



National Institute of Nursing Research

CONGRESSIONAL JUSTIFICATION
FY 2025

Department of Health and Human Services
National Institutes of Health



National Institute
of Nursing Research

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute of Nursing Research (NINR)

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General Notes

1. FY 2024 funding levels cited in this document are based on the Continuing Resolution in effect at the time of budget preparation (Public Law 118-35) and do not include HIV/AIDS transfers.
2. Detail in this document may not sum to the subtotals and totals due to rounding.

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Director's Overview

The National Institute of Nursing Research (NINR) is the primary Federal agency for the support of nursing science. Since its establishment, NINR has been committed to guiding the agenda for the field of nursing science in the United States to generate the evidence base for interventions in clinical practice and improve health for individuals, families, and communities. NINR's mission is to lead nursing science to solve pressing health challenges and inform practice and policy – optimizing health and advancing health equity into the future. Nursing research is the key to unlocking the power and potential of nursing. Delivering care for individuals and families every day, nurses play a critical role in preventing and treating illness and saving lives in hospitals and clinics, schools and workplaces, homes, justice settings, neighborhoods, and communities across the United States. Nurses are the backbone of the U.S. healthcare system and understand the challenges people encounter in their daily lives. This knowledge uniquely positions nurses to solve our Nation's most pressing and persistent health challenges and serves as the foundation of nursing research at NINR.



In 2022, NINR released its new strategic plan, which proposed a bold new research agenda that considers the whole picture of health. NINR's research agenda integrates an inclusive and interconnected perspective that encompasses social factors, biological processes, and their impact on overall health. Capitalizing on nursing's distinct perspective is what makes the Institute unique. In order to improve public health, health equity and innovation in disease prevention, NINR's research focuses on a holistic, contextualized approach to optimizing health for all people. In FY 2025, NINR will continue its support of innovative, rigorous research that aligns with our strategic plan and commitment to discover solutions to address deeply rooted systemic and structural health inequities.¹ The plan includes five research lenses which describe how NINR leverages the strengths of nursing science to innovate, think bigger, and have the greatest impact. The lenses include Health Equity, Social Determinants of Health (SDOH), Population and Community Health, Prevention and Health Promotion, and Systems and Models of Care. The lenses promote multilevel approaches, cross-disciplinary and cross-sectoral collaboration, and community engagement in research. Application of these lenses to nursing research will lead to scientific discoveries that save lives, and greatly influence prevention, treatment, and care in the context of people's lives and living conditions.

¹ www.ninr.nih.gov/aboutninr/ninr-mission-and-strategic-plan

NINR Research Saves Lives through Advances in Science and Health

Addressing the Maternal Health Crisis

While maternal mortality rates rose in 2021 across all birthing populations, rates of maternal death among Black women are 2.6 times higher than those of White women.²

Moreover, an alarming 84 percent of pregnancy-related deaths are preventable.³ To help address the high rates of maternal morbidity and mortality and disparities in maternal health outcomes, NINR launched the AIM initiative, to Advance Integrated Models of care with the goal of improving pregnancy outcomes for women who experience persistent disparities.⁴

Focused on identifying solutions, this initiative supports intervention research to develop, implement, and evaluate integrated models of supportive care that address structural inequities to prevent adverse maternal health outcomes and disparities. For example, in one study supported under the AIM initiative, researchers are investigating the impact of equity-based policy changes to the Medicaid system that explicitly focus on Black populations.⁵ The researchers are examining the effects of health care quality interventions, such as equity incentive payments, an equity-focused obstetric care bundled payment model, and reimbursement for doula services on severe maternal morbidity/mortality and maternal health. In another study, researchers are identifying outcomes and implementation strategies to optimize prenatal care coordination (PNCC). PNCC is a fee-for-service Medicaid benefit available in some states, which includes health education, care coordination, social support, and facilitated access to health care and social services. Researchers will examine patient records to determine PNCC's impact on maternal health outcomes, including access to prenatal care, attending a six-week postpartum visit, use of behavioral health services, indications of severe maternal morbidity, and postpartum visits to an emergency room.⁶ Another group of scientists is using a community-engaged approach to identify barriers and facilitators to post-partum hypertension care and then testing the effects of a comprehensive postpartum management program tailored to Black patients for hypertensive disorders of pregnancy, a major contributor to severe maternal morbidity and mortality that disproportionately impacts Black patients.⁷

Committed to reducing preventable causes of maternal deaths, NINR also serves as co-chair of the NIH Implementing a Maternal health and PRegnancy Outcomes Vision for Everyone (IMPROVE) initiative. This initiative supports research to improve health for women before, during, and after delivery. It includes a special emphasis on health disparities and on populations that are disproportionately affected. NINR will continue to support innovative and rigorous studies that identify solutions to the maternal health crisis, emphasize structural interventions

² www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm

³ www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html

⁴ grants.nih.gov/grants/guide/rfa-files/RFA-NR-23-002.html

⁵ R01NR020670; reporter.nih.gov/search/VkQ6F9s1pEy1n84essQpyA/project-details/10600444

⁶ R21NR020685; reporter.nih.gov/search/z1n7rSSc4Eex0AmS_akS-g/project-details/10604776

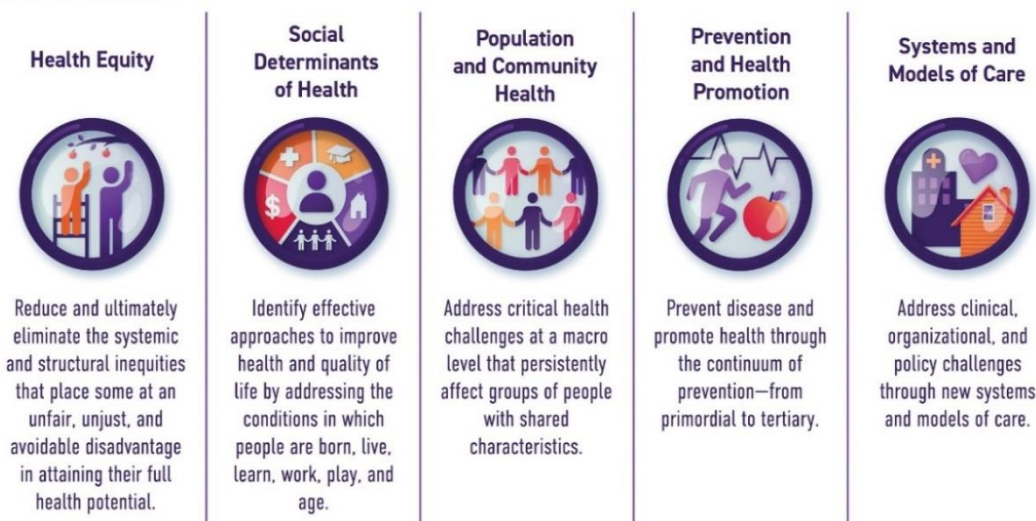
⁷ R21NR020857; reporter.nih.gov/search/0L8K26apQkemM37oZaYcNw/project-details/10604847

that remove obstacles to health equity, and improve maternal health outcomes for disadvantaged groups.

Community-Based Research and Partnerships

Interventions at the community level continue to play a vital role in improving individual and population health. NINR supports research that is rooted in the communities being served, explores factors that lead to illness, and promotes health in search of solutions that consider people in the context of their lives and living conditions. As a founding co-chair of the NIH Common Fund Community Partnerships to Advance Science for Society (ComPASS) program, NINR is pleased to support ComPASS by administering one of the initial awards granted in a first of its kind community-led research program to study underlying structural factors within communities that affect health. Part of a national effort to advance health equity structural intervention research led by community organizations, this award supports a coordinating center located at Drexel University that will provide leadership, support and resources to community organizations across the country that will be conducting the research.⁸ The Center will offer administrative assistance, data, and training to ComPASS grantees to facilitate research in communities that have been shaped by structural and systemic forces and traditionally excluded from or harmed by research. Through ComPASS and other efforts, NINR will continue to invest in community-based efforts and partnerships in research that draw on the experiences and perspectives of the people in the communities being served, with the goal of eliminating health disparities, advancing health equity, and ensuring optimal health for all.

RESEARCH LENSES



⁸ U24NR021014; reporter.nih.gov/search/T7HbEYr67U2-Sabu5vR-3A/project-details/10770882

Recent NINR Activities

Tackling Root Causes of Health Inequity

As we continue to contend with the long-term implications of COVID-19, NINR is supporting research that examines the root causes of health disparities exacerbated by the pandemic to identify solutions that save lives and lead to health equity. NINR has invested in research to mitigate the consequences of structural, social, and economic factors which contribute to health disparities that disproportionately impact communities. One initiative led by NINR is examining the impact of COVID-19-related food and housing policies and programs on health outcomes in health disparity populations.⁹ Researchers will identify and evaluate the ongoing and long-term health impacts of disruptions in food and housing security experienced during the pandemic, and the role of targeted policy and programmatic actions in saving lives and addressing those impacts. In one study supported under this initiative, researchers are examining the effects of housing policy on rates of substance use treatment and fatal and non-fatal drug overdoses by exploring different state housing policies enacted during the COVID-19 pandemic (including eviction-related moratoriums, emergency rental assistance, and legal counsel).¹⁰ The knowledge gained about the intersection of substance use disorder and housing insecurity will inform policy development and implementation to enhance addiction treatment and reduce drug overdoses. In another study supported under this initiative, a team of researchers is evaluating the relationship between mental health and food insecurity. In response to the economic downturn associated with the pandemic, federal Supplemental Nutrition Assistance Program benefits were increased by 15 percent. Researchers are exploring the impact of this nutritional policy change on mental health by examining adherence to recommended treatment, rates of adverse outcomes, and costs among individuals with diagnosed mental health conditions.¹¹

Preparing the Next Generation of Nurse Scientists

NINR is committed to training the next generation of nurse scientists and supporting underrepresented students to enter careers in research. NINR offers opportunities to train in important areas of research such as multilevel approaches bridging biology and society, SDOH, health disparities and health equity, community and population health, in addition to observational and intervention research training to impact practice and policy. NINR has also created new opportunities to inspire nursing students to consider research as a career. For example, to enhance nursing research education and support a diverse research workforce, NINR has invested in training opportunities on SDOH and has strengthened outreach to minority serving institutions with a goal of identifying challenges and finding solutions to help these institutions sustain nursing research programs and build capacity to secure grant funding. Additionally, NINR hosted first-generation college students majoring in nursing for a full-day training program focused on SDOH and health equity research that provided small group discussions, hands-on-learning experiences, and networking opportunities with NIH scientists.

⁹ grants.nih.gov/grants/guide/rfa-files/RFA-NR-23-003.html

¹⁰ R01NR02854; reporter.nih.gov/search/pDL3DRpGyEy8Z5bQJuc4JQ/project-details/10710054

¹¹ R01NR020855; reporter.nih.gov/search/RhPeEydUQUyfDB-PkkaAuA/project-details/10708152

Conclusion

In FY 2025, NINR will sustain its commitment to boldly accelerate innovative, translational research that responds to emerging health challenges today, tomorrow, and into the future. Guided by its strategic plan, NINR-funded research will identify solutions that lead to interventions that optimize health for all in the context of people's lives and living conditions, reduce health disparities, and advance health equity in order to ameliorate inequities and create opportunity in ways that strengthen our values. Diversity, equity, inclusion, and accessibility (DEIA) remain priority areas for NINR and are essential to enhancing the impact of nursing science. In addition to taking strategic steps to apply a DEIA framework to examine practices and policies, NINR is supporting research that considers social and environmental factors that have been historically overlooked when studying racial differences in health, such as poverty. To reach our ultimate goals, we will invest in research that addresses persistent health challenges and expands community and federal partnerships, while supporting the development of a talented scientific workforce that is multidisciplinary and reflective of the diverse perspectives of our nation.

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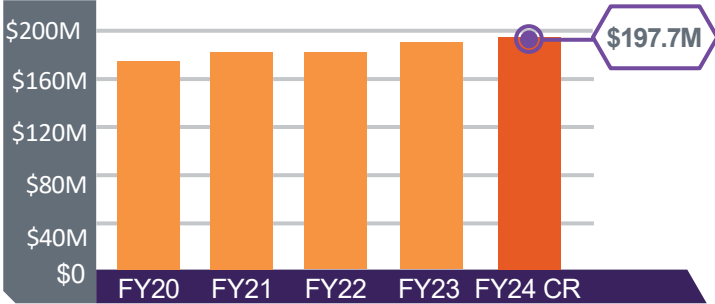


About NINR

In 1986, the Health Research Extension Act created the National Center for Nursing Research (NCNR) at NIH. In 1993, the NIH Revitalization Act elevated NCNR to an NIH institute, the National Institute of Nursing Research (NINR).

NINR’s mission is to lead nursing research to solve pressing health challenges and inform practice and policy—optimizing health and advancing health equity into the future. NINR actively supports research that develops the scientific basis for nursing practice and policy, focusing on health solutions for individuals in the context of their lives and living conditions.

Funding History



FY 2025 President’s Budget Request: \$198.3M



Shannon N. Zenk, PhD, MPH, RN, FAAN
NINR Director

Facts and Figures

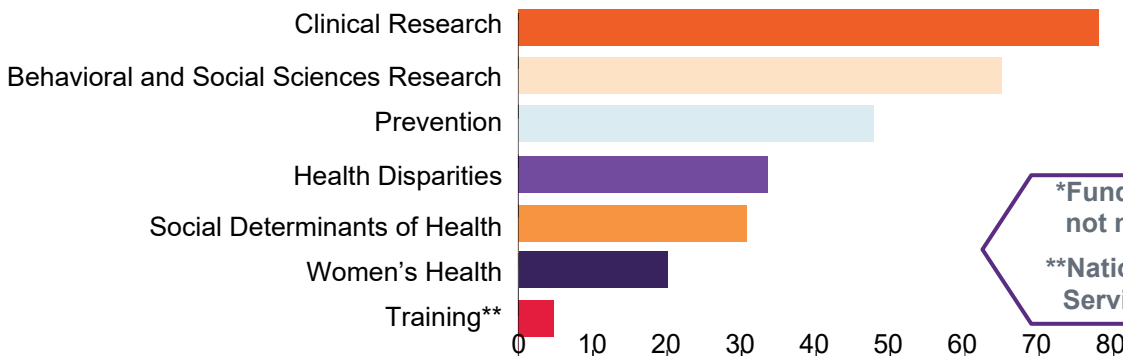
	Total Competing Research Project Grants (FY19-23)*	319
	Number of Funded Investigators (FY19-23)*	450
	Number of Early-Stage Investigator Awards (FY19-23)*	65
	Success Rate – Early-Stage Investigator Awards (FY19-23)*	23%
	Total NINR FTEs (FY23)	84

*Data represent 4-year totals

The Perspective of Nursing Research

- Delivering care for individuals and families every day, nurses play a critical role in preventing and treating illness and saving lives in hospitals and clinics, schools and workplaces, homes, justice settings, and communities across the U.S.
- Nursing research leverages nursing’s perspective and breadth of knowledge to optimize health for individuals, families, communities, and populations. It informs nursing practice and policy in both clinical and community settings.
- NINR’s strategic plan includes five research lenses which leverage the strengths of nursing science to innovate, think bigger, and have the greatest impact. The lenses include Health Equity, Social Determinants of Health, Population and Community Health, Prevention and Health Promotion, and Systems and Models of Care.
- NINR supports bold, innovative, rigorous, and translational research that generates the evidence base needed to discover solutions for advancing health equity and responding to emerging health challenges today, tomorrow, and into the future.

Funding for Long-standing Areas of Interest – as a % of NINR’s Budget*



*Funding categories are not mutually exclusive
**National Research Service Awards (Fs/Ts)

Advancing Health Equity

Health equity and social determinants of health are fundamental to NINR's mission to improve health and well-being for everyone. NINR devotes significant resources to addressing these topics. Key efforts in this area explore:

MATERNAL HEALTH: NINR's Advancing Integrated Models (AIM) of Care initiative is focused on improving pregnancy outcomes for women who experience persistent disparities. The AIM initiative supports intervention research to develop, implement, and evaluate integrated models of supportive care that address structural inequities to prevent adverse maternal health outcomes. One AIM project is exploring the effects of prenatal care coordination services for improving maternal health outcomes for Medicaid recipients.

FOOD AND HOUSING SECURITY: NINR is supporting an initiative to evaluate the long-term health impacts of disruptions in food and housing security experienced during the pandemic and the role of targeted policy and programmatic actions in mitigating those impacts. One project is examining the 15% increase in federal Supplemental Nutrition Assistance Program (SNAP) benefits made in response to the economic downturn and whether this policy change had an impact on mental health outcomes among individuals with diagnosed mental health conditions.

COMMUNITY-FOCUSED RESEARCH: NINR's Bridge-to-Care initiative supports healthcare-community partnerships in conducting intervention studies to address unmet social needs among individuals and families, as well as adverse social determinants of health in communities. The initiative aims to shift the focus from treatment of disease to a focus on prevention and advancing health equity. In one study, researchers are examining the ability of a novel community-clinic linked program to provide specialized therapeutic and education services to pre-school children with developmental delays and disabilities from historically marginalized communities.

PREPARING FOR THE FUTURE: NINR is also building pathways to scientific research careers by hosting an event to introduce first-generation college students to nursing research careers that emphasize social determinants of health and health equity. NINR is also strengthening outreach to minority serving institutions. For example, NINR and the National Institute on Minority Health and Health Disparities recently established a partnership with a group of institutions in southeastern Virginia to foster future community-engaged research partnerships between HBCUs, other academic institutions, NIH, and community organizations.



Partnerships and Collaborations

As a founding co-chair of the NIH Common Fund Community Partnerships to Advance Science for Society (COMPASS) program, NINR is administering a first of its kind community-led research program to study underlying structural factors that affect health and to identify effective community-based interventions to optimize health for all.

Committed to reducing preventable causes of maternal deaths, **NINR serves as co-chair of the NIH Implementing a Maternal health and PRenancy Outcomes Vision for Everyone (IMPROVE) initiative**. This initiative supports research to improve health for women before, during, and after delivery and includes a special emphasis on health disparities and on populations that are disproportionately affected.

NINR helps lead the NIH Climate Change and Health Initiative, which supports research to reduce climate-associated health threats across the lifespan and build health resilience in individuals and communities, especially those at highest risk to climate change hazards. With its focus on individuals and communities and commitment to health equity, nursing science can play a major role in understanding and mitigating the impact of climate change on health, and NINR is exploring additional efforts in this area.



MAJOR CHANGES

Major Changes in the Budget Request

Major changes by budget mechanism and/or budget activity detail are briefly described below. Note that there may be overlap between budget mechanism and activity detail and these highlights will not sum to the total change for the FY 2025 budget request of \$198.3 million for the National Institute of Nursing Research (NINR), which is an increase of \$0.6 million from the FY 2023 Final level. Within the FY 2025 request level, NINR will pursue its highest research priorities through strategic investment and careful stewardship of appropriated funds.

Research Project Grants (RPGs) (-\$1.9 million relative to FY 2023; total \$140.4 million):

Competing RPGs will decrease by 15 grants and -\$11.2 million below the FY 2023 Final level. Non-competing RPGs will increase by 2 grants along with a dollar increase of \$8.2 million above the FY 2023 Final level, for a total of \$103.4 million in FY 2025.

Intramural Research (+\$1.1 million; total \$12.9 million):

NINR will increase funding for the Intramural Research mechanism to cover employee salary and benefits increases, two key staff vacancies filled in FY 2024 (Clinical Director and Tenure Track Investigator), and inflationary increases in centrally funded services.

Research Management and Support (+1.8 million; total \$23.8 million):

NINR will increase funding for the Research Management and Support mechanism to cover employee salary and benefits increases, to accommodate filling three key staff vacancies in FY 2024 (Deputy Director and two Program Directors), and to cover increases in centrally funded services.

BUDGET MECHANISM TABLE

NATIONAL INSTITUTES OF HEALTH National Institute of Nursing Research

Budget Mechanism* (Dollars in Thousands)

Mechanism	FY 2023 Final		FY 2024 CR		FY 2025 President's Budget		FY 2025 +/- FY 2023	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Research Projects:								
Noncompeting	180	\$95,129	184	\$104,580	182	\$103,375	2	\$8,246
Administrative Supplements	(6)	\$857	(2)	\$183	(4)	\$449	-(2)	-\$409
Competing:								
Renewal	2	\$1,461	1	\$749	1	\$749	-1	-\$712
New	52	\$38,997	41	\$30,718	38	\$28,470	-14	-\$10,527
Supplements	0	\$0	0	\$0	0	\$0	0	\$0
Subtotal, Competing	54	\$40,458	42	\$31,467	39	\$29,219	-15	-\$11,238
Subtotal, RPGs	234	\$136,444	226	\$136,230	221	\$133,043	-13	-\$3,401
SBIR/STTR	10	\$5,838	10	\$5,753	12	\$7,310	2	\$1,472
Research Project Grants	244	\$142,283	236	\$141,984	233	\$140,353	-11	-\$1,930
Research Centers:								
Specialized/Comprehensive	0	\$1,314	0	\$1,000	0	\$1,000	0	-\$314
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
Research Centers	0	\$1,314	0	\$1,000	0	\$1,000	0	-\$314
Other Research:								
Research Careers	31	\$4,593	31	\$4,593	31	\$4,606	0	\$14
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	\$479	0	\$445	0	\$445	0	-\$34
Other	1	\$880	1	\$380	1	\$380	0	-\$500
Other Research	32	\$5,952	32	\$5,418	32	\$5,431	0	-\$521
Total Research Grants	276	\$149,549	268	\$148,402	265	\$146,784	-11	-\$2,764
Ruth L. Kirschstein Training Awards:								
Individual Awards	50	\$2,115	50	\$2,145	50	\$2,175	0	\$60
Institutional Awards	103	\$6,220	103	\$6,307	103	\$6,396	0	\$175
Total Research Training	153	\$8,335	153	\$8,452	153	\$8,570	0	\$235
Research & Develop. Contracts	0	\$5,991	0	\$6,152	0	\$6,170	0	\$179
<i>SBJR/STTR (non-add)</i>	<i>(0)</i>	<i>(\$64)</i>	<i>(0)</i>	<i>(\$63)</i>	<i>(0)</i>	<i>(\$80)</i>	<i>(0)</i>	<i>(\$16)</i>
Intramural Research	17	\$11,766	21	\$12,084	21	\$12,911	4	\$1,145
Res. Management & Support	67	\$22,030	85	\$22,603	85	\$23,828	18	\$1,797
<i>SBJR Admin. (non-add)</i>		<i>(\$36)</i>		<i>(\$36)</i>		<i>(\$45)</i>		<i>(\$9)</i>
Construction		\$0		\$0		\$0		\$0
Buildings and Facilities		\$0		\$0		\$0		\$0
Total, NINR	84	\$197,671	106	\$197,693	106	\$198,263	22	\$592

* All items in italics and brackets are non-add entries.

APPROPRIATIONS LANGUAGE

NATIONAL INSTITUTES OF HEALTH

NATIONAL INSTITUTE OF NURSING RESEARCH

*For carrying out section 301 and title IV of the PHS Act with respect to nursing research,
\$198,263,000.*

SUMMARY OF CHANGES

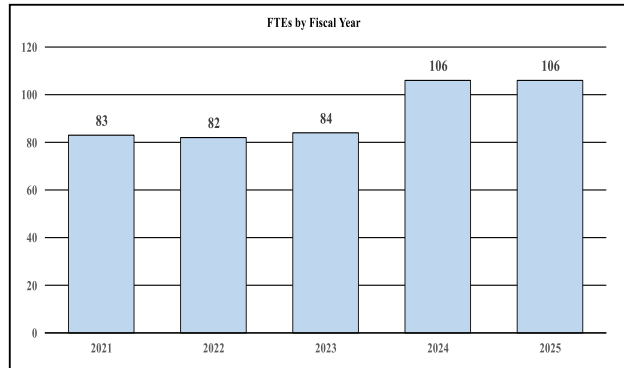
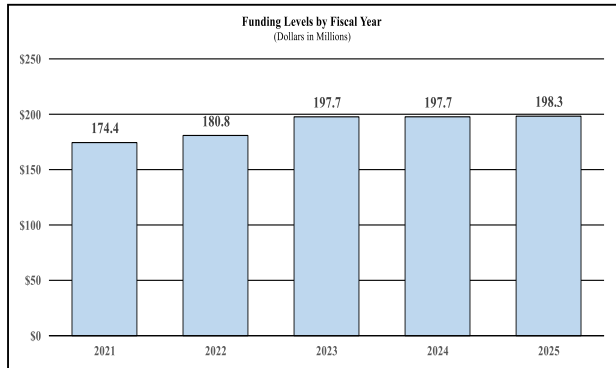
NATIONAL INSTITUTES OF HEALTH National Institute of Nursing Research

Summary of Changes (Dollars in Thousands)

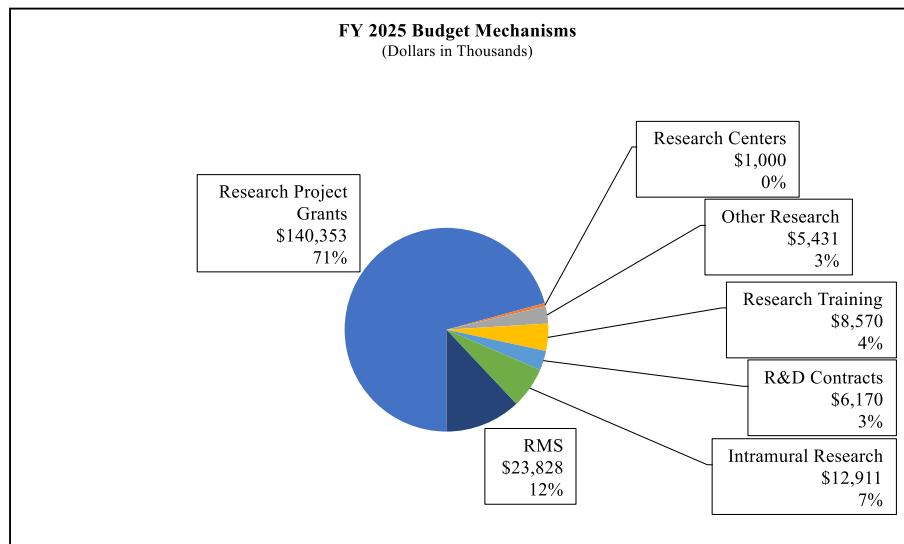
CHANGES	FY 2023 Final		FY 2025 President's Budget		Built-In Change from FY 2023 Final	
	FTEs	Budget Authority	FTEs	Budget Authority	FTEs	Budget Authority
1. Intramural Research:						
<u>A. Built-in cost changes:</u>						
a. FY 2024 effect of FY 2023 pay & benefits increase		\$3,616		\$5,699		\$43
b. FY 2024 effect of FY 2024 pay & benefits increase		\$3,616		\$5,699		\$141
c. FY 2024 paid days adjustment		\$3,616		\$5,699		\$14
d. Differences attributable to FY 2024 change in FTE		\$3,616		\$5,699		\$851
e. FY 2025 effect of FY 2024 pay & benefits increase		\$3,616		\$5,699		\$62
f. FY 2025 effect of FY 2025 pay & benefits increase		\$3,616		\$5,699		\$95
g. FY 2025 paid days adjustment		\$3,616		\$5,699		\$0
h. Differences attributable to FY 2025 change in FTE		\$3,616		\$5,699		\$0
i. Payment for centrally furnished services		\$1,774		\$1,902		\$128
j. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$6,376		\$5,309		\$475
Subtotal, IR built-in cost changes						\$1,808
2. Research Management and Support:						
<u>A. Built-in cost changes:</u>						
a. FY 2024 effect of FY 2023 pay & benefits increase		\$12,386		\$15,617		\$147
b. FY 2024 effect of FY 2024 pay & benefits increase		\$12,386		\$15,617		\$482
c. FY 2024 paid days adjustment		\$12,386		\$15,617		\$48
d. Differences attributable to FY 2024 change in FTE		\$12,386		\$15,617		\$3,328
e. FY 2025 effect of FY 2024 pay & benefits increase		\$12,386		\$15,617		\$180
f. FY 2025 effect of FY 2025 pay & benefits increase		\$12,386		\$15,617		\$247
g. FY 2025 paid days adjustment		\$12,386		\$15,617		\$0
h. Differences attributable to FY 2025 change in FTE		\$12,386		\$15,617		\$0
i. Payment for centrally furnished services		\$1,225		\$1,313		\$88
j. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$8,374		\$6,898		\$492
Subtotal, RMS built-in cost changes						\$5,011
CHANGES	FY 2023 Final		FY 2025 President's Budget		Program Change from FY 2023 Final	
	No.	Amount	No.	Amount	No.	Amount
B. Program:						
<u>1. Research Project Grants:</u>						
a. Noncompeting	180	\$95,987	182	\$103,824	2	\$7,837
b. Competing	54	\$40,458	39	\$29,219	-15	-\$11,238
c. SBIR/STTR	10	\$5,838	12	\$7,310	2	\$1,472
Subtotal, RPGs	244	\$142,283	233	\$140,353	-11	-\$1,930
2. Research Centers	0	\$1,314	0	\$1,000	0	-\$314
3. Other Research	32	\$5,952	32	\$5,431	0	-\$521
4. Research Training	153	\$8,335	153	\$8,570	0	\$235
5. Research and development contracts	0	\$5,991	0	\$6,170	0	\$179
Subtotal, Extramural		\$163,875		\$161,525		-\$2,350
6. Intramural Research	17	\$11,766	21	\$12,911	4	-\$663
7. Research Management and Support	67	\$22,030	85	\$23,828	18	-\$3,214
8. Construction		\$0		\$0		\$0
9. Buildings and Facilities		\$0		\$0		\$0
Subtotal, program changes						-\$6,228
Total built-in and program changes	84	\$197,671	106	\$198,263	22	\$592

BUDGET GRAPHS

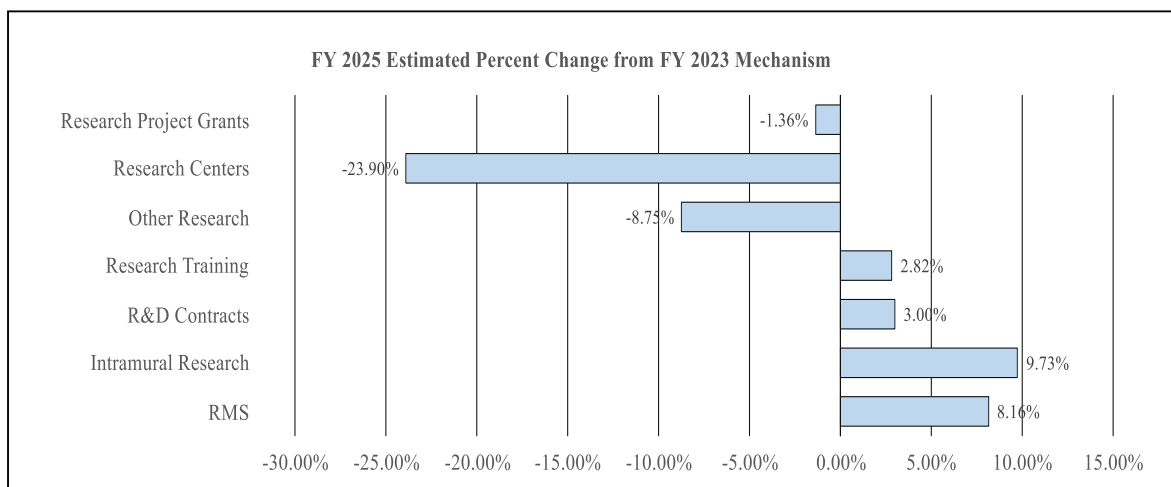
History of Budget Authority and FTEs:



Distribution by Mechanism:

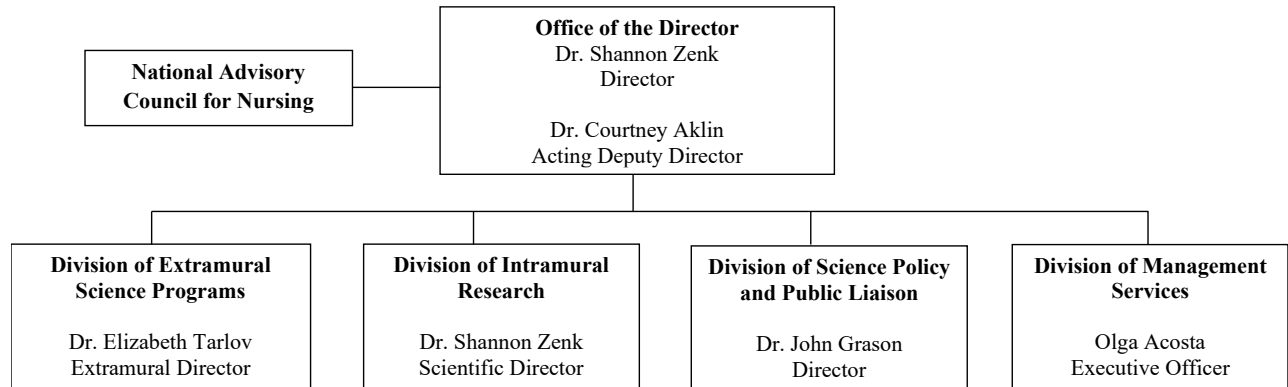


Change by Selected Mechanisms:



ORGANIZATION CHART

National Institutes of Health National Institute of Nursing Research Organizational Chart



BUDGET AUTHORITY BY ACTIVITY TABLE

**NATIONAL INSTITUTES OF HEALTH
National Institute of Nursing Research**

Budget Authority by Activity*
(Dollars in Thousands)

	FY 2023 Final		FY 2024 CR		FY 2025 President's Budget		FY 2025 +/- FY 2023 Final	
	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>
Extramural Research								
<u>Detail</u>								
Prevention and Management of Chronic Conditions		\$54,532		\$50,915		\$50,422		-\$4,110
Promoting Health Equity and Reducing Health Disparities		\$89,881		\$93,919		\$93,107		\$3,226
Innovation and Technology		\$6,089		\$5,685		\$5,630		-\$459
Training Nurse Scientists		\$13,373		\$12,486		\$12,365		-\$1,008
Subtotal, Extramural		\$163,875		\$163,006		\$161,525		-\$2,350
Intramural Research	17	\$11,766	21	\$12,084	21	\$12,911	4	\$1,145
Research Management & Support	67	\$22,030	85	\$22,603	85	\$23,828	18	\$1,797
TOTAL	84	\$197,671	106	\$197,693	106	\$198,263	22	\$592

* Includes FTEs whose payroll obligations are supported by the NIH Common Fund.

JUSTIFICATION OF BUDGET REQUEST

National Institute of Nursing Research

Authorizing Legislation: Section 301 and Title IV of the Public Health Service Act, as amended

Budget Authority (BA):

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	\$197,671,000	\$197,693,000	\$198,263,000	+\$592,000
FTE	84	106	106	22

Program funds are allocated as follows: Competitive Grants/Cooperative Agreements; Contracts; Direct Federal/Intramural and Other.

Overall Budget Policy: The FY 2025 President’s Budget Request for the National Institute of Nursing Research (NINR) is \$198.3 million, an increase of \$0.6 million or 0.3 percent compared with the FY 2023 Final level. Investigator-initiated research projects, support for new investigators, research training, and career development continue to be the Institute’s highest priorities. Overall, in FY 2025, NINR will maintain a strategic balance between solicitations issued to the extramural community in high-priority areas of research, and funding made available to support investigator-initiated projects. Scientific reviews, with recommendations from the National Advisory Council for Nursing Research, inform the level of recommended support for all research applications. NINR will continue to support new and early-stage investigators.

Program Descriptions

Promoting Health Equity and Reducing Health Disparities

Consistent with NINR’s long-standing commitment to supporting research to eliminate health disparities, NINR supports research on contributors to health disparities, as well as interventions to reduce disparities and promote health equity. Through NINR’s Health Equity lens, the Institute supports research to reduce and eliminate systemic and structural inequities with the goal of optimizing health, well-being, and quality of life for all. For example, in one study, researchers examined 20 years of population-based data in California to evaluate the modern-day impact of redlining – the historical practice of designating Black neighborhoods as undesirable for mortgage loans by marking them red on maps – on current severe maternal morbidity. The scientists found that living in historically redlined neighborhoods was associated with a greater risk of severe maternal morbidity among Black and Hispanic participants, after adjusting for

sociodemographic characteristics, pregnancy-related factors, and neighborhood deprivation.¹² These findings shed light on the persistent negative effects of structural racism on maternal health outcomes and may inform the development of interventions and policy changes to improve maternal health for Black and Hispanic pregnant people. In another NINR-funded study, researchers are examining ways that racial and ethnic segregation influences health for persons with serious illness by limiting access to palliative care and by interfering with the ability of caregivers to engage with the healthcare system.¹³ Using a population-based, multi-level, mixed methods study to examine structural racism and engagement of caregivers in serious illness care, researchers hope to untangle how segregation, neighborhood deprivation, and limited access to healthcare for serious illness lead to poor health outcomes.



In addition to advancing health equity, nursing research plays a critical role in understanding how the context of people’s lives and living conditions affects health. Through NINR’s Social Determinants of Health (SDOH) lens, NINR encourages research to address how the conditions in which people are born, live, learn, work, play, and age contribute to health disparities and to identify effective strategies to address these conditions and improve health. In a recent study, NINR-supported researchers examined racial differences in associations between perceptions of unsafe conditions outside the home and chronic stress. Using a smart phone-based tool to measure real-time perceptions of unsafe conditions and hair cortisol concentration levels to measure stress, the study found that perceived unsafety was related to higher stress for Black youth, but not for their White peers.¹⁴ These findings highlight the potential role of everyday perceptions of being unsafe outside the home in explaining racial differences in chronic stress and subsequent negative effects on health and well-being.

NINR is committed to supporting research focused on identifying solutions delivered at the right place and the right time to target SDOH. For example, NINR will continue to support its Bridge-to-Care Initiative which aims to shift the focus from prevention and treatment of disease to a focus on advancing health equity by addressing patient’s social needs and local community conditions. This initiative funds intervention studies that leverage healthcare-community partnerships to address individuals' and families' unmet social needs and communities' adverse

¹² Gao X, Snowden JM, Tucker CM, Allen A, Morello-Frosch R, Abrams B, Carmichael SL, Mujahid MS. Remapping racial and ethnic inequities in severe maternal morbidity: The legacy of redlining in California. *Paediatr Perinat Epidemiol.* 2022 Nov 24. doi: 10.1111/ppe.12935. Online ahead of print. PMID: 36420897

¹³ R01NR020439; reporter.nih.gov/search/k7vmSXdImUWPkerwLIDuTA/project-details/10610433

¹⁴ Browning CR, Ford JL, Tarrence J, Kertes DA, Pickler RH, Way BM, Calder CA. Everyday perceptions of safety and racial disparities in hair cortisol concentration. *Psychoneuroendocrinology.* 2023 Jul;153:106088. Epub 2023 Mar 20. PMID: 37058913

social conditions.¹⁵ NINR will continue efforts to advance health equity and to increase our understanding of how social conditions shape health outcomes and well-being.

Budget Policy: The FY 2025 President’s Budget request for this program is \$93.1 million, an increase of \$3.2 million or 3.4 percent compared to the FY 2023 Final level.

¹⁵ grants.nih.gov/grants/guide/rfa-files/RFA-NR-23-004.html

Expanding the Reach and Impact of Nursing Science

NINR continues to play a critical role in identifying solutions that advance health equity and optimize health for all. Maximizing its impact through multidisciplinary collaboration, NINR co-leads the NIH Common Fund Transformative Research to Address Health Disparities and Advance Health Equity initiative. This initiative supports innovative, translational research that prevents, reduces, or eliminates health disparities and prioritizes support of interventions for populations that experience health disparities. NINR also co-leads the Social Determinants of Health (SDOH) Research Coordinating Committee. This collaboration develops expertise and capacity to identify gaps and promising directions in SDOH research.

Nurses are the backbone of the healthcare system. Nurses traditionally experienced high levels of burnout, and the pandemic exacerbated its prevalence and severity. To promote the health of our nation's nurses, NINR is supporting research that develops and evaluates novel interventions to prevent and alleviate burnout. This will build an evidence base for implementation in places where nurses practice. NINR is also spearheading a new initiative supporting nursing research education that builds capacity for researching and evaluating the influence of SDOH on people's health and wellbeing.

NINR supports innovative research that takes on our most pressing health challenges. For example, in the 2023 Design by Biomedical Undergraduate Teams (DEBUT) Challenge, NINR awarded undergraduate students for creating a technology that empowers nurses and addresses unmet health care needs in community settings. The students developed a urinalysis insert that adheres to babies' diapers, offering a more efficient and cost-effective approach to collecting and testing samples for urinary tract infections. Additionally, as an executive committee member of the NIH Climate Change and Health Initiative, NINR is working to build capacity for nursing research in climate and health by evaluating

Prevention and Management of Chronic Conditions



Building on nursing's holistic perspective, NINR supports research to promote health and prevent and manage chronic conditions by

focusing on social, environmental, behavioral, and biological factors that span a person's life. By accounting for the factors that place people at risk for poor health, NINR-supported research aims to eliminate health inequities and optimize health for all.

Research through NINR's Prevention and Health Promotion lens explores the underlying factors that lead to chronic conditions and develops interventions to prevent disease and promote health. For example, NINR-supported researchers examined the relationship between mothers experiencing racial discrimination and resulting toxic stress in their child. The research team found that maternal experiences of discrimination were related to toxic stress in children, as measured by biomarkers of inflammation collected from saliva. However, the researchers also found preliminary evidence that prior participation in an evidence-based, early childhood, home visiting intervention to promote physical and mental health in mothers and children buffered the effects of maternal

experiences of discrimination on children's stress, as measured by biomarkers of inflammation.¹⁶ Their findings demonstrate the complex relationships between social, psychological, and biological factors and may inform the development of targeted interventions on both the family and systemic level.



NINR's Population and Community Health lens aims to go beyond the individual and family level to address critical health challenges at the larger community and population level using community action and partnerships in the variety of settings in which nurses practice such as clinics, homes, schools, and workplaces. As part of NIH's Helping to End Addiction Long-term (HEAL) initiative, NINR recently led a funding announcement to support real world implementation of effective interventions to prevent and manage chronic pain in rural populations through community partnerships.¹⁷ NINR also supported several projects through the HEAL initiative. In one project, investigators are assessing a pain intervention that combines web-based cognitive behavioral therapy and medication with phone-based guidance from a nurse to help improve long-term adherence to pain coping skills in patients with chronic pain.¹⁸ In another study,



researchers are focused on reducing the over-prescribing of opioids to people with back pain and instead increasing access to non-medicine alternatives such as physical therapy in federally qualified health centers. These primary care clinics often serve low-income or rural communities disproportionately impacted by the opioid crisis.¹⁹ Another project is addressing health disparities in pain treatment for Black patients with depression, who often face barriers to using and being offered nonpharmacologic pain treatments. These researchers are testing a novel intervention that provides a decision aid and personalized coaching to increase the use of effective and safe nonpharmacologic treatments and improve pain outcomes for Black individuals with chronic pain.²⁰

Research supported through NINR's Systems and Models of Care lens addresses clinical, organizational, and policy challenges through new systems and models of care. Research through this lens explores solutions that grapple with systems-level challenges, such as coordinating care and integrating data across clinical and community settings, testing models of

¹⁶ Condon EM, Londono Tobon A, Jackson B, Holland ML, Slade A, Mayes L, Sadler LS. Maternal Experiences of Racial Discrimination, Child Indicators of Toxic Stress, and the Minding the Baby Early Home Visiting Intervention. *Nurs Res.* 2021 Set/Oct 01;70(5S Suppl 1):S43-S52. doi: 10.1097/NNR.0000000000000529. PMID: 34173377; PMCID: PMC8405547.

¹⁷ grants.nih.gov/grants/guide/rfa-files/RFA-NR-23-001.html

¹⁸ UG3NR019196; reporter.nih.gov/search/FtWuEsIJTkeQEeQiXVOlyg/project-details/9870024

¹⁹ UH3NR019943; reporter.nih.gov/search/dQJN0X7tBUOpw84U7PbEpA/project-details/10483174

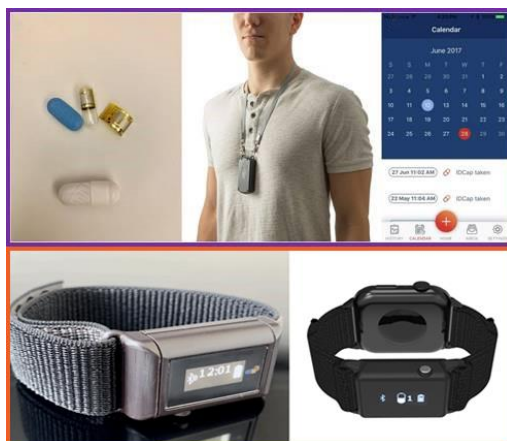
²⁰ R61NR020845; reporter.nih.gov/search/77kzK1P45UCRPIJ8usbnoA/project-details/10595133

contextualized care, and understanding the impacts of organizational practices and policy on quality of care and its outcomes. For example, in one NINR-supported study, researchers are trying to gain a better understanding of the racial and ethnic health disparities that occurred during the COVID-19 pandemic by learning from hospitals where disparities were minimized and using those lessons to improve future care delivery in hospitals across the country. These researchers are examining patient, community, nurse, and system-level factors linked to hospitals with high and low health disparity outcomes during the pandemic. This research will provide important information about the relationship between nursing resources and equitable outcomes, as well as a set of best practices that can be shared with other hospitals.²¹ Findings from this research may inform the development of future new models of care focused on ensuring that clinical care resources are allocated equitably to patients from diverse backgrounds.

Budget Policy: The FY 2025 President’s Budget request for this program is \$50.4 million, a decrease of \$4.1 million or -8.1 percent compared to the FY 2023 Final level.

Innovation and Technology

NINR supports research to advance novel and innovative health solutions that help people in their everyday lives in their homes, clinics, hospitals, and communities. For example, non-adherence, which is when patients do not take their medications as prescribed by their health care



provider, may lead to poor health outcomes and preventable progression of chronic illness. It can be challenging both for patients to follow complicated medication regimens and for health care providers to confirm that patients have taken medications as directed. To address these issues, investigators developed a new digital pill system for improving medication taking behavior made of two parts: an ingestible sensor, and a wearable digital reader that can track adherence to HIV therapy and provide feedback to the patient and care team in real time. Supported by NINR’s Small Business Innovation Research (SBIR) Program, the investigators are now testing a smaller, more convenient wrist-worn version

of the reader which captures data from the ingestible sensor to demonstrate real-world usability in a clinical trial in individuals living with HIV.²² Recent studies have demonstrated the feasibility of digital pill systems for HIV treatment in real-world settings²³ and this new

²¹ R01NR020471; <https://reporter.nih.gov/search/eHW-khDExUacBdI-lx2iQg/project-details/10655888>

²² R43NR020289; reporter.nih.gov/project-details/10475453

²³ Goodman GR, Vaz C, Albrechta H, Boyer EW, Mayer KH, O’Cleirigh C, Chai PR. Ingestible Electronic Sensors for Monitoring Real-time Adherence to HIV Pre-exposure Prophylaxis and Antiretroviral Therapy. *Curr HIV/AIDS Rep.* 2022 Oct;19(5):433-445. doi: 10.1007/s11904-022-00625-x. Epub 2022 Sep 1. PMID: 36048309; PMCID: PMC9509467.

technology could improve adherence to medication regimens and optimize therapy for patients, potentially improving health outcomes and saving lives.

Another team of investigators is testing the usability and acceptability of a mobile phone app-based intervention to address the needs of caregivers aiding family members with disabling conditions who are transitioning to home care after discharge from an inpatient rehabilitation facility.²⁴ Caregivers are often not well-prepared for this role and the app will allow them to screen themselves for caregiving risk factors and unmet needs. The app will also provide a tailored care plan to better prepare them for the caregiver role, improving health and quality of life for both caregivers and those receiving care. NINR is also supporting a project aimed at improving care for infants who are premature or born with congenital disorders, many of whom start life needing a feeding tube because oral feeding could interfere with breathing. These researchers are upgrading a handheld, mobile device called Neoneur, that assesses infant feeding patterns by measuring pressure changes in the mouth and breathing. The investigators aim to advance its usefulness in the clinical setting, provide a means for remote telehealth evaluations, and expand its clinical testing.²⁵ This novel device has the potential to improve the transition to oral feeding in infants using a feeding tube, getting them home quicker after birth, and reducing rehospitalization risk due to low weight gain and inability to feed orally.

Budget Policy: The FY 2025 President’s Budget request for this program is \$5.6 million, a decrease of \$0.5 million or -8.1 percent compared to the FY 2023 Final level.

Training Nurse Scientists

NINR is committed to training the next generation of nurse scientists to be well-positioned to address current and future health challenges. Through a variety of training fellowships and career development awards, such as the Ruth L. Kirschstein National Research Service Awards (NRSAs) and career development (K) awards, NINR supports nurse researchers at all levels and phases of their careers – from students and early-career investigators to mid-career and established scientists. NINR encourages research and training focused on the priorities and research lenses in its strategic plan, such as SDOH and health equity. In one project, an NINR-supported research fellow is examining associations between SDOH and health care that was needed, but not received, during the COVID-19 pandemic.²⁶ The study aims to provide insight into the people and populations at high-risk for health consequences because of pandemic-induced foregone care and to inform healthcare systems to be better prepared for future health crises. Another NINR-supported nursing science trainee is exploring the unique experiences of Afro-Latina women and their infants and whether they are at increased risk of pregnancy-related hypertension, pregnancy-related diabetes, preterm birth, and low birth weight.²⁷ One of the main goals of this study is to examine health disparities in maternal and child health outcomes that arise from the intersection of multiple ethnic and racial identities and the potentially distinct

²⁴ R43NR020679; reporter.nih.gov/project-details/10598028

²⁵ R44NR020275; reporter.nih.gov/project-details/10672732

²⁶ F31NR020834; reporter.nih.gov/project-details/10676580

²⁷ F31NR020977; reporter.nih.gov/project-details/10749549

stressors experienced by Afro-Latina mothers including residential racial segregation, neighborhood deprivation, and prenatal care utilization. This project offers a new perspective from which to approach populations disproportionately impacted by health disadvantages that can be addressed and prevented, ultimately aiming to improve maternal and child health. Investing in a strong and diverse nursing research workforce propels science and public health forward and optimizes patient outcomes in the various settings where nurses practice. Nurse scientists are the pillars of the nursing research community, and NINR continues to provide training opportunities to strengthen this foundation to solve pressing health challenges and advance health equity for all.

Budget Policy: The FY 2025 President's Budget request for this program is \$12.4 million, a decrease of \$1.0 million or -8.1 percent compared to the FY 2023 Final level.

Intramural Research

NINR's intramural research program conducts science that complements NINR's overall research mission, while leveraging resources unique to the NIH campus in Bethesda, Maryland, including the NIH Clinical Center. The intramural research program is currently focused on increasing its efforts in research that integrates a multilevel understanding of the impact of health determinants, from the community to the laboratory bench, with areas such as community-based, multilevel, and translational research. Like the rest of NINR's research portfolio, this approach to science takes advantage of nursing science's unique ability to address people's lives and living conditions to improve health and health equity.

Budget Policy: The FY 2025 President's Budget request for this program is \$12.9 million, an increase of \$1.1 million or 9.5 percent compared to the FY 2023 Final level.

Research Management and Support

Research Management and Support (RMS) activities provide administrative, budgetary, logistical, and scientific support in reviewing, awarding, and monitoring research grants, training awards, and research and development contracts. The functions of RMS also encompass strategic planning, coordination, and evaluation of the Institute's programs, as well as communication and coordination with other federal agencies, Congress, and the public.

Budget Policy: The FY 2025 President's Budget request for this program is \$23.8 million, an increase of \$1.8 million or 8.0 percent compared to the FY 2023 Final level.

APPROPRIATIONS HISTORY

**NATIONAL INSTITUTES OF HEALTH
National Institute of Nursing Research**

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2016	\$144,515,000	\$142,701,000	\$147,508,000	\$146,485,000
Rescission				\$0
2017 ¹	\$145,912,000	\$150,008,000	\$151,965,000	\$150,273,000
Rescission				\$0
2018	\$113,688,000	\$152,599,000	\$155,210,000	\$158,033,000
Rescission				\$0
2019	\$145,842,000	\$159,920,000	\$163,076,000	\$162,992,000
Rescission				\$0
2020	\$140,301,000	\$170,958,000	\$172,417,000	\$169,113,000
Rescission				\$0
2021	\$156,804,000	\$170,567,000	\$177,976,000	\$174,957,000
Rescission				\$0
2022	\$199,755,000	\$200,782,000	\$199,595,000	\$180,862,000
Rescission				\$0
2023	\$198,670,000	\$208,571,000	\$196,468,000	\$197,693,000
Rescission				\$0
2024	\$197,671,000	\$197,693,000	\$197,693,000	\$197,693,000
Rescission				\$0
2025	\$198,263,000			

¹ Budget Estimate to Congress includes mandatory financing.

AUTHORIZING LEGISLATION

**NATIONAL INSTITUTES OF HEALTH
National Institute of Nursing Research**

Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2024 Amount Authorized	FY 2024 CR	2025 Amount Authorized	FY 2025 President's Budget
Research and Investigation	Section 301	42§241	Indefinite	\$197,693,000	Indefinite	\$198,263,000
National Institute of Nursing Research	Section 401(a)	42§281	Indefinite		Indefinite	
Total, Budget Authority				\$197,693,000		\$198,263,000

AMOUNTS AVAILABLE FOR OBLIGATION

NATIONAL INSTITUTES OF HEALTH

National Institute of Nursing Research

Amounts Available for Obligation ¹

(Dollars in Thousands)

Source of Funding	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Appropriation	\$197,693	\$197,693	\$198,263
Mandatory Appropriation: (non-add)			
<i>Type 1 Diabetes</i>	(\$0)	(\$0)	(\$0)
<i>Other Mandatory financing</i>	(\$0)	(\$0)	(\$0)
Subtotal, adjusted appropriation	\$197,693	\$197,693	\$198,263
OAR HIV/AIDS Transfers	-\$22	\$0	\$0
Subtotal, adjusted budget authority	\$197,671	\$197,693	\$198,263
Unobligated balance, start of year	\$0	\$0	\$0
Unobligated balance, end of year (carryover)	\$0	\$0	\$0
Subtotal, adjusted budget authority	\$197,671	\$197,693	\$198,263
Unobligated balance lapsing	-\$45	\$0	\$0
Total obligations	\$197,626	\$197,693	\$198,263

¹ Excludes the following amounts (in thousands) for reimbursable activities carried out by this account: FY 2023 - \$1,463 FY 2024 - \$1,463 FY 2025 - \$1,463

BUDGET AUTHORITY BY OBJECT CLASS

NATIONAL INSTITUTES OF HEALTH National Institute of Nursing Research

Budget Authority by Object Class'

(Dollars in Thousands)

	FY 2024 CR	FY 2025 President's Budget
Total compensable workyears:		
Full-time equivalent	106	106
Full-time equivalent of overtime and holiday hours	0	0
Average ES salary	\$0	\$0
Average GM/GS grade	13.3	13.3
Average GM/GS salary	\$147	\$150
Average salary, Commissioned Corps (42 U.S.C. 207)	\$138	\$144
Average salary of ungraded positions	\$205	\$209
OBJECT CLASSES	FY 2024 CR	FY 2025 President's Budget
Personnel Compensation		
II.I Full-Time Permanent	\$11,266	\$12,392
11.3 Other Than Full-Time Permanent	\$1,761	\$1,897
11.5 Other Personnel Compensation	\$394	\$412
11.7 Military Personnel	\$526	\$542
11.8 Special Personnel Services Payments	\$276	\$322
11.9 Subtotal Personnel Compensation	\$14,223	\$15,564
12.1 Civilian Personnel Benefits	\$5,122	\$5,642
12.2 Military Personnel Benefits	\$96	\$110
13.0 Benefits to Former Personnel	\$0	\$0
Subtotal Pay Costs	\$19,441	\$21,316
21.0 Travel & Transportation of Persons	\$114	\$116
22.0 Transportation of Things	\$34	\$35
23.1 Rental Payments to GSA	\$0	\$0
23.2 Rental Payments to Others	\$0	\$0
23.3 Communications, Utilities & Misc. Charges	\$20	\$21
24.0 Printing & Reproduction	\$0	\$0
25.1 Consulting Services	\$3,586	\$3,700
25.2 Other Services	\$3,737	\$3,724
25.3 Purchase of Goods and Services from Government Accounts	\$13,308	\$13,467
25.4 Operation & Maintenance of Facilities	\$40	\$41
25.5 R&D Contracts	\$503	\$515
25.6 Medical Care	\$36	\$37
25.7 Operation & Maintenance of Equipment	\$268	\$274
25.8 Subsistence & Support of Persons	\$0	\$0
25.0 Subtotal Other Contractual Services	\$21,479	\$21,757
26.0 Supplies & Materials	\$138	\$141
31.0 Equipment	\$297	\$303
32.0 Land and Structures	\$516	\$419
33.0 Investments & Loans	\$0	\$0
41.0 Grants, Subsidies & Contributions	\$155,654	\$154,155
42.0 Insurance Claims & Indemnities	\$0	\$0
43.0 Interest & Dividends	\$0	\$0
44.0 Refunds	\$0	\$0
Subtotal Non-Pay Costs	\$178,252	\$176,947
Total Budget Authority by Object Class	\$197,693	\$198,263

¹ Includes FTEs whose payroll obligations are supported by the NIH Common Fund.

SALARIES AND EXPENSES

NATIONAL INSTITUTES OF HEALTH

National Institute of Nursing Research

Salaries and Expenses

(Dollars in Thousands)

Object Classes	FY 2024 CR	FY 2025 President's Budget
<u>Personnel Compensation</u>		
Full-Time Permanent (11.1)	\$11,266	\$12,392
Other Than Full-Time Permanent (11.3)	\$1,761	\$1,897
Other Personnel Compensation (11.5)	\$394	\$412
Military Personnel (11.7)	\$526	\$542
Special Personnel Services Payments (11.8)	\$276	\$322
Subtotal, Personnel Compensation (11.9)	\$14,223	\$15,564
Civilian Personnel Benefits (12.1)	\$5,122	\$5,642
Military Personnel Benefits (12.2)	\$96	\$110
Benefits to Former Personnel (13.0)	\$0	\$0
Subtotal Pay Costs	\$19,441	\$21,316
Travel & Transportation of Persons (21.0)	\$114	\$116
Transportation of Things (22.0)	\$34	\$35
Rental Payments to Others (23.2)	\$0	\$0
Communications, Utilities & Misc. Charges (23.3)	\$20	\$21
Printing & Reproduction (24.0)	\$0	\$0
<u>Other Contractual Services</u>		
Consultant Services (25.1)	\$3,577	\$3,690
Other Services (25.2)	\$3,737	\$3,724
Purchase of Goods and Services from Government Accounts (25.3)	\$8,109	\$8,323
Operation & Maintenance of Facilities (25.4)	\$40	\$41
Operation & Maintenance of Equipment (25.7)	\$268	\$274
Subsistence & Support of Persons (25.8)	\$0	\$0
Subtotal Other Contractual Services	\$15,731	\$16,052
Supplies & Materials (26.0)	\$138	\$141
Subtotal Non-Pay Costs	\$16,037	\$16,365
Total Administrative Costs	\$35,478	\$37,680

DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT (FTE)

**NATIONAL INSTITUTES OF HEALTH
National Institute of Nursing Research**

Detail of Full-Time Equivalent Employment (FTE)

Office	FY 2023 Final			FY 2024 CR			FY 2025 President's Budget		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Division of Intramural Research									
Direct:	14	3	17	18	3	21	18	3	21
Total:	14	3	17	18	3	21	18	3	21
Office of the Director									
Direct:	4	-	4	6	-	6	6	-	6
Total:	4	-	4	6	-	6	6	-	6
Division of Extramural Science Programs									
Direct:	22	-	22	32	-	32	32	-	32
Total:	22	-	22	32	-	32	32	-	32
Division of Science Policy and Public Liaison									
Direct:	16	-	16	20	-	20	20	-	20
Total:	16	-	16	20	-	20	20	-	20
Division of Management Services									
Direct:	25	-	25	27	-	27	27	-	27
Total:	25	-	25	27	-	27	27	-	27
Total	81	3	84	103	3	106	103	3	106
Includes FTEs whose payroll obligations are supported by the NIH Common Fund.									
FTEs supported by funds from Cooperative Research and Development Agreements.	0	0	0	0	0	0	0	0	0
FISCAL YEAR	Average GS Grade								
2021	13.0								
2022	13.1								
2023	13.2								
2024	13.3								
2025	13.3								

DETAIL OF POSITIONS

**NATIONAL INSTITUTES OF HEALTH
National Institute of Nursin2 Research**

Detail of Positions ¹

GRADE	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Total, ES Positions	0	0	0
Total, ES Salary	\$0	\$0	\$0
General Schedule			
GM/GS-15	12	15	15
GM/GS-14	25	28	28
GM/GS-13	26	27	27
GS-12	5	6	6
GS-11	6	6	6
GS-10	0	0	0
GS-9	0	0	0
GS-8	0	0	0
GS-7	3	3	3
GS-6	0	0	0
GS-5	0	0	0
GS-4	0	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	77	85	85
Commissioned Corps (42 U.S.C. 207)			
Assistant Surgeon General	0	0	0
Director Grade	2	2	2
Senior Grade	1	1	1
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Junior Assistant	0	0	0
Subtotal	3	3	3
Ungraded	15	20	20
Total permanent positions	80	85	85
Total positions, end of year	95	108	108
Total full-time equivalent (FTE) employment, end of year	84	106	106
Average ES salary	\$0	\$0	\$0
Average GM/GS grade	13.2	13.3	13.3
Average GM/GS salary	\$138,228	\$147,063	\$150,004

¹ Includes FTEs whose payroll obligations are supported by the NIH Common Fund.