

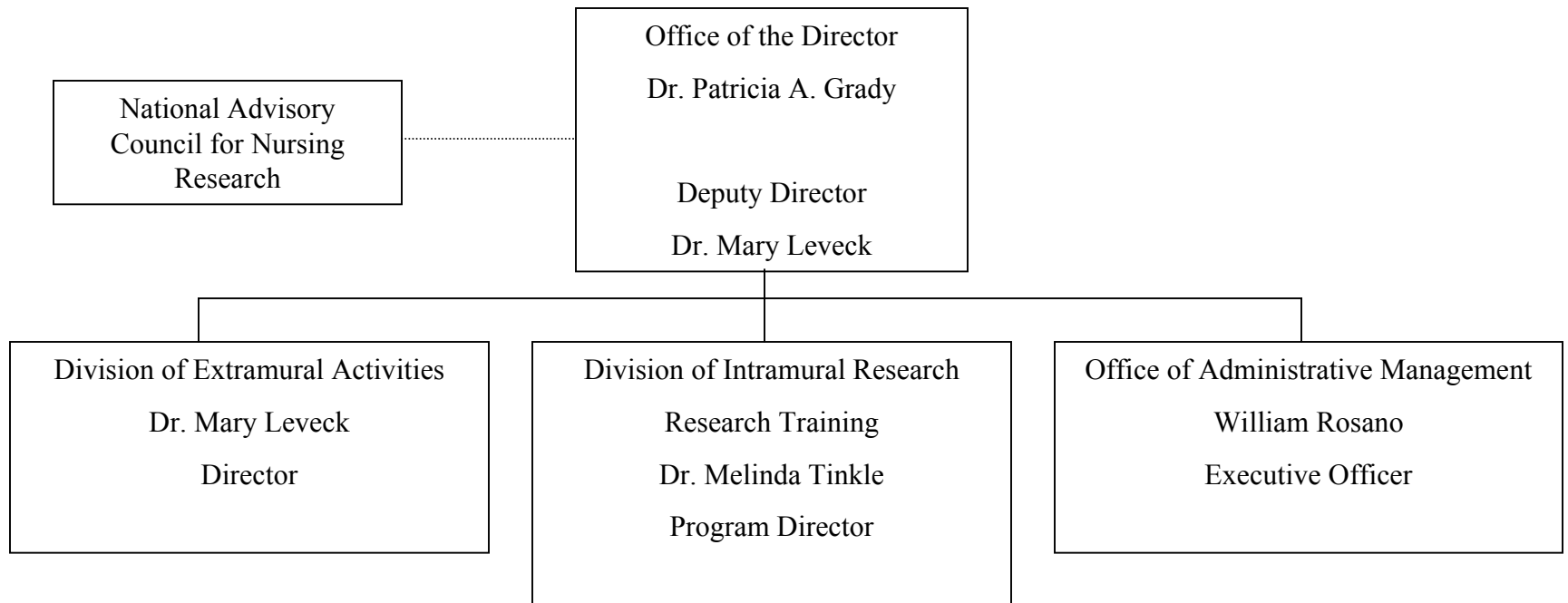
DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute of Nursing Research

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National Institutes of Health
National Institute of Nursing Research
Organizational Structure



NATIONAL INSTITUTES OF HEALTH

National Institute of Nursing Research

For carrying out section 301 and title IV of the Public Health Service Act with respect to nursing research, [\$120,451,000] *\$128,158,000*.

[Departments of Labor, Health and Human Services, Education, and Related Agencies
Appropriations Act, Fiscal Year 2002 (P.L. 107-116).]

National Institutes of Health

National Institute of Nursing Research
Amounts Available for Obligation 1/

Source of Funding	FY 2001 Actual	FY 2002 Estimate	FY 2003 Estimate
Appropriation	\$104,370,000	\$120,451,000	\$127,787,000
Enacted Rescission	(20,000)	(23,000)	
Subtotal, Adjusted Appropriation	104,350,000	120,428,000	127,787,000
Comparable adjustment for legislative proposal for accrued retirement costs	298,000	323,000	371,000
Real transfer to:			
Other HHS Agencies through Secretary's one-percent transfer authority	(20,000)	---	
Real transfer to HHS for the Office of Human Research Protection	(22,000)	-	-
Comparative transfer from:			
Office of the Director for the Academic Research Enhancement Award program	850,000 0		
National Cancer Institute for research activities	-	-	2,651,000
Subtotal	105,456,000	120,751,000	130,809,000
Unobligated Balance, start of year	0	-	
Revenue from	0	-	
Unobligated Balance, end of year	0	-	
Subtotal, adjusted budget authority	105,456,000	120,751,000	130,809,000
Unobligated balance, lapsing	14,000	-	
Total obligations	105,442,000	120,751,000	130,809,000

1/ Excludes the following amounts for reimbursable activities carried out by this account:
FY 2001 - \$81,000; FY 2002 - \$6,000,000; FY 2003 - \$6,000,000

Justification

National Institute of Nursing Research

Authorizing Legislation: Section 301 of the Public Health Service Act, as amended.
Reauthorizing legislation will be submitted.

Budget Authority:

	2001 Actual	2002 Appropriation	2002 Current Estimate	2003 Estimate	Increase or Decrease
Current Law BA	\$105,158,000	\$120,428,000	\$120,428,000	\$130,438,000	\$10,010,000
Accrued Costs	298,000	323,000	323,000	371,000	48,000
Proposed Law BA	105,456,000	120,751,000	120,751,000	130,809,000	10,058,000
FTE	40	55	55	55	0

This document provides justification for the Fiscal Year 2003 activities of the National Institute of Nursing Research (NINR), including HIV/AIDS activities. A more detailed description of NIH-wide Fiscal Year 2003 HIV/AIDS activities can be found in the NIH section entitled "Office of AIDS Research (OAR)".

The President's appropriations request of \$130,809,000 for this account includes current law adjusted by assuming Congressional action on the proposed Managerial Flexibility Act of 2001.

INTRODUCTION

The National Institute of Nursing Research (NINR) supports clinical and basic research that provides the scientific basis for the care of individuals across the life span. This body of research addresses issues ranging from the care of patients during illness and recovery, to palliative care needs for individuals at the end of life. The research NINR supports is also directed toward promoting health lifestyles and reducing the risk for disease and disability. The ultimate outcome is providing scientific knowledge and improving the clinical settings in which care is provided, resulting in better and more cost-effective care and improved quality of life for individuals and their families.

Overview: The activities reported below demonstrate the Institute's progress in developing the body of scientific knowledge underlying care. The story of discovery provides the results from years of work by scientists who focus on caregiving, an important public health challenge with an estimated 27-plus million families and friends who provide care to people in need.

The science advances selected for this year represent important contributions in four areas of

science and health. The research findings indicate: cesarean delivery increases the risk of uterine rupture in future pregnancies; visual motor skills change in children with acute lymphoblastic leukemia; nursing intervention reduces risk of repeat sudden cardiac arrest; and postpartum smoking behaviors are higher in mothers of preterm infants.

Initiatives to be undertaken in FY2003 address important national health concerns. These include reducing health disparities using community-partnered interventions; promoting adolescent health across multiple high risk behaviors; addressing health care needs of long-term care recipients; expanding end of life research; and capacity building and training for nursing research.

STORY OF DISCOVERY

Science Informs Caregiving to Enhance Quality of Life

Informal caregiving involves family and friends who provide care to those at home. The number of informal caregivers in the U.S. is estimated to include 24 to 27 million Americans.¹ Each of these caregivers provides an average of 18 hours of unpaid care per week, assisting the frail, cognitively impaired, or ill with activities such as bathing, feeding, dressing, and toileting. Often, the caregiver's responsibilities are in addition to caring for a spouse or children. Over time, these responsibilities can result in serious physical and emotional demands upon the caregiver.

The economic value of informal caregiving is not generally recognized even though these caregivers provide the majority of the long-term care in the U.S. health care system. Using national databases, Arno and colleagues estimated that informal caregivers provide \$196 billion of uncompensated care in 1997.² To the extent that caregiving occurs in the home, fewer nursing home beds or alternative housing arrangements are needed. Most of the informal caregiving research has focused on people with Alzheimer's or related dementias and those with chronic illnesses such as congestive heart failure or emphysema. When informal caregivers provide care to Americans with these complex illnesses, the care they provide may extend beyond activities of daily living into health care management such as addressing troublesome symptoms, observing for adverse drug effects, and preventing complications.

Caregiving can be a positive experience and research has identified subgroups of caregivers who express satisfaction with the caregiver role. On the other hand, there is a high incidence of strain among caregivers which can lead to depression, anxiety, physical illnesses, and increased mortality rates. Use of community services can assist burdened caregivers in managing the complex needs of the care recipient, though NINR-funded researchers found that caregivers used only a small percentage of the services available to them. Other research has found that caregiver support groups were important in family decision-making about placement in a long-term care facility. Placement into institutional care is a major decision that may result in negative health outcomes for the caregiver.

This early work of NINR-funded intervention studies focused on reducing the negative effects associated with informal caregiving. In one recently published investigation, research tested the effects of an intervention to train caregivers of people with dementia about their role as care provider. The community-based training program focused on reducing adverse stress outcomes by developing knowledge, skills, and beliefs regarding the caregiving role. At three months following the intervention, caregivers in the intervention group reported lower levels of depression and feelings of burden (25% and 9% respectively). They also were not as bothered by behavior problems in the care recipients (28% improvement) and they had more balanced beliefs about their nurturing role

(9% improvement). These findings together indicate that coaching and teaching caregivers of people with dementia about their role can reduce the negative effects of caregiving on the health of the caregiver and improve quality of life of the caregiver.

Among racial and ethnically diverse caregivers there is an emerging body of information about the experiences of caregiving. For example, spirituality was the major coping mechanism used by African American caregivers, whereas problem solving was the coping method used most often by Caucasian caregivers. In terms of managing behavioral problems in the care recipients, this study identified more similarities than differences between African American and Caucasian care providers.

NINR continues to expand our understanding of caregiving and its potential risk for the caregivers' health status. However, much of the prior research was conducted with family caregivers of people with cognitive impairment. The specific consequences for non-kin caregivers and for caregivers of other groups of patients are new areas of investigation.

To advance this area, NINR convened a workshop of multidisciplinary researchers to assess the state of the science and directions for informal caregiving research. Several recommendations were identified and will be addressed by NINR in FY 2003 including training and support for in-home caregivers, caregiver interaction with the health care system; caregivers of people with conditions like cancer, diabetes, arthritis, HIV disease, Parkinson's disease and heart disease; a continued focus on health disparities; caregivers' health and quality of life; caregivers' abilities, problem solving skills, and care decisions; and resources for effective caregiving.

SCIENCE ADVANCES

Cesarean Delivery Increase the Risk of Uterine Rupture in Future Pregnancies. To assess the risk of uterine rupture, a research team analyzed the records of 20,095 women over a nine year period who gave birth to a second single-birth child after an earlier cesarean delivery. Compared to the very low uterine rupture incidence of 1.6 per 1,000 during a scheduled repeat cesarean section with no labor, the risk during spontaneous labor was over three times as great. However, during induced labor using prostaglandins (i.e., misoprostol) the risk increased 15 fold.

These findings are important since approximately 60% of women with a prior delivery by cesarean section opt to attempt labor in a subsequent pregnancy. However, concern persists that a trial of labor after a cesarean section could lead to uterine rupture along the surgical scar. Uterine rupture may have serious consequences that include hysterectomy, urologic injury, or severe blood loss for the mother, neurologic impairment in the infant, and ultimately maternal or infant death. Women attempting vaginal delivery after a cesarean section need to be aware of these risks, especially with the use of certain labor-inducing preparations. Information about the potential effect on future pregnancies should be incorporated by parents and clinicians when faced with the decision to perform an initial cesarean delivery.

Visual Motors Skills Change in Children with Acute Lymphoblastic Leukemia. NINR-funded research showed specific declines in visual motor skill among surviving children up to four years following aggressive chemotherapy treatment for acute lymphoblastic leukemia (ALL). The affected skills were arithmetic, verbal fluency, and visual-motor skills, all of which are important resources necessary for success in school.

Although treatment interventions for children have dramatically improved the long-term disease free

survival rates among those with this type of leukemia, the long-term consequences of aggressive treatment are important to consider. Aggressive treatment includes central nervous system therapy with one or more regimen of whole brain radiation, chemotherapy introduced directly into spinal fluid, and high-dose chemotherapy.

The research linked specific patterns of decline in the different neuropsychologic skills to the route of aggressive chemotherapy. This information will help parents and clinicians select among treatment choices for children with ALL. Further, the research helps clinicians provide quality of life for survivors of ALL by suggesting specific therapies to prevent or reduce complications of aggressive anti-cancer treatment.

Nursing Intervention Reduces Risk of Repeat Cardiac Arrest. NINR-funded research demonstrated that two years after receiving a psychosocial intervention, survivors of sudden cardiac arrest showed an 86% reduced risk of death. The intervention consisted of physiologic relaxation training component using biofeedback; a cognitive therapy component aimed at self-management and coping for depression, anxiety, and anger; and a health education component focusing on cardiovascular risk factors. Eleven sessions were held twice a week over a four to six week period. This study controlled for other clinical predictors of death including different pharmacologic therapies. Although the specific mechanism to explain these positive results is not known, this research provides support for the use of psychosocial treatment of survivors of cardiac arrest.

Postpartum Smoking Behaviors Are Higher in Mothers of Preterm Infants. NINR research looked at a predominately minority sample of mothers of very low birth weight infants. Almost 50% of mothers of preterm, very low birth weight infants smoked, compared to 28% of mothers of full term infants, and 20-30% for all women in the reproductive years. This high rate of smoking of mothers of preterm infants is significant because exposure to secondary smoke carries potential risks for infants who are preterm and at low birth weight.

There is a relationship between maternal smoking and health problems in infants and young children, including increased number of respiratory infections, reduced immune functioning, an increased prevalence of asthma, and impaired development of pulmonary function during childhood. Environmental tobacco exposure is associated with increased occurrence in children of otitis media, tympanotomies, tonsillectomies, cough, bronchitis, and pneumonia. There are also well-known implications for mothers who smoke.

NEW AND EXPANDED INITIATIVES

Community-Partnered Interventions to Eliminate Health Disparities. Several racial/ethnic groups are identified as suffering poorer health and excess mortality and morbidity when compared to the majority population. Building upon NINR's prior and current research in reducing health disparities, additional funds will support community-partnered interventions that reduce health disparities by building on existing community resources, knowledge, skill, and attributes; engaging community members in actively identifying and addressing key health issues and concerns; and enhancing the likelihood of long-term sustainability and follow-up. Community-partnered intervention research could address such important topics as: strategies to increase health promoting

behaviors; methods to reduce risk factors that contribute to chronic illnesses; ways to mobilize personal, family and community resources to help manage chronic illnesses; and strategies for addressing important sociocultural attributes of racial/ethnic populations.

Enhancing Adolescent Health Promotion Across Multiple High-Risk Behaviors. NINR plans to launch an initiative in the area of adolescent health promotion. Research in this area could help to decrease the numbers of adolescents engaging in high-risk behaviors, thus reducing the short and long-term consequences associated with these behaviors. Many of the primary adolescent risk behaviors are interrelated, and thus the focus of this initiative is on developing interventions that target multiple risk behaviors concurrently, such as smoking, diet, physical activity, alcohol, and accidents. Specific research topics in the area include: testing interventions that incorporate stages of adolescent cognitive development; evaluating health-promoting interventions in school, work site, community-based, or non-traditional settings; and designing and testing culturally and linguistically appropriate interventions for ethnic/minority populations.

Long-Term Care Recipients' Health Care Needs and Interventions. NINR plans to expand research focused on care of individuals who reside in long-term care institutional settings. There are approximately two million nursing home residents and many thousands of others in assisted living facilities and homes for adults. These numbers are expected to double by the year 2020. In FY 2003 NINR will focus on the ongoing research agenda to benefit institutional long-term care recipients in such important areas as: improving functional mobility, physical activity and sleep; decreasing falls and injuries; preventing complications of chronic illnesses; improving depression; incorporating cultural/ethnic considerations that enhance quality of life; and facilitating adjustment to loss of independence.

End of Life-Bridging Life and Death. NINR has been on the forefront of advancing the science of end of life care, and is designated the lead Institute at the NIH for research in this area. Capitalizing on important completed and ongoing work that resulted from a number of prior initiatives, NINR will expand end of life research and broaden its activities into new areas in need of investigation. Potential topics for future research include: new models for providing palliative care; specific end of life issues in the pediatric population; the impact of gender and ethnic/minority issues in end of life care; international end of life studies; and unique end of life issues in person with genetic diseases.

These initiatives are complemented by activities to increase the capacity to do research. Expansion of training and career development resources would enable NINR to increase the growth of the pool of investigators to conduct nursing research.

CAPACITY BUILDING

Diversifying Opportunities in Nursing Research Training. NINR will intensify efforts to increase the number of rigorously trained nurse research scientists. Nurses often pursue research careers after obtaining advanced practice credentials and several years of clinical experience. The recent report of the National Research Council, National Academy of Sciences called *Addressing the Nation's Changing Needs for Biomedical and Behavioral Scientists* specifically recommended that NINR... “emphasize research training programs that foster earlier entry into research careers.”

NINR has developed creative programs to attract nurses--including minority nurses--earlier into research careers.

Establishing Minority Research Partnerships. NINR is collaborating with the National Center on Minority Health and Health Disparities in making a major commitment to increase diversity in the nurse researcher pool. A recently developed partnership model links research-experienced schools of nursing with minority-serving schools. The partnership model is demonstrating promising early results that will foster both increased research in health disparities as well as increased numbers of well-prepared minority nurse scientists.

Initiating Exploratory Centers Program. NINR has initiated a new program for Exploratory Centers, complementing NINR's successful Core Centers program. Seven Exploratory Centers have been initiated in geographically diverse schools with excellent research programs. The goal of the program is to increase research activity, to enhance research capacity and training, and to support pilot studies. Many of the Centers are focused on health disparities and under-served and rural populations.

OTHER AREAS OF INTEREST

The NINR AIDS extramural research program has a primary focus on strategies to manage the serious challenges of living with HIV/AIDS as a chronic illness. The four broad areas of research include: (1) adherence and medical decision making; (2) practicing safer HIV-related sexual behaviors; (3) stress and coping; and (4) quality of life. Many research projects target vulnerable populations and seek to decrease health disparities. With additional funding in FY2003, NINR will expand HIV/AIDS research in the areas of prevention strategies, symptom management measures, and adherence to health care regimens. For example, additional research will be funded to determine the most effective school-based and other programs targeting adolescents and young adults for the purpose of preventing HIV. NINR will also focus on research that will help patients adhere to the complex medical regimens required for treatment of HIV/AIDS and to adequately manage symptoms such as cachexia in order to enhance the quality of life of persons with HIV/AIDS and their caregivers.

NINR's intramural division is increasing its focus on health promotion and symptom management within laboratory space on the NIH campus. The NINR intramural program continues to sponsor interdisciplinary research training that builds on the unique opportunities offered on the NIH campus. NINR Career Transition Awards (K22s) combine support for research training in an appropriate NIH intramural laboratory with subsequent support in independent research in an extramural institution. At the completion of this training, individuals are expected to compete for research project grants (R01) for the continuation of their work.

The intramural division also sponsors two highly competitive activities to build and enhance research capabilities: the Summer Genetics Institute, offered for the third summer in 2002, and the Research Training: Preparing Nurse Scientists workshop, offered for the seventh summer in 2002. The Summer Genetics Institute is a two-month intensive program on the NIH campus that features classroom and laboratory components designed to provide a foundation in molecular genetics and prepare nurses with the tools to investigate clinical questions in the area of genetics. An early program evaluation of the twenty-nine graduates from across the country demonstrates that these

graduates are contributing to nursing science related to genetics by successfully competing for research funding and by serving in leadership positions in schools of nursing in integrating genetic content across the nursing curriculum. The week-long Research Training workshop targets doctorally-prepared nurses and provides them with knowledge and skill development to position them to submit competitive applications for research funding. A total of 223 participants have completed this training that is highly valued by the attendees and effective in terms of consistently increasing the number of successfully funded research project grants within a shorter time frame over the seven years of the program. These activities will be continued in FY 2003.

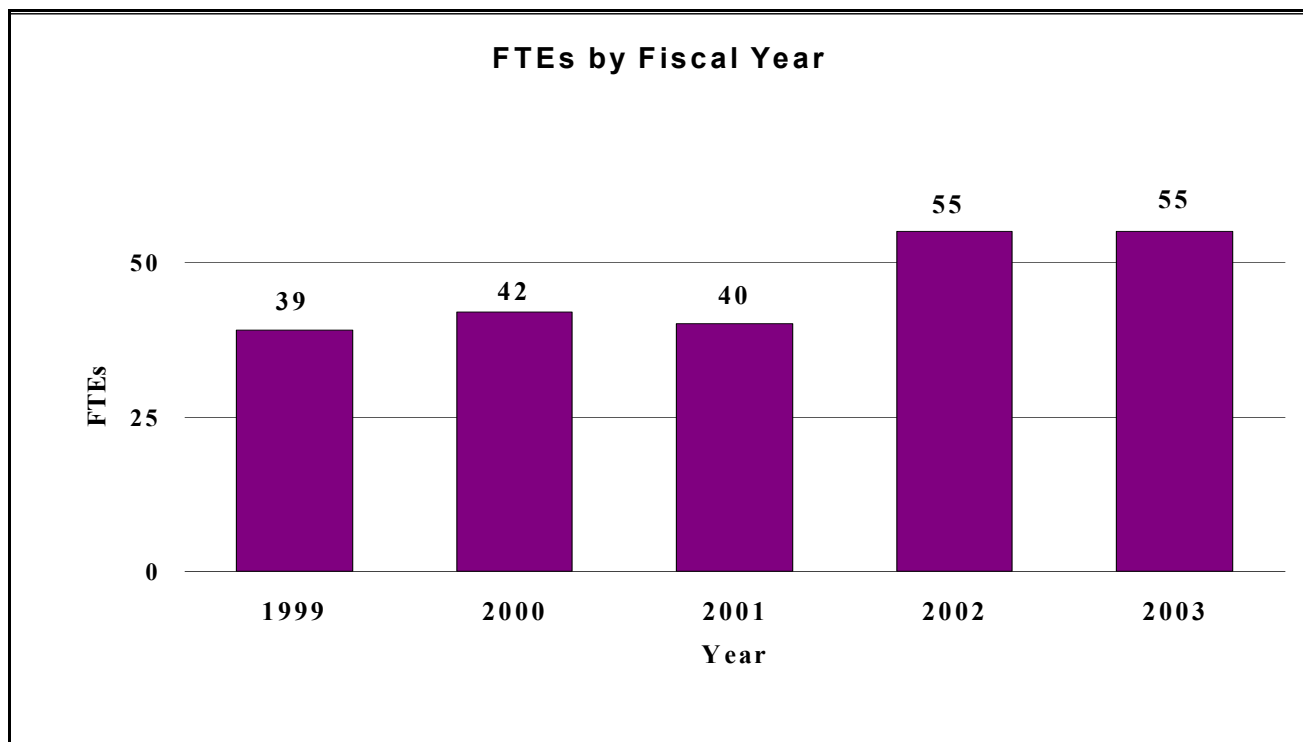
ENDNOTES

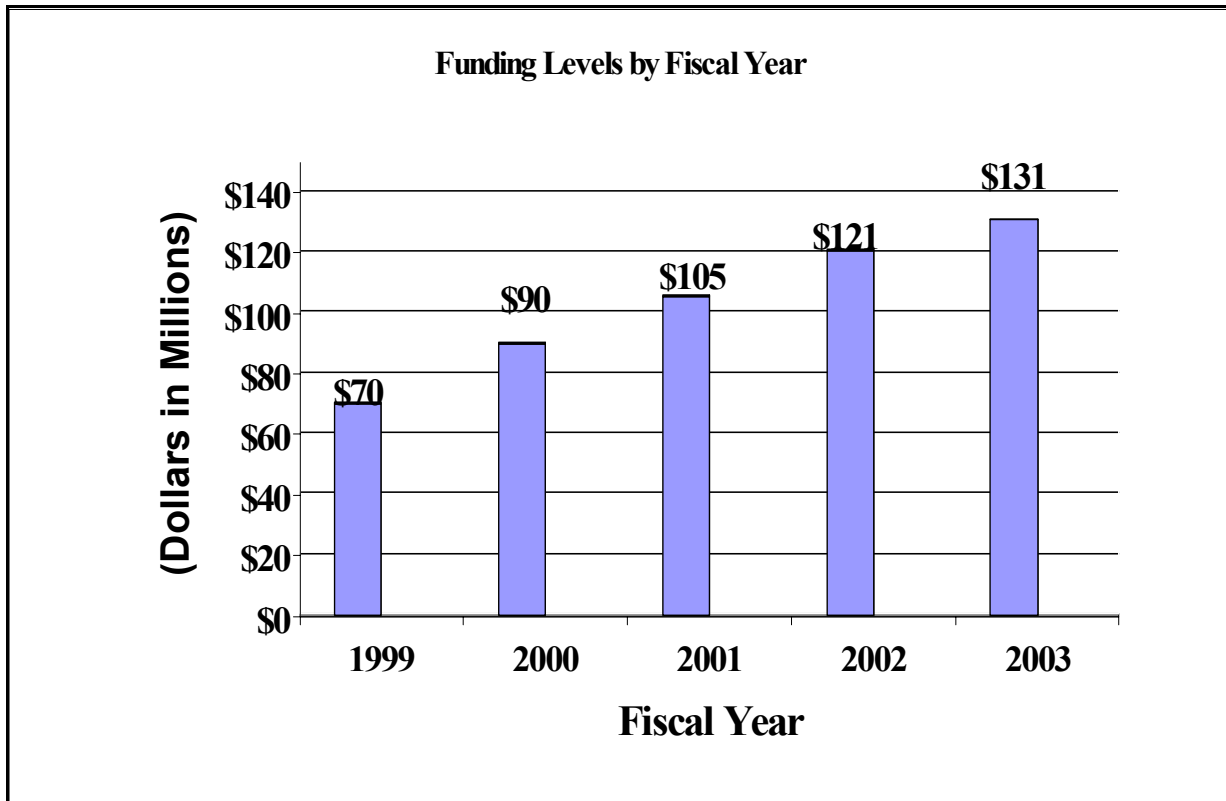
1. Arno PS, Levine C, Memmott MM. The economic value of informal caregiving. *Health Affairs*. 18(2):182-188,1999.
2. Ibid.

BUDGET POLICY

The Fiscal Year 2003 budget request for the NINR is \$130,809,000, including AIDS, an increase of \$10,058,000 and 8.3 percent over the FY 2002 level.

A five year history of FTEs and Funding Levels for NINR are shown in the graphs which follow.





Note that Fiscal Years 2000 and 1999 are not comparable for the Managerial Flexibility Act of 2001 legislative proposal.

One of NIH's highest priorities is the funding of medical research through research project grants (RPGs). Support for RPGs allows NIH to sustain the scientific momentum of investigator-initiated research while providing new research opportunities. The Fiscal Year 2003 request provides average cost increases for competing RPGs equal to the Biomedical Research and Development Price Index (BRDPI), estimated at 4.0 percent. Noncompeting RPGs will be funded at committed levels which include increases of 3 percent on average for recurring direct costs.

Future promises for advancement in medical research rest in part with new investigators with new ideas. In the Fiscal Year 2003 request, NINR will support 263 pre- and postdoctoral trainees in full-time training positions, the same number as in FY 2002. Stipend levels for NRSA trainees will increase by 4 percent over Fiscal Year 2002 levels.

The Fiscal Year 2003 request includes funding for 21 research centers, 43 other research grants, and 7 R&D contracts. Intramural Research and Research Management and Support receive increases of 9 percent over FY 2002.

NATIONAL INSTITUTES OF HEALTH

National Institute of Nursing Research
TOTAL - Current Law
Budget Mechanism

MECHANISM	FY 2001 Actual		FY 2002 Appropriation		FY 2002 Current Estimate		FY 2003 Estimate	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Grants:								
Research Projects:								
Noncompeting	169	\$53,548,000	181	\$58,121,000	181	\$58,121,000	197	\$67,737,000
Administrative supplements	(11)	1,119,000	(18)	1,700,000	(18)	1,700,000	(13)	1,215,000
Competing:								
Renewal	9	3,181,000	11	3,811,000	11	3,811,000	10	3,667,000
New	72	19,855,000	79	22,767,000	79	22,767,000	73	21,906,000
Supplements	3	502,000	3	601,000	3	601,000	3	578,000
Subtotal, competing	84	23,538,000	93	27,179,000	93	27,179,000	86	26,151,000
Subtotal, RPGs	253	78,205,000	274	87,000,000	274	87,000,000	283	95,103,000
SBIR/STTR	8	2,403,000	9	2,698,000	9	2,698,000	9	3,117,000
Subtotal, RPGs	261	80,608,000	283	89,698,000	283	89,698,000	292	98,220,000
Research Centers:								
Specialized/Comprehensive	19	5,137,000	20	6,500,000	20	6,500,000	21	6,890,000
Clinical research	0	0	0	0	0	0	0	0
Biotechnology	0	0	0	0	0	0	0	0
Comparative medicine	0	0	0	0	0	0	0	0
Research Centers in Minority institutions	0	0	0	0	0	0	0	0
Subtotal, Centers	19	5,137,000	20	6,500,000	20	6,500,000	21	6,890,000
Other Research:								
Research careers	30	2,035,000	40	2,700,000	40	2,700,000	42	2,862,000
Cancer education	0	0	0	0	0	0	0	0
Cooperative clinical research	0	0	0	0	0	0	0	0
Biomedical research support	0	0	0	0	0	0	0	0
Minority biomedical research support	0	0	0	0	0	0	0	0
Other	1	339,000	1	350,000	1	350,000	1	350,000
Subtotal, Other Research	31	2,374,000	41	3,050,000	41	3,050,000	43	3,212,000
Total Research Grants	311	88,119,000	344	99,248,000	344	99,248,000	356	108,322,000
Training :	FTEPs		FTEPs		FTEPs		FTEPs	
Individual awards	99	2,498,000	105	2,882,000	105	2,882,000	105	2,911,000
Institutional awards	151	5,420,000	158	6,342,000	158	6,342,000	158	6,405,000
Total, Training	250	7,918,000	263	9,224,000	263	9,224,000	263	9,316,000
Research & development contracts (SBIR/STTR)	5	1,208,000	7	2,600,000	7	2,577,000	7	2,577,000
	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
	FTEs		FTEs		FTEs		FTEs	
Intramural research	1	1,303,000	3	1,479,000	3	1,479,000	3	1,612,000
Research management and support	39	6,610,000	52	7,900,000	52	7,900,000	52	8,611,000
Cancer prevention & control	0	0	0	0	0	0	0	0
Construction		0		0		0		0
Total, NINR	40	105,158,000	55	120,451,000	55	120,428,000	55	130,438,000
Clinical Trials		(1,048,000)		(1,210,000)		(1,210,000)		(1,283,000)

NATIONAL INSTITUTES OF HEALTH
National Institute of Nursing Research
TOTAL - Accrued Costs for Retirement and Health Benefits
Budget Mechanism

MECHANISM	FY 2001 Actual		FY 2002 Appropriation		FY 2002 Current Estimate		FY 2003 Estimate	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Grants:								
Research Projects:								
Noncompeting								
Administrative supplements								
Competing:								
Renewal								
New								
Supplements								
Subtotal, competing								
Subtotal, RPGs								
SBIR/STTR								
Subtotal, RPGs								
Research Centers:								
Speaalized/comprehensive								
Clinical research								
Biotechnology								
Comparative medicine								
Research Centers in Minori Institutions								
Subtotal, Centers								
Other Research:								
Research careers								
Cancer education								
Cooperative clinical research								
Biomedical research support								
Minority biomedical research support								
Other								
Subtotal, Other Research								
Total Research Grants								
Training:	FTTPs		FTTPs		FTTPs		FTTPs	
Individual awards								
Institutional awards								
Total, Training								
Research & development contracts (SBIR/STTR)	FTEs		FTEs		FTEs		FTEs	
Intramural research	0	8,000	0	18,000	0	18,000	0	21,000
Research management and support	0	290,000	0	305,000	0	305,000	0	350,000
Cancer prevention & control	0	0	0	0	0	0	0	0
Construction								
Total, NINR	0	298,000	0	323,000	0	323,000	0	371,000
(Clinical Trials)		0		0		0		0

NATIONAL INSTITUTES OF HEALTH

National Institute of Nursing Research
TOTAL - Proposed Law
Budget Mechanism

MECHANISM	FY 2001 Actual		FY 2002 Appropriation		FY 2002 Current Estimate		FY 2003 Estimate	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Grants:								
<u>Research Projects:</u>								
Noncompeting	169	\$53,548,000	181	\$58,121,000	181	\$58,121,000	197	\$67,737,000
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Competing:								
Renewal	9	3,181,000	11	3,811,000	11	3,811,000	10	3,667,000
New	72	19,855,000	79	22,767,000	79	22,767,000	73	21,906,000
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Subtotal, RPGS	261	80,608,000	283	89,698,000	283	89,698,000	292	98,220,000
<u>Research Centers:</u>								
Specialized/comprehensive	19	5,137,000	20	6,500,000	20	6,500,000	21	6,890,000
Clinical research	0	0	0	0	0	0	0	0
Biotechnology	0	0	0	0	0	0	0	0
Comparative medicine	0	0	0	0	0	0	0	0
Research Centers in Minority Institutions	0	0	0	0	0	0	0	0
Subtotal, Centers	19	5,137,000	20	6,500,000	20	6,500,000	21	6,890,000
<u>Other Research:</u>								
Research careers	30	2,035,000	40	2,700,000	40	2,700,000	42	2,862,000
Cancer education	0	0	0	0	0	0	0	0
Cooperative clinical research	0	0	0	0	0	0	0	0
Biomedical research support	0	0	0	0	0	0	0	0
Minority biomedical research support	0	0	0	0	0	0	0	0
Other	1	339,000	1	350,000	1	350,000	1	350,000
Subtotal, Other Research	31	2,374,000	41	3,050,000	41	3,050,000	43	3,212,000
Total Research Grants	311	88,119,000	344	99,248,000	344	99,248,000	356	108,322,000
<u>Training :</u>								
Individual awards	99	2,498,000	105	2,882,000	105	2,882,000	105	2,911,000
Institutional awards	151	5,420,000	158	6,342,000	158	6,342,000	158	6,405,000
Total, Training	250	7,918,000	263	9,224,000	263	9,224,000	263	9,316,000
Research & development contracts (SBIR/STTR)	5 (0)	1,208,000 (0)	7 (0)	2,600,000 (0)	7 (0)	2,577,000 (0)	7 (0)	2,577,000 (0)
Intramural research	1	1,311,000	3	1,497,000	3	1,497,000	3	1,633,000
Research management and support	39	6,900,000	52	8,205,000	52	8,205,000	52	8,961,000
Cancer prevention & control	0	0	0	0	0	0	0	0
Construction		0		0		0		0
Total, NINR	40	105,456,000	55	120,774,000	55	120,751,000	55	130,809,000
(Clinical Trials)		(1,048,000)		(1,210,000)		(1,210,000)		(1,283,000)

NATIONAL INSTITUTES OF HEALTH

National Institute of Nursing Research
Budget Authority by Activity 1/
(dollars in thousands)

ACTIVITY	FY 2001	FY 2002	FY 2003	Change
	Actual	Estimate	Estimate	
	FTEs Amount	FTEs~Amount	FTEs Amount	FTEs Amount
Extramural Research:				
	\$97,245	\$111,049	\$120,215	\$9,166
Subtotal, extramural research	97,245	111,049	120,215	9,166
Intramural research	1 1,311	3 1,497	3 1,633	0 136
Research managment and support	39 6,900	52 8,205	52 8,961	0 756
Total	40 105,456	55 120,751	55 130,809	0 10,058

1/ Please see the following tables for the crosswalk from current law to proposed law to reflect the administration's proposal for full accrued retirement and health benefits.

National Institutes of Health

National Institute of Nursing Research

2001 Crosswalk for Accrued Retirement and Health Benefit Costs
(Dollars in thousands)

	2001 Actual Current Law	2001 Additional Accrual Costs	2001 Actual Proposed Law
Extramural Research:			
	\$97,245	\$0	97,245
Subtotal, extramural research	97,245	0	97,245
Intramural Research	1,301	8	1,309
Research management and support	6,598	290	6,888
Total	105,144	298	105,442

National Institutes of Health

National Institute of Nursing Research

2002 Crosswalk for Accrued Retirement and Health Benefit Costs
(Dollars in thousands)

	2002 Current Estimate Current Law	2002 Additional Accrual Costs	2002 Appropriation Proposed Law
Extramural Research:			
	\$111,049	\$0	111,049
Subtotal, extramural research	111,049	0	111,049
Intramural Research	1,479	18	1,497
Research management and support	7,900	305	8,205
Total	120,428	323	120,751

National Institutes of Health

National Institute of Nursing Research

2003 Crosswalk for Accrued Retirement and Health Benefit Costs
(Dollars in thousands)

	2003 Estimate Current Law	2003 Additional Accrual Costs	2003 Estimate Proposed Law
Extramural Research:			
	\$120,215	\$0	120,215
Subtotal, extramural research	120,215	0	120,215
Intramural Research	1,612	21	1,633
Research management and support	8,611	350	8,961
Total	130,438	371	130,809

NATIONAL INSTITUTES OF HEALTH

National Institute of Nursing Research
Summary of Changes

2002 Estimated budget authority				\$120,751,000
2003 Estimated budget authority				130,809,000
Net change				10,058,000
		2002 Current Estimate Base		Change from Base
CHANGES	FTEs	Budget Authority	FTEs	Budget Authority
A. Built-in:				
1. Intramural research:				
a. Within grade increase		\$822,000		\$15,000
b. Annualization of January 2002 pay increase		822,000		10,000
c. January 2003 pay increase		822,000		16,000
d. Payment for centrally furnished services		347,000		31,000
e. Increased cost of laboratory supplies, materials, and other expenses		292,000		16,000
f. Accrued costs for retirement and health benefits		18,000		3,000
Subtotal				91,000
2. Research Management and Support:				
a. Within grade increase	3,708,000			66,000
b. Annualization of January 2002 pay increase		3,708,000		44,000
c. January 2003 pay increase		3,708,000		72,000
d. Payment for centrally furnished services		1,081,000		97,000
e. Increased cost of laboratory supplies, materials, and other expenses		2,806,000		98,000
f. Accrued costs for retirement and health benefits		305,000		45,000
Subtotal				422,000
3. Cancer Prevention and Control:				
a. Within grade increase			0	
b. Annualization of January 2002 pay increase			0	
c. January 2003 pay increase			0	
d. Payment for centrally furnished services			0	
e. Increased cost of laboratory supplies, materials, and other expenses			0	
f. Accrued costs for retirement and health benefits			0	
Subtotal				0
Subtotal, Built-in				513,000

NATIONAL INSTITUTES OF HEALTH

National Institute of Nursing Research

Summary of Changes--continued

CHANGES	2002 Current Estimate Base		Change from Base	
	No.	Amount	No.	Amount
B. Program:				
1. Research project grants:				
a. Noncompeting	181	59,821,000	16	9,131,000
b. Competing	93	27,179,000	(7)	-1,028,000
c. SBIRISTTR	9	2,698,000	0	419,000
Total	283	89,698,000	9	8,522,000
2. Centers	20	6,500,000	1	390,000
3. Other research	41	3,050,000	2	162,000
4. Research training	263	9,224,000	0	92,000
5. Research and development contracts	7	2,577,000	0	0
Subtotal, extramural				9,166,000
	FTEs		FTEs	
6. Intramural research	3	1,497,000	0	45,000
7. Research management and support	52	8,205,000	0	334,000
8. Construction		0	0	0
Subtotal, program		120,751,000		9,545,000
Total changes			0	10,058,000

NATIONAL INSTITUTES OF HEALTH

National Institute of Nursing Research
Budget Authority by Object

	FY 2002 Appropriation	FY 2002 Current Estimate	FY 2003 Estimate	Increase or Decrease
Total compensable workyears:				
Full-time employment	55	55	55	0
Full-time equivalent of overtime and holiday hours	0	0	0	0
Average ES salary	\$131,881	\$131,881	\$135,310	\$3,429
Average GMIGS grade	12.3	12.3	12.4	0.1
Average GMIGS salary	\$60,111	\$60,111	\$61,283	\$1,172
Average salary, grades established by act of July 1, 1944 (42 U.S.C. 207)	\$57,792	\$57,792	\$59,295	\$1,503
Average salary of ungraded positions	\$66,272	\$66,272	\$67,995	\$1,723
OBJECT CLASSES	FY 2002 Appropriation	FY 2002 Estimate	FY 2003 Estimate	Increase or Decrease
Personnel Compensation:				
11.1 Full-Time Permanent	\$3,377,000	\$3,377,000	\$3,554,000	\$177,000
11.3 Other than Full-Time Permanent	227,000	227,000	234,000	7,000
11.5 Other Personnel Compensation	28,000	28,000	29,000	1,000
11.8 Special Personnel Services Payments	136,000	136,000	150,000	14,000
11.9 Total Personnel Compensation	3,768,000	3,768,000	3,967,000	199,000
12.1 Personnel Benefits	880,000	880,000	924,000	44,000
12.1 Personnel Benefits, Accrued Retirement Costs	205,000	205,000	250,000	45,000
13.0 Benefits for Former Personnel	0	0	0	0
Subtotal, Pay Cost, Current Law	4,648,000	4,648,000	4,891,000	243,000
Subtotal, Pay Cost, Proposed Law	4,853,000	4,853,000	5,141,000	288,000
21.0 Travel and Transportation of Persons	130,000	130,000	141,000	11,000
22.0 Transportation of Things	31,000	31,000	34,000	3,000
23.1 Rental Payments to GSA	0	0	0	0
23.2 Rental Payments to Others	10,000	10,000	11,000	1,000
23.3 Communications, Utilities and Miscellaneous Charges	65,000	65,000	71,000	6,000
24.0 Printing and Reproduction	115,000	115,000	125,000	10,000
25.1 Consulting Services	20,000	20,000	21,000	1,000
25.2 Other Services	685,000	685,000	750,000	65,000
25.3 Purchase of Goods and Services from Government Accounts	5,740,000	5,717,000	6,175,000	458,000
25.3 Accrued Retirement Costs	118,000	118,000	121,000	3,000
25.4 Operation and Maintenance of Facilities	110,000	110,000	120,000	10,000
25.5 Research and Development Contracts	0	0	0	0
25.6 Medical Care	0	0	0	0
25.7 Operation and Maintenance of Equipment	175,000	175,000	190,000	15,000
25.8 Subsistence and Support of Persons	0	0	0	0
25.0 Subtotal, Other Contractual Services, Current Law	6,730,000	6,707,000	7,256,000	549,000
25.0 Subtotal, Other Contractual Services, Proposed Law	6,848,000	6,825,000	7,377,000	552,000
26.0 Supplies and Materials	7,000	70,000	76,000	6,000
31.0 Equipment	180,000	180,000	195,000	15,000
32.0 Land and Structures	0	0	0	0
33.0 Investments and Loans	0	0	0	0
41.0 Grants, Subsidies and Contributions	108,472,000	108,472,000	117,638,000	9,166,000
42.0 Insurance Claims and Indemnities	0	0	0	0
43.0 Interest and Dividends	0	0	0	0
44.0 Refunds	0	0	0	0
Subtotal Non-Pa Costs Current Law	115,803,000	115,780,000	125,547,000	9,767,000
Subtotal Non-Pa Costs Proposed Law	115,921,000	115,898,000	125,668,000	9,770,000
Total Budget Authority by Object, Current	120,461,000	120,428,000	130,438,000	10,010,000
Total Budget Authority by Object, Proposed	120,774,000	120,751,000	130,809,000	10,058,000
Total Accrued Retirement	323,000	323,000	371,000	48,000

NATIONAL INSTITUTES OF HEALTH

National Institute of Nursing Research
Salaries and Expenses

OBJECT CLASSES	FY 2002 Appropriation	FY 2002 Current Estimate	FY 2003 Estimate	Increase or Decrease
Personnel Compensation:				
Full-Time Permanent (11.1)	\$3,377,000	\$3,377,000	\$3,554,000	\$177,000
Other Than Full-Time Permanent (11.3)	227,000	227,000	234,000	7,000
Other Personnel Compensation (11.5)	28,000	28,000	29,000	1,000
Special Personnel Services Payments (11.8)	136,000	136,000	150,000	14,000
Total Personnel Compensation (11.9)	3,768,000	3,768,000	3,967,000	199,000
Civilian Personnel Benefits (12.1)	880,000	880,000	924,000	44,000
Accrued Costs of Retirement Benefits (12.1)	205,000	205,000	250,000	45,000
Benefits to Former Personnel (13.0)	0	0	0	0
Subtotal, Pay Costs, Current Law	4,648,000	4,648,000	4,891,000	243,000
Subtotal, Pay Costs, Proposed Law	4,853,000	4,853,000	5,141,000	288,000
Travel (21.0)	130,000	130,000	141,000	11,000
Transportation of Things (22.0)	31,000	31,000	34,000	3,000
Rental Payments to Others (23.2)	10,000	10,000	11,000	1,000
Communications, Utilities and Miscellaneous Charges (23.3)	65,000	65,000	71,000	6,000
Printing and Reproduction (24.0)	115,000	115,000	125,000	10,000
Other Contractual Services:				
Advisory and Assistance Services (25.1)	20,000	20,000	21,000	1,000
Other Services (25.2)	685,000	685,000	750,000	65,000
Purchases from Govt. Accounts (25.3)	3,163,000	3,140,000	3,598,000	458,000
Accrued Retirement Costs (25.3)	118,000	118,000	121,000	3,000
Operation & Maintenance of Facilities (25.4)	110,000	110,000	120,000	10,000
Operation & Maintenance of Equipment (25.7)	175,000	175,000	190,000	15,000
Subsistence & Support of Persons (25.8)	0	0	0	0
Subtotal, Other Contractual Services, Current Law	4,153,000	4,130,000	4,679,000	549,000
Subtotal, Other Contractual Services, Proposed Law	4,271,000	4,248,000	4,800,000	552,000
Supplies and Materials (26.0)	70,000	70,000	76,000	6,000
Subtotal, Non-Pay Costs, Current Law	4,223,000	4,200,000	5,106,000	906,000
Subtotal, Non-Pay Costs, Proposed Law	4,341,000	4,318,000	5,227,000	909,000
Total, Administrative Costs, Current Law	8,871,000	8,848,000	9,997,000	1,149,000
Total, Accrued Costs	323,000	323,000	371,000	48,000
Total, Administrative Costs, Proposed Law	9,194,000	9,171,000	10,368,000	1,197,000

NATIONAL INSTITUTES OF HEALTH

National Institute of Nursing Research

SIGNIFICANT ITEMS IN HOUSE, SENATE, AND CONFERENCE APPROPRIATIONS COMMITTEE REPORTS

FY 2002 House Appropriations Committee Report Language (H. Rpt. 107-229)

Item

End-of-Life Issues- The Committee urges NINR to continue to make end-of-life research a priority, particularly in the areas of palliative care, which involves managing pain and other discomforts of the dying process, and helping patients, families and healthcare providers make decisions about when to withdraw treatment in favor of comfort care. (p.90)

Action taken or to be taken - NINR is the lead Institute at the NIH in end of life research. Stemming from an NINR workshop in 1997 and a subsequent Request for Application and Program Announcement, NINR has collaborated across the campus to support approximately 22 studies in end of life research and research training. These studies examine information sharing and decision-making among families and those who are at end of life, management of symptoms that compromise quality of life at the end of life (pain, nausea, muscle wasting, fatigue, shortness of breath), and issues of caregiving for families and friends of those who are at the end of life. To obtain wide feedback and shape the direction of future research, NINR this year convened two interdisciplinary panels to examine end of life research in genetic illnesses, and end of life research for older adults. Important findings are beginning to emerge from this new science area. NINR anticipates many more applications for research in end of life care, as well as increasing numbers of important findings that will improve quality of life.

Health Disparities- NINR has long been active in ethnically and culturally sensitive research to improve health and reduce health disparities. The Committee is encouraged that NINR is focusing on testing strategies that increase screening for cancer among minorities and encourages NINR to continue this important research. (p.90)

Action taken or to be taken- To obtain wide feedback on future directions in health disparities research, including cancer screening, NINR convened a scientific workshop in late fall 2001. The purpose of the workshop was to explore research involving community partnerships as an excellent way of building on community resources and engage community members (particularly racial/ethnic groups) for prevention research on cancer screening and other diseases and conditions. The workshop's recommendations will be incorporated into a future NINR initiative to solicit applications for research projects in this area. NINR anticipates a number of strong applications in the area of community-based and community-partnered research to reduce such health disparities as the untoward incidence of cancers among minorities. NINR's productive relationship with the National Center for Minority Health and Health Disparities has resulted in a successful pilot of partnership projects which link research-experienced schools of nursing with

minority-serving schools of nursing. These partnerships will increase the amount of research focusing on health disparities and increase the number of well prepared minority nurse investigators.

SIGNIFICANT ITEMS IN HOUSE, SENATE, AND CONFERENCE APPROPRIATIONS COMMITTEE REPORTS

FY 2002 Senate Appropriations Committee Report Language (S. Rpt. 107-84)

Item

Cancer screenings- The Committee continues to be concerned about disparities in the incidence and prevalence of cancer among minorities. The Committee believes that the NINR is positioned well to address prevention strategies, particularly screening for minority populations. Therefore, the Committee urges increased promotion of regular cancer screenings and positive behavioral modifications that will help prevent cancers. (p.159)

Action taken or to be taken - Please refer to page NINR-__ of this document for NINR's response to this significant item.

Caregivers- Informal caregivers in the home need help as they administer to the needs of patients with chronic illnesses. One in four U.S. families is involved in caregiving. The Committee is troubled that caregivers themselves are at risk for poor physical and emotional health as they devote themselves to tending to others. The NINR is urged to devote greater attention to caregiver needs regarding improved strategies, skills and support. (p.159)

Action taken or to be taken - NINR's strong history of supporting caregiver research led to a working group meeting in September 2001 to establish directions for future research. Recently, NINR issued a Request for Applications for research on informal caregiving for chronic conditions. This solicitation for research grants is cosponsored by the National Institute on Aging. It is expected that a wide audience of investigators will respond to the solicitation and will address multiple facets of informal caregiving: the health burden on caregivers, methods of reducing stress among caregivers, and improving the use of formal caregiving services. The outcome of this new research will assist families and caregiver recipients achieve higher quality of life and reduce caregiver stress.

Chronic conditions- The NINR is to be commended for its increased focus on chronic illnesses, which affect growing numbers of people in this country as patients live longer with severe but enduring diseases. The Committee urges the Institute to continue its emphasis on pain management and other conditions such as cachexia, which involves muscle wasting and weight loss. (p.159)

Action taken or to be taken - To stimulate additional research in chronic conditions, NINR has selected important areas of research opportunity that affect millions of people. Two of these areas of research opportunity are research on chronic pain and research on cachexia. Chronic pain is

often undertreated, occurs with other conditions such as depression which might mask the chronic pain, and requires culturally appropriate approaches to diagnosis and treatment. Cachexia is a term meaning weight loss and wasting that is associated with many chronic diseases and conditions such as cancer, HIV/AIDS, diabetes, severe congestive heart failure and chronic obstructive pulmonary disease. NINR's recent stimulus of caregiving research also closely fits with the Committee's interest in chronic conditions since many people with chronic conditions live at home with family and friends meeting their personal care needs.

Mentorship program- The Committee is greatly encouraged by the progress made by the NINR and the NIMH in implementing a technical assistance workshop on grant writing and navigating a research career trajectory in the area of behavioral change related to psychiatric populations - a program that will build the research capacity of our nation's psychiatric mental health nurse researchers. The Committee urges the NINR and NIMH to implement a mentorship program that will enable participants to develop formal grant proposals for ultimate submission to the Institutes. (p.159)

Action taken or to be taken- NINR and the National Institute of Mental Health (NIMH) together hosted a well-attended workshop in the summer of 2001 which brought together many psychiatric mental health nurses for technical assistance in the grant application and review process. Several participants are taking the next grant application development phase of the NINR-NIMH collaboration which is a mentorship program for psychiatric mental health nurses and appropriate mentors who can guide their research proposal development. The mentor selection process was completed at the beginning of FY2002. These mentors and their research proteges will be convened at the beginning of FY 2003 to participate in a mock peer review session. The participants should then be prepared to submit research applications to an appropriate Institute or Center at the NIH.

Nurse researchers- The Committee is concerned about the effects of the nursing shortage on evidence-based practice. The NINR has the Committee's strong support for its emphasis on protecting and expanding the infrastructure of nursing research. Recruiting minority researchers and enhancing career development for all nurses interested in research is essential to addressing the nation's pressing health issues. Expanding technological skills for the nursing discipline, through efforts such as the NINR's training program in genetics is another laudable goal for the Institute. (p.159)

Action taken or to be taken - NINR is moving ahead with new and expanded ventures to increase the numbers and qualifications of nurses to participate in research, especially targeting minority nurses. With support from the National Center on Minority Health and Health Disparities, NINR provided funding for two distinct programs. First, funding was provided to each of the nine Core Centers to increase minority health research. Second, based on two successful meetings that convened representatives from five minority nurse organizations to discuss partnerships between research-experienced schools of nursing and minority-serving schools of nursing, NINR funded seven partnerships with the aim of increasing research on health disparities and increasing the numbers of minority nurse researchers. NINR continues to host the Summer Institute in Genetics to prepare nurses with the tools to investigate critical clinical questions in the area of genetics.

Also continuing is the very popular summer workshop for increasing skills and abilities of new researchers so that they may successfully compete for research funding.

NATIONAL INSTITUTES OF HEALTH

National Institute of Nursing Research

SIGNIFICANT ITEMS IN HOUSE, SENATE, AND CONFERENCE APPROPRIATIONS COMMITTEE REPORTS

FY 2002 Conference Appropriations Committee Report Language (C. Rpt. 107-342)

Item

Palliative Care for Pain Management - The conferees are aware that patients who suffer terminal illnesses face severe and excruciating pain. For such patients, palliative care is essential. The conferees are concerned that, although palliative care is well-established in many other countries, most of the American public and many health care professionals still know little about it. The conferees urge the Secretary to work with organizations like the American Medical Association and the American Board of Hospice and Palliative Medicine, to disseminate appropriate information to health care professionals and the public. (p.112)

Action taken or to be taken - Many HHS agencies are concerned that patients with terminal illnesses face severe pain and other symptoms. Under the leadership of NINR, several research initiatives have been sponsored and a trans-HHS end-of-life interest group was established. The agencies involved in these activities include NINR, NIA, NCI, NCCAM, NIDCR, NINDS, NIMH, NIDA, SAMSHA, HRSA, AHRQ and the NIH Clinical Center pain and palliative care service. The initiatives have increased funding for end-of-life research and the interest group has sponsored several events to gather information, expand understand and identify important areas for research about the important problem of palliative care at the end of life. One event was a community forum that sought input from the public about technological interventions, palliative care, ethical concerns and cultural factors that influence quality of life at the end of life. Over 200 people attended the meeting. Another event focused on a specific group where end of life and palliative care issues are less clearly defined, the elderly. This workshop was cosponsored by six HHS agencies and a private foundation with a goal of specifying research directions for end of life in older populations. In attendance at the meeting were members of the two organizations named in this significant item as well as representatives of other end-of-life advocacy groups who are interested in collaborating with HHS to improve end-of-life care. The interest group will continue its collaborative efforts with new initiatives planned to address symptom management at the end of life.

In addition to the interest group activities, individual HHS agencies are sponsoring activities that will have a positive impact on palliative care at the end of life. For example, NINR sponsored a workshop to define future directions for end of life and palliative care research for those dying with genetic illnesses. NCI is responding to the recent report *Improving Palliative Care for Cancer* that was published by the Cancer Policy Board of the National Research Council. A meeting of palliative care partners in research is planned for February 2002. The partners will include representatives not only from the HHS interest group, but also other organizations concerned about palliative care, such as the National Hospice and Palliative Care Organization

and the American Society of Clinical Oncology. NCI is also sponsoring, in collaboration with other HHS agencies, a state of the science conference focusing on the symptoms of pain, dyspnea and fatigue. HRSA is undertaking several palliative care projects to reach out to underserved and uninsured populations through provision of direct services, and development of palliative practices. NIDCR assembled experts to develop a web-based interactive clinical research textbook to improve the treatment of symptoms of advanced disease (URL: <http://symptomresearch.nih.gov>). This textbook, one of the first of its kind, is now being used at medical, dental, and nursing schools to train clinicians to combine research in pain and symptom treatment with approaches to prevention or cure.

As the science of end of life develops and currently funded studies are completed we expect to be able to further inform health care professionals and the public about best practices for preventing suffering at the end of life. While patients with terminal illnesses can certainly benefit from improved symptom management, palliative care may also benefit people who have a chronic life threatening illness, but are not terminally ill. Mitigation of pain, suffering and the other components that comprise palliative care is needed not just at the end of life.

NATIONAL INSTITUTES OF HEALTH

National Institute of Nursing Research
Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2001 Amount Authorized	2002 Estimate	2003 Amount Authorized	2003 Budget Estimate 1/
Research and Investigation	Section 301	42§241	Indefinite		Indefinite	
National Institute of Nursing		42§285		\$111,527,000		\$121,493,000
Research	Section 4178		Indefinite		Indefinite	
National Research Service						
Awards	Section 487(d)	42§288	a/	9,224,000	b/	9,316,000
Total, Budget Authority				120,751,000		130,809,000

a/ Funding provided under the Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations Act, 2002 (P.L. 107-116).
b/ Reauthorizing legislation will be submitted.

NATIONAL INSTITUTES OF HEALTH

National Institute of Nursing Research
Appropriation History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation 1/
1994	\$48,975,000	\$51,018,000	\$51,018,000	\$51,018,000
1995 <u>2/</u> Rescission	48,326,000	47,971,000	48,326,000	48,180,000 <u>3/</u> (16,000)
1996 Rescission	50,159,000 <u>4/</u>	55,831,000	49,497,000 <u>2/</u>	55,831,000 (17,000)
1997	51,951,000 <u>2/</u>	45,231,000	53,936,000 <u>2/</u>	59,743,000 <u>4/</u>
1998	55,692,000 <u>2/</u>	56,950,000	59,443,000	48,043,000
1999 Rescission	62,229,000 <u>2/5</u>	68,198,000	69,834,000	69,834,000 (46,000)
2000 Rescission	65,335,000 <u>2/</u>	76,204,000	90,000,000	90,000,000 (478,000)
2001 Rescission	84,714,000 <u>2/</u>	102,312,000	106,848,000	104,370,000 (20,000)
2002 Rescission	117,686,000	116,773,000	125,659,000	120,451,000 (23,000)
2003	130,438,000			

1/ Reflects enacted supplementals, rescissions and reappropriations.

2/ Excludes funds for HIV/AIDS research activities consolidated in the NIH Office of AIDS Research.

3/ Excludes enacted administrative reductions of \$57,000.

4/ Excludes enacted administrative reductions of \$22,000.

5/ Reflects a decrease of \$187,000 for the budget amendment for bioterrorism.

NATIONAL INSTITUTES OF HEALTH

National Institute of Nursing Research
 Detail of Full-Time Equivalent Employment (FTEs)

OFFICE/DIVISION	FY 2001 Actual	FY 2002 Estimate	FY 2003 Estimate
Office of the Director (includes FTEs from the Office of Science Policy and Public Liaison and the Office of Administrative Management)	18	28	28
Associate Director for Scientific Programs and Division on Extramural Activities	21	24	24
Division of Intramural Research	1	3	3
Total, NINR	40	55	55
Statutorily-ceiling exempt FTEs not included above	(0)	(1)	(0)
Funds to support these FTEs are provided b Cooperative Research and Development			
FISCAL YEAR	Average GM/GS Grade		
1999	10.7		
2000	11.0		
2001	11.0		
2002	12.3		
2003	12.4		

NATIONAL INSTITUTES OF HEALTH

National Institute of Nursing Research
Detail of Positions

GRADE	FY 2001 Actual	FY 2002 Estimate	FY 2003 Estimate
ES-6			
ES-5			
ES-4	1	1	1
ES-3			
ES-2			
ES-1	1	1	1
Subtotal	2	2	2
Total - ES Salary	\$253,961	\$270,081	\$277,103
GM/GS-15	3	4	4
GM/GS-14	10	11	11
GM/GS-13	4	6	6
GS-12	5	5	5
GS-11	7	7	7
GS-10	1	1	1
GS-9	2	4	4
GS-8	1	2	2
GS-7	3	4	4
GS-6	4	5	5
GS-5	0	1	1
GS-4	0	0	0
GS-3	1	1	1
GS-2	1	1	1
GS-1	0	0	0
Subtotal	42	52	52
Grades established by Act of July 1, 1944 (42 U.S.C. 207): Assistant Surgeon General Director Grade			
Senior Grade	1	1	1
Full Grade			
Senior Assistant Grade			
Subtotal	1	1	1
Ungraded	11	13	13
Total permanent positions	43	51	51
Total positions, end of year	57	68	68
Total full-time equivalent (FTE) employment, end of ear	40	55	55
Average ES level	ES-2	ES-2	ES-2
Average ES salary	\$126,981	\$131,881	\$135,310
Average GM/GS grade	11.0	12.3	12.4
Average GM/GS salary	\$59,953	\$60,111	\$61,283