

PREPARED STATEMENT OF PATRICIA A. GRADY, PH.D., RN, FAAN
DIRECTOR, NATIONAL INSTITUTE OF NURSING RESEARCH

Mr. Chairman and Members of the Subcommittee: I am pleased to present the President's fiscal year (FY) 2016 budget request for the National Institute of Nursing Research (NINR) of the National Institutes of Health (NIH). The FY 2016 budget request for NINR is \$144,515,000, which is \$3,663,000 more than the FY 2015 level.

The mission of NINR is to promote and improve the health of individuals, families, and communities. NINR fulfills this mission by supporting clinical and basic research to: advance symptom science to promote personalized health strategies; address wellness by promoting health and preventing disease; enhance self-management to improve quality of life for those with chronic illness; improve end-of-life and palliative care; and train the next generation of scientists. It has been almost 30 years since NINR was established at NIH as the National Center for Nursing Research in 1986. As we approach NINR's 30th anniversary, we take this opportunity to reflect on past accomplishments and to envision new pathways forward to address health challenges and improve the Nation's health. I appreciate this opportunity to share with you a few examples of NINR's recent activities and future scientific directions.

SELF-MANAGEMENT OF CHRONIC CONDITIONS

The Institute of Medicine recently identified chronic conditions as the Nation's leading health challenge and called for increased efforts to help people live well with chronic illness. To address this challenge, NINR-supported scientists are building the science of self-management to enable individuals and families to be active in their own health care and to better manage chronic illness. One recent NINR-supported study tested an asthma self-management intervention delivered at rural elementary schools and to parents at home. The study found that, compared to the control group, the intervention led to significant improvements in the children's inhaler skill and asthma severity and in the parents' home asthma management and self-efficacy. Another NINR-supported study demonstrated that an integrated intervention for individuals with both heart failure and diabetes mellitus was effective in improving components of self-care and had sustained effects on selected self-care behaviors. NINR is also leading an initiative to support research on self-management to reduce the burden of chronic conditions and their comorbidities in order to continue to build the science to enable people to live well with chronic illness.

PROMOTING WELLNESS IN OLDER ADULTS AND CAREGIVERS

Given the combination of our rapidly aging population and the increasing number of people living with chronic illnesses, we must support efforts to promote the health, vitality, and independence of older adults and to support their caregivers in maintaining their own health. NINR contributes to these efforts by supporting research to explore the physical, behavioral, and environmental causes of illness and to develop interventions to promote wellness across the life span. NINR-supported researchers are

currently testing a new intervention that uses in-home monitoring technology to link family caregivers of persons with dementia to experts for professional guidance in managing disruptive behaviors. Other NINR-supported researchers recently reported results of a study that found that distressed caregivers of people with dementia who received a telephone-delivered intervention had significant improvements in depressive symptoms and reactions to care-recipient behavior problems as compared to control participants who received only telephone support. Finally, NINR is leading an initiative to encourage the design of technology-based interventions to attenuate cognitive decline in older adults with dementia. Efforts such as these are critical to addressing the challenges faced by many older adults and caregivers across the Nation.

ENHANCING END-OF-LIFE AND PALLIATIVE CARE

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 life limiting or serious illness and planning for end-of-life decisions. NINR has an established Office of End-of-Life and Palliative Care Research (OEPKR) to coordinate and support our efforts to advance the science in this important area. NINR supports the Palliative Care Research Cooperative (PCRC), which includes a national infrastructure of more than 50 research sites designed to support high-quality research in end-of-life and palliative care. The activities of the PCRC network were further expanded by an NINR initiative to support research that uses the PCRC infrastructure and resources. Other ongoing efforts include a study examining whether a nurse-led, interdisciplinary intervention for ICU patients with advanced critical illness improves outcomes for patients and their surrogate decision makers. NINR-supported investigators analyzed data from a national sample and found that between 1998 and 2010 there was an increase in reports of pain and other symptoms at the end of life. These findings underscore the increasing magnitude and importance of end of life issues.

LOOKING TOWARD THE FUTURE: NURSE SCIENTISTS

A primary goal of NINR is to prepare the next generation of nurse scientists to address future health challenges for all Americans. To achieve this goal, NINR will continue to support 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. For example, NINR sponsored the first Big Data Research Boot Camp at NIH, a one-week intensive research training course providing a foundation for using big data methodologies in symptom research. Another opportunity is NINR's Summer Genetics Institute, an intensive training program that provides participants with a foundation in molecular genetics to improve research and clinical practice. By promoting the development of an innovative, multidisciplinary, and diverse nursing science workforce, NINR will train nurse scientists who are prepared to address the evolving challenges affecting health and health care of diverse individuals, families, and communities.

In closing, thank you for the opportunity to share some of NINR's recent accomplishments. As we look forward to the next 30 years of supporting nursing science, NINR will maintain its commitment to advancing science and improving lives.

Patricia A. Grady, Ph.D., RN, FAAN
Director, National Institute of Nursing Research

Dr. Patricia A. Grady was appointed Director of NINR in 1995. She earned her undergraduate degree in nursing from Georgetown University, and pursued her graduate education at the University of Maryland, receiving a master's degree from the School of Nursing and a doctorate in physiology from the School of Medicine.

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

Before coming to NIH, Dr. Grady held several academic positions and served concurrently on the faculties of the University of Maryland School of Nursing and School of Medicine. In 1988, Dr. Grady joined the NIH as an extramural research program administrator in the National Institute of Neurological Disorders and Stroke (NINDS) managing the areas of stroke and brain imaging. Two years later, she served on the NIH Task Force for Medical Rehabilitation Research, which established the first long-range research agenda for the field of medical rehabilitation research. In 1992, she assumed the responsibilities of NINDS Assistant Director and, from 1993 to 1995, she was Deputy Director and Acting Director of NINDS. Dr. Grady served as a charter member of the NIH Warren Grant Magnuson Clinical Center Board of Governors.

Dr. Grady has authored or co-authored numerous published articles and papers on hypertension, cerebrovascular permeability, and arterial stenosis. She is an editorial board member of the major stroke journals. Dr. Grady lectures and speaks on a wide range of topics, including future directions in nursing research, developments in the neurological sciences, and Federal research opportunities.

Dr. Grady has been recognized with several prestigious honors and awards for her leadership and scientific accomplishments. She was the first awardee of the Centennial Achievement Medal from the Georgetown University School of Nursing and Health Sciences, and she was named the inaugural Rozella M. Schlotfeld distinguished lecturer at the Frances Payne Bolton School of Nursing at Case Western Reserve University and received the honorary degree of Doctor of Public Service from the University of Maryland. In 2005, Columbia University School of Nursing honored Dr. Grady with its prestigious Second Century Award for Excellence in Health Care. During that same year she also received Doctor of Science, *Honoris Causa*, degrees from Thomas Jefferson University and the Medical University of South Carolina. Dr. Grady was recently named one of the top 100 Most Powerful Women in Washington. She is a past recipient of the NIH Merit Award and received the Public Health Service Superior Service Award for her exceptional leadership.