

**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 21-22, 2013

The 80th meeting of the National Advisory Council for Nursing Research (NACNR) was convened on Tuesday, May 21, 2013, at 1:00 p.m. in Conference Room 6, Building 31, National Institutes of Health (NIH), Bethesda, Maryland. The first day of the meeting was an open session and adjourned that same day at 4:51 p.m. The closed session of the meeting, which included consideration of grant applications, was convened on Wednesday, May 22, 2013, at 9:00 a.m. and continued until adjournment at 1:00 p.m. Dr. Patricia A. Grady, Chair, NACNR, presided over both sessions of the meeting.

OPEN SESSION

I. CALL TO ORDER, OPENING REMARKS, COUNCIL PROCEDURES, AND RELATED MATTERS

Dr. Grady called the 80th meeting of the NACNR to order, welcoming all Council members, visitors, and staff. Two Council members, Drs. Kenton R. Kaufman and Elaine Larson, were unable to participate in the open session. Council members Drs. Kenton R. Kaufman, Courtney H. Lyder, and Bernadette Mazurek Melnyk were unable to participate in the closed session. Dr. Grady welcomed five new Council members to the meeting: Drs. Cynthia Barnes-Boyd, Donna K. Hathaway, Jillian Inouye, Bernadette Mazurek Melnyk, and Marjana Tomic Canic

Conflict of Interest and Confidentiality Statement

Dr. Ann Knebel, Executive Secretary, NACNR, noted that the meeting would be recorded for purposes of the minutes and that audio recordings would be destroyed once the minutes were completed. She referred Council members to the Conflict of Interest and Confidentiality Statement and added that she would provide additional instructions on conflicts of interest and confidentiality during the closed session on May 22. She asked Council members to update their addresses on the meeting roster that would be circulated during the meeting. Dr. Knebel also reminded Council members of their status as special federal employees while serving on the Council and that as special government employees, Council members cannot engage in lobbying activities while receiving payment from the government.

Minutes of the Previous NACNR Meeting

Council members received the minutes of the January 22-23, 2013, NACNR meeting by email. A motion to accept these minutes was made, seconded, and approved unanimously. The approved minutes of each quarterly NACNR meeting become part of the Institute's permanent record and are posted on the NINR website (www.ninr.nih.gov).

Dates of Future Council Meetings

Council members were asked to confirm their calendars for the following meeting dates and to contact Drs. Grady and Knebel about any conflicts or expected absences.

2014

January 21-22 (Tuesday-Wednesday)

May 20-21 (Tuesday-Wednesday)

September 16-17 (Tuesday-Wednesday)

II. Report of the Director, NINR—Dr. Patricia Grady, Director, NINR

The Director's report focused on the NIH and NINR budgets and on activities and news occurring within NINR, NIH, and the Department of Health and Human Services (HHS) since the last Council meeting.

Budget Update—Dr. Grady provided an update on the current status of appropriations and projects for the NINR budget. Fiscal year (FY) 2014 budget hearings currently are taking place. NINR received a 5.2 percent budget cut due to sequestration, but with transfers taking place, the decrease will be closer to 6 percent. The President's budget for FY2014 requests a 1.5 percent increase over FY2012 funding levels for NIH, with a 1 percent increase for NINR.

Dr. Grady reviewed NINR patterns of investments and noted that there were no major changes. Extramural programs account for the largest proportion of the NINR budget. Dr. Grady reminded the Council that the proportion of the NINR budget devoted to training is twice the average across NIH. The intramural program consumes 5 percent of the NINR budget, which is about half the average proportion for intramural programs across NIH.

HHS News—Dr. Grady highlighted HHS initiatives over the last several months: National Women’s Health Week (May 12), National Nurses Week (May 6), World Health Day (April 7), National Public Health Week (April 1), Minority Health Month and National Autism Awareness Month (April), and LGBT (lesbian, gay, bisexual, and transgender) Health Awareness Week (March 25).

Dr. Grady announced that the U.S. Senate confirmed Marilyn B. Tavenner, a nurse, as Administrator of the Centers for Medicare & Medicaid Services (CMS). Dr. Grady reminded Council members that CMS has a number of new responsibilities in this administration, including the development of new payment and service delivery models through the CMS Innovation Center (<http://innovation.cms.gov/initiatives/index.html>).

Dr. Grady recognized the loss of former HHS Secretary Dr. Otis R. Bowen and former U.S. Surgeon General Dr. C. Everett Koop, who both passed away this year.

NIH News—President Obama and NIH Director Dr. Francis Collins recently announced the NIH Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative aimed at revolutionizing understanding of the human brain (<http://www.nih.gov/science/brain/index.htm>). By accelerating the development and application of innovative technologies, researchers will be able to produce a revolutionary, dynamic picture of the brain that shows how individual cells and complex neural circuits interact in both space and time. This is a transagency initiative involving the Defense Advanced Research Projects Agency (DARPA), the National Aeronautics and Space Administration (NASA), and NIH, as well as several private organizations.

Dr. Grady announced that Dr. Jon Lorsch, Professor of Biochemistry and Biophysics at Johns Hopkins University, was named Director of the National Institute of General Medical Sciences (NIGMS).

NIH has announced new Council of Councils (CoC) members. The CoC is made up of approximately 30 members, selected from NIH Institute and Center (IC) Advisory Councils, representatives nominated by the Office of the Director program offices, and broad lay representation, including a member of the NIH Council of Public Representatives. The CoC advises the NIH Director on matters related to the policies and activities of the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI). Dr. Barbara J. Guthrie, former member of the NACNR, is currently serving on the Council of Councils.

The NIH Pain Consortium is holding its annual symposium May 29-30, 2013, in the Natcher Conference Center. The theme of this year's symposium will be "Integrated Self-Management Strategies for Chronic Pain." Members of the extramural scientific community, the NIH scientific community, health care providers, and the public are invited to attend.

Dr. Grady noted that Dr. Adey Nyamathi, UCLA School of Nursing, is featured on the NIH Office of Behavioral and Social Sciences Research blog. Dr. Nyamathi partnered with Amistad de Los Angeles to test a peer-coaching, nurse case management, and specialized hepatitis/HIV education intervention program for parolees.

Dr. Grady also highlighted six NIH-sponsored funding opportunities of interest to nurse scientists (<http://grants.nih.gov/grants/guide>).

NINR News—Dr. Grady welcomed again the new NACNR members. She also noted plans to videocast the open sessions of the NACNR starting with the September 2013 Council open session.

The 2013 NINR Director's Lecture, "It's All in the Mind: Heart Failure and the Brain," was presented by Dr. Mary Woo from UCLA earlier in the day. The presentation was well received.

Dr. Grady reported on recent NINR activities. In March, NINR received visiting students from Tokyo Medical and Dental University, and the American Association of Colleges of Nursing held its Spring Annual Meeting, a Student Policy Summit, and a Faculty Policy Intensive. The Association of Academic Health Centers Capitol Hill Event, the Oncology Nursing Society's Preconference Hill Day, and the George Mason University Graduate Student Interprofessional Health Science Forum were all held in April.

Dr. Grady noted NINR's strategic plan and asked Council members to take the plan into consideration when reviewing concepts. NINR is investing in Health Promotion and Disease Prevention, Advancing the Quality of Life: Symptom Management, Palliative and End-of-Life Care, Innovation, and Training Nurse Scientists. Implementation of the strategic plan will revolve around the themes of self-management, symptom science, wellness (preventing illness and promoting health), and the science of compassion. Dr. Grady noted the following NINR activity regarding these themes. The annual National Nursing Research Roundtable focused on the theme of self-management. The Roundtable was cohosted by NINR and the American Nurses Association (ANA), and was held March 7-8, 2013. The Roundtable serves to promote

communication about nursing research to multiple audiences and encourage constituent nursing organizations to incorporate mechanisms for doing so in their strategic plans.

A number of activities occurred around the theme of end-of-life and palliative care. The Coalition to Transform Advanced Care, of which NINR is a member, held a National Summit on Advanced Illness Care in January 2013. The 2013 Institute of Medicine (IOM) Committee on Transforming End-of-Life Care is reviewing the state of the science and identifying recommendations for research. The NIH End-of-Life and Palliative Care Special Interest Group (SIG) provides a forum for interested researchers to discuss current trends and exchange information on end-of-life and palliative care. The presenter for the SIG was Dr. Jennifer Temel who is an NINR-funded scientist. Dr. Grady also highlighted selected NINR funding opportunity announcements in research areas of pain, comorbid conditions, and symptom management.

Dr. Grady noted upcoming NINR training opportunities. The Summer Genetics Institute will take place June 3-28 of this year. The NINR Fatigue/Sleep Methodologies Boot Camp—July 22-26, 2013—already has reached its enrollment capacity. Dr. Grady encouraged those who are interested in participating in these training opportunities to apply early. The Lasker Clinical Research Scholars Program, which is in its second year, supports a small number of exceptional clinical researchers in the early stages of their careers to promote their development to fully independent positions. NINR currently is supporting one Lasker Clinical Research Scholar, Dr. Jessica Gill. The Graduate Partnerships Program (GPP) is a doctoral fellowship training program that coordinates training and funding for students attending a school of nursing. Any nursing Ph.D. student at any university can now apply to the program. Dr. Grady encouraged Council members to view the YouTube video posted on the GPP website (<https://www.ninr.nih.gov/training/trainingopportunitiesintramural/graduate-partnership-program>) that features an alumna of the program discussing how the GPP helped her advance her nursing research career. A student currently enrolled in the program, Dr. Kristin Filler, recently received two research awards for her work.

Dr. Grady also noted that Dr. Linda Aiken won the International Global Health Award from the Consortium of Universities for Global Health for her work on improved patient care (nurse to patient ratios) and safety and patient outcomes.

Dr. Grady highlighted recent publications. The Blueprint for Genomic Nursing Science was published in the *Journal of Nursing Scholarship*. A workshop will occur to follow up on the publication. A paper,

"Nurse Scientist Involvement in NIH's Clinical & Translational Science Awards Program," also was published by several key leaders in the Clinical & Translational Science Awards (CTSA) program that highlights key contributions by nurses to CTSA efforts in community engagement, implementation science, and training. NINR also coauthored an article on research in nonpharmacological interventions in the *Journal of Gerontological Nursing*.

The following NINR staff news was noted by Dr. Grady:

- Dr. Ann Cashion, Acting Scientific Director, NINR, is representing the Institute on the IOM Roundtable on "Translating Genomic-based Research for Health."
- Dr. Brian Walitt, Georgetown University, recently joined NINR as a Medical Officer.
- The National Capital Area Traumatic Brain Injury (TBI) Research Symposium was held in April 2013 on the NIH campus, at which Drs. Jessica Gill and Hyunhwa Lee gave presentations.
- Drs. Martha Matocha and Mary Roary joined the NINR Office of Extramural Programs.

Dr. Grady closed her presentation by inviting Council members and visitors to visit the NINR website and NINR's new Twitter account.

III. NIH Disease Prevention Research—Dr. David Murray, Director, Office of Disease Prevention, NIH

Dr. Murray discussed the history, current activities, and future goals of the NIH Office of Disease Prevention (ODP). ODP is part of the NIH Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI) in the NIH Office of the Director. The mission of ODP is to improve public health by increasing the scope, quality, dissemination, and impact of prevention research supported by NIH. ODP aims to fulfill this mission by providing leadership for the development, coordination, and implementation of prevention research in collaboration with the ICs and other partners. Prevention research at NIH encompasses research designed to both promote health and to prevent onset of disease, disorders, or injuries and the progression of asymptomatic disease (i.e., primary and secondary prevention). This type of research targets biology and genetics, individual behavior, factors in the social and physical environments, and health services; and informs and evaluates health-related policies and regulations. Prevention research includes: identification and assessment of risk and protective factors; screening and identification of individuals and groups at risk; development and evaluation of

interventions to reduce risk; translation and dissemination of effective preventive interventions into practice; and development of research methods to support this work.

Examples of other ODP activities include: The Medicine in the Media training program to help improve journalists' and editors' abilities to evaluate and report on medical research; The Medicine: Mind the Gap seminar series to explore issues at the intersection of research, evidence, and clinical practice—areas in which conventional wisdom may be contradicted by recent evidence; and Evidence-based Methodology Workshops to identify methodological and scientific weaknesses in a science area to move the field forward through an unbiased and evidence-based assessment of a complex clinical issue. In 2012, The Tobacco Regulatory Science Program (TRSP) was transferred to ODP. TRSP is a trans-NIH collaborative effort with the U.S. Food and Drug Administration's (FDA) Center for Tobacco Products to conduct research to support FDA's regulatory authority for tobacco products. This program will support approximately \$100 million in new research in 2013.

ODP currently focuses its efforts on research coordination, evidence assessment, training and education. ODP cofunds NIH research projects, meetings, and workshops. The Office seeks to cofund activities that support prevention research, including conferences and grants. ODP also maintains collaborations with other Federal partners, such as the U.S. Preventive Services Task Force, the Task Force on Community Preventive Services, and *Healthy People 2020*. ODP is strengthening NIH's relationship with the U.S. Preventive Services Task Force to ensure that the ICs with expertise in the topics that the Task Force is reviewing are actively involved in offering input before recommendations are made. ODP's Consensus Development Program has developed consensus statements on topics proposed by the ICs, including gestational diabetes mellitus, lactose intolerance and health, and management of hepatitis B.

ODP has sought broad input to develop its first strategic plan (FY2013-18). A working group of NIH and other federal, extramural, and public partners is guiding the process. Interviews with NIH IC Directors and other key leaders informed the mission, vision, and proposed strategic priorities. ODP has actively engaged program and review staff, professional societies, extramural investigators, and the public in the process. ODP's strategic priorities are as follows:

- Systematically monitor NIH investments in prevention research and the progress and results of that research.
- Identify and promote prevention research areas that deserve expanded effort and investment by NIH.

- Promote the use of the best available methods in prevention research and support the development of new and innovative approaches.
- Encourage development of collaborative prevention research projects and facilitate coordination of such projects across NIH and with other public and private entities.
- Identify and promote the use of effective evidence-based interventions.
- Increase the visibility of prevention research at NIH and across the country.

Dr. Murray closed his presentation by highlighting ODP's new vision: By 2018, ODP will be a valuable resource to NIH and the broader prevention research community. ODP will provide guidance in prevention research methodology, identify gaps in existing evidence and facilitate coordination of new activities to address those gaps, promote quality improvements in the review and administration of prevention research, and increase the impact and visibility of prevention research.

IV. NINR Self-Management Portfolio Overview—Dr. Donna Jo McCloskey, Program Director, Office of Extramural Programs, NINR

Dr. McCloskey presented an update on the NINR extramural self-management research portfolio. Self-management is the ability of the individual, in conjunction with family, community, and health professionals, to manage symptoms, treatments, lifestyle changes, and psychosocial, cultural, and spiritual consequences associated with chronic illness. Reports from the Milken Institute and IOM have focused on chronic conditions and call for self-management programs. Central to the expanded chronic care model is a self-management component, which emphasizes the importance of the roles of patients, families, and the care team in managing patients' health.

In the past, the utility and effectiveness of self-management practices were not well studied or accepted. Self-management has been distinguished from self-care, which more broadly delineates the healthy lifestyle behaviors undertaken by individuals for optimal growth and development or the preventive strategies used to promote or maintain health.

NINR has published a number of funding initiatives focused on self-management. For example, NINR-supported Nursing Science Centers focused on self-management. NINR has two current program announcements with self-management as a primary focus: Chronic Illness Self-Management in Children and Adolescents and Health Tools to Promote Effective Patient-Provider Communication, Adherence to

Treatment, and Self-Management of Chronic Diseases in Underserved Populations. NINR's investment in self-management from FY2006-2012 included 164 grants.

NINR-funded research demonstrates that self-management strategies improve patient outcomes by empowering patients to understand their conditions and take responsibility for their health. Currently, NINR's self-management portfolio includes studies on individuals with a wide array of symptoms/conditions, including pain, fatigue, diabetes, HIV/AIDS, cancer, arthritis, and sleep disorders.

Dr. McCloskey highlighted selected studies that resulted from funding to demonstrate self-management across several chronic conditions and mechanisms:

- The study *Coping Self-Management, and Adaptation in Adolescents with Type 1 Diabetes* examined the relationship of stress reactivity and coping in an ethnically diverse sample of adolescents with type 1 diabetes. The study found that low-income and minority statuses were related to lower levels of primary and secondary control coping and higher levels of disengagement coping.
- The pilot study *Low-Sodium Self-Management Intervention in Heart Failure: Pilot Study Results* examined the effectiveness of an educational intervention on reducing the dietary sodium intake of patients with heart failure. The educational intervention was effective in reducing dietary sodium intake in patients with heart failure at six months after the start of the intervention.
- The study *Implementing a Combined Cognitive-behavioral + Exercise Therapy Protocol for Use by Older Adults with Chronic Back Pain: Evidence for a Possible Race/Ethnicity Effect* sought to determine the feasibility and efficacy of a self-management program for use by seniors with chronic back pain and to assess for possible race/ethnicity influences in program impact. The most striking finding from this study is the difference in program outcomes as a function of participants' race/ethnicity status. While all subgroups showed improved pain scores, Hispanic participants achieved the greatest program benefit, with significant improvements noted across all six efficacy outcomes.
- The study *Measuring HIV Self-Management in Women Living With HIV/AIDS: A Psychometric Evaluation Study of the HIV Self-Management Scale* highlights work done at one of NINR's institutional training grants. The purpose of the study was to develop and validate the HIV Self-Management Scale for women. This new measure of HIV self-management will permit future researchers and clinicians to assess and integrate aspects of HIV self-management in a variety of

samples and settings to better understand how to increase these important behaviors in this population.

- The study *Participatory Adaptation of an Evidence-Based Arthritis Self-Management Program: Making Changes to Improve Program Fit* provided recommendations for program change that led to improved fitness for older African-American women and Hispanic and non-Hispanic whites.
- The study *Cost Benefits of a Peer-Led Asthma Self-Management Program for Adolescents* examined the cost-saving effect of a peer-led program through reduction in health-care utilization in comparison with an adult-led program. Results revealed that a peer-led asthma self-management program for adolescents reduced acute office visits and facilitated appropriate use of school clinics with a net cost savings of about \$52 over a three-month period of time.

Dr. McCloskey presented accomplishments of NINR's Self-Management Centers program. A Centers Directors meeting was held on April 9 on the NIH campus, which focused on three themes: collaboration, sustainability, and leveraging of resources.

NINR is poised to make major discoveries that will improve health outcomes for individuals experiencing symptoms of chronic conditions by translating what is already known as evidence for the community and home settings as well as advancing available and affordable technologies. Additional areas on which to focus for the future include training young and early-stage investigators in self-management science, incorporating stakeholders in self-management, developing sustainable programs, and linking basic science to self-management.

V. Immune and Endocrine Dysfunction in Perinatal Women: Prevention, Self-Management, and Health Disparity—Dr. Elizabeth Corwin, Associate Dean for Research, Emory University Nell Hodgson Woodruff School of Nursing

Dr. Corwin presented data from her NINR-funded study, *Immune and Endocrine Dysfunction in Perinatal Women*, from a new self-management perspective. This new perspective is the prevention and self-management of the underlying biological mechanisms that contribute to adverse symptoms and disease progression, particularly poor health outcomes in pregnant and postpartum women.

Dr. Corwin provided some background information on chronic stress. Minority and low-income women experience increased chronic stress and an increased number of lifetime stressful experiences. This

increased stress load has been referred to as “weathering.” Growing evidence supports that chronic stress is an important contributor to enormous racial disparities in preterm birth. Each year, over 30,000 more preterm infants are born to African-American women than to Caucasians.

In her study, Dr. Corwin hypothesized that pregnant minority or low-income women will demonstrate dysregulation in the cytokine-glucocorticoid feedback circuit when compared with Caucasian or higher-income women. For statistical comparisons, subjects were grouped in three ways: self-report of Caucasian or racial minority (“Race”); high or low income (“Income”); and presence or absence of either of the two risk factors—being minority or low income versus Caucasian and higher income (high or low “General Risk”). One hundred forty-four Caucasian women and 47 minority women were enrolled in the study, 48 of whom were classified as low income. The minority, low-income, and high-risk women reported higher perceived levels of stress. Minority and high-general-risk women had higher cortisol levels than Caucasian and low-general-risk groups. Higher-income and Caucasian women had regulated cytokine-glucocorticoid feedback circuits—as cortisol increased, pro-inflammatory cytokines decreased. In contrast, there was no negative feedback for low-income and minority women. Pregnant minority or low-income women experience signs of glucocorticoid resistance, which limits a woman’s ability to regulate inflammation and cortisol secretion and increases risk of poor outcomes for mothers and infants.

Moving forward, Dr. Corwin would like to study biological mechanisms for adverse maternal-child outcomes in African Americans. Dr. Corwin closed her presentation by stating the long-term goal of this research is to develop self-management strategies to prevent or reduce adverse health outcomes related to health disparities.

VI. Overview of December 2012 Planning Meeting—Dr. James A. Tulsky, Director of the Center for Palliative Care and Professor of Medicine and Nursing, Duke University

Dr. Tulsky gave an overview of the NINR December 2012 Planning Meeting. The goals of this meeting were to identify scientific gaps and opportunities relative to the mission of NINR and to develop a list of ideas, known as “concepts,” that have potential to move nursing science forward. The process of concept refinement involved a pre-concept discussion and poster tour. Based on feedback from these discussions, some pre-concepts were further developed into concepts. The concepts were then discussed and prioritized at the February 2013 NINR Senior Staff Meeting. The revised concepts are being presented to the Council today, and approved concepts will be considered for initiatives in FY2014.

At the December 2012 Planning Meeting, 13 pre-concepts were presented. Concepts presented to Council members included:

- Family-Centered Self-Management of Chronic Conditions.
- Community-Academic Partnerships to Advance Research.
- Management of Symptom Clusters in Chronic Conditions.
- Advanced Life Limiting Illnesses with Poor Survival: Examining the Impact of Transitions under End of Life and Palliative Care.
- Genomic Underpinnings of Response to Rehabilitation Interventions.

Dr. Tulsky closed his presentation by highlighting six questions for the Council to consider when reviewing the concepts:

- Do we have the right balance?
- What approaches have been successful?
- Which ones have not worked?
- Are we leveraging our inherent strengths?
- Are there opportunities for new collaborations?
- Are we using the right approaches to get the research done?

VII. Concept Presentation and Discussion—Dr. Linda Weglicki, Chief, Office of Extramural Programs, NINR

Dr. Weglicki facilitated discussion of the five concepts by Council members.

The Community-Academic Partnerships to Advance Research concept was presented. The need for researchers to partner with communities to better develop interventions and improve health outcomes is the reason why this concept is being brought forward. Nurses are key to community-based research, and this concept would utilize NINR's strengths.

The Family-Centered Self-Management of Chronic Conditions concept was presented. NINR has a commitment to self-care and self-management. This concept is missing the “dose of the invention.” Managing the chronic illness community cannot be done solely through family-centered self-management—it requires a level of engagement that has not often been seen in health care. The provider’s role and relationship to the patient (relationship-based self-management) is missing from this concept. Council suggested taking the socioeconomic framework into account, using the family-centered terminology now with a view toward moving toward relationship-based care.

The concept of Management of Symptom Clusters in Chronic Conditions was presented. The first objective of the concept—design and test interventions for the management of symptom clusters was of most interest. It was suggested that Council identify certain areas of chronic conditions to pursue, rather than the concept being so broad. Council suggested developing definitive descriptions of symptom clusters and underlying mechanisms from a research perspective. Council also suggested including predictors of outcomes in the concept (i.e., biomarkers that may predict symptoms). Council expressed concern over the definitions used to describe patients and clusters in this concept. The language of this concept needs to be further refined—clusters of patients versus clusters of symptoms. The first objective of the concept should include innovative strategies for measuring symptom clusters.

The Genomic Underpinnings of Response to Rehabilitation Interventions concept seeks to increase understanding of the role of genomic variance and mechanisms in response to rehabilitation interventions, which are broadly defined as physical, behavioral, neurological, or cognitive interventions. This concept is highly relevant to NINR’s mission. The populations at risk for needing rehabilitation interventions are growing. A comment was that this is an area where nursing can make a significant impact. As this area of research is underserved, this concept may be of interest to other Institutes or Centers.

The concept of Advanced Life Limiting Illnesses with Poor Survival: Examining the Impact of Transitions under End of Life and Palliative Care was presented. Transition is defined as the way people respond to change in their lives, particularly when the change is a disruptive event. The purpose of this concept is to stimulate research that examines the impact of illness trajectories and transition of patients diagnosed with life limiting illness and their caregivers. This concept would expand the existing NINR end-of-life and palliative care research portfolio. Council was supportive of this concept. Council recommended the addition of providers and clinicians and suggested that an explanation of the qualitative and quantitative methods used to conduct studies in this research area be included. The concept should include the concept of poor survival. A comment was that transitions are hard to study—it is mostly done

retrospectively. Race/ethnicity plays a role in transition. The National Minority Health Institute may be a possible partner.

Following these discussions, Dr. Grady thanked participants and attendees for their time and interest and adjourned the open session of the meeting.

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.

REVIEW OF APPLICATIONS

The members of the NACNR considered 105 research and training grant applications on which NINR was the primary Institute; these applications requested a total of \$24,676,527 (direct costs year 01). The Council also considered 463 applications on which another Institute/Center was primary and NINR was secondary. These applications requested a total of \$115,000,280 (direct costs year 01). The Council concurred with the IRG recommendations on these 568 applications.

ADJOURNMENT

The 80th meeting of the NACNR was adjourned at 1:00 p.m. on May 22, 2013.

CERTIFICATION

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

Patricia A. Grady, Ph.D., R.N., F.A.A.N

Chair

National Advisory Council for

Nursing Research

Ann R. Knebel, Ph.D., R.N., F.A.A.N.

Executive Secretary

National Advisory Council for Nursing Research

MEMBERS PRESENT

Dr. Patricia A. Grady, Chair

Dr. Ann Knebel, Executive Secretary

Dr. Anna Alt-White, *Ex Officio*

Dr. Julie Anderson

Dr. Cynthia Barnes-Boyd

Dr. Glenna Dowling

Dr. Everette Freeman

Dr. Susan Gennaro

Dr. Donna Hathaway

Dr. William Holzemer

Dr. Jillian Inouye

Dr. Elaine Larson

Dr. Courtney Lyder

Dr. Bernadette Mazurek Melnyk

Dr. Anne Rosenfeld

Col. Bruce Schoneboom, Ph.D., *Ex Officio*

Dr. Marjana Tomic Canic

Dr. James Tulsy

MEMBERS OF THE PUBLIC PRESENT

Ms. Katrina Burson, RTI International

Dr. Elizabeth Corwin, Emory University School of Nursing

Dr. Stefan Görres, Universität Bremen, Germany

Dr. J. Taylor Harden, National Hartford Centers of Gerontological Nursing Excellence

Dr. Shirley Moore, Case Western Reserve University School of Nursing

Dr. Ralf Suhr, Centre for Quality in Care, Germany

Ms. Ana Laura Solano, Case Western Reserve University School of Nursing

FEDERAL EMPLOYEES PRESENT

Ms. Sarah Katherine Abey, NINR/NIH

Mr. Brian Albertini, NINR/NIH

Dr. David Banks, NINR/NIH

Ms. Melissa Barrett, NINR/NIH
Ms. Karen Bashir, NINR/NIH
Dr. Yvonne E. Bryan, NINR/NIH
Ms. Adrienne McGill Burroughs, NINR/NIH
Dr. Ann Cashion, NINR/NIH
Ms. Andria M. Cimino, NINR/NIH
Dr. Paul A. Cotton, NINR/NIH
Dr. Marguerite M. Engler, NINR/NIH
Dr. Mary B. Engler, NINR/NIH
Ms. Ana Ferreira, NINR/NIH
Dr. Lisa L. Gough, NINR/NIH
Dr. John Grason, NINR/NIH
Dr. Chris Hafner-Eaton, NINR/NIH
Dr. Lynda Hardy, NINR/NIH
Dr. Rebecca Hawes, NINR/NIH
Dr. Wendy A. Henderson, NINR/NIH
Dr. Karen Huss, NINR/NIH
Mr. Doug Hussey NINR/NIH
Dr. Christine E. Kasper, VA
Ms. Mary A. Kelly, NINR/NIH
Ms. Kikikipa Kretzer, NINR/NIH
Ms. Jeongok Gang Logan, NINR/NIH
Dr. Weiqun Li, NINR/NIH
Dr. Yujing Lui, NINR/NIH
Dr. Susan Foster Marden, NINR/NIH
Ms. Angela Marshall, NINR/NIH
Dr. Martha Matocha, NINR/NIH
Dr. Donna Jo McCloskey, NINR/NIH
Dr. Jessica Marie McIlvane, NINR/NIH
Ms. Deborah Anne Mellman, NINR/NIH
Dr. Luke Michaelson, VA
Dr. Jeri L. Miller, NINR/NIH
Ms. Sussana L. Morales, NINR/NIH
Ms. Mary Murray, NINR/NIH
Ms. Shashi Ravindran, NINR/NIH
Dr. Mary C. Roary, NINR/NIH
Dr. Catherine Timura, NINR/NIH
Dr. Lois Tully, NINR/NIH
Dr. Linda S. Weglicki, NINR/NIH