

**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 14, 1999

The 39<sup>th</sup> meeting of the National Advisory Council for Nursing Research (NACNR) was convened on Tuesday, September 14, 1999, at 9:00 a.m., in Conference Room 6C06, Building 31, National Institutes of Health (NIH), Bethesda, Maryland. The meeting was open to the public from 9:00 a.m. until approximately 1:00 p.m. Immediately following the end of the open session, the Advisory Council held a closed session for consideration of grant applications. The closed session continued until adjournment at 5:30 p.m. on the same day. Dr. Patricia A. Grady, Chair of the NACNR, presided over both sessions.

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**OPEN SESSION**

**I. CALL TO ORDER AND OPENING REMARKS**

Dr. Grady called the 39<sup>th</sup> meeting of the NACNR to order, welcoming all Council members, visitors, and staff. She then thanked the four following retiring NACNR members for their service, expertise, and many contributions during their 4-year terms on the Council: Dr. Richard Behrman, Dr. Betty Farrell, Dr. Mi Ja Kim, and Dr. Ellen Rudy. They will now join the ranks of other emeritus Council members.

**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

The minutes of the May 18-19, 1999 meeting of the NACNR were approved by Council members by electronic mail. Dr. Grady noted that efforts to expedite placement of the minutes on the NINR Web site by asking Council members to comment on and approve meeting minutes via mail prior to the current meeting have been successful. This strategy has allowed for online placement of the minutes 4 to 6 weeks earlier than was possible using the previous practice of approving minutes at the Council meetings.

### Dates for Future Council Meetings

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

#### 2000

- February 1-2 (Tuesday-Wednesday)
- May 23-24 (Tuesday-Wednesday)
- 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 provided an update on NINR-related activities since the last Council meeting in five major areas: legislative activities, NIH update/activities, NINR and Council updates, outreach activities, and staff news.

#### Legislative Activities

The open comment period ended on September 10 for the Office of Budget and Management's (OMB's) proposed revisions of Circular A-110 that would allow for greater availability of research data under the Freedom of Information Act (FOIA). These revisions caused considerable controversy and concern by individuals and groups on both sides of the issue. The

OMB's proposed rules attempt to clarify some of the language included in the revisions and to limit FOIA requests for data to data from research having a substantial impact on society (i.e., meeting a \$100 million impact threshold). OMB will now review comments submitted to further clarify language, with the goals of preserving data integrity and protecting patients' privacy while still making published information, or information already presented in a public forum, available upon request through the FOIA process. Further clarification regarding the entities responsible for determining or defining "substantial impact" is required. Additional information on the revisions and proposed rule can be found at [grants.nih.gov/grants/news.htm](http://grants.nih.gov/grants/news.htm).

Dr. Grady continued by noting that the current fiscal year was ending on September 30, 1999, and that with appropriations for FY2000 still pending, Congress could pass a continuing resolution until budget issues for the upcoming fiscal year could be resolved. The President's proposed budget for FY2000 provides NINR with \$71.73 million, a 2.4 percent increase over the FY1999 NINR budget. This increase is the same as the overall average increase for NIH. Both the House and Senate appropriations subcommittees have proposed larger increases. The key issues facing current budget appropriations include designing a realistic budget and working with budget caps that were instituted at a time of greater economic constraints. Further details will be provided at the next Council meeting.

#### NIH Update/Activities

The Panel of Scientific Boundaries for Review is conducting a comprehensive examination of the organization and function of the review process carried out by the Center for Scientific Review (CSR). The primary purpose of the examination by this "Blue Ribbon" panel, which is being carried out in two phases, is to refine the peer review system to ensure that it keeps pace with advances and changes in science and technology and fosters research opportunities. Phase 1 involves the development of a set of Integrated Review Groups (IRGs); during this 1-year phase, the Panel explored various obstacles facing IRGs and examined the overall review process. The first "Boundaries Report" is available for review and comment through October 15, 1999, at CSR's Web site ([www.drg.nih.gov](http://www.drg.nih.gov)). Phase 2 of this process is slated to begin in 2000 and will continue for 2 years, with the goal of creating the scientific study sections that will comprise each IRG.

NIH also is actively involved in upgrading and improving its ability to release scientific information in a more timely fashion through the establishment of "PubMed Central," which provides for electronic publishing of research reports, news, and updates. The target start-up date for PubMed Central is January 2000. The NIH "Report of the Working Group on Biomedical Computing" is now available via the Internet at [www.nih.gov/welcome/director/060399.htm](http://www.nih.gov/welcome/director/060399.htm). This report focuses on the importance of interdisciplinary cooperation in developing and/or using biomedical computing systems and the possible development of programs of excellence for biomedical computing.

## NINR and Council Updates

More than 1 year in development, the NINR Strategic Plan for the new millennium has undergone several reviews and revisions and now includes an appendix that outlines a series of target indicators and measurable outcomes to track progress in meeting the goals set forth in the formal body of the plan. Also built into the document are periodic evaluations of this progress. The four primary goals of the NINR Strategic Plan are to:

- \$ Achieve distinction in research areas that will result in significant contributions to health;
- \$ Identify areas of future research opportunity;
- \$ Communicate research findings; and
- \$ Enhance development of nurse researchers.

Dr. Grady noted that members of the Advisory Council have been active in the review and revision of the Strategic Plan, which is slated to be distributed to the larger nursing research community for comment in October 1999. Additional discussion by the NACNR Strategic Planning Work Group was included in the agenda for later in the meeting (see Section V below).

In another arena, NINR staff have been involved in a variety of meetings, conferences, and workshops since the May Council meeting. Through participation in such activities, NINR identifies and pursues new areas of opportunity and reviews and updates its research portfolios. One workshop, "Emerging Infections: Control through Behavioral Interventions," held June 4-6, 1999, convened a group of experts to summarize the status of emerging infections in the United States and worldwide and to identify recommendations for nursing research and practice regarding such infections. Dr. Curtis Patton participated in the workshop as the NINR/NACNR representative. As Dr. Grady pointed out, nurse researchers and the NINR were very active in conducting pioneering work in this field and continue to remain involved in this area of research, although more active participation is encouraged. The results of the workshop and the recommendations for nursing research and practice will be published in the December issues of the *American Journal of Infection Control* and *Nursing Outlook*. The executive summary of the workshop proceedings also will be published and will be available on the NINR Web site.

NINR staff also are involved in the planning of an upcoming conference sponsored by the NIH Office of Research on Minority Health (ORMH), "Minority Health Research Development," slated for summer 2000. This collaborative effort will include ORMH, NINR, and the National Coalition of Ethnic Minority Nursing Associations which represents the Asian-American/Pacific Islander Nurses Association, the National Black Nurses Association, the National Association of Hispanic Nurses, the Philippine Nurses Association, and the American Indians/Alaskan Natives Nurses Association. The conference will address issues pertinent to nursing and minority health,

such as health disparities, gender differences, and cultural/ethnic needs of different communities and populations. This conference represents a unique endeavor whose results will likely be applied to NINR's Strategic Plan with an outcome of enhancing research endeavors to improve minority health.

Another major NINR-sponsored event was the "Fourth Annual Research Training: Developing Nurse Scientists Workshop," held on the NIH campus July 20-23, 1999. The small-group, lecture-based workshop included 40 participants, chosen from a lottery of 246 applicants, and featured the diverse career development experiences of several senior investigators and content designed to enhance the attendees' research careers. Interest in this workshop remains high, and planning for next year's program, slated for July 18-20, 2000, is currently underway.

Dr. Grady also reported on the success of the Academic Research Enhancement Award (AREA) grant program, whose primary funding is through the NIH Office of the Director. AREA awards serve as a small grants program. Applications for AREA grants are accepted three times during the year; grants run for up to 3 years, are renewable, and provide a maximum of \$100,000 in direct costs over the 3-year period. AREA awards are available to faculty in all nursing schools except five who have received NIH funding over \$2 million in four of the last seven years (University of Washington, University of Pennsylvania, University of California at San Francisco, University of North Carolina at Chapel Hill, and Case Western Reserve University). Although the success rate varies from year to year, this year it was nearly twice that of the R01 program.

Finally, one program announcement (PA) has been released since the May Council meeting; this PA is a reissue of the earlier announcement, Individual Postdoctoral Fellowship in Genomics and Related Ethical, Legal, and Social Implications (ELSI) (PA released 6/30/99). Dr. Grady reminded attendees that PAs remain active for 3 years after their release date.

### Outreach Activities

NINR has joined several other institutes and centers at NIH on efforts to declare a "Decade of Behavior," an activity designed to promote the application of behavioral and social science research to major national challenges and to educate the public on the value and importance of the behavioral and social sciences. Groups supporting this initiative include a variety of psychology, behavioral medicine, sociology, political science, and public health organizations.

Dr. Grady and NINR staff have been involved in a variety of outreach activities, including participation in meetings such as the National League for Nursing's biennial conference and Sigma Theta Tau session; National Association of Hispanic Nurses; National Black Nurses Association; Hartford Institute for Geriatric Nursing Research Scholars and Fellows Program at New York University; National Academy of Science's Committee for Priority Setting for Behavioral and Social Sciences at NIH; Neuroscience Postdoctoral Training Program Conference; and the National Coalition for Health Professional Education in Genetics. As part of

these outreach efforts, NINR staff have circulated the draft NINR Strategic Plan to ensure that nursing and other health professional organizations around the country are aware of the Institute's current and future activities.

Recent trans-NIH and trans-agency efforts in which NINR staff are involved include: the annual Bioengineering Consortium (BECON); Interagency Committee for Research on Emergency Medical Services for Children; Committee for the Secretary's FY2001 Initiative on Preventing and Controlling Asthma; and Planning Committee for the Trans-NIH Expert Panel on Youth Violence research. Staff continue their involvement in trans-NIH coordinating committees such as for diabetes mellitus, sleep research, and medical rehabilitation to identify current areas of research within these fields and ensure that such research is coordinated across the appropriate disciplines at the NIH.

As Dr. Grady noted, the presence of nurse researchers on such committees and their participation in workshops and meetings underscores the cross-cutting nature of nursing research and the importance of input from the nursing research community.

Dr. Grady also reported on other events that celebrate nursing research and related sciences, sponsored by the FRIENDS of NINR on September 15, 1999. The day kicked off with a Congressional breakfast meeting, followed by an investigators' coffee in the afternoon and the annual Nightingala reception and dinner in the evening. NINR will also participate with 18 other co-sponsoring national and international nursing organizations, agencies, and groups in the American Academy of Nursing's State of the Science Congress on September 16-18, 1999.

### Staff News

Dr. Grady announced the recruitment of Dr. Anne Thomas, who will serve as both Clinical Director and Chief of the NINR's Intramural Health Promotion Laboratory. Dr. Thomas received her PhD from Texas Women's University in 1994. She is a nurse practitioner whose research experience and training has focused on adult and geriatric nursing; she also has been active in community nursing and clinical nursing research. Prior to joining NIH, Dr. Thomas served on the faculty of the Indiana State University School of Nursing. Finally, Dr. Grady noted the departure of two NINR staff members. Dr. Cara Krulewitch has accepted a position at the University of Maryland School of Nursing in Baltimore. Dr. June Lunney, an oncology nurse who was instrumental in establishing NINR's HIV/AIDS research program and portfolio and who also had a critical role in NINR's end-of-life research efforts, will continue her career as a consultant at George Washington University's center to improve the care of the dying.

Dr. Grady reminded attendees of the NINR Web site (<http://www.nih.gov/ninr>) and of the site to visit to review the current, working draft of the NINR Strategic Plan (<http://www.nih.gov/ninr/strategicplan.htm>). The NINR home page includes news; updates; Council minutes; results of workshops; executive summaries of pertinent workshops and

conferences; program announcements; and links to other sites at the NIH, other agencies, and the larger nursing community.

#### **IV. AD HOC COMMUNICATIONS WORK GROUP**

Work Group member Dr. Betty Ferrell reported for Dr. Dorothy Brooten, Chair, on recent activities of the *Ad Hoc* Communications Work Group. This Work Group identifies and implements new ways of translating and communicating the science of nursing research to a variety of audiences. Dr. Farrell reported that the Work Group continues to meet via conference calls and has accomplished the following since the last Council meeting, with assistance from NINR staff:

- \$ Enhanced the NINR home page and expanded dissemination of nursing research information;
- \$ Provided periodic email notices of nursing research news and updates from NINR to all AACN deans, research deans, the press and nursing associations;
- \$ Met with Dr. Diana Mason, Editor, *American Journal of Nursing*, to identify and establish links with other nursing research groups and practices; and
- \$ Prepared an article on NINR-related research on prevention, which will appear in the December 1999 issue of *NIH News and Features*.

Upcoming activities include updating the “Making a Difference” dissemination booklet; co-sponsoring an event in association with a play about cancer patients (“Wit”) at the Kennedy Center in Washington, DC; and continuing media training to assist investigators in articulating and disseminating research findings. The Work Group also plans to continue to disseminate nursing research findings to consumers, including outreach through lay journals, and to add a public component to the NINR Web site. Dr. Grady added that NINR and the Work Group also provide updates on advances in nursing research and disseminate such information through mailings and at Council meetings; co-sponsor press conferences; and exhibit the thematic table-top NINR/nursing research display at numerous meetings and conferences each year. NINR also is updating its database of nurse researchers across the country and NINR’s Public Liaison, Mr. Daniel O’Neal, meets regularly with journal editors to enhance dissemination of nursing research findings.

#### **V. STRATEGIC PLANNING FOR THE 21<sup>ST</sup> CENTURY**

NINR began its process for developing a strategic plan for the new millennium in the fall of 1998, with the Council taking a leadership role in this effort. Council members and NINR staff participating in this activity have developed a draft planning document, the most current copy of

which was distributed to Council members and others in attendance. Dr. Kathleen Buckwalter and Dr. Steven Finkler, Council discussants in the Strategic Planning Work Group, led the discussion of the most recent draft of the strategic plan, which is proposed for the 5-year period including years 2000 through 2004. Highlights of that discussion are presented here.

Dr. Buckwalter reviewed the major changes made to the prior draft plan. For example, the section “Vision for the Future” now includes statements that emphasize the role of nursing research in community and public health. The next section, “Mission of the National Institute of Nursing Research,” supports this statement and now notes that NINR promotes and supports clinical and basic research on the care of individuals across the life span, including the underserved, minorities, and families within community-based settings. Under “Scientific Goals and Objectives,” the wording of Goals 1 and 2 has been refined and examples where nursing research has already contributed to these goals have been added. Goal 1 was reworked to reflect those areas of scientific distinction in which nurse researchers can make a difference and should take a leadership role. Goal 2 now stresses not only identifying but also supporting future areas of opportunity. Although most of the bulleted items from the prior draft were left in place, the Work Group decided to decouple the information under the cultural and ethnic points. A statement promoting collaborations between NINR and other agencies was added to the objectives under Goal 1. The bulleted items under the objectives for Goal 2 have been reworded to be more specific. Several other refinements in the wording of Goals 3 and 4, and accompanying objectives, were made. A significant revision to the Strategic Plan is the addition of an appendix of activities and quantitative target indicators and outcomes tied to the goals and objectives outlined in the text of the plan. This appendix allows for tracking of progress in meeting goals, objectives, and indicators from baseline through specific defined periods of time. Percent-based changes, rather than absolute numbers, was the preferred tracking measure in this draft of the report. The Work Group also developed a list of assumptions regarding the planning process, which appear at the end of the plan. Dr. Finkler added that this proposed draft outline provides suggestions as to how to proceed with measuring progress made in meeting goals and objectives set forth in the NINR Strategic Plan over the next 5 years; further refinement of indicators and measures will be needed in preparing the next draft of the plan. The group also may be interested in identifying specific milestones, such as 1, 3, and 5 years, for data collection and evaluation and then modifying the plan as needed over time in response to those periodic assessments.

*Questions/Comments:* Attendees applauded the Work Group’s efforts on the revised Strategic Plan. They agreed that collecting baseline data that flow from the plan’s objectives and assessing progress through easy-to-measure indicators are critical to the implementation and evaluation of the plan.

One attendee suggested adding a component to the plan that considers the impact of measures on practitioners and consumers and also adding qualitative indicators and measures of progress. For example, under points 4A and 4B in Appendix A, it was suggested to add a qualifier that would track the number of pre- and postdoctoral and career development awards, with “an emphasis on

early careers or early career awards.” Still others were interested in tracking awards to “older” and “mid-career” students and nurse researchers. Others suggested coding activities according to the report’s proposed tracking plan.

Several attendees stressed the importance of pointing out breakthroughs in nursing research, including the positive impact of nursing research by advance practice nurses on infants, minorities, and other at-risk populations, and on medical procedures and outcomes, such as hysterectomies. The plan also should describe more clearly NINR’s leadership role in areas such as end-of-life issues, AIDS research and care, and patient education. Dr. Grady and Dr. Finkler both noted that these issues will be included in the plan’s “Introduction” section, which is still being developed.

Another point was raised regarding whether NINR and the Work Group assume that proposed increases in indicators and measures will be matched with budget increases and proportionate increases in or a redistribution of grants awarded and, if not, whether the plan allows for slowed growth or reductions in certain areas to balance a discrepancy between budget allocations and goals and objectives. Dr. Grady responded that there is an assumption underlying the Plan that the NINR budget will continue to increase annually; she acknowledged, however, that it is difficult to predict exact increases. Further, some programs (e.g., training) and the funding for such programs do not increase as rapidly as research programs.

It is important to recognize that NINR does not have to “do it all,” and the next draft of the plan should incorporate accountability entities (e.g., the FRIENDS of NINR, Sigma Theta Tau) and a time line for each indicator. Some commented that nurses from all disciplines regard the NINR Strategic Plan as a road map for the future of nursing research.

Dissemination of the final NINR Strategic Plan should be extensive and include not only nurse researchers and other members of the larger nursing community but also other health professionals, lawmakers, policy makers, and possibly others.

Dr. Leveck identified the following next steps for the further development of the NINR Strategic Plan:

- \$ Collect and incorporate reviewer feedback and comments.
- \$ Based on these comments and additional input from the Work Group, develop the next draft of the plan, including the introductory material.
- \$ Distribute the revised draft plan to nursing and professional organizations and individuals by mail, electronic, and website distribution.
- \$ Forward the final plan to the NIH Office of the Director by December 1999.

## **VI. NINR RESEARCH ACTIVITIES: INTERFACE WITH GENETICS RESEARCH**

Genetics is one of many crosscutting areas of science within each of NINR’s Extramural Program’s scientific portfolios. It is also an area of scientific opportunity within the Institute’s

Intramural Program. Dr. Hilary Sigmon, Program Director, Office of Extramural Programs, NINR, provided an overview of results from several NINR-supported nursing research projects that incorporated or used genetic techniques or concepts. As Dr. Sigmon noted, these projects resulted from a variety of NINR initiatives, such as Program Announcements (PAs) and Requests for Applications (RFAs) and include investigator-initiated grants and research training mechanisms. The studies were conducted in an array of settings, including private practice, clinics, hospitals, and basic research laboratories.

Highlights of genetic research findings since 1996 include:

- \$ The identification of genetic factors in the brain underlying septic shock, dysphoria, and malaise. NINR-funded researchers discovered, for example, that *fos* proteins, which regulate gene transcription in neurons, are produced in certain brain regions in response to endotoxin-induced acute infections in rats (Tkacs 1997). Two implications of this finding for nursing practice in the clinical setting are indicated. First, the stimulated brain regions identified in this study, which have been linked to neuroendocrine, autonomic function, and stress, may be involved in centrally mediated responses to infection. Second, because *fos* is a transcriptional regulator, its activation during acute illness could lead to prolonged changes in gene expression that may alter behavior or responsiveness during recovery.
- \$ Data generated from testing for breast cancer genes have been used in genetic counseling and in educating both providers and patients about risk for breast cancer in relation to results of genetic testing (Geller 1999). Such data can be useful for nurses involved in genetic counseling.
- \$ Tests involving several different DNA restriction enzymes found that prophylactic use of certain strains of *Clostridium* bacteria has potential therapeutic value in the prevention of diarrhea in hospitalized patients receiving tube feeding (Bliss 1998).
- \$ Studies of monozygotic and dizygotic twin pairs have identified significant genetic variation in specific risk factors (i.e., lipid profiles, hypertension, type A behavior) for cardiovascular diseases during the transition from childhood to adolescence (Meininger et al. 1998). Such findings have wide applications regarding the diet and exercise of at-risk children and teens.

NINR-funded genetic research training and career development programs have investigated or are investigating:

- \$ The interplay between cognition and the Apolipoprotein E (ApoE) genotype in late-onset Alzheimer's disease (predoctoral research conducted by Schutte through an F31 award);

- \$ The knowledge of cancer genetics and intent to participate in susceptibility testing for prostate cancer with a goal of developing effective genetic educational interventions for teaching at-risk populations that include African Americans about hereditary cancers (senior fellowship research conducted by Weinrich through the F33 grant mechanism); and
- \$ The potential of gene therapy to treat cancer cachexia, based on research on tumor development and the expression of cytokines and other markers of immune system activation (K01 career development award to McCarthy).

Ongoing nursing research efforts in the area of genetics are focusing on:

- \$ Genetic predisposition and cardiovascular risk factors (e.g., elevated insulin levels, hypertension, insulin resistance, hyperlipidemia) in children, and the impact of the interplay between lifestyle/personal behaviors and genetics on the development of CVD, obesity, and insulin resistance (R01 awarded to Harrell);
- \$ Genetic factors associated with increased risk for hypertension in young African-American men, in a nurse-practitioner, community-based study (being conducted by Hill through a competitive R01 supplement); and
- \$ The impact of genetics on obesity and weight loss in older women (being conducted by Dennis through a competitive R01 supplement).

Future NINR genetics-related initiatives include:

- \$ Co-sponsorship of the multidisciplinary conference of the National Coalition for Health Professional Education in Genetics (NCHPEG), held in 1999;
- \$ The Summer Genetics Institute, slated for summer 2000 (see section VIII, Closing Remarks, below for more information); and
- \$ The Institutional Research Training Award in Genetics, a potential T32 grant program that focuses on a scientific area of opportunity for FY2001.

Dr. Sigmon closed her presentation by noting that, as the field of genetics continues to move forward, it will become increasingly important to include nurses as active partners in clinical practice, education, and research in areas of clinical genetics. NINR will continue to facilitate the interface between nursing research and practice and the field of genetics.

## VII. GENETICS, OBESITY, AND WEIGHT LOSS IN OLDER WOMEN

Drs. Alan Shuldiner and Karen Dennis described recent findings from their collaborative NINR-sponsored research on genetic influences of obesity and weight loss in older women. Dr. Shuldiner is Professor and Head, Division of Endocrinology, Diabetes and Nutrition, and Director, Joslin Center for Diabetes, University of Maryland, in Baltimore. Dr. Dennis is Professor, Division of Gerontology, University of Maryland School of Medicine, and Associate Director for Education and Evaluation, Geriatric Research Education and Clinical Center, Baltimore VA Medical Center.

Dr. Shuldiner's research focuses on the genetics of type 2 diabetes; the ultimate goals of his research include the identification of the molecular basis of obesity and diabetes; the development of new molecular therapeutic agents which are efficacious and have fewer side effects; and the development of a panel of genetic tests to determine the genetic burden of diabetes. Ideally, this panel of tests will be run on a blood sample and have a 1-day turnaround time, and test results will identify individuals at risk so that diabetes can be prevented. These tests also will allow us to subclassify diabetes allowing therapy to be based on the underlying cause. Using candidate disease genes and positional cloning techniques, Dr. Shuldiner and his research team have sought and identified several susceptibility genes for diabetes and obesity. Specific obesity susceptibility genes identified thus far include variants of the  $\beta$ -3-adrenergic receptor gene, which is present in fat cells and regulates lipolysis, and the peroxisome proliferator activated receptor (PPAR) gamma-2. Studies of five cohorts of individuals and populations that have specific defects or mutations in these genes, including the Pima Indians, show a propensity toward obesity and a higher body mass index (BMI), earlier onset of non-insulin-dependent diabetes, and increased likelihood of insulin resistance compared with cohorts possessing normal copies of these genes. Many other candidate genes are being studied by Dr. Shuldiner and his colleagues, including the genes or variants of genes for tumor necrosis factor (TNF)-alpha, leptin and the leptin receptor, glycogen synthase, and lipoprotein lipase (LPL PvuII).

Dr. Dennis and colleagues, including Dr. Shuldiner, have shown that variants in either PPAR-gamma-2 or LPL can serve as potential indicators of obesity and weight loss outcomes among older women. Their studies of older, postmenopausal women placed on a regimen of moderate, regular exercise and a heart-healthy diet reported the following: Women with the LPL PvuII variant had higher total cholesterol, low-density lipoprotein-cholesterol, and fasting glucose than women with the normal LPL PvuII, thus placing them at increased risk for atherosclerosis. Further, although women with the PPAR gamma-2 variant were highly successful in losing weight, their ability to maintain the weight loss was far less successful than that of women with two normal copies of the gene, as suggested by a nearly two-fold higher rate of weight regain in the women with the variant gene at 18 months after the intervention study was completed. Tests run prior to the intervention showed that women with the gene variant had a larger BMI than women with two normal copies of the gene. Following the intervention, women with the variant had a significantly greater increase in insulin sensitivity, which may contribute to their more

rapid weight regain during follow-up. Results of studies such as these, which investigate the interaction of genes, behavior and lifestyle, and health (or specific health conditions) allow for subclassification of populations that can direct therapy and predict treatment success. For example, identifying variants in these genes prior to beginning any exercise and/or dietary interventions would alert both the patient and health care professional or educator to the need for increased diligence in weight management after initial interventions, compared with individuals carrying normal copies of these genes.

## **VIII. SUMMER GENETICS INSTITUTE**

Dr. Annette Wysocki, Scientific Director, Division of Intramural Programs, NINR, described the upcoming Summer Genetics Institute, sponsored by NINR's Division of Intramural Research in collaboration with the National Human Genome Research Institute (NHGRI), the National Cancer Institute (NCI), and the National Institute of Environmental Health Sciences (NIEHS). This 2-month, full-time (12 credit hours) training program will be held on the NIH campus in Bethesda, Maryland, in June and July of next year and 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. Next summer's program is expected to accept 12 to 14 applicants. It is anticipated that a summer Intramural Research Training Award (IRTA) stipend will be given and that housing and tuition will be provided. Preliminary information about this program, including applicant eligibility criteria and how and where to apply, will be released in November 1999 and will be posted on the Web page of the NINR Division of Intramural Research as that information becomes available (<http://www.nih.gov/ninr/Intramuralpage.htm>). Dr. Wysocki encouraged nurse researchers and nurse practitioners to apply.

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

## **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.

## **IX. REVIEW OF APPLICATIONS**

The members of the National Advisory Council for Nursing Research considered 176 research and training grant applications requesting \$139,589,408 in total costs. The Council recommended 121 applications with a total cost of \$106,669,903.

## **X. OTHER ITEMS FOR CLOSED SESSION**

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

## **XI. ADJOURNMENT**

The 39<sup>th</sup> meeting of the NACNR was adjourned at 5:30 p.m. on September 14, 1999.

## **CERTIFICATION**

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

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

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Mary D. Leveck, PhD, RN  
Executive Secretary

## **MEMBERS PRESENT**

Dr. Patricia A. Grady, Chair  
Mr. Gene Blumenreich  
Dr. Kathleen C. Buckwalter  
Dr. Margarethe Cammermeyer  
Dr. Betty Ferrell  
Dr. Steven Finkler  
Dr. Mi Ja Kim  
Dr. Ada M. Lindsey  
Dr. Curtis L. Patton  
Dr. Carmen Portillo  
Dr. Ellen B. Rudy  
Ms. Sarah J. Sanford

### Ex Officio Members:

Dr. Paulette Cournoyer  
LCDR Sandra Cupples

### Absent:

Dr. Richard Behrman  
Dr. Dorothy Brooten  
Dr. Judith LaRosa  
Ms. Jean Marshall

## **MEMBERS OF THE PUBLIC PRESENT**

Dr. Doris Bloch, Windows on Nursing  
Dr. Jacquelyn Campbell, Johns Hopkins University School of Nursing  
Ms. Mary Cerny, The Scientific Consulting Group, Inc.  
Dr. Karen Dennis, University of Maryland School of Medicine  
Ms. Roxanne Fulcher, AACN  
Ms. Sandra Hanneman, University of Texas-Houston  
Ms. Kim Hayes, Legislative Network for Nurses  
Dr. Lois Hoskins, Catholic University  
Dr. Jane Koziol-McLain, Johns Hopkins University School of Nursing  
Dr. Susan Ludington, University of Maryland  
Mr. Paul Moore, Capitol Publications  
Dr. Mary Palmer, Rutgers University  
Ms. Angela Sharpe, Consortium of Social Science Associations  
Dr. Alan Shuldiner, University of Maryland  
Ms. Anne Woods, Johns Hopkins University School of Nursing

## **FEDERAL EMPLOYEES PRESENT**

Dr. Nell Armstrong, NINR/NIH  
Mr. Jeff Carow, NINR/NIH  
Ms. Colette Carter, NINR/NIH  
Ms. Janet Craigie, NHLBI/NIH  
Ms. Linda Cook, NINR/NIH  
Ms. Marianne Glass Duffy, NINR/NIH  
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