

**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 23-24, 2000

The 41st meeting of the National Advisory Council for Nursing Research (NACNR) was convened on Tuesday, May 23, 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 5:30 p.m. The closed session of the meeting, which included consideration of grant applications, continued the next day, May 24, 2000, at 9:30 a.m. until adjournment at 11:40 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 41st meeting of the NACNR to order, welcoming all Council members, visitors, and staff.

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 Minutes of Previous Meeting

Council members approved minutes of the February 1-2, 2000 meeting by electronic mail. The minutes are posted on the National Institute of Nursing Research (NINR) Web site (www.nih.gov/ninr).

Dates for Future Council Meetings

Dates for meetings in 2000 through 2002 have been approved and confirmed previously.

2000

- September 12-13 (Tuesday-Wednesday)

2001

- \$ January 23-24 (Tuesday-Wednesday)
- \$ May 22-23 (Tuesday-Wednesday)
- \$ September 11-12 (Tuesday-Wednesday)

2002

- \$ January 16-17 (Wednesday-Thursday)
- \$ May 21-22 (Tuesday-Wednesday)
- \$ September 17-18 (Tuesday-Wednesday)

III. REPORT OF THE DIRECTOR, NINR

Dr. Grady announced that NINR's 15-year anniversary in 2001 is fast approaching and will be celebrated in various activities throughout next year. She noted that the NINR has made significant contributions in advancing the field of nursing research and the role of nurse researchers since being established as a Center in 1986.

Dr. Grady then proceeded to provide an update on the NINR-related activities since the last Council meeting in four major areas: legislative activities, the NIH activities, the NINR and Council updates, and outreach activities.

Legislative Activities

The NINR Director, Dr. Grady provided testimony at the House FY2001 Appropriations Hearing on March 2, 2000. Dr. Grady's presentation focused on recent scientific advances as well as FY2001 areas of research opportunity. The three key areas of opportunity for FY2001, and relevant research projects or issues under these areas, include:

- \$ Chronic Illness or Conditions
 - ▶ Self-management across chronic diseases
 - ▶ Diabetes self-management in minority populations.
- \$ Behavioral Changes and Interventions
 - ▶ Telehealth interventions to improve clinical nursing care, which includes delivering care or interventions via telephone, computer monitoring, or home monitoring

- ▶ Collaborative clinical trials supplements to harness the potential of nursing research; a Request for Application (RFA) for this project is close to being released.
- § Responding to Compelling Public Health Concerns
- ▶ Research on end-of-life and palliative care, for which the NINR is the lead coordinating institute on the NIH campus; more than 100 applications were submitted in response to an RFA
 - ▶ Exploratory centers for nursing research, for which an announcement is under preparation for release in 2000 for FY01
 - ▶ Training opportunities in clinical genetics research.

Dr. Grady also reported on recently published results of NINR-funded research in care for the elderly and testing of feeding tube placement. The first study, led by Dr. Mary Naylor at The University of Pennsylvania, verified the value of a transitional care model for older persons discharged from the hospital (Naylor et al., *JAMA* 281:613-620, 1999). This model uses a multidisciplinary team and involves discharge planning, including determination of patient care needs outside the hospital and follow-up care in the home by advanced practice nurses (APNs) specializing in geriatrics. The study showed that at 6 months after patients were discharged from the hospital, the intervention group of older adults with common medical and surgical problems had 65 percent fewer readmission days and 48 percent fewer hospital readmissions than persons receiving standard care and evaluation. The intervention also reduced health care system-related costs by 48 percent. These findings suggest that widespread use of this transitional model could save significant health care funds while improving quality of care.

The second study (Metheny, *Nursing Research* 48:189-197, 1999) reported on a simple, rapid chemical test of aspirated feeding tube contents to detect whether a feeding tube is placed correctly. This new method, developed by nurse investigators, is more accurate than using a stethoscope and safer and far less expensive than x-rays, the two current approaches used to determine tube placement. In this report, the chemical test was 100 percent accurate in identifying misplaced tubes in lungs. Widespread use of this method would be more convenient and feasible than the other methods when in homes or long-term care facilities. Each year, an estimated 1 million hospital patients or residents of nursing homes are fed through feeding tubes.

Part of Dr. Grady's presentation to the House Appropriations Hearings includes defending the President's proposed FY01 budget for the NINR, which totals \$92.524 million, a 3.3 percent increase from the FY00 NINR budget. The average increase for the overall FY01 NIH budget is 5.6 percent or \$18.813 billion. Both the House and Senate proposed significantly larger budgets for the NIH overall and the NINR for FY01. The respective House and Senate subcommittees have recommended that the NINR receive \$102.3 million (a 14.3 % increase) and \$106.8 million (a 19.3 % increase); both have suggested an overall NIH budget of \$20.513 billion (a 15.3 % increase). The NIH Appropriations bill that passed the full House, however, included \$18.813 billion for NIH, even though the sum of each Institute and Centers appropriations exceed that amount. The House and Senate will continue to debate and negotiate their proposals and develop a revised budget that represents a compromise. If a decision is not reached by the end of the fiscal

year (September 30, 2000) or if there is a Presidential veto, one or more Continuing Resolutions may be passed until agreement is reached.

NIH Update

Dr. Grady highlighted several NIH activities in which the NINR is participating or contributing.

One such activity is NINR's Strategic Plan to Reduce Health Disparities, an expansion of the overall NINR strategic plan. NIH is compiling the various institute and center documents into an overall plan for FY 2002-2006. The NINR plan addresses the following key issues and activities:

- \$ Solicit applications that address health disparities
- \$ Enhance research infrastructure to facilitate increased emphasis on health disparities. Dr. Grady noted that seven of nine NINR Core Centers have a health disparities focus or component. Another incentive for Centers is a one-year administrative supplement which provides up to \$50,000 for activities or pilot/feasibility studies that address health disparities research.
- \$ Enhance research opportunities for minority researchers and students. The NINR continues to work with the Office of Research on Minority Health (ORMH) on minority mentored career development awards and research supplements for minority students and investigators.
- \$ Enhance communication and dissemination activities and strategies related to health disparities.

This draft health disparities plan is posted on the NINR website and has been presented at the National Nursing Research Roundtable and is also on the agenda for this council meeting for further discussion.

Dr. Grady then reported on NIH's recent revisions to its Institutional Review Board (IRB) policies. Under these revisions, IRB approval will no longer be required before the NIH peer review; rather, IRB approval will be requested for applicants scoring A within the fundable range. Such a request will not ensure funding but is expected to reduce the already heavy workload of most IRBs, save resources, and facilitate the review process. These changes will be in effect for the January 2001 Council round.

In the area of public communications and consumer liaison activities, the NIH Council of Public Representatives (COPR), which advises the NIH Director, has a diverse membership, including a representative from the nursing research community. The COPR remains busy and has established three new subcommittees focusing on protection of human subjects, conflict of interest or research sponsors, and biomedical research needs of the underserved. These issues are of pressing and timely concern for the NIH overall and the individual Institutes as well.

Another NIH activity in which the NINR recently participated was the 10-year anniversary of ORMH, a 3-day celebration featuring keynote speaker former Surgeon General Dr. Antonia

Novella. In other NIH news, Dr. Grady announced the appointment of Dr. Michael Weinrich as Director of the National Center for Medical Rehabilitation Research in the National Institute for Child Health and Human Development (NICHD). Dr. Weinrich is a rehabilitation neurologist and has expressed an interest in developing collaborations and partnerships with nurse researchers.

NINR Update

Dr. Grady reported on several areas in which the NINR has been active since the last Council meeting, including the FY00 areas of opportunity, the NIH and the NINR awards to nursing schools, and additional funding issues.

Activities associated with the three major areas of research opportunities identified for the current FY00 have produced the following:

- \$ Chronic Illnesses or Conditions
 - ▶ Enhancing adherence to diabetes self-management behaviors B a Program Announcement (PA) in response to this opportunity was published in January 2000
 - ▶ Symptom management of children with asthma B the NINR participated in Secretary Shalala's working group on this issue and expects to release a PA soon. Dr. Grady noted that the NINR identified this area before DHHS made it a priority item.

- \$ Behavioral Changes and Interventions
 - ▶ Biobehavioral research for effective sleep in health and illness, which, Dr. Grady noted, is an interesting niche in nursing research that involves cross-cutting, multidisciplinary investigations. A PA for this area was published in January 2000.
 - ▶ Disparities in infant mortality, an area in which the NINR historically has been involved. For example, the NINR-funded research on low birthweight babies has been expanded to focus on minority infants. A PA was published in January 2000.

- \$ Responding to Compelling Public Health Concerns
 - ▶ Enhancing end-of-life care, a research area for which the NINR is the lead institute at the NIH. The first round of funding has been awarded in response to the RFA published in January 1999. Dr. Grady added that she provided testimony on advances and gaps in end-of-life care research at a recent Institute of Medicine (IOM) meeting; she anticipates that an IOM report will be developed in the near future.
 - ▶ Collaborations with clinical trials networks. There has been a good response to the RFA released in February 2000. Submitted proposals currently are undergoing review.

In continuing her presentation, Dr. Grady commented on the amount and sources of money awarded to the country's top 32 nursing schools receiving between \$500,000 and \$7.7 million in FY99. In total, these Schools of Nursing (SON) received \$67.7 million from NIH, with the NINR contributing approximately two-thirds, or \$46.2 million and the difference of \$21.5 million coming from other NIH sources. Dr. Grady commented that the distribution of funds from non-NINR sources has begun to shift in the past 2 years, because of an increase in NINR's participation in cooperative research activities; a diffusion of nursing research across the NIH resulting at least in part from increased awareness of the diversity and importance of nursing research; and recent changes in study sections, where nursing proposals overall have performed well. The NINR received an additional \$7.3 million in FY 1999 from the following sources: Office of Behavioral and Social Sciences Research (OBSSR), \$0.1 million; NIH Office of the Director (OD), \$0.2 million; Office of Research on Women's Health (ORWH), \$0.5 million; Office of AIDS Research (OAR), \$0.6 million; Office of Research on Minority Health (ORMH), \$0.9 million; Academic Research Enhancement Award (AREA), \$2.2 million; and IC cofunds of NINR grants, \$2.8 million. Dr. Grady explained that funds from the NIH OD are discretionary; OAR monies are part discretionary and part based on internal competition; and ORMH funds include the minority K01 program and support for the Ethnic Coalition meeting. She added that, overall, in FY99, the NINR had a low success funding rate, with only 14 percent of proposals being funded. The overall NIH funding success rate was 32%. Dr. Grady pointed out that, in addition to receiving research funds from other NIH sources, the NINR also provides funds to co-fund nursing research at other institutes; in FY99, approximately \$1 million of the NINR funds were allocated for this purpose. Further information on the funding statistics by the NIH to individual schools of nursing may be found at <http://silk.nih.gov/public/cbz2zoz@www.nur.total.fy99.dsncc>.

Outreach Activities

The NINR director and staff have been involved in a variety of outreach activities since the last Council meeting. In addition, several training opportunities will occur before the Council meets again in September, and updates and use of the NINR Web site continue.

Following the last Council meeting, the NINR staff have participated in a variety of activities across the NIH, including the NIH Bioengineering Consortium, Coordinating Commission on Research in Women's Health, Chronic Fatigue Syndrome Working Group, and Women's Health Nursing Curriculum Survey Project. Outside the NIH community, the NINR made presentations at the Eastern Nursing Research Society, Midwestern Nursing Research Society, Southern Nursing Research Society, and the Western Institute of Nursing. In addition, the NINR staff participated in meetings of the American Thoracic Society (including the Nursing Assembly), American Association of Colleges of Nursing, Society of Behavioral Medicine, National Congress on Childhood Emergencies, and American Nurses Association Staffing Summit.

The NINR staff also participated in a reception and Afocus on the arts@ panel discussion held in conjunction with the play, AW;t@, about a woman dying from ovarian cancer, at the Kennedy Center in downtown Washington, DC. Dr. Grady reported that approximately 75 percent of the audience remained to attend the discussion, the highest level of participation for the series of panel discussions, according to the Kennedy Center.

Two NINR-sponsored research training programs will be offered this summer. The 5th Annual Research Training Program, “Developing Nurse Scientists,” will be held on the NIH campus on July 18 to 21, 2000. This program, which remains a popular offering of the NINR, will include 40 participants selected by lottery from more than 200 applicants. The small-group, lecture-based workshop also features diverse career development experiences of several senior investigators. Once again, the workshop is being directed by Dr. Ann Knebel. A new program, the Summer Genetics Institute, will be held in June and July, also on the NIH campus. A full-time (12 credit hours) training program, the Summer Genetics Institute 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.

In other NINR news, the NINR grantee Janean Holden, PhD, RN, is the recipient of the prestigious Presidential Early Career Award for Scientists and Engineers (PECASE). Dr. Grady noted that Dr. Holden is the first NINR-funded nurse researcher to receive this award. Only 60 PECASE awards were made across the country this year; 11 of these awardees were NIH-funded investigators. Recipients were honored in a White House ceremony on April 12, 2000.

Finally, Dr. Grady reported that monthly visits to the NINR Web site (www.nih.gov/ninr) tripled when comparing March 1999 (145,586 visits) with March 2000 (424,029 visits). Analysis of Ahits@ to the site indicated that visitors are spending time reviewing the various features on the Institute’s homepage and downloading files. These hits do not include visits by the NINR or the NIH employees.

IV. NIH OFFICE OF THE DIRECTOR REPORT

Dr. Ruth Kirschstein, Acting Director, the NIH, highlighted recent activities of the NIH and offered insight into new directions that the Institute plans to take in upcoming years. As Dr. Grady noted, Dr. Kirschstein, who has been serving as Acting NIH Director since Dr. Varmus’s departure at the end of December 1999, previously served in the same position between July 1993 and November 1993. During both her tenures as Acting NIH Director and in the position of the NIH Deputy Director from November 1993 through December 31, 1999, Dr. Kirschstein has spearheaded many challenging issues and programs. She was instrumental in establishing ORWH, and then serving as Acting Director of ORWH. She was also instrumental in forming ORMH and helping during the establishment of the National Center for Nursing Research (NCNR) and during the transition of this Center to institute status as the NINR. Dr. Kirschstein noted her close association with the NCNR and the NINR, and stated that the nursing research

community at the NIH has done an outstanding job in bringing rigor to the field and has evolved along a remarkable course.

In shifting the focus of her discussion, Dr. Kirschstein commented that the NIH is in a transitional phase until a permanent director is appointed; as the search for a director continues, it appears that this transition will last longer than initially expected. In the interim, however, the NIH would be well served to follow the course set by Dr. Varmus. Dr. Kirschstein commended Dr. Grady on her testimony at the Congressional Appropriations Hearings and indicated that the hearings went well. Both Congress and the American public strongly support sustained, biomedical research, with the NIH serving as the steward of that trust. The hearings focused on NIH's successes in FY99 and the expectations for FY00. In addition the hearings highlighted the proposed 15 percent increase in the NIH budget, as compared with the President's 5.6 percent increase.

Among the highlights of the House and Senate hearings were questions and discussions focused on health disparities. Members of Congress clearly indicated that each institute should use funds and apply the fruits of research to close the gaps in health disparities with respect to minority practitioners and underserved and disadvantaged populations. Congressman Jesse Jackson, Jr., a member of the House Appropriations Committee, has taken an especially active role in this arena and has introduced legislation calling for a free-standing center on health disparities in which the NIH also is interested. To address the larger issue of health disparities, the NIH has established a task force/working group of all institutes and centers co-chaired by Dr. Anthony Fauci, Director, National Institute of Allergy and Infectious Diseases (NIAID) and Dr. Yvonne Maddox, NIH Acting Deputy Director. This group has prepared a strategic plan for how the NIH as a whole will affect, impact, and reduce health disparities in medical research and training. Dr. Kirschstein expressed concern that progress in this area is slow, despite the recent 10-year anniversary of ORMH. She noted, however, that the NIH FY02 budget is expected to include line item funding for health disparities activities and research, which should propel the entire enterprise forward. The process to begin developing the FY02 budget will commence in early June with a retreat to identify the most essential issues and set priorities. The initial budget plan will be reviewed by several groups, including ORMH's Advisory Committee, before submission to Dr. Kirschstein.

Other key concerns for the NIH include:

- \$ Stepping up oversight and responsibility for clinical research trials and enhancing training for clinical research. Areas of focus include patient safety, data safety and monitoring, conflict of interest, and IRB protocol review.
- \$ Expanding educational opportunities for clinical researchers and considering requiring all research investigators have training in ethics on clinical research.
- \$ Investigating more closely conflict of interest of researchers and institutions involved in clinical research, especially clinical trials. Identify and implement approaches to manage these issues more appropriately.

- \$ Requiring data and safety monitoring boards, and plans for data and safety monitoring, for all phases of clinical trials.

Discussion/Q & A

Regarding NIH's plan on how to work with IRBs on the issue of informed consent tools, Dr. Kirschstein responded that the NIH is considering increasing funding to IRBs to accommodate this effort.

In answering a query about the potential impact of the suggested initiatives for increasing minority researchers and reducing health disparities, Dr. Kirschstein commented that these initiatives should serve to strengthen and improve those areas. The NIH would like to foster or encourage the forging of new partnerships, especially between larger institutions that may have more funding and research opportunities than smaller institutions. Another avenue that the NIH will be pursuing involves addressing the health and provider disparities in the 24 states identified as receiving fewer NIH dollars; the House and Senate have allocated \$100 million and \$60 million, respectively, of their proposed FY001 budgets to encourage academic institutions across the country to develop and participate in a network that will strive to overcome these disparities. The network also would target small businesses, informatics companies, and others as well.

V. NINR HEALTH DISPARITIES STRATEGIC PLAN AND STRATEGIC PLAN FOR THE 21ST CENTURY: PROGRESS INDICATORS

Review, revisions, and refinements to the NINR Strategic Plan progress indicators continue under the direction of the Strategic Planning Work Group. Council members Drs. Buckwalter and Finkler led the discussion of the latest revisions, focusing on revisions that include:

- \$ Health disparities information should be translated and disseminated to consumers through non-peer-reviewed materials such as newspapers and magazines.
- \$ Other types of documents beyond the ones specified (Making a Difference and Research Focus) should be developed to capture all research advances, sorting these advances by theme (e.g., women's health, minority health, etc.).
- \$ Discussion was held as to whether setting aside 30 percent of all the NINR-funded fellowships at the postdoctoral level is a sufficient increase (from 26 percent) over the 5-year plan. This 30 percent would translate into 82 of the anticipated 275 fellowships in year 5. Additional comments focused on the target audience for postdoctoral awards and how a shift among nursing students to pursue and complete doctoral studies at an earlier age might increase the need for greater postdoctoral fellowship funds.
- \$ Activities were discussed related to promoting career development and attracting undergraduate and younger students to nursing research. Statements were added to specify, AFacilitate partnerships between research-intensive universities and institutions with a high minority student population@ and AEncourage the development of pre-baccalaureate programs.@

- \$ The objectives related to the centers program should be reworded to reflect that discussions and planning of centers is already underway.

Additional comments and changes, including any editorial comments, should be submitted to Drs. Grady or Leveck. Reviewers are encouraged especially to submit comments on the objectives, items, and activities tied to health disparities. In closing this portion of the meeting, Dr. Grady commented that strategic planning with specific target or progress indicators is an innovative process for the NIH. The inclusion and use of guideposts will likely prove critical to monitoring progress, meeting goals and objectives, and refining or modifying activities as the NINR implements the plan.

VI. NINR RESEARCH ACTIVITIES: CENTERS PROGRAM

Dr. Carole Hudgings, Chief, Office of Extramural Programs, NINR, provided a brief history and summary of the Institute's Centers Program. As Dr. Hudgings explained, the primary purpose of the Core Centers Program is to provide the infrastructure to centralize resources and facilities to support an active center of excellence in a specific area of scientific inquiry that has a strong base of research funding. The Core Centers are supported through the P30 grant mechanism. During FY94, six Core Centers were funded for 5 years in response to an RFA, and, in FY99-FY00, nine Core Centers received funding, also for 5 years, following response to a second RFA. Four of the six Centers that had received funding in the first wave also received monies in the second wave; representatives from each of these four centers presented highlights of their experiences to the Council (see next section).

To be eligible to become a Core Center, the applicant must have:

- \$ At least three projects funded by DHHS (e.g., R01, R15) or comparable peer reviewed research projects, e.g., state government or foundation funding
- \$ Each project must be related to the scientific area of inquiry identified for the Center
- \$ At least two of these projects must reside in the school of nursing
- \$ Each project must have at least 1 year of committed support remaining at the time of the application receipt date.

Core Centers also must have an administrative unit containing the following infrastructure components:

- \$ An identifiable organizational unit within the school of nursing (SON)
- \$ Evidence of interdisciplinary research
- \$ A director and associate director
- \$ An executive committee
- \$ An external advisory committee that includes at least two researchers from outside of the academic institution
- \$ An evaluation plan to determine progress in meeting goals.

A Core is defined as “a shared, central facility, such as a laboratory, service, or other resource.” Each Core must be conceptually linked to the scientific theme of the Center, and should extend and augment researchers’ current capabilities. The Core Center must include at least three cores, including an administrative core. Other core units may be developed around themes or concepts such as statistical support, dissemination, biomedicine, genetics, or other topics.

Scientific themes of the four Core Centers discussed below include the Center for Women’s Health Research (University of Washington), Center for Research in Chronic Disorders (University of Pittsburgh), Center for Research on Preventing and Managing Chronic Illness in Vulnerable Populations (University of North Carolina, Chapel Hill), and Gerontological Nursing Interventions Research Center (University of Iowa). Other Core Centers focus on Health Promotion/Disease Prevention Research (University of Texas at Austin), Vulnerable Populations Research (University of California, Los Angeles), Health Promotion and Risk Reduction in Special Populations (University of South Carolina), Enhancing Quality of Life in Chronic Illness (Indiana University), and Nursing Outcomes Research (University of Pennsylvania). Although the topics and issues of interest among the Centers are diverse, some common themes, such as vulnerable populations, chronic illness, and health promotion, also emerge across centers.

Each Center also is required to conduct pilot studies to allow eligible investigators to explore the feasibility of a concept within the scientific areas of inquiry or interest and to amass sufficient data to pursue further investigation of that topic through other funding sources. Eligibility criteria for Principal Investigators (PIs) of pilot studies include an established investigator who tests a new idea that is a clear departure from prior research interests; an established PI with no previous work in the scientific area; and a new PI with no previous NIH or DHHS funding. As part of this component, the Center also must establish a process for the review and selection of future pilot studies.

Additional information regarding the Core Centers may be found at www.nih.gov/ninr.

VII. RESEARCH CONTRIBUTIONS OF NINR CORE CENTERS: PANEL OF ESTABLISHED CENTER DIRECTORS

In this session, directors from four established Core Centers highlighted key accomplishments, interdisciplinary activities, dissemination activities, and opportunities and challenges of their Centers during the past several years.

University of Washington

Dr. Margaret Heitkemper, Director, Center for Women’s Health Research, opened her presentation by noting that the Center was established in 1989 through a P50 grant under the direction of Dr. Nancy Woods. In 1994, upon receipt of a P30 grant from the NINR, this Core Center was expanded to include four core units: (1) an administrative core; (2) a research and dissemination core; (3) a sociocultural environments core used by 10 SON faculty and two colleagues outside the nursing school; (4) and a biobehavioral laboratories core composed of

three subunits (immune laboratory, biochemical laboratory, and behavioral laboratory) that are used by 28 SON faculty and five schools/colleges, including the School of Medicine, and other institutions, such as the Seattle Zoo.

Some of the Center's major accomplishments include:

- \$ Creation of the biobehavioral laboratories and facilities, which serve a wide and diverse academic and community population
- \$ The conduct of the feasibility studies allowed Center researchers to progress to larger, longer-term studies and the award of 16 R01s, 2 R29s, 3 R55s, 1 R03, 4 K awards, 7 awards from other government agencies, and 8 awards from industry, plus three pre-doctoral and five post-doctoral fellowships.

Academic collaborative activities include:

- \$ The stimulation and implementation of a variety of interdisciplinary activities, such as the study of estrogen, body fat, and dyslipidemia at menopause, and the Women's Health Project for Bone Health (7,000 women participants)
- \$ Involvement in establishing several collaborative centers or units, including the Center of Excellence in Women's Health in the medical school, the deTornay Center on Health Aging in the SON, and the Clinical Nutrition Research Unit
- \$ Plans to help develop and establish a Center for Ecogenetics and Environmental Health, part of which will involve the development of a DNA/genetic database.

The Center also has established research partnerships with industry through:

- \$ Studies of irritable bowel syndrome and chronic illnesses with Glaxo-Wellcome
- \$ The Women's Health Project for Bone Health, in collaboration with Ostex.

Many of the challenges facing the Center revolve around infrastructure and maintaining funding. Dr. Heitkemper noted that the SON provides the Center with \$25,000 per year that is used primarily for equipment purchases and maintenance. She added that this year, the SON invested more than \$100,000 in the Center for a new molecular laboratory to enhance ongoing and future research endeavors.

Future activities include sustaining the Center, expanding the Center's collaborations to include regional affiliations, becoming a central training center for graduate and postgraduate researchers, and incorporate the emerging scientific areas of genetics and molecular biology into Center activities.

University of Iowa

Dr. Toni Tripp-Reimer, Director, Gerontological Nursing Interventions Research Center, University of Iowa, summarized key accomplishments of the Center, which was established through a P30 grant. The Center was founded on a solid research base focused on the areas of interventions, family involvement, and decubitus ulcer healing which formed the original three core units in addition to the administrative unit. For the competitive renewal, the structure of the

Center changed to include an administrative core, a dissemination core, a research core, and a regional core.

Three major accomplishments of the Center identified by Dr. Tripp-Reimer include:

- \$ Moving seed grants to major funded projects
- \$ Development of the research/dissemination core
- \$ Development of the regional program.

The first 5 years of the Center saw significant growth in its research base, as several projects that had received seed money progressed to larger, more substantially funded work. For example, 15 of 19 pilot projects are now supported through R01s, and four pilot studies have major funding pending. Proposals to extend an additional five pilot projects will be revised and resubmitted. Collaborative efforts established and nurtured during this time include gerontological nursing research supported by a T32 from NINR, an Iowa-VA Nursing Research Consortium, Geriatric Education Center, and the Center on Aging (through a T32 from the National Institute on Aging) at the University of Iowa.

Another new area of growth for the Center involves developing regional partners and establishing the Center as a key regional resource. Associations have been formed with institutions in Minnesota, Wisconsin, and Mississippi; additional collaborations are planned with two historically black colleges, Alcorn State (Mississippi) and Southern University (Baton Rouge, LA). Staff anticipate and look forward to continued growth and collaborations with these and other institutions and organizations. Dr. Tripp-Reimer is working to have the Center designated a Center for Excellence in Nursing by the Hartford Foundation.

The Center's new dissemination core involves several features:

- \$ Preparation of papers and other materials for publication, with more than 300 produced since 1994
- \$ Distribution of clinical practice guideline materials, with more than 6,000 requests processed thus far; requests for information about fall prevention and hydration represent the largest proportion of these requests
- \$ The development of 22 evidence-based protocols, with six currently in progress
- \$ Ongoing presence at a number conferences and meetings throughout the year.

Aims and goals of the regional core are to:

- \$ Train junior investigators
- \$ Coordinate mentoring in gerontological nursing across sites
- \$ Run inter-university cooperative initiatives
- \$ Strengthening the sampling base for multi-site studies
- \$ Facilitate the development of minority investigators and partnering.

These goals will be achieved by:

- \$ Sponsoring mentoring grants (four/year)

- \$ Conducting inter-institutional pilot projects through site liaisons (with seed grant funds)
- \$ Developing further a currently limited-access Web site to provide course and grant information and describe faculty research interests
- \$ Developing a listserv for the Center and its partners and other interested parties.

An ongoing challenge facing the Center is being able to maintain a high level of activity and achievement with limited funds. Dr. Tripp-Reimer noted that the direction of the Center is guided in part by a large national advisory committee that provides additional expertise to the cores.

University of North Carolina, Chapel Hill

Dr. Joanne Harrell, Director, Center for Research on Preventing and Managing Chronic Illness in Vulnerable Populations, outlined the goals, accomplishments, challenges, and future opportunities of the Center. The purpose of this Center, Dr. Harrell explained, is to conduct research that will advance nursing knowledge to promote health, reduce risky behaviors, and foster health behaviors among vulnerable populations, specifically, infants, children, and the elderly; ethnic minorities; the poor; and persons residing in a rural area. The Center's core units, in addition to the required administrative core, include a dissemination core, an intervention core, and an outcomes core.

Main accomplishments of the Center in the past 5 years include:

- \$ Enhanced quality of research in vulnerable populations through expanded consultant pool, the conduct of culturally-sensitive research, the use of complex research designs, and increased dissemination of research findings through seminars and workshops on different vulnerabilities in addition to publications
- \$ Moving the science and knowledge regarding vulnerable populations forward, in part through developing young scholars and initiating new directives for senior researchers to remain on the cutting edge of science
- \$ Increasing the range and depth of physiologic and behavioral parameters used in research by providing shared equipment, space, and staff (biomedical technician, nurse physiologist consultant)
- \$ Increased the number of federally funded studies in the research base from 8 to 13. Pilot investigators have subsequently obtained 3 R01s, 1 R29, 2 K01s, and 1 T32. Eleven new investigators have progressed to Federal funding (7 pilot studies and 4 through the minority fellowship program), totaling more than \$3 million in research support.

Among the advances in physiologic methods developed through research supported by the Center are improved measures associated with pulmonary function, bioelectrical impedance, BMI (body mass index), measures of energy expenditure, and pain profiles. Interdisciplinary studies, including pilot studies, have engaged 19 investigators from 14 disciplines, departments, and centers across the university. Primary dissemination efforts and activities include leadership in

developing and sponsoring (with the five other NINR Core Centers as co-sponsors) the 3-day Preventing and Managing Chronic Illness Conference in April 1999 and publication of the conference proceedings, to be available sometime later in 2000.

Among the Center's challenges are finding continued support for the Center's minority postdoctoral fellows, and being able to adapt to the realities and changes associated with today's health-care environment and the impact of those changes on both clinicians and researchers. New opportunities and goals to be sought with refunding include increasing the number of evidence-based interventions for vulnerable populations and developing and mentoring young scholars, especially minority researchers.

In closing, Dr. Harrell commented that NINR's Core Centers Program is essential for advancing nursing research in diverse scientific and clinical areas and responding to a constantly changing research and health care environment.

University of Pittsburgh

Dr. Elizabeth Schlenk, Project Director, Center for Research in Chronic Disorders, presented for Dr. Jacqueline Dunbar-Jacob, the Center Director. Their Center staffs have developed an administrative core, plus three additional cores: Research and Development, Cognitive Function, and Biostatistics and Data. Each core supports the following six areas of emphasis: adherence, quality of life, cognitive function, functional status, comorbidity, and sociodemographics.

Dr. Schlenk identified the following key accomplishments:

- \$ Increases in research on protocol adherence and cognitive function, and identification of predictors of regimen adherence
- \$ Increased collaborative projects, including individual studies, interdisciplinary studies, pooled analyses (made possible since investigators share common instruments), and cross-center activities (i.e., 14 center-center linkages, including linkages with Carnegie Mellon)
- \$ Increased visibility of nursing research in the scientific arena both within and outside the university.

Interdisciplinary activities include:

- \$ Conducting lecture series
- \$ Participating in cross-center projects
- \$ Providing services to interdisciplinary projects as they tie into the Center's areas of interest
- \$ Establishing data verification subcontracts.

Dissemination activities, for which Center-derived funds are essential, include:

- \$ Numerous and continued publications and presentations
- \$ Sponsoring visiting lecturers

- \$ Contributing funds to interdisciplinary workshops for young investigators with varying topics, such as quality of life (1998), adherence (2000), and cognitive function (2002)
- \$ An edited book highlighting findings from Center-supported research is underway
- \$ Establishing, maintaining, and expanding intercollegiate partnerships, including an innovative robotics project with Carnegie Mellon.

Dr. Schlenk identified several opportunities that the Center is interesting in pursuing:

- \$ Continue to build the research base across studies
- \$ Promote and engage the vitality of nursing research
- \$ Improve interactions within and outside the Center's environment (e.g., through its Web site).

The Center also faces several challenges:

- \$ Maintaining its momentum with the present funding
- \$ Continuing to conduct relevant pilot studies
- \$ Finding the ideal balance between the level of interdisciplinary focus and research endeavors within the SON
- \$ Maintaining a balance between size and focus
- \$ Considering both Center-based projects and projects conducted by individual investigator.

The meeting was then opened to the floor for questions and comments.

Discussion/Q & A

The Center directors were asked how they integrate Center activities and achievements with, or in comparison to, their usual institutional operations. Dr. Tripp-Reimer commented that dissemination of Center activities and research findings to clinicians and the public occurs at a much more intensive level, but with very positive results. Funding through the Center has led to the forging of regional partnerships and links that likely would not have been developed otherwise. Pilot support and development have jump started numerous projects, especially interdisciplinary investigations. Dr. Harrell concurred that the Center has fostered the development of collaborative research, new partnerships, new dialogues, and innovative mentoring opportunities. These outcomes, in turn, have helped move the science forward and have led to new insights. The opportunity to share resources has been invaluable not only in bringing together of individual researchers, but also in gaining additional support from the University.

In response to inquiries about the length of time required to stabilize a new infrastructure and establish a Center as a new entity or presence on campus, the directors agreed that it takes approximately 4 years to achieve this status. The establishment and recognition of the Center also helped increase the visibility of nursing research and enable leverage for new funding within the home school/college of nursing, across the university, in industry, and in other non-NINR

NIH institutes and government agencies. The directors also viewed the Centers as having a positive impact on their home school/college of nursing by expanding the major areas of research within the home school/college. In addition, they believed that they had gained additional recognition and approval among their peers through the development, growth, and accomplishments of their Centers.

Regarding a “sunset” on Centers, there was not clear consensus. Some noted that the Centers Program provides just one mechanism for research infrastructure support, similar to the General Clinical Research Centers (GCRCs), many of which have been successful and funded continuously for 30 or more years. Others suggested identifying clear outcomes of the Centers and then linking a funding timeframe to those outcomes (e.g., transitioning to longer term projects, such as R01s, versus translation of research into clinical practice).

Additional discussion focused on the role of Centers in mentoring other SONs that are less research intensive, including programs at small institutions or colleges and universities with a heavy teaching load or emphasis. The importance of mentoring minority faculty and professionals also was emphasized. The directors agreed that established Centers could provide a strong lead or resource for other SONs. The Center directors also expressed strong interest in pooling resources (e.g., pooling data; sharing analytical, training, and dissemination tools, etc.) across Centers.

Following this discussion, Dr. Grady closed the open session by thanking those present for their time and participation. An optional tour of two intramural laboratory facilities followed the closing of the meeting.

CLOSED PORTION OF THE MEETING

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, US 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.

VIII. REVIEW OF APPLICATIONS

The members of the National Advisory Council for Nursing Research considered 95 research and training grant applications requesting \$70,362,872 in total costs. The Council recommended 65 applications with a total cost of \$47,620,566.

IX. OTHER ITEMS FOR CLOSED SESSION

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

X. ADJOURNMENT

The 41st meeting of the NACNR was adjourned at 11:40 a.m. on May 24, 2000.

CERTIFICATION

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

Patricia A. Grady, PhD, RN, FAAN
Chair

Mary D. Leveck, PhD, RN
Executive Secretary

MEMBERS PRESENT

Dr. Patricia A. Grady, Chair
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. Dorothy Powell

Dr. Paulette Cournoyer, *Ex Officio*
Dr. Catherine Schempp (LTC-P), *Ex Officio*

Dr. Mary Leveck, Executive Secretary

MEMBERS OF THE PUBLIC PRESENT

Dr. Doris Bloch, Windows on Nursing
Dr. Cheryl Bourguignon, University of Virginia
Ms. Mary Cerny, The Scientific Consulting Group, Inc.
Dr. Carolyn Cochrane, University of South Carolina, Charleston
Ms. Barbara Cross, University of Virginia
Dr. Leonard Derogatis, University of Maryland
Ms. Susan Dorsey, University of Maryland
Dr. Joanne Harrell, University of North CarolinaBChapel Hill
Dr. Margaret Heitkemper, University of Washington, Seattle
Dr. June Lunney, Americans for Better Care of Dying
Dr. Deanne Otto, University of Maryland
Dr. Barbara Parker, University of Virginia
Ms. Cynthia Renn, University of Maryland
Dr. Mary Ropka, University of Virginia
Dr. Elizabeth Schlenk, University of Pittsburgh
Ms. Angela Sharpe, Consortium of Social Science Associations
Dr. Toni Tripp-Reimer, University of Iowa
Ms. Tami Wyatt, University of Virginia

FEDERAL EMPLOYEES PRESENT

Dr. Nell Armstrong, NINR/NIH
Ms. Allyson Browne, NIH
Mr. Jeff Carow, NINR/NIH
Ms. Linda Cook, NINR/NIH
Ms. Janet Craigie, NHLBI/NIH
Ms. Robin Gruber, NINR/NIH
Dr. Karin Helmers, NINR/NIH
Dr. Carole Hudgings, NINR/NIH
Dr. Ann Knebel, NINR/CC Nursing/NIH
Ms. Rose May, NINR/CC Nursing/NIH
Ms. Cindy McDermott, NINR/NIH
Mr. Daniel O'Neal, NINR/NIH
Ms. Taneka Pierce, 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. Sally York, NINR/NIH