



NATIONAL INSTITUTE *of* NURSING RESEARCH

Promoting America's Health
through Nursing Science



American Association *of* Colleges *of* Nursing

ADVANCING HIGHER EDUCATION IN NURSING

Advancing HIGHER EDUCATION and RESEARCH in NURSING

OVERVIEW

As one of the 27 Institutes and Centers at the National Institutes of Health (NIH), the National Institute of Nursing Research (NINR) funds research that establishes the scientific basis for quality patient care. Often working collaboratively with physicians and other researchers, nurse scientists are vital in setting the national research agenda. While medical research focuses on curing diseases, nursing research is conducted to *prevent* disease.

Scientific Foundation for Clinical Practice

Nursing research is an essential part of the scientific endeavors to improve the nation's health. Knowledge of care across the lifespan is essential to the present and future health of the nation. Research funded at the NINR helps to integrate biology and behavior as well as design new technology and tools. At a time when healthcare needs are changing, nursing care must be firmly grounded in nursing science.

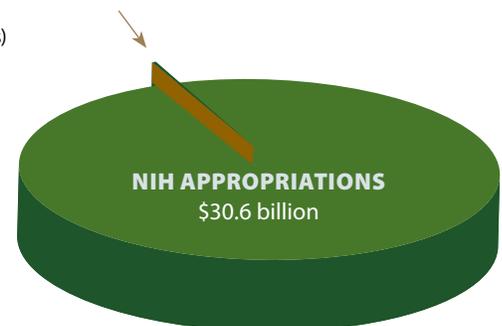
The science advanced at NINR is integral to the future of the nation's healthcare system. Through grants, research training, and interdisciplinary collaborations, NINR addresses care management of patients during illness and recovery, reduction of risks for disease and disability, promotion of healthy lifestyles, enhancement of quality of life for those with chronic illness, and care for individuals at the end of life. NINR's research fosters advances in nursing practice, improves patient care, works to eliminate health disparities, and attracts new students to the profession.

NINR's Budget

FY 2012 NINR APPROPRIATIONS AS A PORTION OF THE NIH BUDGET

NINR APPROPRIATIONS

(\$144.590 million
or .47% of NIH
Appropriations)

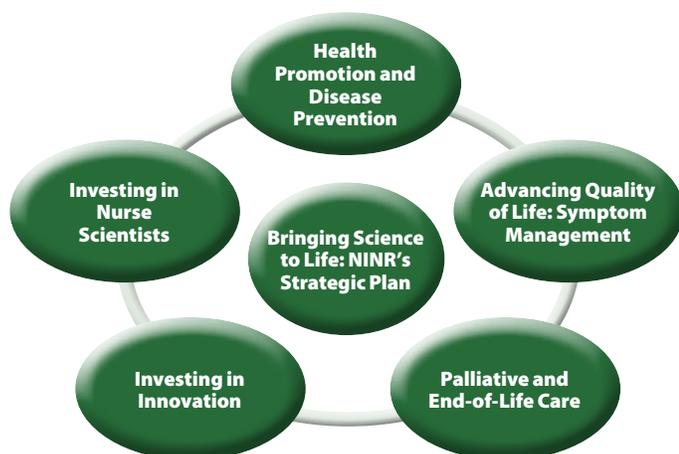


NINR's FY 2012 funding level of \$144.590 million is approximately 0.47% of the overall \$30.6 billion NIH budget. Spending for nursing research is a modest amount relative to the allocations for other health science institutes and for major disease category funding. For NINR to adequately continue and further its mission, the institute must receive additional funding.



NINR'S STRATEGIC PLAN

Bringing Science to Life, outlines the investment NINR is making in five strategic research areas to improve the health and well-being of our nation.



Health Promotion and Preventing Disease

Presently, more than 1.7 million Americans die each year from chronic diseases. Nurse researchers focus on investigating wellness strategies to prevent these chronic diseases. A healthcare system which promotes prevention promises to be a major focus of health reform, and NINR is a leader in funding scientific research to discover optimal prevention methods.

Advancing Quality of Life: Symptom Management

Pain, fatigue, impaired sleep, and depression affect millions of Americans across the lifespan and impact multiple health conditions. NINR funds research that seeks to better understand these symptoms and improve the clinical management of them to allow individuals to lead more productive lives. Moreover, NINR funded research in this area also investigates how the lives of families, caregivers, and the community are impacted, both directly and indirectly.

Palliative and End-of-Life Research

Palliative care is a critical part of treatment for serious and life-threatening illness. This care is provided alongside disease treatment to ease suffering and improve the quality of life for the patient. Though palliative care is received in hospice, not all palliative care is for end-of-life patients. NINR seeks, through scientific research, to

improve the understanding of the processes underlying palliative care efforts and develop effective strategies to optimize care across all patient populations.

Investing in Innovation

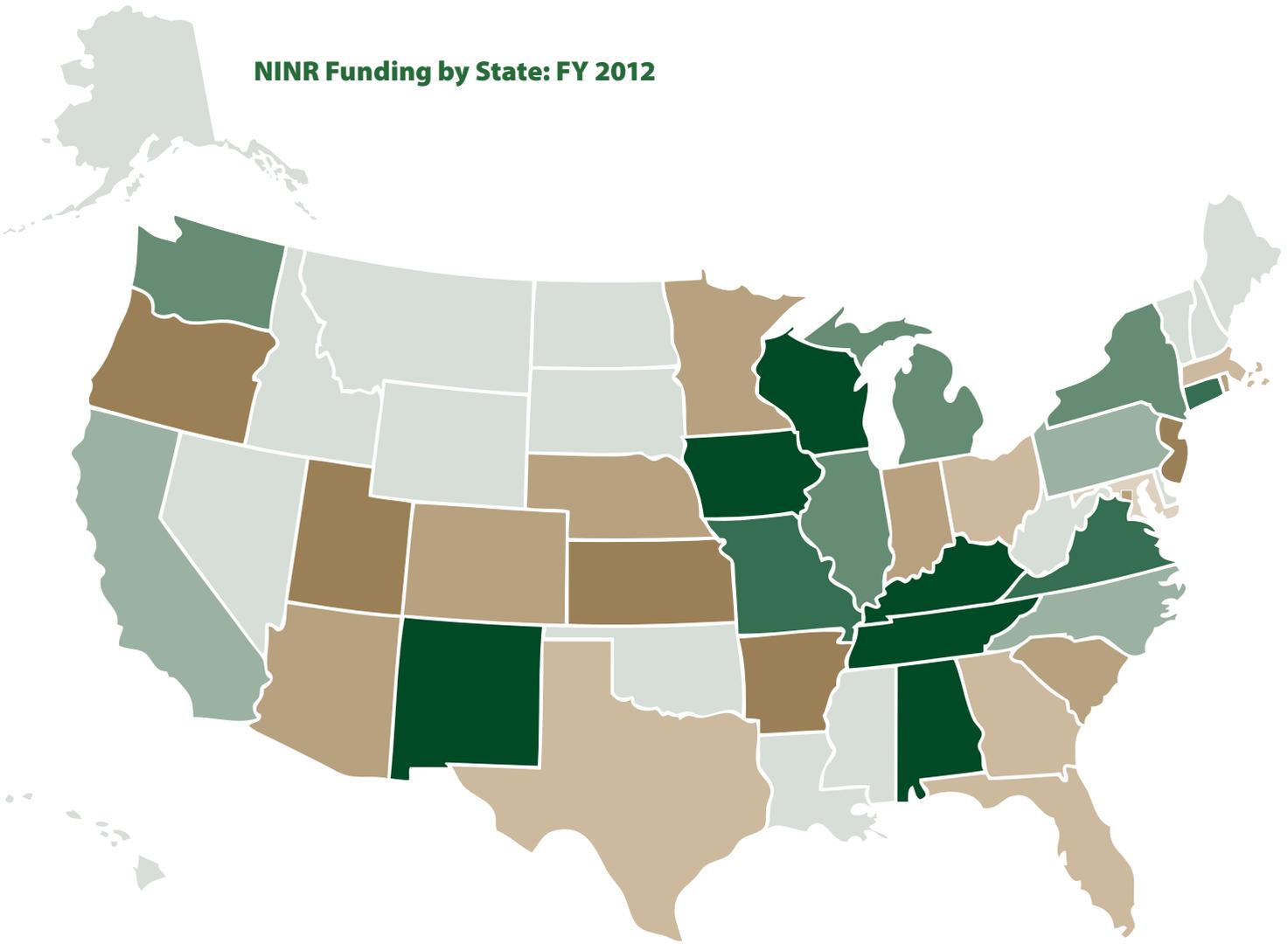
Improvements in healthcare technology are essential in the quest for higher quality and more cost-effective care in the United States. Genetics and genomics as well as complex studies on managing symptoms and preventing disease will be crucial to America's healthcare innovation. NINR is funding research that seeks to develop new technologies and informatics-based solutions to our nation's most pressing health conditions. This research calls for rapid advances, translation, and dissemination to the public. NINR is invested in funding nurse scientists who discover these solutions.

Investing in Nurse Scientists

Despite limited recourses, NINR allocates 6% of its budget, a high proportion when compared to other NIH institutes, to training, which helps develop the pool of nurse researchers. Because nurse researchers often serve as faculty members for colleges of nursing, **NINR is helping to provide the faculty needed to educate the next generation of nurses.**



NINR Funding by State: FY 2012



- \$1-500,000 (AR, KS, NJ, OR, UT)
- \$500,001-1,000,000 (AL, IA, KY, NM, TN, WI)
- \$1,000,001-2,000,000 (AZ, CO, DC, IN, MN, NE, RI, SC)
- \$2,000,001-4,000,000 (CT, MO, VA)
- \$4,000,001-6,000,000 (FL, GA, MA, OH, TX)
- \$6,000,001-8,000,000 (IL, MI, NY, WA)
- \$8,000,001-10,000,000 (MD)
- Over \$10,000,000 (CA, NC, PA)
- No NINR Funding (AK, DE, HI, ID, LA, ME, MS, MT, NV, NH, ND, OK, SD, VT, WV, WY)

State	Funding	State	Funding	State	Funding	State	Funding
AL	\$906,747	IL	\$6,540,894	MT	\$0	RI	\$1,926,322
AK	\$0	IN	\$1,039,601	NE	\$1,370,799	SC	\$1,106,230
AZ	\$1,439,849	IA	\$939,910	NV	\$0	SD	\$0
AR	\$462,692	KS	\$392,394	NH	\$0	TN	\$785,979
CA	\$10,091,308	KY	\$881,715	NJ	\$33,139	TX	\$4,354,940
CO	\$1,564,192	LA	\$0	NM	\$568,670	UT	\$36,023
CT	\$2,177,382	ME	\$0	NY	\$7,457,117	VT	\$0
DE	\$0	MD	\$9,070,628	NC	\$11,068,239	VA	\$3,426,201
DC	\$1,832,708	MA	\$5,344,528	ND	\$0	WA	\$6,387,143
FL	\$4,415,477	MI	\$6,434,532	OH	\$5,134,803	WV	\$0
GA	\$4,249,986	MN	\$1,355,821	OK	\$0	WI	\$944,466
HI	\$0	MS	\$0	OR	\$382,024	WY	\$0
ID	\$0	MO	\$2,411,539	PA	\$17,801,265	TOTAL	\$124,335,263

Source: NIH. Research Portfolio Online Reporting Tools. Accessed from report.nih.gov

Seminal NINR Research Studies: Improving the Nation's Health

Reducing Premature Infants' Length of Stay

When implemented early in the Neonatal Intensive Care Unit (NICU), an educational intervention program for parents of infants born prematurely can reduce parental stress, depression, and anxiety; enhancing parent-infant interactions, and reduce hospital length of stay. Researchers found that hospital costs were decreased by \$5,000 per infant. Additionally, with 480,000 low birth-weight premature infants born each year in the U.S., approximately \$2.4 billion could be saved annually within the national healthcare system if the program was adopted by NICUs across the country.

Dr. Bernadette Melnyk, The Ohio State University, 2006



Transitional Care Improves Outcomes of the Elderly

This NINR funded study evaluated the effectiveness of implementing the transitional care model to determine its impact on the health and function of elderly who were recently discharged from the hospital after heart failure. The study found that the transitional care model, which consists of an advanced practice registered nurse implementing coordinated care, lowered the total healthcare costs over a year by almost \$3,500 per patient.

Dr. Mary Naylor, University of Pennsylvania, 2004

Reducing High Blood Pressure (HBP) Among Inner-City Black Men

This three-year study involved a multidisciplinary healthcare team committed to improving the health of inner-city black men with high blood pressure. The men

received education on how to treat the condition and annual check-ups. The results showed that the men decreased their smoking and salty food consumption. Most notably, the men decreased their systolic and diastolic blood pressures, with 44% lowering their BP within the normal range.

Dr. Martha Hill, The Johns Hopkins University, 2003

Home Visits by Nurses Increase Low-Income Mothers' Self-Sufficiency

For this study, mothers received seven home visits by public health nurses after their pregnancy and an additional 26 visits through the child's second birthday. As a part of the intervention, mothers were linked to community and social support services. The findings demonstrated that the visits increased self-sufficiency with reductions in Aid to Families with Dependent Children and Food Stamp payments.

Dr. David Olds, University of Colorado, 1997

Predicting the Risk for Pressure Sores

Pressure sores, bed sores, or pressure ulcers affect over four million patients in hospitals, nursing homes and other healthcare settings and cost the healthcare system roughly \$9 billion annually. Often developing when patients are immobilized, they break down the skin and tissue creating an open sore. Through this critical nursing research, the Braden Scale for Predicting Pressure Sore Risk was developed. This scale was tested in multiple settings and helped reduce the number of patients with pressure sores by predicting those who were high risk. The Braden Scale is now widely used in nursing homes and hospitals all over the world.

Dr. Nancy Bergstrom, University of Texas, Houston, 1996



For questions regarding AACN's Federal Policy Agenda or information on nursing research,
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