

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH
NATIONAL CENTER FOR COMPLEMENTARY
AND INTEGRATIVE HEALTH**

**NATIONAL ADVISORY COUNCIL FOR COMPLEMENTARY
AND INTEGRATIVE HEALTH
MINUTES OF THE SIXTY-FIFTH MEETING
February 9, 2018**

NACCIH Members Present

Dr. Belinda Anderson, New York, NY²
Dr. Martin Blaser, New York, NY¹
Dr. Alice Clark, University, MS¹
Dr. Lynn DeBar, Seattle, WA¹
Dr. Tracy Gaudet, Washington, DC
Dr. Steven George, Durham, NC¹
Dr. Christine Goertz, Davenport, IA
Dr. Joel Greenspan, Baltimore, MD
Dr. Bin He, Minneapolis, MN¹
Dr. Patricia Herman, Santa Monica, CA
Dr. Dr. Susmita Kashikar-Zuck, Cincinnati, OH¹
Dr. Jean King, Worcester, MA¹
Dr. Helene Langevin, Boston, MA
Dr. John MacMillan, Santa Cruz, CA²
Dr. Richard Niemtzwow, Alexandria, VA
Dr. Guido Pauli, Chicago, IL²
Dr. Cynthia Price, Seattle, WA
Dr. Eric Schoomaker, Bethesda, MD
Dr. Gloria Yeh, Boston, MD²

¹Telephone

²Ad-hoc

Speakers

Dr. Richard Hodes, Bethesda, MD
Dr. Michael Lauer, Bethesda, MD
Dr. Barbara Sorkin, Bethesda, MD

Federal Staff Present

Inna Belfer, ORWH, NIH
Paul Coates, ODS, NIH
Adam Kuszak, ODS, NIH

Members of the Public:

Allison McDougall
Jean-Paul Rock
Breanne Van Nostrand
Pat Keber
Beth Clay

I. Closed Session

The first portion of the sixty-fifth meeting of the National Advisory Council for Complementary and Integrative Health (NACCIH) was closed to the public, in accordance with the provisions set forth in Sections 552b(c)(4) and 552b(c)(6), Title 5, U.S.C., and Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2).

A total of 141 applications were assigned to NCCIH. Applications that were noncompetitive, not discussed, or not recommended for further consideration by the scientific review groups were not considered by Council.

Council agreed with staff recommendations on 72 applications, requesting \$22,667,187 in total costs.

II. Open Session—Call to Order

The open session convened at 10:00 a.m. Dr. Partap Khalsa, NACCIH Executive Secretary, called the meeting to order. The minutes of the October 2017 Council meeting were approved unanimously.

Dr. Khalsa presented the annual review of Council operating procedures, including NCCIH reports to Council, secondary review of grant applications, concepts for research initiatives, appeals, and discussion of policy and research priorities. Council unanimously passed a motion approving the operating procedures as presented.

III. NCCIH Director's Welcome and NCCIH Report

NCCIH Acting Director Dr. David Shurtleff welcomed Council members, including four new ad hoc members, Drs. Belinda Anderson, John MacMillan, Guido Pauli, and Gloria Yeh, and new ex-officio member Dr. Eric Schoomaker. He announced that Dr. Wendy Weber has been appointed Acting Deputy Director of NCCIH; she is holding this position while continuing to serve as a branch chief in the Division of Extramural Research (DER). There have been several new hires, including Dr. Dave Clark as a program director in the DER, and several staff departures.

Opioids continue to be an area of major interest for Congress. National Institutes of Health (NIH) representatives recently testified at House and Senate committee meetings on the topic. The Opioids and STOP Pain Initiative Act is moving through Congress. If enacted, it would help support research on complementary and integrative approaches for pain management.

NCCIH has been working with a flat budget for the last few months. Details of the spending bill that was just passed will be presented at the next Council meeting.

Highlights of recent NCCIH-funded research include:

- A study from the intramural research program on how cell-type-specific splicing of the protein Piezo2 regulates mechanotransduction
- An investigation of the effect of tai chi on gait health, which included the development of a valuable new measure of gait dynamics that can be applied in other research
- A study that identified two phytochemicals of possible relevance to depression by assessing their ability to promote resilience against stress by modulating brain synaptic plasticity and peripheral inflammation in mice (supported by the Centers for Advancing Research on Botanical and Other Natural Products [CARBON] program)
- A preliminary safety study of the probiotic *Lactobacillus reuteri* for infants with colic.

Dr. Shurtleff reported on several new developments in pain-related activities.

- The report of the President’s Commission on Combating Drug Addiction and the Opioid Crisis included language recognizing that complementary and multimodal approaches can be valuable in managing pain and reducing the use of opioids.
- Progress is being made on the public-private partnership to address the opioid crisis that NIH Director Dr. Francis Collins discussed at the last Council meeting; several meetings have been held and a draft white paper is currently in review.
- Final recommendations for the U.S. Food and Drug Administration (FDA) opioid analgesic Risk Evaluation and Mitigation Strategy (REMS) discussed at the last Council meeting were released at the end of January 2018. They include an acknowledgment that nonpharmacologic and self-management treatment options can be helpful for pain.
- NCCIH launched a funding opportunity announcement (FOA) to solicit research to examine the impact of behavioral interventions for prevention of opioid use disorder or as an adjunct to medication assisted treatment; this initiative capitalizes on the Substance Abuse and Mental Health Services Administration (SAMHSA) Opioid State Targeted Response funds authorized under the 21st Century Cures Act. Many applications were received, unlike the previous year, when a similar FOA attracted little interest.
- The NIH–Department of Defense (DoD)–Department of Veterans Affairs (VA) Pain Management Collaboratory held a very successful launch meeting in January 2018.

NCCIH formally launched its Know the Science initiative, held a career workshop for NCCIH trainees and fellows, participated in a successful Twitter chat for National Drug and Alcohol Facts Week, and is about to start this year’s Integrative Medicine Research Lecture Series (IMLS). The FOA on discovery and biological signatures of diet-derived microbial metabolites has been launched. A presentation by NCCIH-funded researcher Dr. Eric Lenze on psychological interventions to improve memory and cognition in older adults was featured at the NIH Behavioral and Social Sciences Research Festival. NCCIH will be strongly represented at the International Congress on Integrative Medicine and Health (ICIMH) in May 2018.

Discussion: Dr. Langevin said that she was encouraged by the language in the pain management reports but disappointed that some use the term “nonaddictive,” which might imply that drugs are the only options. It’s important to encourage the perception that the spectrum of nonaddictive methods includes nondrug methods. Dr. Shurtleff replied that NCCIH, as a behavioral center, can help to bring drug and nondrug approaches together, as in the SAMHSA-related initiative.

IV. Concept Clearance – Centers for Advancing Research on Botanical and Other Natural Products (CARBON) Program

Dr. Barbara Sorkin, Director of the Botanical Research Centers Program at the NIH Office of Dietary Supplements (ODS), and Dr. Craig Hopp, Deputy Director of the DER at NCCIH, presented a concept for the next generation of the CARBON program. The current CARBON program includes three Botanical Dietary Supplements Research Centers (BDSRC) and two Centers for Advancing Natural Products Innovation and Technology (CANPIT), jointly funded by ODS and NCCIH for 2015–2020.

Both the current CARBON program and the proposed next generation of the program, called CARBON.2, focus on the effects of botanicals on resilience, defined as the capacity to withstand and successfully adapt to change, disturbance, stress, or the like or to recover efficiently from disturbance, challenge, illness, or the like.

Since the first Botanical Research Centers were funded in 1999, there has been an evolution from clinical trials to more mechanistic research. Early clinical trials on botanicals had consistently negative results, and because knowledge of mechanisms of action was lacking, not much meaningful information could be derived from the clinical trial findings.

The accomplishments of the current CARBON program include many peer-reviewed publications, methods enhancement, training of postdoctoral researchers and graduate students, development of databases and other Web resources, and collaborations of all the BDSRC with one or more CANPIT and with researchers outside the CARBON program.

The proposed CARBON.2 would be redesigned to further enhance the potential for collaboration through a restructuring in which the BDSRC and separate, networked pilot projects would collaborate with new centers for innovation and resources. The focus on resilience would continue, with an emphasis on molecular, mechanistic research that builds toward “learning” clinical trials of natural products. The emphasis on the development of new technology, including novel computational, modeling, and bioinformatics approaches, would increase, and the new resource center would be responsible for developing an open-access nuclear magnetic resonance (NMR) data repository.

Discussion: Dr. Shurtleff acknowledged the support and collaboration of ODS Director Dr. Paul Coates. Dr. Blaser asked what happens if a botanical product currently classified as a dietary supplement is found to have health benefits. Dr. Shurtleff explained that if the product is determined to have a benefit against a disease, it could come under the jurisdiction of the part of the FDA that regulates drugs. Dr. Sorkin added that in all clinical trials with potential drug claims, NCCIH and CARBON require that the researcher obtain an Investigational New Drug application from the FDA. She also clarified that NIH’s interest is in understanding safety and biological activity, not regulation.

Dr. Schoemaker asked whether a consensus exists about the most appropriate outcome measures for resilience. Dr. Hopp replied that this is an area that could be explored. Dr. Schoemaker asked how much effort NCCIH invests in each of the major research domains (basic, translational, efficacy, and effectiveness research). Dr. Hopp explained that not all programs need to cover all of these domains. For CARBON, the emphasis is on having strong mechanistic underpinnings before any clinical trials are performed so that appropriate targets and mechanistic outcomes can be included in the trials. This will enable all results, including negative ones, to be informative.

A motion to approve the concept was made, seconded, and passed unanimously.

V. Announcement of National Search for an NCCIH Director

Dr. Richard Hodes, Director of the National Institute on Aging and co-chair of the search committee, announced the search for a director of NCCIH. He emphasized that the role of an institute or center (IC) director is a very substantive one and that NIH is looking for someone with a vision who can provide future leadership.

Dr. Hodes urged Council members who know of potential candidates to encourage them to apply, even if they had not previously considered interrupting their research careers to make such a change. He invited Council members to contact the search committee if they have any comments or suggestions. Applications are due by March 1, 2018.

VI. NCCIH Training Workshop

NCCIH program director Dr. Lanay Mudd showed data indicating that a high proportion of recipients of career development grants (K grants) go on to apply for NIH research funding, and a substantial number are successful. However, the numbers of subsequent applications and awards are much lower among predoctoral or postdoctoral fellows or trainees supported by F (fellowship) or T (training program) mechanisms. Thus, there is a need for a strategy to support the career development pipeline for these young scientists.

As part of this strategy, NCCIH held a trainees and fellows workshop on building a successful research and career path for F fellows and their primary mentors and T program principal investigators (PIs) and their trainees on October 16–17, 2017. The goals of the workshop were to help attendees better understand how to connect NIH/NCCIH funding opportunities across their careers, interact with NIH staff to develop research proposals, navigate the review process, develop resilience and overcome roadblocks, and build a plan for a successful research career.

Activities at the workshop included a keynote speech from Dr. Kay Lund, Director of the NIH Division of Biomedical Research Workforce Programs; opportunities to meet with staff from NCCIH and other ICs; a mock study section; a career timeline planning activity; small group sessions on crafting research proposals and on work/life balance; and mentoring training by the National Research Mentoring Network (NRMN) for F program mentors and T program PIs.

Responses to an attendee evaluation questionnaire were very positive, with most feeling that the day-and-a-half workshop was the right length and with all individual sessions receiving “good” or “excellent” ratings. The attendees said that meeting with program officers and NCCIH staff was the most valuable part of the workshop and suggested that additional networking time, a cheat sheet for acronyms, and more information from the complementary health clinician perspective would have been valuable.

Mentors were pleased with the NRMN program, and several planned to invite NRMN to their campuses to conduct training for all mentors in their programs. T program PIs suggested that one receipt date for T32 applications was problematic, especially for the timing of renewal applications, and that trainee

stipends were inadequate. NCCIH has since modified the receipt dates for certain applications and formed a working group to discuss stipend levels.

NCCIH is now planning for the next training workshop, to be held in 2019, and will present some of the workshop material at conferences, including ICIMH. Other career development strategies include webinars, blogs, and improvements in existing programs.

Discussion: Dr. Shurtleff thanked the many NCCIH staff members involved in the workshop. Dr. MacMillan noted that at other ICs, some recipients of T32 funding move into nonacademic positions. In response to a question from a Council member participating by WebEx, Dr. Mudd explained that data had been collected on participants' gender and career stage, and that more were at the postdoctoral than predoctoral stage. Dr. Weber said that demographics could be tracked more carefully at future workshops.

VII. Acknowledgment of Dr. Niemtow's Service

Dr. Shurtleff thanked retiring ex-officio member Dr. Richard Niemtow for his 14 years of service to Council. Dr. Niemtow, who is considered the father of medical acupuncture in the armed forces, has had a long and esteemed career in complementary and integrative health research and as an officer in the U.S. Air Force. Dr. Shurtleff presented a framed certificate to Dr. Niemtow in recognition of his contributions to Council and NCCIH.

VIII. NCCIH Clinical Trials

NIH Clinical Trials Policy

Dr. Michael Lauer, NIH Deputy Director for Extramural Research, described steps that have been taken to ensure that the results of NIH-funded clinical trials are made available to the public.

In January 2012, a journal article suggested that the results of many NIH-funded clinical trials were never published or that their publication was greatly delayed. The main results of more than half of the examined studies were not published within 2½ years of study completion. An NIH analysis of trials funded by the National Heart, Lung, and Blood Institute produced similar results, and also showed that trials that focused on surrogate endpoints were less likely to have results published promptly than trials that focused on clinical endpoints. Another analysis showed substantial differences among academic medical centers in the proportion of trials that had a result publicized within 2 years, either through publication in a journal or posting on clinicaltrials.gov. Failure to promptly report the results of clinical trials is a serious concern because it impedes scientific progress, wastes research funding, and violates the researchers' ethical obligation to the trial participants.

Another issue with NIH-supported clinical trials that has been recognized in recent years is that NIH was not collecting sufficient data about the trials to allow the agency to function as an effective steward.

To address these issues, NIH has adopted new rules and procedures, including a new definition of a clinical trial, the use of clinical trial-specific funding opportunity announcements, changes in grant application forms, a requirement to register NIH-funded trials with ClinicalTrials.gov, a requirement to

post results in some form within a year of completion, and the collection of additional data for stewardship.

Discussion: In response to a comment from Dr. Langevin about the difficulty of determining whether a study meets the definition of a clinical trial, Dr. Lauer explained that for a study to be considered a clinical trial, the intervention must be prospectively assigned and the study must assess the effect of the intervention on a biomedical or behavioral outcome. NIH has posted case studies on its Web site to help investigators determine whether their proposed research qualifies as a clinical trial, and NIH has a mechanism by which program officials can submit a description of a study and get an answer to the question of whether it is a clinical trial. Dr. Langevin suggested that it may be important to ensure that the results of studies other than clinical trials are made public as well. Dr. Lauer said that this would be challenging because there may be no record that an observational or animal study is even taking place.

In response to a question from Dr. Goertz about the role of journals, Dr. Lauer said that NIH has reached out to journal editors, and most agree that posting of results on ClinicalTrials.gov—which is all that NIH requires—does not constitute prior publication. In response to a question from Dr. Schoemaker, Dr. Lauer said that there is little difference in the latency of publication between positive and negative trials. Correlates of more rapid publication include the use of clinical endpoints, high cost of the trial (which is usually indicative of a multicenter study with a large study team), and higher quality metrics.

Update on Clinical Trials Accrual

Dr. Catherine Meyers, Director of the NCCIH Office of Clinical and Regulatory Affairs (OCRA), explained that the goals for oversight of the agency's clinical portfolio are to minimize risk to participants; maximize the success, scientific potential, and impact of funded work; and maximize the productivity and relevance of NCCIH programs. Oversight begins before an award is made and continues throughout the study. NCCIH staff members have access to an online tool called the NCCIH Clinical Project Tracker (CliPer) to aid them in overseeing studies.

Timely and robust accrual of study participants is essential for successful and ethical clinical research. Starting in January 2017, all human research studies funded by NCCIH have been required to submit a detailed Study Accrual and Retention Plan (SARP), which must be approved by NCCIH before participants are screened or enrolled. The SARP clarifies expectations and enables NCCIH to monitor ongoing accrual to see whether it is consistent with projections. The metrics that NCCIH uses to assess accrual involve three variables and four performance levels, and will enable NCCIH staff to work closely with investigators and their institutions to address accrual and retention challenges that may arise during a study.

NCCIH outreach about the SARP policy has included a research blog post, an e-mail announcement to NCCIH investigators, and a webinar. Staff are addressing investigators' questions and concerns about the process. Twenty-seven SARPs were reviewed in 2017, and six studies with these plans are currently enrolling participants. OCRA staff prepare monthly CliPer reports that include new accrual data, and a summary SARP performance level report is generated every 4 months and reviewed by NCCIH staff. The SARP policy and other NCCIH clinical trial policies will be updated to make them consistent with NIH policy changes.

Discussion: In response to a question from Dr. Schoomaker about authenticating accrual data, Dr. Shurtleff explained that the investigators' institution is obligated to verify the information provided.

NCCIH Response to Clinical Trial Policy Changes

Dr. Weber described NCCIH's response to NIH clinical trial policy changes and the steps that the Center has taken to inform the scientific community.

A key form of outreach is the NCCIH Research Blog, where posts describe new policies, including recent changes in clinical trial FOAs. Other forms of outreach include direct letters to grantees and applicants, webinars, the NCCIH Update (a subscription e-mail update), and information posted on the NCCIH Web site, on both the general grants and funding and clinical trial-specific Web pages.

NCCIH has developed a framework for human subjects research that extends from basic and mechanistic research to translational research, intervention refinement and optimization, efficacy and effectiveness trials, and finally, pragmatic studies and dissemination. Now that all clinical trials must be funded through clinical trial-specific FOAs, NCCIH has worked to ensure that funding opportunities are available for each stage of the framework. To achieve this, NCCIH has developed many FOAs for both natural products research and mind and body intervention research.

Some recent NIH policy changes affect all applications that include human subjects, but others only apply to clinical trials. Changes that affect all human subjects research include the adoption of new forms to collect human subjects information, the use of a single Institutional Review Board for multisite studies, and a requirement for certificates of confidentiality for all research that uses "identifiable, sensitive information." Changes that only affect clinical trials include the requirement for training in good clinical practice (GCP), the use of clinical trial-specific FOAs, new review criteria, and expanded registration and results reporting in ClinicalTrials.gov.

Because of multiple recent policy changes and the differences in policies and regulations between clinical trials and other human subjects research, it is crucial for investigators to know whether the research they are proposing is a clinical trial. Knowing whether the research meets the definition of a clinical trial affects how investigators select an FOA, write sections of their grant application, and comply with policies and regulations.

As of January 25, 2018, all FOAs are designated as "Clinical Trial Required," "Clinical Trial Not Allowed," "Clinical Trial Optional," or "No Independent Clinical Trials" (this special category applies to career development [K] and fellowship [F] awards). In addition, at NCCIH, the only human subjects applications that are being accepted in response to the NIH Project Grant (Parent R01 Clinical Trial Required) FOA are mechanistic-focused studies (i.e., those with no aims to examine clinical outcomes). Applications for clinical trials with clinical outcomes must be submitted in response to more specific FOAs, and applications for observational human studies and secondary data analyses must be submitted in response to the Parent R01 Clinical Trial Not Allowed FOA.

The application forms for human subjects and clinical trial FOAs have been modified to present information to reviewers and staff in a consistent format and to align with ClinicalTrials.gov where possible to facilitate future data exchange with ClinicalTrials.gov.

Dr. Weber drew attention to key resources for applicants, including the Clinical Trial Requirements for Grants and Contracts page on the NIH Web site; an NIH e-learning course on GCP for social and behavioral research that is particularly helpful for investigators planning research that does not involve FDA-regulated products; and NCCIH resources, including FAQs, program director contact information, and an e-mail address for questions on which FOIA to use for a particular project.

Discussion: In response to a question from Dr. Goertz, Dr. Martina Schmidt, Chief of NCCIH's Office of Scientific Review, explained that scientific review officers (SROs) are receiving training on the new rules and policies and are training reviewers. NCCIH communicates extensively with reviewers before they are asked to evaluate applications submitted in response to a new FOIA. Dr. Shurtleff added that NCCIH was ahead of the curve in some respects in modifying rules and procedures to fit the new NIH-wide policies, and that NCCIH SROs and reviewers have already received at least some training. Dr. Khalsa added that almost all clinical trials with primary assignment to NCCIH are reviewed by NCCIH special emphasis panels; Dr. Schmidt and her staff provide guidance to these panels. NCCIH made a strategic choice a few years ago to approach review in this way. Dr. Shurtleff said that NCCIH is learning and obtaining feedback with regard to the new clinical trials policies, and that feedback from Council can help the Center accelerate the learning curve.

In response to a question from Dr. Langevin, Dr. Lauer clarified that a study may be considered a clinical trial even if it does not have a clinical outcome. In fact, most NIH-funded clinical trials have biomedical or behavioral outcomes rather than clinical ones. Dr. Shurtleff added that studies in which people are assigned to interventions but in which the outcomes are not clinical may not always have been labeled as clinical trials in the past, but for better stewardship, they are now classified as clinical trials.

IX. NCCIH Office of Communications Update – Metrics

Ms. Catherine Law, Acting Director of NCCIH's Office of Communications and Public Liaison (OCPL), showed Council the OCPL organization chart and explained that OCPL has a new 3-year biomedical information services contract, which was awarded in September 2017 to ICF with JPA Health Communications as a partner. The contract includes content development; Web site design, hosting, and maintenance; social media; public inquiries; and exhibits/meetings. A 90-day transition period to the new contract has been completed, and strategic and long-range planning is under way.

The communications channels NCCIH uses include the public Web site, traditional media (with direct outreach and inquiry response), subscription e-mails, social media, responses to public inquiries (phone, e-mail, postal mail, and social media), exhibits, presentations, symposia, and workshops, as well as internal communications and the recently updated staff Intranet.

The number of users of NCCIH's Web site dropped after the Center's name change in 2015 but has since rebounded, thanks to diligent effort including search engine optimization (SEO). About half of current users access the Web site via mobile and tablet devices rather than desktop computers—a major change from a few years ago. Most people find the Web site through organic search, i.e., Google and similar search engines, with smaller numbers reaching it through referral (subscription e-mails,

MedlinePlus, etc.), directly (by typing in a URL or having a bookmark), or through social media. Recent growth in organic search shows that the work with SEO is having an effect.

Peaks in NCCIH press mentions reflect important Center activities and high-impact stories, such as a recent NPR article on probiotics featuring program director Dr. Linda Duffy and an ESPN article on kava featuring Dr. Hopp. These and several other recent stories had high SEO impact and good social media shares, driven by Facebook. They highlight the continuing importance of classic media.

NCCIH began to issue subscription e-mails on various topics in 2014, starting with 25,000+ subscribers. By 2017, the number had increased to 61,700+, with an average of three topics per subscriber. The most popular e-mails are the monthly NCCIH Clinical Digest, weekly Health and Wellness e-mail, and biweekly NCCIH Update.

NCCIH participates in seven social media platforms, with the highest number of followers on Facebook (38,400+) and Twitter (35,800+) and an increasing presence on Instagram.

Facebook is NCCIH's base social media channel, and the Center has been employing tools on Facebook to increase engagement, including live broadcasts of IMLS lectures and same-day Q&As with the lecturers. Dr. Karen Seal's presentation on pain and opioid management in veterans reached more than 30,000 people.

NCCIH often participates or collaborates in Twitter chats; we participated in eight in 2017, including a highly successful trans-NIH chat called #puppycam that featured stress-reduction ideas from various ICs along with a live stream of therapy dogs and puppies-in-training. We have participated in two NIH chats already this year, including the 4-hour marathon #NIHhealthy2018 chat on wellness, where Dr. Mudd served as our expert. NCCIH was one of the leading influencers in both the #puppycam and #NIHhealthy2018 chats.

Instagram is continually growing. We have been doing "projects" on Instagram to engage our followers by inviting them to contribute their own images, stories, and quotes. The most recent topics were herbs and yoga. During the herb project, we saw a 10 percent growth in followers.

We brought our various communications channels together for the launch of our Know the Science initiative, which is based on the concept of giving the public good information to make evidence-based decisions on health. We tied the official launch of our Know the Science resources to an IMLS lecture on science communication by Dr. Alan Leshner. We publicized both through a classic media advisory and press release, a Twitter conversation starting several weeks in advance, and the use of Facebook Live and NIH videocast on the day of the lecture to reach as many people as possible. This led to a spike in Twitter activity at the time of the event.

Next steps in the OCPL's outreach efforts include continuing to work on SEO to improve organic search rankings, particularly for pain topics; combining Google analytics with media analytics to see how social shares affect Web site traffic and engagement; continuing to look for earned media opportunities and build relationships; conducting a consumer satisfaction survey on the Web site via ForeSee; preparing to evaluate the Know the Science portal and materials; and continuing to evolve our social media efforts to meet changes in platforms and user needs.

Discussion: In response to questions from Dr. Gaudet about subscription e-mails, Ms. Law explained that the Health and Wellness category is broad, while the Mind and Body e-mails focus more narrowly on modalities such as yoga and meditation. Engagement with the e-mails (defined as opening the e-mail and clicking on links) is about 43 percent.

Ms. Irene Liu of the OCPL explained that the ForeSee survey, currently in progress, will make it possible to share information about the Web site's performance in the future, including comparisons with private sector Web sites. Dr. Shurtleff noted that NCCIH's Web site is "not your father's Federal Web site." It looks like a commercial Web site and was redesigned to be accessible by mobile devices several years ago, in advance of the increasing move to mobile. Dr. Shurtleff said that NCCIH needs to be able to rise above the noise on the various platforms through accessibility, search engine optimization (SEO), graphics, and other tools.

X. Public Comment and Adjournment

Ms. Beth Clay, director of government relations for the International Chiropractors Association, suggested that Council may want to be briefed by a lawyer on the details of making health claims for dietary supplements under the Dietary Supplement Health and Education Act. She urged that high-quality clinical trials be funded; if the quality of the trials doesn't meet Cochrane-type standards, the results will not be included in systematic reviews and will not drive policy. She complimented NCCIH on the work it is doing and said that the Center's budget should be dramatically increased so that research can provide the answers that are needed.

The meeting was adjourned at 3:20 p.m.

We hereby certify that, to the best of our knowledge, the foregoing minutes are accurate and complete.

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