

National Institute on Minority Health and Health Disparities

CONGRESSIONAL JUSTIFICATION
FY 2025

Department of Health and Human Services
National Institutes of Health

[THIS PAGE INTENTIONALLY LEFT BLANK]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute on Minority Health and Health Disparities (NIMHD)

FY 2025 Budget Table of Contents

Director’s Overview..... 3
IC Fact Sheet..... 7
Major Changes 9
Budget Mechanism Table 10
Appropriations Language..... 11
Summary of Changes..... 12
Budget Graphs 13
Organization Chart..... 14
Budget Authority by Activity Table 15
Justification of Budget Request 16
Appropriations History 26
Authorizing Legislation 27
Amounts Available for Obligation..... 28
Budget Authority by Object Class 29
Salaries and Expenses 30
Detail of Full-Time Equivalent Employment (FTE) 31
Detail of Positions..... 32

General Notes

1. FY 2024 funding levels cited in this document are based on the Continuing Resolution in effect at the time of budget preparation (Public Law 118-35) and do not include HIV/AIDS transfers.
2. Detail in this document may not sum to the subtotals and totals due to rounding.

[THIS PAGE INTENTIONALLY LEFT BLANK]

Director's Overview



Director
Eliseo J. Pérez-Stable, MD

The mission and vision of the National Institute on Minority Health and Health Disparities (NIMHD) are to improve minority health and reduce health disparities so that all populations have an equal opportunity to live long, healthy, and productive lives. NIMHD is the lead institute at NIH charged with conducting, coordinating, and supporting research on minority health and health disparities, and is also dedicated to training a diverse scientific workforce, disseminating research information, and fostering innovative collaborations and partnerships.

As the nation continues to evolve and adapt to address an array of health challenges, it is evident that certain communities still experience a disproportionate burden of avoidable and enduring diseases and conditions. NIMHD-supported research is focused on examining and addressing health disparities by race and ethnicity, socioeconomic status, rural geographic location, sexual and gender minority status, and among people with disabilities. Research through an intersectionality perspective for these and other demographic characteristics, as well as clinical conditions is needed. NIMHD is committed to supporting the science needed to understand and solve critical issues by weaving together past lessons, present advances, and future goals to reduce health disparities and ensure health equity for all.

High-Impact Research Accomplishments Identify and Support Health Needs

Our society incurs a great financial toll when health disparities remain unaddressed. In 2023, NIMHD funded a groundbreaking study that updated national and state-level estimates of the economic burden of health disparities by race and ethnicity, as well as educational levels. In the United States, the economic burden or estimated cost of racial and ethnic health disparities was estimated at \$451 billion in 2018, equivalent to 2 percent of the Gross Domestic Product (GDP), and a 41 percent increase from the previous estimate of \$320 billion in 2014.¹ Additionally, the 6 states with the highest burden of racial and ethnic health disparities equivalent to 5 or more percent of their GDP were Mississippi (8.89 percent), Alabama (6.12 percent), Louisiana (5.99 percent), New Mexico (5.85 percent), Nevada (5.18 percent) and South Carolina (5.18 percent). When examining the burden of education-related health disparities, a disproportionate share was borne by adults with less than a high school diploma/GED – this group represents only 9 percent of the U.S. population but carries 26 percent of the burden. While the economic burden of racial and ethnic and education-related health disparities is significant, policy and program investments to address racial and socioeconomic inequities can help relieve the health burden and save lives.

In the United States, local-level geographic data on racial and ethnic disparities has been limited. An ongoing NIMHD-led research collaboration published the first, comprehensive analysis of age-standardized mortality by racial and ethnic groups across 3,110 U.S. counties from 2000 to 2019, comparing patterns across health conditions.² Findings revealed that disparities in

¹ pubmed.ncbi.nlm.nih.gov/37191700/

² pubmed.ncbi.nlm.nih.gov/37544309/

mortality among racial and ethnic groups are pervasive, occurring across the nation and for a wide range of health conditions. For example, mortality is substantially higher in the American Indian and Alaska Native (AI/AN), and African American or Black populations compared to their White counterparts for most causes of death. Cardiovascular diseases and cancer were the first and second leading causes of death, respectively, within and across all racial and ethnic groups. The study included a call to address and resolve the structural factors driving these widespread disparities to improve health at the local level.

Current Scientific Endeavors

Robust research that supports community-engaged health interventions plays a critical role in building the scientific evidence base that ultimately contributes to the preservation of lives. Engaging with communities that experience disparities in health is essential in advancing the NIMHD research and activities to improve minority health and reduce health disparities for the affected populations. An NIMHD initiative, “Community-Level Interventions to Improve Minority Health and Reduce Health Disparities,” supports research that prioritizes assessments and interventions on health determinants at the interpersonal, family, organizational, neighborhood, community, and societal levels.³ It represents the next iteration of the NIMHD Community-Based Participatory Research program established in 2005 to address the need for improved multidisciplinary and intervention research methods and approaches, and stronger community engagement models that target health disparities in socially disadvantaged population groups.

NIMHD is leading an NIH-wide initiative that supports health research and interventions focused on structural racism and discrimination (SRD) across multiple socio-ecological domains and levels of influence to improve minority health, promote health equity, and eliminate health disparities.⁴ This new initiative will support research that moves beyond the traditional emphasis on interpersonal interactions, to examine structural racism and discrimination as a health determinant, an area that is understudied in biomedical research. In addition, this ongoing initiative will fund research on resilience among populations that experience SRD, community strategies to alleviate SRD exposure, and intervention research to reduce SRD to improve health and reduce health disparities.

Persons living with disabilities may experience health disparities, and in September 2023, NIMHD designated people with disabilities as a population with health disparities. These disparities may be further intensified or complicated for people living with disabilities who also belong to racial and ethnic minority groups or are of lower socioeconomic status. Led by NIMHD with the collaboration of 14 other NIH Institutes, Centers, and Offices (ICOs), a new initiative is seeking to support novel and innovative research and interventions that examine and address the underlying and multilevel causes, pathways, and factors that adversely impact the health and well-being of persons living with disabilities at the intersections of race and ethnicity, and socioeconomic status.⁵

³ grants.nih.gov/grants/guide/rfa-files/RFA-MD-23-004.html

⁴ grants.nih.gov/grants/guide/pa-files/PA-23-112.html

⁵ grants.nih.gov/grants/guide/pa-files/PA-23-309.html

NIMHD research capacity-building programs facilitate access to optimal research experiences, technologies, and mentorship. A new initiative, “STrengthening Research Opportunities for NIH Grants (STRONG),” provides an opportunity for Resource-Limited Institutions, with a mission to serve historically underrepresented populations in biomedical research, to develop their research capacity.⁶ The STRONG initiative will allow awardees to 1) assess their research infrastructure and other requirements to enhance administrative and research resources, institutional policies, and opportunities for faculty and students in the biomedical research enterprise; and 2) use the results of these institutional assessments to develop action plans that will support the conduct of high-quality biomedical research.

Investing in research capacity building is critical to develop the infrastructure needed for researchers to conduct cutting-edge research capable of saving countless lives. Honoring the legacy of former congressional leader and civil rights icon John Lewis, NIMHD awarded grants to six institutions through the *John Lewis NIMHD Research Endowment Program (REP)*. This legacy program at NIMHD was reinvigorated after the passing of the *John Lewis NIMHD Research Endowment Revitalization Act of 2021*. Totaling \$60 million, these grants will create institutional endowments that propel the development and expansion of the research capacity and infrastructure within the recipient institutions. The REP also supports research education for students from diverse backgrounds, particularly those from underrepresented groups, and career development for faculty members to pursue research in basic biomedical, behavioral, population, and clinical/health services fields.

Future Scientific Activities to Improve Health Equity and Save Lives

NIMHD recognizes the significance and positive impacts of community-engaged research models in NIH initiatives such as the Community Engagement Alliance (CEAL) Against COVID-19 Disparities and the Rapid Acceleration of Diagnostics Underserved Populations (RADx-UP). The focus on community-engaged research is a key component of these initiatives' effectiveness in providing critical support for COVID-19 testing and vaccination resources to communities experiencing health disparities. Central to the progress of community-engaged research programs is the importance of building trust with the communities. In partnership with other NIH ICOs, NIMHD aims to apply these current research models, resources, lessons learned, and best practices to other critical areas of population health, such as prevention and management of chronic diseases. The overall goal is to improve conditions for people from underserved communities by promoting evidence-based science and health information.

Chronic conditions, such as liver diseases and cancer, have a greater prevalence and disproportionate rate of mortality among racial and ethnic minority populations and people with low socioeconomic status. This represents another area of future research interest for NIMHD. For example, chronic hepatitis B viral infections are significant among Asian, Native Hawaiian, and Pacific Islander individuals. AI/AN persons have a high risk for chronic hepatitis C viral infections, compared to other racial and ethnic minority groups. An NIMHD-led initiative will focus on reducing disparities in liver diseases and liver cancer by supporting multi-level intervention research to address upstream social barriers, identifying, and supporting social

⁶ grants.nih.gov/grants/guide/pa-files/PAR-23-144.html

protective factors, and exploring community interventions addressing social determinants of health.⁷

Research studies focused on the health and well-being of populations living in a rural setting need to consider the unique geographic, geopolitical, and cultural context of U.S. rural communities. An upcoming NIMHD initiative will address gaps in scientific knowledge and support research that addresses multilevel and multiple domains of influence related to health disparities experienced by people who live in rural communities belonging to racial and ethnic minority groups and people with lower socioeconomic status.⁸

The increasing population of older adults in the U.S. will have profound socioeconomic and health impacts on our nation. An NIMHD initiative will promote research on healthy aging, especially among older adults of racial and ethnic minority groups and people with lower socioeconomic status who are disproportionately impacted by health disparities. The specific aims will include advancing the science and implementation of diagnostic and clinical care guidelines, encouraging shared decision-making to enhance care planning and patient agency, and developing effective strategies for coordinating care for older adults from populations that experience health disparities.⁹

⁷ nimhd.nih.gov/funding/approved-concepts/2023/addressing-disparities-in-liver-diseases-and-cancer.html

⁸ nimhd.nih.gov/funding/approved-concepts/2023/rural-health-disparities-and-health-care.html

⁹ nimhd.nih.gov/funding/approved-concepts/2023/health-care-for-older-adults.html

National Institute on Minority Health and Health Disparities



NIH National Institute on Minority Health and Health Disparities
Advancing the Science of Minority Health and Health Disparities

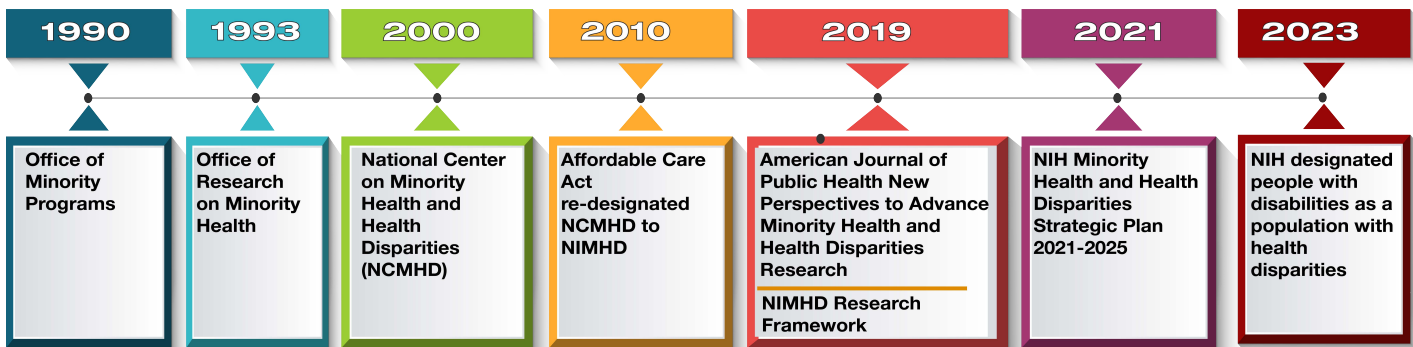
Mission

NIMHD leads scientific research to improve minority health and reduce health disparities. To accomplish this, NIMHD plans, coordinates, reviews, and evaluates NIH minority health and health disparities research and activities; conducts and supports research in minority health and health disparities; promotes and supports the training of a diverse scientific workforce; disseminates research information; and fosters innovative collaborations and partnerships.

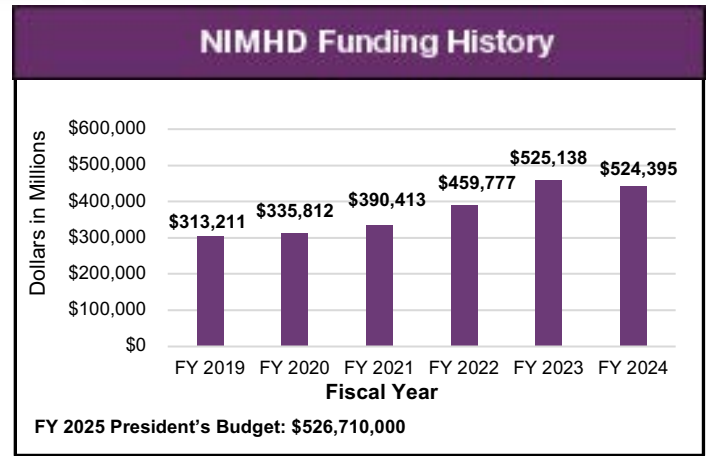


NIMHD Director
Eliseo J. Pérez-Stable, M.D.

History



NIMHD Research Programs	
Extramural * Integrative Biological and Behavioral Sciences * Clinical and Health Services Research * Community Health and Population Science	Intramural * Social and Behavioral Sciences * Epidemiology and Genetics * Population and Community Health Sciences



NIMHD By the Numbers (FY2019-2023)

Total Awards	R01 Awards	Research Centers	Number of Principal Investigators	NIMHD Health Disparities Research Institute Scholars	Average Number of FTEs
635	504	79	1,582	302	75



www.facebook.com/NIMHD



www.x.com/NIMHD



www.linkedin.com/company/nimhd-nih/

Research Highlights and Recent Accomplishments

The Economic Burden of Racial, Ethnic, and Educational Health Disparities in the U.S., 2018:

New NIMHD-funded research showed that the economic burden of health disparities in the U.S. is unacceptably high, indicating a need for policies and interventions that reduce disparities and promote health equity. In 2018, the economic burden of racial and ethnic health disparities was estimated at \$451 billion, and that of education-related health disparities for persons with less than a college degree at \$978 billion. This study was the first to estimate the economic burden of health disparities for all U.S. racial and ethnic minority groups and adults without a 4-year college degree at the national level, and for all 50 states and the District of Columbia.

By Racial & Ethnic Minority Groups	By Educational Levels
Total Burden Estimated to be	Total Burden Estimated to be
\$451B Nationwide	\$978B Nationwide
\$1,377 Per Person	\$2,988 Per Person
This is equivalent to 2% of the GDP*	This is equivalent to 5% of the GDP*

Cause-Specific Mortality by County, Race, and Ethnicity in the USA, 2000–2019: NIMHD published the first nationwide analysis that illuminates cause-specific mortality in 3,110 U.S. counties over a 20-year period. This study estimated the causes of mortality for five racial and ethnic groups and described the intersection between racial and ethnic and place-based disparities in mortality, comparing patterns across health conditions. Mortality was higher for the American Indian or Alaska Native and African American or Black populations than for any other population.

Ongoing Activities



Science Collaborative for Health Disparities and Artificial Intelligence Bias REduction (SchARE) is an innovative cloud-based platform for population science, including social determinants of health and data sets designed to accelerate research in health disparities, health and health care delivery outcomes, and artificial intelligence bias mitigation strategies.



NIMHD Social Determinants of Health Collection is available in the PhenX Toolkit and expands data protocols to help measure individual as well as structural factors that shape behaviors and health outcomes. The protocols make it easier for investigators to select measures for use in their own research and to help with comparing, sharing, and combining data from different studies.



The John Lewis NIMHD Research Endowment Program awarded grants to six institutions that will increase institutional endowments to propel the development and expansion of the research capacity and infrastructure within the recipient institutions. The institutional endowments will enhance the capacity of faculty members to pursue research in basic biomedical, behavioral, population, and clinical/health services fields and support research education for students from diverse backgrounds, particularly those from underrepresented groups.



Research Centers in Minority Institutions (RCMI) Clinical Research Networks are designed to assist community-based clinicians and/or health care systems to conduct clinical research among populations experiencing health disparities. This newly established initiative will transform the development, delivery, and sustainability of evidence-based health care practices and service.

Future Initiatives

Health and Health Care of Persons Living With Disabilities Among Populations That Experience Health

Disparities is a new initiative to fund targeted research to identify factors and mechanisms influencing unique health care conditions and challenges faced by individuals with disabilities. The initiative is expected to offer novel insights into the underlying causes and pathways adversely impacting the health and well-being of individuals living with disabilities among populations with health disparities.

Strengthening Research Opportunities for NIH Grants (STRONG) will support Resource-Limited Institutions to develop research capacity by 1) assessing their research infrastructure and other needs to enhance administrative and research resources, institutional policies, and opportunities for faculty members and students in biomedical research; and 2) using the results of these institutional assessments to develop action plans to conduct high-quality biomedical research.



www.facebook.com/NIMHD



www.x.com/NIMHD



www.linkedin.com/company/nimhd-nih/

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 2025 President's Budget request for NIMHD. The FY 2025 President's Budget for the National Institute on Minority Health and Health Disparities (NIMHD) is \$526.7 million, an increase of \$1.6 million from the FY 2023 Final level. The FY 2025 President's Budget reflects the Administration's fiscal policy goals for the Federal Government. Within that framework, NIMHD will pursue its highest research priorities through strategic investments and careful stewardship of appropriated funds.

Research Project Grants (RPGs) (-\$11.5 million from FY 2023 Final level; total \$248.6 million):
NIMHD plans to support approximately 356 Research Project Grants (RPGs) in FY 2025. This includes 253 noncompeting awards (a decrease of 34 awards with an overall increase of \$0.5 million from FY 2023). NIMHD will reduce funding for competing RPGs by \$11.7 million from FY 2023, a decrease of 17 awards.

Research Centers (+\$5.3 million from FY 2023 Final level; total \$141.2 million):
NIMHD will continue to provide funding for Research Centers in Minority Institutions and multiple Centers for AIDS Research and will be increasing its support to Centers of Excellence. Additionally, NIMHD will continue to support the Centers for Multiple Chronic Diseases Associated with Health Disparities.

Other Research (-\$1.6 million from FY 2023 Final level; total \$56.7 million):
NIMHD will continue to award new Career Development grants while also supporting other intra-NIH collaborative projects, such as the Community Engagement Alliance (CEAL). NIMHD will also continue its support of the John Lewis NIMHD Research Endowment Program.

(+\$7.3 million from FY 2023 Final level; total \$43.0 million):
NIMHD will increase funding for Research Management and Support to accommodate costs of employee salary and benefit increases, as well as the strengthening of current Scientific Divisions and the inception of new Divisions. NIMHD will continue to provide program management and administrative support for Research Grant awards.

BUDGET MECHANISM TABLE

**NATIONAL INSTITUTES OF HEALTH
National Institute on Minority Health and Health Disparities**

Budget Mechanism *
(Dollars in Thousands)

Mechanism	FY 2023 Final		FY 2024 CR		FY 2025 President's Budget		FY 2025 +/- FY 2023	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Research Projects:								
Noncompeting	287	\$172,391	341	\$195,161	253	\$172,844	-34	\$453
Administrative Supplements	(31)	\$3,297	(31)	\$3,300	(31)	\$3,300	(0)	\$3
Competing:								
Renewal	0	\$500	0	\$500	0	\$500	0	\$0
New	120	\$66,331	61	\$32,131	103	\$54,585	-17	-\$11,745
Supplements	0	\$0	0	\$0	0	\$0	0	\$0
Subtotal, Competing	120	\$66,831	61	\$32,631	103	\$55,085	-17	-\$11,745
Subtotal, RPGs	407	\$242,518	402	\$231,092	356	\$231,229	-51	-\$11,289
SBIR/STTR	27	\$17,578	26	\$17,286	26	\$17,385	-1	-\$193
Research Project Grants	434	\$260,097	428	\$248,379	382	\$248,615	-52	-\$11,482
Research Centers								
Specialized/Comprehensive	15	\$57,328	25	\$62,098	25	\$62,075	10	\$4,747
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	23	\$78,613	23	\$79,164	23	\$79,164	0	\$551
Research Centers	38	\$135,941	48	\$141,262	48	\$141,239	10	\$5,298
Other Research:								
Research Careers	103	\$14,890	104	\$15,087	105	\$15,316	2	\$426
Cancer Education	0	\$0	0	\$0	0	\$0	0	\$0
Cooperative Clinical Research	2	\$2,222	2	\$2,082	2	\$2,122	0	-\$101
Biomedical Research Support	0	\$0	0	\$0	0	\$0	0	\$0
Minority Biomedical Research Support	0	\$849	0	\$851	0	\$609	0	-\$240
Other	25	\$40,305	25	\$40,123	24	\$38,660	-1	-\$1,645
Other Research	130	\$58,266	131	\$58,143	131	\$56,707	1	-\$1,560
Total Research Grants	602	\$454,304	607	\$447,783	561	\$446,560	-41	-\$7,744
Ruth L Kirschstein Training Awards:	FTEPs		FTEPs		FTEPs		FTEPs	
Individual Awards	30	\$1,389	30	\$1,389	30	\$1,376	0	-\$13
Institutional Awards	1	\$82	1	\$82	2	\$345	1	\$263
Total Research Training	31	\$1,471	31	\$1,471	32	\$1,721	1	\$250
Research & Develop. Contracts	81	\$20,178	81	\$20,140	90	\$20,429	9	\$251
<i>SBIR/STTR (non-add)</i>	<i>(0)</i>	<i>(\$190)</i>	<i>(0)</i>	<i>(\$190)</i>	<i>(0)</i>	<i>(\$190)</i>	<i>(0)</i>	<i>(\$0)</i>
Intramural Research	13	\$13,456	18	\$15,000	18	\$15,000	5	\$1,544
Res. Management & Support	81	\$35,729	192	\$40,000	192	\$43,000	111	\$7,271
<i>SBIR Admin. (non-add)</i>		<i>(\$365)</i>		<i>(\$272)</i>		<i>(\$0)</i>		<i>-\$365)</i>
Construction		\$0		\$0		\$0		\$0
Buildings and Facilities		\$0		\$0		\$0		\$0
Total, NIMHD	94	\$525,138	210	\$524,395	210	\$526,710	116	\$1,572

* All items in italics and brackets are non-add entries.

NATIONAL INSTITUTES OF HEALTH

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES

For carrying out section 301 and title IV of the PHS Act with respect to minority health and health disparities research, \$526,710,000.

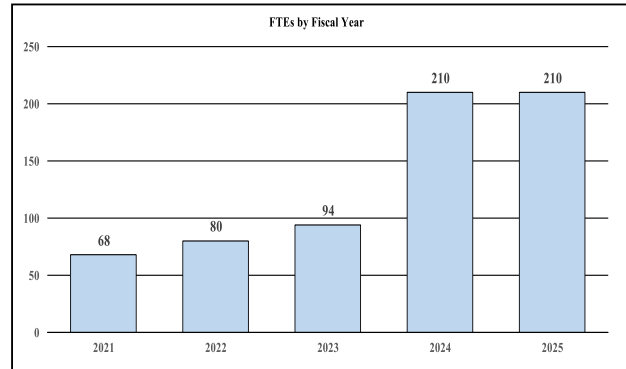
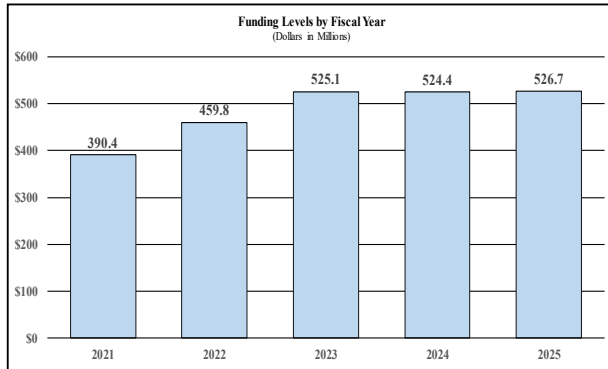
SUMMARY OF CHANGES

NATIONAL INSTITUTES OF HEALTH
National Institute on Minority Health and Health Disparities

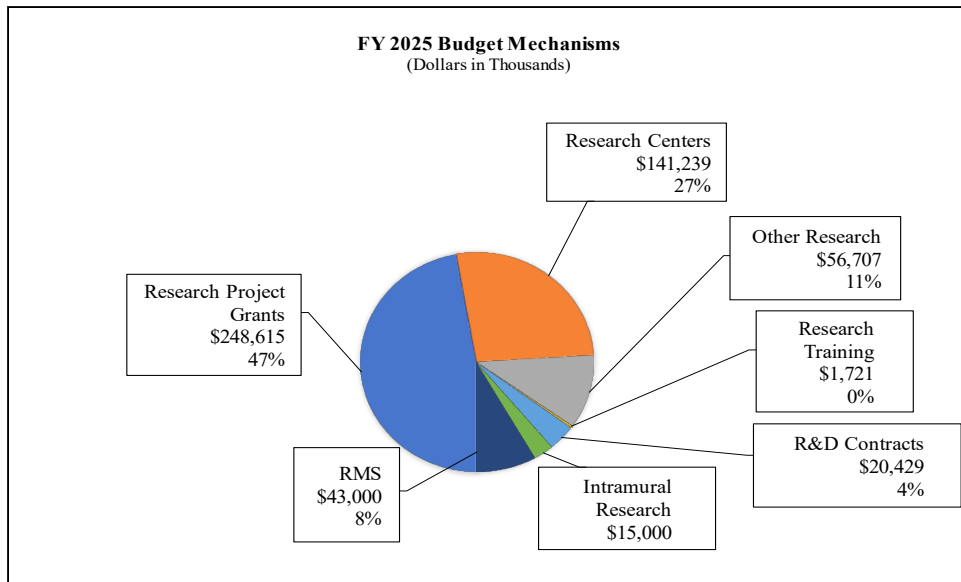
Summary of Changes
(Dollars in Thousands)

CHANGES	FY 2023 Final		FY 2025 President's Budget		Built-In Change from FY 2023 Final	
	FTEs	Budget Authority	FTEs	Budget Authority	FTEs	Budget Authority
1. Intramural Research:						
A. Built-in cost changes:						
a. FY 2024 effect of FY 2023 pay & benefits increase		\$3,244		\$3,525		\$38
b. FY 2024 effect of FY 2024 pay & benefits increase		\$3,244		\$3,525		\$126
c. FY 2024 paid days adjustment		\$3,244		\$3,525		\$12
d. Differences attributable to FY 2024 change in FTE		\$3,244		\$3,525		\$0
e. FY 2025 effect of FY 2024 pay & benefits increase		\$3,244		\$3,525		\$43
f. FY 2025 effect of FY 2025 pay & benefits increase		\$3,244		\$3,525		\$60
g. FY 2025 paid days adjustment		\$3,244		\$3,525		\$0
h. Differences attributable to FY 2025 change in FTE		\$3,244		\$3,525		\$0
i. Payment for centrally furnished services		\$1,586		\$1,701		\$115
j. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$8,612		\$9,775		\$583
Subtotal, IR built-in cost changes						\$977
2. Research Management and Support:						
A. Built-in cost changes:						
a. FY 2024 effect of FY 2023 pay & benefits increase		\$15,529		\$16,867		\$183
b. FY 2024 effect of FY 2024 pay & benefits increase		\$15,529		\$16,867		\$604
c. FY 2024 paid days adjustment		\$15,529		\$16,867		\$60
d. Differences attributable to FY 2024 change in FTE		\$15,529		\$16,867		\$0
e. FY 2025 effect of FY 2024 pay & benefits increase		\$15,529		\$16,867		\$205
f. FY 2025 effect of FY 2025 pay & benefits increase		\$15,529		\$16,867		\$283
g. FY 2025 paid days adjustment		\$15,529		\$16,867		\$0
h. Differences attributable to FY 2025 change in FTE		\$15,529		\$16,867		\$0
i. Payment for centrally furnished services		\$1,891		\$2,028		\$137
j. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		\$18,260		\$24,105		\$1,089
Subtotal, RMS built-in cost changes						\$2,560
CHANGES	FY 2023 Final		FY 2025 President's Budget		Program Change from FY 2023 Final	
	No.	Amount	No.	Amount	No.	Amount
B. Program:						
1. Research Project Grants:						
a. Noncompeting	287	\$175,687	253	\$176,144	-34	\$456
b. Competing	120	\$66,831	103	\$55,085	-17	-\$11,745
c. SBIR/STTR	27	\$17,578	26	\$17,385	-1	-\$193
Subtotal, RPGs	434	\$260,097	382	\$248,615	-52	-\$11,482
2. Research Centers	38	\$135,941	48	\$141,239	10	\$5,298
3. Other Research	130	\$58,266	131	\$56,707	1	-\$1,560
4. Research Training	31	\$1,471	32	\$1,721	1	\$250
5. Research and development contracts	81	\$20,178	90	\$20,429	9	\$251
Subtotal, Extramural		\$475,953		\$468,710		-\$7,243
6. Intramural Research	13	\$13,456	18	\$15,000	5	\$567
7. Research Management and Support	81	\$35,729	192	\$43,000	111	\$4,711
8. Construction		\$0		\$0		\$0
9. Buildings and Facilities		\$0		\$0		\$0
Subtotal, program changes						-\$1,966
Total built-in and program changes	94	\$525,138	210	\$526,710	116	\$1,572

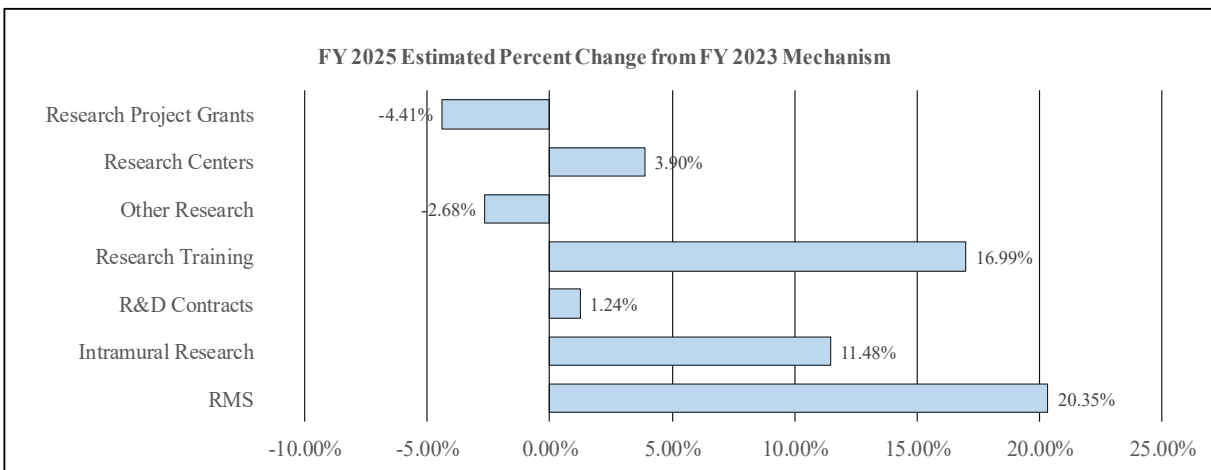
History of Budget Authority and FTEs:



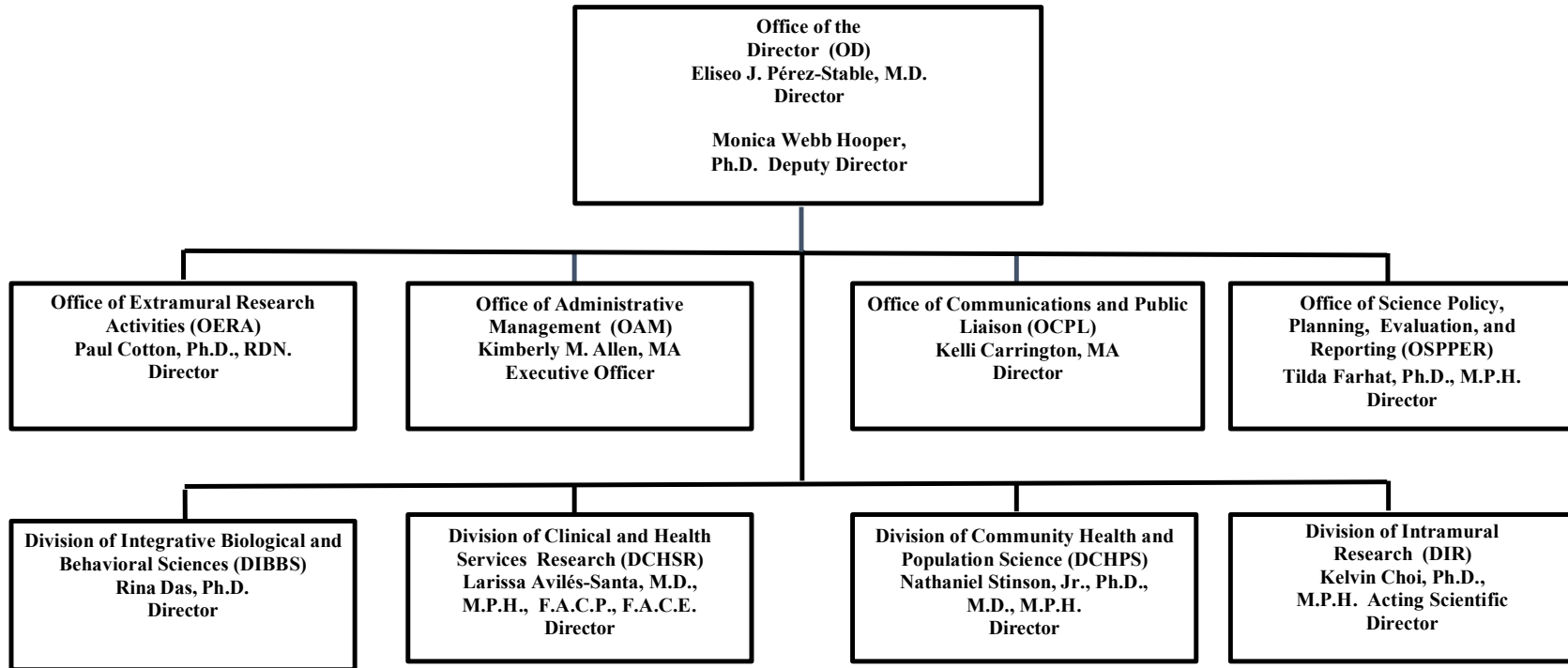
Distribution by Mechanism:



Change by Selected Mechanisms:



National Institute on Minority Health and Health Disparities (NIMHD) Organizational Chart



BUDGET AUTHORITY BY ACTIVITY TABLE

**NATIONAL INSTITUTES OF HEALTH
National Institute on Minority Health and Health Disparities**

Budget Authority by Activity*
(Dollars in Thousands)

	FY 2023 Final		FY 2024 CR		FY 2025 President's Budget		FY 2025 +/- FY 2023 Final	
	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>
<u>Extramural Research</u>								
<u>Detail</u>								
Integrative Biological and Behavioral Sciences		\$62,727		\$66,533		\$66,293		\$3,566
Community Health and Population Sciences		\$109,776		\$110,899		\$110,942		\$1,167
Clinical and Health Services Research		\$98,779		\$97,512		\$97,177		-\$1,602
Research Centers on Minority Health and Health Disparities		\$161,414		\$150,513		\$150,545		-\$10,869
Training and Career Development		\$43,258		\$43,937		\$43,753		\$495
Subtotal, Extramural		\$475,953		\$469,395		\$468,710		-\$7,243
Intramural Research	13	\$13,456	18	\$15,000	18	\$15,000	5	\$1,544
Research Management & Support	81	\$35,729	192	\$40,000	192	\$43,000	111	\$7,271
TOTAL	94	\$525,138	210	\$524,395	210	\$526,710	116	\$1,572

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

National Institute on Minority Health and Health Disparities

Authorizing Legislation: Section 301 and Title IV of the Public Health Service Act, as amended.

Budget Authority (BA):

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	\$525,138,000	\$524,395,000	\$526,710,000	\$1,572,000
FTE	94	210	210	116

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

Overall Budget Policy: The FY 2025 President’s Budget request for the National Institute on Minority Health and Health Disparities (NIMHD) is \$526.7 million, an increase of \$1.6 million or 0.3 percent compared with the FY 2023 Final level. This funding level will support basic, translational, and clinical research across all of NIMHD’s mission areas, as described below.

Program Descriptions

Integrative Biological and Behavioral Sciences

Integrative biological and behavioral sciences research remains a priority for NIMHD, with emphasis on multidisciplinary research and interventions to understand mechanisms and pathways that underlie multiple factors at the root of adverse health outcomes among populations that experience health disparities. In FY 2023, the total NIMHD research grant projects and career development investment in this area was \$58.2 million which funded 122 awards.

Research projects in integrative biological and behavioral sciences are examining topics such as the effects of chronic stress on physiological functioning or allostatic load across the life course; the impact of racism, discrimination, and segregation on health and health behaviors; and the mechanisms through which behavioral, social, cultural, or environmental risk and protective factors at the individual level influence the development of poor health conditions. One study, *Understanding the Relationship between Perceived Discrimination, Allostatic Load, and All-Cause Mortality in U.S. Older Adults*,¹⁰ showed an increased risk of all-cause mortality, and increasing levels of cardiovascular, metabolic, and inflammatory indicators among participants due to stress associated with perceived discrimination. Insights on the role of allostatic load in this association highlight the importance for clinicians to screen routinely, monitor closely, and address conditions linked to stress such as blood pressure, cholesterol, and hemoglobin A1C, especially among individuals who experience discrimination.

¹⁰ pubmed.ncbi.nlm.nih.gov/36594516/

Another study, *Exploring Potential for a Personalized Medicine Approach to Smoking Cessation with an American Indian Tribe*,¹¹ examined the correlations between nicotine metabolic ratio (NMR), nicotine dependence, and smoking exposure, to understand the specific methods and acceptability of therapies that can aid in smoking cessation among American Indian adults. Findings revealed that the NMR was positively related to cigarette dependence. For about one-half of the participants, preferences for smoking cessation therapy aligned with their NMR recommendations to use nicotine replacement therapy, or alternatively, varenicline. Results suggest that NMR can be further utilized to tailor community-based approaches for smoking cessation among American Indian communities.

Integrative biological and behavioral sciences research at NIMHD will explore novel areas and enduring issues in health disparities. Adequate sleep is essential for a healthy lifestyle. Racial and ethnic minority populations and persons with less privileged socio-economic status, experience the highest prevalence of sleep deficiency due to a range of complex factors, and are more likely to have persistent, severe, and underdiagnosed sleep disorders. A new NIMHD initiative will support non-pharmacological interventions to reduce sleep health disparities. NIMHD also recognizes the urgent need to address gaps in research among the Native Hawaiian and Pacific Islander (NHPI) communities. Research studies often combine NHPI communities with Asian populations, but research indicates that NHPI communities experience a higher burden of disease and adverse health outcomes than Asians. NIMHD hosted a scientific workshop in February 2024 to further delineate health disparities among NHPI populations and encourage development of interventions to improve health disparities among NHPI populations, an understudied research area.

Budget Policy: The FY 2025 President’s Budget request for Integrative Biological and Behavioral Sciences is \$66.3 million, an increase of \$3.6 million compared with the FY 2023 Final level.

Clinical and Health Services Research

Clinical and health services research is a growing area of emphasis within the NIMHD research portfolio, as the Institute is committed to generating new knowledge to improve clinical outcomes and the quality of health care for populations that experience health and health care disparities. FY 2023 funding for clinical and health services research career development and research grant projects was \$91.8 million to support 188 awards.

Maternal health is a significant public health crisis in the United States, with persistently high rates of racial disparities in mortality and severe maternal morbidity, particularly among African American or Black and AI/AN women compared to their White counterparts. One study, *Preconception and Perinatal Hospitalizations as Indicators of Risk for Severe Maternal Morbidity in Primiparas*,¹² examined the associations between hospital visits before and during pregnancy, and severe maternal morbidity at delivery. The study found a strong association between previous nonbirth hospitalizations and the likelihood of severe maternal morbidity at

¹¹ pubmed.ncbi.nlm.nih.gov/35661899/

¹² pubmed.ncbi.nlm.nih.gov/37178717/

delivery. Severe maternal morbidity was more prevalent among women older than 40 years of age, African American or Black women, and women with chronic and obstetrical comorbidities. The findings highlight the need for future research on early identification of high-risk cases and prevention of severe maternal morbidity.

Another study, the *Cost-effectiveness of Tele-delivered Behavioral Activation by Lay Counselors for Homebound Older Adults with Depression*,¹³ demonstrates the value of engaging the community in health care within a community-based setting. This study of primarily women, racial and ethnic minority individuals, and people of lower socioeconomic status, found this intervention resulted in fewer inpatient care days and better quality-adjusted life years outcomes, highlighting the importance of considering alternative health delivery approaches to provide depression care for older adults.

NIMHD will continue to strengthen its clinical and health services research portfolio by focusing on clinical research and treatment interventions in health care settings; patient-clinician health care system interactions, epidemiology of health care utilization and outcomes; system-level health services research, and health care delivery in community-based settings for populations that experience health disparities. NIMHD collaborated with other NIH Institutes, Centers, and Offices (ICOs) to develop and launch the *Health and Healthcare of Persons Living with Disabilities among Populations that Experience Health Disparities* initiative. This new initiative will fund targeted research to identify a range of intersectional factors and mechanisms influencing unique healthcare conditions and challenges faced by people with disabilities who also belong to populations such as racial and ethnic minority, lower socioeconomic status, underserved rural, and sexual and gender minority communities. This research is expected to offer novel insights into the discrete differences, layers of overlap, types of and relationships among factors, and the severity of outcomes across and within multiple diverse groups, to lay the foundation for targeted interventions to reduce health disparities among people with disabilities. In collaboration with other NIH ICOs, NIMHD will also support research on *Health and Health care Disparities in Non-Communicable and Chronic Diseases in Latin America* through innovative and interdisciplinary team research focused on clinical, health services, clinical epidemiology, and/or community-based interventions, and research to evaluate the impact of health care and/or public policies on community and/or patient health outcomes. This research will enhance understanding of the sociocultural, environmental, clinical care or research, and healthcare contexts for Latino or Hispanic populations within the U.S. and Latin America to improve health outcomes and reduce health disparities. Another initiative, *Addressing Health and Healthcare Disparities in Sexual and Gender Minority Populations*, will fund research focused on interventions to reduce health disparities and promote health among sexual and gender minority populations, by studying the intersection of this population with other populations such as people of less-privileged socioeconomic status, racial and ethnic minority groups, and underserved rural communities.

Budget Policy: The FY 2025 President's Budget request for Clinical and Health Services Research is \$97.2 million, a decrease of \$1.6 million compared with the FY 2023 Final level.

¹³ pubmed.ncbi.nlm.nih.gov/36253766/

Community Health and Population Science

At the core of NIMHD's mission is the community, consisting of the various populations for whom the institute invests its time and resources to improve health and reduce health disparities. NIMHD's focus on community health and population science supports research to examine and address interpersonal, community and societal-level factors to improve population health and ameliorate health disparities. In FY 2023, NIMHD made 202 awards in community health and population science to support career development and research grant projects for a total investment of \$103.3 million.

Research related to community health and population science covers several diseases and conditions that disproportionately impact the communities and populations that experience health disparities, and addresses determinants of population health at the biological, behavioral, community and societal levels. Studies include epidemiological approaches, examining the etiology of population health disparities, or experimental designs (interventions), addressing determinants of health disparities to improve population health. A recent study, *the Effect of Neighborhood Disorganization on Care Engagement among Children with Chronic Conditions Living in a Large Urban City*¹⁴ examined the effect of unstable, disorganized, and impoverished neighborhoods on healthcare engagement among children enrolled in the Coordinated Healthcare for Complex Kids (CHECK) program, a care delivery model for children with chronic conditions on Medicaid in Chicago. Families living in highly disorganized neighborhoods, and Latino or Hispanic families, were more likely to participate in CHECK compared to families living in areas with lower levels of disorganization and African American or Black families. More research to increase cultural specificity within similar programs to better understand neighborhood context such as social disorganization, can help inform the development of effective care models.

¹⁴ pubmed.ncbi.nlm.nih.gov/36799944/

Air pollution exists in racial and ethnic minority communities at disproportionately high levels. Exposure to pollution can have short- and long-term health effects including a higher incidence of, and worse outcomes from certain cancers, respiratory conditions, and stroke. One NIMHD study examined *Air Pollution and Mortality at the Intersection of Race and Social Class*¹⁵ to identify associations between annual fine particulate pollution (PM_{2.5}) exposure and death in African American or Black, and White populations, and by income level. The study analyzed 16 years of Medicare data from 73 million persons 65 years of age or older. Results found that White individuals were exposed to lower levels of PM_{2.5} than African American or Black individuals. Racial identity, but not income, accounted for the differences in PM_{2.5} exposure levels. The findings suggest increased efforts to decrease PM_{2.5} levels may help to reduce environmental disparities in communities with predominantly African American or Black residents who are disproportionately affected by air pollution.

Community health and population science will remain a research priority for NIMHD. A new initiative on *Youth Violence Prevention* will support research to develop and test multilevel interventions among young adults who experience health disparities, including strategies to address structural discrimination and other social determinants of health. *Community-Level Interventions to Improve Minority Health and Reduce Health Disparities* will continue to be central to the NIMHD research portfolio. Current research under this initiative is examining topics such as the use of video-texting with neighborhood navigation services to improve colorectal cancer screening; food-is-medicine programming to integrate nutrition into the healthcare system; homelessness diversion services as a potential strategy to reduce emergency department use; and the impact of park-based programs on improving population well-being and reducing health disparities. Building on this work, NIMHD will prioritize research focused on the needs of communities impacted by

John Lewis NIMHD Research Endowment Program

Building research capacity at institutions, and training students and investigators from diverse backgrounds for research careers in various disciplines, are pivotal in improving minority health and reducing health disparities. In 2023, the John Lewis NIMHD Research Endowment Program, a unique federal program, expanded its eligibility criteria to afford more institutions the opportunity to strengthen their research infrastructure and training capacity. Six institutions received awards to create institutional endowments that will help to fortify the growth and development of research programs in minority health and health disparities, expand academic programs, improve physical infrastructure, and train a diverse scientific workforce for careers in basic biomedical, behavioral, population, and clinical/health services research.

These five-year awards, totaling \$60 million, will allow the institutions to: 1) Expand support for doctoral and postdoctoral training in health disparities, and train physicians to address social and cultural determinants of health in patient care at Florida International University; 2) Enhance the physical research infrastructure and space, and expand training and career development for students and faculty from underrepresented backgrounds at SUNY Downstate Medical Center; 3) Enhance research and training in minority health and health disparities at the University of North Texas Health Sciences Center, to increase the number of faculty and underrepresented students in health disparities research, and provide junior faculty with interdisciplinary research and leadership training; 4) Enhance Charles Drew University's capacity to conduct health services and community participatory research on cancer, HIV/AIDS, cardiometabolic health, mental health, substance abuse, and health services and policy; 5) Study cardiometabolic health disparities among the African American or Black population in Nashville and Davidson County, Tennessee through Meharry Medical College; and 6) Create an institute for precision medicine, education, data informatics, and community translation at Xavier University of Louisiana to train underrepresented researchers in health informatics and leverage community-based approaches in clinical research to improve health outcomes.

¹⁵ pubmed.ncbi.nlm.nih.gov/36961127/

health disparities to address issues such as promoting disease prevention and management practices, and reducing structural barriers related to healthy behaviors.

Budget Policy: The FY 2025 President’s Budget request for Community Health and Population Sciences is \$110.9 million, an increase of \$1.2 million compared with the FY 2023 Final level.

Intramural Research Program

The NIMHD Intramural Research Program (IRP) plays an instrumental role in the institute’s efforts to expand its research in population and community health, social and behavioral sciences, and genomic and epidemiological sciences. In addition, the IRP is committed to training a diverse scientific workforce with a 2023 cohort of 37 trainees receiving research experience and mentorship working with its senior investigator, six tenure-track investigators, and other staff. In FY 2023, the NIMHD intramural research budget was \$13.5 million.

Research within the IRP has helped to provide new knowledge about factors associated with the undue burden of COVID-19 among racial and ethnic minority individuals and other populations experiencing health disparities. One study, *COVID-19 Vaccination Willingness and Uptake among Rural Black/African American, Latino, and White Adults*,¹⁶ assessed differences in COVID-19 vaccine willingness and uptake among adults residing in rural and nonrural communities, by race and ethnicity. At the start of the project, 24.9 percent of rural adults were extremely willing to be vaccinated and 28.4 percent were not at all willing. Rural White adults were least willing to be vaccinated, compared to urban White adults. At follow-up, almost 70 percent of rural adults were vaccinated. Participants who were unwilling to accept vaccination identified distrust and misinformation as key factors, highlighting the importance of increasing efforts around science education, and dissemination of evidence-based health information.

NIMHD conducts research to better understand the impact of racism and discrimination on minority health and health disparities and to identify strategies to reduce and ultimately eliminate the effects of those disparities. The *Discrimination Experiences and All-Cause and Cardiovascular Mortality: Multi-Ethnic Study of Atherosclerosis*,¹⁷ investigated the association between lifetime or everyday discrimination with mortality by race and ethnicity, gender, and residential segregation. Associations between lifetime discrimination and cardiovascular mortality were observed across all racial and ethnic groups but were strongest among African American or Black participants. Daily experiences with discrimination were strongly associated with increased cardiovascular mortality. The findings underscore the need for policies and public health interventions to address discrimination given its detrimental impact on health.

NIMHD will continue to build and expand its intramural research portfolio and leverage collaborations and partnerships across the NIH ICOs to advance its goals. The NIMHD-led U.S. Burden of Health Disparities Working Group, a collaboration with multiple ICOs, plans to publish more analyses centered on the burden of various diseases and conditions by county, race, and ethnicity in the United States between 2000–2019. The overarching goal is to reveal health disparities by indicators that examine different populations, their health conditions, and health

¹⁶ pubmed.ncbi.nlm.nih.gov/36863851/

¹⁷ pubmed.ncbi.nlm.nih.gov/37017086/

life expectancy across time targeted interventions. As the population of African immigrants continues to increase in the United States, a research project in New York City will explore acculturation stress experienced by Ghanaian immigrants and mental health effects to inform the development of subsequent interventions. Clinical decisions that are tailored to individuals' social identities and circumstances, as well as clinical presentations, have an important role in reducing disparities in health outcomes. A study is developing a novel web-based clinical decision tool, *BTxChoice*, to explore the intersection of social and economic status among populations experiencing health disparities to promote equitable access to health information and patient engagement to improve health outcomes. This intervention aims to inform shared decision-making between patients and their clinicians for appropriate breast cancer treatments.

Budget Policy: The FY 2025 President's Budget request for intramural research is \$15.0 million, an increase of \$1.5 million compared with the FY 2023 Final level.

Research Training

Improving minority health and reducing health disparities requires multidisciplinary and multi-sectoral approaches to address the complex factors contributing to the disproportionate burden of adverse outcomes experienced by populations with health disparities. Training researchers in methodologies to examine and address health disparities, as well as supporting a diverse scientific workforce are essential to accelerate innovation in this field. NIMHD is not only dedicated to training a diverse scientific workforce within its own laboratories, but to supporting individuals and institutions around the country to build a strong and diverse scientific research workforce to include individuals who are underrepresented in the clinical and biomedical sciences.

NIMHD RCMI Clinical Research Networks

Clinical research networks (CRN) are crucial in improving health and health care outcomes for populations that experience health disparities by ensuring these populations can access high quality healthcare in primary care and ambulatory settings. Patient-clinician communication and relationships, addressing conscious and unconscious bias, trust, cultural competency, and shared decision-making are essential to this process.

The NIMHD RCMI Clinical Research Networks (RCMI-CRN) program will transform the development, delivery, and sustainability of evidence-based health care practices and services. Drawing on the experience and insights of practicing clinicians and local communities, the network will conduct clinical and behavioral research including interventions and service delivery strategies that are feasible, scalable, and sustainable that can ultimately improve routine health care services for populations that experience health disparities.

The NIMHD RCMI-CRN currently supports four CRNs. Each CRN has established a regional consortium and collaborates with ambulatory care clinical practices, using multi-level approaches to address health care delivery challenges and answer questions relevant to the clinicians in the care setting.

In Hawaii, the CRN is organizing a local consortium of ambulatory primary care facilities working with the two largest health systems in Hawaii and federally qualified health centers (FQHCs), to focus on health needs affecting Native Hawaiians, Pacific Islanders, and Filipinos. Another CRN seeks to establish the required systems and workforce infrastructure to support clinical research within a FQHC and acute care facility that serves rural, border communities in Southern California. In North Carolina, the goal of the CRN is to bring together communities, health clinics, FQHCs, and local public health departments to address gaps in clinic-based research and bring community-informed and improved health care to uninsured patients. The fourth CRN will develop, implement, and disseminate new technology to recruit patients and clinicians to conduct research to improve health outcomes for racial and ethnic minority populations in the District of Columbia and surrounding communities.

Through the Extramural Loan Repayment Program (LRP), NIMHD has repaid educational loans for more than 2,200 doctorate-level early career health scientists since the program's inception, with more than 60 percent of recipients identifying as a person from an underrepresented racial or ethnic minority group. The program's overall success rate of applications approved for funding in FY 2023 was approximately 42 percent, representing 38 states, with about 64 percent of recipients being from a racial or ethnic minority group. Awardees conduct research across multiple disciplines covering a range of health conditions. One LRP investigator recently published a study, *Exploring Factors Associated with Dietary Improvement Among Participants Who Completed a Randomized Controlled Trial for Physical Activity: Evidence of a Transfer Effect*,¹⁸ which showed significant dietary and psychological improvements among participants who completed a physical activity intervention. The results suggested that a single behavior change, such as increasing physical activity, may lead to favorable changes in other health promoting behaviors and mental health.

Another NIMHD program that supports institutional support for clinical and translational research training and career development to train individuals from backgrounds underrepresented in science is the Clinical Research Education and Career Development (CRECD) program. The CRECD program currently supports 36 scholars to develop the skills to conduct translational or patient-oriented research in areas such as *Mitigating COVID-19 Risk and*

Vaccine Hesitancy Among Underserved African American and Latinx Individuals with Mental Illness Through Mental Health Therapist-Facilitated Discussions.¹⁹ To date, the CRECD program has established a strong institutionally-supported clinical and translational research curriculum, and enrolled more than 200 diverse clinical researchers who have published more

¹⁸ pubmed.ncbi.nlm.nih.gov/37308771/

¹⁹ pubmed.ncbi.nlm.nih.gov/35534682/

than 400 articles. More than 90 percent of the CRECD scholars self-identified as racial and ethnic minority persons. The CRECD program has supported mentored research for clinical researchers, many of whom have obtained grant funding from NIH such as training awards, and support from other public and private entities such as the Department of Justice, the Food and Drug Administration, American Cancer Society, and the California Department of Health Care Access and Information.

More than 500 promising early-stage investigators from diverse backgrounds have had the opportunity to participate in the NIMHD Health Disparities Research Institute (HDRI) to support their career development and stimulate research in health disparities science. The program offers participants a week-long forum of sessions covering a wide range of topics related to minority health and health disparities, research design, development of grant applications, and NIH resources to facilitate success in receiving NIH funding. In August 2023, 52 scholars from 24 states, the District of Columbia and Guam attended the HDRI on the NIH campus. The cohort consisted of 88 percent of individuals with self-reported racial and ethnic minority backgrounds, 81 percent females, 63 percent with Ph.D. or Dr.PH. degrees, 29 percent with M.D. degrees, 58 percent assistant professors, and 32 percent postdoctoral fellows. HDRI will remain a core component of the NIMHD research training program. A new initiative, the NIMHD Centers of Excellence in Investigator Development and Community Engagement program, will support expansion of the NIMHD research training efforts. The program facilitates the research training and education of investigators from diverse backgrounds, including those underrepresented in biomedical research, who are particularly interested in diseases that disproportionately impact populations that experience health disparities.

Budget Policy: The FY 2025 President’s Budget request for Research Training is \$43.8 million, an increase of \$0.5 million compared with the FY 2023 Final level.

Research Centers

NIMHD Research Centers conduct multidisciplinary research on a range of topics and issues aimed at improving minority health and reducing health disparities, such as environmental health disparities, chronic diseases, and social determinants of health. The centers encompass large research teams, multiple research projects and cores, and often a regional focus – complementing other NIMHD research programs and activities.

Latino or Hispanic populations experience greater exposure to traumatic events that may result in post-traumatic stress disorder (PTSD), or comorbid mental health symptoms compared to other racial and ethnic minority populations. A Research Centers in Minority Institutions (RCMI) project examined *Posttraumatic Stress among Trauma-Exposed Hispanic/Latino adults: Relations to Mental Health*.²⁰ The study evaluated PTSD symptom severity for global and specific cluster severity relating to co-occurring anxiety and depression. Results indicated that global PTSD symptom severity in this cohort was significantly related to greater social anxiety, anxious arousal, depression, and suicidal ideation symptoms. Findings suggested that interventions are needed to address concurrent symptoms of mental illness among trauma-exposed Latino or Hispanic young adults.

²⁰ pubmed.ncbi.nlm.nih.gov/36786315/

An NIMHD Multiple Chronic Disease Research Center explored the relationships between prenatal ambient air pollution exposure and neurodevelopment during infancy, and found that prenatal exposure to ambient air pollution was associated with neurodevelopmental outcomes at two years of age.²¹ Among women who had higher exposure to air pollutants during the mid- and late-prenatal periods of pregnancy, the study showed an inverse association with scaled and composite motor, cognitive, and language scores when the child was two years old. These results indicate that prenatal ambient air pollution may negatively impact neurodevelopment in early life.

Future efforts from the NIMHD Research Centers will provide valuable support for institutions to strengthen health disparities research opportunities, streamline infrastructure, enhance multidisciplinary collaborations, and engage with partners at multiple levels. For example, African American or Black and Latino or Hispanic men who have sex with men account for two-thirds of new HIV infections and of HIV cases.²² NIMHD is collaborating with the Centers for AIDS Research funded by National Institute of Allergy and Infectious Diseases and other ICOs through the RCMI program. This collaboration will provide administrative supplements to promote research on HIV/AIDS at RCMI institutions, leverage existing resources to conduct pilot studies, and provide mentorship. Additionally, NIMHD continues to support the important work of the Multiple Chronic Disease Research Centers that conduct research to understand and address the disproportionate impact of chronic diseases, including, but not limited to obesity, diabetes, hypertension, coronary heart disease, congestive heart failure, asthma, chronic kidney disease, chronic liver disease, stroke, osteoarthritis, and certain cancers that affect populations that experience health disparities.

Budget Policy: The FY 2025 President’s Budget request for Research Centers is \$150.5 million, a decrease of \$10.9 million compared with the FY 2023 Final level.

Research Management and Support

Research Management and Support (RMS) provides administrative, budgetary, logistical, and scientific support toward the review, award, and monitoring of research grants, training awards, and research development contracts. RMS funds also support strategic planning, coordination, and evaluation of NIMHD programs and coordination and engagement with other Federal agencies, Congress, and the public.

Budget Policy: The FY 2025 President’s Budget request for RMS is \$43.0 million, an increase of \$7.3 million or 20.3 percent compared with the FY 2023 Final level.

²¹ pubmed.ncbi.nlm.nih.gov/36694159/

²² cdc.gov/nchhstp/newsroom/fact-sheets/hiv/black-african-american-factsheet.html

**NATIONAL INSTITUTES OF HEALTH
National Institute on Minority Health and Health Disparities**

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2016	\$281,549,000	\$272,493,000	\$287,379,000	\$279,718,000
Rescission				\$0
2017 ¹	\$280,680,000	\$286,446,000	\$292,323,000	\$289,069,000
Rescission				\$0
2018	\$214,723,000	\$293,583,000	\$297,784,000	\$303,200,000
Rescission				\$0
2019	\$280,545,000	\$306,821,000	\$314,845,000	\$314,679,000
Rescission				\$0
2020	\$270,870,000	\$341,244,000	\$330,968,000	\$335,812,000
Rescission				\$0
2021	\$305,498,000	\$348,700,000	\$391,747,000	\$390,865,000
Rescission				\$0
2022	\$652,244,000	\$661,879,000	\$651,101,000	\$459,056,000
Rescission				\$0
2023	\$659,817,000	\$505,292,000	\$534,287,000	\$524,395,000
Rescission				\$0
2024	\$525,138,000	\$524,395,000	\$524,395,000	\$524,395,000
Rescission				\$0
2025	\$526,710,000			

¹ Budget Estimate to Congress includes mandatory financing.

AUTHORIZING LEGISLATION

**NATIONAL INSTITUTES OF HEALTH
National Institute on Minority Health and Health Disparities**

Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2024 Amount Authorized	FY 2024 CR	2025 Amount Authorized	FY 2025 President's Budget
Research and Investigation	Section 301	42§241	Indefinite	\$524,395,000	Indefinite	\$526,710,000
National Institute on Minority Health and Health Disparities	Section 401(a)	42§281	Indefinite		Indefinite	
Total, Budget Authority				\$524,395,000		\$526,710,000

AMOUNTS AVAILABLE FOR OBLIGATION

NATIONAL INSTITUTES OF HEALTH
National Institute on Minority Health and Health Disparities

Amounts Available for Obligation ¹
(Dollars in Thousands)

Source of Funding	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Appropriation	\$524,395	\$524,395	\$526,710
Mandatory Appropriation: (non-add)			
<i>Type 1 Diabetes</i>	(\$0)	(\$0)	(\$0)
<i>Other Mandatory financing</i>	(\$0)	(\$0)	(\$0)
Subtotal, adjusted appropriation	\$524,395	\$524,395	\$526,710
OAR HIV/AIDS Transfers	\$743	\$0	\$0
Subtotal, adjusted budget authority	\$525,138	\$524,395	\$526,710
Unobligated balance, start of year	\$0	\$0	\$0
Unobligated balance, end of year (carryover)	\$0	\$0	\$0
Subtotal, adjusted budget authority	\$525,138	\$524,395	\$526,710
Unobligated balance lapsing	-\$62	\$0	\$0
Total obligations	\$525,076	\$524,395	\$526,710

¹ Excludes the following amounts (in thousands) for reimbursable activities carried out by this account: FY 2023 - \$3,345
FY 2024 - \$3,432 FY 2025 - \$3,452

BUDGET AUTHORITY BY OBJECT CLASS

**NATIONAL INSTITUTES OF HEALTH
National Institute on Minority Health and Health Disparities**

Budget Authority by Object Class¹
(Dollars in Thousands)

	FY 2024 CR	FY 2025 President's Budget
Total compensable workyears:		
Full-time equivalent	210	210
Full-time equivalent of overtime and holiday hours	0	0
Average ES salary	\$0	\$0
Average GM/GS grade	14.0	14.0
Average GM/GS salary	\$146	\$155
Average salary, Commissioned Corps (42 U.S.C. 207)	\$131	\$143
Average salary of ungraded positions	\$189	\$201
OBJECT CLASSES	FY 2024 CR	FY 2025 President's Budget
Personnel Compensation		
11.1 Full-Time Permanent	\$10,841	\$11,144
11.3 Other Than Full-Time Permanent	\$1,976	\$2,032
11.5 Other Personnel Compensation	\$581	\$597
11.7 Military Personnel	\$521	\$546
11.8 Special Personnel Services Payments	\$1,085	\$1,115
11.9 Subtotal Personnel Compensation	\$15,004	\$15,434
12.1 Civilian Personnel Benefits	\$4,752	\$4,912
12.2 Military Personnel Benefits	\$44	\$46
13.0 Benefits to Former Personnel	\$0	\$0
Subtotal Pay Costs	\$19,801	\$20,392
21.0 Travel & Transportation of Persons	\$211	\$216
22.0 Transportation of Things	\$5	\$6
23.1 Rental Payments to GSA	\$19	\$19
23.2 Rental Payments to Others	\$0	\$0
23.3 Communications, Utilities & Misc. Charges	\$6	\$6
24.0 Printing & Reproduction	\$0	\$0
25.1 Consulting Services	\$4,945	\$5,094
25.2 Other Services	\$17,873	\$19,855
25.3 Purchase of Goods and Services from Government Accounts	\$27,090	\$27,144
25.4 Operation & Maintenance of Facilities	\$10	\$10
25.5 R&D Contracts	\$8,264	\$8,445
25.6 Medical Care	\$0	\$0
25.7 Operation & Maintenance of Equipment	\$1,131	\$1,156
25.8 Subsistence & Support of Persons	\$0	\$0
25.0 Subtotal Other Contractual Services	\$59,313	\$61,704
26.0 Supplies & Materials	\$46	\$47
31.0 Equipment	\$247	\$252
32.0 Land and Structures	\$0	\$0
33.0 Investments & Loans	\$0	\$0
41.0 Grants, Subsidies & Contributions	\$444,746	\$444,067
42.0 Insurance Claims & Indemnities	\$0	\$0
43.0 Interest & Dividends	\$1	\$1
44.0 Refunds	\$0	\$0
Subtotal Non-Pay Costs	\$504,594	\$506,318
Total Budget Authority by Object Class	\$524,395	\$526,710

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

NATIONAL INSTITUTES OF HEALTH
National Institute on Minority Health and Health Disparities
Salaries and Expenses
(Dollars in Thousands)

Object Classes	FY 2024 CR	FY 2025 President's Budget
<u>Personnel Compensation</u>		
Full-Time Permanent (11.1)	\$10,841	\$11,144
Other Than Full-Time Permanent (11.3)	\$1,976	\$2,032
Other Personnel Compensation (11.5)	\$581	\$597
Military Personnel (11.7)	\$521	\$546
Special Personnel Services Payments (11.8)	\$1,085	\$1,115
Subtotal, Personnel Compensation (11.9)	\$15,004	\$15,434
Civilian Personnel Benefits (12.1)	\$4,752	\$4,912
Military Personnel Benefits (12.2)	\$44	\$46
Benefits to Former Personnel (13.0)	\$0	\$0
Subtotal Pay Costs	\$19,801	\$20,392
Travel & Transportation of Persons (21.0)	\$211	\$216
Transportation of Things (22.0)	\$5	\$6
Rental Payments to Others (23.2)	\$0	\$0
Communications, Utilities & Misc. Charges (23.3)	\$6	\$6
Printing & Reproduction (24.0)	\$0	\$0
<u>Other Contractual Services</u>		
Consultant Services (25.1)	\$4,197	\$4,329
Other Services (25.2)	\$17,873	\$19,855
Purchase of Goods and Services from Government Accounts (25.3)	\$22,758	\$22,812
Operation & Maintenance of Facilities (25.4)	\$10	\$10
Operation & Maintenance of Equipment (25.7)	\$1,131	\$1,156
Subsistence & Support of Persons (25.8)	\$0	\$0
Subtotal Other Contractual Services	\$45,969	\$48,162
Supplies & Materials (26.0)	\$46	\$47
Subtotal Non-Pay Costs	\$46,238	\$48,437
Total Administrative Costs	\$66,039	\$68,829

DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT (FTE)

**NATIONAL INSTITUTES OF HEALTH
National Institute on Minority Health and Health Disparities**

Detail of Full-Time Equivalent Employment (FTE)

Office	FY 2023 Final			FY 2024 CR			FY 2025 President's Budget		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Division of Intramural Research									
Direct:	12	1	13	17	1	18	17	1	18
Total:	12	1	13	17	1	18	17	1	18
Office of the Director									
Direct:	54	-	54	158	1	159	158	1	159
Total:	54	-	54	158	1	159	158	1	159
Division of Integrative Biological and Behavioral Sciences									
Direct:	9	-	9	10	-	10	10	-	10
Total:	9	-	9	10	-	10	10	-	10
Division of Community Health and Population Sciences									
Direct:	8	1	9	11	1	12	11	1	12
Total:	8	1	9	11	1	12	11	1	12
Division of Clinical and Health Services Research									
Direct:	9	-	9	11	-	11	11	-	11
Total:	9	-	9	11	-	11	11	-	11
Division of Scientific Programs									
Direct:	-	-	-	-	-	-	-	-	-
Total:	-	-	-	-	-	-	-	-	-
Division of Data Management and Scientific Reporting									
Direct:	-	-	-	-	-	-	-	-	-
Total:	-	-	-	-	-	-	-	-	-
Reimbursable									
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	-	-	-	-	-	-	-	-	-
Total	92	2	94	207	3	210	207	3	210
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								
2021	13.0								
2022	13.0								
2023	13.0								
2024	14.0								
2025	14.0								

DETAIL OF POSITIONS

NATIONAL INSTITUTES OF HEALTH
National Institute on Minority Health and Health Disparities

Detail of Positions ¹

GRADE	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Total, ES Positions	0	0	0
Total, ES Salary	\$0	\$0	\$0
General Schedule			
GM/GS-15	14	28	28
GM/GS-14	32	141	141
GM/GS-13	24	24	24
GS-12	9	9	9
GS-11	1	1	1
GS-10	0	0	0
GS-9	2	2	2
GS-8	2	2	2
GS-7	2	2	2
GS-6	0	0	0
GS-5	0	0	0
GS-4	0	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	1	1	1
Subtotal	87	210	210
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
Junior Assistant	0	0	0
Subtotal	3	3	3
Ungraded	18	18	18
Total permanent positions	0	0	0
Total positions, end of year	108	231	231
Total full-time equivalent (FTE) employment, end of year	94	210	210
Average ES salary	\$0	\$0	\$0
Average GM/GS grade	13.0	14.0	14.0
Average GM/GS salary	\$138,765	\$146,092	\$155,074

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