

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

February 1- 2, 2000

The 40th meeting of the National Advisory Council for Nursing Research (NACNR) was convened on Tuesday, February 1, 2000, at 1:00 p.m. in Conference Room D, Building 45 (Natcher Building), National Institutes of Health (NIH), Bethesda, Maryland. The meeting was open to the public from 1:00 p.m. until approximately 6:00 p.m. The closed session of the meeting, which included consideration of grant applications, continued on February 2, 2000, at 9:30 a.m. until adjournment at 11:30 a.m. on the same day. Dr. Patricia A. Grady, Chair of the NACNR, presided over both sessions.

OPEN SESSION

I. CALL TO ORDER AND OPENING REMARKS

Dr. Grady called the 40th meeting of the NACNR to order, welcoming all Council members, visitors, and staff. She then welcomed five new members to the Council: Dr. Margaret Grey, Dr. Daniel Hanley, Dr. Rosanne Harrigan, Dr. Dorothy Powell, and Dr. Catharine Schempp. The primary research interest of Dr. Grey, Associate Dean for Research, Yale University School of Nursing, involves diabetes and other chronic illness in children and adolescents. Dr. Harrigan, Dean and Professor, School of Nursing, University of Hawaii at Manoa, is a certified pediatric nurse practitioner with expertise in neonatal health and intensive care nursing. Dr. Powell, Associate Dean, College of Pharmacy, Nursing and Allied Health Sciences, Howard University, brings expertise in international health and infant mortality to the Council. Dr. Schempp (LTC-P), Director, TriService Nursing Research Program, Uniformed Services University of the Health Sciences, will serve as an ex officio member of the Council representing the Department of Defense. Dr. Hanley, Professor, Department of Neurology, The Johns Hopkins University Medical Institutions, was not able to attend the Council meeting. Dr. Hanley's research focuses on acute brain injury from critical care to rehabilitation. Dr. Grady announced that, with the early resignation of Ms. Jean Marshall from NACNR, there currently is one vacancy on the Council.

II. COUNCIL PROCEDURES AND RELATED MATTERS

Conflict of Interest and Confidentiality Statement

Dr. Mary Leveck, NACNR Executive Secretary, reminded attendees that the standard rules of conflict of interest applied throughout the Council meeting. She 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 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.

Consideration of the Previous Meeting Minutes

Council members approved the minutes of the September 14, 1999 NACNR meeting by electronic mail. Dr. Grady noted one correction to the January 1999 minutes relating to a typographical error in the dollars requested for applications; the corrected minutes are posted on the National Institute of Nursing Research (NINR) Web Site.

Dates for Future Council Meetings

Dates for meetings in 2000 through 2002 have been approved. Council members should contact either Dr. Grady or Dr. Leveck regarding any conflicts.

2000

- May 23 – 24
- September 12 - 13

2001

- \$ January 23 - 24
- \$ May 22 - 23
- \$ September 11 - 12

2002

- \$ January 16 - 17
- \$ May 21 – 22
- \$ September 17 - 18

III. REPORT OF THE DIRECTOR, NINR

Dr. Grady provided an update on NINR-related activities since the last Council meeting in five major areas: legislative activities, NIH update, NINR update, outreach activities, and staff news.

Legislative Activities

The FY2000 appropriations bill (P.L. 106B113) was signed into law on November 29, 1999. The current appropriation increases NINR's budget by 28.5 percent over the previous year, nearly twice the 14.8 percent increase awarded to the NIH overall. Dr. Grady commented that the total NINR FY2000 budget represents the largest historical percent increase for the Institute. This increase will allow the NINR to fund two additional core centers and support more science in the areas of opportunity identified and targeted for FY2000. The areas of opportunity include:

Chronic illnesses or conditions

- Enhancing adherence to diabetes self-management behaviors
- Symptom management of children with asthma

Behavioral changes and interventions

- Biobehavioral research for effective sleep in health and illness
- Acute care of children with post-traumatic brain injury

Responding to compelling public health concerns

- Research on end-of-life/palliative care
- Collaborations with clinical trials networks

Dr. Grady stated that this unprecedented increase in the NINR budget was likely based on several factors: successful efforts by the nursing community to increase awareness among the public and policymakers of the significance and relevance of nursing research, the recognition that nursing research science is moving forward, that nursing research addresses compelling public health issues, and that a large proportion of solid nursing research projects are not getting funded. Other institutes and centers receiving large increases in the FY2000 budget included the John E. Fogarty International Center, the National Human Genome Research Institute, the National Library of Medicine, the National Center for Research Resources, and the newly established National Center for Complementary and Alternative Medicine.

Looking forward to FY2001, Dr. Grady reported that the President's budget for the upcoming fiscal year was expected to be released to the public on February 7, 2000. The NINR is scheduled to testify at appropriations hearings for the House and Senate Appropriations Subcommittees of the Labor-HHS Appropriations Committee in March, 2000.

NIH Update/Activities

Dr. Grady reported on several departures and appointments across the NIH. Former NIH Director Dr. Harold Varmus left the NIH in December 1999 for Memorial Sloan-Kettering. Dr. Ruth Kirschstein, who served as Deputy Director to Dr. Varmus, currently is serving as Acting NIH Director. Outgoing Directors include Dr. Harold Slavkin, National Institute of Dental and

Craniofacial Research (NIDCR), and Dr. Norman Anderson, Office of Behavioral and Social Sciences Research (OBSSR). New appointments include Dr. Allen Spiegel, as Director of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), and Dr. Stephen Straus, as Director of the National Center for Complementary and Alternative Medicine (NCCAM). Dr. Grady noted that the NINR already has met with Dr. Straus to discuss possible areas of mutual interest and collaboration between the NINR and NCCAM. She added that Dr. Kirschstein has expressed an interest in attending the May NACNR meeting.

In other NIH news, Dr. Grady reported that the Council of Public Representatives (COPR), the advisory group for NIH that provides a public forum for discussion of key NIH issues, has met twice since its inception last year. The Panel on Scientific Boundaries for Review has completed Phase I of its final report, which can be found at www.csr.nih.gov. In brief, the Panel has added three more Integrated Review Groups (IRGs), bringing the total number of IRGs to 24. The Panel also clarified that the study sections for neuroscience, AIDS, and the behavioral/social sciences will remain intact for now, including the nursing study section.

NINR Update

Current Council member Dr. Kathleen Buckwalter, former Council member Dr. Loretta Jemmott, and NINR Director and NACNR Chair Dr. Patricia Grady were elected to the Institute of Medicine (IOM) in November of 1999.

Dr. Grady testified for the NIH on behalf of Dr. Varmus at the Congressional House Committee on Government Reform on "Improving Care at the End of Life: Research Issues." A copy of Dr. Grady's testimony can be found at the NINR Web Site: www.nih.gov/ninr. As Dr. Grady noted, the NINR is the lead NIH Institute on end-of-life research.

Two major upcoming NINR-related events include:

- \$ The Summer Genetics Institute, to be held on the NIH campus in June and July of 2000 is being sponsored by NINR within the Division of Intramural Research (DIR) in collaboration with the National Human Genome Research Institute (NHGRI), and the National Cancer Institute (NCI). This full-time (12 credit hours) training program is targeted toward graduate students, advanced practice nurses, and faculty. It will feature classroom and laboratory components designed to provide a foundation in genetics for use in clinical practice and laboratory research. It is expected that 12 to 14 applicants will be accepted. The deadline for application is March 1, 2000.

- \$ Research Training: Developing Nurse Scientists, is scheduled for July 18 - 21, 2000, on the NIH campus. This small group, lecture-based workshop includes

graduate-level participants chosen by lottery, and focuses on activities related to research and research funding. The NINR Research Training workshop is in its fifth year and is being directed by Dr. Ann Knebel. Applications are due by April 7, 2000.

The NINR recently announced three RFAs for which the NINR is the primary institute:

- \$ Mentored Research Scientist Development Award for Minority Investigators (K01), which is being offered for the fourth year,
- \$ NINR Career Transition Award (K22), a portable grant that allows for transitioning from an intramural postdoctoral experience to an academic position,
- \$ Clinical Trials: Collaborations for Nursing Research, which is inviting applications that link nursing research questions onto ongoing clinical trials.

RFAs for which the NINR is a secondary funding institute include:

- \$ Clinical Research Curriculum Award
- \$ New Therapies for Diabetic Foot Disease
- \$ Centers for Research To Reduce Oral Health Disparities
- \$ Testing Interventions To Improve Adherence to Pharmacological Treatment Regimens.

As a secondary institute, the NINR tentatively commits funds for successful applications that propose science related to the NINR mission.

Recent PAs supported by the NINR include:

- \$ Biobehavior Research for Effective Sleep
- \$ Enhancing Adherence to Diabetes Self-Management Behaviors
- \$ Predoctoral Training Program in the Neurosciences
- \$ Aging Women and Breast Cancer
- \$ Transitional Career Development Award in Women's Health Research (K22).

In discussing the NINR's research portfolio, Dr. Grady reported on several trends within the NINR and compared them with overall trends across the NIH. She noted that over the past few years, the NINR has increased both the total number of awards and the proportion of noncompeting awards. With approximately 60 to 75 percent of its research budget already committed each year to noncompetitive awards, the NINR's grant portfolio is now relatively close to the NIH standard of 75 percent renewals and 25 percent new awards. The average length of NINR grants awarded is nearly 4 years.

The success rate for NINR applications in FY1999 was less than one-half of that for the NIH overall (14 percent for NINR applications compared to 32.4 percent for NIH applications overall)

and also markedly lower than the NINR success rates of the prior 3 years, which were between 25 and 29 percent. The primary categories of successful NINR applications in FY1999 is as follows: 14 percent success for new R01s, which reflect new proposals but not necessarily new researchers; 18 percent success for competing continuations; and 14 percent success for applications in response to the end-of-life RFA.

With respect to training funds for FY1999, the NINR approved 82 individual awards (79 predoctoral F31s and three postdoctoral F32s) and 111 institutional awards (67 predoctoral T32s and 44 postdoctoral T32s), totaling \$5.1 million. Dr. Grady pointed out that although the Institute's training awards are predominantly directed toward predoctoral support, this trend is shifting toward an increase in postdoctoral applications and awards as has been recommended by Council.

Another trend in nursing research relates to the stage at which nurses become investigators. The peak age range of NINR R01 funded investigators is between 46 to 50 years. This is higher than the peak age range reported for NIH RPG funded investigators (41 to 45 years). This is of concern because it predicts a potentially shorter career span of funding for nurse researchers.

The distribution of the NINR budget for FY2000 is consistent with prior years: nearly three-quarters (74 percent) is devoted to research, approximately 7 percent goes to training, approximately 6 percent is allocated for RM&S (operating expenses, grants management, review, etc.), approximately 5 percent goes to the core centers, about 5 percent to career development programs, slightly more than 2 percent for intramural research, and about 1 percent for R&D contracts.

Outreach Activities

NINR has been involved in a variety of outreach activities since the last Council meeting including the IOM Board on Health Sciences Policy where Dr. Grady testified on end-of-life issues, American Association of Colleges of Nursing, American Public Health Association, and CAWMSET (Commission on the Advancement of Women and Minorities in Science, Engineering, and Technology Development). NINR staff regularly participate in a variety of trans-NIH and trans-agency activities to identify current areas of research within these areas and ensure that such research is coordinated across the appropriate institutes at NIH. Since the last council meeting, these have included the Coordinating Committees for Diabetes Mellitus, Sleep Research, Digestive Diseases, Arthritis-Musculoskeletal Diseases, and Medical Rehabilitation. Other staff participation has included the Interagency Committee for Research on Emergency Medical Services for Children; and two projects initiated by DHHS Secretary Donna Shalala's office, the Committee for the Secretary's FY2001 Initiative: Preventing and Controlling Asthma and the Secretary's Quality Initiative.

Staff News

Dr. Grady announced the appointment of Dr. Ann Knebel to the NINR's Office of Science Policy and Public Liaison as a policy analyst and to the Office of Extramural Programs with responsibility for the end of life portfolio.

Dr. Grady reminded attendees of the newly updated NINR Website (www.nih.gov/ninr). The NINR Website includes news; updates; Council minutes; the strategic plan, results of workshops; executive summaries of pertinent workshops and conferences; program announcements; and links to other sites at the NIH, other agencies, and the larger nursing community.

IV. DISCUSSION OF FY2002 AREAS OF OPPORTUNITY

Each year, the NINR and Council identify, review, and discuss proposed areas of opportunity for upcoming fiscal years. Approved areas of opportunity are incorporated into the NINR's research and program portfolios and will be considered in implementing the Institute's strategic plan. This year, Council members were asked to consider six areas of opportunity for FY2002.

Management of Chronic Pain

Council members Drs. Ada Lindsey and Margarethe Cammermeyer provided an initial review of this area of opportunity, which focuses in large part on factors associated with the effective treatment of chronic pain, including the undertreatment of pain and the need for interventions to manage this problem. The primary reviewers agreed that this is a significant and timely topic that will add to the NINR's research portfolio on pain. Research on the management of chronic pain also will serve as an adjunct to the NINR's end-of-life portfolio. They recognized the absence of validated, standardized measures of pain; the lack of solid research studies on this important area of patient care; and the importance of this issue's interdisciplinary nature.

Discussion: A question was raised about including painful procedures in infants in an area focused on chronic pain since pain associated with specific procedures, whether in infants or adults, relates more appropriately to acute pain. The summary of this area of opportunity could be revised to address medical conditions in infants and children that are accompanied by chronic pain. As an alternative, the summary could be revised so that it addresses chronic pain at all ages. Two other suggested revisions included pursuing the testing of interventions more aggressively and if measurement tools need to be developed, they should be done within the context of research questions. Council suggested that all of the areas of opportunity for fiscal year 2002 would benefit from this same approach. Attendees also suggested adding the NCCAM to the list of potential collaborators for this research area.

Cachexia: Prevention, Reversal, Management, and Improved Quality-of-Life

Drs. Dorothy Brooten and Curtis Patton served as the lead Council discussants for this area. They noted that the background for this proposed area of opportunity is well-developed and that cachexia prevention, management, and reversal clearly present a challenge to clinical and research nursing at several levels such as patient care, skin care, and nutritional care. Other possible topics to explore under this area of opportunity include immunology (e.g., deregulation of the immune response in persons with cachexia, infections beyond AIDS), genetics, and men with cachexia. The primary discussants also suggested that the summary more strongly emphasize the importance of identifying markers or predictors for the prevention and early diagnosis of cachexia (e.g., role of tumor necrosis factor [TNF] and cachectin as disease markers).

Discussion: Other research areas that could be considered for inclusion in this area of opportunity include cachexia and malnutrition in developing countries, possibly in collaboration with the Fogarty International Center, and the importance of oral and dental care in persons with wasting diseases. Other potential collaborative organizations include the NCCAM, NIAID, and NIDCR.

Informal Caregiving in Noninstitutional Settings

Lead discussants for this area of opportunity were Drs. Buckwalter and Brooten. As with the other areas of opportunities, this area meets several objectives of the proposed strategic plan. Specific comments on this summary included changing the term “cultural groups” to “ethnic/minority groups,” and adding a statement regarding access to institutionalized care according to ethnic/minority group. The list of potential research areas should address the self care of caregivers in general and should consider ethnic and minority groups specifically. Other considerations include the different roles played by the caregiver (e.g., spouse, parent), caregiving networks, satisfaction, factors associated with role transition from home care to nursing or institutional care, and community-based interventions and support systems. Potential activities also should emphasize testing strategies in the context of research questions. In addition, the discussants suggested that the NINR hold a conference or workshop on this area of opportunity.

Discussion: Other topics raised regarding caregiving included addressing the issue of cost in relation to reimbursement (or current lack thereof); policy implications, including the opportunity to conduct longitudinal demonstration projects; the role of faith communities as a natural support system for certain ethnic or minority groups; and caregiving needs and issues within the gay and lesbian community. The potential research area on caregiver knowledge should be revised to read, “Design strategies to assess and increase caregiver knowledge . . .”

Osteoarthritis: Prevention and Management

Drs. Buckwalter and Judith LaRosa opened the discussion of this area of opportunity, which, they suggested, should be incorporated into the Institute's strategic plan. One key issue not currently addressed in this summary involves the role of pharmacological agents in treating and managing osteoarthritis (OA), which affects a large proportion of the elderly population, and the costs associated with those agents. The lack of Medicare reimbursement for prescription drugs is of particular importance and relevance. In a related issue, many over-the-counter products purporting to alleviate symptoms of arthritis are untested or minimally tested at best -- the NINR may wish to partner with the NCCAM to explore this deficiency. The summary also could be revised to include identifying lay self care strategies associated with the prevention and management of OA, adding other types of arthritis, adapting language around middle-aged persons and prolonging the impact of noninvasive interventions, adding a component that addresses work-related issues in the prevention and management of OA, and addressing caregiver issues.

Discussion: In response to questions about focusing on a specific disease, Dr. Grady commented that the NINR historically has in certain instances developed portfolios around single diseases, such as hypertension and diabetes, where nursing research and care can have a significant impact on patient outcomes. In addition, she pointed out, the common arthritic disease rheumatoid arthritis is covered in other NINR research. Others suggested expanding this area of opportunity to include different age groups (not just the elderly); mixed connective diseases, which are a growing problem among persons with arthritis; and cost issues.

Health Disparities Among Minority Populations: Cancer Prevention

The primary reviewers of this summary were Council members Drs. Lindsey and Carmen Portillo. The Council discussants agreed that this area needs attention and that it is a good fit with the proposed strategic plan. The summary should be revised to address incidence as well as mortality, and add men to the data and research areas. It also would be worthwhile to address "buffer" factors among various populations, that is, why some groups appear to be protected against certain cancers, as reflected in lower incidence and/or mortality rates. As with other areas, the research areas should extend beyond simply developing instruments to include testing interventions.

Discussion: Attendees suggested expanding this area so that it also addresses young people, smoking, and community-wide interventions; identifies clear definitions and distinctions among various ethnic and minority groups; includes health-disadvantaged populations; encourages the study of preexisting genetic factors; emphasizes increased medical/nursing education and awareness; and addresses potential environmental injustices, especially among health-

disadvantaged populations. The National Institute of Environmental Health Sciences (NIEHS) could be added to the list of collaborators.

Exploratory Centers for Nursing Research

The aim of this initiative, which was reviewed by Council members Drs. LaRosa and Patton, is to increase the number of research-intensive schools of nursing through the Exploratory Center Grant (P20) mechanism. The P20 would assist in meeting this goal by facilitating the growth of the academic infrastructure by centralizing resources and facilities, increasing the depth of science in program areas, funding pilot studies, and expanding interdisciplinary approaches and collaborations. The P20 would be targeted to schools of nursing that are developing research programs and that have not been major recipients of NIH support. In contrast to P30 core centers, the P20 exploratory centers will provide an opportunity for schools of nursing to develop the underpinnings required to support scientifically sound programs of research. The P20 center will receive less funding and be of shorter duration (3 versus 5 years) than the P30 center grants. Although schools receiving a P20 grant can identify their own area of research strength, solicitations may encourage areas of interest particular to the NINR, such as those described in the Institute's Strategic Plan.

The lead Council discussants agreed that this proposed program, which promotes collaborations and enables investment in future nursing research programs, is congruent with the NINR strategic plan. The P20 is intended to facilitate up and coming schools of nursing to transition to the next level of activity.

Discussion: This concept was met with enthusiasm and council members encouraged moving this area of opportunity from fiscal year 2002 to 2001 depending on the availability of funds. Several attendees were concerned that 3 years was not sufficient for a school to establish solid research credibility and suggested that the program allow for a 5-year development period. Others argued that 3 years should be adequate for programs in which the commitment and leadership needed to focus a research program are already in place, but the infrastructure to move to the level of a center of excellence may not be present. Drs. Grady and Leveck explained that the P20 is aimed at helping to transition less research-intensive nursing programs into more research-intensive programs, not necessarily to build a completely new program from the beginning. The NINR anticipates funding approximately four to six centers through this award depending on funds available. The P20 would assist a developing school or program of nursing in coordinating activities and institutional resources and funding pilot or preliminary studies in a selected area of research. Attendees suggested that the NINR review applications for strong leadership and for indications of support from the parent institution. Attendees also suggested strengthening the summary by describing increases in research productivity and collaborations and the ability to identify other resources and sustain activities over time as "outcome measures." The evaluation component in the P30 could serve as a model for the P20.

This concept, including criteria and targets/indicators for growth and measures of success, will be developed further. Dr. Leveck noted that the agenda of the May Council meeting will likely include presentations from P30 centers.

V. UPDATE ON THE NIH CLINICAL CENTER

Dr. John Gallin, Director of NIH's Warren G. Magnuson Clinical Center (CC), opened his presentation by commenting that the timing and opportunities were ideal for integrating NINR's new strategic plan into the plan for expanding the CC. Dr. Gallin then proceeded with a historical background of the CC, which opened as a 500-bed research hospital in 1953. The major addition to the original building came in 1982, with the opening of the ambulatory care research facility (ACRF). The current facility has a 290-bed capacity, and the expansion provides for an additional 250 beds. The CC is the largest building at the NIH, occupying approximately 40 percent of the available space on the Bethesda campus.

Fifteen different institutes share the CC's resources, and several advisory committees and councils are in place to guide it. Several years ago, at the direction of DHHS Secretary Shalala, a comprehensive review of the CC was conducted. This review led to several changes, including changes in the governance of the CC. As part of this restructuring, a Board of Governors, which reports directly to the NIH Director and to the CC Director, was established to function in an advisory capacity. The CC Advisory Council, composed of representatives from each of the NIH Institutes, also advises the CC Director. An external review team, the Board of Scientific Counselors, reviews the science of the CC. The CC's vision is to "serve as an international model of collaborative excellence in innovation and design, conduct, training, and impact on clinical research." The mission statement of the CC is that it is the "facility of the NIH that provides patient care, services, training, and the environment in which NIH clinician scientists creatively translate emerging knowledge into better understanding, detection, treatment, and prevention of human diseases." The CC also has a motto: "Clinical research to improve the Nation's health."

A 1992 review of the costs of NIH's intramural programs suggested that costs of running the CC were disproportionately high. As a result of that study, the CC leadership initiated several steps to improve the efficiency of running the CC at several levels. Dr. Gallin outlined some of those steps and their outcome.

With nearly 1,000 clinical protocols currently open, the CC staff have faced difficulties in recruiting sufficient numbers of patients to fill those protocols. In an effort to address this problem, a Web Site devoted to NIH protocols was developed. In addition, patients now may self-refer to a clinical protocol, thus no longer requiring a doctor's referral. The opening of a national database for clinical trials, recently mandated by Congress and developed under the

direction of the National Library of Medicine, is imminent. All NIH intramural protocols and approximately one-half of the NIH extramural protocols will be available online at the initial launching of the database. In the future, remaining extramural protocols and all government and industry protocols will be added to the database. The greatest challenge will be to keep the database and protocols updated.

Several new clinical research training programs have been developed and instituted in recent years. One program, "Introduction to the Principles and Practice of Clinical Research," is a one-and-a-half semester course started 5 years ago and taken by about 1,500 students. A textbook to complement the course is being developed.

Dr. Gallin noted that input and feedback from CC patients have led to improvements in the quality of patient care. The CC has implemented numerous suggestions provided by the Patient Advisory Groups, including mobilizing resources to establish a pain symptom management service, following the convening of a forum on this topic held in late 1998; raising more than one-half of the estimated \$7.5 million to build an NIH "Family Lodge," similar to the Children's Inn on the NIH campus; and establishing a "Family Friend" program that provides daycare for well siblings or children of sick patients.

Finally, the new Mark O. Hatfield Clinical Research Center, currently under construction immediately adjacent to the CC, will have 243 beds; 77 day hospital stations for high acuity outpatient visits; and flexible, modular planning for the interconversion of patient care units and research laboratory space. There also will be a science court and a double helical stairwell between the adjoining wings of the new and old buildings. The modular plan includes four nursing units and two laboratory units on each of three floors; interstitial spaces will be placed between each of the floors housing the patient care laboratory units.

Discussion: In response to a question about CC nursing staff, Dr. Gallin pointed out that about one-third of the Center's full-time employees are nurses. Dr. Gallin also announced that the CC currently is looking to fill the CC position of Associate Director for Nursing, which became open with Dr. Kathy Montgomery's recent departure in the fall of 1999. The search committee for this position has been assembled and includes both in-house staff and three extramural nurses.

VI. NINR RESEARCH ACTIVITIES: DIVISION OF INTRAMURAL RESEARCH

Dr. Annette Wysocki, Scientific Director, NINR, provided highlights of recent research activities within NINR's Division of Intramural Research (DIR) and updated the Council on progress in the Division's Wound Healing Laboratory.

The NINR's intramural program consists of two laboratories: the Laboratory of Health Promotion and the Laboratory of Wound Healing. Dr. Wysocki is Chief of the Wound Healing

Laboratory. Dr. Anne Thomas is Chief of the Health Promotion Laboratory and is also the Clinical Director for the NINR intramural division. The DIR budget represents approximately 2.4 percent of NINR's overall budget. These values are well within the overall NIH institute average of approximately 10 percent; however, it is expected that the intramural program will grow in size as the institute grows.

Dr. Wysocki described several intramural programs and activities, including:

- \$ The K22 Program, a joint effort between NINR's Intramural and Extramural Divisions, is designed to foster the research career development of investigators as they transition from doctoral studies to a postdoctoral experience and to a junior faculty/investigator position.
- \$ The Summer Genetics Institute, to be held on the NIH campus in June and July of 2000, is being sponsored by NINR's intramural program in collaboration with the NHGRI and NCI.
- \$ The Intramural Research Training Award (IRTA) program supports training for high school, graduate, and postdoctoral individuals. Training is provided on the NIH campus and includes short-term summer training programs.
- \$ Trans-NIH activities in which intramural staff have participated include bench-to-bedside collaborative efforts; the CC's Board of Governors; and the Pain and Palliative Care Initiative. In addition, the wound healing laboratory lists as its accomplishments 2 supported papers, hosting a summer IRTA, and presentations at several meetings.

Dr. Wysocki reported on scientific findings from a paper in *Wound Repair and Regeneration* (1999; 7:154-165). Slow-healing chronic wounds, such as leg ulcers, foot ulcers, pressure sores, and surgical wounds, affect up to 4.5 million Americans at a cost of more than \$9.5 billion annually. More women than men are affected, with a ratio of affected women to men of approximately 3:1. Dr. Wysocki's early studies of chronic wound healing showed that two concomitant factors -- degraded fibronectin and high protease activity -- helped explain the poor ability of chronic wounds to heal. Subsequent research led to the question of whether a protease cascade involving urokinase plasminogen activator (uPA) occurs in wound healing. To study this, expression of uPA in mastectomy fluid as the model for an acute wound was compared with that of fluid from a chronic wound over time as the wounds healed. As the chronic wound began to heal, the fluid began to acquire the characteristics associated with acute wound healing. The results of this study indicate that the process of healing chronic wounds can transition to resemble an acute healing model.

VII. STRATEGIC PLANNING FOR THE 21ST CENTURY: PROGRESS INDICATORS

The NINR began its process for developing a strategic plan for the new millennium in the fall of 1998, with the Council taking a leadership role in this effort. Council members and NINR staff participating in this activity have developed a draft planning document, the most current copy of which was distributed to Council members and others in attendance. Drs. Kathleen Buckwalter and Steven Finkler, Council discussants in the Strategic Planning Work Group, once again led the discussion of the most recent draft of the strategic plan, which is proposed for the 5-year period that includes years 2000 through 2004. Highlights of that discussion are presented here.

The most recent draft of the strategic plan has been submitted to the NIH Office of the Director for review. Current activities have focused on developing specific progress or target indicators for the baseline, interim, and final phases of the plan evaluation. These indicators are still undergoing revisions internally, and Council members are encouraged to submit additional comments on the draft. Dr. Finkler summarized highlights of a pre-Council meeting of the Strategic Planning Committee as follows:

- \$ In focusing on the progress indicators, the planning group realized that some of the targets do not appear to be associated with any progress (e.g., the number of NINR RFAs remains flat). These issues will be addressed with explanatory footnotes (e.g., at this time, the NINR is focusing on expansion of ROIs but not RFAs). Staff will review the progress indicators for other similar items.

- \$ Some targets and activities are not closely linked (e.g., for participation of staff in trans-NIH activities and committees, the goal of simply being on a committee does not reflect the type, level, or role of participation or leadership on said committees. Thus, the target will be expanded to include number of leadership roles of staff on NIH committees. Similarly, the placement, rather than simply the nomination, of nurse researchers on extramural committees and activities will be tracked). The planning group identified several other similar items.

- \$ The NINR is moving from an RFA-driven focus toward a more scientist-driven focus, with direction from Council. This shift is evident in the strategic plan, that identifies eight topics as areas of research focus, including end-of-life, chronic illness, quality-of-life, health promotion, symptom management, telehealth, genetics, and health disparities. The question of whether the target indicators should suggest a collective or overall change for an entire category, identify specific target percent changes within each category, or tailor growth according to projections for each topic (e.g., 10 percent growth in chronic illness measures, 40 percent increase in genetics) was raised during the planning meeting. Dr. Finkler pointed out that this approach would not rank or prioritize the topics per se, but rather rank the projected or proposed growth of each topical area.

Discussion: Several points were raised during the open discussion. First, by “ranking” potential growth, the Council or the NINR essentially would be imposing today’s sense of priorities on a fluid, dynamic system. Second, by suggesting certain rankings, how would the plan affect or drive the research pool? Third, through the process of developing the strategic plan, the Council already has identified all eight topics as high-priority research programs or areas. Fourth, it was noted that the plan allows for interim analyses, at which times the Council could revisit this concept. Overall, the Council members agreed that all of the eight identified areas are important and relevant to nursing research and that ranking these areas, or tailoring growth projections beyond the general categories, are not priorities at this time. The recommendation was made to alphabetize the eight areas so that no priority was implied.

Additional discussion included the importance of obtaining comments and feedback on the strategic plan from a wider range of nurses, for example, from beyond those who have Internet access and community and public health nurses. Dr. Grady reminded Council members that the NINR cannot conduct a paper survey; an alternative strategy, using the Institute’s Web Site, could be explored. Other comments and suggestions on the strategic plan should be sent to Dr. Leveck at mary.leveck@nih.gov. The Progress indicators will go through another revision and be submitted to Council at the next meeting.

VIII. STATEMENT/MEMORANDUM OF UNDERSTANDING

Dr. Leveck provided Council members with the following proposed changes/revisions to the statement of understanding, for the Council’s approval: (1) children will be added to the list of items under Point 1 regarding applications that must be called to the attention of the Council; (2) delete the word “approximately” before \$350,000 in Point 7; and (3) delete the words “or approximately \$500,000 or more total cost,” also in Point 7, so that the new cut line for the high-budget considerations will be those that are \$350,000 in direct costs and higher.

A motion to approve the proposed changes was made and seconded; the motion was approved.

Dr. Grady closed the open session by thanking those present for their time and participation.

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.

IX. REVIEW OF APPLICATIONS

The members of the National Advisory Council for Nursing Research considered 98 research and training grant applications requesting \$71,026,578 in total costs. The Council recommended 72 applications with a total cost of \$53,977,592.

X. OTHER ITEMS FOR CLOSED SESSION

The closed session concluded with a discussion of personnel and proprietary items.

XI. ADJOURNMENT

The 40th meeting of the NACNR was adjourned at 11:30 a.m. on February 2, 2000.

CERTIFICATION

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

Patricia A. Grady, PhD, RN, FAAN
Chair
National Advisory Council for Nursing Research

Mary D. Leveck, PhD, RN
Executive Secretary

MEMBERS PRESENT

Dr. Patricia A. Grady, Chair
Dr. Gene Blumenreich
Dr. Dorothy Brooten
Dr. Kathleen C. Buckwalter
Dr. Margarethe Cammermeyer
Dr. Steven Finkler
Dr. Margaret Grey
Dr. Rosanne Harrigan
Dr. Judith LaRosa
Dr. Ada M. Lindsey
Dr. Curtis L. Patton
Dr. Carmen Portillo
Dr. Dorothy Powell
Ms. Sarah J. Sanford
Dr. Paulette Cournoyer, *Ex Officio*
Dr. Catherine Schempp (LTC-P), *Ex Officio*
Dr. Mary D. Leveck, Executive Secretary

MEMBERS OF THE PUBLIC PRESENT

Ms. Naomi Boalys, Center for the
Advancement of Health
Ms. Mary Cerny, The Scientific Consulting
Group
Dr. Leonard Derogatis, University of
Maryland
Ms. Terri Gaffney, American Academy of
Nursing
Ms. Joan Lancaster, NIH Council of Public
Representatives
Dr. June Lunney, Americans for Better Care
of Dying
Dr. Deanne Otto, University of Maryland
Ms. Angela Sharpe, Consortium of Social
Sciences Associations
Ms. Lisa Summers, American College of
Nurse Midwives

FEDERAL EMPLOYEES PRESENT

Mr. Jeff Carow, NINR/NIH
Ms. Janet Craigie, NHLBI/NIH
Dr. Ruth Fischbach, OER/NIH
Ms. Robin Gruber, NINR/NIH
Dr. Karin Helmers, NINR/NIH
Dr. Carole Hudgings, NINR/NIH
Ms. Kay Johnson, NINR/NIH
Dr. Ann Knebel, NINR/NIH
Ms. Cindy McDermott, NINR/NIH
Dr. Gertrude McFarland, CSR/NIH
Dr. Ann O'Mara, NCI/NIH
Mr. Daniel O'Neal, NINR/NIH
Dr. Angela Pattatucci Aragon, CSR/NIH
Dr. Janice Phillips, NINR/NIH
Ms. Taneka Pierce, NINR/NIH
Mr. Elliott Postow, CSR/NIH
Mr. Eddie Rivera, NINR/NIH
Mr. William Rosano, NINR/NIH
Dr. Hilary Sigmon, NINR/NIH
Ms. Arlene Simmons, NINR/NIH
Dr. Mary Stephens-Frazier, NINR/NIH
Ms. Lisa Strauss, NINR/NIH
Mr. Robert Tarwater, NINR/NIH
Dr. Anne Thomas, NINR/NIH
Dr. Claudette Varricchio, NCI/NIH
Dr. Annette Wysocki, NINR/NIH
Ms. Sally York, NINR/NIH

ROSTER

NATIONAL ADVISORY COUNCIL FOR NURSING RESEARCH

Patricia A. Grady, PhD, RN, FAAN (Chairperson)

Director
National Institute of Nursing Research
National Institutes of Health
Bethesda, Maryland 20892

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<p>Steven A. Finkler, PhD, CPA 2001 Professor Robert F. Wagner Graduate School of Public Service New York University 600 Tisch-40 West 4th St., Rm600 New York, NY 10012-1118</p>	<p>Ada M. Lindsey, PhD, RN, FAAN 2001 Professor and Dean University of Nebraska Medical Center College of Nursing 600 S. 42nd Street Omaha, Nebraska 68198-5330</p>
<p>Curtis L. Patton, PhD 2002 Professor and Assistant Dean, International Medical Studies Department of Epidemiology and Public Health Yale University School of Medicine New Haven, CT 06520-8034</p>	<p>Dorothy Powell, EdD, RN, FAAN 2004 Associate Dean College of Pharmacy, Nursing and Allied Health Sciences Howard University Washington, DC 20059</p>
<p>Carmen J. Portillo, PhD, RN, FAAN 2003 Associate Professor University of California-San Francisco School of Nursing Box 0608 San Francisco, CA 94143-0608</p>	<p>Sarah J. Sanford, RN, MA, 2002 CNAA, FAAN Executive Director Society of Actuaries 475 N. Martingale Rd. Suite 800 Schaumburg, Illinois 60173</p>
<p>Ex Officio Paulette Cournoyer, DNSc., RN, CS Program Director (Decentralized) VA Boston Health Care System (118) 150 South Huntington Ave. Boston, MA 02130</p>	<p>Ex Officio Catherine M. Schempp, RN, DNSc 2004 LTC(P), US Army Nurse Corps Director, TriService Nursing Research Program Uniformed Services University of the Health Sciences 4301 Jones Bridge Road Bethesda, MD 20814-4799</p>