Fiscal Year 2013 Budget Request

Statement for the Record
House Subcommittee on Labor-HHS-Education Appropriations

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March 2012
Mr. Chairman and Members of the Committee

I am pleased to present the President’s Fiscal Year 2013 Budget request for the National Institute of Nursing Research (NINR) of the National Institutes of Health (NIH). The Fiscal Year (FY) 2013 NINR budget of $144,153,000, includes a decrease of $444,000 less than the comparable FY 2012 level of $144,597,000.

INTRODUCTION

I appreciate the opportunity to share with you a brief summary of some of the recent activities and future scientific directions of NINR. 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, enhance palliative and end-of-life care, and train the next generation of scientists. In doing so, NINR promotes and improves the health of individuals, families, and communities across the lifespan, in a variety of clinical settings and within diverse populations. NINR’s emphasis on clinical research and training places NINR in a position to make major contributions to developing the evidence base for science-driven practice through innovative treatment and behavioral research.

Over the past year, we have commemorated NINR’s 25th anniversary at NIH through a series of scientific outreach events that culminated in October 2011 with the release of NINR’s new Strategic Plan: Bringing Science to Life. As NINR looks ahead to the next 25 years, the Institute is well-positioned to continue to advance rigorous science, develop and support evidence-based science-driven interventions across the
lifespan, develop future leaders in nursing science, and contribute to improving the Nation’s health and national health care system.

ADVANCING THE QUALITY OF LIFE: SYMPTOM MANAGEMENT

With the aging of a major sector of the Nation and advances in treatment of formerly fatal diseases, we are faced with a population that is living with multiple chronic conditions. The challenge of treating and managing these multiple conditions and their associated symptoms is one that confronts nearly all health practitioners, especially nurses involved with chronic illness management. NINR has invested deeply in the area of symptom management, from funding basic research on pain in our Intramural Research Program (IRP) to our extramural support for psychosocial and nutritional interventions to improve symptoms of chronic heart failure. Further, recognizing that chronic illness strikes across the lifespan, NINR also supports research aimed at helping children and adolescents manage their own chronic conditions and their symptoms more effectively to improve their quality of life. Finally, NINR initiated a call for research on the interconnections of diabetes and asthma, both on the rise in the U.S.; this research is focused on early life exposures that are associated with both conditions, as well as interventions that target the management of each disease and their synergisms.

HEALTH PROMOTION AND DISEASE PREVENTION
NINR is also heavily committed to health promotion and disease prevention. Nurses are often in unique positions as the health providers with the most frequent interactions with individuals and their support networks, and are therefore well-poised to help develop interventions that promote health and prevent disease. In one example, NINR currently supports an innovative community-based program in urban Pennsylvania that trains male Latino lay health advisors who provide their peers information on community support resources, including health care resources. NINR also is leading a funding opportunity focused on developing healthy habits in children and adolescents that lead to lifelong sustainable healthy behaviors that prevent disease and disability. Finally, in line with our focus on health promotion and disease prevention across the lifespan, NINR supported a research project that developed a successful program to guide mothers of very preterm infants in correctly feeding their vulnerable infants.

INVESTING IN NURSE SCIENTISTS

NINR is strongly committed to the development of future health scientists, with a specific focus on the training of nurse scientists. Along with extramural research grants and fellowships that support pre- and post-doctoral students and junior and senior researchers, NINR offers a number of intramural training opportunities to develop nurse scientists. This year, we are proud to once again offer the NINR Summer Genetics Institute, a month-long, intensive course in genetics for nurse scientists at all career levels. The course is designed to increase research in genetics among graduate students and faculty in nursing, and expand the knowledge base among clinicians for
END OF LIFE AND PALLIATIVE CARE

With advances in treatment for chronic diseases and the aging of our population, we as a society are facing new challenges in understanding the complexities of decision-making issues surrounding palliative and end-of-life care for those with advanced illness. As the lead NIH Institute for end-of-life research, NINR is committed to supporting research that leads to science-driven practices in palliative care that assists individuals, families, caregivers, and health care professionals in alleviating symptoms and planning for end-of-life decisions. In August 2011, NINR convened a three-day National Summit on, “The Science of Compassion: Future Directions in End-of-Life and Palliative Care.” The Summit, co-sponsored by partners across NIH, examined the state of research and clinical practice in end-of-life and palliative care and, with almost 1,000 registrants, provided an opportunity for scientists, health care professionals, and public advocates to come together to catalyze and shape the future research agenda for this critical scientific area. NINR also supports, along with the NIH OD, a palliative care research cooperative to develop an enhanced evidence base for palliative care by facilitating multi-site research studies and clinical trials.

INVESTING IN INNOVATION
NINR supports innovations that advance patient care, help lower the cost of health care, and take advantage of the advances in real-time personalized information on patients that guide health care today. For example, NINR supported two critical phases of the development of a novel “lab-on-a-chip” device for rapidly detecting HIV. The technique has proved highly successful, and the research team has gone on to refine and clinically test this microfluid-based lab-on-a-chip – or mCHIP – in real life settings, with studies demonstrating that the mCHIP can accurately, rapidly, and cost-effectively detect clinically relevant infectious diseases in resource-limited settings. Other NINR-supported researchers have developed a novel, automated medication dispenser that reminds patients when to take medication, monitors dosage, and reduces treatment errors. The new dispenser will be the first on the market that can deliver not only all common forms of drugs but also biologically-derived injectables.

CONCLUSION

Nursing science has a central role in developing the evidence-base for science-driven practices in health care. NINR’s research agenda has guided and will continue to guide the advances in this field of health research through the implementation of our new Strategic Plan. NINR looks forward to continuing its support of innovative nursing science focused on some of the most important health and healthcare related issues of today. Thank you, Mr. Chairman. I will be happy to answer any questions that the Committee may have.
Dr. Patricia A. Grady was appointed Director of National Institute of Nursing Research, on April 3, 1995. She earned her undergraduate degree in nursing from Georgetown University in Washington, DC. She pursued her graduate education at the University of Maryland, receiving a master's degree from the School of Nursing and a doctorate in physiology from the School of Medicine.

An internationally recognized researcher, Dr. Grady's scientific focus has primarily been in stroke, with emphasis on arterial stenosis and cerebral ischemia. She was elected to the Institute of Medicine in 1999 and is a member of several scientific organizations, including the Society for Neuroscience, the American Academy of Nursing, and the American Neurological Association. She is also a fellow of the American Heart Association Stroke Council.

In 1988, Dr. Grady joined NIH as an extramural research program administrator in the National Institute of Neurological Disorders and Stroke (NINDS) in the areas of stroke and brain imaging. Two years later, she served on the NIH Task Force for Medical Rehabilitation Research, which established the first long-range research agenda for the field of medical rehabilitation research. In 1992, she assumed the responsibilities of NINDS Assistant Director. From 1993 to 1995, she was Deputy Director and Acting Director of NINDS. Dr. Grady served as a charter member of the NIH Warren Grant Magnuson Clinical Center Board of Governors.
Before coming to NIH, Dr. Grady held several academic positions and served concurrently on the faculties of the University of Maryland School of Medicine and School of Nursing. Dr. Grady has authored or co-authored numerous articles and papers on hypertension, cerebrovascular permeability, vascular stress, and cerebral edema. She is an editorial board member of the major stroke journals. Dr. Grady lectures and speaks on a wide range of topics, including future directions in nursing research, developments in the neurological sciences, and Federal research opportunities.

Dr. Grady has been recognized with several prestigious honors and awards for her leadership and scientific accomplishments, including the first award of the Centennial Achievement Medal from Georgetown University School of Nursing and Health Sciences, being named the inaugural Rozella M. Schlotfeld distinguished lecturer at the Frances Payne Bolton School of Nursing at Case Western Reserve University, and receiving the honorary degree of Doctor of Public Service from the University of Maryland. Dr. Grady was named the Excellence in Nursing Lecturer by the Council on Cardiovascular Nurses of the American Heart Association. In 2005, Dr. Grady received Doctor of Science, Honoris Causa degrees from the Medical University of South Carolina and Thomas Jefferson University, and Columbia University School of Nursing honored her with its prestigious Second Century Award for Excellence in Health Care. In 2008, Dr. Grady received a Doctor of Science, Honoris Causa degree from the State University of New York Downstate Medical Center. Dr. Grady is a past recipient of the NIH Merit Award and received the Public Health Service Superior Service Award for her exceptional leadership.