

Founded in 1987, The Association of Nurses in AIDS Care (ANAC) is a global membership organization of nurses and others involved in the prevention, care and treatment, research and education regarding HIV and related co-occurring conditions. ANAC solicited feedback on the NINR strategic plan framework from ANAC members and the ANAC Research Committee. The following is a summary.

1. Overall positive feedback: The 5 lenses and detailed strategic framework map out important challenges in health that must be addressed through nursing research and the implementation and scale-up of resultant nursing science. Linking each of the 5 lenses (equity, SDOH, population health, Prevention and systems change) to nursing research and the outcomes and evidence to support improvements in each area through nursing research is appreciated.

2. Missed opportunity: While not prioritizing any specific disease or condition is a laudable strategy, it is missing an opportunity to hone in on a medical condition that reflects all the five lenses that NINR research will be viewed through – HIV. Research that shapes responses to HIV will address all five areas. A robust portfolio at NINR of HIV focused research will explore health equity, social determinants of health, population and community health, prevention and health promotion, and systems and models of care. Therefore, there is a recommendation to consider this a priority challenge to address. We have the tools and clinical advances to end HIV through prevention and treatment, but HIV is the epitome of a condition that despite significant medical advances, effective treatment and engagement in care is thwarted by the areas outlined in the 5 lenses. Lessons learned from HIV are also useful to inform responses to emerging epidemics such as COVID-19.

3. Connection to federal health policy: Having an intentional focus on HIV would also provide a scientific response and synchronization to current federal policy initiatives and investments (i.e. the National HIV AIDS Strategy and the Plan to End the HIV Epidemic). In addition, aligning with OAR priorities may also help funding for NINR funded HIV related nursing research.

4. Accountability and impact: Mechanisms for monitoring progress, tracking outcomes and measuring impact and disseminating and scaling up success must be part of the framework and included in guidelines for reviews.

5. Implicit bias: While emphasis on implicit bias is important, language is an important part and may have unintended consequences and reinforce implicit bias. For example, "racial unrest" might be better stated as social unrest that is fueled by racial inequity and racism. Additionally, explicit bias and racism in academics, research, practice, and other



health institutions remains. Limiting emphasis to implicit bias misses the still important reality of explicit bias and racism.

6. Extended awards: Dismantling racism will take a lot of time. A paradigm shift in research may be required to fully support this. Projects funded for considerable periods of time (e.g. >5years) will be required and the customary design of requiring preliminary data may need to be reimagined. Additionally, to fully engage and have impact in a community, longer funding terms and bigger budgets are necessary as is a funded commitment to sustainability in the community and with the community after the funded research concludes.

7: Nurses as funded PIs in Nursing Research: NINR must focus on funding nurse led, nurse included, and nurse focused research. Repeatedly we heard of nurse researchers being turned away and getting funding elsewhere. The ratio of non-nurse PI to nurse PI funded studies at NINR is unacceptable.ⁱ In some reports, as many as 50% of NINR awards go to non-nurses.ⁱⁱ The perception that NINR is not invested in developing and supporting nursing science is common and problematic.

8. Interdisciplinary approach: We support funding for nurse-led interdisciplinary research in domestic and international settings. A better understanding of health disparities across and outside US borders will both promote global equity in health outcomes and inform/improve health within the United States.

9. Meaningful engagement: We acknowledge and appreciate the need to focus on upstream factors, but caution the possibility of a focus on Black or other minority populations that could be mis-interpreted and contribute to pathologizing instead. A strategy to avoid this is the meaningful engagement of researchers and in particular, nurse researchers committed to and experienced in the five lenses is critical. The potential for this to become a "gold-rush" for already funded, established researchers, removed from the communities studied and from nursing science as outlined in a recent piece on health equity researchⁱⁱⁱ must be avoided.

10. Infrastructure and intentional supports: The lenses and goals/objectives are meaningful and important, however without significant rethinking and new investments in the NIH and NINR infrastructure to fully support this, it won't be effective. Developing, supporting and strengthening the pipeline of nurse scientists – particularly nurse scientists that are Black, Indigenous and other people of color is critical. This is especially the case from institutions that are not historically funded and may need additional supports in their research trajectory. Additionally, intentional recruitment of diverse grant and journal reviewers (i.e. by ethno-racial identity, female persons, and methodologic lens) and meaningful guidance to review panels must be included. ANAC



submitted comments on strategies to support and enhance diversity and inclusion across the NIH enterprise as part of an RFI thru OAR earlier in 2021. Published in the Journal of the Association of Nurses in AIDS Care^{iv}, the executive summary is attached.

11. Preparedness and earlier pipeline supports: Nursing education and training grants must be expanded and synchronized to support the pipeline of nurse scientists. Education and training grants are needed to meet the goals and objectives of this strategic framework and fully demonstrate effective responses to the five lenses. This research development pipeline could include training grants at the undergraduate level.

^{iv} https://files.constantcontact.com/78cafb8f001/0d07cfde-901a-4cb8-b913-eb3a7e85f9d1.pdf

ⁱ https://www.sciencedirect.com/science/article/abs/pii/S8755722319301164

ⁱⁱ https://pubmed.ncbi.nlm.nih.gov/33719652/

ⁱⁱⁱ https://www.statnews.com/2021/09/23/health-equity-tourists-white-scholars-colonizing-health-disparities-research/