

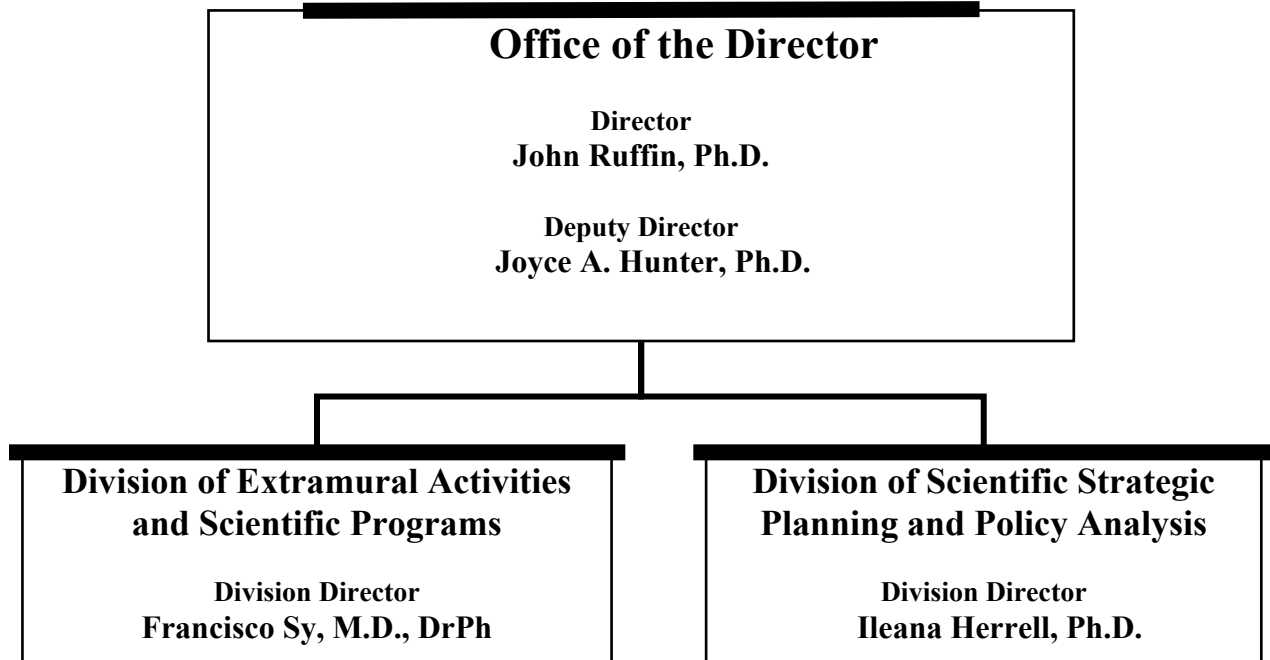
DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute on Minority Health and Health Disparities

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



NATIONAL INSTITUTES OF HEALTH

National Institute on Minority Health and Health Disparities

For carrying out section 301 and title IV of the Public Health Services Act with respect to minority health and health disparities research \$214,608,000.

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

Amounts Available for Obligation ¹
(Dollars in Thousands)

Source of Funding	FY 2010 Actual	FY 2011 CR	FY 2012 PB
Appropriation	211,572	211,572	214,608
Type 1 Diabetes	0	0	0
Rescission	0	0	0
Supplemental	0	0	0
Subtotal, adjusted appropriation	211,572	211,572	214,608
Real transfer under Director's one-percent transfer authority (GEI)	(337)	0	0
Real transfer under Secretary's one-percent transfer authority	(32)	0	0
Comparative Transfers to NLM for NCBI and Public Access	(71)	(180)	0
Comparative transfer under Director's one-percent transfer authority (GEI)	337	0	0
Subtotal, adjusted budget authority	211,469	211,392	214,608
Unobligated balance, start of year	0	0	0
Unobligated balance, end of year	0	0	0
Subtotal, adjusted budget authority	211,469	211,392	214,608
Unobligated balance lapsing	(9)	0	0
Total obligations	211,460	211,392	214,608

¹ Excludes the following amounts for reimbursable activities carried out by this account:
FY 2010 - \$0 FY 2011 - \$0 FY 2012 - \$0

NATIONAL INSTITUTES OF HEALTH
National Institute on Minority Health and Health Disparities
Budget Mechanism- Total ^{1/}
(Dollars in Thousands)

MECHANISM	FY 2010 Actual		FY 2011 CR		FY 2012 PB		Change vs. FY 2010	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Grants								
Research Projects								
Noncompeting	12	\$4,720	39	\$13,448	35	\$13,582	23	\$8,862
Administrative Supplements	(2)	154	0	0	0	0	2	(154)
Competing								
Renewal	0	0	0	0	0	0	0	0
New	27	8,355	11	4,196	15	5,780	(12)	(2,575)
Supplements	0	0	0	0	0	0	0	0
Subtotal, Competing	27	\$8,355	11	\$4,196	15	\$5,780	(12)	(\$2,575)
Subtotal, RPGs	39	\$13,229	50	\$17,644	50	\$19,362	11	\$6,133
SBIR/STTR	24	\$5,662	24	\$5,662	24	\$5,662	0	\$0
Research Project Grants	63	\$18,891	74	\$23,306	74	\$25,024	11	\$6,133
Research Centers								
Specialized/Comprehensive	76	\$86,709	73	\$84,673	73	\$85,520	(3)	(\$1,189)
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	0	0	0	0	0	0	0	0
Research Centers	76	\$86,709	73	\$84,673	73	\$85,520	(3)	(\$1,189)
Other Research								
Research Careers	0	\$62	0	\$0	0	\$0	0	(\$62)
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	0	0	0	0	0	0	0
Other	83	53,241	91	55,403	94	55,957	11	2,716
Other Research	83	\$53,303	91	\$55,403	94	\$55,957	11	\$2,654
Total Research Grants	222	\$158,903	238	\$163,382	241	\$166,501	19	\$7,598
Research Training								
Individual Awards	0	\$0	0	\$0	0	\$0	0	\$0
Institutional Awards	0	0	0	0	0	0	0	0
Total Research Training	0	\$0	0	\$0	0	\$0	0	\$0
Research & Development Contracts								
(SBIR/STTR)	292	\$37,809	314	\$32,796	314	\$32,741	22	(\$5,068)
	0	(\$11)	0	(\$11)	0	(\$11)	0	\$0
	<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>	
Intramural Research	0	\$3,688	0	\$3,807	0	\$3,845	0	\$157
Research Management and Support	30	11,069	30	11,407	30	11,521	0	452
Construction		0		0		0		0
Buildings and Facilities		0		0		0		0
Total, NIMHD	30	\$211,469	30	\$211,392	30	\$214,608	0	\$3,139

1/ All items in italics are "non-adds"; items in parenthesis are subtractions

Major Changes in the Fiscal Year 2012 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 2012 budget request for NIMHD, which is \$3.139 million more than the FY 2010 level, for a total of \$214.608 million.

Research Project Grants (RPGs; +\$6.133 million; total \$25.024 million): NIMHD will support 15 new awards in FY 2012, a decrease of 12 awards as compared to the FY 2010 level. About 35 noncompeting RPG awards, totaling \$13.582 million also will be made in FY 2012.

Health Disparities Research Program area (+\$2.079 million; total \$110.529 million): Funds in this area will continue to support investigator-initiated health disparities awards, Centers of Excellence, and minority health and health disparities partnerships within the NIH and with other federal agencies.

Research Capacity-Building & Infrastructure area (-\$1.458 million; total \$64.881 million): Funds in this area will continue to support Research endowment grants; Building Research Infrastructure and Capacity (BRIC) grants, formerly Research Infrastructure in Minority Institution (RIMI) grants; Minority Health and Health Disparities International Research Training Program grants; and Loan Repayment Programs.

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

FY 2010 Actual				\$211,469
FY 2012 Estimate				214,608
Net change				\$3,139
CHANGES	2012 Estimate		Change from FY 2010	
	FTEs	Budget Authority	FTEs	Budget Authority
A. Built-in:				
1. Intramural Research:				
a. Annualization of January 2010 pay increase				
		\$95		\$1
b. January FY 2012 pay increase				
		95		0
c. One less day of pay (n/a for 2011)				
		95		0
d. Payment for centrally furnished services				
		586		6
e. Increased cost of laboratory supplies, materials, and other expenses				
		3,164		0
Subtotal				
		\$4,035		\$7
2. Research Management and Support:				
a. Annualization of January 2010 pay increase				
		\$4,208		\$25
b. January FY 2012 pay increase				
		4,208		0
c. One less day of pay (n/a for 2011)				
		4,208		(16)
d. Payment for centrally furnished services				
		505		5
e. Increased cost of laboratory supplies, materials, and other expenses				
		6,808		24
Subtotal				
		\$19,937		\$38
Subtotal, Built-in				
		\$23,972		\$45

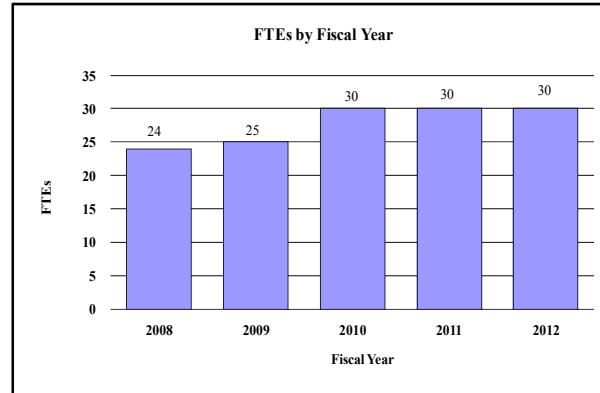
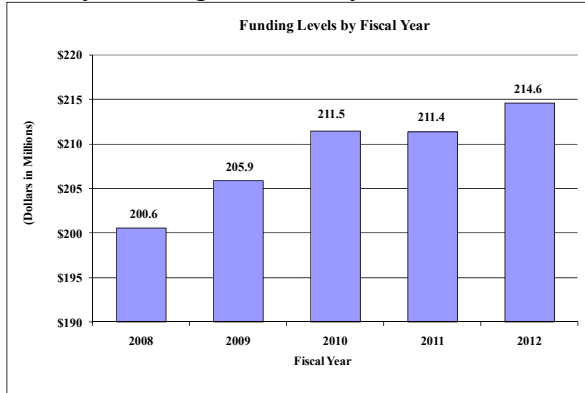
NATIONAL INSTITUTES OF HEALTH
National Institute on Minority Health and Health Disparities

Summary of Changes—continued

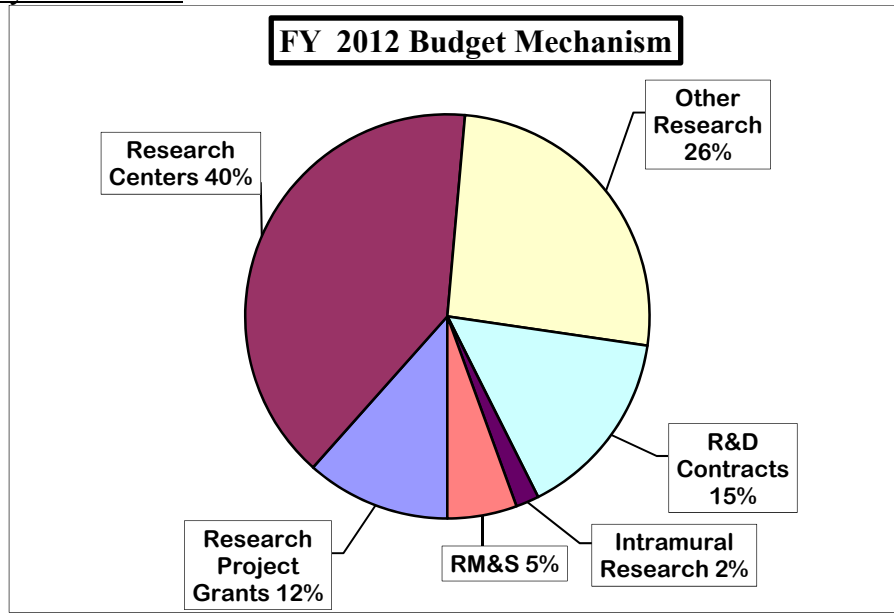
CHANGES	2012 Estimate		Change from FY 2010	
	No.	Amount	No.	Amount
B. Program:				
1. Research Project Grants:				
a. Noncompeting	35	\$13,582	23	\$8,708
b. Competing	15	5,780	(12)	(2,575)
c. SBIR/STTR	24	5,662	0	0
Total	74	\$25,024	11	\$6,133
2. Research Centers	73	\$85,520	(3)	(\$1,189)
3. Other Research	94	55,957	11	2,654
4. Research Training	0	0	0	0
5. Research and development contracts	314	32,741	22	(5,068)
Subtotal, Extramural		\$199,242		\$2,530
	<u>FTEs</u>		<u>FTEs</u>	
6. Intramural Research	0	\$3,845	0	\$150
7. Research Management and Support	30	11,521	0	414
8. Construction		0		0
9. Buildings and Facilities		0		0
Subtotal, program	30	\$239,632	0	\$3,094
Total changes	30	\$263,604		\$3,139

Fiscal Year 2012 Budget Graphs

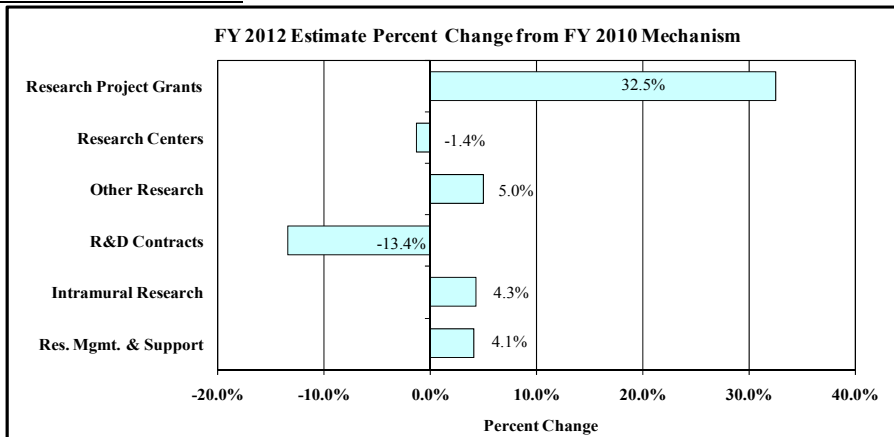
History of Budget Authority and FTEs



Distribution by Mechanism



Change by Selected Mechanism



NATIONAL INSTITUTES OF HEALTH
National Institute on Minority Health and Health Disparities
Budget Authority by Activity
(Dollars in thousands)

	FY 2010 Actual		FY 2011 CR		FY 2012 PB		Change vs. FY 2010	
	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount
Extramural Research								
Detail:								
Health Disparities Research		\$108,450		\$108,651		\$110,529		2,079
Research Capacity-Building & Infrastructure		66,339		64,896		64,881		-1,458
Outreach and Information Dissemination		21,923		22,631		23,832		1,909
Subtotal, Extramural		\$196,712		\$196,178		\$199,242		\$2,530
Intramural Research	0	\$3,688	0	\$3,807	0	\$3,845	0	\$157
Research Management & Support	30	\$11,069	30	\$11,407	30	\$11,521	0	\$452
TOTAL	30	\$211,469	30	\$211,392	30	\$214,608	0	\$3,139

1. Includes FTEs which are reimbursed from the NIH Common Fund for Medical Research.
2. Includes Real 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	2011 Amount Authorized	FY 2010 Estimate	2012 Amount Authorized	FY 2012 PB
Research and Investigation	Section 301	42§241	Indefinite	\$211,469,000	Indefinite	\$214,608,000
National Institute on Minority Health and Health Disparities	Section 401(a)	42§281	Indefinite		Indefinite	
Total, Budget Authority						\$214,608,000

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
2003	\$186,929,000	\$186,929,000	\$186,292,000	\$186,929,000
Rescission				(\$1,215,000)
2004	\$192,724,000	\$192,724,000	\$192,824,000	\$192,724,000
Rescission				(\$1,253,000)
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				\$0
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				\$0
2010	\$208,844,000	\$213,316,000	\$209,508,000	\$211,572,000
Rescission				\$0
2011	\$219,046,000		\$218,705,000	
Rescission				
2012	\$214,608,000			

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 2010 Actual	FY 2011 Continuing Resolution	FY 2012 Budget Request	FY 2012 +/- FY 2010
BA	\$211,469,000	\$211,392,000	\$214,608,000	+\$3,139,000
FTE	30	30	30	0

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

Director's Overview

The National Institute on Minority Health and Health Disparities (NIMHD) conducts and supports research, training, and dissemination of information with respect to minority health conditions and other populations with health disparities. This investment includes direct funding for research-related activities and partnerships with academic institutions, research facilities, community-based organizations, and other federal government agencies, such as the Health Resources Services Administration, Centers for Disease Control and Prevention, Centers for Medicare & Medicaid Services, and the National Science Foundation. The Affordable Care Act (P.L. 111- 148) affords NIMHD the leadership role at the NIH for planning, reviewing, coordinating, and evaluating minority health and health disparities research activities conducted by the NIH Institutes and Centers (IC). The framework for minority health and health disparities research activities by the ICs is codified in the NIH Health Disparities Strategic Plan and Budget that is issued every five years.

NIMHD Accomplishments

The NIMHD has contributed to the advancement of scientific knowledge on racial/ethnic minority health conditions and other populations with health disparities over the past decade. Through direct investment in research, as well as engagement with nearly all sectors of government in discussions about the best ways to provide evidence-based science that will inform practice and policy, and yield the greatest benefit for improved health. Healthcare reform has elevated the health disparities research agenda to a national priority. Programs and initiatives by the NIMHD have provided a leading edge in enhancing the scientific knowledge base and designing interventions to improve health outcomes and reduce health disparities.

NIMHD-funded research tackles health disparities across the translational continuum and across the lifespan of individuals and populations. For example, researchers at a NIMHD-funded Center of Excellence developed a sophisticated analysis of existing large datasets that have contributed to the knowledge of a graded association between health status and socioeconomic resources of an individual, community and population group. In addition, the research has

documented that neighborhood environmental characteristics, such as access to healthy foods and safe physical environments, influence health status beyond those of the individual and/or community's own socioeconomic status. The collaborative work of NIMHD with other ICs has encouraged methodological advances in health disparities research by utilizing improvements in technology such as telehealth to foster cutting-edge areas of research.

As part of the NIH Director's theme to reinvigorate and empower the biomedical research community, the NIH recognizes a unique and compelling need to promote diversity in the biomedical, behavioral, clinical and social sciences workforce. The NIMHD's Health Disparities Research and Clinical Research for Individuals from Disadvantaged Backgrounds Loan Repayment Programs (LRPs) are two essential programs in the efforts to diversify the biomedical workforce. Since their inception in 2001, over 2,000 individuals with doctoral degrees have conducted health disparities research in exchange for repayment of educational loans. NIMHD has also created a career pathway for former LRP recipients through its Intramural Research Program which plays a pivotal role in tackling challenging research questions and applying a critical mass of expertise to a vast range of scientific areas.

Conclusion

The scientific landscape pertaining to health disparities has increased over the years, allowing for more insight into the factors that lead to health disparities. The opportunities for research advances within health disparities sciences are greater than ever. Researchers continue to intensify their research strategies and collaborations to enhance their work in order to unravel and understand the complex interaction of factors that may cause health disparities. While examination of the biological factors is fundamental in understanding the development and progression of diseases, there is now increased focus on non-biological factors such as socioeconomics, politics, discrimination, culture, and environment that research suggests has a significant correlation to disparities in health experienced by racial/ethnic minority, rural, and low-income populations. Over the past decade, health disparities have become a recognized scientific field of study. The field of health disparities has evolved from documenting and investigating differences in health status and risk factors among affected populations, to addressing health disparities using traditional and non-traditional research approaches such as community participation, novel interventions, and cross collaborations. NIMHD seeks to expand the breadth of its activities including the partnership base within the public and private sector in order to bolster its research, training, and outreach efforts pertaining to all health disparity populations.

Overall Budget Policy: In FY 2012, NIMHD will continue to support its research and career development efforts through its core extramural research programs, including Centers of Excellence, Loan Repayment Programs, Research Endowment, and support of new investigators involved in intramural research and investigator-initiated health disparities research projects. NIMHD will support new investigators on R01 equivalent awards at success rates equivalent to those of established investigators submitting new R01 equivalent applications. Funds are included in R&D contracts to reflect NIMHD's share of NIH-wide funding required to support several trans-NIH initiatives, such as the Therapies for Rare and Neglected Diseases program (TRND), and the Basic Behavioral and Social Sciences Opportunity Network (OppNet).

Program Descriptions and Accomplishments

Health Disparities Research: This activity includes research that takes a transformational, translational, and transdisciplinary approach to enhance the scientific knowledge needed to enable better and more effective disease preventions and treatments for health disparity populations which will reduce and ultimately eliminate health disparities. The *Centers of Excellence (COE)* program serves as a foundation for the conduct of research to develop evidence-based research methodologies and strategies that are essential in improving prevention, diagnosis, and treatment methods. For example, the COE at the University of Southern California is developing telehealth/telemedicine technology and tools for use with mobile devices to prevent pediatric obesity among Hispanic and African-American youth in the City of Los Angeles. These COEs are also instrumental in comparing the benefits of different interventions and strategies, via comparative effectiveness research, to enhance the evidence base for health care decisions involving health disparity populations. Additionally, NIMHD research project grants, *Health Disparities Research* and *Advances in Health Disparities Research on Social Determinants of Health*, provide the opportunity for researchers from various disciplines to initiate research projects that address biological and non-biological factors to advance the science of health disparities and to accelerate its translation to improve health outcomes.

Budget Policy: The FY 2012 budget estimate for Health Disparities Research is \$110.529 million, an increase of \$2.079 million or 1.9% over the FY 2010 level. In FY 2012, NIMHD plans to continue funding for investigator-initiated health disparities research awards and provide funding for new Centers of Excellence.

Program Portrait: Transformational, Transdisciplinary, and Translational Research -- Centers of Excellence Program

FY 2010 Level: \$67.9 million
FY 2012 Level: \$70.2 million

The *Centers of Excellence (COE)* funding assists institutions in developing the organizational capacity needed to effectively accomplish the goals and objectives for the administration, coordination, and development of minority health and health disparities research, recruitment of researchers, development of research training programs, and design and launch of community outreach activities. The COE program disseminates health information, including strategies to increase the participation of health disparity populations in clinical trials. It also promotes the establishment of partnerships by its grantees which may collaborate with different types of research institutions, health care facilities, community or faith-based organizations, and other entities interested in minority health and health disparities. The partnership between the COE at the University of South Florida and Moffitt Transdisciplinary Center to Address Cancer Health Disparities seeks to reduce racial and ethnic cancer disparities in Florida, which has the second highest estimated number of new cancer cases and cancer deaths, by active engagement with the community including participation in clinical trials and use of social media technologies for information dissemination.

Since 2002, NIMHD has supported 91 COE sites in 35 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. The types of institutions are diverse and include Historically Black Colleges and Universities, Hispanic-Serving Institutions, Tribal Colleges and Universities, Alaskan Native, and Native Hawaiian Serving Institutions. In FY 2010, the 51 active COEs conducted transdisciplinary research on high priority diseases/conditions including research on the genetics of preterm births among African Americans. Other diseases/conditions addressed through the COE program include cardiovascular disease, stroke, cancer, diabetes, HIV/AIDS, infant mortality, mental health, and obesity that disproportionately affect racial/ethnic minority and

other health disparity populations. In FY 2012, NIMHD plans to continue funding the COEs to conduct health disparities research and to develop new and effective research approaches and strategies that are essential in improving prevention, diagnosis, and treatment of disease.

Research Capacity-Building & Infrastructure: Successful biomedical research requires an environment with sufficient physical resources as well as human capital to conduct scientific endeavors. Through the *Building Research Infrastructure and Capacity (BRIC)* program, *Research Endowment* program, and collaborations with the NIH National Center for Research Resources, NIMHD provides scientific physical infrastructure and research capacity for institutions with little or no health disparities research activities. Research training and support are provided for individuals from health disparity populations and individuals interested in pursuing health disparities research through student academic enrichment and faculty development activities provided by the *BRIC* and *Research Endowment* programs. The *Minority Health and Health Disparities International Research Training (MHIRT) Program*, with its global health focus, and the *Loan Repayment Programs (LRPs)* also serve to recruit new investigators who are poised to work to reduce the disparate health burdens among underserved populations in the United States.

Budget Policy: The FY 2012 budget estimate for Research Capacity-Building & Infrastructure is \$64.881 million, a decrease of \$1.458 million or -2.2% below the FY 2010 level. In FY 2012, NIMHD plans to continue supporting the Research Endowment, Building Research Infrastructure and Capacity (BRIC), and the Loan Repayment Programs.

Program Portrait: Enhancement of Research Infrastructure and Capacity -- NIMHD Loan Repayment Programs (LRP)

FY 2010 Level: \$ 13.3 million
FY 2012 Level: \$ 14.2 million

NIMHD currently supports two extramural Loan Repayment Programs (LRPs) -- *Health Disparities Research (HDR) Loan Repayment Program*; and the *Extramural Clinical Research for Individuals from Disadvantaged Backgrounds (ECR) Loan Repayment Program*. Both the HDR and ECR programs are designed to recruit and retain highly qualified scientists or health professionals with doctorate degrees interested in research careers related to the elimination of health disparities. These LRPs provide an incentive for individuals to engage in basic, clinical, and/or behavioral research relevant to health disparities, by repaying a portion of their educational loans. NIMHD provides support to approximately 300 applicants each year for both programs. The program began in 2001, and NIMHD has supported more than 2,200 health professionals across 49 states, with participants engaged in scientific or health-related research activities. NIMHD LRP recipients engage in research and training related to cancer, HIV/AIDS, genetics, and other research intended to eliminate health disparities domestically and globally.

In FY 2012, the NIMHD will continue support for the HDR and ECR loan repayment programs as a means to enhance career advancement for researchers interested in health disparities and expand the pipeline of biomedical researchers.

Outreach and Information Dissemination: NIMHD activities focus on facilitating the translation and dissemination of scientific information to improve clinical practice, enhance the evidence base for health care decisions, and improve the health of health disparity populations. Efforts in this area are undertaken through the formation of collaborative partnerships, outreach activities, and public information dissemination. NIMHD-supported conferences and scientific meetings enable the research community and others with interests in eliminating health

disparities to assemble to coordinate resources, and exchange and disseminate information aimed at improving the health outcomes of underserved populations. The NIMHD *Community-Based Participatory Research (CBPR)* program supports collaborative partnerships between health disparity communities and researchers to develop, implement, and disseminate findings from behavioral interventions that are intended to encourage and empower health disparity communities to comply with standards of practice. These CBPR partnerships and activities foster prevention efforts that can be sustained at the community level and result in improved health outcomes and the elimination of health disparities.

Budget Policy: The FY 2012 budget estimate for Outreach and Information Dissemination is \$23.832 million, an increase of \$1.909 million or 8.7% over the FY 2010 level. In FY 2012, NIMHD plans to continue to support its Community-Based Participatory Research Program, described in the program portrait below.

Program Portrait: Collaborative Partnerships, Outreach, and Information Dissemination -- Community-Based Participatory Research (CBPR) Program

FY 2010 Level: \$ 20.8 million
FY 2012 Level: \$ 22.4 million

The *Community-Based Participatory Research (CBPR) Program* supports collaborative research between researchers and communities that will accelerate the translation of research advances to health disparity populations. There are three separate phases to the CBPR program: research planning phase (3-years); intervention research phase (5-years); and information dissemination phase (3-years). Communities are actively engaged in all phases of the research to ensure that interventions are developed that will enhance the evidence base for health care decisions and reinvigorate the biomedical research community with the development of new ideas and approaches to reach and engage underserved communities.

Currently, there are 40 institutions/organizations in the 5-year intervention research phase. These CBPR projects have created and implemented novel interventions aimed at reducing obesity and related complications, promoting mental health, promoting cancer screenings and vaccinations, and HIV prevention. For example, an innovative intervention that involves multiple generations, including youth, parents, and parent-like figures, is being implemented in rural North Carolina to reduce HIV infection among African American youth. The inter-generational education and prevention activities have thus far, been embraced by the community and shows promise in reducing HIV infection rates.

The ultimate goal of CBPR is to ensure that interventions can be sustained at the community level, thus, leading to the elimination of health disparities. In FY 2012 funding for the NIMHD CBPR Program will continue to support the final stages of these five-year intervention research phase studies and the analyses of the outcomes.

Intramural Research: The NIMHD *Intramural Research Program (IRP)* is designed to conduct research focusing on the link between biological and non-biological determinants of health in health disparity populations, and create training and mentorship opportunities to expand the intramural researcher pool studying health disparities. This includes individuals from health disparity populations, and early stage investigators. The NIMHD *Disparities Research Education Advancing our Mission (DREAM)* program is an example of a collaborative initiative with other NIH ICs that serves as an entry into the IRP for highly qualified 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 will also continue to advance its intramural research activities by building on its internal institutional

scientific capacity to allow effective response to emerging health disparities issues. These intramural activities, as complementary to the extramural research programs, will continue to provide an interactive and an interdisciplinary environment for basic laboratory and long-term epidemiologic, behavioral, and social science research.

Budget Policy: The FY 2012 budget estimate for Intramural Research is \$3.845 million, an increase of \$0.157 million or 4.2% over the FY 2010 level. In FY 2012, NIMHD plans to continue funding of the NIMHD Intramural Program by supporting intramural investigators conducting minority health or health disparities research.

Research Management and Support: 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 Center's programs and liaison with members of Congress, other federal agencies, and the American public.

Budget Policy: The FY 2012 budget estimate for Research Management and Support is \$11.521 million, an increase of \$0.452 million or 4.1% over the FY 2010 comparable level. This funding will support 30 FTEs.

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

Budget Authority by Object
(Dollars in Thousands)

	FY 2010 Actual	FY 2012 PB	Increase or Decrease	Percent Change
Total compensable workyears:				
Full-time employment	30	30	0	0.0%
Full-time equivalent of overtime and holiday hours	0	0	0	0.0%
Average ES salary	\$0	\$0	\$0	0.0%
Average GM/GS grade	13.3	13.3	0.0	0.0%
Average GM/GS salary	\$95	\$95	\$0	0.0%
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	\$111	\$114	\$3	2.7%
Average salary of ungraded positions	152	152	0	0.0%
OBJECT CLASSES	FY 2010 Actual	FY 2012 Estimate	Increase or Decrease	Percent Change
Personnel Compensation:				
11.1 Full-time permanent	\$2,317	\$2,317	\$0	0.0%
11.3 Other than full-time permanent	912	915	3	0.3%
11.5 Other personnel compensation	88	89	1	1.1%
11.7 Military personnel	111	115	4	3.6%
11.8 Special personnel services payments	6	6	0	0.0%
Total, Personnel Compensation	\$3,434	\$3,442	\$8	0.2%
12.0 Personnel benefits	\$819	\$821	\$2	24.4%
12.2 Military personnel benefits	40	40	0	0.0%
13.0 Benefits for former personnel	0	0	0	0.0%
Subtotal, Pay Costs	\$4,293	\$4,303	\$10	23.3%
21.0 Travel and transportation of persons	\$147	\$161	\$14	9.5%
22.0 Transportation of things	91	97	6	6.6%
23.1 Rental payments to GSA	0	0	0	0.0%
23.2 Rental payments to others	0	0	0	0.0%
23.3 Communications, utilities and miscellaneous charges	40	44	4	10.0%
24.0 Printing and reproduction	24	29	5	20.8%
25.1 Consulting services	124	137	13	10.5%
25.2 Other services	3,855	4,159	304	7.9%
25.3 Purchase of goods and services from government accounts	17,729	18,420	691	3.9%
25.4 Operation and maintenance of facilities	53	58	5	9.4%
25.5 Research and development contracts	25,965	20,421	(5,544)	-21.4%
25.6 Medical care	0	0	0	0.0%
25.7 Operation and maintenance of equipment	30	31	1	3.3%
25.8 Subsistence and support of persons	0	0	0	0.0%
25.0 Subtotal, Other Contractual Services	\$47,756	\$43,226	(\$4,530)	-9.5%
26.0 Supplies and materials	\$123	\$146	\$23	18.7%
31.0 Equipment	92	101	9	9.8%
32.0 Land and structures	0	0	0	0.0%
33.0 Investments and loans	0	0	0	0.0%
41.0 Grants, subsidies and contributions	158,903	166,501	7,598	4.8%
42.0 Insurance claims and indemnities	0	0	0	0.0%
43.0 Interest and dividends	0	0	0	0.0%
44.0 Refunds	0	0	0	0.0%
Subtotal, Non-Pay Costs	\$207,176	\$210,305	\$3,129	1.5%
Total Budget Authority by Object	\$211,469	\$214,608	\$3,139	1.5%

Includes FTEs which are reimbursed from the NIH Common Fund for Medical Research

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

Salaries and Expenses
(Dollars in Thousands)

OBJECT CLASSES	FY 2010 Actual	FY 2012 PB	Increase or Decrease	Percent Change
Personnel Compensation:				
Full-time permanent (11.1)	\$2,317	\$2,317	\$0	0.0%
Other than full-time permanent (11.3)	912	915	3	0.3%
Other personnel compensation (11.5)	88	89	1	1.1%
Military personnel (11.7)	111	115	4	3.6%
Special personnel services payments (11.8)	6	6	0	0.0%
Total Personnel Compensation (11.9)	\$3,434	\$3,442	\$8	0.2%
Civilian personnel benefits (12.1)	\$819	\$821	\$2	0.2%
Military personnel benefits (12.2)	40	40	0	0.0%
Benefits to former personnel (13.0)	0	0	0	0.0%
Subtotal, Pay Costs	\$4,293	\$4,303	\$10	0.2%
Travel (21.0)	\$147	\$161	\$14	9.5%
Transportation of things (22.0)	91	97	6	6.6%
Rental payments to others (23.2)	0	0	0	0.0%
Communications, utilities and miscellaneous charges (23.3)	40	44	4	10.0%
Printing and reproduction (24.0)	24	29	5	20.8%
Other Contractual Services:				
Advisory and assistance services (25.1)	124	137	13	10.5%
Other services (25.2)	3,855	4,159	304	7.9%
Purchases from government accounts (25.3)	5,505	5,695	190	3.5%
Operation and maintenance of facilities (25.4)	53	58	5	9.4%
Operation and maintenance of equipment (25.7)	30	31	1	3.3%
Subsistence and support of persons (25.8)	0	0	0	0.0%
Subtotal Other Contractual Services	\$9,567	\$10,080	\$513	5.4%
Supplies and materials (26.0)	\$123	\$146	\$23	18.7%
Subtotal, Non-Pay Costs	\$9,992	\$10,557	\$565	5.7%
Total, Administrative Costs	\$14,285	\$14,860	\$575	4.0%

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

Details of Full-Time Equivalent Employment (FTEs)

OFFICE/DIVISION	FY 2010 Actual			FY 2011 CR			FY 2012 PB		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Office of the Director	14	0	14	14	0	14	14	0	14
Division of Extramural Activities and Scientific Programs	11	1	12	11	1	12	11	1	12
Division of Scientific Planning and Policy Analysis	4	0	4	4	0	4	4	0	4
Total	29	1	30	29	1	30	29	1	30
Includes FTEs which are reimbursed from the NIH Common Fund for Medical Research									
FTEs supported by funds from Cooperative Research and Development Agreements									
	0	0	0						0
FISCAL YEAR	Average GS Grade								
2008	14.3								
2009	13.6								
2010	13.3								
2011	13.3								
2012	13.3								

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

Detail of Positions

GRADE	FY 2010 Actual	FY 2011 CR	FY 2012 PB
Total, ES Positions	0	0	0
Total, ES Salary	0	0	0
GM/GS-15	4	4	4
GM/GS-14	7	7	7
GM/GS-13	5	5	5
GS-12	5	5	5
GS-11	4	4	4
GS-10	0	0	0
GS-9	3	3	3
GS-8	1	1	1
GS-7	1	1	1
GS-6	0	0	0
GS-5	0	0	0
GS-4	1	1	1
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	31	31	31
Grades established by Act of July 1, 1944 (42 U.S.C. 207):			
Assistant Surgeon General	0	0	0
Director Grade	1	1	1
Senior Grade	0	0	0
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Subtotal	1	1	1
Ungraded	11	11	11
Total permanent positions	31	31	31
Total positions, end of year	42	42	42
Total full-time equivalent (FTE) employment, end of year	30	30	30
Average ES salary	0	0	0
Average GM/GS grade	13.3	13.3	13.3
Average GM/GS salary	95	95	95