

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

September 13–14, 2005

The 57th meeting of the National Advisory Council for Nursing Research (NACNR) was convened on Tuesday, September 13, 2005, at 1:10 p.m. in Conference Room 6C10, Building 31, National Institutes of Health (NIH), Bethesda, Maryland. The first day of the meeting adjourned at approximately 5:35 p.m., at which time the open session also adjourned. The closed session of the meeting, which included consideration of grant applications, continued the next day, September 14, 2005, at 9:00 a.m., until adjournment at 1:10 pm on the same day. Dr. Patricia A. Grady, Chair, NACNR, presided over both sessions.

OPEN SESSION

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

Dr. Grady called the 57th meeting of the NACNR to order, welcoming all Council members, visitors, and staff. She welcomed six new Council members: Dr. Michael Counte, St. Louis University Department of Health Management and Policy, and Co-Director, International Center for Advances in Health Systems; Dr. David Dinges, Professor, Department of Psychiatry, University of Pennsylvania; Dr. Felicia Hodge, Professor and Director, CAIRE, UCLA School of

Nursing; Mr. James Linn, Attorney, Lewis, Longman & Walker (Tallahassee); COL John Murray, U.S. Air Force, Associate Dean, Uniformed Services University of the Health Sciences School of Nursing, and consultant to the U.S. Surgeon General for nursing research; and Dr. Sharon Tennstedt, Director and Vice President, Institute of Studies on Aging, New England Research Institutes (NERI). Dr. Dinges and Mr. Linn were unable to attend the September meeting.

Conflict of Interest and Confidentiality Statement

Dr. Mary E. Kerr, Executive Secretary, NACNR, reminded attendees that the standard rules of conflict of interest applied throughout the Council meeting. Dr. Kerr 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 lobby or otherwise 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.

Minutes of Previous NACNR Meeting

Standing Council members received a copy of the minutes of the May 17–18, 2005, NACNR meeting by electronic mail. New Council members received their copy of the minutes at the September meeting. No changes or corrections to the minutes of the May 2005 Council meeting were suggested during the September meeting. A motion to approve the minutes of the May

2005 Council meeting as circulated was proposed and seconded. The minutes of each quarterly NACNR meeting are posted on the NINR Web Site (<http://ninr.nih.gov/ninr>).

Dates of Future Council Meetings

Dates of future meetings in 2006 and 2007 have been approved and confirmed. Council members should contact Dr. Grady or Dr. Kerr regarding any conflicts or expected absences.

2006

- January 24–25 (Tuesday–Wednesday)
- May 24–25 (Wednesday–Thursday)
- September 26–27 (Tuesday–Wednesday)

2007

- January 23–24 (Tuesday–Wednesday)
- May 22–23 (Wednesday–Thursday)
- September 25–26 (Tuesday–Wednesday)

II. REPORT OF THE DIRECTOR, NINR (Dr. Patricia Grady, Director, NINR)

The Director's report focused on updates since the last Council meeting and on current and impending activities and initiatives related to the budget, NIH, and NINR.

Budget Updates—The Federal budget for FY2006 has not yet been finalized, and the date of approval of a final budget is difficult to predict. With the plan to double the NIH budget having

ended about 2 years ago, and the current climate of fiscal restraint, recent increases in the overall NIH budget have been much smaller than in previous years. The FY2005 NIH budget was increased by 2.1 percent over the FY2004 budget, whereas the FY2005 NINR budget, which totaled \$138,072,000 million, was increased by 2.5 percent—slightly higher than the NIH increase. The President’s FY2006 budget for NIH proposes increases of 0.7 percent for the overall NIH budget and 0.5 percent for NINR, for a total NINR budget of \$138,729,000. The House budget bill, passed June 24, 2005, provides the same increases as the President’s budget. In contrast, the Senate committee bill for FY2006 (as of July 14, 2005) calls for a 4 percent increase in the NIH budget and a 3.2 percent increase for NINR. A conference committee will negotiate the differences in the proposed budgets and prepare a revised budget bill for approval by both Houses of Congress and the President. Dr. Grady urged that investigators should not be discouraged or deterred by current fiscal constraints. Good science is still being and will continue to be funded. NINR’s funding rate of 20–25 percent of all applications is consistent with prior years, and investigators at all levels are encouraged to apply for research grants and other awards.

NIH Updates—The NIH has been actively involved in supporting the response to Hurricane Katrina. A three-pronged strategy was launched to aid those efforts, including the creation of a national coordination and referral center for specialty medical consultation, with a focus on displaced patients with special needs (e.g., cancer patients, persons in renal failure); the development and deployment of an advance team and a medical team to a field hospital at the Air National Guard Base in Meridian, Mississippi; and the availability of 100 beds at the NIH Clinical Center for patient transfers as needed. The deployment of highly trained nurses, doctors, and other support staff, including security and housekeeping personnel, to a field

hospital represented a new activity for NIH and gave the institution an opportunity to help substantially in this national emergency. The national coordination and referral center was still active at the time of the NACNR meeting.

Dr. Grady announced that Dr. Antonio Scarpa has been named the new Director of the Center for Scientific Review, which oversees the review of more than 90 percent of all NIH applications.

Dr. Scarpa is a physician and basic research scientist. He has met with the Institute and Center Directors about plans to expedite reviews, decrease study panel size, implement new software to identify experts for reviews, and other ideas and plans to improve the review process.

The NIH continues to discuss and refine its *ethics policies* and *conflict of interest (COI)* policies and rules. The final set of regulations regarding the reporting of financial interests, outside activities, and awards was released on August 25, 2005, following a public comment period. Feedback from intramural and extramural parties and individuals helped shape the current rules, which are founded on three guiding principles: (1) The public must be assured that research decisions made at the NIH are based on scientific evidence; (2) senior management and people who play an important role in research decisions must meet a higher standard of disclosure and divestiture; and (3) NIH employees must be allowed interaction with professional associations, participation in public health activities, and genuine teaching opportunities. Dr. Grady noted that the third point in particular came under greatest scrutiny and criticism in prior draft regulations, which were more restrictive. Additional information about NIH's ethics and COI policies, including the final rules, may be found at the NIH COI Information and Resources Web Site at http://www.nih.gov/about/ethics_COI.htm.

In other NIH news, a draft bill for the 2005 Reauthorization of the NIH was introduced by Rep. Joe Barton (R-TX), Chair, 2005 NIH Reauthorization Committee, and Chair, House Committee on Energy and Commerce. Dr. Grady explained that the Reauthorization Committee develops structure and process, whereas the Appropriations Committee allocates funding. The House Committee on Energy and Commerce is responsible for reauthorization; the comparable Senate entity is the Senate Committee on Health-Education, Labor, and Pensions (HELP), which is chaired by Sen. Michael Enzi (R-WY). Ranking Democratic members on the respective committees are Rep. John Dingell (MI) and Sen. Edward Kennedy (MA). The original draft bill recategorizes the NIH Institutes and Centers (ICs) into two clusters labeled as “mission specific” or “science enabling” instead of the current 27 separate entities. In conjunction with this categorization, the draft bill also reduces the number of appropriation lines in the reauthorization statute from 26 (i.e., 24 ICs, the Clinical Center, and the Center for Scientific Review) to 4 appropriation lines: the NIH Office of the Director (OD), a new office of coordination within the NIH OD, and the two IC clusters. The bill proposes the establishment of comprehensive program coordination within the OD to plan and support trans-NIH research. The majority of comments from constituents across the country received thus far do not appear to favor the proposed restructuring as outlined in the draft bill. The establishment of the NIH ICs is based on constituent needs and likely plays a strong role in the preference to retain the IC authorization and funding. Constituents have asserted that the current categorization needs to remain intact to ensure that the science-based needs and priorities continue to be met. As Dr. Grady noted, NINR is one of only a few ICs formed *de novo* and across diseases, rather than being carved out of an already established disease- or organ-based center or institute. The future of the reauthorization bill is not clear at this point.

The NIH Roadmap Initiative is well under way at this point. A number of programs have been implemented since the inception of the Roadmap, and many projects and awards are being reissued. In looking ahead, strategies to mainstream many of the Roadmap concepts and activities within the NIH structure are being developed. One area of particular interest within the Roadmap is the NIH Director's Pioneer Award, a highly competitive program to foster a community of investigators proposing innovative, high-risk, high-impact research that might not ordinarily be approved through more traditional means. A symposium on September 29, 2005, will feature the recipients of the first Pioneer Awards and announce the winners of the second round of awards. The symposium will be held on the main NIH campus in Bethesda, Maryland; the event will be available for viewing either in real time or as an archived video. A number of Roadmap awards have been made to nurse scientists, including Dr. Gayle Page (Johns Hopkins University), who received a T32 grant for interdisciplinary training in behavioral pain research; Dr. Elaine Larson (Columbia University School of Nursing), who received a P20 planning grant for interdisciplinary research on antimicrobial resistance; and Dr. Pamela Mitchell (University of Washington), who received a T32 for multidisciplinary predoctoral clinical research training. These awards provide an example of how the nursing research community is positioning itself in new and different areas of investigation that might not have been supported through other mechanisms. Many additional nurse researchers are involved in other Roadmap initiatives. The Roadmap also is opening many new doors to interdisciplinary research that offers increased opportunities for the nursing community.

Dr. Grady announced that the NIH, through a special notice released in July (NOT-OD-05-055), is seeking input and advice from the scientific community on the issue of allowing more than one PI on an NIH-funded grant, contract, or cooperative agreement. The Roadmap WGs identified

that issues of acknowledgement and credit were potential roadblocks to carrying out inter- and multidisciplinary research in a culture that recognizes only one investigator, whether in awarding funds for further study or in granting tenure. The authority has been granted to recognize more than one PI on a Roadmap application, and the criteria related to identifying the number of PIs per award have been determined; however, the ways in which funds should be distributed have not. About 300 responses to the notice have been received thus far; the response period is open through September 16, and additional feedback is welcome (for more information, go to <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-055.html>).

The NIH Public Trust Initiative, is a trans-NIH committee, co-chaired by Drs. Grady and Yvonne Maddox, Deputy Director, National Institute of Child Health and Human Development (NICHD), with the following goal: “That the public recognize and trust the NIH in funding, conducting, and overseeing research to improve the health of the Nation.” Information about the Public Trust Initiative may be found at <http://publictrust.nih.gov>. This site includes contact information for the members of the Steering Committee and participating public representatives and liaisons; a section for ongoing and upcoming activities and initiatives is under development.

NINR Updates and Outreach—This fall kicks off the 20-year anniversary celebration of the creation of the National Center for Nursing Research, which subsequently became the National Institute of Nursing Research in 1993. A daylong scientific symposium marking the beginning of the anniversary celebration, “Nursing Research: Changing Practice, Changing Lives,” will be held on the NIH campus in Bethesda, Maryland, on Tuesday, October 11, 2005. It will be presented in the main auditorium at the Natcher Conference Center (Building 45). The symposium is preceded by the Council for the Advancement of Nursing Science (CANS) Special

Topics Conference at the Omni Shoreham Hotel in Washington, DC, on October 9–10. The series of events will culminate in the annual Friends of the NINR's (FNINRs) Nightingala at the Omni Shoreham Hotel on the evening of October 11, 2005, with the theme, "Nursing Research: Advancing the Health of America." The keynote speaker for the evening event is AARP Director and CEO Mr. Bill Novelli. Information about the symposium, including a registration form and the agenda, may be found at http://www.nursingscience.org/meetings/conference2005/ninr_symposium.asp. Information about the Nightingala, including a contact number to purchase tickets for the event, may be found at <http://www.nursingscience.org/meetings/conference2005/nightingala.asp>. Information about the CANS conference may be found at <http://www.nursingscience.org/meetings/conference2005/>.

The NINR partnered with the NIH Office of Science Education (OSE) in the showing of the film, "My Life," as part of the OSE's annual summer movie festival, *Science in the Cinema*. This was also a part of our 20th Anniversary. Each movie in the festival touches on medical or scientific topic of interest to the general public, such as Alzheimer's disease, alcoholism, and end-of-life issues. Following each film, a guest expert speaker comments on the issues depicted in the movie and answers questions. The movie "My Life" addresses end-of-life issues; the showing on August 17 drew a large audience and generated a range of questions and comments. Dr. Susan McMillan, from the University of South Florida, was the guest expert. An NINR 20th Anniversary panel presentation, "The Emergence of Nursing Science as an Academic Discipline," will be held on November 11, 2005, as part of the American Academy of Nursing (AAN) Conference. The panel will include early leaders who will discuss the key factors that facilitated the growth of nursing science within academia and how having a national nursing

research institute facilitated. The year-long celebration will end with the National State of the Science in Nursing Research Symposium on October 11, 2006. Details on this event will be provided as the date approaches.

NINR staff have received several honors and awards since the last Council meeting. Dr. Grady received the Columbia University's Second Century Award for Excellence in Health Care on May 18; she also received honorary degrees (Doctor of Science, *Honoris Causa*) from the Medical University of South Carolina on May 20 and from Thomas Jefferson University on May 24. Dr. Mindy Tinkle received an NIH Merit Award from the Office of the Director for her work with the NIH Graduate Partnership Program. Dr. Sue Marden received the Julia R. Plotnik Publication Award for Health Policy for the article, "Technology Dependence and Health-Related Quality of Life: A Model," which was published in the *Journal of Advanced Nursing*. Dr. Joachim Voss received the Hasselmeyer Award for Research Initiatives for his research on HIV/AIDS and the Fay G. Abdellah Publication Award for Nursing Research for the publication, "Predictors and Correlates of Fatigue in HIV/AIDS," in the *Journal of Pain and Symptom Management*. Ms. Marlene Mrockza, Budget Analyst for NINR, received the NIH Director's Award for Roadmap Central Integration and the NIH Merit Award for Roadmap Budget Implementation. As part of the Institute's Roadmap activities, Ms. Mrockza developed parallel systems of infrastructure for grants management, monitoring, review, implementation, and oversight of all budget applications and awards.

In other NINR news, with the completion of the sixth Summer Genetics Institute, which ran June 6–July 29, 2005, a total of 102 "students" have graduated from the program since it was instituted 5 years ago. The graduates' activities have been tracked, and data based on numbers of publications and grants received indicate a high level of success and bright future. The annual

NINR Retreat was held in Airlie, Virginia, in June, with a focus on assessing the past year's activities and progress, and identifying goals and objectives for the next 5 years, including updating the Institute's strategic plan. Participants included NINR staff as well as current and past Council members. A new initiative of the IC Directors' Meeting involves scientific presentations by the directors, which gives the directors an opportunity to discuss key elements of their institute's or center's research programs. Dr. Grady's presentation on "Symptom Management: Chronic Disease and End of Life," at the August 11 meeting was well received; the presentation focused on research on hard-to-reach populations and strategies that have been successful in reaching these groups, quality-of-life issues, and interventions that have been incorporated in some fashion into practice. NINR also has developed an educational CD-ROM, "Discover Nursing Research," which describes all aspects of nursing research, including education and career selection. The CD is intended primarily for use as a recruitment tool and is being released to coincide with NINR's 20th anniversary.

Dr. Grady also outlined several recent NINR-sponsored or -cosponsored RFAs and Program Announcements (PAs), including announcements in the areas of methodology and measurement, biobehavioral methods to improve outcomes research, and research on emergency medical services for children.

NINR recently welcomed Ms. Rebecca Erikson as the new Budget Officer. Ms. Erikson brings a variety of experiences from the National Institute of Mental Health and the National Institute of Standards and Technology.

Questions/Comments

Regarding a question about whether the new policy allowing for multiple PIs will extend across the NIH, Dr. Grady commented that although this is not yet a universal NIH policy, that is the ultimate goal.

III. STRATEGIC PLAN 2006-2010 UPDATE AND DISCUSSION (Dr. Joan Austin, Indiana University/Purdue University, Council Member)

In introducing this topic, Dr. Grady pointed out that NINR is reaching the end of its current 5-year strategic plan, which was developed with considerable input, comment, and recommendations from NACNR and the extramural community and stake holders. Efforts toward updating the strategic plan for the next 5 years are already underway, with staff and a subcommittee of Council members, including Drs. Joan Austin, Peter Buerhaus, Kathleen Dracup, and Sandra Millon-Underwood. NINR's strategic plan of 2000, "Strategic Planning for the 21st Century," was followed in 2003 by the publication of research themes that characterized the Institute's research endeavors and incorporated components and themes of the NIH Roadmap. The strategic plan for 4 years will reflect new research opportunities and the steps needed to advance nursing research to the next level. Dr. Austin described four components of the strategic plan: (1) the mission statement, (2) research priority areas, (3) nursing research approaches and strategies, and (4) training for the future.

Several priority areas for research form the foundation of NINR's strategic plan. These include health promotion and disease prevention, managing symptoms in acute and chronic illness,

health disparities (and their elimination or reduction), and provisions for care at the end of life. The strategic plan will note and promote efforts to continue NINR's leadership role particularly in the areas of understanding and reducing health disparities and care at the end of life.

In looking to the present and the future, NINR will continue its strong support of and commitment to training. Future efforts will focus on cultivating the next generation of nurse scientists, including innovations to address barriers to continuing with advanced education and research training.

Publication of NINR's strategic plan is expected in September 2006, to coincide with the 20th anniversary. Activities to meet this goal include the strategic planning retreat and staff committee meetings, which took place in June and July of this year, respectively, and which involved updating the mission statement and consolidating and incorporating initial comments. The next draft of the plan will be posted on the NINR Web Site for public review and comment in January 2006, Suggested changes and public comments will be incorporated into the draft plan during April 2006, and the revised plan will be posted on the Web site. The updated strategic plan will be presented to the Council for approval in May 2006.

Questions/Comments (Discussion led by Drs. Austin and Kerr)

For the cultivation of the next generation of nurse scientists, closer partnerships between NINR and schools of nursing (beyond T32s and other similar mechanisms) were encouraged. It was noted that many schools are under pressure to limit, not expand, the amount of training, with Ph.D. programs in particular expected to face the greatest challenge. The impact of the Doctor

of Nursing Practice (DNP) on academic nursing research training, on Masters' programs, and especially on Ph.D. programs, was discussed at length by Council members. One concern raised was that the DNP program will replace the current Masters in Nursing programs which may lower the applicant pool for the Ph.D. The concern was that faculty's increased focus on the development and implementation of a new advanced-degree curriculum, may impact the viability of Ph.D. research training programs. Another comment was that the academic requirements associated with obtaining a Ph.D. are universally understood across disciplines. In contrast, the DNP like the Doctorate in Clinical Psychology (Psy.D.) and the Doctorate in Clinical Pharmacy (Pharm.D.) programs of study, do not require a dissertation. It was noted that the DNP could have a role in advanced education of clinicians in practice—but hopefully not at the expense of the Ph.D. Given the range of issues and questions raised in this discussion, it was suggested that a Subcommittee be formed to identify strategies to maximize nursing research.

IV. UPDATE ON AIDS RESEARCH PORTFOLIO DISCUSSION (Dr. Martha Hare, Extramural Program Director, NINR)

HIV/AIDS research is an active area for growth and further development at NIH and NINR. As of 2003, an estimated 38 million persons worldwide were living with HIV; approximately 1 million of those infected are in North America. Regions identified as “hot spots” include Sub-Saharan Africa,; Eastern Europe and Central Asia; South and Southeast Asia; and Latin America. Given its relatively small population, the Caribbean also has been disproportionately affected since the beginning of the AIDS epidemic in the 1980s.

Additional information on national and international trends may be found at the Web sites for UNAIDS (<http://www.unaids.org>), the CDC Division of HIV/AIDS Prevention (<http://www.cdc.gov/hiv/graphics.htm>), and the NIH Plan for HIV-Related Research (<http://www.nih.gov/od/aor/public/public.htm#PLAN>).

NINR, along with the other ICs and the public, participates in NIH's annual strategic planning for HIV-related research, as mandated by the NIH Revitalization Act of 1993 (PL 103-43). Revisions to the plan are discussed at followup committee meetings, which allows for exchange of information about different ICs' research efforts and progress. Planning and followup are coordinated by the NIH Office of AIDS Research (OAR). The primary areas of emphasis in the current NIH Plan for HIV-Related Research include the natural history and epidemiology of HIV/AIDS, etiology and pathology, therapeutics, vaccines, behavioral and social science, microbicides, and HIV prevention research. Of these areas, NINR is most focused on therapeutics, behavioral and social science, and HIV prevention.

NINR support for HIV research increased steadily over the past several years and has nearly doubled from approximately \$6.3 million in FY1999 to an estimated \$12.3 million in FY2006. In addition to its contributions to the annual NIH HIV/AIDS research planning, NINR also reviews its portfolio on AIDS research in conjunction with the activities across the NIH and the needs of the affected population and public at large. Through this process, NINR identifies areas of research that are consistent with NIH's goals, the body of nursing science, and public health needs. Categories of HIV-related AIDS research identified for NINR's FY2006 AIDS portfolio include risk reduction in vulnerable populations, management of symptoms and complications, treatment adherence, methodologies, ethics and decision making, and end-of-life care. Funding

of NINR HIV-related research is distributed primarily to research (R series) grants, with 60 percent going to R01 grants and 14 percent to R03s/R21s; in prior years, R15s also have been active in this area of research. An additional 11 percent is disbursed to F series awards, and the remaining funds are distributed among training grants and research centers.

The greatest proportion of NINR funding of HIV-related grants (>50 percent) supports risk reduction research, including primary prevention and prevention of transmission; nearly 20 percent is allocated to symptom management research; and an additional 15 percent supports studies of treatment adherence. NINR supports both national and international research.

HIV/AIDS studies funded by NINR focus on primary prevention among youth, training of nursing students and nurse scientists, development and testing of methodologies, community participation in intervention development, culturally sensitive interventions, identification and testing of innovative interventions.

NINR is sponsoring a workshop on “Cultural Dynamics in HIV/AIDS Biobehavioral Research: Focus on Young People,” with additional support from Office of AIDS Research, the Office of Rare Diseases, and the Office of Behavioral and Social Science Research. Dr. Hare noted that perinatally acquired HIV disease is now considered a rare disease because of the great success in preventing mother-to-child transmission of the virus. The overall goal of the workshop is to examine how to best integrate and understand cultural dynamics within the context of HIV/AIDS biobehavioral research focused on methodology and intervention development. The workshop will be held on September 15–16, 2005.

Future steps for NINR include taking a “fresh look” at ongoing issues, including (a) treatment adherence, which remains a challenge and may be better understood and improved through methods that measure adherence and interventions that will help individuals achieve higher levels of adherence; (b) self-care and caregiving, which increasingly affect patients and their families as persons with HIV/AIDS live longer and develop comorbidities associated with age and treatments; and (c) health disparities, in which NINR and the nursing research community are on the forefront. Future research efforts also may involve the development and testing of innovative theory-based interventions, and address metabolic issues associated with long-term antiretroviral treatment.

V. PHYSICAL ACTIVITY AND NUTRITION INTERVENTION IN HIV-RELATED LIPODYSTROPHY (Dr. Barbara Smith, University of Maryland)

In opening her presentation, Dr. Smith noted that the enthusiasm of the mid-1990s for a cure for AIDS on the horizon, following the impact of potent combinations of antiretrovirals (HAART) on HIV mortality and morbidity, was dampened by both reports of persistent HIV transcription, despite long-term suppression of plasma HIV RNA and the emergence of new side effects and symptoms associated with the treatment of HIV. One new syndrome, lipodystrophy, involves redistribution of body fat characterized by central fat accumulation, elevated blood lipids, hyperglycemia, and hyperinsulinemia. The constellation of changes associated with this syndrome puts patients at risk for premature cardiovascular disease, diabetes, and pancreatitis. In contrast with the epidemic wasting that was a problem early in the history of AIDS, patients on HAART began complaining about large bellies and buffalo humps. Pharmacologic treatments for HIV-associated lipodystrophy, such as rosiglitazone and metformin, have had

mixed results. Treatment interruption is another option but may not be sustainable. In brief, drug therapy has yet to provide a comprehensive solution to this problem.

Results of studies of aerobic and resistive exercise, however, provide a basis for a possible intervention to prevent, slow, or reverse the changes in body composition, particularly the accumulation of visceral adipose (vs. subcutaneous fat), seen in HIV-related lipodystrophy. Initial studies of the impact of aerobic exercise on management of symptoms of HIV established the safety and efficacy of aerobic activity in HIV-infected persons in addition to the improvements in body composition and blood lipids. On the strength of these findings, Dr. Smith and her colleagues are carrying out a randomized clinical trial to test whether an intervention involving aerobic exercise, resistance exercise, and nutritional counseling could improve body composition (reduced total fat and visceral fat, increased fat-free mass), lipid profiles, and glucose metabolism in HIV-infected adults with lipodystrophy who were on HAART. This NINR-funded study also will explore the mechanisms underlying any metabolic and physiologic changes. In addition to collecting data on body composition, blood lipids, and other metabolic variables, the study collected descriptive information related to general physical activity, alcohol and tobacco use, stage of disease, current medications, and other demographic variables. Preliminary results available indicate that aerobic and resistance exercise improves (increases) treadmill time and improves both cholesterol and triglyceride levels. Analysis of descriptive data is underway, and some subgroup analyses by gender and race are expected. In addition to clinical research, Dr. Smith and her colleagues have been working on the development of a mouse model of HIV therapy (d4T)-induced peripheral neuropathy to study this phenomenon and identify the mechanisms by which exercise may improve this neurological effect of an HIV medication.

VI. REPORT OF CENTERS MEETING (Dr. Anna Alt-White, Department of Veterans Affairs, *Ex Officio* Council Member)

The NIH Centers Program includes several grant mechanisms, including P60s, P50s, P30s, and P20s. Each type of center has a slightly different mission, but all share some common characteristics in that they are multidisciplinary in scope, are built around a central scientific theme, and provide opportunities for scientific interactions. The centers facilitate synergistic efforts that enhance and speed the rate of scientific discovery.

Approximately 6 percent of the NINR budget is dedicated to its Centers Program, which includes Center Core Grants (P30s) and Exploratory/Developmental Center Grants (P20s). P30 grants promote active centers of excellence among applicants with an established area of research, enhance infrastructure growth, provide training opportunities, and promote the translation of nursing research results into clinical practice. P20 grants support both exploratory centers and partnership centers. The P20 Exploratory/Developmental Centers develop existing and establish new nursing research programs via pilot projects to increase the number of research-intensive investigations; establish and nurture a collaborative community of investigators; and promote infrastructure growth. The goals of the P20 Partnership Centers are to build nursing research capacity on minority health and health disparities; enhance the development of investigators at minority-serving institutions through fostering collaborations among researchers at minority-serving institutions and institutions with established research programs; and mesh the experiences and expertise of the investigators from each institution; expand the cadre of nurse researchers in the area; increase the number of research-intensive projects; and enhance the development of minority PIs from minority-serving institutions. Another benefit of these

partnerships is to provide a venue for non-minority investigators to gain insight into and a better understanding of and sensitivity to the new population. For both P20s and P30s, infrastructure growth occurs through the sharing of resources and facilities that otherwise would not be available to individual investigators or laboratories; this sharing collectively increases productivity and efficiency.

As part of the systematic assessment of the status and progress of the centers, NINR brought together the directors of its centers to examine sustainability of the science, the mentors, and the resources. The focus on center sustainability required broadening of self-evaluation methods, a reexamination of resources and resource sharing, and expanding networking and interdisciplinary research. Overarching themes of enhancement and expansion generated a range of issues and discussion points, including evaluating centers along new lines, expanding networks, involving community resources, building and sharing resources, enhancing training opportunities, expanding pilot studies to larger projects, developing sustainability of the center in the science of the center, and considering new ways to evaluate the centers. During the meeting, the directors inventoried existing resources and collaborations, identified new self-evaluation strategies, expanded networking strategies, developed resource building and sharing strategies, and renewed old and developed new research contacts.

Questions/Comments

An outcome of the meeting was the realization of the synergy and added value of the center collaborations, compared with the efforts of individual investigators, and the importance of bringing together the center directors on a periodic basis. The development of a Web page to

share ideas and to establish more formal linkages between and among centers was suggested. The concept of “communities of practice” was noted.

Given the current financial constraints of the NIH and NINR and other institutional and research needs, a Council member asked staff and the Council to consider a proposal that includes a provision for matching funds from the centers’ parent institutions, in recognition of the contributions and positive impact of NINR, through its centers funding, to the institution as a whole. Included in such a proposal would be a revised strategy for broader distribution of funds.

Dr. Grady commented that the cadre of students attracted to the partnership centers is enthusiastic about nursing research, and many are interested in pursuing doctoral studies. The program thus far appears to be effective in addressing the need to increase the number of minority nurse scientists and move students forward in the pipeline. The Council will revisit these issues in future meetings.

Following this presentation and discussion, Dr. Grady thanked participants and attendees for their time and interest and then 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, 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.

REVIEW OF APPLICATIONS

The members of the NACNR considered 74 research and training grant applications on which NINR was the primary Institute; these applications requested a total of \$19,287,559 (direct costs year 01). The Council also considered 105 applications on which another Institute/Center was primary and NINR was secondary; these applications requested a total of \$ 28,239,713 (direct costs year 01). The Council concurred with the IRG recommendations on these 179 grant applications.

ADJOURNMENT

The 57th meeting of the NACNR was adjourned at 1:10 pm on September 14, 2005.

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

Mary E. Kerr, Ph.D., R.N., F.A.A.N.
Executive Secretary
National Advisory Council for Nursing
Research

MEMBERS PRESENT

Dr. Patricia A. Grady, Chair
Dr. Mary Kerr, Executive Secretary
Dr. Joan Austin
Dr. Peter Buerhaus
Dr. Louis Burgio
Dr. Michael Counte
Ms. Rosemary Crisp
Dr. Kathleen Dracup
Dr. Felicia Hodge
Dr. Joyce Newman Giger
Dr. Sandra Millon Underwood
Dr. Gary Morrow
Dr. Frances Munet-Vilaro
Dr. Dolores Sands
Dr. Sharon Tennstedt
Dr. Anna Alt-White, *Ex Officio*
Dr. John Murray, *Ex Officio*

MEMBERS OF THE PUBLIC PRESENT

Ms. Debbie Campbell, AACN
Ms. Mary Cerny, SCG, Inc.
Ms. Carmen Davis, AACN
Dr. Susan Dorsey, University of Maryland
Dr. Karen Johnson, University of Maryland
Dr. Cynthia Renn, University of Maryland
Dr. Barbara Smith, University of Maryland

FEDERAL EMPLOYEES PRESENT

Dr. Lauren Aaronson, NINR/NIH
Mr. Brian Albertini, NINR/NIH
Dr. Alexis Bakos, NINR/NIH
Ms. Diane Bernal, NINR/NIH
Mr. Ray Bingham, NINR/NIH
Dr. Yvonne Bryan, NINR/NIH
Dr. Ray Dionne, NIDCR/NIH
Ms. Rebecca Erickson, NINR/NIH
Dr. Jane Fall-Dickson, NINR/NIH
Ms. Ana Ferreira, NINR/NIH
Ms. Linda Fitzwater, NINR/NIH
Dr. John Grason, OD/NIH
Dr. Martha Hare, NINR/NIH
Ms. Shelia Hudson, NINR/NIH
LCDR Michele Kane, USUHS
Dr. Kathy Mann Koepke, NINR/NIH
Ms. Lora Kutkat, OD/NIH

LTC Lisa Latendresse, USUHS
Dr. Sue Marden, NINR/NIH
Ms. Jacquelyn McKissic, NINR/NIH
LTC Margaret McNeal
Ms. Mary Miers, NINR/NIH
Dr. Jose Ruiz, NINR/NIH
Mr. Chuck Sabatos, NINR/NIH
MAJ Cherri Shireman, USUHS
Ms. Anjalika Silva, NINR/NIH
Ms. Arlene Simmons, NINR/NIH
CDR Lynn Slepski, USUHS
Dr. Barbara Smothers, NINR/NIH
Ms. Allisen Stewart, NINR/NIH
Dr. Laura Talbot, USUHS
Dr. Mindy Tinkle, NINR/NIH
LCDR Keian Weld, USUHS