2K is a trans-NIH initiative established to enable biomedical research as a digital research enterprise, facilitate discovery and support new knowledge, and maximize community engagement. Overall, the focus of the BD2K program is to support the research and development of innovative and transforming approaches and tools to maximize and accelerate the integration of big data and data science into biomedical research.

In 2014, an informal advisory group was created to launch BD2K. Twelve Centers of Data Excellence, a Data Discovery Index Coordination Consortium, and training awards comprised initial efforts of the

Initiative. In 2015, there will be a standards development workshop, an NIH Standards Information Resource, common pilots launched with a credit-based business model, and new Funding Opportunity Announcement (FOAs) with outreach to new communities, including mathematics, statistics, computer science, etc.

Because BD2K is a trans-NIH initiative, all Institutes and Centers (ICs) are able to review and provide input on FOAs. BD2K multi-IC input involves concept development, a review of proposed FOAs, and funding plans in the Scientific Data Council, Executive Committee, and Multi-Council Working Group. BD2K awards are managed by multi-IC teams. The Initiative is funded by the Common Fund, with contributions decreasing over time with increased contributions by individual ICs. The budget is largely committed through FY2016 with funds starting to free up in FY2017. The Common Fund front-loads its contributions with IC contribution increases starting in FY2018. BD2K has one-year funds in FY2015 with options to spend it and kick-start activities in Commons, standards, software index, data sharing plans, and sustainability.

Questions, Comments, and Discussion Points included:

- **What are the data sources?**

It is an open playing field. The data sources are driven by who receives the funding. There is room for NINR in terms of data capture.

- **Are there any fields in which big data are already being used?**

Symptom management is a logical focus area for NINR. Self-management and sleep research data are being captured using devices and applications; however, devices are not comparable. We need to consider how we can make data capture across varied devices more comparable.

- **Pragmatic research will collect a lot of data. Additionally, some of the Clinical and Translational Science Awards (CTSAs) are starting to collect common data with REDCap and other database resources. What other areas might be a possibility for data collection?**

Tapping into public health department data and health information exchanges (HIEs) would be good.

- **How are you addressing the issue of preparing the community to be able to translate and utilize the data being captured?**

Training first starts in school. Incorporating big data analyses in undergraduate and graduate curriculum will be essential moving forward.

V. INTRODUCTION OF CONCEPT PLANNING—Dr. Patricia A. Grady

Dr. Grady gave an overview of the concept planning process. The goals of the NINR December 2014 Scientific Planning Meeting were to identify scientific gaps and opportunities relative to the mission of NINR and to develop a list of ideas, known as “concepts,” that have potential to move nursing science forward. Based on feedback and discussions, some pre-concept ideas were further developed into concepts. Six concepts are being presented to the Council today.

VI. CONCEPT PRESENTATION AND DISCUSSION—Dr. Marguerite Kearney, Director, Division of Extramural Science Programs, NINR; and Dr. Yvonne Bryan, Special Assistant, Office of the Director, NINR

Drs. Kearney and Bryan facilitated Council members’ discussion of the six concepts.

End-of-Life and Palliative Needs of Adolescents and Young Adults (AYA) with Serious Illnesses

This initiative is critical for advancing the science of caring for culturally diverse AYAs with serious illnesses. There is a huge gap in the AYA age group—a very vulnerable population—that needs to be filled. Council recommended developing more evidence-based interventions that can be easily scaled in the real-world clinical practice setting. Council felt this initiative should be a high priority concept.

Reducing Preterm Birth in High-Risk Underserved Women

Preterm birth rates are higher in underserved populations, including African-American, Hispanic, and American Indian and Alaska Native women. Improving understanding of this disparity is important. In some cases, these underserved women receive healthcare only when they are pregnant. This presents a unique opportunity to address other health issues while these women are being seen for prenatal care. Council recommended focusing on the stressors and comorbidities faced by these women.

Promoting Caregiver Health Using Self-Management

Caregivers comprise a group that tends to be neglected in research. Enhancing caregiver health would allow caregivers to be better able to provide care to the individual for whom they provide care. Council recommended a reconsideration of the way caregiver support and burden are addressed. Council also recommended adding a technology piece to this concept. Council noted that any approach that is used needs to be culturally sensitive.

Innovative Questions

NINR's Innovative Questions (IQ) Initiative demonstrates the strength and leadership of the Institute. This concept encourages the use of the innovative questions that were identified by the scientific community as part of the IQ Initiative. Council recommended adding innovative data analytical approaches to one of the objectives.

Applying Metabolomics to Drive Biomarker Discovery in Symptom Science

NINR has been successful in bring genomics science into nursing. Metabolomics is the logical next step after harnessing genomic data. This concept will require a team science approach. Council expressed concern over the cost of this concept; metabolomics is expensive and will require smart utilization of opportunities to bring interventions to scale. Council recommended pursuing interinstitutional partnerships to help decrease costs. Council also recommended building in lead-time in terms of announcing any funding opportunities.

A Nutrigenomic Approach to Symptom Science

This concept will expand the knowledge of the impact of food/genomic interactions on symptom severity and variation. This concept builds upon existing infrastructure—this is an area with opportunity and need. Council expressed support for this concept. Addressing disparities in nutrition would provide opportunities for multisite collaborations. Council suggested creating a central structure to conduct analytics of more expensive laboratory tests. Council also recommended using Centers around the country to focus on the issues inherent to those particular locations.

VII. NIH HEALTHCARE SYSTEMS RESEARCH COLLABORATORY—Dr. Josephine Briggs, Director, National Center for Complementary and Integrative Health (NCCIH)

Dr. Briggs provided an overview of the NIH Healthcare Systems Research Collaboratory. Funded by the Common Fund, the Collaboratory aims to improve the way clinical trials are conducted by creating a new infrastructure for collaborative research with healthcare systems. The ultimate goal is to ensure that healthcare providers and patients can make decisions based on the best available clinical evidence.

The Collaboratory supports the design and execution of pragmatic clinical trial demonstration projects that address questions of major public health importance. These projects help to establish best practices and provide proof of concept for innovative changes in pragmatic clinical research. Seven Cores/Working Groups—each focused on a specific topic—support all of the demonstration projects and initiatives across

the Collaboratory. There are two types of demonstration projects: UH2 and UH3. UH2 projects are cooperative agreements that support the development of exploratory or innovative research activities, and UH3 projects provide support for the second phase of research activities initiated with the UH2. Most of the funded demonstration projects are of a clustered randomized design. Dr. Briggs briefly summarized each of the current UH2 and UH3 demonstration projects.

The Coordinating Center for the Collaboratory comprises five member institutions (Duke Clinical Research Institute, Center for Medical Technology Policy, Harvard Pilgrim Health Care Institute, Group Health Research Institute, and Johns Hopkins Berman Institute of Bioethics). The Coordinating Center serves to provide national leadership and technical expertise, disseminate standards for healthcare systems research, create durable infrastructure to support multicenter studies, and coordinate communication and dissemination efforts.

Data, tools, and resources produced by the Collaboratory are made available to the scientific community to promote partnerships with healthcare systems and facilitate transformative changes in the conduct of clinical research. Examples of dissemination efforts include the Collaboratory's Knowledge Repository, Living Textbook, and weekly Grand Rounds webinar series.

Informative trials have to engage stakeholders at multiple levels in order to be successful. Participants involved in current demonstration projects find the planning phase to be useful—resulting in more rapid implementation of trials in the long term.

Questions, Comments, and Discussion Points included:

- **This is great work that is especially needed by smaller and rural hospitals. Do you have to deal with bureaucracy in large healthcare systems?**

We rely heavily on the Principal Investigators who already have developed positive relationships with hospital leadership.

- **Are healthcare organizations pushing to tie these projects to financial metrics?**

We want to know what works but hope that the data sets also could be used for conducting cost-effective analyses; however, that is not part of the scope. Assessing the cost-effectiveness of a new intervention right at the beginning is difficult.

- **Are you requiring a central Institutional Review Board (IRB)?**

This project began three years ago when there was less discussion of central IRBs; in the solicitation, we urged central IRBs but did not mandate them. The projects by-and-large fall under the minimal risk category.

- **Is the Coordinating Center assisting with data analyses, or is that done at the individual sites?**

Each project has arranged for a data analytics core. In some cases, projects utilize the Coordinating Center for some help with data analytics. These studies are not collecting information outside of that which is directly relevant to the intervention. We are not downloading a vast amount of information from the EMR.

- **Is there a call for new projects?**

No; due to the Common Fund support, the intent is for the Collaboratory to be time limited. We are looking to reuse the Collaboratory model in areas of specific interest in our own portfolio. This will not be continued as standing effort.

- **Is there a form on the website by which to submit feedback on the Collaboratory?**

There is no form. We will go through a formal evaluation process at the three-year mark in September and ask for input from an external advisory board. Two years after that process, there will be a decision whether or not to support a continuation phase. By law, Common Fund projects are limited to ten years.

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

CLOSED SESSION

REVIEW OF APPLICATIONS

NACNR members considered 128 research and training grant applications on which NINR was the primary Institute; these applications requested a total of \$34,780,691 (direct costs year 01). The Council also considered 346 applications on which another Institute/Center was primary and NINR was secondary. These applications requested a total of \$117,662,283 (direct costs year 01). The Council concurred with the Initial Review Group recommendations on these 474 applications.

ADJOURNMENT

The 86th meeting of the NACNR was adjourned at 1:00 p.m. on May 20, 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. Cynthia Barnes-Boyd
Dr. James Corbett
Dr. Susan Gennaro
Dr. Donna Hathaway
Dr. Jillian Inouye
Dr. Bernadette Mazurek Melnyk
Dr. Nancy Redeker
Dr. Meredith A. Rowe
Colonel Michael L. Schlicher, *Ex Officio*
Dr. Alexa Stuijbergen
Dr. Beverly Priefer, *Ex Officio*
Dr. Marjana Tomic-Canic

MEMBERS OF THE PUBLIC PRESENT

Ms. Janis Cerbelt, Harvard University
Ms. Heather Coats, University of Arizona
Ms. Leeza Constantoulakis, American Association of Colleges of Nursing

Dr. Gabriel Fosu, Center for Scientific Review
Dr. Martha Hare, Center for Scientific Review
Mr. Alec Stone, Oncology Nursing Society
Dr. Ping Wu, Center for Scientific Review
Mr. Dan Eckstein, NOVA Research Company

FEDERAL EMPLOYEES PRESENT

Dr. Lynn Adams, NINR/NIH
Dr. David Banks, NINR/NIH
Ms. Karen Bashir, NINR/NIH
Mr. Nathan Brown, NINR/NIH
Ms. Adrienne Burroughs, NINR/NIH
Dr. Ann Cashion, NINR/NIH
Ms. Comerleta Cooks, NINR/NIH
Ms. Pamela Davis, NINR/NIH
Dr. Augusto Diana, NINR/NIH
Ms. Ana Ferreira, NINR/NIH
Ms. Diana Finegold, NINR/NIH
Dr. Gabriel Fosu, CSR/NIH
Ms. Lori Glover, NINR/NIH
Dr. John Grason, NINR/NIH
Mr. Chris Graves, NINR/NIH
Dr. Chris Hafner-Eaton, NINR/NIH
Dr. Lynda Hardy, NINR/NIH
Dr. Rebecca Hawes, NINR/NIH
Dr. Karen Kehl, NINR/NIH
Ms. Mary A. Kelly, NINR/NIH
Ms. Diane Kuszewski, NINR/NIH
Ms. Connie Latzko, 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
Ms. Deborah Mellman, NINR/NIH
Dr. Jeri Miller, NINR/NIH
Ms. Lindsey O’Keefe, NINR/NIH
Ms. Jo-Ann Kriebel, NINR/NIH
Ms. Karyn Onyeneho, NINR/NIH
Dr. Mario Rinaudo, NINR/NIH
Dr. Mary C. Roary, NINR/NIH
Mr. Chip Rose, NINR/NIH
Dr. Louise Rosenbaum, NINR/NIH
Ms. Regina Sheffield-Wright, NINR/NIH
Dr. Pamela Tamez, NINR/NIH
Dr. Lois Tully, NINR/NIH
Mr. Kevin G. Wilson, NINR/NIH