



National Institute of Nursing Research

CONGRESSIONAL JUSTIFICATION
FY 2024

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 2023 Enacted levels cited in this document include the effects of the FY 2023 HIV/AIDS transfer, as shown in the Amounts Available for Obligation table.
2. Detail in this document may not sum to the subtotals and totals due to rounding.

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Director's Overview

Introduction

The National Institute of Nursing Research (NINR) is committed to leading nursing science to solve pressing health challenges and inform practice and policy – optimizing health and advancing health equity into the future. This mission reflects NINR's belief that nursing research is the key to unlocking the power and potential of nursing. Every day, nurses provide care in homes and communities, in hospitals and clinics, and in schools and workplaces. Nurses understand the challenges people encounter in their daily lives, as well as the opportunities for good health and well-being. Nurses recognize that it is important to address health needs within the context of people's lives and living conditions. At NINR, we believe that this perspective is nursing science's most important contribution to research. As has been illuminated throughout the COVID-19 pandemic, nurses are essential to solving the Nation's most pressing and persistent health challenges. Moving forward, nursing's holistic and contextualized perspective, combined with the lessons learned during the pandemic, will position us to be better prepared for future pandemics and to apply what we have learned to other persistent health challenges.



NINR Mission: Leading nursing research to solve pressing health challenges and inform practice and policy—optimizing health and advancing health equity into the future.

In FY 2022, NINR launched its bold, new strategic plan.¹ NINR developed a research framework that takes advantage of what makes the Institute unique by focusing on a holistic, contextualized approach to optimizing health for all people. The framework encourages research that informs practice and policy and improves health and quality of life for all people, their families and communities, and the society in which they live. In line with the new strategic plan, NINR will support research that: addresses today's challenges and helps us be better prepared for the future; discovers solutions to optimize health across clinical, community, and policy settings; advances equity, diversity, inclusion, and accessibility; and is innovative, applies rigorous research methods, and has the potential for significant impact on health and well-being.

The plan also includes five research lenses, each representing a perspective through which to examine a health challenge. These five lenses will leverage the strengths of nursing science to innovate, think bigger, and greatly increase NINR's impact. The lenses in the strategic plan are Health Equity, Social Determinants of Health, Population and Community Health, Prevention and Health Promotion, and Systems and Models of Care. NINR believes that the application of these lenses to nursing research will lead to scientific discoveries that contend with pressing and persistent health challenges and positively impact practice and policy in the many settings in which nurses work.

¹ <https://www.ninr.nih.gov/aboutninr/ninr-mission-and-strategic-plan>

RESEARCH LENSES

Health Equity



Reduce and ultimately eliminate the systemic and structural inequities that place some at an unfair, unjust, and avoidable disadvantage in attaining their full health potential.

Social Determinants of Health



Identify effective approaches to improve health and quality of life by addressing the conditions in which people are born, live, learn, work, play, and age.

Population and Community Health



Address critical health challenges at a macro level that persistently affect groups of people with shared characteristics.

Prevention and Health Promotion



Prevent disease and promote health through the continuum of prevention—from primordial to tertiary.

Systems and Models of Care



Address clinical, organizational, and policy challenges through new systems and models of care.

As a living document, this plan will allow NINR to respond nimbly to evolving and emerging health issues facing our Nation. NINR worked closely with members of the nursing science community to develop the new strategic plan and intends to regularly engage with internal and external stakeholders to evaluate and update the plan. On an ongoing basis, NINR will identify strategic imperatives that address pressing health needs and emerging areas of interest where we believe NINR-supported science can make a difference.

Turning Discovery into Health: Science for Everyone by Everyone

Science for Everyone: The COVID-19 pandemic renewed the spotlight on nurses as indispensable members of the health workforce and brought into sharp relief underlying inequities that contribute to health disparities. Consider that Black or African American, Hispanic or Latino, and American Indian or Alaska Native people are 1.7–2.1 times more likely to die of COVID-19 than White people.² Nurses have witnessed firsthand these harsh realities and have been instrumental in responding as the pandemic evolves.

As Americans are now learning to live with a “new normal,” NINR also recognizes that we continue to contend with the long-term implications of the COVID-19 pandemic, including long COVID. Given the disproportionate impact on vulnerable communities and the need to manage what may be a long-term illness in the context of people’s lives and living conditions, NINR’s focus on health equity, social determinants of health, and social and behavioral research can make a difference in addressing long COVID, as well as the long-term impacts of the COVID pandemic. To that end, NINR is leading an initiative to support research to identify and evaluate the ongoing and long-term impacts of the COVID-19 pandemic, focusing specifically on governmental policy and programmatic actions that address two specific social determinants of health: food/nutrition security and housing security.³ Specifically, this initiative will focus on

² www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html

³ grants.nih.gov/grants/guide/rfa-files/RFA-NR-22-001.html

research that examines how food/nutrition and housing policies and programs aimed at lessening the effects of the pandemic have affected health in individuals, families, and communities from health disparity populations. This initiative is just one example of NINR's efforts to support science to ensure good health for everyone.

Science by Everyone: Addressing long COVID and the long-term effects of the COVID pandemic will take an “all-hands-on-deck” approach. NINR recognizes the need for interdisciplinary research and partnerships in communities, health systems, and within NIH. For instance, NINR serves with the National Institute on Aging (NIA), National Institute of Mental Health (NIMH), National Institute on Minority Health and Health Disparities (NIMHD), and Office of Behavioral and Social Sciences Research (OBSSR) on the NIH Social, Behavioral, and Economic (SBE) Executive Committee to focus on the role of SBE factors in understanding the health impact of COVID-19. All told, 21 of the NIH Institutes and Centers (ICs) are involved in the initiative. The SBE group has led the development of several funding opportunities and NINR supported 12 separate projects across these programs, some of which were co-funded with NIH partners. For example, one project supported by NINR and other ICs involves a real-world efficacy study to assess whether a program that identifies patients with social needs (e.g., housing, food) for referral to community-based services is effective in preventing COVID-19 transmission and improving related physical and mental health outcomes in underserved populations. Exploring social, behavioral, and economic components of health and illness is an area of research where we believe nursing science can have a real impact, as leaders and as partners.

In addition to its collaborations to address COVID-19, NINR is proud to collaborate in cross-cutting research across NIH, to expand the reach and multi-disciplinary focus of nursing science. As a founding co-chair of the NIH Common Fund's Community Partnerships to Advance Science for Society (ComPASS) program, NINR will lead efforts to advance health equity research to examine structural interventions that leverage multisectoral partnerships to improve health outcomes in communities and reduce health disparities while changing systems, policies, and practices. ComPASS is innovative in that it aims to fund community organizations directly to lead this research. As co-chair of a new NIH-wide social determinants of health research coordinating committee, NINR, together with NIMHD and OBSSR, is leading a new effort to accelerate this area of research across NIH – across diseases and conditions, populations, and the life course. The committee has been joined by 15 other NIH Institutes, Centers, and Offices. In addition, NINR is serving as co-chair of the NIH Implementing a Maternal health and PRegnancy Outcomes Vision for Everyone (IMPROVE) initiative which is focused on supporting research to reduce preventable causes of maternal deaths and improve health for women before, during, and after delivery. This initiative is designed to promote health equity by prioritizing interdisciplinary research that engages communities with high rates of maternal deaths and complications. NINR will remain active in these strategic partnerships and many others across NIH, HHS, and throughout the federal government.

Recent NINR Activities

Promoting the Public Good: NINR is pursuing new efforts that optimize health and advance health equity today, tomorrow, and into the future. For example, NINR supports an initiative to

advance integrated models of care to improve maternal health outcomes for populations who experience persistent disparities in severe maternal morbidity and mortality. This initiative seeks to encourage research to inform the development and implementation of interventions focused on the provision of supportive care. NINR also launched a new initiative in support of optimizing health and achieving health equity under the new strategic plan. Under this initiative, NINR seeks to support research projects rooted in nursing's holistic, contextualized approach to address the nation's most pressing and persistent health challenges, and that employ innovative and rigorous study designs to inform practice and policy, with an emphasis on solutions.

Inspiring the Next Generation of Scientists: Supporting the next generation of nursing scientists that are exceptionally prepared to respond to the challenges of a changing world continues to be a major priority for NINR. Providing early-career investigators with training and career development awards to support their research is critical to shaping the trajectory of researchers engaged in high-impact science. For example, NINR is well-positioned to generate the evidence base needed for nursing interventions that tackle the harmful effects of climate change. Recognizing that more researchers are needed in this area, NINR supports the development of the next generation of “climate and health”-focused scientists. For example, one Ph.D. student is examining the impact of in utero exposure to wildfire smoke on newborn health. This study will shed light on the potential harmful effects of wildfire smoke on mothers and newborns, such as lower birth weight, premature birth, and admission to neonatal intensive care units. It will also help health care providers better prepare for and prevent complications that arise during this critical period of growth and development.⁴

Tackling the Undiscovered: Because we have a lack of diversity in science, many times we do not even know the right questions to ask. NINR recognizes that including diverse perspectives in science leads to better research, and innovative solutions to pressing health challenges, and is the key to tackling the undiscovered. To that end, diversity, equity, inclusion, and accessibility remain priority areas for NINR and are essential for strengthening NINR-supported research. NINR will expand training pathways and efforts to create a workforce that is innovative, multidisciplinary, and reflective of our nation. We continue to support a wide array of funding opportunities to advance diverse perspectives in science, including new and at-risk investigators from diverse backgrounds and those from groups underrepresented in the biomedical and health-related sciences.⁵

Conclusion

In FY 2024, NINR will continue to implement its new strategic plan by supporting new grants and initiatives, conceptualizing new training programs, identifying strategic imperatives to address pressing health needs and emerging areas of interest, and identifying new partners within and outside of NIH. NINR will pursue opportunities to enhance the training and diverse perspectives in the nursing science workforce, develop solutions that build on the strengths of nurses' holistic and contextual perspective, and support research that advances health equity and improves health for all.

⁴ F31NR019521; reporter.nih.gov/project-details/10489254

⁵ grants.nih.gov/grants/guide/pa-files/PAR-22-181.html



ABOUT NINR

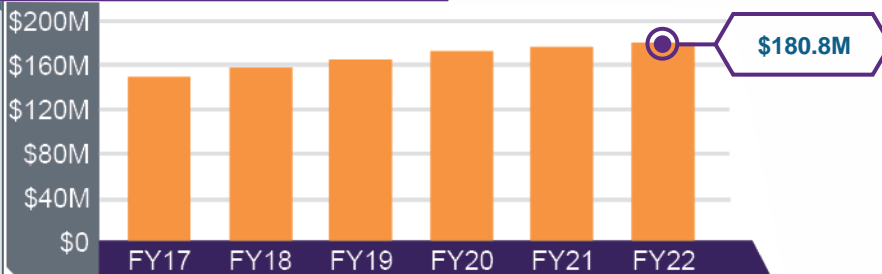
The mission of NINR is to lead nursing research to solve pressing health challenges and inform practice and policy – optimizing health and advancing health equity into the future. NINR supports research that develops the scientific basis for nursing practice and policy. With nursing’s holistic perspective at its core, NINR is focused on health solutions for people in the context of their lives and living conditions.

Facts and Figures

Total Competing Research Project Grants (FY 2018-22)*	324
Number of Funded Investigators (FY 2018-22)*	455
Number of Early Stage Investigator Awards (FY 2018-22)*	57
Success Rate - Early Stage Investigator Awards (FY 2018-22)*	21%
Total NINR FTEs (FY 2022)	82

*Data represent 4-year totals

FUNDING HISTORY



FY 2023 Enacted Funding \$197.7M

FY 2024 President’s Budget Request: \$197.7M

WHAT IS NURSING RESEARCH?

- Every day, nurses provide care in homes and communities, in hospitals and clinics, and in schools and workplaces. Nurses understand the challenges people encounter in their daily lives, as well as the opportunities for good health and well-being.
- Nursing research leverages the strength and knowledge of nursing to address the whole picture of health to optimize health for individuals, families, communities, and populations.
- Nursing science focuses on the person and not a disease or condition. It spans the life course and incorporates social determinants of health – the conditions and environments where people are born, live, learn, work, play, worship, and age – into solutions that inform practice and policy in clinical and community settings.
- NINR supports innovative, rigorous, and translational research that generates the evidence base needed to discover solutions to advance health equity and promote good health for all.



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

Dr. Zenk joined NINR as Director in September 2020. Prior to her arrival, she was Collegiate Professor at the

University of Illinois Chicago College of Nursing. Her research interests include health disparities, urban food environments, social determinants of health, community health solutions, and veterans’ health.

AT A GLANCE

History

In 1986, Public Law 99-158, the Health Research Extension Act of 1985 created the National Center for Nursing Research (NCNR) at NIH. In 1993, NCNR was elevated to an institute (NINR) with the signing of the NIH Revitalization Act.

Clinical Research

NINR’s research **focuses on people:** Nearly 80 percent of NINR’s funding directly engages human participants.

Advancing Health Equity

34 percent of NINR’s funding focuses on research to **eliminate health disparities.**

Prevention and Wellness

More than one-third of NINR’s budget supports research on wellness and preventing chronic conditions to keep **people healthy** and **reduce the risk** of future illness.

Social Determinants of Health

26 percent of NINR’s funding supports initiatives aimed at **addressing social determinants of health**, the root cause of persistent inequities.

Shaping the Next Generation

NINR prioritizes **training and career development of new scientists**, by committing more, as a percent of its budget, than nearly any other NIH Institute.

HIGHLIGHTS

COVID-19

Nurses continue to be at the forefront of responding to the pandemic, treating patients, and implementing preventive measures in hospitals, clinics, schools, and community settings. In turn, nursing science is using the lessons learned from COVID-19 to better prepare for the future. For example, NINR is leading an initiative to support research to identify and evaluate the ongoing and long-term impacts of the pandemic. This initiative focuses on policy and programmatic actions that address food/nutrition and housing security. In another example, researchers developed a smartwatch-based alerting system that detected aberrant heart rates and step counts that could be associated with early onset COVID. The system successfully alerted on 80 percent of individuals who later tested positive.



NINR 2022-2026 STRATEGIC PLAN



Advancing Nursing Science

NINR will implement its bold, new strategic plan by using five research lenses – health equity, social determinants of health, population and community health, prevention and health promotion, and systems and models of care – as a guide to best leverage the unique knowledge and strengths of nursing science to greatly increase our impact and benefit all people.

NINR Partnerships Across NIH

- Social Determinants of Health Research Coordinating Committee [Founding Co-Chair]
- NIH ComPASS (Community Partnerships to Advance Science for Society) Initiative [Founding Co-Chair]
- NIH UNITE Initiative: Ending racism in the biomedical sciences [Health Disparities and NIH Culture & Structure Committees]
- NIH IMPROVE (Implementing a Maternal health and PRenancy Outcomes Vision for Everyone) Initiative [Co-lead]
- NIH Climate Change and Health Initiative [Executive Committee]

HEALTH EQUITY



FUTURE INITIATIVES

- As part of NIH's Helping to End Addiction Long-term (HEAL) Initiative, NINR is supporting a new initiative to accelerate implementation of effective, non-opioid prevention and treatment interventions for chronic pain management in rural and remote populations.
- NINR will support research to promote the long-term health and well-being of nurses. For example, one group of NINR-supported researchers are developing wearable technology to help predict and manage impending burnout in registered nurses.
- NINR will continue to support opportunities that advance diverse perspectives in science, including new and at-risk investigators from diverse backgrounds and those from groups underrepresented in the biomedical and health-related sciences.

NIH HEAL INITIATIVE



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 2024 budget request for NINR, which remains at the FY 2023 Enacted level of \$197.7 million. Within the FY 2024 request level, NINR will pursue its highest research priorities through strategic investment and careful stewardship of appropriated funds.

Research Project Grants (RPGs) (-\$6.3 million; total \$141.7 million):

Competing RPGs will decrease by 12 grants and \$6.3 million. Non-competing RPGs will increase by 14 grants along with an increase of \$3.1 million, for a total of \$104.3 million in FY 2024, due to a large cohort of grants completing their performance period.

Budget Mechanism Table

NATIONAL INSTITUTES OF HEALTH

National Institute of Nursing Research

Budget Mechanism *

(Dollars in Thousands)

Mechanism	FY 2022 Final		FY 2023 Enacted		FY 2024 President's Budget		FY 2024 +/- FY 2023	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Research Projects:								
Noncompeting	179	\$88,963	184	\$101,235	198	\$104,328	14	\$3,093
Administrative Supplements	<i>(4)</i>	\$409	<i>(3)</i>	\$262	<i>(5)</i>	\$453	<i>(2)</i>	\$191
Competing:								
Renewal	3	\$2,509	3	\$2,604	3	\$2,604	0	\$0
New	57	\$29,181	65	\$33,312	53	\$26,974	-12	-\$6,338
Supplements	0	\$0	0	\$0	0	\$0	0	\$0
Subtotal, Competing	60	\$31,691	68	\$35,916	56	\$29,578	-12	-\$6,338
Subtotal, RPGs	239	\$121,063	252	\$137,413	254	\$134,360	2	-\$3,053
SBIR/STTR	10	\$5,277	11	\$5,768	14	\$7,308	3	\$1,540
Research Project Grants	249	\$126,340	263	\$143,182	268	\$141,668	5	-\$1,514
Research Centers								
Specialized/Comprehensive	5	\$3,071	2	\$1,132	2	\$1,132	0	\$0
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	5	\$3,071	2	\$1,132	2	\$1,132	0	\$0
Other Research:								
Research Careers	39	\$5,605	40	\$5,817	40	\$5,817	0	\$0
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	\$444	0	\$479	0	\$479	0	\$0
Other	1	\$1,733	1	\$1,798	1	\$1,798	0	\$0
Other Research	40	\$7,783	41	\$8,095	41	\$8,095	0	\$0
Total Research Grants	294	\$137,194	306	\$152,409	311	\$150,895	5	-\$1,514
Ruth L. Kirschstein Training Awards:								
Individual Awards	48	\$1,959	49	\$2,033	49	\$2,061	0	\$28
Institutional Awards	95	\$5,583	96	\$5,794	95	\$5,814	-1	\$20
Total Research Training	143	\$7,542	145	\$7,827	144	\$7,875	-1	\$48
Research & Develop. Contracts								
<i>SBIR/STTR (non-add)</i>	0	\$5,837	0	\$6,320	0	\$6,320	0	\$0
<i>SBIR/STTR (non-add)</i>	<i>(0)</i>	<i>(\$55)</i>	<i>(0)</i>	<i>(\$60)</i>	<i>(0)</i>	<i>(\$77)</i>	<i>(0)</i>	<i>(\$16)</i>
Intramural Research	18	\$11,091	26	\$11,113	26	\$11,868	0	\$755
Res. Management & Support	64	\$19,177	85	\$20,002	85	\$20,712	0	\$710
<i>SBIR Admin. (non-add)</i>	<i>(0)</i>	<i>(\$20)</i>	<i>(0)</i>	<i>(\$22)</i>	<i>(0)</i>	<i>(\$28)</i>	<i>(0)</i>	<i>(\$6)</i>
Construction	0	\$0	0	\$0	0	\$0	0	\$0
Buildings and Facilities	0	\$0	0	\$0	0	\$0	0	\$0
Total, NINR	82	\$180,841	111	\$197,671	111	\$197,671	0	\$0

* 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,

~~[\$197,693,000]~~ *\$197,671,000.*

Summary of Changes

NATIONAL INSTITUTES OF HEALTH National Institute of Nursing Research

Summary of Changes (Dollars in Thousands)

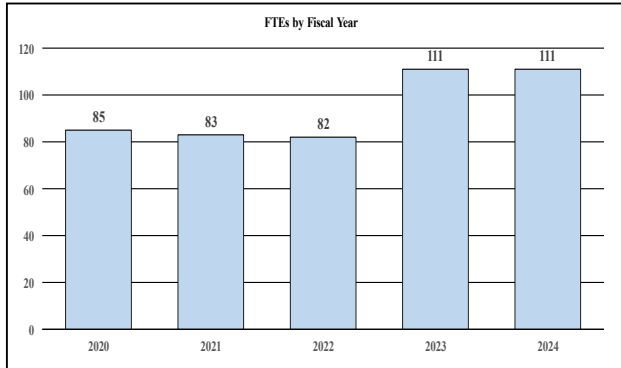
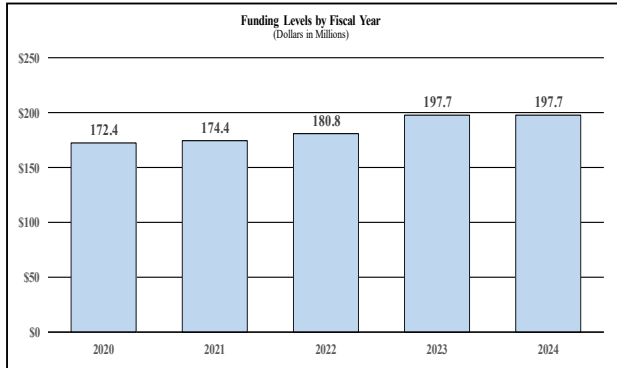
FY 2023 Enacted	\$197,671
FY 2024 President's Budget	\$197,671
Net change	\$0

CHANGES	FY 2023 Enacted		FY 2024 President's Budget		Built-In Change from FY 2023 Enacted	
	FTEs	Budget Authority	FTEs	Budget Authority	FTEs	Budget Authority
A. Built-in:						
1. Intramural Research:						
a. Annualization of FY 2023 pay and benefits increase		\$4,078		\$4,794		\$45
b. FY 2024 pay and benefits increase		\$4,078		\$4,794		\$156
c. Paid days adjustment		\$4,078		\$4,794		\$16
d. Differences attributable to change in FTE		\$4,078		\$4,794		\$0
e. Payment for centrally furnished services		\$1,987		\$2,019		\$32
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$5,048		\$5,056		\$96
Subtotal						\$346
2. Research Management and Support:						
a. Annualization of FY 2023 pay and benefits increase		\$13,489		\$14,155		\$149
b. FY 2024 pay and benefits increase		\$13,489		\$14,155		\$516
c. Paid days adjustment		\$13,489		\$14,155		\$52
d. Differences attributable to change in FTE		\$13,489		\$14,155		\$0
e. Payment for centrally furnished services		\$1,277		\$1,297		\$20
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$5,236		\$5,261		\$119
Subtotal						\$856
Subtotal, Built-in						\$1,202

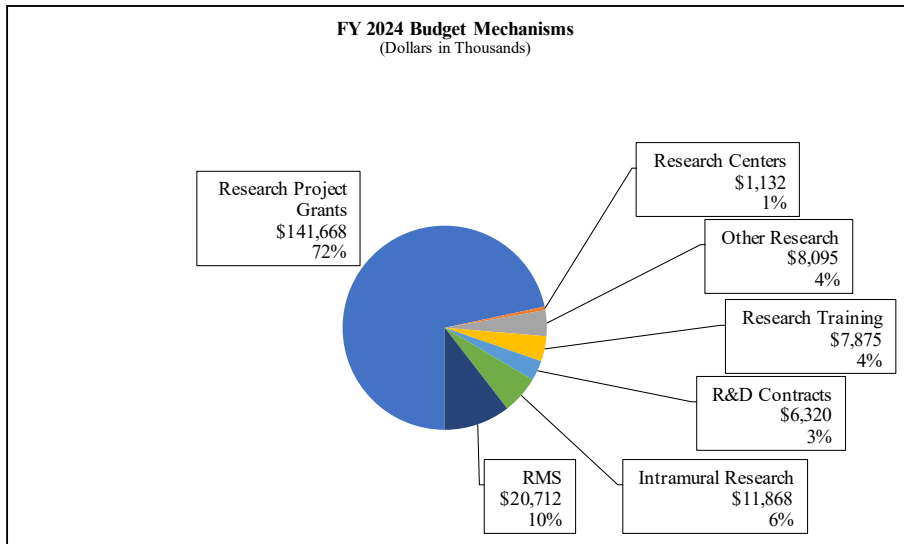
CHANGES	FY 2023 Enacted		FY 2024 President's Budget		Program Change from FY 2023 Enacted	
	No.	Amount	No.	Amount	No.	Amount
B. Program:						
1. Research Project Grants:						
a. Noncompeting	184	\$101,497	198	\$104,782	14	\$3,285
b. Competing	68	\$35,916	56	\$29,578	-12	-\$6,338
c. SBIR/STTR	11	\$5,768	14	\$7,308	3	\$1,540
Subtotal, RPGs	263	\$143,182	268	\$141,668	5	-\$1,514
2. Research Centers	2	\$1,132	2	\$1,132	0	\$0
3. Other Research	41	\$8,095	41	\$8,095	0	\$0
4. Research Training	145	\$7,827	144	\$7,875	-1	\$48
5. Research and development contracts	0	\$6,320	0	\$6,320	0	\$0
Subtotal, Extramural		\$166,556		\$165,090		-\$1,466
6. Intramural Research	26	\$11,113	26	\$11,868	0	\$410
7. Research Management and Support	85	\$20,002	85	\$20,712	0	-\$146
8. Construction		\$0		\$0		\$0
9. Buildings and Facilities		\$0		\$0		\$0
Subtotal, Program	111	\$197,671	111	\$197,671	0	-\$1,202
Total built-in and program changes						\$0

Fiscal Year 2024 Budget Graphs

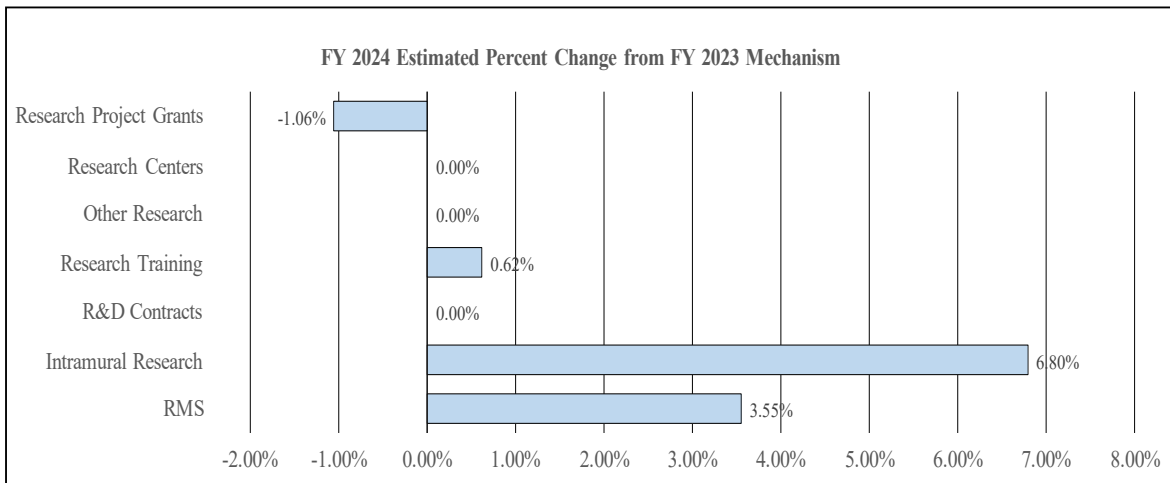
History of Budget Authority and FTEs:



Distribution by Mechanism:

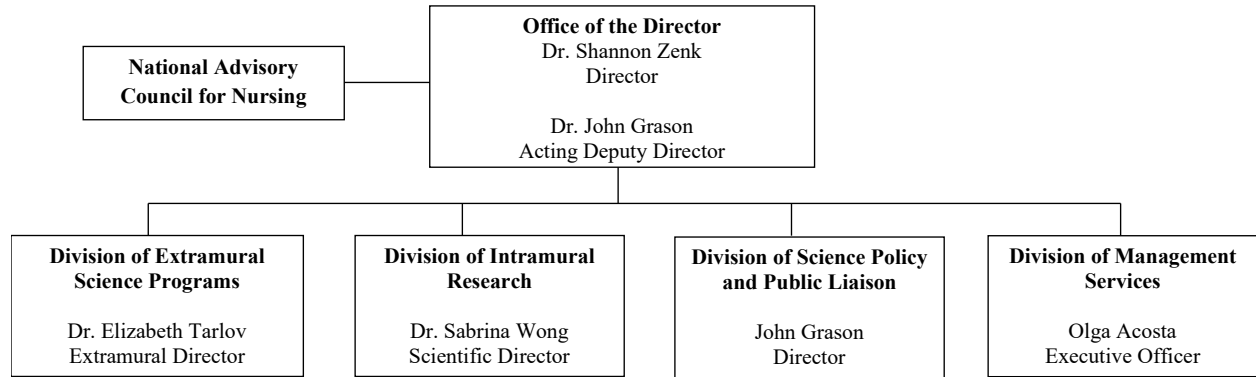


Change by Selected Mechanisms:



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 2022 Final		FY 2023 Enacted		FY 2024 President's Budget		FY 2024 +/- FY 2023 Enacted	
	FTE	Amount	FTE	Amount	FTE	Amount	FTE	Amount
<u>Extramural Research</u>								
<u>Detail</u>								
Prevention and Management of Chronic Conditions		\$77,406		\$80,482		\$79,729		-\$753
Promoting Health Equity and Reducing Health Disparities		\$55,423		\$67,625		\$67,086		-\$539
Innovation and Technology		\$5,541		\$5,762		\$5,708		-\$54
Training Nurse Scientists		\$12,202		\$12,687		\$12,568		-\$119
Subtotal, Extramural		\$150,572		\$166,556		\$165,090		-\$1,466
Intramural Research	18	\$11,091	26	\$11,113	26	\$11,868	0	\$755
Research Management & Support	64	\$19,177	85	\$20,002	85	\$20,712	0	\$710
TOTAL	82	\$180,841	111	\$197,671	111	\$197,671	0	\$0

* 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 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
BA	\$180,841,000	\$197,671,000	\$197,671,000	\$0
FTE	82	111	111	0

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

Overall Budget Policy: The FY 2024 President’s Budget Request for NINR is \$197.7 million, which remains at the FY 2023 Enacted level. This budget includes \$10.0 million to sustain the increase enacted in FY 2023 for NINR research in the area of health disparities. Investigator-initiated research projects, support for new investigators, research training, and career development continue to be the Institute’s highest priorities. Overall, in FY 2024, 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

Nursing, nursing science, and NINR all share the imperative to ensure that all people have the opportunity—and ability—to achieve optimal health, well-being, and quality of life. This perspective is reflected in NINR’s long-standing commitment to supporting research to eliminate health disparities. Yet, given persistent disparities in health and obstacles faced by socially and economically disadvantaged populations, it is important for nursing science to lead efforts to think differently about potential solutions and new approaches. More specifically, research through NINR’s “Health Equity” lens aims to reduce and ultimately eliminate the systemic and structural inequities that place some population groups at an unfair, unjust, and avoidable disadvantage in attaining their full health potential. NINR supports research to improve health outcomes through structural interventions that remove obstacles to health equity and increase availability and accessibility of resources for disadvantaged groups. For example, NINR-supported researchers are testing a telehealth intervention led by lay navigators specifically tailored for rural and African American family caregivers of individuals living with newly diagnosed advanced cancer. Preliminary findings show that African American caregivers who

participated in the intervention had lower levels of depressive symptoms and improved quality of life when compared to usual care. The caregivers were also highly accepting of the intervention, as measured by whether they would recommend the program to other caregivers.⁶ This intervention, which shows promise for improving quality of life among African American caregivers, could also serve as a model of caregiver support that is more widely adopted for many populations.



Social determinants of health are often key contributors to health disparities. For instance, factors such as high-quality education, green spaces, affordable nutritious foods, and housing are often less accessible to disadvantaged groups and can have differential effects on health. Research through NINR’s “Social Determinants of Health” lens aims to identify effective approaches to improve health and quality of life by addressing the conditions in which people are born, live, learn, work, play, and age. NINR supports nursing research to understand how the context of people’s lives and living conditions affect health, as well as to identify and develop interventions delivered at the right place and the right time to target these determinants. In a recent study supported by NINR, researchers examined whether social determinants of health were related to more severe exacerbation of asthma in children. The researchers used geospatial analysis to identify whether children lived in neighborhood “hot spots” which had higher social vulnerability and lower childhood opportunity. The study found that hot spots were related to more severe exacerbation of asthma in children in terms of longer hospital stays and higher admission to pediatric intensive care units with life-threatening asthma.⁷ Understanding neighborhood-level determinants of health disparities can help identify those children most at risk for critical asthma hospital admissions and may lead to interventions aimed at reducing the use of critical care resources and improving health.

In line with its long history of supporting research on health disparities, NINR continues to support research on contributors to inequities, as well as interventions to promote health equity. For example, NINR-supported researchers are working with public health and public housing authorities to investigate how housing vouchers provided to low-income families may affect children’s health care use. Findings from this research may provide important information on

⁶Dionne-Odom JN, Azuero A, Taylor RA, Dosse C, Bechthold AC, Currie E, Reed RD, Harrell ER, Engler S, Ejem DB, Ivankova NV, Martin MY, Rocque GB, Williams GR, Bakitas MA. A lay navigator-led, early palliative care intervention for African American and rural family caregivers of individuals with advanced cancer (Project Cornerstone): Results of a pilot randomized trial. *Cancer*. 2022 Mar 15;128(6):1321-1330. Epub 2021 Dec 7. PMID: 34874061

⁷ Grunwell JR, Opolka C, Mason C, Fitzpatrick AM. Geospatial Analysis of Social Determinants of Health Identifies Neighborhood Hot Spots Associated With Pediatric Intensive Care Use for Life-Threatening Asthma. *J Allergy Clin Immunol Pract*. 2022 Apr;10(4):981-991.e1. Epub 2021 Nov 11. PMID:34775118

Nursing Leadership and Innovation During COVID-19

Since the COVID-19 pandemic began in 2020, nurses have heroically remained on the front lines treating and caring for patients and implementing preventive measures in hospitals, clinics, schools, and other settings to improve health. Likewise, nursing science has taken urgent and responsive action to provide transformative solutions for patients and communities. From the pandemic's effects on neighborhoods, to policy changes, to the well-being of individuals and families, NINR-supported researchers are leading efforts to understand COVID-19 and develop interventions to improve health.

One NINR-supported research team is trying to capture changes in neighborhoods that may be due to the pandemic, such as environmental hazards, broadband internet access, and healthcare availability. This research team is developing a data resource to create, integrate, and share data on physical, social, and economic neighborhood characteristics pre- and post-pandemic. This is intended to serve as a resource for assessing risk and resilience factors that lead to inequities in COVID outcomes, particularly in underserved communities, to help us better plan for the future. Another group of researchers is using administrative data on children in the public school system to understand the impact of the pandemic on health and education. As part of this project, the investigators will assess how disparities were affected by the pandemic, specifically the impact of vaccine availability and uptake, and the availability of school and neighborhood resources, on health and education outcomes.

NINR is also supporting a study to examine whether an intervention for African American COVID-19 survivors with underlying chronic diseases and their informal caregivers is effective in improving health and quality-of-life for both partners in the dyad. The intervention will focus on overcoming racial- and pandemic-related stressors in the context of community social vulnerability. In another NINR-supported study, researchers are examining the effectiveness of a community health worker-led intervention to improve physical and psychosocial functioning in older, primarily African American, adults to help in understanding the consequences of the pandemic on the well-being and functioning of vulnerable populations.

Through these and future efforts, NINR-supported research will continue to play a critical role in discovering solutions to address the inequities exacerbated by the pandemic and to promote better health for everyone.

the role of housing vouchers on children's health and help inform practice and policy decisions.⁸ In another study, researchers are testing an intervention that assesses the relationship between food insecurity and obesity by improving participants' access to nutritious foods during behavioral weight loss treatment.⁹

Budget Policy: The FY 2024 President's Budget request for this program is \$67.1 million, a decrease of \$0.5 million or 0.8 percent compared to the FY 2023 Enacted level.

Prevention and Management of Chronic Conditions



Nurses play a critical role in prevention, diagnosis, treatment, care, and management of chronic conditions in homes, clinics, schools, workplaces, and communities. This reach, along with nurses' holistic, contextualized perspective, ideally positions nursing science to advance research to help prevent and manage chronic conditions across the lifespan. When a person has a chronic condition, such as diabetes, heart disease, or arthritis, it reaches every part of their lives. NINR supports research to prevent and manage chronic illness that considers the realities of people's lives and living conditions. NINR

recognizes that prevention and health promotion efforts must address a wide range of factors, such as social, environmental, and behavioral factors, that place people at risk for poor health and that contribute to health inequities.

Research through NINR’s “Prevention and Health Promotion” lens considers not only how to prevent disease and promote health, but how to also prevent inequities in disease burden, health outcomes, and well-being based on the broad range of factors that increase risk. As one example, NINR-supported researchers are testing an intervention to improve glycemic control, diabetes distress, diabetes management, and food security in rural communities. The researchers are employing home-delivery of type 2 diabetes management-appropriate healthy food boxes with evidence-based educational materials and recipes to improve glycemic control and diet quality.¹⁰

NINR supports research that is rooted in the communities being served and explores factors that lead to illness in search of solutions that consider people in the context of their lives and living conditions. Research through NINR’s “Population and Community Health” lens investigates the contributors to population and community health, tests and evaluates interventions, and uses community action and partnerships in the many settings in which nurses work. For example, as



part of NIH’s Helping to End Addiction Long-term (HEAL) initiative to end long-term addiction, NINR is supporting a new initiative to accelerate implementation of effective, non-opioid prevention and treatment interventions for chronic pain management in rural and remote populations.¹¹ Investigators will collaborate with rural health systems or organizations and develop community-based partnerships to enhance the quality of interventions.

NINR recognizes the need for innovative systems and models of care that bring together coalitions and partnerships across clinical and community settings and address social factors and needs for populations and individuals. Nursing research is needed to inform the development, dissemination, and implementation of new, organized systems and models of care. Research through NINR’s “Systems and Models of Care lens” explores solutions that grapple with systems-level challenges, such as coordinating care and integrating data across clinical and community settings, testing models of contextualized care, and understanding the impacts of organizational practices and policy on quality of care and its outcomes. For example, poor communication and lack of key information, such as lab results and medication status, in discharge medical records puts patients at high risk for adverse events and poor health outcomes during transfer from hospital to nursing home. To address these challenges, investigators supported through NINR’s Small Business Innovative Research (SBIR) program are developing an innovative new

¹⁰ R01NR019487; reporter.nih.gov/project-details/10438910

¹¹ grants.nih.gov/grants/guide/rfa-files/RFA-NR-23-001.html

information tool that can be integrated into nursing homes' electronic health records to support safe admission to nursing home care. The tool aims to provide critical information at patient admission to nursing homes, ultimately improving staff and provider satisfaction as well as resident safety and quality of care.¹²



Budget Policy: The FY 2024 President's Budget request for this program is \$79.7 million, a decrease of \$0.8 million or 0.9 percent compared to the FY 2023 Enacted level.

Innovation and Technology

NINR supports the discovery of novel interventions and new technologies that offer practical solutions to health challenges in homes, clinics, hospitals, communities, and beyond. For instance, the COVID-19 pandemic highlighted the need for research focused on innovative technologies to improve testing, prevention, and treatments. In one example, NINR supported a study through NIH's Rapid Acceleration of Diagnostics Radical initiative, or RADx-rad, which focuses on new approaches to COVID detection and home-based testing. In this study, investigators developed a smartwatch-based alerting system that detected aberrant heart rates and step counts that could be associated with early onset COVID. The system successfully alerted on 80 percent of pre-symptomatic and asymptomatic individuals who later tested positive for



COVID.¹³ Another example where new technologies are needed involves hospital patients who are conscious but unable to verbally communicate their needs to health care providers, such as those on a breathing tube. Supported through NINR's SBIR program, investigators developed a device called the noddle™ to improve patient-provider communication.¹⁴ The noddle detects small movements such as finger taps, eye blinks, or tongue

clicks, which assists patients in calling for a nurse and communicating their care needs (e.g., need for pain relief).¹⁵ Currently, the noddle is available across the US in 15 hospitals and centers. In another example, a group of NINR-supported researchers are developing wearable technology to help predict and manage impending burnout in registered nurses.¹⁶ This new technology has the potential to proactively support the well-being of nurses, improve patient care, and may be later adapted to address burnout in the larger healthcare workforce.

¹² R43NR020775; reporter.nih.gov/project-details/10545678

¹³ Alavi A, et al. Real-time alerting system for COVID-19 and other stress events using wearable data. *Nat Med.* 2022 Jan;28(1):175-184. doi: 10.1038/s41591-021-01593-2. Epub 2021 Nov 29. PMID: 34845389

¹⁴ R44NR016406; reporter.nih.gov/project-details/9571252

¹⁵ Hurtig RR, Alper RM, Bryant KN, Davidson KR, Bilskemper C. *Perspect ASHA Spec Interest Groups.* 2019 Oct;4(5):1017-1027. Epub 2019 Oct 31. PMID: 34113718

¹⁶ R01NR020362; reporter.nih.gov/project-details/10437161

Budget Policy: The FY 2024 President’s Budget request for this program is \$5.7 million, a decrease of \$0.1 million or 0.9 percent compared to the FY 2023 Enacted level.

Training Nurse Scientists

Training the next generation of nurse scientists has been and will continue to be a major priority for NINR. To truly prosper as a science, it is essential to create a strong, innovative, and diverse nursing research workforce fully positioned to address current and future health challenges, as well as opportunities to improve health for individuals, families, and communities. NINR supports students and investigators just starting their research careers, as well as established investigators pursuing new research directions, through training and career development awards such as the Ruth L. Kirschstein National Research Service Awards (NRSAs) and career development (K) awards. Across all of its training programs, NINR aims to encourage training on the new priorities and research lenses in NINR’s strategic plan, such as social determinants of health, health disparities and health equity, and community and population health. Recognizing that diversity at all levels strengthens the research enterprise and nursing science, NINR is also participating in an initiative to support new and at-risk investigators from diverse backgrounds, including those from groups underrepresented in the health-related sciences.¹⁷ In addition, NINR remains deeply committed to advancing diverse perspectives in the scientific workforce and nursing science community through its leadership on NIH-wide initiatives. Finally, NINR established a working group which is examining the diversity of the NINR-supported scientific workforce with the goal of identifying and implementing solutions to remove barriers to inclusion and diversity. NINR will use information and recommendations provided by the working group to develop future training programs and opportunities.

Budget Policy: The FY 2024 President’s Budget request for this program is \$12.6 million, a decrease of \$0.1 million or 0.9 percent compared to the FY 2023 Enacted 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. 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 2024 President’s Budget request for this program is \$11.9 million, an increase of \$0.8 million or 6.8 percent compared to the FY 2023 Enacted 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

¹⁷ grants.nih.gov/grants/guide/pa-files/PAR-22-181.html

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 2024 President's Budget request for this program is \$20.7 million, an increase of \$710 thousand or 3.6 percent compared to the FY 2023 Enacted 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
2015	\$140,452,000			\$140,953,000
Rescission				\$0
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			

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	2023 Amount Authorized	FY 2023 Enacted	2024 Amount Authorized	FY 2024 President's Budget
Research and Investigation	Section 301	42§241	Indefinite	\$197,671,000	Indefinite	\$197,671,000
National Institute of Nursing Research	Section 401(a)	42§281	Indefinite		Indefinite	
Total, Budget Authority				\$197,671,000		\$197,671,000

AMOUNTS AVAILABLE FOR OBLIGATION

NATIONAL INSTITUTES OF HEALTH
National Institute of Nursing Research

Amounts Available for Obligation¹
(Dollars in Thousands)

Source of Funding	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Appropriation	\$180,862	\$197,693	\$197,671
Secretary's Transfer	\$0	\$0	\$0
OAR HIV/AIDS Transfers	-\$21	-\$22	\$0
Subtotal, adjusted budget authority	\$180,841	\$197,671	\$197,671
Unobligated balance, start of year	\$0	\$0	\$0
Unobligated balance, end of year (carryover)	\$0	\$0	\$0
Subtotal, adjusted budget authority	\$180,841	\$197,671	\$197,671
Unobligated balance lapsing	\$0	\$0	\$0
Total obligations	\$180,841	\$197,671	\$197,671

¹ Excludes the following amounts (in thousands) for reimbursable activities carried out by this account:
FY 2022 - \$789 FY 2023 - \$2,000 FY 2024 - \$2,000

BUDGET AUTHORITY BY OBJECT CLASS

NATIONAL INSTITUTES OF HEALTH National Institute of Nursing Research

Budget Authority by Object Class¹ (Dollars in Thousands)

	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Total compensable workyears:			
Full-time equivalent	111	111	0
Full-time equivalent of overtime and holiday hours	0	0	0
Average ES salary	\$0	\$0	\$0
Average GM/GS grade	13.1	13.1	0.0
Average GM/GS salary	\$137	\$144	\$7
Average salary, Commissioned Corps (42 U.S.C. 207)	\$137	\$144	\$7
Average salary of ungraded positions	\$96	\$101	\$5
OBJECT CLASSES	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Personnel Compensation			
11.1 Full-Time Permanent	\$10,776	\$11,695	\$918
11.3 Other Than Full-Time Permanent	\$1,234	\$1,301	\$67
11.5 Other Personnel Compensation	\$353	\$372	\$19
11.7 Military Personnel	\$425	\$445	\$20
11.8 Special Personnel Services Payments	\$215	\$227	\$12
11.9 Subtotal Personnel Compensation	\$13,003	\$14,040	\$1,036
12.1 Civilian Personnel Benefits	\$4,496	\$4,834	\$338
12.2 Military Personnel Benefits	\$68	\$75	\$7
13.0 Benefits to Former Personnel	\$0	\$0	\$0
Subtotal Pay Costs	\$17,567	\$18,948	\$1,381
21.0 Travel & Transportation of Persons	\$35	\$36	\$1
22.0 Transportation of Things	\$37	\$38	\$1
23.1 Rental Payments to GSA	\$20	\$21	\$0
23.2 Rental Payments to Others	\$0	\$0	\$0
23.3 Communications, Utilities & Misc. Charges	\$31	\$32	\$1
24.0 Printing & Reproduction	\$0	\$0	\$0
25.1 Consulting Services	\$3,701	\$3,763	\$63
25.2 Other Services	\$2,415	\$2,473	\$58
25.3 Purchase of Goods and Services from Government Accounts	\$13,210	\$13,160	-\$49
25.4 Operation & Maintenance of Facilities	\$67	\$68	\$1
25.5 R&D Contracts	\$658	\$646	-\$13
25.6 Medical Care	\$1	\$1	\$0
25.7 Operation & Maintenance of Equipment	\$167	\$171	\$4
25.8 Subsistence & Support of Persons	\$0	\$0	\$0
25.0 Subtotal Other Contractual Services	\$20,218	\$20,282	\$64
26.0 Supplies & Materials	\$210	\$215	\$5
31.0 Equipment	\$314	\$321	\$8
32.0 Land and Structures	\$203	\$208	\$5
33.0 Investments & Loans	\$0	\$0	\$0
41.0 Grants, Subsidies & Contributions	\$159,036	\$157,570	-\$1,466
42.0 Insurance Claims & Indemnities	\$0	\$0	\$0
43.0 Interest & Dividends	\$0	\$0	\$0
44.0 Refunds	\$0	\$0	\$0
Subtotal Non-Pay Costs	\$180,104	\$178,723	-\$1,381
Total Budget Authority by Object Class	\$197,671	\$197,671	\$0

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 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
<u>Personnel Compensation</u>			
Full-Time Permanent (11.1)	\$10,776	\$11,695	\$918
Other Than Full-Time Permanent (11.3)	\$1,234	\$1,301	\$67
Other Personnel Compensation (11.5)	\$353	\$372	\$19
Military Personnel (11.7)	\$425	\$445	\$20
Special Personnel Services Payments (11.8)	\$215	\$227	\$12
Subtotal, Personnel Compensation (11.9)	\$13,003	\$14,040	\$1,036
Civilian Personnel Benefits (12.1)	\$4,496	\$4,834	\$338
Military Personnel Benefits (12.2)	\$68	\$75	\$7
Benefits to Former Personnel (13.0)	\$0	\$0	\$0
Subtotal Pay Costs	\$17,567	\$18,948	\$1,381
Travel & Transportation of Persons (21.0)	\$35	\$36	\$1
Transportation of Things (22.0)	\$37	\$38	\$1
Rental Payments to Others (23.2)	\$0	\$0	\$0
Communications, Utilities & Misc. Charges (23.3)	\$31	\$32	\$1
Printing & Reproduction (24.0)	\$0	\$0	\$0
<u>Other Contractual Services</u>			
Consultant Services (25.1)	\$3,701	\$3,763	\$63
Other Services (25.2)	\$2,415	\$2,473	\$58
Purchase of Goods and Services from Government Accounts (25.3)	\$8,032	\$7,978	-\$53
Operation & Maintenance of Facilities (25.4)	\$67	\$68	\$1
Operation & Maintenance of Equipment (25.7)	\$167	\$171	\$4
Subsistence & Support of Persons (25.8)	\$0	\$0	\$0
Subtotal Other Contractual Services	\$14,381	\$14,454	\$72
Supplies & Materials (26.0)	\$210	\$215	\$5
Subtotal Non-Pay Costs	\$14,695	\$14,774	\$80
Total Administrative Costs	\$32,261	\$33,723	\$1,461

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 2022 Final			FY 2023 Enacted			FY 2024 President's Budget		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Division of Intramural Research									
Direct:	14	3	17	23	3	26	23	3	26
Total:	14	3	17	23	3	26	23	3	26
Office of the Director									
Direct:	4	-	4	6	-	6	6	-	6
Total:	4	-	4	6	-	6	6	-	6
Division of Extramural Science Programs									
Direct:	23	-	23	36	-	36	36	-	36
Total:	23	-	23	36	-	36	36	-	36
Division of Science Policy and Public Liaison									
Direct:	15	-	15	19	-	19	19	-	19
Total:	15	-	15	19	-	19	19	-	19
Division of Management Services									
Direct:	23	-	23	24	-	24	24	-	24
Total:	23	-	23	24	-	24	24	-	24
Total	79	3	82	108	3	111	108	3	111
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								
2020	13.1								
2021	13.0								
2022	13.1								
2023	13.1								
2024	13.1								

DETAIL OF POSITIONS

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

Detail of Positions¹

GRADE	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Total, ES Positions	0	0	0
Total, ES Salary	\$0	\$0	\$0
General Schedule			
GM/GS-15	10	16	16
GM/GS-14	25	27	27
GM/GS-13	23	24	24
GS-12	9	16	16
GS-11	3	4	4
GS-10	0	0	0
GS-9	1	1	1
GS-8	0	0	0
GS-7	2	3	3
GS-6	1	1	1
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	74	92	92
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
Subtotal	3	3	3
Ungraded	16	19	19
Total permanent positions	77	95	95
Total positions, end of year	93	114	114
Total full-time equivalent (FTE) employment, end of year	82	111	111
Average ES salary	\$0	\$0	\$0
Average GM/GS grade	13.1	13.1	13.1
Average GM/GS salary	\$131,012	\$136,975	\$144,098

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