

**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 25–26, 2007

The 63rd meeting of the National Advisory Council for Nursing Research (NACNR) was convened on Tuesday, September 25, 2007, at 1:05 p.m. in Conference Room 6C, Building 31, National Institutes of Health (NIH), Bethesda, Maryland. The first day of the meeting adjourned at approximately 5:30 p.m. The open session of the meeting continued on the next day, September 26, 2007, at 9:00 a.m., and was adjourned that same day at 9:20 a.m. The closed session of the meeting, which included consideration of grant applications, was convened immediately thereafter, at 9:20 a.m., and continued until adjournment at 11:00 a.m. on Wednesday, September 26, 2007. 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 63rd meeting of the NACNR to order, welcoming all Council members, visitors, and staff.

Conflict of Interest and Confidentiality Statement

Dr. Mary Kerr, Executive Secretary, NACNR, reminded attendees that the standard rules of conflict of interest applied throughout the Council meeting. Briefly, all closed session material is privileged, and all communications from investigators to Council members regarding any actions on applications being considered during the Council should be referred to National Institute of Nursing Research (NINR) staff. In addition, during either the open or the closed session of the meeting, Council members with a conflict of interest with respect to any topics or any application must excuse themselves from the room and sign a statement attesting to their absence during the discussion of that application. 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 22-23, 2007 NACNR meeting by electronic mail. No changes or corrections to the minutes of the May 2007 Council meeting were suggested during the September meeting. A motion to accept the minutes of the May 22-23, 2007 Council meeting as circulated was proposed, seconded, and approved unanimously. Any comments, corrections, and changes to the May 2007 meeting minutes

identified at a later time should be forwarded to Drs. Grady or Kerr. The approved minutes of each quarterly NACNR meeting become part of the Institute's permanent record and are posted on the NINR Web Site (www.ninr.nih.gov).

Dates of Future Council Meetings

Dates of future meetings in 2008 and 2009 have been approved and confirmed. Council members should contact Drs. Grady or Kerr regarding any conflicts or expected absences. The September 2008 meeting dates might be changed to September 16-17; Council members will be notified of any changes well in advance of the meeting in an effort to accommodate their schedules.

2008

- January 22-23 (Tuesday-Wednesday)
- May 20-21 (Tuesday-Wednesday)
- September 23-24 (Tuesday-Wednesday)

2009

- January 27-28 (Tuesday-Wednesday)
- May 19-20 (Tuesday-Wednesday)
- September 22-23 (Tuesday-Wednesday)

II. REPORT OF THE DIRECTOR, NINR—Dr. Patricia Grady, Director, NINR; Mr. Douglas Hussey, Chief, Office of Science Policy and Public Liaison, NINR

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

Budget Update—Fiscal year (FY) 2008 starts October 1, and approval of a final Federal budget remains outstanding. The FY08 President's Budget Request includes a small increase (0.29 percent) in the NINR budget, with an allocation of \$137.8 million to the NINR for the coming fiscal year. In contrast, the FY08 President's Budget Request for the NIH—approximately \$28.849 billion—is a 1.3-percent decrease from the FY07 NIH budget. The President presented the proposed budget to the country at the State of the Union Address on February 5, 2007, followed by testimony to and deliberations by the House and the Senate, each of which develops its own annual budget. The House has passed its FY08 budget bill, which provides a 1.5 percent increase to the NINR (\$139.527 million) and a 2.6 percent increase to the NIH (\$29.897 billion). The Senate budget bill, which was reported from committee in June but has not been passed yet, includes slightly higher increases to both the NIH and NINR (3.4 percent and 2.2 percent, respectively). The distribution of NINR funds remains relatively constant from year to year, with the largest amount, 71 percent, supporting research projects grants (RPGs) (e.g., R01s, R03s, R15s, R21s, etc.). The Centers Program (P20s, P30s), training, and research management and support (i.e., overhead and operating expenses for salaries, meeting support, supplies, and equipment) each receive 7 percent of the NINR funds; research and development programs and

other research (e.g., K awards) receive 3 percent each; and intramural programs receive 2 percent. Dr. Grady pointed out that the NINR spends approximately twice as much as the NIH average on training, further underscoring the Institute's commitment to retaining nursing students and investigators in the field throughout the research trajectory of their careers.

NIH Updates—In NIH staff news, Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases (NIAID) for 23 years, has been named recipient of the Mary Woodward Lasker public service award. An interview with Dr. Alan Krensky, Director, Office of Portfolio Analysis and Strategic Initiatives (OPASI), published in the August 17 issue of *Science* [vol. 317(5840):887], describes this new Congressionally mandated Office, which will house the current and future iterations of the NIH Roadmap. The NIH is conducting an examination of peer review that will include the hosting of regional meetings by the Peer Review Working Group. Dr. Grady reported that discussions thus far have generated interesting and valuable feedback about the peer review process overall and specific to the NIH. Additional information about this program (including meeting registration) is available at <http://enhancing-peer-review.nih.gov>. An editorial about NIH peer review and proposed changes to this process, and a commentary on NIH funding priorities were published in the September 13 issue of *Nature*.

The NIH has launched several programs to support innovative and cutting-edge research, new and senior investigators, and first-time competitive continuations, including the NIH Director's Pioneer and New Innovator Awards; the Exceptional, Unconventional Research Enabling Knowledge Acceleration (EUREKA) program; and the NIH Pathway to Independence program.

These programs are described in a recent article published in *JAMA* titled, "In Era of Tight Funds, NIH Seeks to Nurture New Scientists and Novel Ideas" (*JAMA* 298:615-616, 2007). Dr. Grady pointed out that compared with many other NIH Institutes and Centers (ICs), the NINR funds a higher percentage of new investigators. For senior investigators who may be facing the loss of a long-term program due to budget cuts, a program considers requests of up to \$300,000. Twelve new Clinical Transitional Science Award (CTSA) were awarded to stimulate clinical research and expand existing clinical research programs through interlinking research activities and training across academic campuses. The NIH Partners in Research Program (PRP), an outgrowth of NIH's Public Trust Initiative, is designed to stimulate partnerships between science/research institutions and community organizations. The PRP NOT-OD-07-089 will increase scientists' awareness of the importance of public engagement and develop strategies that increase participation of the public in research.

Dr. Grady reported on several NIH landmark and newly launched programs. The National Institute of Bioinformatics and Bioengineering (NIBIB) celebrated its 5-year anniversary on June 1 with an on-Campus symposium titled, "Changing the World's Healthcare through Biomedical Technologies." The NIH also recently began an Internet-based video program titled, "i on NIH," available for downloading and streaming online at www.nih.gov/news/podcast/nihvodcast.htm. Another outreach program called "Felix the Helix" is introducing DNA to elementary school students.

In other news, the NINR has partnered with the National Institute of Child Health and Human Development (NICHD) on a sudden infant death syndrome (SIDS) risk reduction continuing

education program for nurses to increase awareness about SIDS and preventive measures among nurses in hospital and in-home settings; this program is available online at <http://www.nichd.nih.gov/sidsnursesce/>. The NIH Web Site has also been redesigned to be more user friendly with additional graphics and pull-down menus. Dr. Grady noted that according to the Web site HealthRatings.org, the NIH Web Site is the most frequently visited health information Web site on the Internet.

NINR Updates—The NINR continues its involvement in outreach activities through several mechanisms and venues. A special issue of *The Behavioral Measurement Letter* (volume 9, no. 2, Winter 2007) included an article by Dr. Grady titled, “Improving Measurement in Nursing Research: One Focus of the New NINR Strategic Plan.” NINR’s Centers P01 Request for Applications (RFA), “Program Projects for Nursing Science Research on Interventions in Chronic Illness,” has been released with an application receipt date of November 26, 2007 <http://grants.nih.gov/grants/guide/rfa-files/RFA-NR-08-001.html>. Recent NINR Program Announcements (PAs)¹ include “Health Promotion Among Racial and Ethnic Minority Males” (R01-PA-07-422, R21-PA-07-421), and “Reducing Health Disparities Among Minority and Underserved Children” (R01-PA-07-392, R21-PA-07-391); the expiration date for these PAs is September 2010. Dr. Grady reported that staff met with a Japanese delegation consisting largely of nurses to discuss the NINR and nursing science. Special congratulations and recognition go to Dr. Barbara Smothers, Assistant Director of NINR’s Office of Extramural Programs, who received an NIH Director’s Award for her work as Co-Chair on the CTSA Program Committee, and to Dr. Kathy Mann-Koepke, NINR Program Director, who received a Neuroscience

¹ NINR PAs are posted at <http://www.ninr.nih.gov/ResearchAndFunding/DEA/OEP/FundingOpportunities/ProgannFile.htm>; information about NINR RFAs can be found at <http://www.ninr.nih.gov/ResearchAndFunding/DEA/OEP/FundingOpportunities/RequestannFile.htm>.

Research Director's Award for her work on the NIH Blueprint for Neuroscience Research. Mr. Doug Hussey was appointed Chief of NINR's Office of Science Policy and Public Liaison (OSPPL). The Division of Intramural Research (DIR) continues to be very productive, with the publication of three articles on pain research co-authored by DIR Science Director Dr. Raymond Dionne in *National Review of Drug Discovery*, *Molecular Pain*, and *Pain*. NINR's DIR hosted several summer students, and it sponsored another successful Summer Genetics Institute, which ran June 3-July 28, 2007.

NINR and Nursing Science in the News—Mr. Hussey highlighted NINR staff, investigators, and research in the news since the last Council meeting. He noted that Dr. Grady has been featured in several stories, including the cover story for the September 24 edition of *Nursing Spectrum*; the article, "Nursing Research Sets Patient Care Standards," discusses the opportunities in research available to nurses.² Dr. Grady also was interviewed recently for articles in *JAMA* (palliative care in the hospital setting), the November issue of *Self* magazine (healthy women and clinical trials), and *The Wall Street Journal* (palliative care). In other news, the NINR developed a Pain Management Factsheet for NIH's Web page on Research Results for the Public. The Institute issued a press release describing Dr. Loretta Sweet Jemmott's research on a brief skill-building program to reduce risky behaviors and enhance HIV/STD prevention among inner-city black women for up to 1 year post-intervention (*Am J Pub Health* 97:1034-1040, 2007). NINR-supported researcher Dr. Rebecca Benfield was featured in a recent article in *OB.GYN.News* on the findings of her pilot study showing that use of hydrotherapy to ease labor pain and reduce anxiety. Additional NINR-funded research has been cited in the popular

² Dr. Grady's interview in *Nursing Spectrum* magazine can be found at <http://news.nurse.com/apps/pbcs.dll/article?AID=/20070924/DCVAMD09/709240302/1012/DCVAMD>.

press across the country, including *The New York Times*, the *Seattle Post-Intelligencer*, and the *Chicago Tribune* online, as well as in local papers and media. A new Web site, "Get a Head Start on Asthma," was developed by University of Minnesota researcher Dr. Anne Garwick with funding from the NINR.

The NINR Web site has updated to include highlights from the NINR Research Centers, and cultural dynamics in HIV/AIDS prevention located at www.ninr.nih.gov.

III. NIH INTRAMURAL PROGRAM—Dr. Michael Gottesman, Deputy Director for Intramural Research, NIH, and Chief, National Cancer Institute Laboratory of Cell Biology

For the first half of NIH's existence, the Intramural Research Program was the only mechanism through which the NIH funded biomedical research. Since World War II, there has been a gradual decline in the proportion of the NIH budget devoted to intramural research, in part because of the significant expansion of the overall NIH budget and the realization that NIH funds could be a positive force in advancing biomedical research via grants to academic institutions and other research organizations. Today, NIH's intramural funding accounts for approximately 10 percent of the total NIH budget, or \$2.8 billion, with monies distributed among NIH's ICs, 22 of which have intramural research programs.

NIH's Bethesda, Maryland, Campus and local outlying locations in Maryland house 95 percent of the Institute's intramural research resources and staff. Additional campuses include the National Institute of Environmental Health Sciences (NIEHS) in Research Triangle Park, North

Carolina, and the National Institute on Drug Abuse (NIDA) and the National Institute on Aging (NIA) in Baltimore, Maryland. Dr. Gottesman also noted several unique intramural programs, including a National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) research focus on Pima Indians in Phoenix, Arizona; an NICHD program on high-risk pregnancy in Detroit, Michigan; a new National Heart, Lung, and Blood Institute (NHLBI) program in Framingham, Massachusetts, that fully integrates the Framingham Heart Study; and the National Center for Biotechnology Information, a special intramural program within the National Library of Medicine that supports PubMed, GeneBank, and numerous other databases and information resources.

The intent of NIH's Intramural Research Program is to conduct long-term, high-risk research.

Special features of the Intramural Research Program include:

- Leverage to access NIH resources, which is maximized through collaborative investigations and partnerships.
- Ability to react to research needs in response to public health crises.
- Access to the Clinical Center (CC), the largest research hospital in the world.

Five investigators who devoted their careers to research at the NIH have been named Nobel laureates, and 15 additional Nobel recipients worked at the NIH at some point in their careers; of physicians awarded Nobel prizes in medicine or physiology in the past 25 years, more than half (11 of 20 awardees) received their research training at the NIH.

New initiatives, such as the Pioneer Award, have been launched to encourage high-risk, innovative research. Other strategies include maximizing resources available; identifying strong leadership in conjunction with a rigorous review process; rewarding high-risk research; and encouraging and promoting trans-NIH and extramural collaborations, interactions, and initiatives, such as NIH's "Bench to Bedside" program and the Intramural Research Festival. Among the challenges facing NIH's Intramural Research Program are salary limits and the impact on hiring and retaining tenured investigators and highly experienced clinical researchers and physicians; conflict of interest issues and restrictions; and security-related issues.

IV. BRIDGING TO THE FUTURE: THE SCIENCE OF SYMPTOMS

MANAGEMENT—Dr. Raymond Dionne, Scientific Director, Division of Intramural Research, NINR

NINR's Symptoms Management Branch, which reports directly to the Office of the Science Director, is comprised of the Pain Research Section, three units, (the Tissue Injury Unit, the Biobehavioral Unit, and the Cachexia Unit), and a Research Core. The research staff continues to grow, with several new recent hires, and is very productive, with more than 40 publications in the past year. The Branch offers training programs and opportunities.

NINR's Symptoms Management Portfolio has three broad research areas, including:

- (1) investigations of the biological mechanisms underlying a single symptom or cluster of symptoms,
- (2) subjective measurement of symptom intensity and its effect on patients, and
- (3) evaluation of clinical interventions to reduce the symptom burden of illness or its treatment

and improve functional status and quality of life via novel strategies and mechanisms. Dr. Dionne identified several reasons for pursuing pain management research: a 40 percent increase in chronic pain in the United States in the past decade; the high rate (30-60 percent) of peripheral neuropathy effects in patients with HIV/AIDS and cancer; the debilitating pain associated with oral mucositis associated with cancer treatment; and the impact of chronic graft-versus-host-disease (GVHD) on morbidity and mortality in patients. The goals and objectives of the Pain Management Portfolio provide a strategic fit with NINR's mission in terms of integration of biology and behavior to study the mechanisms, management, and prevention of symptoms; adoption of new technologies for this unmet medical need; development of new tools for improving symptoms management; and training the next generation of nurse scientists to conduct interdisciplinary research.

Dr. Dionne reviewed findings of several NINR-funded investigations on symptoms management (Kim et al., *Pain* 2004; Kim and Dionne, *Pain/Clinical Updates* 2005; Kim et al., *J Medical Genetics* 2006; Lee et al., *Clin Pharmacol Therap* 2006). Key findings included the identification of subgroups of persons described as "novelty-seeking" and "harm-avoidant" who have a high pain tolerance versus high pain sensitivity based on genetic variations in TRPV1SNP6 and level of expression of PTGS1/S2 and COX2SNP1. Dr. Dionne also described NINR-funded research on identifying the genetic pathways associated with tissue injury and inflammation, before and after interventions targeting acute inflammation. Results of this work may identify molecular sites to target for disease prevention or treatment. NINR-supported investigators are also involved in developing new tools for symptoms research for individual responses based on patient-reported outcomes from clinical trials.

The NINR in collaboration with other ICs supports diverse symptoms management research projects, including studies of the role of inflammatory cytokesin in the development of oral mucositis; molecular mechanisms and interventions for chemotherapy-induced neuropathy; interactions between stress, inflammation, and pain in gastrointestinal mucosal injury; molecular events contributing to fatigue in patients with sarcoidosis; and mechanisms and investigational treatments for post-traumatic stress disorders. The Institute also supports comprehensive research training in the area of symptoms management, including three focal areas (symptom management, genetics, and end of life/palliative care) under the Graduate Partnerships Program (GPP) in Biobehavioral Research; postdoctoral training via the K22 Career Transition Award, which three NINR recipients have completed; and the annual Summer Genetics Institute (SGI), which boasts more than 140 graduates to date. More information about upcoming and ongoing opportunities in symptoms management research can be found on NINR's Web site.

V. NINR GRADUATE PARTNERSHIPS PROGRAM: A STUDENT'S

PERSPECTIVE—Ms. Taura Barr, Fellow, NINR Graduate Partnerships Program (GPP)

The NINR GPP provides graduate students the opportunity to study with senior investigators and provides a monthly stipend, health insurance, full tuition support, and travel funds. Scholars rotate through various NIH laboratories to find the best match(es) and opportunities for research interest, mentoring, and funding.

Ms. Taura Barr, a Fellow in the NINR GPP, presented her research trajectory from her undergraduate research project that compared patient outcomes following the use of endovascular coiling versus surgical clipping for “burst aneurysm” to her dissertation research on the NIH Campus as a participant in the GPP. Her GPP mentors include intramural investigators from the NINR, NIA, and the National Institute of Neurological Disorders and Stroke (NINDS), and an extramural mentorship with Dr. Yvette Conley, Associate Professor in the Department of Health Promotion and Development at the University of Pittsburgh. Ms. Barr’s primary NIH Clinical Mentor is Dr. Steven Warach, Chief, Stroke Diagnostics and Therapeutics, NINDS. Her NIH-based Molecular Research Mentor is Dr. Andrew Singleton, Senior Investigator, Laboratory of Neurogenetics, NIA. Ms. Barr’s dissertation involves determining levels of two proteins, MMP-9 and TIMP-1 as biomarkers of blood brain barrier(BBB) disruption following stroke. Her dissertation research plan involves comparing gene expression patterns in patients with or without BBB disruption on MRI. Candidate gene analysis will be performed on 300 stroke patients and 300 healthy controls. Ms. Barr’s extended plan includes ongoing data collection and analysis, dissertation defense in 2009, and continuing her research endeavors through a post-doctoral fellowship and faculty position. In closing, she acknowledged the tremendous opportunity that the NINR GPP has provided and thanked the many staff, researchers, and faculty who have supported and mentored her, and continue to do so.

In addition to Ms. Barr, the current NINR GPP scholars include: (1) Katherine Balk, M.S.N., R.N., from The Johns Hopkins University, whose research focus is on ethical and cultural factors associated with a genetics screening program for neurogenetic disorders in Mali, Africa; (2)

Emma Kurnat-Thoma, M.S., R.N., from the University of Utah, who is studying gene-environment interaction in hereditary nonpolyosis colorectal cancer; (3) Anne Letocha, M.S.N., C.R.N.P., from the University of Iowa, whose area of research interested is how families communicate about ambiguous genetic information; and (4) Darlene Perkins, M.S.N., R.N., from The Johns Hopkins University, who is studying attitudes and beliefs of Alaska Natives about multiplex genetic susceptibility testing. Additional information about NIH's GPP is available at <http://gpp.nih.gov>; information on NINR's training programs is available at <http://www.ninr.nih.gov/Training>.

VI. STRENGTHENING PEER REVIEW IN CHANGING TIMES—Dr. Larry Tabak,
Director, National Institute of Dental and Craniofacial Research (NIDCR), NIH

On June 8, 2007, NIH Director Dr. Elias Zerhouni called upon leaders from across the scientific community and NIH to join a trans-NIH effort to examine the two-level NIH peer review system with the goal of optimizing its efficiency and effectiveness, and to ensure that the NIH will be able to continue to meet the needs of the research community and public at large. In conducting this assessment, the NIH is seeking broad input from key stakeholders, including investigators, scientific societies, grantee institutions, voluntary health organizations, and NIH staff.

This initiative involves both external and internal working groups—the Advisory Council to the Director (ACD) Working Group on Peer Review and the Steering Committee Working Group (SCWG) on Peer Review, respectively. Dr. Tabak serves as Co-Chair of each group. Several activities have been scheduled for the “diagnostic phase” of the study, including an external

Request for Information (RFI)³ and development of an interactive for soliciting opinions.

Through this RFI, the NIH has sought feedback on the following areas: (1) challenges of NIH's system of research support, (2) challenges of NIH's peer review process, (3) solutions to these challenges, (4) core values of NIH's peer review process that should be retained or enhanced, (5) appropriateness of the criteria and scoring procedures⁴ used by the NIH to evaluate applications during peer review, and (6) whether the current peer review process is career-appropriate for investigators at specific stages in their career. More than 2,500 comments have been received in response to the external RFI. Review of comments is underway, with preliminary analysis of about 20 percent of these comments completed. Dr. Tabak highlighted some of the emerging ideas regarding application structure, reviewer mechanisms and mechanics, reviewer/review culture, scoring, and costing/budget issues (<http://enhancing-peer-review.nih.gov/meetings/081607-summary.html>).

Additional study-related activities include an internal survey of NIH staff; regional meetings in Chicago, New York City, and San Francisco; two external consultative meetings in Washington, DC, with professional societies and advocacy groups; selection of Science Liaisons by the ACD Working Group to enhance outreach to stakeholders and to solicit opinion; consultative meetings with the SCWG and internal NIH staff; and development of IC Director prior experiments and specific statements. As part of this effort, the SCWG has completed analyses of the peer-review literature and of peer-review strategies used by other agencies (National Science Foundation [NSF], Department of Energy, Department of Defense, Howard Hughes Medical Institute) and

³ Details of the external RFI are found at <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-07-074.html>.

⁴ Peer review criteria are described at <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-002.html>; scoring procedures are described at <http://cms.csr.nih.gov/NR/rdonlyres/B2CFE17E-AA1C-46E5-BADB-FDBF2FBBEE80/11892/CSRScoringProcedure090706.pdf>.

countries, as summarized in the NSF report, “Impact of Proposal Award Management Mechanisms.”⁵ The SCWG is also conducting psychometric analysis of study section models, including the identification of potential untoward consequences. Further, the Center for Scientific Review (CSR) has launched several parallel peer review pilots and initiatives to help inform the broader trans-NIH peer review self-study. Current CSR initiatives include shortening the review cycle, immediate assignment of applications to integrated review groups (IRGs), realignment of study sections, electronic reviews, and shortening applications.

This next phase, the “pilot” phase, is planned for February-March 2008. The implementation phase will include development of an implementation plan; briefings to NIH staff; briefings to scientific societies, NIH Councils, trade press, advocacy organizations, and legislative bodies; expansion of successful pilots; and development of new NIH Peer Review Policy. More information about enhancing peer review at the NIH is available at visit <http://enhancing-peer-review.nih.gov/>. NIH invites interested parties to forward comments concerning the peer review process to Dr. Grady for forwarding to Dr. Tabak, or directly to PeerReviewRFI@mail.nih.gov.

VII. SCIENTIFIC CONCEPTS—Dr. Barbara Smothers, Assistant Director, Office of Extramural Programs, NINR; Council Members; NINR Program Directors

Council members reviewed and discussed six new concepts during the September 2007 NACNR meeting.

⁵ The NSF report “Impact of Proposal Award Management Mechanisms” can be found at <http://www.nsf.gov/pubs/2007/nsf0745/nsf0745.pdf>.

- **Interventions for Palliative Care at the End of Life** (Dr. Alexis Bakos, NINR; Dr. Randall Curtis, Council discussant)
- **Technological Innovations in Palliative Care at the End of Life** (Dr. Bakos, NINR; Dr. Kathleen Dracup, Council discussant)
- **Biobehavioral Correlates in Pregnancy Affecting Pre-Term Delivery and Low Birth-Weight (LBWT) Babies** (Dr. Yvonne Bryant, NINR; Dr. Joan Austin, Council discussant)
- **Efficacy and Cost-Effectiveness of Managing Chronic Illnesses** (Dr. Karen Huss, NINR; Dr. Kevin Frick, Council discussant)
- **Integrating Biobehavior and HIV Prevention** (Dr. Huss, NINR; Dr. Michael Counte, Council discussant)
- **Technological Advances in Symptom Management and Quality of Life for Oncology Patients and Cancer Survivors** (Dr. Martha Hare, NINR; Dr. Sandra Millon-Underwood, Council discussant)

VIII. OFFICE OF PORTFOLIO ANALYSIS AND STRATEGIC INITIATIVES (OPASI):

RESEARCH, CONDITION, AND DISEASE CATEGORIZATION (RCDC)—Dr.

Timothy Hays, Project Director, RCDC, and Chief, Portfolio Analysis and Scientific Opportunities Branch, OPASI

The RCDC is an electronic tool for reporting details about NIH funding according to approximately 360 research and disease areas, includes 240 categories specifying topics and

issues such cancer, mental health, prevention, plus an additional 120 categories from special reports. The benefits of the RCDC system are: (1) consistency for reporting across NIH's 27 ICs, (2) transparency, (3) efficiency, and (4) opportunities for further portfolio analysis. Dr. Hays stressed that the RCDC will not be 100 percent "accurate," in part because not all research categories are mutually exclusive, investigations often involve several research components (e.g., quality of life associated with a given disease in a specific population), and categories may be interpreted differently (e.g., coders, researchers, members of Congress, and the public may differ in what constitutes "prevention"). The development of standardized definitions and matches that are scientifically defensible is a key strategy in increasing transparency and reducing some of these differences.

The next major steps in the development of this program include final refinement of the functionality of the system, with a roll-out of RCDC to the public in Summer 2008 and the goal of launching the system in February 2008 based on projects funded in FY08.

Following this presentation, 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

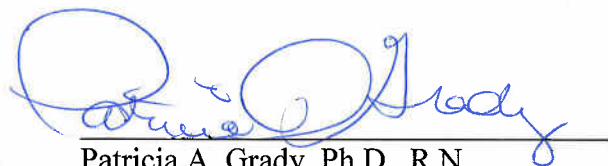
The members of the NACNR considered 110 research and training grant applications on which NINR was the primary Institute; these applications requested a total of \$23,455,842 (direct costs year 01). The Council also considered 300 applications on which another Institute/Center was primary and NINR was secondary; these applications requested a total of \$60,071,697 (direct costs year 01). The Council concurred with the IRG recommendations on these 410 grant applications.


ADJOURNMENT

The 63rd meeting of the NACNR was adjourned at 11:00 a.m. on September 26, 2007.

CERTIFICATION

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


Patricia A. Grady, Ph.D., R.N.
Chair
National Advisory Council for Nursing
Research


Mary E. Kerr, Ph.D., R.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. Michael Counte
Dr. Randall Curtis
Dr. Kathleen Dracup
Dr. Kevin Frick
Dr. Felicia Hodge
Ms. Joan Lancaster
Mr. James Linn
Dr. Jean McSweeney
Dr. Sandra Millon-Underwood
Dr. Gary Morrow
Dr. Sharon Tennstedt
Dr. King Udall
Dr. Clarann Weinert
Dr. Anna Alt-White, *Ex Officio*
Dr. John Murray, *Ex Officio*

MEMBERS OF THE PUBLIC PRESENT

Ms. Mamoon Arif, Virginia Commonwealth University
Ms. Jie Bin, Johns Hopkins University
Dr. Lisa Brown, Virginia Commonwealth University
Ms. Mary Cerny, Consolidated Solutions and Innovations
Ms. Marie Cornwall, Virginia Commonwealth University
Mr. Darren Couture, University of Maryland
Ms. Judith DellaRipa, Virginia Commonwealth University
Dr. Susan Dorsey, University of Maryland
Ms. Nadine Eads, Johns Hopkins University
Ms. Linda Eastham, Virginia Commonwealth University
Ms. Yen-Jin Ho, Virginia Commonwealth University
Ms. Susan Johnson, Virginia Commonwealth University
Ms. Yvette Ju
Dr. Chris Kasper, Uniformed Services University of the Health Sciences
Ms. Martha Kearns
Ms. A.D. Kidd, Uniformed Services University of the Health Sciences
Ms. Sherrie Lessans, University of Maryland
Dr. Debra Lyon, Virginia Commonwealth University
Dr. James Marcus
Ms. Carolyn McCrocklin
Ms. Jin Ning Ning, Johns Hopkins University
Dr. Rita Pickler, Virginia Commonwealth University
Ms. Ratticari (sp?), Virginia Commonwealth University

Dr. Cynthia Renn, University of Maryland
Ms. Michaela Shafer, Uniformed Services University of the Health Sciences
Ms. Chris Szabo, Virginia Commonwealth University
Dr. Sarah Szanton, Johns Hopkins University
Dr. Laura Talbot Uniformed Services University of the Health Sciences
Ms. Zhang Ying, Johns Hopkins University

FEDERAL EMPLOYEES PRESENT

Mr. Brian Albertini, NINR/NIH
Dr. Alexis Bakos, NINR/NIH
Ms. Kathy Balk, NINR GPP
Ms. Tara Barr, NINR GPP
Mr. Ray Bingham, NINR/NIH
Dr. Yvonne Bryan, NINR/NIH
Dr. Paul Cotton, NINR/NIH
Ms. Tara Cozzarelli NINR/NIH
Dr. Raymond Dionne, NINR/NIH
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