

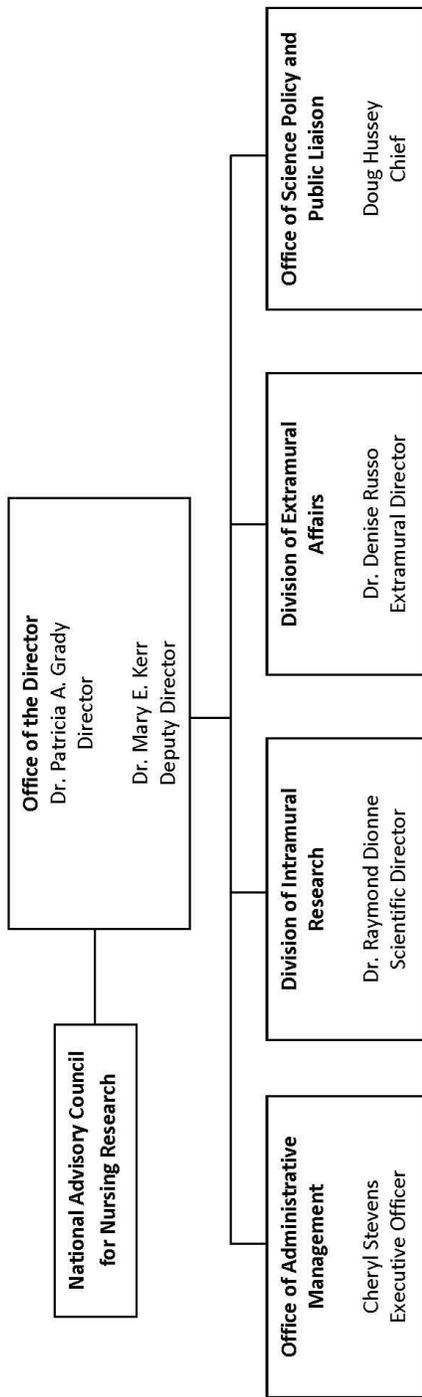
DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute of Nursing Research (NINR)

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**National Institutes of Health  
National Institute of Nursing Research  
Organizational Chart**



**NATIONAL INSTITUTES OF HEALTH**

National Institute of Nursing Research

*For carrying out section 301 and title IV of the Public Health Services Act with respect to nursing research \$148,114,000.*

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

**Amounts Available for Obligation <sup>1</sup>**  
(Dollars in Thousands)

| <b>Source of Funding</b>   | <b>FY 2010<br/>Actual</b> | <b>FY 2011<br/>CR</b> | <b>FY 2012<br/>PB</b> |
|--|---------------------------|-----------------------|-----------------------|
| Appropriation  | 145,660                   | 145,660               | 148,114               |
| Type 1 Diabetes  | 0                         | 0                     | 0                     |
| Rescission   | 0                         | 0                     | 0                     |
| Supplemental   | 0                         | 0                     | 0                     |
| Subtotal, adjusted appropriation   | 145,660                   | 145,660               | 148,114               |
| Real transfer under Director's one-percent transfer authority (GEI)        | (216)                     | 0                     | 0                     |
| Real transfer under Secretary's one-percent transfer authority             | (22)                      | 0                     | 0                     |
| Comparative Transfers to NLM for NCBI and Public Access                    | (63)                      | (124)                 | 0                     |
| Comparative transfer under Director's one-percent transfer authority (GEI) | 216                       | 0                     | 0                     |
| Comparative transfer under Secretary's one-percent transfer authority      | 0                         | 0                     | 0                     |
| Subtotal, adjusted budget authority  | 145,575                   | 145,536               | 148,114               |
| Unobligated balance, start of year   | 0                         | 0                     | 0                     |
| Unobligated balance, end of year   | 0                         | 0                     | 0                     |
| Subtotal, adjusted budget authority  | 145,575                   | 145,536               | 148,114               |
| Unobligated balance lapsing  | (2)                       | 0                     | 0                     |
| Total obligations  | 145,573                   | 145,536               | 148,114               |

<sup>1</sup> Excludes the following amounts for reimbursable activities carried out by this account:  
FY 2010 - \$40    FY 2011 - \$40    FY 2012 - \$40

**NATIONAL INSTITUTES OF HEALTH**  
**National Institute of Nursing Research**  
**Budget Mechanism - Total <sup>1/</sup>**  
(Dollars in Thousands)

| MECHANISM  | FY 2010<br>Actual  |            | FY 2011<br>CR      |            | FY 2012<br>PB      |            | Change vs. FY 2010 |              |
|--|--------------------|------------|--------------------|------------|--------------------|------------|--------------------|--------------|
|  | No.                | Amount     | No.                | Amount     | No.                | Amount     | No.                | Amount       |
| Research Grants  |                    |            |                    |            |                    |            |                    |              |
| <u>Research Projects</u>                                 |                    |            |                    |            |                    |            |                    |              |
| Noncompeting   | 174                | \$77,298   | 179                | \$78,303   | 172                | \$75,258   | (2)                | (\$2,040)    |
| Administrative Supplements                               | 3                  | 517        | 3                  | 517        | 4                  | 659        | 1                  | 142          |
| Competing:   |                    |            |                    |            |                    |            |                    |              |
| Renewal  | 7                  | 3,922      | 6                  | 3,056      | 7                  | 3,800      | 0                  | (122)        |
| New  | 51                 | 19,559     | 47                 | 18,830     | 54                 | 21,641     | 3                  | 2,082        |
| Supplements  | 0                  | 0          | 0                  | 0          | 0                  | 0          | 0                  | 0            |
| Subtotal, Competing                                      | 58                 | \$23,481   | 53                 | \$21,886   | 61                 | \$25,441   | 3                  | \$1,960      |
| Subtotal, RPGs   | 232                | \$101,296  | 232                | \$100,706  | 233                | \$101,358  | 1                  | \$62         |
| SBIR/STTR  | 9                  | \$3,474    | 10                 | \$4,067    | 10                 | \$4,139    | 1                  | \$665        |
| Research Project Grants                                  | 241                | \$104,770  | 242                | \$104,773  | 243                | \$105,497  | 2                  | \$727        |
| <u>Research Centers</u>                                  |                    |            |                    |            |                    |            |                    |              |
| Specialized/Comprehensive                                | 11                 | \$4,154    | 11                 | \$4,215    | 11                 | \$4,257    | 0                  | \$103        |
| 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   | 11                 | \$4,154    | 11                 | \$4,215    | 11                 | \$4,257    | 0                  | \$103        |
| <u>Other Research</u>                                    |                    |            |                    |            |                    |            |                    |              |
| Research Careers   | 30                 | \$3,124    | 29                 | \$3,166    | 29                 | \$3,198    | (1)                | \$74         |
| 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  | 0                  | 314        | 0                  | 114        | 0                  | 114        | 0                  | (200)        |
| Other Research   | 30                 | \$3,438    | 29                 | \$3,280    | 29                 | \$3,312    | (1)                | (\$126)      |
| Total Research Grants                                    | 282                | \$112,362  | 282                | \$112,268  | 283                | \$113,066  | 1                  | \$704        |
| <u>Research Training</u>                                 |                    |            |                    |            |                    |            |                    |              |
| Individual Awards  | <u>FTTPs</u><br>78 | \$2,559    | <u>FTTPs</u><br>78 | \$2,618    | <u>FTTPs</u><br>78 | \$2,723    | 0                  | \$164        |
| Institutional Awards                                     | 136                | 6,195      | 136                | 6,319      | 136                | 6,572      | 0                  | 377          |
| Total Research Training                                  | 214                | \$8,754    | 214                | \$8,937    | 214                | \$9,295    | 0                  | \$541        |
| Research & Development Contracts<br>( <i>SBIR/STTR</i> ) | 0                  | \$4,242    | 0                  | \$4,112    | 0                  | \$5,332    | 0                  | \$1,090      |
|  | <i>0</i>           | <i>\$7</i> | <i>0</i>           | <i>\$8</i> | <i>0</i>           | <i>\$8</i> | <i>0</i>           | <i>(\$1)</i> |
| Intramural Research                                      | <u>FTEs</u><br>13  | \$6,547    | <u>FTEs</u><br>14  | \$6,612    | <u>FTEs</u><br>14  | \$6,678    | <u>FTEs</u><br>1   | \$131        |
| Research Management and Support                          | 57                 | 13,670     | 57                 | 13,607     | 57                 | 13,743     | 0                  | 73           |
| Construction   |                    | 0          |                    | 0          |                    | 0          |                    | 0            |
| Buildings and Facilities                                 |                    | 0          |                    | 0          |                    | 0          |                    | 0            |
| Total, NINR  | 70                 | \$145,575  | 71                 | \$145,536  | 71                 | \$148,114  | 1                  | \$2,539      |

1/ All items in italics are "non-adds"; items in parenthesis are subtractions

## **Major Changes in the Fiscal year 2012 Budget Request**

Major changes by budget mechanism and/or budget activity are briefly described below. Note that there may be overlap between budget mechanism and activity and these highlights will not sum to the total change for the FY 2012 budget request for NINR, which is \$2.539 million more than the FY 2010 enacted level, for a total of \$148.114 million.

Research Project Grants (RPGs; +\$0.727 million; total \$105.497 million): NINR will continue to maintain an adequate number of competing RPGs which includes 61 awards in FY 2012, 3 awards over the FY 2010 number. About 172 noncompeting RPG awards, totaling \$75.258 million also will be made in FY 2012.

**NATIONAL INSTITUTES OF HEALTH**  
**National Institute of Nursing Research**  
**Summary of Changes**  
(Dollars in Thousands)

|   |                      |                         |                            |                         |
|---|----------------------|-------------------------|----------------------------|-------------------------|
| <b>FY 2010 Actual</b>   |                      |                         |                            | <b>\$145,575</b>        |
| <b>FY 2012 Estimate</b>   |                      |                         |                            | <b>148,114</b>          |
| <b>Net change</b>   |                      |                         |                            | <b>\$2,539</b>          |
| <b>CHANGES</b>  | <b>2012 Estimate</b> |                         | <b>Change from FY 2010</b> |                         |
|   | <b>FTEs</b>          | <b>Budget Authority</b> | <b>FTEs</b>                | <b>Budget Authority</b> |
| A. Built-in:  |                      |                         |                            |                         |
| 1. Intramural Research:   |                      |                         |                            |                         |
| a. Annualization of January 2010 pay increase                           |                      |                         |                            |                         |
|   |                      | \$2,116                 |                            | \$5                     |
| b. January FY 2012 pay increase   |                      |                         |                            |                         |
|   |                      | 2,116                   |                            | 0                       |
| c. One less day of pay (n/a for 2011)                                   |                      |                         |                            |                         |
|   |                      | 2,116                   |                            | (8)                     |
| d. Payment for centrally furnished services                             |                      |                         |                            |                         |
|   |                      | 960                     |                            | 11                      |
| e. Increased cost of laboratory supplies, materials, and other expenses |                      |                         |                            |                         |
|   |                      | 3,602                   |                            | 35                      |
| Subtotal  |                      |                         |                            |                         |
|   |                      | \$10,910                |                            | \$43                    |
| 2. Research Management and Support:                                     |                      |                         |                            |                         |
| a. Annualization of January 2010 pay increase                           |                      |                         |                            |                         |
|   |                      | \$7,771                 |                            | \$45                    |
| b. January FY 2012 pay increase   |                      |                         |                            |                         |
|   |                      | 7,771                   |                            | 0                       |
| c. One less day of pay (n/a for 2011)                                   |                      |                         |                            |                         |
|   |                      | 7,771                   |                            | (30)                    |
| d. Payment for centrally furnished services                             |                      |                         |                            |                         |
|   |                      | 979                     |                            | 11                      |
| e. Increased cost of laboratory supplies, materials, and other expenses |                      |                         |                            |                         |
|   |                      | 4,993                   |                            | 48                      |
| Subtotal  |                      |                         |                            |                         |
|   |                      |                         |                            | \$74                    |
| Subtotal, Built-in  |                      |                         |                            |                         |
|   |                      |                         |                            | \$117                   |

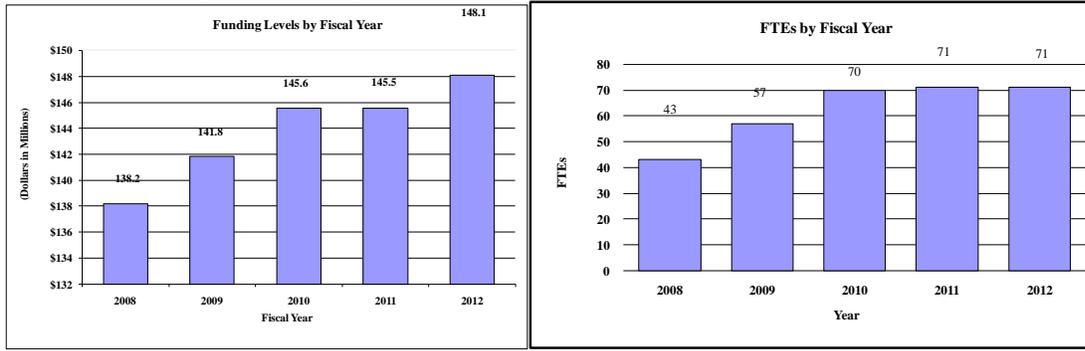
**NATIONAL INSTITUTES OF HEALTH  
National Institute of Nursing Research**

**Summary of Changes--continued**

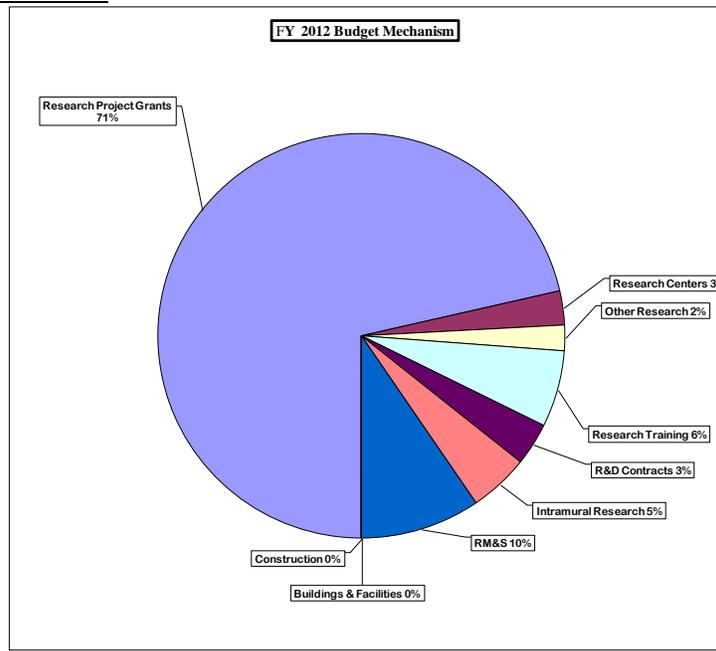
| CHANGES                               | 2012<br>Estimate  |           | Change from FY 2010 |           |
|---------------------------------------|-------------------|-----------|---------------------|-----------|
|                                       | No.               | Amount    | No.                 | Amount    |
| B. Program:                           |                   |           |                     |           |
| 1. Research Project Grants:           |                   |           |                     |           |
| a. Noncompeting                       | 172               | \$75,917  | (2)                 | (\$1,898) |
| b. Competing                          | 61                | 25,441    | 3                   | 1,960     |
| c. SBIR/STTR                          | 10                | 4,139     | 1                   | 665       |
| Total                                 | 243               | \$105,497 | 2                   | \$727     |
| 2. Research Centers                   | 11                | \$4,257   | 0                   | \$103     |
| 3. Other Research                     | 29                | 3,312     | (1)                 | (126)     |
| 4. Research Training                  | 214               | 9,295     | 0                   | 541       |
| 5. Research and development contracts | 0                 | 5,332     | 0                   | 1,090     |
| Subtotal, Extramural                  |                   | \$22,196  |                     | \$1,608   |
| 6. Intramural Research                | <u>FTEs</u><br>14 | \$6,678   | <u>FTEs</u><br>1    | \$88      |
| 7. Research Management and Support    | 57                | 13,743    | 0                   | (1)       |
| 8. Construction                       |                   | 0         |                     | 0         |
| 9. Buildings and Facilities           |                   | 0         |                     | 0         |
| Subtotal, program                     |                   | 148,114   |                     | \$2,422   |
| Total changes                         | 71                |           | 1                   | \$2,539   |

## Fiscal Year 2012 Budget Graphs

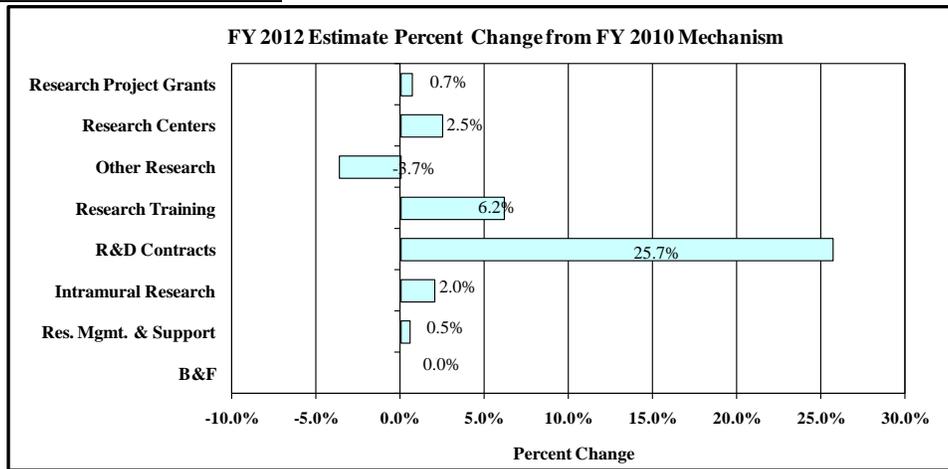
### History of Budget Authority and FTEs:



### Distribution by Mechanism:



### Change by Selected Mechanism:



**NATIONAL INSTITUTES OF HEALTH**  
**National Institute of Nursing Research**  
**Budget Authority by Activity**  
(Dollars in thousands)

|   | FY 2010<br>Actual |           | FY 2011<br>CR |           | FY 2012<br>PB |           | Change vs.<br>FY 2010 |         |
|---|-------------------|-----------|---------------|-----------|---------------|-----------|-----------------------|---------|
|   | FTEs              | Amount    | FTEs          | Amount    | FTEs          | Amount    | FTEs                  | Amount  |
| <b>Extramural Research</b>                          |                   |           |               |           |               |           |                       |         |
| <u>Detail:</u>                                      |                   |           |               |           |               |           |                       |         |
| Self-Management, Symptom Management, and Caregiving |                   | \$43,548  |               | \$43,351  |               | \$44,172  |                       | 624     |
| Health Promotion and Disease Prevention             |                   | 37,953    |               | \$38,025  |               | 38,746    |                       | 793     |
| Research Capacity Development                       |                   | 19,258    |               | \$19,295  |               | 19,661    |                       | 403     |
| Technology Integration                              |                   | 11,936    |               | \$11,959  |               | 12,186    |                       | 250     |
| End-of-Life   |                   | 12,663    |               | \$12,687  |               | 12,928    |                       | 265     |
| <b>Subtotal, Extramural</b>                         |                   | \$125,358 |               | \$125,317 |               | \$127,693 |                       | \$2,335 |
| <b>Intramural Research</b>                          | 13                | \$6,547   | 14            | \$6,612   | 14            | \$6,678   | 1                     | \$131   |
| <b>Research Management &amp; Support</b>            | 57                | \$13,670  | 57            | \$13,607  | 57            | \$13,743  | 0                     | \$73    |
| <b>TOTAL</b>  | 70                | \$145,575 | 71            | \$145,536 | 71            | \$148,114 | 1                     | \$2,539 |

1. Includes FTEs which are reimbursed from the NIH Common Fund for Medical Research.
2. Includes Real Transfers and Comparable Adjustments as detailed in the "Amounts Available for Obligation" table.

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

**Authorizing Legislation**

|   | <b>PHS Act/<br/>Other Citation</b> | <b>U.S. Code<br/>Citation</b> | <b>2011 Amount<br/>Authorized</b> | <b>FY 2010<br/>Actual</b> | <b>2012 Amount<br/>Authorized</b> | <b>FY 2012<br/>PB</b> |
|---|------------------------------------|-------------------------------|-----------------------------------|---------------------------|-----------------------------------|-----------------------|
| Research and Investigation                | Section 301                        | 42§241                        | Indefinite                        | } \$145,575,000           | Indefinite                        | } \$148,114,000       |
| National Institute of Nursing<br>Research | Section 401(a)                     | 42§281                        | Indefinite                        |                           | Indefinite                        |                       |
| <b>Total, Budget Authority</b>            |                                    |                               |                                   | <b>\$145,575,000</b>      |                                   | <b>\$148,114,000</b>  |

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

**Appropriations History**

| Fiscal Year  | Budget Estimate to Congress | House Allowance | Senate Allowance | Appropriation |
|--------------|-----------------------------|-----------------|------------------|---------------|
| 2003         | \$129,768,000               | \$131,438,000   | \$131,438,000    | \$131,438,000 |
| Rescission   |                             |                 |                  | (\$854,000)   |
| 2004         | \$134,579,000               | \$134,579,000   | \$135,579,000    | \$135,555,000 |
| Rescission   |                             |                 |                  | (\$831,000)   |
| 2005         | \$139,198,000               | \$139,198,000   | \$140,200,000    | \$138,198,000 |
| Rescission   |                             |                 |                  | (\$1,126,000) |
| 2006         | \$138,729,000               | \$138,729,000   | \$142,549,000    | \$138,729,000 |
| Rescission   |                             |                 |                  | (\$1,387,000) |
| 2007         | \$137,342,000               | \$136,550,000   | \$137,848,000    | \$137,404,000 |
| Rescission   |                             |                 |                  | \$0           |
| 2008         | \$137,800,000               | \$139,527,000   | \$140,456,000    | \$139,920,000 |
| Rescission   |                             |                 |                  | (\$2,244,000) |
| Supplemental |                             |                 |                  | \$731,000     |
| 2009         | \$137,609,000               | \$142,336,000   | \$141,439,000    | \$141,879,000 |
| Rescission   |                             |                 |                  | \$0           |
| 2010         | \$143,749,000               | \$146,945,000   | \$144,262,000    | \$145,660,000 |
| Rescission   |                             |                 |                  | \$0           |
| 2011         | \$150,198,000               |                 | \$149,963,000    |               |
| Rescission   |                             |                 |                  |               |
| 2012         | \$148,114,000               |                 |                  |               |

## 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 2010<br>Appropriation | FY 2011<br>Continuing<br>Resolution | FY 2012<br>Budget<br>Request | FY 2012 +/-<br>FY 2010 |
|-----|--------------------------|-------------------------------------|------------------------------|------------------------|
| BA  | \$145,575,000            | \$145,536,000                       | \$148,114,000                | \$2,539,000            |
| FTE | 70                       | 71                                  | 71                           | 1                      |

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

### Director's Overview

The National Institute of Nursing Research (NINR) supports clinical and basic research to build the scientific foundation for clinical practice, prevent disease and disability, manage and eliminate symptoms caused by illness, and enhance end-of-life and palliative care. The Institute's scientific focus spans multiple disciplines and unites the biological and behavioral sciences in order to understand complex interactions between the physiological factors of health and disease and an individual's knowledge, beliefs, behavior, and environment. NINR's focus on science that spans the full disease spectrum and all stages of life enables the Institute to explore and address some of the most important challenges affecting the health of the American people. These issues include:

- Improving management of chronic illness, including in persons with co-morbid conditions;
- Developing new strategies for preventive health that are culturally relevant at a time of increasing ethnic, racial, and cultural diversity, and in the face of persistent health disparities;
- Enhancing the translation of emerging and effective health management technologies into clinical practice and home- and community-based use, and;
- Developing the future research and clinical workforce at a time of increased demand across numerous sectors of the health care system.

NINR's programs incorporate a broad range of research approaches designed to promote scientific exploration that will ultimately lead to better health outcomes and health services. These approaches include: clinical intervention studies; interdisciplinary and translational research approaches; comparative effectiveness research; analyses of cost, outcomes, and quality of care; and studies to assess and enhance the effectiveness of the nursing workforce. NINR, with its patient-centered research focus, is also acutely cognizant of the special health needs of minority and underserved populations, and maintains a strong commitment to research and training to promote health equity, in both domestic and global settings, across all of its scientific programs.

## **Advancing the Goals of the NIH**

The NINR scientific portfolio continues to support trans-NIH initiatives for improving the Nation's health by actively advancing science in: enhancing the evidence base for health care decisions, developing technologies to accelerate discovery, and supporting new investigators and new ideas.

Given the Institute's foundation in clinical science and the role of nurses as front line providers, NINR research has long maintained a broad program of research to enhance the evidence base for health care decisions and clinical practice. The science supported by NINR empowers individuals to manage their own care, prevents the development of long-term chronic illness, enhances quality of life through better management of symptoms such as pain and fatigue, and develops and tests strategies to improve end-of-life and palliative care. NINR-supported scientists are also developing and adapting health technologies with which they address a variety of healthcare challenges, link underserved populations with available resources, promote and sustain healthy lifestyles, and, improve health equity across populations. Within NINR's program of research, several cross-cutting strategies are employed to advance the science of health, including: promoting translational research through the establishment of interdisciplinary research teams; supporting research on the comparative effectiveness of new and existing interventions; and encouraging assessments of the cost-effectiveness of new interventions to better determine their general applicability in standard practice.

As part of its efforts to enhance the interdisciplinary research capabilities of its scientific community, NINR has supported expanded knowledge in biotechnology, including genetics and genomics research, among its investigators. These efforts have yielded results that have improved our understanding of the underlying biological mechanisms of symptoms and symptom management, including pain management. NINR also offers an annual Summer Genetics Institute (SGI), an intensive summer training program that provides graduate students and faculty with a foundation in molecular genetics to enhance their research and clinical practice.

A fundamental part of NINR's mission is developing the next generation of scientists. To support continued advancements in science and improvements in health, it is essential that the scientific workforce of the future be innovative, multidisciplinary, and diverse. NINR training programs are designed to achieve this vision. In addition to supporting pre- and post-doctoral research fellowships and career development awards in the extramural community, NINR also leads and participates in a number of training programs through its Intramural Research Program. These activities include the NIH Graduate Partnerships Program, the BNC Fellowship, and the NINR Pain Methodologies Bootcamp, all of which are described in more detail below. Finally, many NINR-trained scientists will also serve as faculty in schools of nursing, responsible for educating the future nurses that are vital to improving patient health and the effectiveness of the Nation's health care.

In FY 2012, NINR will continue to support innovative studies in research areas highlighted in its strategic plan, including: self-management, symptom management, and caregiving; health promotion and disease prevention; research capacity development; and, technology integration.

In addition, NINR will advance its leadership in end-of-life and palliative care scientific efforts at NIH through its Office of Research on End-of-Life Science and Palliative Care, Investigator Training, and Education. As NINR commemorates its 25th Anniversary year, this milestone will be used as an opportunity to review what NINR science has accomplished, and to envision and plan the next generation of research in order to meet future health and health care needs, challenges and priorities. The Anniversary year will also see the release of the next NINR strategic plan, currently being developed with input from stakeholders from across the research, academic, and health care communities, and the public. Trans-NIH planning and priority setting processes, such as the, Neuroscience Blueprint and Pain Consortium, as well as changing public health concerns will also continue to shape the future directions of NINR research.

Overall Budget Policy: Investigator-initiated research projects, support for new investigators, research training, and career development continue to be the Institute's highest priorities. The NINR will follow the NIH Budget policy for RPGs in FY 2012, which includes a one percent inflationary increase in noncompeting awards and a one percent inflationary increase in the average cost for competing RPGs. Overall, NINR will maintain a strategic balance between solicitations issued to the extramural community in areas of research with critical needs, 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. A one percent increase is proposed for Intramural Research and Research Management and Support.

The NINR will support a four percent increase for stipends levels under the Ruth L. Kirschstein National Research Service Award training program consistent with 2012 NIH budget policy to continue efforts to attain the stipend levels recommended by the National Academy of Sciences. This will build on the two percent increase in stipend levels for FY 2011. Stipend levels were largely flat for several years, and the requested increase will help to sustain the development of a highly qualified biomedical research workforce.

Funds are included in R&D contracts to reflect NINR's share of NIH-wide funding required to support several trans-NIH initiatives, such as the Therapies for Rare and Neglected Diseases program (TRND), the Basic Behavioral and Social Sciences Opportunity Network (OppNet), and support for a new synchrotron at the Brookhaven National Laboratory. For example, each IC that will benefit from the new synchrotron will provide funding to total NIH's commitment to support this new technology--\$10 million.

### **Program Descriptions and Accomplishments**

**Self-Management, Symptom Management, and Caregiving:** Improving the quality of life of individuals in clinical, home, and community settings is a fundamental part of NINR's mission. NINR studies quality of life as a continuum composed of three key elements: self-management, symptom management, and caregiving. NINR's focus on developing the evidence-base for improving these components of quality of life in real-world settings is integral to improving the health care system. The Self-Management, Symptom Management, and Caregiving program addresses the challenges of short- and long-term management of symptoms resulting from

disease and disability by supporting research to: enhance the individual's role in managing disease; manage debilitating symptoms; and improve health outcomes for individuals and caregivers. For example, given the millions of Americans who suffer from acute and chronic pain, there is an urgent need for research to explore the biological, genetic, and behavioral mechanisms that underlie these debilitating symptoms. Building on past efforts, NINR currently supports numerous projects in the area of pain research, including a study to investigate the underlying molecular mechanisms that cause cancer treatment related pain, as well as a study to examine pain and deprivation of oxygen in premature neonates. Other recent efforts in this program include studies to explore: promoting asthma self-care in urban African American teens; medication management for frail elderly in home care; and comparing a multi-component, psychosocial family-based telephone intervention to a minimal telephone support program for dementia caregivers. In addition, NINR recently sponsored an initiative to explore the genomics of symptom management and complications of chronic disorders.

Budget Policy: The FY 2012 budget estimate for this program is \$44.172 million, an increase of \$602 thousand or one percent above the FY 2010 level. NINR plans in FY 2012 to continue to address the many challenges and opportunities that exist in the areas of self-management, symptom management, and caregiving as part of a strategically balanced research portfolio.

**Health Promotion and Disease Prevention:** The Health Promotion and Disease Prevention (HPDP) program studies the key biological, behavioral, and social factors that promote health and healthy behaviors and prevent the development of disease to achieve long-term, positive health outcomes in individuals of all ages. Research supported under this activity seeks scientific discoveries of health predictors and prevention strategies across conditions, diseases, and settings, often focusing on minority and/or underserved communities. Under this broad scope of research, efforts range from promoting behavioral changes in individuals and evaluating health risks in diverse communities to assessing issues of patient safety. NINR recently sponsored an initiative to examine informed decision-making for HIV/AIDS among at-risk young adolescents. Another current initiative focuses on health promotion in racial and ethnic minority males, a population that continues to experience disparate health outcomes. Recent research projects under the HPDP program include studies to: test the effectiveness of a culturally and linguistically modified intervention that is individually tailored to promote physical activity in Latinas; engage low-income, ethnic minority parents in preventive parent training programs; and test a nutrition, exercise, and coping skills intervention for overweight, low-income children and their parents to promote weight management.

Budget Policy: The FY 2011 budget estimate for this program is \$38.746 million, an increase of \$793 thousand or two percent above the FY 2010 estimate. NINR plans in FY 2012 to continue to address the many challenges and opportunities that exist in the areas of health promotion and disease prevention as part of a strategically balanced research portfolio.

### **Portrait of a Program: Improving Patient-centered Outcomes through Comparative Effectiveness Research**

FY 2010 Level: \$10.784 million

FY 2012 Level: \$11.183 million

Change: \$ .399 million

The need to create a more effective and efficient health care system requires rapid advances in the scientific evidence that tells us which treatments and interventions work, and which do not. Comparative effectiveness research, or CER, is a rapidly evolving methodology that advances the development and testing of the best interventions and health practices needed to prevent and manage health conditions in real-world settings. Given the Institute's emphasis on timely, applied, clinical science, NINR is ideally positioned to conduct and support CER that can lead to significant improvements in patient-centered outcomes. NINR's longstanding activities in CER emphasize clinical interventions and methodologies that translate to improved health outcomes, health care quality, clinical strategies, scientific training, and quality of life for individuals across the lifespan.

Recently, NINR investigators have furthered the CER scientific base through projects demonstrating that:

- an educational-behavioral intervention that teaches parents how to care for their premature infant in neonatal intensive care units (NICU) results in better health outcomes for the infant and parent, and reduced length of stay in the NICU by four days with a health care cost savings of at least \$4,800 per infant;
- hospital to home transitional care for older adults leads to higher quality care and improved health outcomes, and reduces costs by 38%;
- a community-based, nurse coordinated care program improves outcomes and reduces costs in a Medicare population; and,
- the use of Lay Health Educators is effective for improving vulnerable children's skills in asthma management.

Given the great potential for CER to inform the development of high quality, affordable health care, NINR will maintain its strong commitment to supporting this type of research in FY 2012.

**Research Capacity Development:** Through its Research Capacity Development program, NINR seeks to reinvigorate the scientific research workforce by emphasizing research training and career development to cultivate the next generation of nurse scientists, as well as other biobehavioral researchers whose work advances nursing science. Under this program, NINR supports individual and institutional graduate and post-graduate research fellowships, as well as career development awards, including awards to trainees from under-represented and disadvantaged backgrounds. These programs provide the next generation of scientists with the necessary, interdisciplinary education and research skills that will enable them to improve clinical practice, enhance quality of life for those with chronic illness, and support preventative health. An expanded scientific workforce with expertise in these areas of research will significantly contribute to evidence-based improvements and reforms to the health care system in the coming years. For example, NINR supports investigators under the NIH K99/R00 Pathway to Independence (PI) program, in which promising postdoctoral scientists receive both mentored and independent research support for up to five years. Research projects currently underway include: exploring whether pregnancy-related sleep disturbances increase pregnancy complications; improving the timeliness of recognition, interpretation, and reporting of symptoms of heart failure; and discovering biomarkers of pulmonary infection in the critically ill. Collectively, NINR training activities address the national shortage of nurses by contributing to the development of the nursing faculty needed to teach and mentor individuals entering the field.

**Budget Policy:** The FY 2011 budget estimate for this program is \$19.661 million, an increase of \$403 thousand or two percent above the FY 2010 estimate. This proposed level of funding will allow NINR to cover its current commitments as well as allow new training grants to be awarded in FY 2012. NINR plans in FY 2012 to continue its commitment to developing the next generation of investigators and enhance overall research capacity in strategically important areas of research as part of a balanced program portfolio. These efforts will continue to include awards to encourage earlier entry into research careers and to expand the interdisciplinary backgrounds of new investigators.

**Technology Integration:** The Technology Integration program builds on previous accomplishments and seizes opportunities to develop new, and adapt existing technologies to address a variety of healthcare challenges. These include: improving self-management of chronic illness; enhancing short- and long-term symptom monitoring; preventing disease and disability in vulnerable populations; and applying telehealth interventions to improve access to effective healthcare. These innovative technologies can link underserved populations with available resources to sustain healthy lifestyles and eliminate health disparities. Current activities include: testing a telehealth nursing intervention for children with complex special health care needs; developing an internet-based social networking program for HIV prevention among young adults; developing and evaluating an Automated Device for Asthma Monitoring for adolescents; and comparing the effectiveness of an internet dyspnea self-management program to a face-to-face program for patients with chronic obstructive pulmonary disease.

**Budget Policy:** The FY 2012 budget estimate for this program is \$12.186 million, an increase of \$250 thousand or two percent above the FY 2010 estimate. In FY 2012, NINR plans to continue supporting research on the use and development of novel technologies that address current and future clinical care and patient management needs, and their incorporation into standard practice. This level of funding will allow NINR to cover current commitments and fund additional awards in this emerging area of research as part of a balanced portfolio.

**End-of-Life:** The End-of-Life research program applies interdisciplinary biological, behavioral, and social science strategies to advance understanding of the challenges of a life-threatening illness with respect to the needs of the individual and their caregivers. The program explores the dynamic interactions of various factors that influence end-of-life and palliative care, and develops interventions to optimize patient and caregiver quality of life across care settings and cultural contexts. Specific research topics and activities include: improving awareness and relief of pain, suffering, and distressing symptoms through effective palliative care; understanding and facilitating decision-making by patients, caregivers, and providers, including through the use of advance directives; promoting wellness and self-management of symptoms through meaningful health activities; and developing new investigators in this area of science. For example, a recent finding from an NINR-supported investigator found that most Americans live within 60 minutes of a hospice provider, which suggests that disparities in hospice use are not due to lack of access. In FY 2010, NINR released a new funding announcement-- Advancing Palliative Care Research for Children Facing Life-Limiting Conditions --calling for research designed to reduce suffering and improve care for children and their families facing the challenges of life-limiting conditions. Projects under this initiative investigate topics such as quality of life and spiritual struggle in pediatric palliative care, as well as strategies to help adolescents with a parent in hospice.

**Budget Policy:** The FY 2012 budget estimate for this program is \$12.928 million, an increase of \$265 thousand or two percent above the FY 2010 estimate. Given the enormous potential and great need for improving the quality of life of dying patients and their caregivers, NINR plans to expand end-of-life research efforts in FY 2012 to build upon continuing accomplishments in this program area. The proposed level of funding will allow NINR to support existing commitments and fund additional awards in this critical area of research, as part of a balanced program portfolio.

**Portrait of a Program: Enhancing End-of-Life and Palliative Care through Research**

FY 2010 Level: \$12.640 million

FY 2012 Level: \$12.928 million

Change: \$ .265 million

Increasing numbers of Americans live for years with life-limiting illnesses and then later die from the consequences of these debilitating conditions. There is an urgent need to improve quality-of-life for those with life-limiting conditions through evidence-based palliative and end-of-life care. As the lead NIH Institute for end-of-life research, NINR has sponsored numerous research initiatives to advance the field of end-of-life and palliative care science. In 2009, the Institute established the Office of Research on End-of-Life Science and Palliative Care, Investigator Training, and Education to coordinate NINR research, training, and educational efforts in these critical areas of science.

The Institute maintains and continues to build an inclusive, inter- and trans-disciplinary research portfolio in end-of-life and palliative care that extends across the lifespan and focuses on building evidentiary knowledge to improve health care practice and increase public understanding. NINR investigators recently published studies that demonstrated that use of the Physician Orders for Life Sustaining Treatment (POLST) form results in patients' treatment desires being followed more closely; tested interventions that effectively reduced stress in caregivers of family members with life-limiting illness; and described organizational factors that influence the quality of hospice care in assisted-living facilities. Over the past year, more than 750,000 downloads of the NINR publication "Palliative Care: The Relief You Need when You're Experiencing the Symptoms of Serious Illness" have served to disseminate information on the benefits of palliative care and answer common questions.

NINR has also launched a major evaluation study, supported with funding from the NIH OD, to assess current and future needs in EOL/PC science across Federal and private research entities. This effort will inform trans-NIH strategies in these areas. In addition, NINR and the NIH Common Fund recently awarded \$7.1 million in funding provided by the American Recovery and Reinvestment Act to support a Palliative Care Research Cooperative, a multi-institution cooperative effort to conduct collaborative research on palliative care, including a multi-site clinical trial focused on statin use in patients who are near death. In FY 2012, NINR will continue its strong commitment to supporting efforts to develop effective, evidence-based intervention strategies for end-of-life and palliative care, and to building research capacity in this area of science.

**Intramural Research Program:** The Intramural Research Program (IRP) supports research to understand the underlying biological mechanisms of a range of symptoms, their effect on patients, and how patients respond to interventions. Recent scientific efforts include evaluating the efficacy of novel interventions for managing symptoms associated with cancer treatment, and exploring the molecular and genetic mechanisms that influence an individual's response to analgesic treatment for acute pain. The IRP also supports several research training opportunities through programs such as the NINR Summer Genetics Institute, a one-month program designed to increase the research capability in genetics among graduate students and faculty in nursing, and to develop and expand the basis for clinical practice in genetics among clinicians. NINR also participates in the NIH Graduate Partnerships Program (GPP), in which doctoral students from schools of nursing with established NINR-supported training programs can complete their

dissertation research within the IRP. The BNC Fellowship, supported by the Bravewell Collaborative, in collaboration with NINR and the NIH Clinical Center, trains individuals to address key issues in integrative medicine research and encourages multi-disciplinary collaboration to optimize health and healing for individuals and society. NINR also sponsors the Pain Methodologies Boot Camp, which is a one-week intensive research training course in pain methodology at NIH that is aimed at increasing the research capabilities of graduate students and faculty through distinguished guest speakers, classroom discussions, and laboratory training.

Budget Policy: The FY 2012 budget estimate for this program is \$6.678 million, an increase of \$131 thousand or two percent above the FY 2010 estimate. In FY 2012, this program will build on the recent accomplishments of the IRP and continue to support innovative research to address the scientific challenges of understanding and managing adverse symptoms such as acute and chronic pain. This program will also continue to support important training and career development opportunities for innovative investigators.

**Research Management and Support:** Research Management and Support (RMS) activities provide administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of 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 2012 budget estimate for this program is \$13.743 million, an increase of \$73 thousand or one percent above the FY 2010 estimate. In FY 2012, NINR plans to continue addressing the challenges and opportunities that exist in strategically managing a research portfolio that addresses areas of science critical to public health.

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**Budget Authority by Object**  
(Dollars in Thousands)

|   | <b>FY 2010<br/>Actual</b> | <b>FY 2012<br/>PB</b>       | <b>Increase or<br/>Decrease</b> | <b>Percent<br/>Change</b> |
|---|---------------------------|-----------------------------|---------------------------------|---------------------------|
| Total compensable workyears:  |                           |                             |                                 |                           |
| Full-time employment  | 70                        | 71                          | 1                               | 1.4%                      |
| Full-time equivalent of overtime and holiday hours                          | 0                         | 0                           | 0                               | 0.0%                      |
| Average ES salary   | \$0                       | \$0                         | \$0                             | 0.0%                      |
| Average GM/GS grade   | 12.3                      | 12.4                        | 0.1                             | 0.8%                      |
| Average GM/GS salary  | \$96,604                  | \$96,713                    | \$109                           | 0.1%                      |
| Average salary, grade established by act of<br>July 1, 1944 (42 U.S.C. 207) | \$112,934                 | \$112,934                   | \$0                             | 0.0%                      |
| Average salary of ungraded positions  | 62,556                    | 62,556                      | 0                               | 0.0%                      |
|   |                           |                             |                                 |                           |
| <b>OBJECT CLASSES</b>   | <b>FY 2010<br/>Actual</b> | <b>FY 2012<br/>Estimate</b> | <b>Increase or<br/>Decrease</b> | <b>Percent<br/>Change</b> |
| Personnel Compensation:   |                           |                             |                                 |                           |
| 11.1 Full-time permanent  | \$5,403                   | \$5,588                     | \$185                           | 3.4%                      |
| 11.3 Other than full-time permanent   | 1,389                     | 1,417                       | 28                              | 2.0%                      |
| 11.5 Other personnel compensation   | 305                       | 313                         | 8                               | 2.6%                      |
| 11.7 Military personnel   | 60                        | 62                          | 2                               | 3.3%                      |
| 11.8 Special personnel services payments                                    | 470                       | 471                         | 1                               | 21.3%                     |
| <b>Total, Personnel Compensation</b>  | <b>\$7,627</b>            | <b>\$7,851</b>              | <b>\$224</b>                    | <b>2.9%</b>               |
| 12.0 Personnel benefits   | \$1,943                   | \$2,002                     | \$59                            | 303.7%                    |
| 12.2 Military personnel benefits  | 34                        | 34                          | 0                               | 0.0%                      |
| 13.0 Benefits for former personnel  | 0                         | 0                           | 0                               | 0.0%                      |
| <b>Subtotal, Pay Costs</b>  | <b>\$9,604</b>            | <b>\$9,887</b>              | <b>\$283</b>                    | <b>294.7%</b>             |
| 21.0 Travel and transportation of persons                                   | \$197                     | \$196                       | (\$1)                           | -0.5%                     |
| 22.0 Transportation of things   | 24                        | 24                          | 0                               | 0.0%                      |
| 23.1 Rental payments to GSA   | 0                         | 0                           | 0                               | 0.0%                      |
| 23.2 Rental payments to others  | 1                         | 1                           | 0                               | 0.0%                      |
| 23.3 Communications, utilities and<br>miscellaneous charges                 | 102                       | 100                         | (2)                             | -2.0%                     |
| 24.0 Printing and reproduction  | 59                        | 57                          | (2)                             | -3.4%                     |
| 25.1 Consulting services  | 59                        | 58                          | (1)                             | -1.7%                     |
| 25.2 Other services   | 2,814                     | 2,543                       | (271)                           | -9.6%                     |
| 25.3 Purchase of goods and services from<br>government accounts             | 9,933                     | 11,262                      | 1,329                           | 13.4%                     |
| 25.4 Operation and maintenance of facilities                                | 16                        | 16                          | 0                               | 0.0%                      |
| 25.5 Research and development contracts                                     | 46                        | (17)                        | (63)                            | -137.0%                   |
| 25.6 Medical care   | 0                         | 0                           | 0                               | 0.0%                      |
| 25.7 Operation and maintenance of equipment                                 | 47                        | 47                          | 0                               | 0.0%                      |
| 25.8 Subsistence and support of persons                                     | 0                         | 0                           | 0                               | 0.0%                      |
| <b>25.0 Subtotal, Other Contractual Services</b>                            | <b>\$12,915</b>           | <b>\$13,909</b>             | <b>\$994</b>                    | <b>7.7%</b>               |
| 26.0 Supplies and materials   | \$651                     | \$669                       | \$18                            | 2.8%                      |
| 31.0 Equipment  | 906                       | 910                         | 4                               | 0.4%                      |
| 32.0 Land and structures  | 0                         | 0                           | 0                               | 0.0%                      |
| 33.0 Investments and loans  | 0                         | 0                           | 0                               | 0.0%                      |
| 41.0 Grants, subsidies and contributions                                    | 121,116                   | 122,361                     | 1,245                           | 1.0%                      |
| 42.0 Insurance claims and indemnities                                       | 0                         | 0                           | 0                               | 0.0%                      |
| 43.0 Interest and dividends   | 0                         | 0                           | 0                               | 0.0%                      |
| 44.0 Refunds  | 0                         | 0                           | 0                               | 0.0%                      |
| <b>Subtotal, Non-Pay Costs</b>  | <b>\$135,971</b>          | <b>\$138,227</b>            | <b>\$2,256</b>                  | <b>1.7%</b>               |
| <b>Total Budget Authority by Object</b>                                     | <b>\$145,575</b>          | <b>\$148,114</b>            | <b>\$2,539</b>                  | <b>1.7%</b>               |

Includes FTEs which are reimbursed from the NIH Common Fund for Medical Research

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**Salaries and Expenses**  
(Dollars in Thousands)

| OBJECT CLASSES  | FY 2010<br>Actual | FY 2012<br>PB   | Increase or<br>Decrease | Percent<br>Change |
|---|-------------------|-----------------|-------------------------|-------------------|
| <b>Personnel Compensation:</b>                                |                   |                 |                         |                   |
| Full-time permanent (11.1)                                    | \$5,403           | \$5,588         | \$185                   | 3.4%              |
| Other than full-time permanent (11.3)                         | 1,389             | 1,417           | 28                      | 2.0%              |
| Other personnel compensation (11.5)                           | 305               | 313             | 8                       | 2.6%              |
| Military personnel (11.7)                                     | 60                | 62              | 2                       | 3.3%              |
| Special personnel services payments (11.8)                    | 470               | 471             | 1                       | 0.2%              |
| <b>Total Personnel Compensation (11.9)</b>                    | <b>\$7,627</b>    | <b>\$7,851</b>  | <b>\$224</b>            | <b>2.9%</b>       |
| Civilian personnel benefits (12.1)                            | \$1,943           | \$2,002         | \$59                    | 3.0%              |
| Military personnel benefits (12.2)                            | 34                | 34              | 0                       | 0.0%              |
| Benefits to former personnel (13.0)                           | 0                 | 0               | 0                       | 0.0%              |
| <b>Subtotal, Pay Costs</b>                                    | <b>\$9,604</b>    | <b>\$9,887</b>  | <b>\$283</b>            | <b>2.9%</b>       |
| Travel (21.0)   | \$197             | \$196           | (\$1)                   | -0.5%             |
| Transportation of things (22.0)                               | 24                | 24              | 0                       | 0.0%              |
| Rental payments to others (23.2)                              | 1                 | 1               | 0                       | 0.0%              |
| Communications, utilities and<br>miscellaneous charges (23.3) | 102               | 100             | (2)                     | -2.0%             |
| Printing and reproduction (24.0)                              | 59                | 57              | (2)                     | -3.4%             |
| <b>Other Contractual Services:</b>                            |                   |                 |                         |                   |
| Advisory and assistance services (25.1)                       | 59                | 58              | (1)                     | -1.7%             |
| Other services (25.2)   | 2,814             | 2,543           | (271)                   | -9.6%             |
| Purchases from government accounts (25.3)                     | 6,003             | 6,054           | 51                      | 0.8%              |
| Operation and maintenance of facilities (25.4)                | 16                | 16              | 0                       | 0.0%              |
| Operation and maintenance of equipment (25.7)                 | 47                | 47              | 0                       | 0.0%              |
| Subsistence and support of persons (25.8)                     | 0                 | 0               | 0                       | 0.0%              |
| <b>Subtotal Other Contractual Services</b>                    | <b>\$8,939</b>    | <b>\$8,718</b>  | <b>(\$221)</b>          | <b>-2.5%</b>      |
| Supplies and materials (26.0)                                 | \$651             | \$669           | \$18                    | 2.8%              |
| <b>Subtotal, Non-Pay Costs</b>                                | <b>\$9,973</b>    | <b>\$9,765</b>  | <b>(\$208)</b>          | <b>-2.1%</b>      |
| <b>Total, Administrative Costs</b>                            | <b>\$19,577</b>   | <b>\$19,652</b> | <b>\$75</b>             | <b>0.4%</b>       |

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**Details of Full-Time Equivalent Employment (FTEs)**

| OFFICE/DIVISION  | FY 2010<br>Actual       |          |           | FY 2011<br>CR |          |           | FY 2012<br>PB |          |           |
|--|-------------------------|----------|-----------|---------------|----------|-----------|---------------|----------|-----------|
|  | Civilian                | Military | Total     | Civilian      | Military | Total     | Civilian      | Military | Total     |
| Office of the Director   | 5                       |          | 5         | 5             |          | 5         | 5             |          | 5         |
| Office of Administrative Management  | 17                      |          | 17        | 17            |          | 17        | 17            |          | 17        |
| Division Intramural Research Programs  | 13                      | 1        | 14        | 14            | 1        | 15        | 14            | 1        | 15        |
| Office Associate Director for Scientific Programs                                | 34                      |          | 34        | 34            |          | 34        | 34            |          | 34        |
| <b>Total</b>   | <b>69</b>               | <b>1</b> | <b>70</b> | <b>70</b>     | <b>1</b> | <b>71</b> | <b>70</b>     | <b>1</b> | <b>71</b> |
| Includes FTEs which are reimbursed from the NIH Common Fund for Medical Research |                         |          |           |               |          |           |               |          |           |
| FTEs supported by funds from Cooperative Research and Development Agreements     |                         |          |           |               |          |           |               |          |           |
|  | 0                       | 0        | 0         | 0             | 0        | 0         | 0             | 0        | 0         |
| <b>FISCAL YEAR</b>   | <b>Average GS Grade</b> |          |           |               |          |           |               |          |           |
| 2008   | 12.2                    |          |           |               |          |           |               |          |           |
| 2009   | 12.1                    |          |           |               |          |           |               |          |           |
| 2010   | 12.3                    |          |           |               |          |           |               |          |           |
| 2011   | 12.4                    |          |           |               |          |           |               |          |           |
| 2012   | 12.4                    |          |           |               |          |           |               |          |           |

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**Detail of Positions**

| <b>GRADE</b>  | <b>FY 2010<br/>Actual</b> | <b>FY 2011<br/>CR</b> | <b>FY 2012<br/>PB</b> |
|---|---------------------------|-----------------------|-----------------------|
| Total, ES Positions   | 0                         | 0                     | 0                     |
| Total, ES Salary  | 0                         | 0                     | 0                     |
| GM/GS-15  | 6                         | 6                     | 6                     |
| GM/GS-14  | 23                        | 23                    | 23                    |
| GM/GS-13  | 9                         | 11                    | 11                    |
| GS-12   | 3                         | 3                     | 3                     |
| GS-11   | 8                         | 8                     | 8                     |
| GS-10   | 0                         | 0                     | 0                     |
| GS-9  | 4                         | 4                     | 4                     |
| GS-8  | 1                         | 1                     | 1                     |
| GS-7  | 2                         | 3                     | 3                     |
| GS-6  | 1                         | 0                     | 0                     |
| GS-5  | 0                         | 0                     | 0                     |
| GS-4  | 1                         | 1                     | 1                     |
| GS-3  | 0                         | 0                     | 0                     |
| GS-2  | 0                         | 0                     | 0                     |
| GS-1  | 0                         | 0                     | 0                     |
| Subtotal  | 58                        | 60                    | 60                    |
| Grades established by Act of<br>July 1, 1944 (42 U.S.C. 207): |                           |                       |                       |
| Assistant Surgeon General                                     | 0                         | 0                     | 0                     |
| Director Grade  | 0                         | 0                     | 0                     |
| Senior Grade  | 0                         | 0                     | 0                     |
| Full Grade  | 1                         | 1                     | 1                     |
| Senior Assistant Grade  | 0                         | 0                     | 0                     |
| Assistant Grade   | 0                         | 0                     | 0                     |
| Subtotal  | 1                         | 1                     | 1                     |
| Ungraded  | 11                        | 12                    | 12                    |
| Total permanent positions                                     | 58                        | 58                    | 58                    |
| Total positions, end of year                                  | 70                        | 71                    | 71                    |
| Total full-time equivalent (FTE)<br>employment, end of year   | 70                        | 71                    | 71                    |
| Average ES salary   | 0                         | 0                     | 0                     |
| Average GM/GS grade   | 12.3                      | 12.4                  | 12.4                  |
| Average GM/GS salary  | 96,604                    | 96,713                | 96,713                |

**NATIONAL INSTITUTES OF HEALTH  
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**New Positions Requested**

|                                 | FY 2012 |        |               |
|---------------------------------|---------|--------|---------------|
|                                 | Grade   | Number | Annual Salary |
| Assistant Clinical Investigator | AD-0    | 1      | \$97,085      |
| <b>Total Requested</b>          |         | 1      | \$97,085      |