

NATIONAL INSTITUTE OF NURSING RESEARCH

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Mission:

The National Institute of Nursing Research supports clinical and basic research to establish a scientific basis for the care of individuals across the life span. With its broad mandate, the NINR seeks to understand and ease the symptoms of acute and chronic illness, to prevent or delay the onset of disease or disability or slow its progression, to find effective approaches for achieving and sustaining good health, and to improve the clinical settings in which care is provided. Research supported by the NINR involves care provided in a variety of settings, including the community and home in addition to more traditional health care sites, and extends to problems encountered by patients, families, and caregivers. It covers the management of patients during illness and recovery, the reduction of risks for disease and disability, the promotion of healthy lifestyles, the improvement of quality of life in those with chronic illness, and addressing the needs of individuals at the end of life. Its focus extends to the special needs of at-risk and underserved populations, with an emphasis on reducing health disparities. These efforts are crucial in the creation of scientific advances and their translation into high-quality, cost-effective health care.

The intramural division of the NINR supports research and training in the areas of symptom management and health promotion. In addition, the NINR supports comprehensive research training and career development programs to prepare individuals with the requisite skills to conduct research in interdisciplinary settings. The NINR has established leadership in community-partnered interventions research that will build community involvement in research.

Selected Achievements and Initiatives:

Themes for the Future: The NINR has identified five cross-cutting themes for future initiatives. These themes complement and synergize the NIH Roadmap themes. The five themes are: Changing Lifestyle Behaviors for Better Health, Managing the Effects of Chronic Illness to Improve Health and Quality of Life, Identifying Effective Strategies to Reduce Health Disparities, Harnessing Advanced Technologies to Serve Human Needs, and Enhancing the End-of-Life Experience for Patients and Families.

Nursing Partnership Centers: The NINR-supported Nursing Partnership Centers on Health Disparities is developing partnerships between researchers, faculty, and students at minority institutions and those at institutions with established research programs. This initiative will expand the research infrastructure and capacity of minority nurse investigators to conduct nursing research in health disparities.

High Blood Pressure in Inner-City Black Males: The incidence of high blood pressure among Black males is 40 percent higher than it is for White males, and young Black men have the lowest rates of awareness, treatment, and control of high blood pressure of any population group in the U.S. An interdisciplinary team consisting of a nurse practitioner,

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a community health worker, and a physician provided assessment and management of hypertension for a group of inner-city Black men over a course of three years. The intervention included education on diet, exercise and weight control, along with titration of blood pressure medications. The men in this intervention group decreased their smoking and intake of fatty foods, and the proportion who attained control of their blood pressure rose from 19% to 40%.

Caregiving at Home in the End-of-Life: Nurse researchers in Oregon surveyed family caregivers involved in the care of a recent elderly decedent who died at home. Most decedents had a written advance directive, and 82% remained conscious in their last week of life. Common discomforts included lack of energy and appetite, drowsiness, dry mouth, pain, and dyspnea. Most caregivers felt emotionally or physically drained from the experience, and many had sleep disturbance. Although almost all decedents had health insurance, caregivers reported financial burdens and many out-of-pocket expenses. While advance directives may help reduce the number of death occurring in hospitals, they do not ensure adequate palliative care for patients or support for families.

Helping Elders Transition to Home After a Hospital Stay: Elderly patients requiring hospitalization for heart failure have a high readmission rate after discharge, indicating a breakdown during the transition from the hospital to the home. Advanced practice nurses (APNs) implemented a transitional care program for these elders that managed their discharge planning, coordinated care across different settings, identified patient and caregiver goals, individualized careplans and learning needs, and coordinated multiple therapies. At one-year after discharge, these elders had fewer rehospitalizations, hospital days, and deaths, and a lower total cost of care, than patients in a control group who remained in standard care. Providing transitional care for elders with chronic health conditions is cost-effective and offers potential health benefits.

Examining the Effectiveness of Household Hygiene Practices: Common infectious diseases such as colds, upper respiratory infections, and diarrhea can place a significant financial burden on families due to missed work or the needs of care. One study on the practice of common household hygiene practices found that the use of hot water and bleach for white laundry significantly reduced disease risk. The findings also indicated that drinking only bottled water was associated with a two-fold increased risk of infection, although the cause was unclear. A related study on household hand-washing found no protective benefit from the use of antimicrobial soaps.

Appropriations History

(\$ in thousands)

FY 2001	\$104,328 (+16.5%)
FY 2002	\$120,366 (+15.4%)
FY 2003	\$130,584 (+8.5%)
FY 2004	\$134,724 (+3.2%)
FY 2005	\$138,072 (+2.5%)

Extramural Research Project Grants

(Includes SBIR/STTRs)

FY 2001	255
FY 2002	263
FY 2003	292
FY 2004	294
FY 2005	295

Success Rate — Research Project Grants

FY 2001	26%
FY 2002	26%
FY 2003	27%
FY 2004	21%
FY 2005	22%

Research Training Positions Supported

FY 2001	250
FY 2002	274
FY 2003	265
FY 2004	278
FY 2005	277

Research Centers

FY 2001	19
FY 2002	35
FY 2003	35
FY 2004	33
FY 2005	36