

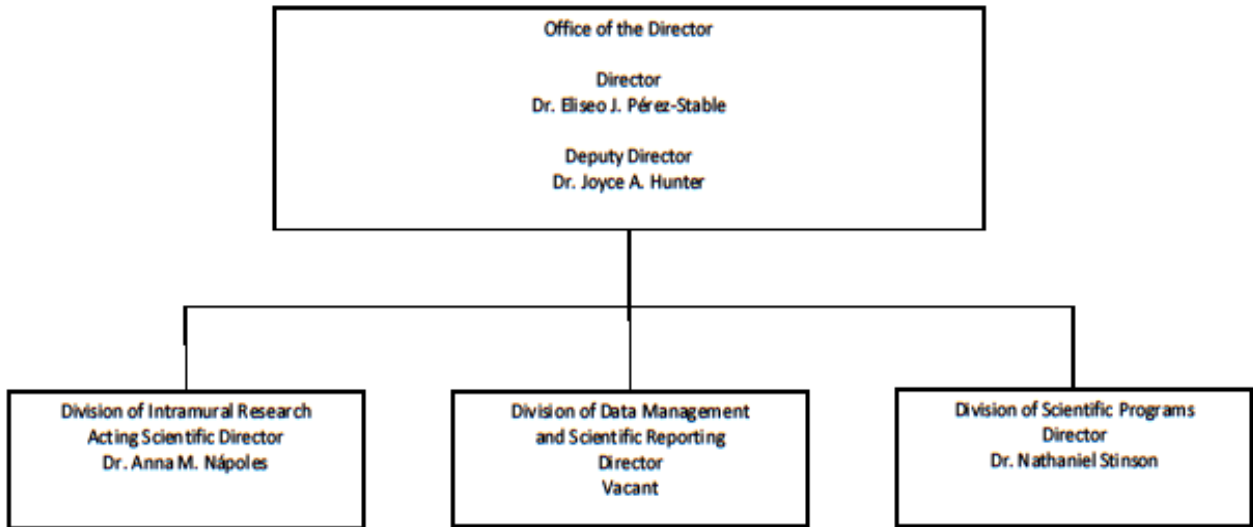
DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute on Minority Health and Health Disparities (NIMHD)

<u>FY 2019 Budget</u>	<u>Page No.</u>
Organization Chart.....	2
Appropriation Language	3
Amounts Available for Obligation.....	4
Budget Graphs	5
Authorizing Legislation	6
Appropriations History	7
Justification of Budget Request	8
Detail of Full-Time Equivalent Employment (FTE)	17
Detail of Positions.....	18

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, \$280,545,000.

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

Amounts Available for Obligation¹

(Dollars in Thousands)

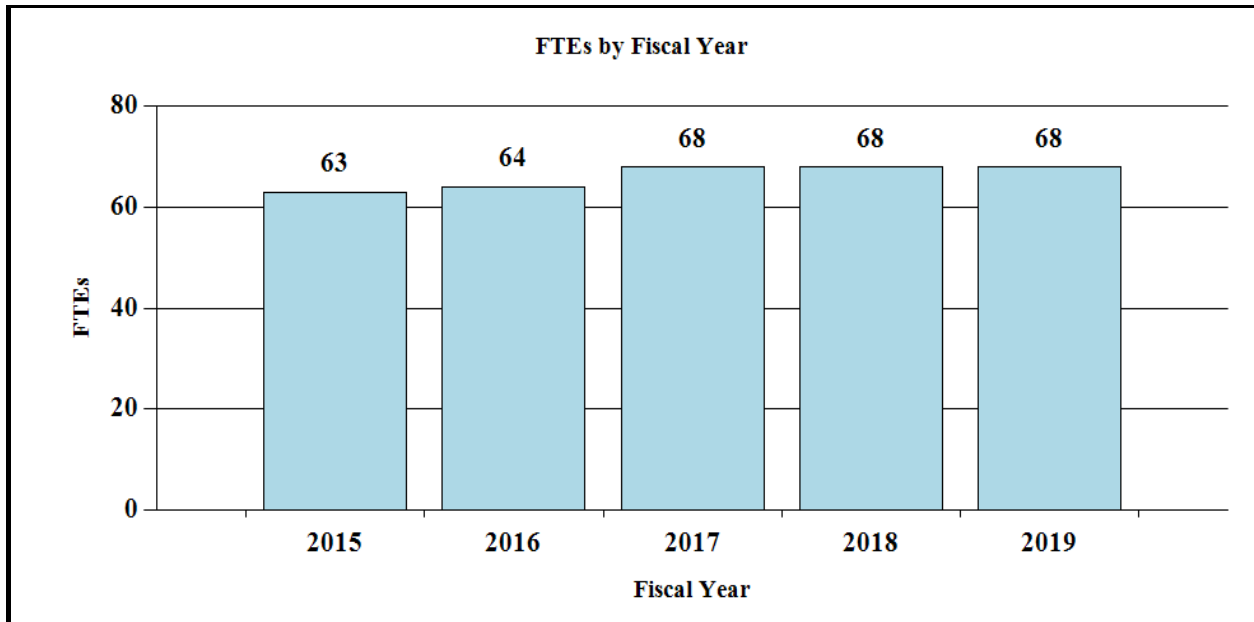
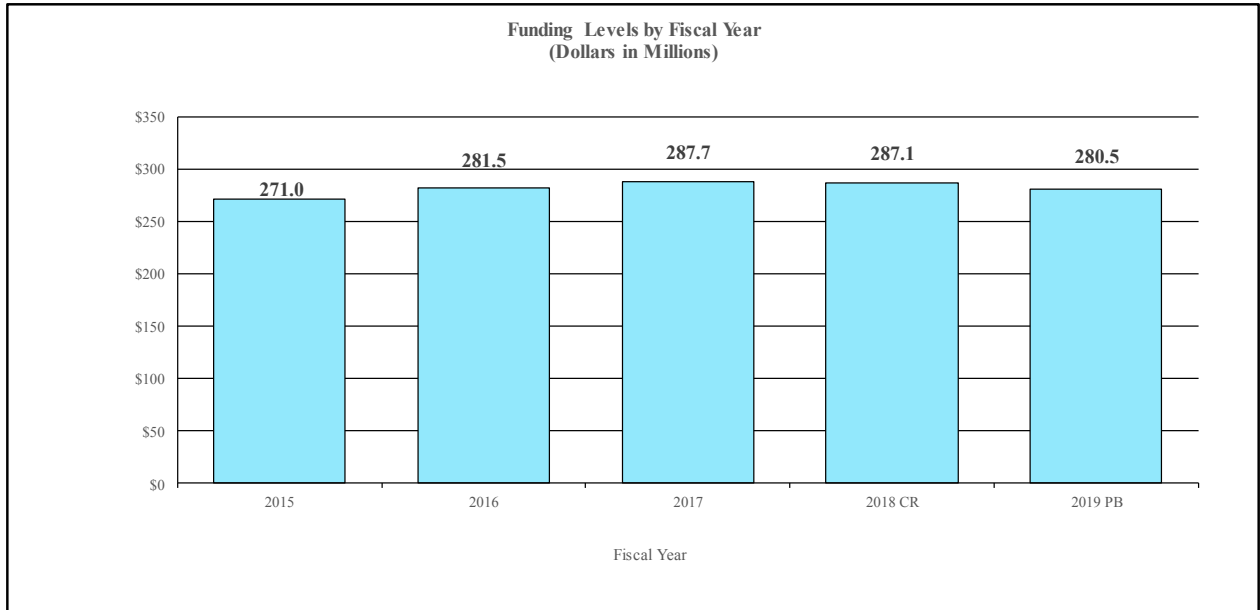
Source of Funding	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Appropriation	\$289,069	\$289,069	\$280,545
Mandatory Appropriation: (non-add)			
<i>Type 1 Diabetes</i>	(0)	(0)	(0)
<i>Other Mandatory financing</i>	(0)	(0)	(0)
Rescission	0	-1,963	0
Sequestration	0	0	0
Secretary's Transfer	-1,399		
Subtotal, adjusted appropriation	\$287,670	\$287,106	\$280,545
OAR HIV/AIDS Transfers	0	0	0
Subtotal, adjusted budget authority	\$287,670	\$287,106	\$280,545
Unobligated balance, start of year	0	0	0
Unobligated balance, end of year	0	0	0
Subtotal, adjusted budget authority	\$287,670	\$287,106	\$280,545
Unobligated balance lapsing	-30	0	0
Total obligations	\$287,640	\$287,106	\$280,545

¹ Excludes the following amounts for reimbursable activities carried out by this account:

FY 2017 - \$91 FY 2018 - \$400 FY 2019 - \$400

Fiscal Year 2019 Budget Graphs

History of Budget Authority and FTEs:



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

Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2018 Amount Authorized	FY 2018 Annualized CR	2019 Amount Authorized	FY 2019 President's Budget
Research and Investigation	Section 301	42§241	Indefinite	\$287,105,932	Indefinite	\$280,545,000
National Institute on Minority Health and Health Disparities	Section 401(a)	42§281	Indefinite		Indefinite	
Total, Budget Authority				\$287,105,932		\$280,545,000

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
2009	\$199,762,000	\$206,632,000	\$205,322,000	\$205,959,000
Rescission				\$0
2010	\$208,844,000	\$213,316,000	\$209,508,000	\$211,572,000
Rescission				\$0
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	\$276,439,540
Rescission				\$552,879
Sequestration				(\$13,875,364)
2014	\$283,299,000		\$281,416,000	\$268,322,000
Rescission				\$0
2015	\$267,953,000			\$269,154,000
Rescission				\$0
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	\$289,069,000
Rescission				\$1,963,068
2019	\$280,545,000			

¹ Budget Estimate to Congress includes mandatory financing.

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:

	FY 2017 Actual	FY 2018 Enacted	FY 2019 Budget Request	FY 2019 +/ - FY 2018
BA	\$287,640,229	\$287,105,932	\$280,545,000	- 6,560,932
FTE	68	68	68	0

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 to reduce health disparities. In the United States, many racial and ethnic minority populations, people living in rural communities, individuals of low socioeconomic status, and sexual and gender minorities experience poorer health and greater disparities in health outcomes.

The distinct definitions for minority health and health disparities introduced by NIMHD in 2016, have provided discrete areas of research, which are expected to advance the next generation of science in these areas. The launch of the definitions initiated current visioning discussions, set the foundation for strategic planning, and generated novel approaches to research design and expected outcomes.

Minority health refers to the distinctive health characteristics and attributes of a racial and/or ethnic group who is socially disadvantaged and/or subject to potential discriminatory acts. Minority health research is the scientific investigation of distinctive health characteristics and attributes of minority racial and/or ethnic groups who are usually underrepresented in biomedical research in order to understand population health outcomes. Racial and ethnic populations included in this definition are defined by the Office of Management and Budget (OMB) Directive 15.

A health disparity is defined as a health difference that adversely affects disadvantaged populations, based on one or more of the specified health outcomes:

- Higher incidence and/or prevalence of disease and/or disorders;
- Premature and/or excessive mortality in diseases where populations differ;
- Greater burden of disease demonstrated with metrics such as disability-adjusted life years or;
- Poorer daily functioning or reduced quality of life using observed or self-reported measures.

Health disparities research is a multi-disciplinary field of study devoted to gaining greater scientific knowledge about the influence of health determinants, understanding the role of different pathways leading to disparities, and determining how findings translate into interventions to reduce health disparities. Health disparity populations include OMB defined racial and ethnic minorities, rural residents, less privileged socioeconomic status (SES), and sexual/gender minorities (SGM).

As the next generation of minority health and health disparities research advances, a critical strategy is needed to focus on research studies that facilitate scientific advances to improve minority health or to reduce health disparities. However, the focus on research does not minimize the importance of the research-sustaining activities, including training and workforce development, capacity building, inclusion of minorities in clinical trials, and communication or outreach efforts to share research findings with the public. NIMHD-supported research may occur in collaboration with other NIH Institutes and Centers (ICs) in alignment with the upcoming trans-NIH Minority Health and Health Disparities Strategic Plan.

NIMHD has organized minority health and health disparities research around three scientific themes focused on impacting health determinants that contribute to poor health outcomes.

- 1) Integrative Biological and Behavioral Sciences entail multidisciplinary research on cutting-edge topics like social epigenomics, which examines the interaction of social factors, gene function, and the environment, and explores how the interplay of these factors may influence an individual's disease risk and health outcomes. Social and environmental stressors, and adverse life experiences negatively impact health status due to heritable changes in gene functioning or epigenomic changes. For example, life events and environmental factors may alter the expression of genes through biochemical alterations in and lead to earlier manifestation and/or greater severity of disease. Research is needed to better understand the underlying mechanisms and pathways that shape health disparities. Findings may offer better approaches to disease prevention and early diagnosis.
- 2) Clinical and Health Services Research will focus on research in health care settings that likely contribute to poor health outcome disparities, such as racial and ethnic differences in utilization patterns, patient-clinician communication, and the quality of care received. A critical focus is to ensure that clinical discoveries reach health disparity populations efficiently and effectively. For instance, the Health Services Research on Minority Health and Health Disparities initiative supports innovative health services research to address health care and clinical systemic factors to stimulate improvement in minority health and in health disparities reductions. Studies explore topics such as the role of federally qualified health centers in providing comprehensive primary care to minorities with Medicare and Medicaid coverage; the impacts of system-level care coordination on unmet needs in minority patients with mental illness; oral health disparities in rural school children; and theory-based training interventions to improve clinician interaction skills with minority patients.

3) Community Health and Population Sciences comprises research on community-based health promotion and preventive interventions, social epidemiology, big data science, and the science of health disparities methods and measures. An example study focuses on the prevention of youth violence, which disproportionately impacts African Americans, Hispanics or Latinos, and American Indians and Alaska Natives. The Youth Violence Prevention Initiative supports the development of interventions that address determinants of violent behavior across multiple levels (e.g., individual, peer/family, school, community) in a variety of settings. Topics of interest include fighting, bullying, and other school-based violence; electronic aggression; dating violence (including physical and sexual violence); family violence; and violent behavior in juvenile justice settings. Tailored interventions encourage the reduction of the disparity.

NIMHD's research and research-related initiatives support the NIH Director's themes. In support of Theme 3: Investing in Translational and Clinical Research to Improve Health, the Recruitment Initiative fosters research to develop evidence-based strategies to increase enrollment of racial and ethnic minorities in clinical trials. Strategies include: (1) a web portal development and on-line training course to track minority recruitment into cancer clinical trials and to test a patient navigation model, and (2) best practices in stroke and other neurological disorders clinical trials minority recruitment, including a pre-recruitment plan and addressing attitudinal barriers of research staff towards minority recruitment. These awards illustrate how NIMHD collaborates with other ICs to generate evidence-based strategies to ensure adequate representation of racial and ethnic minorities in clinical trials. In support of Theme 4: Fostering a Diverse and Talented Biomedical Research Workforce for Today and Tomorrow, the Big Data to Knowledge (BD2K) initiative is designed to increase the diversity of the big data scientific community. Funded projects will prepare underrepresented students for Ph.D. programs and research careers in interdisciplinary Biomedical Big Data Science, including hands-on research experience, big data manipulation, data methods, computational and analytic skills. Curricula development and training will create a community of minority BD2K faculty and researchers.

Program Descriptions and Accomplishments

Priorities for NIMHD programs include examining the causes of health disparities from a systems approach; developing tailored interventions based upon the findings for specific population groups of which health determinants are most important; integrating science, practice, and policy approaches; providing platforms for academic institutions to conduct research and train a diverse workforce; building community research capacity; investigating national and global patterns of health disparities; and advancing the translation and dissemination of research results. NIMHD supports a health determinant research framework to study various diseases and conditions, including diabetes and cancer, to foster a better understanding of what causes health disparities so that interventions can target critical contributors more effectively.

Basic, Social, and Behavioral Research

NIMHD is committed to reducing health disparities by supporting biomedical, social, behavioral, clinical, and population research. This research enhances knowledge about minority health and the causes of diseases and conditions with differential health outcomes for disadvantaged

populations. It also increases the evidence base for preventive and therapeutic interventions to reduce health disparities and improve the quality and length of life for all populations.

Partnerships and collaborations are fundamental to improve minority health and health disparities given the complexity of the factors that shape poor health outcomes. For example, NIMHD will support multidisciplinary research to increase understanding of the underlying factors and mechanisms that lead to chronic liver diseases and liver cancer disparities. Studies will examine risk factors for chronic liver diseases such as hepatitis B virus, hepatitis C virus infection, heavy and chronic alcohol consumption, genetic predisposition, liver scarring from chronic inflammation, exposure to agricultural crop-related toxins, tobacco smoking, diabetes, and obesity. Another potential area of investigation is timely detection and appropriate treatment of liver cancer which is sometimes delayed in health disparity populations due to lack of access to health care, and may result in late diagnosis, inadequate or limited access to treatment, and poor survival rates. NIMHD's research on chronic liver diseases and cancer disparities can help to inform the design of appropriately targeted treatments or primary and secondary prevention strategies.

In FY 2019, NIMHD plans to continue supporting research on chronic liver diseases and cancer disparities, as well as investigations of the human epigenome (which can turn genes off and on) focused on identifying and characterizing the mechanisms by which social experiences at various stages in life can affect gene function and influence health trajectories or modify disease risk in racial and ethnic minority and health disparity populations.

Program Portrait: Addressing the Challenges Posed by the Opioid Epidemic in Health Disparity Populations

The misuse of prescription and non-prescription opioids is a notable public health threat in the U.S. today due to the number of people directly and indirectly affected. Nearly three million people in the U.S. suffer from opioid addiction related to prescriptions, and an additional 467,000 are addicted to heroin. As many as 80% of people currently addicted to opioids are estimated to have begun their addiction with prescription pain medications. Racial and ethnic minorities with addiction disorders, who constitute approximately 40 percent of the admissions in publicly funded substance abuse treatment programs, may be particularly at risk for poor outcomes. While medication along with behavioral therapy, collectively known as Medication-Assisted Treatment (MAT), is an effective pharmacotherapy in combating opioid misuse, disparities in access to treatment exist. Some of the reasons for limited racial and ethnic access to treatment include: a negative perception of MAT; limitations on coverage for treatments; a focus on availability in affluent urban communities; and a "fail first" policy, requiring abstinence to be attempted first. Research is needed to understand the impact of Opioid Use Disorder (OUD) on specific communities, and determine the mechanisms for differences in the prevalence and in the treatment outcomes of OUD.

Through the Addressing the Challenges Posed by the Opioid Epidemic in Health Disparity Populations initiative, NIMHD will support projects that address and reduce disparities in opioid care in health disparity populations by identifying causes for OUD and exploring mechanisms for variations in the prevalence and treatment outcomes of OUD. Gaps to be addressed include: (1) improving resources, including access to treatment and trained clinicians from health disparity populations; (2) expanding the role of communities in opioid prevention and treatment; (3) addressing racial and ethnic-related differences in the risk of OUD; (4) encouraging research in health disparity populations with identified risks and adverse differences in treatment outcomes; and/or (5) characterizing the long-term consequences of Neonatal Abstinence Syndrome (name used to describe the behavior of new born babies as they adjust to the withdrawal of dependency-inducing drugs to which they have been exposed in pregnancy.)

Transdisciplinary and Translational Research

NIMHD supports interdisciplinary, translational, and collaborative approaches to health disparities research that are needed to advance the understanding of the multi-factorial causes of health disparities. A center-based approach provides the optimum infrastructure to address these complexities, and fosters networks of investigators across disciplines to address minority health and health disparities issues fully.

Preventable chronic diseases, account for a vast amount of the disproportionate burden of disease experienced by racial and ethnic minority and health disparity populations. NIMHD funds research centers to conduct transdisciplinary research on the prevention of chronic diseases such as cardiovascular disease, hypertension, stroke, diabetes, and obesity, working with multiple partners at the family, community, tribal, health care system, and policy level to develop, implement, and disseminate multi-level interventions to promote chronic disease prevention.

Researchers conducting translational research on prevention of alcohol-exposed pregnancies (AEP) among American Indian women adapted an evidence-based counseling program aimed at reducing risky drinking in women pre-conception. Investigators tested the Oglala Sioux Tribe CHOICES Program in three American Indian communities. The study examined key factors that could reduce the risk of AEPs, primarily binge drinking reduction, and contraception use during sex. Results of the intervention showed a significant decrease in overall AEP risk with contraception use having a greater impact than did reduction in binge drinking.

In FY 2019, NIMHD will continue to support multidisciplinary research centers focused on key topic areas in minority health and health disparities including, but not limited to, social determinants of health, environmental health disparities, men's health, precision medicine, chronic disease prevention, and health services and policy research.

Program Portrait: NIMHD Centers of Excellence

The Centers of Excellence (COE) Program supports collaborative minority health and health disparities research to identify biological, behavioral, sociocultural, environmental, and health system factors that contribute to disparities, and to develop evidence-based interventions to reduce targeted health disparities. The Minority Health and Health Disparities Research and Education Act of 2000 (P.L. 106-525) established the COE Program, which has played a major role in realizing the NIMHD's mission to support minority health and health disparities research, promote training of a diverse research workforce, disseminate research findings, and foster innovative collaborations and partnerships. COE collaborations include academic institutions, community organizations, and health care systems, as well as state and local public health agencies. Since 2002, NIMHD has funded 103 COE sites in 35 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands at diverse types of institutions that include Historically Black Colleges and Universities, Hispanic Serving Institutions, and Native Hawaiian Serving Institutions.

In FY 2017, NIMHD funded 12 COEs to conduct health disparities research to examine the multilevel and multi-sectoral influences on health disparities, and develop novel evidence-based, multilevel research methodologies and strategies essential to improving prevention, diagnosis and treatment of disease, and reduction of health disparities. Guided by the NIMHD Research Framework, the COEs conduct multi-disciplinary research on high priority diseases and conditions, such as cardiovascular disease, hypertension, stroke, cancer, diabetes, HIV/AIDS, mental health, youth suicide, substance use, and obesity that disproportionately affect racial and ethnic minority, and other health disparity populations. Socio-cultural factors including trauma and violence, intergenerational transmission of racialized stress, health literacy, the role of social networks, access to health care, and resilience through the life course that affect health disparity populations, comprise the thematic research foci of the currently funded COEs.

Research Capacity Building and Infrastructure

NIMHD aims to build a comprehensive and diverse biomedical research base of institutions and individuals dedicated to reducing health disparities and translating scientific advances into improved population health equity. Institutions must possess sufficient research capacity to conduct biomedical, clinical, and translational research, including physical infrastructure, human capital, and encompassing policies to promote and sustain community participation in the research enterprise. Programs within this area enable less research-intensive institutions to develop core resources to conduct health disparities research, train a diverse pool of national minority health and health disparities researchers, collaborate with multiple stakeholders (including research-intensive institutions, community groups, clinicians, and state and local public health agencies), and evaluate policies that impact the health of disadvantaged populations. For example, one NIMHD-funded project in South Dakota focused on establishing research capacity in tribal communities through the creation of a tribal Institutional Review Board (IRB) Toolkit. The toolkit can be used to actively engage tribal communities in the research decision-making process, and to provide tribes with the information and tools needed to develop and operate IRBs. Another project is helping the Oglala Lakota tribe develop a tribally-owned and operated biospecimen repository that will enable tribal researchers and their collaborators to study pathophysiologic mechanisms of diseases that are important to the tribe.

The Research Centers in Minority Institutions (RCMI) Program is another example of NIMHD's approach to building research capacity and infrastructure. RCMI expands and enhances the national capacity for research in the health sciences, and supports institutions that offer doctorate degrees in the health professions or in a health-related science, and have a historical and current commitment to educate students who come from populations that are underrepresented in the health professions and health sciences. In addition, RCMI institutions deliver health care services or provide clinical services to medically underserved communities. Adding to the cohort of existing RCMI centers located across the U.S., NIMHD made seven new five-year RCMI awards in FY 2017.

Morehouse School of Medicine's study of the circadian rhythm clock gene *Bmall*, critical for sleep regulation in mammals, is an example of cutting-edge biomedical research supported by the RCMI program. The investigators discovered that *Bmall* gene expression in skeletal muscle is key to regulating total sleep amount. Sleep is a key determinant of overall health and wellbeing. Inadequate sleep leads to poorer health and poorer cognitive, emotional, and social functioning. These findings could lead to a new potential target, skeletal muscle, for treating sleep disorders. For example, the beneficial effects of exercise on sleep may be mediated by skeletal muscle circadian clocks. Conversely, loss of skeletal muscle in aging and disease may exacerbate sleep-related health disparities in disadvantaged populations.

The NIMHD Research Endowment program is another example of how NIMHD supports eligible institutions of higher education to strengthen the research and training capacity or infrastructure, to facilitate minority health and health disparities research. These grants create a permanent endowment fund to support institutional resources and research capacity building. NIMHD recognizes the important role of institutions with historical commitment to educating and training individuals from underrepresented populations in scientific research and health care delivery in underserved communities. Five competing endowment awards made in FY 2017 will

establish new and sustainable training programs to provide a foundation for developing a diverse research workforce for biomedical, behavioral, and population health research focused on minority health and health disparities. They will also provide opportunities through endowment income to support and retain highly qualified underrepresented minority faculty to develop successful academic careers in health disparities research.

In FY 2019, NIMHD will continue to support institutions in developing the necessary research capacity and infrastructure to conduct cutting-edge research and train a diverse workforce of researchers with interest in minority health and health disparities research.

Career Development and Training

NIMHD addresses the compelling need to promote diversity of underrepresented individuals from health disparity backgrounds in the biomedical, behavioral, clinical, and social sciences workforce through training and career development programs. NIMHD strives to ensure that the future generation of minority health and health disparities researchers are developed in order to bring different aptitudes, perspectives, creativity, and experiences to address complex scientific problems.

The NIMHD Clinical Research Education and Career Development (CRECD) program supports educational activities designed to enhance the skills and diversity of the nation's clinical and translational research workforce. Awards support creative educational activities with a primary focus on courses designed to develop knowledge and skills for postdoctoral participants in clinical research leading to a Master of Science in Clinical Research, Master of Public Health, or Master in Population Health degree. CRECD awards also provide hands-on research experiences for postdoctoral trainees, clinical and research fellows, and early-stage faculty investigators. NIMHD made four new five-year awards in FY 2017 to academic institutions in California, Georgia, Oklahoma, and Puerto Rico.

NIMHD also participates in the *Ruth L. Kirschstein* National Research Service Award (NRSA) Individual Fellowship programs for pre- and post-doctoral trainees pursuing careers in minority health and health disparities research. In supporting trainees from underrepresented populations in the NRSA program, NIMHD helps to enhance the diversity of the biomedical, behavioral, and clinical research workforce. In FY 2017, NIMHD made nine awards.

NIMHD expanded its training portfolio in FY 2016 to include career development awards (K99-awards) to facilitate the transition of underrepresented investigators to independent, productive research careers. This program provides both a mentored research portion and a period of independent research to launch competitive careers. NIMHD made three new K99 awards in 2016 and an additional award in FY 2017. NIMHD will also accept application for K01, K08, K18 and K23 awards beginning in FY 2018.

Program Portrait: Mentored Career Development Awards (K01, K08, K18, K23)

There is critical need to diversify the biomedical workforce due to the disproportionately low representation of biomedical and behavioral scientists from racial and ethnic minority groups. African American, Hispanic or Latino, and American Indian investigators comprise a small component of the NIH investigator pool. In addition, one study found a discrepancy in success rates between White and African American researchers applying for NIH investigator-initiated research grants¹. Data from the National Science Foundation (NSF) 1993–2013 show that over the past 20 years, underrepresented minorities in the academic doctoral workforce continue to differ from their male, White, and Asian American counterparts in rank, tenure, salary, and federal support.

NIMHD will expand its Mentored Career Development Awards program portfolio to enhance the pool of highly trained new investigators from diverse backgrounds underrepresented in research areas of interest to the NIMHD. This initiative will provide support for a sustained period of protected time for intensive research career development under the guidance of an experienced mentor followed by a period of independent research. The aim is to attract investigators with interests in basic, clinical, and translational research grounded in methods and approaches needed to identify and address the factors that lead to disparities in health among racial, ethnic, geographic, socioeconomic, and sexual/gender minorities. Through the support of this program, NIMHD hopes to advance the career development and increase the number of highly trained investigators from diverse backgrounds underrepresented in research areas of interest to NIMHD and NIH.

Intramural Research Program (IRP)

The NIMHD IRP takes a comprehensive approach to advance the science of minority health and health disparities working with an interdisciplinary team of scientists. In addition, NIMHD's IRP supports strengthening of the biomedical research workforce by its emphasis on training investigators from diverse backgrounds. NIMHD IRP scientists conduct high-risk, transdisciplinary, population-based research to enhance understanding of the impact of social and behavioral determinants on genetic and biological factors, vulnerabilities, and risk factors for disease among racial and ethnic minority, and health disparity populations. One approach of NIMHD's IRP is to examine health disparity conditions within a psychosocial, biobehavioral, and cultural context. New insights into the role of the gene environment at the psychosocial level for example, can stimulate tailored interventions for specific populations, and lead to improvements in behavior, outcomes, prevention strategies, and earlier diagnosis, as well as risks reduction.

One IRP scientist examined the link between e-cigarette use and asthma, controlling for demographics and cigarette smoking. The results demonstrated that African Americans, Native Hawaiians, Other Pacific Islanders, and Filipinos had higher rates of asthma compared with Asian Americans and Whites. Based on these results, e-cigarette use by adolescents may be independently associated with asthma.

Research Management and Support (RMS)

RMS activities provide support for the review, award, and monitoring of research grants, training awards, and research and development contracts. The functions of RMS encompass staff time and contracts for strategic planning, coordination, and evaluation of NIMHD's programs. The RMS budget also supports NIMHD's overall science planning and policy-related activities, public reporting, and public communications. In FY 2019, RMS activities will continue to

¹ Ginther, DK et al., *Race, Ethnicity and NIH Awards*, [Science](#). 2011 Aug 19;333(6045):1015-9

include efforts to manage and update website content, which will include a data portal, to communicate and disseminate the most current information effectively to the public and the many constituencies invested in the outcomes of NIMHD research.

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

Detail of Full-Time Equivalent Employment (FTE)

OFFICE/DIVISION	FY 2017 Final			FY 2018 Annualized CR			FY 2019 President's Budget		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Division of Data Management and Scientific Reporting									
Direct:	-	-	-	-	-	-	-	-	-
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	-	-	-	-	-	-	-	-	-
Division of Intramural Research									
Direct:	4	1	5	4	1	5	4	1	5
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	4	1	5	4	1	5	4	1	5
Division of Scientific Programs									
Direct:	26	2	28	26	2	28	25	3	28
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	26	2	28	26	2	28	25	3	28
Office of the Director									
Direct:	34	-	34	34	-	34	35	-	35
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	34	-	34	34	-	34	35	-	35
Reimbursable									
Direct:	-	-	-	-	-	-	-	-	-
Reimbursable:	1	-	1	1	-	1	-	-	-
Total:	1	-	1	1	-	1	-	-	-
Total	65	3	68	65	3	68	64	4	68
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								
2015	12.8								
2016	13.4								
2017	13.7								
2018	13.7								
2019	13.7								

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

Detail of Positions¹

GRADE	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Total, ES Positions	0	0	0
Total, ES Salary	0	0	0
GM/GS-15	9	9	9
GM/GS-14	23	24	24
GM/GS-13	15	16	16
GS-12	9	9	9
GS-11	3	2	2
GS-10	0	0	0
GS-9	1	1	1
GS-8	3	3	3
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	0	0	0
Subtotal	65	66	66
Grades established by Act of July 1, 1944 (42 U.S.C. 207)	0	0	0
Assistant Surgeon General	0	0	0
Director Grade	2	2	2
Senior Grade	0	0	0
Full Grade	0	0	0
Senior Assistant Grade	1	1	1
Assistant Grade	0	0	0
Subtotal	3	3	3
Ungraded	17	17	17
Total permanent positions	68	69	69
Total positions, end of year	85	86	86
Total full-time equivalent (FTE) employment, end of year	68	68	68
Average ES salary	0	0	0
Average GM/GS grade	13.7	13.7	13.7
Average GM/GS salary	114,723	116,904	117,458

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