Scientific Foundation for Clinical Practice

Nursing research is an essential part of the scientific endeavors to improve the nation's health. Knowledge of care across the lifespan is essential to the present and future health of the nation. Research funded at the NINR helps to integrate biology and behavior as well as design new technology and tools. At a time when healthcare needs are changing, nursing care must be firmly grounded in nursing science.

The science advanced at NINR is integral to the future of the nation's healthcare system. Through grants, research training, and interdisciplinary collaborations, NINR addresses care management of patients during illness and recovery, reduction of risks for disease and disability, promotion of healthy lifestyles, enhancement of quality of life for those with chronic illness, and care for individuals at the end of life. NINR’s research fosters advances in nursing practice, improves patient care, works to eliminate health disparities, and attracts new students to the profession.

Comparative Effectiveness Research

For many years, NINR has invested in comparative effectiveness research. This type of research demonstrates how optimal prevention strategies or interventions can impact system-wide improvements. Comparative effectiveness research is a critical area of inquiry at a time when healthcare consumers and reformers are seeking quality care focused on prevention that is affordable and accessible by all.

NIH Appropriations

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<th>NIH Appropriations</th>
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<td>($31.247 billion)</td>
<td>($145.66 million or .47% of NIH Appropriations)</td>
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Despite limited resources, NINR allocates 7% of its budget, a high proportion when compared to other NIH institutes, to training to help develop the pool of nurse researchers. Because nurse researchers often serve as faculty members for colleges of nursing, NINR is helping to provide the faculty needed to educate the next generation of nurses.

AACN’s respectfully requests $160 million for NINR in FY 2011.

This increase would help sustain funding for current studies and provide the resources needed for larger comprehensive and multi-site investigations, as well as more complex studies that focus on health promotion and disease prevention. Increased funding would ultimately assist NINR-funded researchers advance nursing science to improve the quality of patient care in our nation’s healthcare delivery system.
Seminal NINR Research Studies: Improving the Nation’s Health

Reducing Premature Infants’ Length of Stay
When implemented early in the Neonatal Intensive Care Unit (NICU), an educational intervention program for parents of infants born prematurely can reduce parental stress, depression, and anxiety; enhance parent-infant interactions; and reduce hospital length of stay. Researchers found that hospital costs were decreased by $5,000 per infant. Additionally, with 480,000 low birth-weight premature infants born each year in the U.S., approximately $2.4 billion could be saved annually within the national healthcare system if the program was adopted by NICUs across the country.
Dr. Bernadette Melnyk, Arizona State University, 2006.

Reducing High Blood Pressure (HBP) Among Inner-City Black Men
This three-year study involved a multidisciplinary healthcare team committed to improving the health of inner-city black men with high blood pressure. The men received education on how to treat the condition and annual check-ups. The results showed that the men decreased their smoking and salty food consumption. Most notably, the men decreased their systolic and diastolic blood pressures, with 44% lowering their BP to within the normal range.
Dr. Martha Hill, The Johns Hopkins University, 2003.

Transitional Care Improves Outcomes of the Elderly
This NINR-funded study evaluated the effectiveness of implementing the transitional care model to determine its impact on the health and function of elderly persons who were recently discharged from the hospital after heart failure. The study found that the transitional care model, which consists of an advanced practice registered nurse implementing coordinated care, lowered the total healthcare costs over a year by almost $3,500 per patient.
Dr. Mary Naylor, University of Pennsylvania, 2004.

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