DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute on Minority Health and Health Disparities (NIMHD)

FY 2014 Budget — Page No.

Organization Chart 2

Appropriation Language 3

Amounts Available for Obligation 4

Budget Mechanism Table 5

Major Changes in Budget Request 6

Summary of Changes 7

Budget Graphs 9

Budget Authority by Activity 10

Authorizing Legislation 11

Appropriations History 12

Justification of Budget Request 13

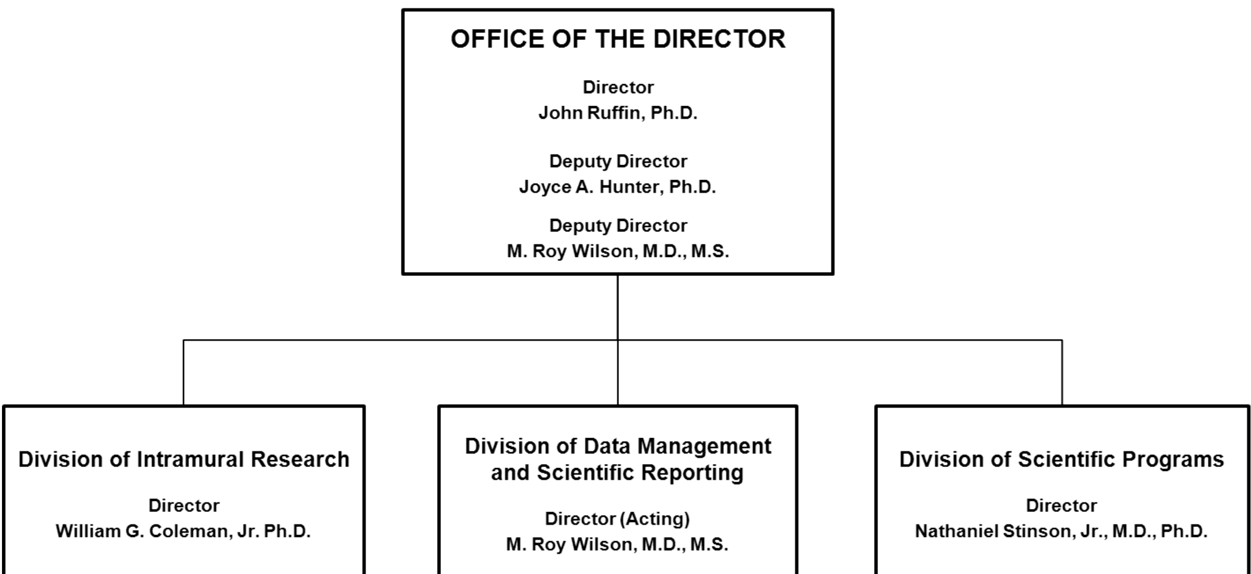
Budget Authority by Object Class 23

Salaries and Expenses 24

Detail of Full-Time Equivalent Employment (FTE) 25

Detail of Positions 26

National Institutes of Health
National Institute on Minority Health and Health Disparities
Organizational Structure



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, $283,299,000.

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

Amounts Available for Obligation [1]
(Dollars in Thousands)

Source of Funding	FY 2012 Actual	FY 2013 CR	FY 2014 PB
Appropriation	276,963	278,131	283,299
Rescission	(523)	0	0
Subtotal, adjusted appropriation	276,440	278,131	283,299
Secretary's Transfer for Alzheimer's disease (AD)	(182)	0	0
Secretary's Transfer for AIDS authorized by PL 112-74, Section 206	(79)	0	0
Comparative Transfers to NLM for NCBI and Public Access	(252)	(327)	0
Subtotal, adjusted budget authority	275,927	277,804	283,299
Unobligated balance, start of year	0	0	0
Unobligated balance, end of year	0	0	0
Subtotal, adjusted budget authority	275,927	277,804	283,299
Unobligated balance lapsing	(34)	0	0
Total obligations	275,893	277,804	283,299

[1] Excludes the following amounts for reimbursable activities carried out by this account:
FY 2012 - $3,411 FY 2013 - $1,500 FY 2014 - $2,079

NATIONAL INSTITUTES OF HEALTH
National Institute on Minority Health and Health Disparities
Budget Mechanism - Total [1]
(Dollars in Thousands)

MECHANISM	FY 2012 Actual		FY 2013 CR		FY 2014 PB		Change vs. FY 2012	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Grants								
Research Projects								
Noncompeting	36	$13,196	48	$17,755	48	$17,521	12	$4,325
Administrative Supplements	*(1)*	66	*(0)*	0	*(0)*	0	*-(1)*	-66
Competing:								
Renewal	0	0	0	0	0	0	0	0
New	14	5,194	12	4,449	12	4,450	-2	-744
Supplements	0	0	0	0	0	0	0	0
Subtotal, Competing	14	$5,194	12	$4,449	12	$4,450	-2	-$744
Subtotal, RPGs	50	$18,456	60	$22,204	60	$21,971	10	$3,515
SBIR/STTR	21	7,798	22	8,039	23	8,597	2	799
Research Project Grants	71	$26,254	82	$30,243	83	$30,568	12	$4,314
Research Centers								
Specialized/Comprehensive	73	86,435	69	87,648	65	94,678	-8	8,243
Clinical Research	0	2,000	0	2,000	0	2,000	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	22	58,555	20	54,506	20	51,966	-2	-6,589
Research Centers	95	$146,990	89	$144,154	85	$148,644	-10	$1,654
Other Research								
Research Careers	2	375	3	599	7	983	5	608
Cancer Education	0	0	0	0	0	0	0	0
Cooperative Clinical Research	0	0	0	0	0	0	0	0
Biomedical Research Support	0	0	0	0	0	0	0	0
Minority Biomedical Research Support	0	100	0	0	0	0	0	-100
Other	111	61,200	87	56,373	89	55,848	-22	-5,352
Other Research	113	$61,675	90	$56,972	96	$56,831	-17	-$4,844
Total Research Grants	279	$234,919	261	$231,369	264	$236,043	-15	$1,124
Research Training	FTTPs		FTTPs		FTTPs		FTTPs	
Individual	0	0	0	0	0	0	0	0
Institutional	0	0	0	0	0	0	0	0
Total Research Training	0	$0	0	$0	0	$0	0	$0
Research & Development Contracts	261	21,740	260	23,993	260	24,814	-1	3,074
SBIR/STTR (non-add)	*(0)*	*(17)*	*(0)*	*(20)*	*(0)*	*(30)*	*(0)*	*(13)*
	FTEs		FTEs		FTEs		FTEs	
Intramural Research	6	3,807	7	6,981	7	6,981	1	3,174
Research Management and Support	47	15,461	53	15,461	53	15,461	6	0
Construction		0		0		0		0
Buildings and Facilities		0		0		0		0
Total, NIMHD	53	$275,927	60	$277,804	60	$283,299	7	$7,372

[1] All items in italics and brackets are "non-adds."

Major Changes in the Fiscal Year 2014 President's 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 2014 President's Budget request for NIMHD, which is $7.4 million more than the FY 2012 Actual level, for a total of $283.3million.

Research Project Grants (RPGs: +$3.515 million; total $21.971 million): NIMHD will support 12 new awards in FY 2014. About 48 noncompeting RPG awards, totaling $17.521 million will also be made in FY 2014. NIH budget policy for RPGs in FY 2014, continues FY 2012 policy of eliminating inflationary increases for future year commitments. However adjustments for special needs (such as equipment and added personnel) will continue to be accommodated.

Transdisciplinary & Translational Research (+$18.299 million; total $97.238 million): Funds in this area will support new and/or on-going initiatives to advance health disparities research, as well as transdisciplinary and translational research such as Transdisciplinary Collaborative Centers for Health Disparities Research and the Centers of Excellence. Translational research uses the knowledge gained from basic discoveries in the development of new therapies, diagnostics, and preventative measures to improve public health for the benefit of everyone. Translational research includes studies that target newly identified mechanisms for intervention; conduct clinical trials testing the efficacy and effectiveness of these interventions; and seek the means by which interventions are disseminated and implemented broadly and appropriately.

Research Capacity-Building & Infrastructure area (-$14.622 million; total $85.035 million): Funds in this area will continue to support initiatives aimed at strengthening research-capacity building and research infrastructure to address health disparities, while ensuring a balanced portfolio and continued alignment of program priorities including emphasis on transdisciplinary and translational research.. Initiatives such as the Research Endowment program, Building Research Infrastructure and Capacity (BRIC) program, and Research Centers in Minority Institutions (RCMI) program will continue to be supported. A delay in the BRIC funding opportunity allows for greater translational research efforts in FY 2014.

Intramural Research area (+$3.174 million; total $6.981 million): Funds in this area will support intramural investigators conducting minority health or health disparities research.

NATIONAL INSTITUTES OF HEALTH
National Institute on Minority Health and Health Disparities
Summary of Changes
(Dollars in Thousands)

FY 2012 Actual				**$275,927**
FY 2014 President's Budget				**$283,299**
Net change				**$7,372**
	2014 President's Budget		**Change from FY 2012**	
CHANGES	**FTEs**	**Budget Authority**	**FTEs**	**Budget Authority**
A. Built-in:				
1. Intramural Research:				
a. Annualization of March 2013 pay increase & benefits		$944		$2
b. January FY 2014 pay increase & benefits		944		7
c. One more day of pay		944		4
d. Differences attributable to change in FTE		944		0
e. Payment for centrally furnished services		537		10
f. Increased cost of laboratory supplies, materials, other expenses, and non-recurring costs		5,500		6
Subtotal				$29
2. Research Management and Support:				
a. Annualization of March 2013 pay increase & benefits		$7,955		$21
b. January FY 2014 pay increase & benefits		7,955		59
c. One more day of pay		7,955		30
d. Differences attributable to change in FTE		7,955		0
e. Payment for centrally furnished services		589		10
f. Increased cost of laboratory supplies, materials, other expenses, and non-recurring costs		6,917		1
Subtotal				$120
Subtotal, Built-in				$149

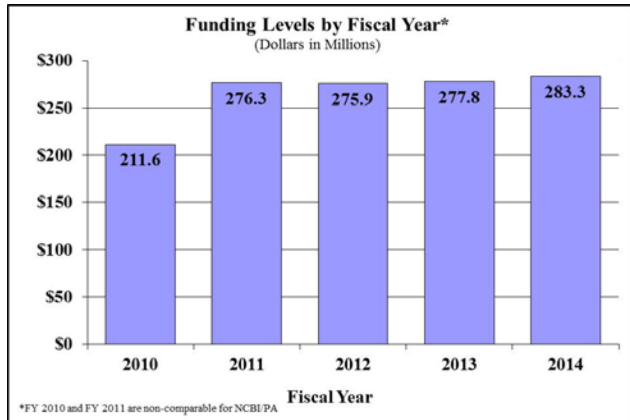
NATIONAL INSTITUTES OF HEALTH
National Institute on Minority Health and Health Disparities

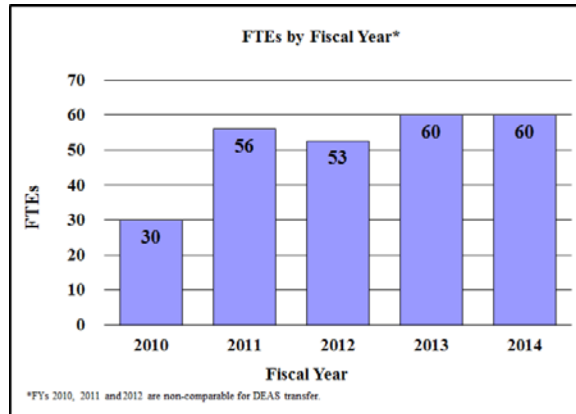
Summary of Changes--continued

	2014 President's Budget		**Change from FY 2012**	
CHANGES	**No.**	**Amount**	**No.**	**Amount**
B. Program:				
1. Research Project Grants:				
a. Noncompeting	48	$17,521	12	$4,259
b. Competing	12	4,450	-2	-744
c. SBIR/STTR	23	8,597	2	799
Total	83	$30,568	12	$4,314
2. Research Centers	85	$148,644	-10	$1,654
3. Other Research	96	56,831	-17	-4,844
4. Research Training	0	0	0	0
5. Research and development contracts	260	24,814	-1	3,074
Subtotal, Extramural		$260,857		$4,198
	FTEs		FTEs	
6. Intramural Research	7	$6,981	1	$3,145
7. Research Management and Support	53	15,461	6	-120
8. Construction		0		0
9. Buildings and Facilities		0		0
Subtotal, program	60	$283,299	7	$7,223
Total changes				$7,372

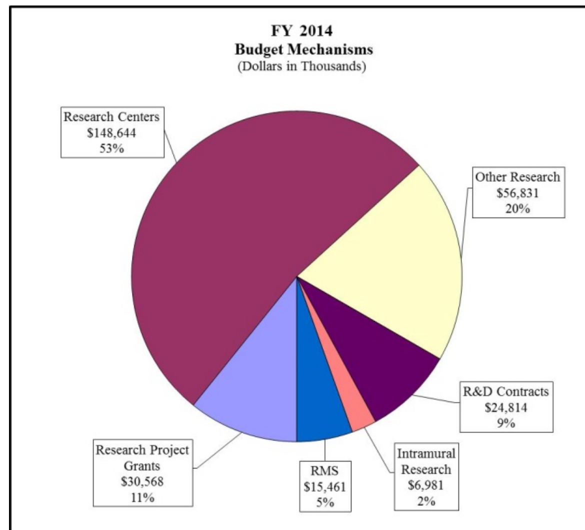
Fiscal Year 2014 Budget Graphs

History of Budget Authority and FTEs:

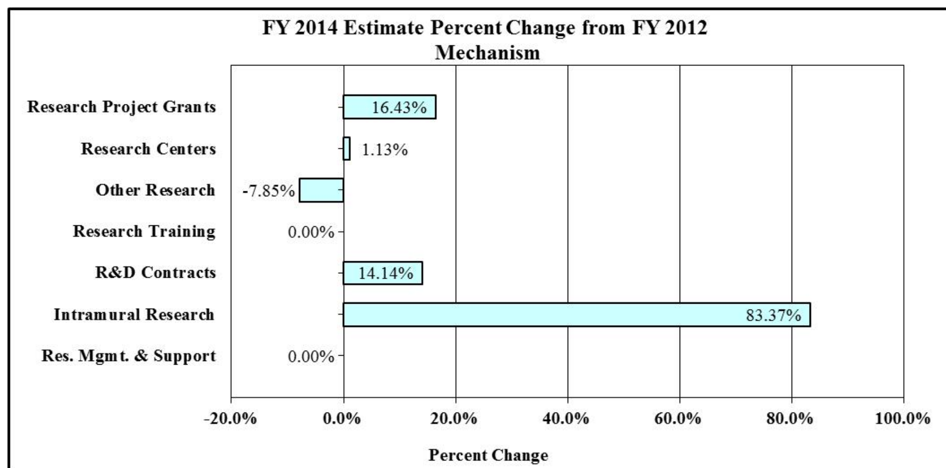




Distribution by Mechanism:



Change by Selected Mechanism:



NATIONAL INSTITUTES OF HEALTH
National Institute on Minority Health and Health Disparities
Budget Authority by Activity [1, 2]
(Dollars in Thousands)

	FY 2012 Actual		FY 2013 CR		FY 2014 PB		Change vs. FY 2012	
Extramural Research	**FTEs**	**Amount**	**FTEs**	**Amount**	**FTEs**	**Amount**	**FTEs**	**Amount**
Detail:								
Basic, Social & Behavioral Research		$55,625		$55,209		$55,914		$289
Transdisciplinary & Translational Research		78,939		85,910		97,238		$18,299
Research Capacity-Building & Infrastructure		99,657		91,784		85,035		-$14,622
Science Education & Training		22,438		22,459		22,670		$232
Subtotal, Extramural		$256,659		$255,362		$260,857		$4,198
Intramural Research	6	$3,807	7	$6,981	7	$6,981	1	$3,174
Research Management & Support	47	$15,461	53	$15,461	53	$15,461	6	$0
TOTAL	53	$275,927	60	$277,804	60	$283,299	7	$7,372

[1] Includes FTEs whose payroll obligations are supported by the NIH Common Fund.
[2] Includes Transfers and Comparable Adjustments as detailed in the "Amounts Available for Obligation" table.

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

Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2013 Amount Authorized	FY 2013 CR	2014 Amount Authorized	FY 2014 PB
Research and Investigation	Section 301	42§241	Indefinite	$277,804,000	Indefinite	$283,299,000
National Institute on Minority Health and Health Disparities	Section 401(a)	42§281	Indefinite		Indefinite	
Total, Budget Authority				$277,804,000		$283,299,000

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
2005	$196,780,000	$196,780,000	$197,900,000	$197,780,000
Rescission				($1,621,000)
2006	$197,379,000	$197,379,000	$203,367,000	$197,379,000
Rescission				($1,974,000)
2007	$194,299,000	$194,299,000	$196,771,000	$199,444,000
Rescission				-
2008	$194,495,000	$202,691,000	$203,895,000	$203,117,000
Rescission				($3,548,000)
Supplemental				$1,061,000
2009	$199,762,000	$206,632,000	$205,322,000	$205,959,000
Rescission				-
2010	$208,844,000	$213,316,000	$209,508,000	$211,572,000
Rescission				-
2011	$219,046,000	-	$218,705,000	$211,572,000
Rescission				($1,857,728)
2012	$214,608,000	$214,608,000	$272,650,000	$276,963,000
Rescission				($523,460)
2013	$279,389,000	-	$280,236,000	-
Rescission				-
2014	$283,299,000	-	-	-

Justification of Budget Request

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 2012 Actual	FY 2013 CR	FY 2014 President's Budget	FY 2014 +/- FY 2012
BA	$275,927,000	$277,804,000	$283,299,000	+$7,372,000
FTE	53	60	60	+7

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

Director's Overview

The mission of the National Institute on Minority Health and Health Disparities (NIMHD) is to lead scientific research to improve minority health and eliminate health disparities. Cognizant of the potential of science and the multiple factors and related issues that underlie health disparities, NIMHD's approach to achieving its mission is embodied in building a broad-based coalition of partners across multiple disciplines and sectors. Although the United States has seen recent improvements in the overall quality of care, stark disparities in quality and access to care persist in many communities, as well as pervasive differences in health between groups around the country[1]. Increasing evidence-based research findings continues to underscore the complex interplay of factors such as race, ethnicity, social, economic, geographic, environmental, genetic, and behavioral influences across the life-course that contributes to the early onset of disease, the aggressive progression of a disease, and to pre-mature death.

The NIMHD's emphasis and priorities to better understand minority health and health disparities are shaped by the emergence of new data from the field that present novel areas for opportunity and by the priorities of the NIH Director. In particular, Translational Science and Recruiting and Retaining Diverse Scientific Talent and Creativity are foundational aspects of the Institute's efforts to eliminate health disparities. The approach of health disparities programs is to examine the causes of health disparities; integrate science, practice, and policy approaches to address health disparities; provide a platform for academic institutions to conduct research and support the training of a diverse workforce; offer a vehicle to build community research capacity, study national and global patterns of health disparities; and advance the translation and dissemination of research results.

[1] *National Healthcare Disparities Report, 2011. Agency for Healthcare Research and Quality, US Department of Health and Human Services, AHRQ Publication No. 12-006, March 2012. Available at: http://www.ahrq.gov/qual/nhdr11/nhdr11.pdf.*

The elimination of health disparities requires a transdisciplinary evidence-based approach, which incorporates efforts to promote translational science to ensure that the benefits of scientific discoveries reach those most affected by health disparities. The Transdisciplinary Collaborative Centers for Health Disparities Research, established in FY 2012, supports research, implementation, and dissemination of activities that transcend customary discipline-specific approaches conducted at the local level. Transdisciplinary research collaboration at the regional level provides opportunities for academic institutions, community-based organizations, and other partners to conduct targeted research to respond to specific population-based, environmental, sociocultural, and political factors that influence health within a particular region. The goals of these regional centers are: (1) to develop a coordinated interdisciplinary approach to ultimately eliminate health disparities and (2) to develop opportunities to leverage resources and enhance collaboration.

NIMHD-funded research is adding to the knowledge base pertaining to the social determinants of health. For example, an NIMHD Center of Excellence project entitled “Why Does Place Matter?” seeks to elucidate the influence of place of residence (as indicated by ZIP code) on individual health status and health behaviors. A series of community health reports resulting from the research findings revealed that the social, economic and environmental conditions of low-income and non-white neighborhoods in some U.S. counties can project who is sick, healthy, and will live longer. The results of these reports have policy and practice implications as it relates to the systems and structures that contribute to health disparities. Recognizing that policy analysis is a multi-faceted continuum involving the translation of research into recommendations, implementation and practice, NIMHD will build upon its portfolio in this area to strengthen its infrastructure to integrate and promote science, practice, and policy actions around health disparities. Public and private-sector policies and practices also influence minority health and health disparities as the study above denotes. The impact of new or existing policies on minority health and health disparities may not be evident in the absence of rigorous research evaluation. Health disparities policy based on scientific evidence can inform the development and implementation of a framework that guides which policies help and which exacerbate health disparities; explore implementation strategies; and determine the impact of implemented policies, programs, laws and legislation through evaluation.

The NIMHD will continue to co-lead the Federal Collaboration on Health Disparities Research (FCHDR) with the HHS Office of Minority Health. Through this collaboration, NIMHD and it Federal partners will lead efforts to enhance the coordination of health disparities activities among the membership of the federal executive departments, explore new or improved solutions to address health disparities with emphasis on the social determinants of health, and support other federal agencies in developing and/or implementing their health disparities research agenda. This effort will build on and expand existing partnerships with other NIH Institutes and Centers, and other HHS agencies to support health disparities. In addition, through the Global Health Research Initiative, NIMHD will continue to promote and support global partnerships between U.S. institutions and academic institutions in low-income and middle-income countries that can share and boost best practice models in research and training to address health disparities. The expansion of this Initiative will support the development of meaningful working networks and partnerships; build sustainable cross-country research partnerships to enable timely

dissemination of research advances; and track and evaluate the success of supported research related to this objective. The Caribbean region will be the starting point due to similarities with some U.S. health disparity groups by virtue of their ancestry, health practices, lifestyles, geography, and health challenges.

There is a unique and compelling need to promote diversity in the biomedical, behavioral, clinical and social sciences research workforce. Thus, enhancing workforce diversity is a priority for the NIH as reflected in the NIH Health Disparities Strategic Plan and Budget that has research capacity building as an overarching goal. NIMHD has developed and supported programs and initiatives aimed at building the capacity of academic institutions to establish career development, and training programs for their faculty and students.

Overall Budget Policy: The FY 2014 President's Budget request is $283.299 million, an increase of $7.372 million, or 2.7 percent above the FY 2012 Actual level. The request includes funds to support the NIMHD's core extramural programs, including Centers of Excellence, Loan Repayment Programs, and Research Endowment. Among the NIMHD priorities is focus on transdisciplinary and translational research. Translational research uses the knowledge gained from basic discoveries in the development of new therapies, diagnostics, and preventative measures to improve public health for the benefit of everyone. Translational research includes studies that target newly identified mechanisms for intervention; conduct clinical trials testing the efficacy and effectiveness of these interventions; and seek the means by which interventions are disseminated and implemented broadly and appropriately. The NIMHD will also continue to support new investigators through its intramural research program and investigator-initiated health disparities research projects.

Funds are included in R&D contracts to support trans-NIH initiatives, such as the Basic Behavioral and Social Sciences Opportunity Network (OppNet).

Program Descriptions and Accomplishments

Basic, Social, and Behavioral Research: This program supports basic biomedical and social/behavioral research on minority health and health disparities and the translation and dissemination of scientific information to improve clinical practice, to enhance the evidence base for health care decisions, and to improve the health behaviors of health disparity populations.

For example, the Investigator-Initiated Research (R01) grants fund projects that address the causes of health disparities. Projects focus on diseases and conditions that disproportionately affect individuals from health disparity backgrounds. The goals are to develop innovative research designed to improve minority health and/or eliminate health disparities.

In one research study utilizing quantitative and qualitative methods to study racial/ethnic disparities in early life risk factors for childhood obesity, researchers will study several factors. First, they will quantify associations of pregnancy, infancy, and early childhood risk factors with child adiposity and cardio-metabolic outcomes at ages three to seven. Second, they will examine the extent to which the prevalence of these early risk factors differs according to race/ethnicity. Third, they will study the extent to which maternal experiences of two chronic stressors, racism,

and interpersonal violence-before and during pregnancy-predict the occurrences of these early risk factors, and of child adiposity and cardio-metabolic outcomes. Lastly, researchers will explore why and how these early risk factors emerge in mothers and children of diverse racial/ethnic backgrounds.

In studying HIV-related medical mistrust as a barrier to HIV care and treatment behaviors, researchers are examining how social contexts, specifically, social networks (i.e., the constellation of social relationships surrounding an individual), may influence the spread of HIV-related medical mistrust, and in turn, affect treatment behaviors among African-Americans with HIV. The research will conclude with the development of interventions conceived in partnership with the community stakeholders, to ensure contextually and culturally appropriate interventions are developed to improve HIV treatment behaviors to ultimately reduce HIV associated disparities.

Another study examining HIV/AIDS will: (1) estimate the role of the contextual factors of community deprivation, segregation, and rural residence in explaining the survival disadvantage of African Americans and characterize the extent to which the factors change between the time of diagnosis with acquired immune deficiency syndrome (AIDS) and death; (2) characterize changes in community-level socioeconomic status between the time of AIDS diagnosis and death; and (3) characterize patterns and predictors of rural to urban migration between AIDS diagnosis and death.

Budget Policy: The FY 2014 President Budget's estimate is $55.914 million, an increase of $0.289 million, or 0.5 percent above the FY 2012 Actual level. During FY 2014, NIMHD plans to continue support for investigator-initiated health disparities research projects and to support collaborations that expand the NIMHD health disparity research agenda.

Program Portrait: Community Based Participatory Research (CBPR) Initiative

FY 2012 Level: $21.9 million
FY 2014 Level: $19.5 million
Change: -$ 2.4 million

The Community Based Participatory Research (CBPR) Initiative supports the development, implementation, and evaluation of intervention research that utilizes community based participatory research protocols. The CBPR Initiative is implemented in three phases: research planning phase (three years), intervention research phase (five years), and information dissemination phase (three years). In FY 2013, the dissemination phase of the CBPR Initiative will commence, ending the 11 year cycle of the CBPR Initiative. There are currently 40 institutions/organizations that are completing the intervention phase. Examples of their work include:

• One CBPR grantee is working to reduce environmental risk factors associated with cardiovascular disease (CVD) by: (1) improving individual and community access to fruits and vegetables by increasing the number of community gardens and their production capacity; (2) improving the distribution process of locally grown fruits and vegetables to community residents and community organizations; and (3) reducing individual risk factors associated with cardiovascular disease through culturally appropriate activities.

• CBPR researchers have planned to design, implement and test the effectiveness of interventions to improve the use of child passenger restraints among American Indian children in six Northwestern tribal communities, using qualitative research methods to identify community-specific concerns and barriers, and

incorporate these findings into an effective behavioral change campaign. Researchers will also disseminate study results and work with tribes to design tailored community interventions based on theoretical models of health behavior change and will assist tribes as they implement and evaluate the interventions through a controlled community trial.

• To develop methods to provide job health and safety training and information to indigenous farm workers, a CBPR partnership developed a pilot curriculum to address the priority issues identified by the community. As a result, the indigenous communities, through extensive focus groups, survey and community forums identified as a priority, the lack of adequate and meaningful training in how to prevent and reduce pesticide exposure in the workplace. In order to test the effectiveness of a culturally appropriate pesticide safety training intervention, a multi-tiered intervention was implemented to determine its effect on biomarkers of pesticide exposure and other health effects.

Transdisciplinary & Translational Research: This program supports research to enhance the scientific knowledge necessary to develop interventions that may lead to disease prevention and treatment for health disparity populations. In order to develop these interventions, the translation of scientific discoveries from the bench to practice within the community is necessary. NIMHD sponsors two center programs that focus on transdisciplinary and translational research, the NIMHD Centers of Excellence (COE) program and the NIMHD Transdisciplinary Collaborative Centers (TCCs) for Health Disparities Research.

The TCC program supports collaborative research to address health disparities at the regional level. Current TCCs, awarded in FY2012, address social determinants of health in American Indian Tribal communities in South Dakota, North Dakota, and Minnesota; pathways to obesity and other chronic illness among African Americans in six Mid-South states; and the impact of policies related to maternal and child health, insurance coverage, and healthcare quality on health disparities in 8 Southern states.

Budget Policy: The FY 2014 President Budget's estimate is $97.238 million, an increase of $18.299 million, or 23.2 percent above the FY 2012 Actual level. During FY 2014, NIMHD plans to increase support for Transdisciplinary Collaborative Centers (TCCs) for Health Disparities Research and to provide continued support for Centers of Excellence (COEs).

Program Portrait: Centers of Excellence

FY 2012 Level: $70.8 million
FY 2014 Level: $64.8 million
Change: -$ 6.0 million

Established under the Minority Health and Health Disparities Research Education Act of 2000, NIMHD's Centers of Excellence (COEs) are partnerships in which colleges or universities work with community and a variety of other organizations to conduct health disparities research. COEs study the causes of health disparities, design interventions to address them, and reach out to the broader community to improve health The Centers also mentor faculty and students, including those from health disparity populations to become leaders in the efforts to eliminate health disparities. Areas of research include: the examination of the social, behavioral, genetic and environmental factors that underlie disparities in certain diseases and health conditions among a given population; developing or improving techniques for diagnosis, prevention and treatment; health promotion, communication, and information dissemination for improving minority health or eliminating health disparities; and the relationship of culture to participation in clinical trials or access to the health care system.

• One COE project proposes to improve clinical practice by implementing and evaluating an educational and behavioral intervention (The Optimal YOU) to enhance lymphedema risk reduction among Chinese-speaking breast cancer survivors. The project involves a randomized clinical trial evaluating a linguistic and cultural adaptation of the Optimal YOU intervention that focuses on promoting lymph flow, preventing inflammation-infection, and maintaining optimal body mass index in Chinese American women.

• To address the high prevalence of trauma exposure and post-traumatic stress disorder (PTSD) in American Indian/Alaska Native (AI/AN) population, another COE project uses input from key community stakeholders to develop and evaluate a toolkit for trauma history screening, brief behavioral trauma intervention, and specialty care referral in primary care clinics serving AI/AN patients.

Research Capacity-Building and Infrastructure: The ability to conduct biomedical research requires access to sufficient resources, both physical and human capital. NIMHD provides grants to enhance the research capacity and programs of colleges/universities and other organizations. The goal is to raise the research capacity of academic institutions that have limited resources and demonstrated a potential to contribute to health disparities research or the enhancement of a diverse pool of national and global scientists and health professionals with an interest in pursuing a health disparities research career. NIMHD funding supports: development of core facilities; collaborations with other schools with more extensive research programs; and the research of junior faculty to help them become independent investigators in the field of health disparities.

For example, the Global Health Research Initiative is designed to foster a greater understanding of U.S. health disparities through projects that will enhance the resources or infrastructure for furthering global health disparities research. Certain populations abroad share similarities with U.S. groups by virtue of their ancestry, health practices, lifestyles and other features. The health disparities present in many populations are similar to those in U.S. populations with respect to cardiovascular disease, cancer, diabetes, HIV/AIDS, and other disease conditions. As the world becomes an increasingly global community, there is a need for new, integrated and multidimensional approaches to global health. Advances made through international research studies could lead to effective and culturally relevant education strategies; development of diagnostic and drug technologies; and the identification of new avenues of research. For example, the Eastern Caribbean Health Outcomes Research Network (ECHORN), funded through the Global Health Research Initiative, has two goals: (1) to form a research collaborative across the Eastern Caribbean islands of Puerto Rico, the U.S. Virgin Islands, Barbados, and Trinidad and Tobago to recruit and follow a community-dwelling adult cohort to estimate the prevalence of known and potential risk factors associated with the development of heart disease, cancer, and diabetes and (2) to enhance health outcomes research leadership capacity in the region through a series of dedicated activities locally and abroad. ECHORN will expand clinical research with racial/ethnic minority populations in a transitioning part of the world now threatened with an epidemic of non-communicable chronic diseases.

<u>Budget Policy</u>: The FY 2014 President's Budget estimate is $85.035 million, a decrease of $14.622 million or 14.7 percent below the FY 2012 Actual level. In FY 2014, NIMHD plans to continue supporting programs such as the Research Endowment and Research Centers in Minority Institutions (RCMI) and the Building Research Infrastructure and Capacity (BRIC) Programs while ensuring a balanced portfolio and continued alignment of program priorities

including emphasis on transdisciplinary and translational research.. A delay in the BRIC funding opportunity allows for greater translational research efforts in FY 2014.

Science Education and Training: Efforts to diversify the workforce lead to the recruitment of the most talented researchers from all groups; improve the quality of the educational and training environment; balance and broaden the perspective in setting research priorities; improve the ability to recruit subjects from diverse backgrounds into clinical research protocols; and improve the Nation's capacity to address and eliminate health disparities. NIMHD supports the enhancement of research capacity through the development of initiatives that support increasing the biomedical workforce of individuals interested in minority health and health disparities research. These programs increase the number of researchers interested in minority health and health disparities research by providing educational, mentoring, and/or career development programs for individuals from health disparity populations that are underrepresented in the biomedical, clinical, behavioral, and social sciences.

For example, the NIMHD extramural Loan Repayment Program (LRP) aims to increase the pool of extramural researchers who conduct health disparities research. The LRP program offers educational loan repayment to qualified health professionals with doctorate degrees who are employed in non-federal academic/research settings and are able to conduct two years of health disparities or clinical research. There are two components of the LRP that NIMHD supports. The Loan Repayment Program for Health Disparities Research supports health professionals engaged in basic, clinical, behavioral, social sciences or health services research addressing health disparities; and the Extramural Clinical Research Loan Repayment Program for Individuals from Disadvantaged Backgrounds supports health professionals from financially disadvantaged backgrounds that engage in clinical research. Over the past decade, NIMHD has made approximately 2500 awards through the program.

NIMHD LRP awardees are conducting research on a wide array of topics related to health disparities. In order to understand the etiology of intra-cerebral hemorrhage (ICH) in Native Hawaiians and other Pacific Islanders (NHPI), one LRP recipient is identifying patients who suffered from ICH and is then assessing racial disparities in clinical and sociodemographic risk factors and in long-term quality of life and functional outcomes in these patients. Another LRP researcher is involved in a number of studies examining racial disparities in access to kidney transplantation among the End Stage Renal Disease (ESRD) population. The primary goal is to increase the equitability of the renal transplant process by applying evidence-based interventions to improve access to care. In addressing mental health treatment in African Americans, one LRP recipient’s research is focused on the main predictors of engagement of mental health treatment services in low-income, socially disadvantaged individuals with severe and persistent mental illness. Once identified, an intervention will be designed to address the predictors to improve mental health and medical treatment.

<u>Budget Policy</u>: The FY 2014 President’s Budget estimate is $22.670 million, an increase of $0.232 million or 1.0 percent above the FY 2012 Actual level. In FY 2014, NIMHD plans to

continue supporting the Loan Repayment Program, Minority Health and Health Disparities International Research Training (MHIRT), and Science Education Initiatives.

Intramural: NIMHD Intramural Research Program (IRP) supports research that integrates the biological, clinical, social and behavioral determinants of health to advance health equity in health disparity populations. The IRP also supports training of researchers committed to studying health disparities. These researchers include individuals from health disparity populations and early career investigators.

The primary initiative that currently supports the advancement of the research training goals is the NIMHD Disparities Research Education Advancing our Mission (DREAM) program. It has supported eight fellows since its inception; three of whom have transitioned to the extramural independent research phase of their grant award. The DREAM program is a collaborative initiative with other NIH ICs that provides an early career intramural training experience for emerging health disparities researchers. These researchers spend two years as fellows in the IRP and then return to their extramural academic institutions with three years of research funding support. NIMHD is promoting cross-cutting research and supporting fellows in the following five ICs: National Cancer Institute (NCI), National Institute on Mental Health (NIMH), National Institute of Health Clinical Center (CC), National Institute on Child Health and Human Development (NICHD), and the National Human Genome Research Institute (NHGRI).

The IRP recently developed a five-year strategic plan, which includes these research and training goals. The IRP will foster multidisciplinary research by integrating scientists from different disciplines in an organizational structure that is based on a cluster of researchers who can work across disciplines to solve common problems. These clusters will address three diseases that are prevalent in under-served populations: cardiovascular diseases, diabetes, and cancer. While these diseases are addressed by other ICs, the NIMHD IRP will focus research questions with the perspective of assessing health disparities. A systems biology approach that includes molecular biology, genomic science, bioinformatics, and the social and behavioral sciences will be used to address the complex factors of health disparity in these three diseases. To support these efforts, researchers and staff have been recruited including an NIH tenured senior investigator, a clinical director, a bioinformatics scientist, and an epidemiologist.

One example of NIMHD's intramural collaboration to address health disparities is its partnership with the National Cancer Institute to support a project on triple negative breast cancer. Program goals include advancing trans-NIH health disparities priorities across ICs, providing leadership for implementation of the NIH Health Disparities Strategic Plan and Budget, initiating collaborations across HHS and other federal agencies on health disparities, and supporting NIH efforts to assure a diverse scientific workforce to support a national biomedical and behavioral research enterprise that provides an equal opportunity for success to all.

Budget Policy: The FY 2014 President's Budget estimate is $6.981 million, an increase of $3.174 million or 83.4 percent over the FY 2012 Actual level. In FY 2014, NIMHD will continue funding of the NIMHD Intramural Program by supporting intramural investigators conducting minority health or health disparities research.

Research Management and Support: RMS activities provide administrative, budgetary, logistical, and scientific support for the review, award, and monitoring of 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 and liaison with members of Congress, other federal agencies, and the American public.

Budget Policy: The FY 2014 President's Budget estimate is $15.461 million, the same as the FY 2012 Actual level. This funding will support 60 FTEs. The apparent increase in estimated FY 2014 FTE compared to the FY 2012 actual FTE usage level is due to the effect of transferring positions previously funded from a centralized support operation (Division of Extramural Activities Support) to individual ICs as of year-end 2012. As a result of the DEAS transfer, estimated salaries and benefits for FY 2014 are proportionately higher than those identified for FY 2012 and previous years.

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

Budget Authority by Object Class
(Dollars in Thousands)

		FY 2012 Actual	FY 2014 PB	Increase or Decrease
Total compensable workyears:				
	Full-time employment	53	60	7
	Full-time equivalent of overtime and holiday hours	0	0	0
	Average ES salary (in whole dollars)	$0	$0	$0
	Average GM/GS grade	12.7	11.7	(1.0)
	Average GM/GS salary (in whole dollars)	$104,176	$99,427	($4,749)
	Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207) (in whole dollars)	$124,200	$124,200	$0
	Average salary of ungraded positions (in whole dollars)	143,410	143,410	0
	OBJECT CLASSES	**FY 2012 Actual**	**FY 2014 PB**	**Increase or Decrease**
	Personnel Compensation:			
11.1	Full-time permanent	$4,230	$4,916	$686
11.3	Other than full-time permanent	1,424	1,661	237
11.5	Other personnel compensation	108	126	18
11.7	Military personnel	264	307	43
11.8	Special personnel services payments	0	0	0
	Total, Personnel Compensation	**$6,026**	**$7,010**	**$984**
12.0	Personnel benefits	$1,559	$1,814	$255
12.2	Military personnel benefits	65	75	10
13.0	Benefits for former personnel	0	0	0
	Subtotal, Pay Costs	**$7,650**	**$8,899**	**$1,249**
21.0	Travel and transportation of persons	$111	$195	$84
22.0	Transportation of things	35	236	201
23.1	Rental payments to GSA	0	0	0
23.2	Rental payments to others	0	0	0
23.3	Communications, utilities and miscellaneous charges	49	74	25
24.0	Printing and reproduction	9	49	40
25.1	Consulting services	151	151	(0)
25.2	Other services	2,200	3,359	1,159
25.3	Purchase of goods and services from government accounts	15,618	18,560	2,942
25.4	Operation and maintenance of facilities	137	387	250
25.5	Research and development contracts	14,716	15,195	479
25.6	Medical care	0	0	0
25.7	Operation and maintenance of equipment	19	19	(0)
25.8	Subsistence and support of persons	0	0	0
25.0	**Subtotal, Other Contractual Services**	**$32,841**	**$37,671**	**$4,830**
26.0	Supplies and materials	$39	$368	$329
31.0	Equipment	273	1,122	849
32.0	Land and structures	0	0	0
33.0	Investments and loans	0	0	0
41.0	Grants, subsidies and contributions	234,919	234,685	(234)
42.0	Insurance claims and indemnities	0	0	0
43.0	Interest and dividends	0	0	0
44.0	Refunds	0	0	0
	Subtotal, Non-Pay Costs	**$268,276**	**$274,400**	**$6,124**
	Total Budget Authority by Object Class	**$275,927**	**$283,299**	**$7,372**

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 2012 Actual	FY 2014 PB	Increase or Decrease
Personnel Compensation:			
Full-time permanent (11.1)	$4,230	$4,916	$686
Other than full-time permanent (11.3)	1,424	1,661	237
Other personnel compensation (11.5)	108	126	18
Military personnel (11.7)	264	307	43
Special personnel services payments (11.8)	0	0	0
Total Personnel Compensation (11.9)	**$6,026**	**$7,010**	**$984**
Civilian personnel benefits (12.1)	$1,559	$1,814	$255
Military personnel benefits (12.2)	65	75	10
Benefits to former personnel (13.0)	0	0	0
Subtotal, Pay Costs	**$7,650**	**$8,899**	**$1,249**
Travel (21.0)	$111	$195	$84
Transportation of things (22.0)	35	236	201
Rental payments to others (23.2)	0	0	0
Communications, utilities and miscellaneous charges (23.3)	49	74	25
Printing and reproduction (24.0)	9	49	40
Other Contractual Services:			
Advisory and assistance services (25.1)	151	151	0
Other services (25.2)	2,200	3,359	1,159
Purchases from government accounts (25.3)	6,809	8,109	1,300
Operation and maintenance of facilities (25.4)	137	387	250
Operation and maintenance of equipment (25.7)	19	19	0
Subsistence and support of persons (25.8)	0	0	0
Subtotal Other Contractual Services	**$9,316**	**$12,025**	**$2,709**
Supplies and materials (26.0)	$39	$368	$329
Subtotal, Non-Pay Costs	$9,559	$12,947	$3,388
Total, Administrative Costs	**$17,209**	**$21,846**	**$4,637**

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

Details of Full-Time Equivalent Employment (FTEs)

OFFICE/DIVISION	FY 2012 Actual			FY 2013 CR			FY 2014 PB		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Office of the Director									
Direct:	26	-	26	31	-	31	31	-	31
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	26	-	26	31	-	31	31	-	31
Division of Intramural Research									
Direct:	6	-	6	7	-	7	7	-	7
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	6	-	6	7	-	7	7	-	7
Division of Data Management and Scientific Reporting									
Direct:	4	-	4	4	-	4	4	-	4
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	4	-	4	4	-	4	4	-	4
Division of Scientific Programs									
Direct:	15	2	17	16	2	18	16	2	18
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	15	2	17	16	2	18	16	2	18
Total	51	2	53	58	2	60	58	2	60

Includes FTEs whose payroll obligations are supported by the NIH Common Fund.
FTEs supported by funds from Cooperative Research and Development Agreements.

FISCAL YEAR	Average GS Grade
2010	13.6
2011	14.1
2012	12.7
2013	11.7
2014	11.7

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

Detail of Positions

GRADE	FY 2012 Actual	FY 2013 CR	FY 2014 PB
Total, ES Positions	0	0	0
Total, ES Salary	0	0	0
GM/GS-15	8	8	8
GM/GS-14	8	8	8
GM/GS-13	11	11	11
GS-12	8	9	9
GS-11	3	3	3
GS-10	0	0	0
GS-9	2	2	2
GS-8	2	3	3
GS-7	1	3	3
GS-6	0	1	1
GS-5	0	0	0
GS-4	0	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	43	48	48
Grades established by Act of July 1, 1944 (42 U.S.C. 207):			
Assistant Surgeon General	0	0	0
Director Grade	2	2	2
Senior Grade	0	0	0
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Subtotal	2	2	2
Ungraded	14	16	16
Total permanent positions	45	50	50
Total positions, end of year	59	66	66
Total full-time equiv (FTE) at YE	53	60	60
Average ES salary	0	0	0
Average GM/GS grade	12.7	11.7	11.7
Average GM/GS salary	104,176	99,427	99,427

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