

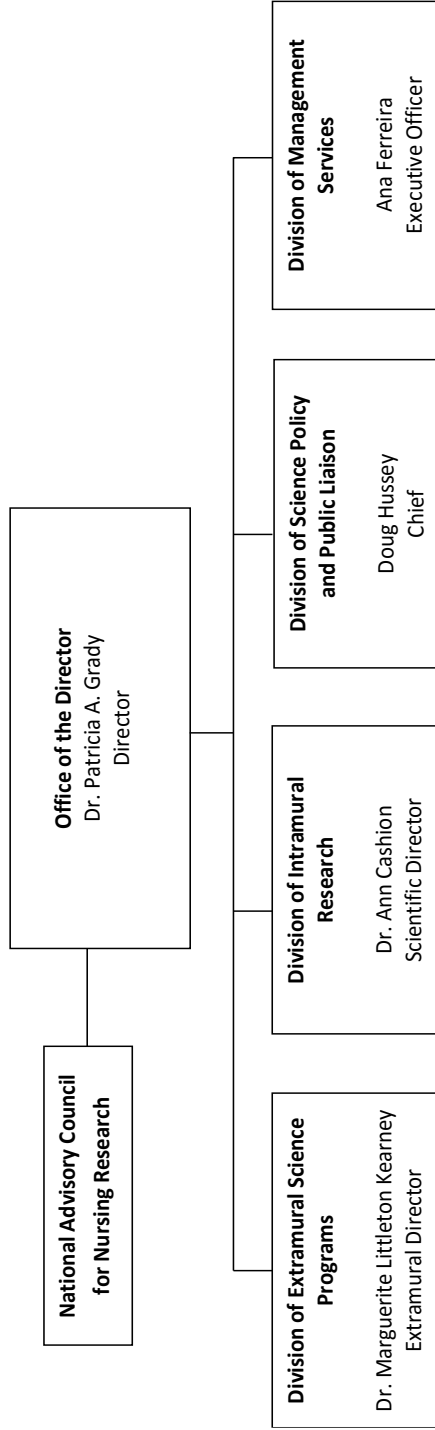
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 PHS Act with respect to nursing research,
\$113,688,000.*

NATIONAL INSTITUTES OF HEALTH
National Institute of Nursing Research

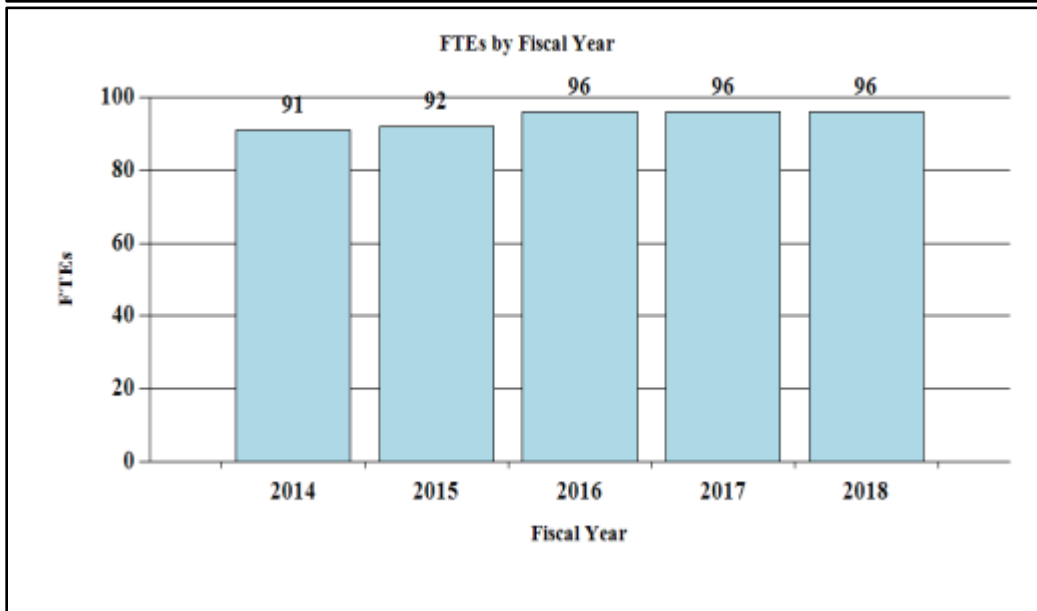
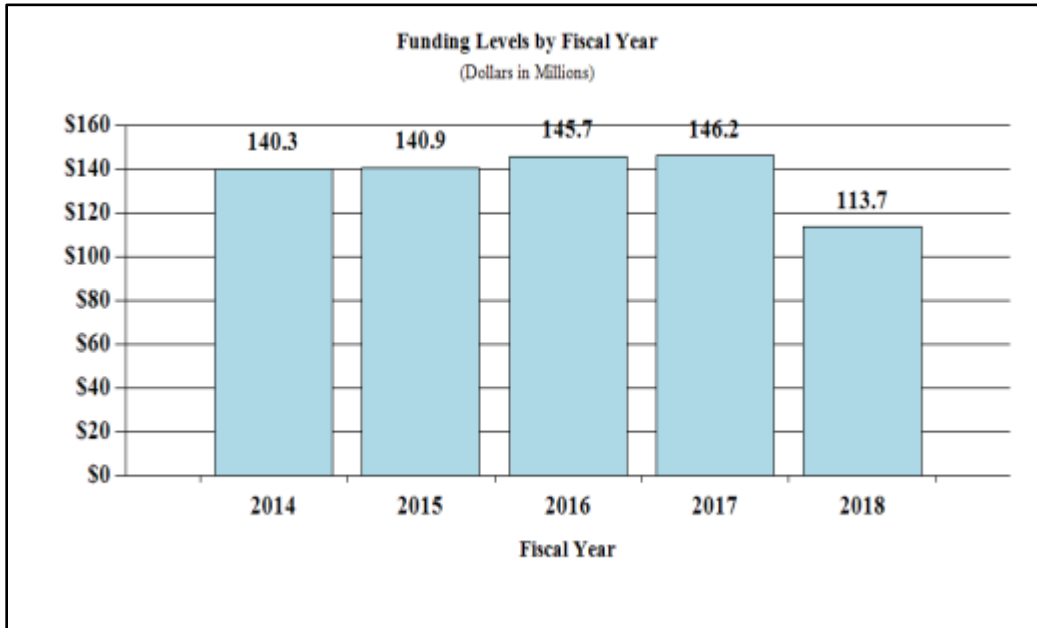
Amounts Available for Obligation¹
(Dollars in Thousands)

Source of Funding	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Appropriation	\$146,485	\$146,485	\$113,688
Mandatory Appropriation: (non-add)			
<i>Type 1 Diabetes</i>	(0)	(0)	(0)
<i>Other Mandatory financing</i>	(0)	(0)	(0)
Rescission	0	-278	0
Sequestration	0	0	0
Zika Intra-NIH Transfer	-203	0	0
Subtotal, adjusted appropriation	\$146,282	\$146,207	\$113,688
OAR HIV/AIDS Transfers	-573	0	0
Subtotal, adjusted budget authority	\$145,709	\$146,207	\$113,688
Unobligated balance, start of year	0	0	0
Unobligated balance, end of year	0	0	0
Subtotal, adjusted budget authority	\$145,709	\$146,207	\$113,688
Unobligated balance lapsing	-9	0	0
Total obligations	\$145,701	\$146,207	\$113,688

¹ Excludes the following amounts for reimbursable activities carried out by this account:
FY 2016 - \$67 FY 2017 - \$165 FY 2018 - \$785

Fiscal Year 2018 Budget Graphs

History of Budget Authority and FTEs:



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

Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2017 Amount Authorized	FY 2017 Annualized CR	2018 Amount Authorized	FY 2018 President's Budget
Research and Investigation	Section 301	42§241	Indefinite	\$146,207,000	Indefinite	\$113,688,000
National Institute of Nursing Research	Section 401(a)	42§281	Indefinite		Indefinite	
Total, Budget Authority				\$146,207,000		\$113,688,000

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

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2008	\$137,800,000	\$139,527,000	\$140,456,000	\$139,920,000
Rescission				\$2,244,000
2009	\$137,609,000	\$142,336,000	\$141,439,000	\$141,879,000
Rescission				\$0
Supplemental				\$731,000
2010	\$143,749,000	\$146,945,000	\$144,262,000	\$145,660,000
Rescission				\$0
2011	\$150,198,000		\$149,963,000	\$145,660,000
Rescission				\$1,278,982
2012	\$148,114,000	\$148,114,000	\$142,755,000	\$145,043,000
Rescission				\$274,131
2013	\$144,153,000		\$144,590,000	\$144,768,869
Rescission				\$289,538
Sequestration				(\$7,266,402)
2014	\$146,244,000		\$145,272,000	\$140,517,000
Rescission				\$0
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	\$146,485,000
Rescission				\$278,000
2018	\$113,688,000			

¹ Budget Estimate to Congress includes mandatory financing.

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:

	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
BA	\$145,709,000	\$146,207,000	\$113,688,000	\$-32,519
FTE	96	96	96	0

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

Director's Overview

Our Nation faces significant health challenges. We have an aging population that is increasingly diverse. People are living longer, but often with multiple chronic conditions. We face the persistent, troubling fact that many people with advanced illness spend their last days with poorly managed symptoms in settings that do not reflect their needs or preferences. Where some see challenges, we at the National Institute of Nursing Research (NINR) have always seen tremendous opportunity to have a significant impact on health and quality of life for all. As we commemorate 30 years of achievement and accomplishments in nursing science, we look forward to another three decades of supporting research that will lead to better health and better lives for individuals, families, and communities across the U.S.

To advance this research vision, NINR supports clinical and basic research to:

- Explore the mechanisms underlying symptoms of illness and develop personalized treatments that address these mechanisms through symptom science research;
- Enhance wellness by understanding the physical, behavioral, cultural, and environmental influences on health and develop interventions to promote health and prevent illness;
- Help individuals with chronic conditions better understand and manage these conditions by engaging as active participants in managing their own health;
- Provide caregivers with better tools for fulfilling their caregiving responsibilities and maintaining their own quality of life;
- Develop palliative care strategies to help individuals and families manage the symptoms of life-limiting conditions and plan for end-of-life decisions;
- Use innovative technologies to develop novel interventions that deliver personalized care and real-time health information to patients, families, and health care providers; and
- Promote the development of an innovative, multidisciplinary, and diverse nursing science workforce through a variety of training programs and mechanisms.

In FY 2018, NINR plans to build on the activities at the intersection of the Institute’s mission and the research vision established by the NIH Director. The NIH Director’s emphasis on fundamental science and the development of new treatments is reflected by NINR’s support of initiatives including Big Data to Knowledge and the Precision Medicine Initiative, which have the potential to advance basic science and accelerate the discovery of personalized treatments. By capitalizing on the opportunities provided by data science, NINR-supported researchers are leading the way to better health care and better health outcomes. In one NINR-supported study, researchers compared patient outcomes of 25,076 matched pairs of elderly Medicare surgery patients treated in 328 hospitals. They found that patients undergoing surgery at Magnet hospitals, recognized for nursing excellence and good nurse staffing, have better outcomes at the same or lower costs as other hospitals. Moreover, the outcomes advantage at Magnet hospitals was greater for all patients, but particularly for patients who were sicker and had more complicated treatment needs.

NINR also supports research and training in precision medicine, in which the goal is to tailor treatments to individuals based on their genes, environment, and lifestyle. In FY 2016, the NINR’s annual Boot Camp focused on “Precision Health: From ‘Omics’ to Data Science.” This week-long intensive training course provides a foundation in precision health methodologies and equips nurse scientists with the latest advances in various ‘omics,’ such as genomics, nutrigenomics, and microbiomics. NINR also supports Centers of Excellence focused on precision medicine and advancing our knowledge of the role that genomics and other omics may play in an individual’s ability to self-manage pain. These examples demonstrate ways in which NINR-supported scientists are emerging as leaders in precision medicine and data science. Every day, they contribute their expertise to the multidisciplinary teams that will unlock the potential of these essential areas of science, leading to the next generation of advances in the health sciences.

Health promotion and disease prevention, another one of the NIH Director’s areas of emphasis, has long been one of NINR’s core areas of scientific focus. For more than 30 years, NINR has supported research to promote long-term health, including healthy behaviors, and to prevent illness and comorbidities across health conditions, settings, and the lifespan. Our efforts have ranged from preventing HIV transmission in vulnerable populations, to exploring new strategies for promoting health among informal caregivers of individuals with Alzheimer’s disease and other dementias, to preventing obesity through interventions to promote healthy eating and exercise. As an example, NINR-supported investigators are developing and testing family-focused interventions to reduce obesity in Latinos who live in rural settings. These investigators are working with partners in the community to design weight-loss interventions that address social, cultural, and environmental factors that may impact rural Latino communities.

In line with the NIH Director’s focus on enhancing stewardship, NINR contributes to a thriving and talented next generation of nurse scientists. With the goal of preparing an innovative, multidisciplinary, and diverse research workforce, NINR supports a variety of training opportunities for scientists and trainees at all career levels. In particular, we recognize the importance of supporting early career nurse scientists, as they are the future of innovative research and high quality health care. NINR devotes significant support to individual and institutional pre- and postdoctoral research fellowships, as well as career development awards,

and sponsors numerous “research intensives” for nurse scientists at all career levels. For instance, programs like the NINR’s Summer Genetics Institute, Graduate Partnerships Program, and Minority Faculty-Student Partnership Program all serve to provide essential mentoring and training on leading-edge tools and research methodologies. To support midcareer scientists in developing a successful and sustained program of research, NINR recently released a series of online videos that provide important information on building and sustaining a scholarly career.

Commemorating NINR’s 30th Anniversary this past year provided the opportunity to reflect on past accomplishments and to look ahead in setting future priorities through a year-long series of events, including two scientific symposia and the launch of the NINR’s new strategic plan. The NINR Strategic Plan: *Advancing Science, Improving Lives* was developed using input of interdisciplinary scientists, clinicians, other experts across the Nation, and members of the public. The plan reflects long-standing focus areas of nursing science, including symptom science, wellness, self-management, and end-of-life and palliative care; calls for the continued development of the 21st Century nurse scientists workforce; and incorporates the ways in which technology and innovation can contribute across all of these areas. The strategic plan will guide NINR efforts to support new research and initiatives to advance nursing science and improve the lives of individuals, families, and communities. Guided by this research vision, NINR will continue its strong commitment to addressing the health challenges of today and tomorrow, with the ultimate goal of improving quality of life for all.

Overall IC Budget Policy:

The FY 2018 President’s Budget Request is \$113.688 million, a decrease of \$32.519 million compared with the FY 2017 Annualized CR level. These reductions are distributed across all programmatic areas and basic, epidemiology or clinical research.

Program Descriptions and Accomplishments

Symptom Science: Promoting Personalized Health Strategies: As the U.S. population is living longer, they are also more likely to live with chronic conditions with adverse symptoms, which negatively affect quality of life. To address this issue, NINR supports research on the biological and behavioral aspects of symptoms, which can occur with numerous illnesses and conditions, such as fatigue, sleep disturbance, impaired cognition, pain, and disordered mood. NINR-supported research in this area seeks to understand better the underlying factors that contribute to symptoms, as well as develop and test new interventions to reduce the disabling effects of symptoms and improve health outcomes. One recent NINR-supported project examines genetic mechanisms of inflammation and fatigue in head and neck cancer patients receiving chemo radiotherapy to understand better fatigue that occurs during and after treatment. Another study aims to understand better the predictors and mechanisms of severe pain that some patients experience from wound care procedures, such as dressing changes, which would potentially allow clinicians to target those patients for preventive pain control. NINR also leads an initiative to encourage interdisciplinary research to decrease symptom burden in people with chronic illness through better knowledge of biological mechanisms of symptoms and by promoting innovative, targeted interventions to address symptoms. NINR supports another initiative to encourage research on biomarker discovery that utilize metabolomics approaches to advance the understanding, assessment, and management of symptoms.

Program Portrait: Addressing Caregiving In Different Contexts

FY 2017 Level: \$23.3 million

FY 2018 Level: \$17.7 million

Change: -\$5.6 million

Every day, caregivers across the Nation face stresses and strains related to the challenges of providing care for a family member. Caregivers often provide extensive hands-on care, manage daily care needs, and navigate a confusing health care and services system with little or no training. Whether caring for a family member with advanced illness, a long-term chronic illness or condition, a rare disease, or from a distance, caregivers face stress, uncertainty, and threats to their own health, wellness, and quality of life. To address these issues, NINR supports research to understand the needs and challenges experienced by caregivers across different contexts and situations, and to provide them with better tools to fulfill their caregiving responsibilities while also maintaining their own health and quality of life.

One particularly difficult challenge for caregivers is providing support and care to family members from a distance. NINR-supported researchers are testing new and innovative uses of technology, which may make it easier for long-distance caregivers. For example, one NINR-supported study is testing an intervention for long-distance caregivers of people with advanced cancer where caregivers participate in patient/doctor visits and receive coaching from nurses via videoconference, with the goal of improving caregiver anxiety, distress, and depression.

NINR also supports research to understand the needs and experiences of caregivers of a family member with a rare disease or an advanced illness, where there are often many unknowns. In one longitudinal study, researchers are examining changes in symptom burden over time in adults with end-stage liver disease and their caregivers, as well as determining which caregiver-family member pairs would benefit from early tailored palliative care interventions. Another longitudinal study is examining the needs of family caregivers of home-based hospice cancer patients in terms of symptom burden, anxiety, depression, and spiritual well-being, and the hospice care team's responsiveness to their needs. In addition, NINR is currently supporting an initiative to expand our knowledge about palliative care in advanced rare diseases, and to improve physical and psychosocial well-being and quality of life among seriously ill individuals and their family caregivers.

With people living longer and more likely to experience chronic illness, caregivers are increasingly having to care not only for their family members, but they must also attend to their own health, an area that has received little attention. NINR currently leads an initiative to promote informal caregiver health through the development of culturally tailored self-management interventions and tools, and through a better understanding of how caregivers can use self-management to maximize healthy behaviors and improve their own health.

Whether in the context of chronic illness, advanced serious illness, rare disease, or palliative care, NINR supports research to develop effective interventions and tools for caregivers to improve their quality of life.

Wellness: Promoting Health and Preventing Illness: NINR supports research to promote long-term health, including healthy behaviors, and to prevent illness and comorbidities across health conditions, settings, and the lifespan. Research supported in this area focuses on the physical, social, behavioral, and environmental causes of illness, determinants of health, and assessment of behaviors that lead to healthy lifestyle choices. Fundamental goals for this area include building the science to understand and prevent chronic illness, improving quality of life, reducing burden for patients and informal caregivers across the spectrum of diseases and conditions, and eliminating health disparities. For example, one project examines the perceptions and knowledge that both parents and pediatric primary care providers have about 6 to 36-month-old children's sleep, sleep habits, and sleep difficulty, as well as factors that contribute to healthy sleep habits or sleep difficulty. These investigators aim to use the results of the study to develop a community-engaged sleep promotion program for children. Another

project is taking a peer program that was found to be effective for reducing depressive symptoms in women with physical disabilities and adapting and testing the intervention for men with physical disabilities, a group at high-risk for depression. In addition, NINR-supported researchers found preliminary evidence that participation in a school-based, cognitive-behavioral skills building intervention was associated with improvements in anxiety, depressive symptoms, disruptive behaviors, sense of self, and healthy lifestyle behaviors in early adolescents living in a rural area, a group at high risk of obesity and mental health problems.

Self-Management: Improving Quality of Life for Individuals with Chronic Conditions:

NINR supports research on self-management programs to engage individuals and families as active participants in maintaining and improving quality of life while living with one or more chronic conditions. Self-management research encompasses health strategies that allow an individual and their health care provider to adapt treatments to individual circumstances by accounting for social, cultural, economic, and emotional factors that can influence their health and quality of life. In one NINR-supported study, investigators are testing a culturally tailored self-management program, delivered either by community health workers or by nurses, for Mexican-American adults with Type 2 diabetes and their families to improve self-management behaviors. NINR supports multiple Centers of Excellence to build the science of self-management by focusing on areas such as technology-enhanced interventions, precision medicine, and omics. NINR maintains a strong interest in supporting research to improve self-management strategies for individuals with multiple chronic conditions. For example, researchers are testing a self-management intervention for insomnia in individuals who have both stable chronic heart failure and chronic insomnia.

End-of-Life and Palliative Care: The Science of Compassion: As the lead NIH Institute for end-of-life research, NINR supports science to assist individuals, families, and health care professionals in managing the symptoms of advanced serious illness, and planning for end-of-life decisions. NINR also recognizes that high-quality, evidence-based palliative care is a critical component of maintaining quality of life at any stage of illness, not limited to the end of life. Activities in this area address issues such as: relieving symptoms and suffering; enhancing communication between patients, families, and clinicians; and understanding decision-making surrounding care of advanced illness at the end of life. For example, recent NINR-supported projects are studying: a home-based palliative care intervention to improve sleep disorders and quality of life in persons with late-stage dementia, as well as burden, sleep quality and quality of life in their caregivers; barriers to use of hospice and palliative care among adolescents and young adults with advanced cancer living in poverty; and a mobile palliative care intervention that uses computer-generated characters that express empathy and emotion through simulated face-to-face conversations to improve communication surrounding important end-of-life decision-making and increase quality of life for older adults with advanced illnesses. NINR continues to support the extension and expansion of a palliative care research cooperative (PCRC), bringing together multidisciplinary investigators from over 160 research sites across the Nation to focus on building the science of end-of-life and palliative care. Building on its *Palliative Care: Conversations Matter*® initiative, which was launched in FY 2014, NINR developed additional materials to raise awareness of pediatric palliative care. NINR recently released Spanish-language versions of its materials for families of children with serious illnesses, including a fact sheet, resource card, a series of family stories, and brochure for families that

provides an overview of palliative care. NINR also developed a video that provides an overview of pediatric palliative care for families, providers, and organizations, which is also available with Spanish captions, and launched a Spanish-language campaign webpage. Through these efforts, NINR will continue to bring attention to important issues in palliative and end-of-life care, and support research and initiatives to improve the lives of individuals and families dealing with advanced serious illness.

Program Portrait: NINR’s Symptom Methodologies Boot Camp

FY 2017 Level: \$0.059 million
FY 2018 Level: \$0.065 million
Change: \$0.006 million

In promoting symptom and symptom management science, NINR recognizes the importance of using innovative research methods and technologies to build the science, to understand symptoms, and to improve quality of life for individuals and families. We also recognize that training the next generation of nurse scientists in these methodologies is integral to building and sustaining the science in this area. To that end, NINR has developed a unique training opportunity called the Symptom Methodologies Boot Camp. The Boot Camp is a week-long intensive research training course that NINR sponsors annually on the NIH campus. The course focuses on applying state-of-the-art methods to study symptom management, and it is aimed at increasing the research capabilities of graduate students and faculty through distinguished guest speakers, classroom discussions, and laboratory training.

In FY 2010, NINR offered its first Boot Camp, which was designed to prepare current and future nurse scientists in the latest methodologies to study symptoms, such as pain, fatigue, and sleep. As the Boot Camps have evolved in breadth and scope, they have expanded to cover additional innovative topics in health research such as Big Data, Precision Medicine, and Omics. For instance, in FY 2014 and FY 2015, the Boot Camp focused on Big Data in Symptoms Research to provide a foundation in data science methodologies, offer strategies for incorporating novel methods into research proposals, and equip nurse scientists with leading-edge approaches in Big Data.

NINR’s most recent Boot Camp, in FY 2016, focused on “Precision Health: From ‘Omics’ to Data Science.” This Boot Camp was designed to provide a foundation in precision health methodologies and to equip nurse scientists with the most recent advances in various ‘omics,’ such as genomics, pharmacogenomics, nutrigenomics, metabolomics, microbiomics, and data science, as well as the associated ethical, legal, and social implications of precision health.

The Boot Camp has grown in scope and popularity over the years. There are now over 350 graduates of the program from all over the U.S. In FY 2015, NINR began hosting a live videocast of the first day of the Boot Camp, which is accessible to anyone, and continued in FY 2016. These videocasts are available on the NINR website.

NINR will continue its strong support for the development of a 21st Century Nurse Scientist workforce that is equipped with the tools and training to advance our knowledge of symptoms and symptom management. Our commitment to training nurse scientists in the latest innovative methodologies will help prepare a nursing science workforce that is diverse, innovative, multidisciplinary, and well-prepared to meet the existing and impending health care challenges facing our Nation.

Promoting Innovation: Technology to Improve Health: Innovative technologies play a critical role in advancing health care. NINR-supported science fosters the development of novel, culturally sensitive interventions that deliver tailored care and real-time health information to patients, families, clinicians, and communities. NINR supports research to develop and refine technologies for improving symptom risk assessment, and to identify potential interventions. For example, researchers are testing a text message-based physical activity and diet intervention aimed at increasing moderate physical activity for people living with HIV to improve their

cardiovascular and neurocognitive health. In another example, investigators are testing a new technology called the noddle™, which uses a signal-processing algorithm to detect a patient's slightest intentional gesture, such as a tongue click or an eye blink. The investigators developed the noddle™ and an accompanying app, called noddlechat™, to allow patients who cannot communicate with health care providers and caregivers to signal when they need help, which may potentially reduce adverse medical outcomes and improve patient satisfaction. In addition, NINR-supported researchers developed environmentally embedded sensor systems that allow health care professionals to remotely monitor older adults at home and found that they were able to detect subtle changes in their walking patterns that may otherwise have gone unnoticed. The investigators found that by detecting gait changes early, the sensors help predict falls up to three weeks in advance, which would potentially allow nurses to intervene more quickly and start treatment options sooner. NINR will continue to support research to develop novel technologies, bring important innovations to clinical practice, and improve health-related quality of life across the lifespan.

21st Century Nurse Scientists: Innovative Strategies for Research Careers: The development of a strong cadre of nurse scientists has been a primary goal of NINR since its establishment. To continue to support advancements in science and improvements in health, NINR devotes significant effort to developing a scientific workforce that is innovative, multidisciplinary, and diverse. NINR supports a variety of training opportunities for scientists and trainees at all career levels, particularly those at an early career stage who are so critical to sustaining the future of innovative research and high quality health care. NINR devotes significant support to individual and institutional pre- and post-doctoral research fellowships, as well as career development awards, and sponsors numerous "research intensives" for nurse scientists at all career levels. For instance, the Ruth L. Kirschstein National Research Service Awards (NRSAs), as well as career development (K) awards, support nurse scientists to conduct independent research and to meet existing and impending health care challenges. NINR supports the NIH-wide K99/R00 Pathway to Independence program, which provides both mentored and independent research support to promising postdoctoral nurse scientists. NINR also sponsors a variety of research training opportunities through its Intramural Research Program. NINR's Summer Genetic Institute is an intensive training program that provides graduate students and faculty with a foundation in molecular genetics to enhance their research and clinical practice. The NINR's Graduate Partnerships Program is a doctoral fellowship program that coordinates training and funding for nursing students in basic or clinical research and offers the academic environment of a university, along with the breadth and depth of research at NIH. The Symptom Methodologies Boot Camp is a one-week intensive summer training course to increase the research capability of graduate students and faculty in symptom methodologies and covers topics such as pain, fatigue, sleep, data science methods, genetics, and omics. The Institute also supports nurse scientists through a video series on the NINR website to introduce students and early career scientists to the NIH grant application process and to provide tools for writing a successful grant application, as well as a recently released video series with information to support midcareer scientists on building and sustaining a scholarly career.

Intramural Research Program: NINR's Division of Intramural Research (NINR-DIR) conducts basic and clinical research, as well as research training, on the interactions among molecular mechanisms underlying a single symptom or cluster of symptoms, and environmental

and behavioral influences on individual health outcomes. This research encompasses the individual variability inherent in symptoms associated with digestive disorders, cancer-related fatigue, traumatic brain injury, and post-traumatic stress disorders, as well as clinical interventions to alleviate these symptoms. One recent project examined genomic profiles of men with fatigue, comparing those who were receiving radiation therapy for prostate cancer to those not receiving radiation therapy. Findings showed that men receiving radiation treatment had an increase in fatigue over the course of radiation treatment. The investigators identified several fatigue-related genes and potential biological pathways that may serve as targets for the development of new treatments for treatment-related fatigue. NINR Intramural researchers are also investigating the microbiome, which is the community of microscopic organisms and bacteria that naturally occur in our bodies, particularly in the gut, and its potential role in human health and disease. Some individuals with irritable bowel syndrome (IBS) experience severe pain. DIR investigators studied the oral microbiota (i.e., naturally occurring microorganisms in the mouth) of individuals with and without IBS. They found significant differences in the microbiota of individuals with IBS, particularly those who were overweight, compared to the healthy controls. They also found a correlation between the oral microbiome and the severity of pain experienced by those with IBS, suggesting that the microbiota could be a potential predictive tool for symptom severity in IBS. Findings such as these may lead to better techniques for detecting disease and managing treatment for individuals at risk for complications, as well as to inform new treatment approaches and improve quality of life.

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

NATIONAL INSTITUTES OF HEALTH
National Institute of Nursing Research

Detail of Full-Time Equivalent Employment (FTE)

OFFICE/DIVISION	FY 2016 Actual			FY 2017 Annualized CR			FY 2018 President's Budget		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Division of Extramural Science Programs									
Direct:	31	-	31	31	-	31	31	-	31
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	31	-	31	31	-	31	31	-	31
Division of Intramural Research									
Direct:	21	2	23	20	3	23	20	3	23
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	21	2	23	20	3	23	20	3	23
Division of Management Services									
Direct:	21	-	21	21	-	21	21	-	21
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	21	-	21	21	-	21	21	-	21
Division of Science Policy and Public Liaison									
Direct:	16	-	16	16	-	16	16	-	16
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	16	-	16	16	-	16	16	-	16
Office of the Director									
Direct:	5	-	5	5	-	5	5	-	5
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	5	-	5	5	-	5	5	-	5
Total	94	2	96	93	3	96	93	3	96
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								
2014	12.2								
2015	12.4								
2016	12.6								
2017	12.6								
2018	12.6								

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

Detail of Positions¹

GRADE	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Total, ES Positions	0	0	0
Total, ES Salary	0	0	0
GM/GS-15	12	12	12
GM/GS-14	24	24	24
GM/GS-13	16	16	16
GS-12	16	16	16
GS-11	5	5	5
GS-10	0	0	0
GS-9	5	5	5
GS-8	0	0	0
GS-7	4	4	4
GS-6	0	0	0
GS-5	1	1	1
GS-4	0	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	83	83	83
Grades established by Act of July 1, 1944 (42 U.S.C. 207)	0	0	0
Assistant Surgeon General	0	0	0
Director Grade	1	1	1
Senior Grade	0	0	0
Full Grade	1	1	1
Senior Assistant Grade	1	1	1
Assistant Grade	0	0	0
Subtotal	3	3	3
Ungraded	29	29	29
Total permanent positions	86	86	86
Total positions, end of year	115	115	115
Total full-time equivalent (FTE) employment, end of year	96	96	96
Average ES salary	0	0	0
Average GM/GS grade	12.6	12.6	12.6
Average GM/GS salary	105,940	108,165	110,274

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