

**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, 2020

The 101st meeting of the National Advisory Council for Nursing Research (NACNR) was convened on Tuesday, May 19, 2020, at 10:00 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 1:00 p.m. The closed session of the meeting, which included consideration of grant applications, was convened on Tuesday, May 19, 2020, at 1:30 p.m. and continued until adjournment at 3:00 p.m. Dr. Schwetz, Acting Chair, NACNR, presided over both meeting sessions.

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**OPEN SESSION**

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

Dr. Tara Schwetz called the 101<sup>st</sup> meeting of the NACNR to order and welcomed all Council members, visitors, and staff. She noted that the Council meeting theme was NINR strategic planning.

Dr. Schwetz acknowledged retiring council members Drs. Kathryn Bowles, Jeffrey A. Kelly, Deborah Koniak-Griffin, and Rita Pickler who agreed to come back for the May meeting as new Council members are still waiting appointment.

**II. COUNCIL PROCEDURES AND RELATED MATTERS**—Dr. Kathleen Anderson, Acting Executive Secretary, NACNR

Dr. Anderson invited Council members to introduce themselves and briefly describe their research interests.

Conflict of Interest and Confidentiality Statement

Dr. Anderson noted that the open session of the meeting was being videocast and will be available on the NIH videocast archive website. Dr. Anderson 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 January 14–15, 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](http://www.ninr.nih.gov)).

#### Dates of Future Council Meetings

Dates for future Council meetings were included in the electronic Council book. Council members were asked to contact Dr. Anderson about any conflicts or expected absences. The next council meeting will be September 15, 2020.

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

The Acting Director’s report focused on activities and news from the Department of Health and Human Services (HHS), NIH, and NINR since the January 2020 Council meeting. Highlights of Dr. Schwetz’s report included:

**NIH News**—In March and April, Congress passed the Coronavirus Preparedness and Response Supplemental Appropriations Act, the Coronavirus Aid, Relief, and Economic Security Act, and the Paycheck Protection Program and Health Care Enhancement Act that provide funding for COVID-19 research activities. Although NIAID received the bulk of funds to support response to the pandemic and develop interventions, other NIH Institutes received support for efforts including diagnostics (e.g., serology testing) and development of [worker-based training programs](#) to reduce exposure of hospital employees, first responders, etc..

NIH, the Foundation for the NIH (FNIH), other federal agencies, and over a dozen leading biopharmaceutical companies have launched the Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV) partnership. ACTIV will develop a collaborative framework to prioritize vaccine and drug candidates, streamline clinical trials, and coordinate regulatory processes for a rapid response to COVID-19 and future pandemics.

The NIH [Rapid Acceleration of Diagnostics](#) (RADx) initiative funds early innovative technologies for rapid and widely accessible COVID-19 testing. The RADx multiphase approach includes a “Shark Tank”-like rapid selection process, validation and risk review, clinical tests, regulatory approval, and scale-up. [RADx Underserved Populations](#) (RADx-UP) program focuses on enhancing programs that will overcome

barriers to and increase uptake of COVID-19 testing in underserved, under-resourced, rural, and/or vulnerable populations across the United States.

Additional information resources include the [Centers for Disease Control and Prevention \(CDC\) website](#), [NIH COVID-19 web pages](#), and the [NIH COVID-19 Information for Applicants and Recipients](#) that provides guidance on the impact of COVID-19 on grant application and review processes.

NINR did not receive additional funds for COVID-19, but the Institute has signed on to two COVID-related NIH Notices of Special Interest (NOSIs): NOT-OD-20-097, Research on COVID-19 and the Behavioral and Social Sciences and NOT-OD-20-103, Research on Biopsychosocial Factors of Social Connectedness and Isolation on Health, Wellbeing, Illness, and Recovery. NINR also is assessing plans directly related to nursing research.

Dr. Schwetz noted that RADX-UP is focused on testing efforts in underrepresented, under-resourced populations. The need to address access to vaccines and long-term impact of COVID-19 within these communities is being discussed across NIH.

In January, Dr. John Ngai was selected as Director of the NIH Brain Research through Advancing Innovative Neurotechnologies (BRAIN<sup>®</sup>) Initiative.

NINR has signed on to a [recently published NOSI](#) providing administrative supplements to expand research focused on maternal mortality and morbidity. An NIH task force has been established to coordinate NIH-wide research efforts to address the rise in maternal mortality and morbidity across the country.

**NINR Budget**—The Fiscal Year (FY) 2020 Minibus signed December 20, 2019, increased the NIH appropriation by 6.6 percent over the previous year. NINR received a 3.8 percent increase over FY 2019. Actual obligations for the NINR FY 2019 budget indicate the Institute's strong commitments to training and investigator-initiated research.

**NINR Staff News**—The NINR Director search is ongoing. Applications closed in November 2019, and initial review of applicant qualifications are complete. Interviews are being conducted.

Dr. Kristopher Bough has joined the NINR Division of Extramural Science Program as a Program Director for the NINR Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) programs.

Dr. Paule V. Joseph has been selected by the National Minority Quality Forum (NMQF) as one of 2020's 40 Under 40 Leaders in Minority Health.

Dr. Tokunbor A. Lawal, a postdoctoral fellow in NINR's Tissue Injury Branch, has been selected as an NIH Independent Research Scholar.

**NINR Pathways Working Group Update**— Council member Dr. Shirley Moore and Dr. Jessica Gill, Acting Deputy Director of NINR, are co-chairs of the NINR Pathways Working Group that was formed to provide information and offer short- and long-term recommendations to NINR leadership. The Working Group is identifying strengths within current schools of nursing and exploring opportunities to expand the ability of nurse researchers to obtain training and support over the course of their careers.

**NINR News**—A special NINR website feature focuses on research led by nurse scientists on [preventing infections in multiple healthcare settings](#).

The Annual Meeting of the National Nursing Research Roundtable focused on [transitions from pediatric to adult care](#). Participants from over 20 nursing associations/societies, schools of nursing, NIH, NINR, and the Health Resources and Services Administration (HRSA) discussed strategies to address gaps in transition research, move transition evidence into practice, and facilitate the careers of new interdisciplinary scientists in transition research.

NINR team members Drs. Schwetz, Adams, Bough, and Matocha were presenters on the Midwest Nursing Research Society's virtual Annual Conference in April.

“The BrainWork's: Sleep and the Brain” video has been nominated for a Northwest Chapter of the National Academy of Television Arts & Sciences Emmy award. Developed at the NINR P30 Center for Innovation in Sleep Self-Management at the University of Washington, the video explains how sleep is measured, why it is important, and why everyone across the lifespan should get a good night's sleep.

Director's Lectures videos available on the NINR YouTube channel include Dr. Randy Jones's presentation on complex decision making in prostate cancer (March 5, 2020) and Dr. Barbara Riegel's presentation on the intersection of self-management and symptom science (April 29, 2020).

**NINR Training Opportunities**—In compliance with guidance to limit the spread of COVID-19, a number of upcoming NINR training events have been cancelled or switched to a virtual format. The Summer Internship Program has been cancelled; the 2020 Summer Genetics Institute (SGI) has been replaced by a virtual SGI 20<sup>th</sup> Anniversary Symposium (June 22, 2020); and the Symptom Methodologies Boot Camp (August 3–6, 2020) will be a virtual event.

**NINR-Funded Science Advances**—Dr. Schwetz described selected research conducted by NINR extramural grantees.

- Wearable Devices: The [Automated Device for Asthma Monitoring and Management](#) (ADAMM), a flexible patch conceptualized by a University of Rochester nurse scientist, has been cited as one of the top wearable technologies in 2020. Designed to monitor asthma and other respiratory conditions, a prototype now is being utilized to monitor COVID-19 patients.
- Wearable Devices: NINR-supported researchers used ultrasound to examine whether increased [ankle exoskeleton stiffness](#) alters contractile dynamics of the ankle soleus muscle and changes the wearer's metabolic rate during walking. Observed changes in the soleus muscle activation rate correlated with metabolic rate changes, highlighting a crucial link between muscle neuromechanics and exoskeleton performance.
- Patient Safety: Researchers found that odds of [hospital-associated infections](#) increased nearly six-fold from exposures to an infected prior bed occupant, and exposure to an infected or colonized roommate increased odds of infection nearly five-fold.
- Post-Acute Care: A new [decision support tool](#) to aid hospital clinicians with decisions about post-acute care referrals resulted in significantly lower inpatient readmission rates and may have helped identify patients most in need of post-acute care.
- End-of-Life (EOL) and Palliative Care: Researchers assessed the use of a [Physician Order for Scope of Treatment \(POST\)](#) in nursing homes in Indiana. Nearly 80 percent of nursing homes in the state were using POST to support residents' care within three years of a sustained grassroots campaign to introduce the voluntary POST program and without significant financial resources.

Dr. Schwetz displayed a selection of NINR-sponsored funding opportunity announcements ([www.ninr.nih.gov/ResearchAndFunding/DESP/OEP/FundingOpportunities/](http://www.ninr.nih.gov/ResearchAndFunding/DESP/OEP/FundingOpportunities/)). NINR participates in trans-NIH funding opportunities focused on a variety of topics, including caregiver symptoms, telomeres in wellness and disease, palliative care in home and community settings, omics-guided biobehavioral interventions, patient activation for self-management of chronic conditions, racial disparities in maternal mortality and morbidity, biopsychosocial factors of social connectedness and isolation on health, Down syndrome co-occurring conditions across the lifespan, and sex and gender influences on health and disease.

**National Nurses Week**—Noting that 2020 has been designated as the Year of the Nurse and the Midwife, Dr. Schwetz expressed gratitude for the incredible work that nurses, and nurse scientists in particular, do each day. The COVID-19 pandemic brings to light the vital role nurses play in keeping people healthy and safe. She recognized and thanked nurses in the NIH and NINR community, including NINR grantees, who are serving on the front lines during the pandemic. She encouraged videocast

viewers to provide feedback on the value of nursing research at <https://www.ninr.nih.gov/nursing-research-means-to-you>.

#### **IV. NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES (NIGMS) STRATEGIC PLANNING PROCESS AND TOOLS—Dr. Richard Aragon, Director, NIGMS**

Dr. Aragon presented “Functional Strategic Planning: Driving Operational Results,” which included some common misconceptions about strategic planning, NIGMS strategic planning principles that NINR might consider adapting, and how NIGMS tracks implementation of its strategic plan.

Strategic planning often is seen as a nonscientific, administrative exercise, where the objective is production of a document. Typical plans include very few metrics and measures, are constructed by third parties with limited input, and are viewed in isolation. By contrast, the NIGMS approach to strategic planning is to create a management tool that reflects the organization’s direction and vision and includes timelines and processes for achieving goals and objectives as well as measures to assess progress and achievement. The strategic plan should demonstrate accountability to the organization, the larger scientific community, and members of the public. This approach requires a shift in organizational culture toward a more active form of management that is necessary to operate in a highly dynamic environment where policymakers and stakeholders expect organizations to demonstrate heightened levels of efficiency, transparency, and accountability.

The NIGMS strategic plan focuses on five goals that represent major areas of the Institute’s operations and cascade from and align with the NIH and HHS strategic plans: the discretionary grants portfolio; scientific training, workforce development, and diversity; provision of research resources and the Institutional Development Award (IDeA) Program; communications and public liaison activities; and the NIGMS workforce. Each goal has two or three strategic objectives that represent milestones toward achievement of the goal that are matched with key performance or key risk indicators contributed by representative programs of the Institute.

Plan implementation and achievement of goals are tracked via an internal organization performance dashboard built on a visual analytics platform that every NIGMS employee can access. Dr. Aragon noted that the dashboard stimulates important internal conversations such as possible causative factors that influence time required for an investigator to transition to career independence. He added that the HHS Office of the Deputy Secretary adapted the NIGMS dashboard and tracking methodology for its organizational transformation efforts.

**V. NINR STRATEGIC PLANNING PROCESS AND PORTFOLIO ANALYSIS—Dr. John Grason, Office of Science Policy and Legislation, NINR**

Dr. Grason outlined the development process for the current NINR strategic plan, “Advancing Science, Improving Lives 2016–2020” that was informed by the Innovative Questions Initiative (i.e., meetings with experts and crowdsourcing via a public website). The strategic plan focused on four main areas—symptom science, wellness, self-management, and end-of-life and palliative care—and two cross-cutting areas—technology and training.

A portfolio overview compared funding and number of projects in each focus area for FY2014–FY2019, NINR publications by Major Medical Subject Headings MeSH<sup>®</sup> topics, and clinical guidelines and patents linked to NINR grants for 2000–2018. The portfolio analysis showed that support for almost all focus areas has been relatively consistent over the four years since the previous plan was released; focus areas encompass a broad range of diseases and conditions, with significant overlap between areas; and focus area subtopics often appear in more than one focus area and include many diseases, conditions, ages, and systems.

The development process for the NINR Strategic Plan 2021–2024 will include obtaining input from nursing science experts across all career stages and research areas as well as experts outside of nursing science and the general public. Planning must consider how best to organize focus areas to maximize the ability to assess success and whether to continue the broad research area approach or move toward specific research areas and objectives that are more easily assessed. The plan also must reflect NINR’s purpose as set out in its Congressional Authorization.

The NIH common template is similar to the current NINR strategic plan; however, it requires additional sections: (1) addressing women’s health and health disparities research and (2) stewardship (scientific/management). The template requires the use of specific metrics for portfolio management and a description of approaches to setting priorities, assessing outputs and outcomes, forming partnerships, and addressing risk management.

The Strategic Plan Timeline started in December 2019 with initial staff discussions, convening of a trans-NINR working group in January 2020, and today’s presentation to NACNR. This summer, a framework for the plan will be developed for presentation to NACNR in September. A Request for Information (RFI) to gather public input on the draft framework will be issued in the fall. Feedback from the RFI will be incorporated into the draft text. An update will be presented at the January 2021 NACNR meeting.

Discussion:

Council members asked how timing of strategic plan development will mesh with hiring of a new NINR Director. The current NINR team aims to have the development process in place in time for the new Director's arrival.

Logistics for obtaining input from experts and others was discussed. Dr. Grason indicated that the Innovative Questions Initiative approach will not be repeated, which would require several years. The Council will play a greater role in advising on plan content.

Some deliverables from high-impact NINR-funded research may require different measures of success.

**VI. REVIEW OF THE STATEMENT OF UNDERSTANDING**—Dr. Kathleen Anderson, Acting Executive Secretary, NACNR

In January, Council reviewed the statement of understanding that outlines Council's role in secondary review of grant applications and responsibilities of Director's staff on relevant policy. The document is now referred to as General Operating Procedures and its content has been restructured for greater clarity and consistency with procedural documents of other NIH Institutes. The main content change outlined in the Procedures is the use of the Electronic Council Book module to review program recommendations for high-budget applications prior to the Council meeting. Otherwise, no substantive changes have been made. No comments or questions about the document were offered by Council members.

**Adjournment**

Dr. Schwetz thanked meeting attendees and adjourned the open session of the meeting at 1:00 p.m.

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**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 166 research and training grant applications on which NINR was the primary Institute; these applications requested a total of \$47,835,703 (direct costs year 01). The Council also considered 499 applications on which another Institute/Center was primary and NINR was

secondary. These applications requested a total of \$433,974,041 (direct costs year 01). The Council concurred with the Institutional Review Group recommendations on these 665 applications.

#### **ADJOURNMENT**

The 101<sup>st</sup> meeting of the NACNR was adjourned at 3:00 p.m. on Tuesday, May 19, 2020.

#### **CERTIFICATION**

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



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Tara A. Schwetz, Ph.D.  
Acting Chair  
National Advisory Council for Nursing Research



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

## **COUNCIL MEMBERS PRESENT**

Dr. Tara Schwetz, Acting Chair  
Dr. Kathleen Anderson, 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. Ida M. Moore  
Dr. Shirley M. Moore  
Dr. Nilda Peragallo Montano  
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.