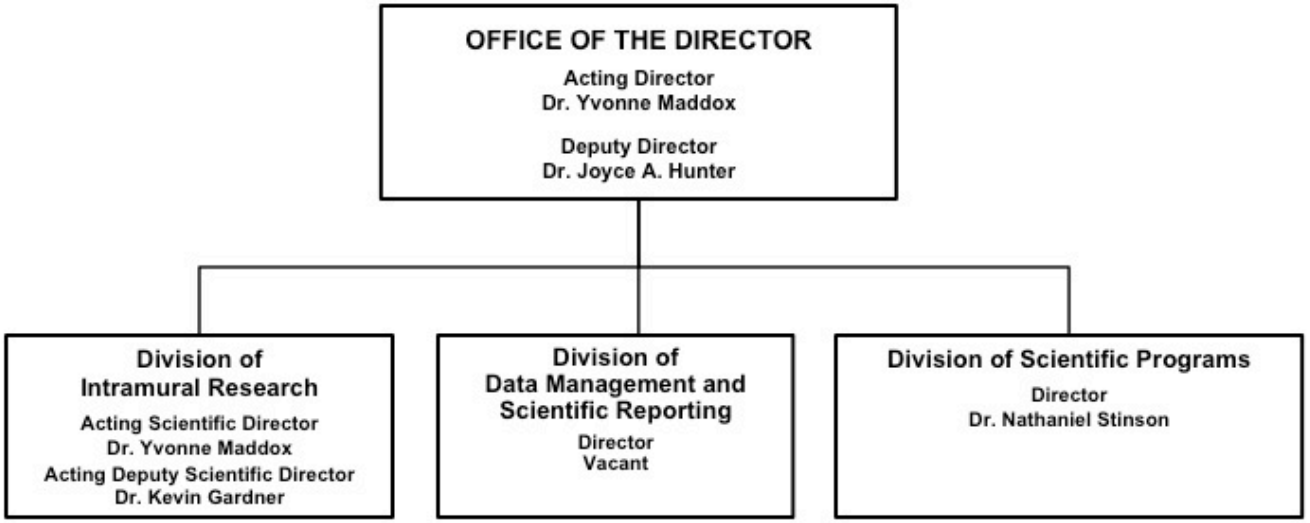
DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute on Minority Health and Health Disparities (NIMHD)

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, [$269,154,000]*$281,549,000*.

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

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

Source of Funding	FY 2014 Actual	FY 2015 Enacted	FY 2016 President's Budget
Appropriation	$268,322	$269,154	$281,549
Type 1 Diabetes	0	0	0
Rescission	0	0	0
Sequestration	0	0	0
FY 2014 First Secretary's Transfer	-674	0	0
FY 2014 Second Secretary's Transfer	-53	0	0
Subtotal, adjusted appropriation	$267,595	$269,154	$281,549
OAR HIV/AIDS Transfers	0	1,815	0
National Children's Study Transfers	882	0	0
Subtotal, adjusted budget authority	$268,477	$270,969	$281,549
Unobligated balance, start of year	0	0	0
Unobligated balance, end of year	0	0	0
Subtotal, adjusted budget authority	$268,477	$270,969	$281,549
Unobligated balance lapsing	-38	0	0
Total obligations	$268,439	$270,969	$281,549

[1] Excludes the following amounts for reimbursable activities carried out by this account:
FY 2014 - $630 FY 2015 - $224 FY 2016 - $150

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National Institute on Minority Health and Health Disparities

Budget Mechanism - Total[1]

(Dollars in Thousands)

MECHANISM	FY 2014 Actual		FY 2015 Enacted		FY 2016 President's Budget		FY 2016 +/- FY 2015	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Projects:								
Noncompeting	48	$17,370	70	$27,294	80	$29,896	10	$2,602
Administrative Supplements	*(2)*	199	*(0)*	0	*(0)*	500	*(0)*	500
Competing:								
Renewal	0	0	0	0	0	0	0	0
New	35	13,763	34	14,000	65	34,912	31	20,912
Supplements	0	0	0	0	0	0	0	0
Subtotal, Competing	35	$13,763	34	$14,000	65	$34,912	31	$20,912
Subtotal, RPGs	83	$31,332	104	$41,294	145	$65,308	41	$24,014
SBIR/STTR	31	8,070	28	8,369	30	8,990	2	621
Research Project Grants	114	$39,402	132	$49,663	175	$74,298	43	$24,635
Research Centers:								
Specialized/Comprehensive	57	$75,100	48	$70,134	53	$80,528	5	$10,394
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	54,641	21	54,641	20	54,641	-1	0
Research Centers	79	$131,741	69	$126,775	73	$137,169	4	$10,394
Other Research:								
Research Careers	6	$1,072	3	$646	12	$1,928	9	$1,282
Cancer Education	0	0	0	0	0	0	0	0
Cooperative Clinical Research	0	123	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	104	55,953	98	53,991	38	20,264	-60	-33,727
Other Research	110	$57,148	101	$54,637	50	$22,192	-51	-$32,445
Total Research Grants	303	$228,291	302	$231,075	298	$233,659	-4	$2,584
Ruth L Kirchstein Training Awards:	FTTPs		FTTPs		FTTPs		FTTPs	
Individual Awards	0	$0	3	$150	9	$450	6	$300
Institutional Awards	0	0	0	0	56	4,500	56	4,500
Total Research Training	0	$0	3	$150	65	$4,950	62	$4,800
Research & Develop. Contracts	208	$18,426	126	$17,466	170	$20,194	44	$2,728
(SBIR/STTR) (non-add)	*(0)*	*(40)*	*(0)*	*(85)*	*(0)*	*(25)*	*(0)*	*(-60)*
Intramural Research	11	6,763	6	6,676	6	6,676	0	0
Res. Management & Support	55	14,997	60	15,602	60	16,070	0	468
Res. Management & Support (SBIR Admin) (non-add)	*(0)*	*(0)*	*(0)*	*(0)*	*(0)*	*(0)*	*(0)*	*(0)*
Construction		0		0		0		0
Buildings and Facilities		0		0		0		0
Total, NIMHD	66	$268,477	66	$270,969	66	$281,549	0	$10,580

[1] All items in italics and brackets are non-add entries.

Major Changes in the Fiscal Year 2016 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 2016 President's Budget request for NIMHD, which is $10.580 million more than the FY 2015 Enacted level, for a total of $281.549 million.

Research Project Grants (RPGs) (+$24.635 million; total $74.298 million):
NIMHD will support a total of 175 Research Project Grant (RPG) awards in FY 2016. Non-competing RPGs will increase by 10 awards or a total of $2.602 million over the FY 2015 Enacted level. Competing RPGs will increase by 31 grants or a total of $20.912 million over the FY 2015 Enacted level.

Research Centers (+$10.394 million; total $137.169 million):
NIMHD will continue to support existing Centers of Excellence (COEs) and Transdisciplinary Collaborative Centers for Health Disparities Research (TCCs). NIMHD will also fund six awards to establish new consolidated Centers of Excellence for a total of $10.000 million. These new centers will be designed to achieve greater scientific impact and effective resource utilization by focusing health disparities research opportunities, streamlining infrastructure, enhancing multidisciplinary collaborations, and fostering deeper engagement among community, academic, and various other stakeholders.

Other Research (-$32.445 million; total $22.192 million):
As several programs end in FY 2015, including Resource-Related Minority Health and Health Disparities Research cooperative agreements and Community-Based Participatory Research initiatives, NIMHD is shifting its strategic investments to research project grants and training awards to align with the scientific opportunities and challenges in the emerging field of health disparities.

Research Careers (+$1.282 million; total $1.928 million):
NIMHD will support the NIH Pathway to Independence program, by funding 10 awards for a total of $1.500 million.

Research Training (+$4.800 million; total $4.950 million):
In FY 2016, NIMHD will fund individual and institutional Ruth L. Kirschstein National Research Service Awards (NRSA) to support predoctoral and postdoctoral research training for a total of $4.800 million. NIMHD is committed to investing in a diverse and highly trained workforce to meet the needs of the Nation's biomedical, behavioral, and clinical research agenda.

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

Summary of Changes

(Dollars in Thousands)

FY 2015 Enacted	$270,969
FY 2016 President's Budget	$281,549
Net change	$10,580

	FY 2016 President's Budget		**Change from FY 2015**	
CHANGES	**FTEs**	**Budget Authority**	**FTEs**	**Budget Authority**
A. Built-in:				
1. Intramural Research:				
a. Annualization of January 2015 pay increase & benefits		$796		$2
b. January FY 2016 pay increase & benefits		796		6
c. One more day of pay (n/a for 2015)		796		3
d. Differences attributable to change in FTE		796		0
e. Payment for centrally furnished services		998		24
f. Increased cost of laboratory supplies, materials, other expenses, and non-recurring costs		4,882		0
Subtotal				$35
2. Research Management and Support:				
a. Annualization of January 2015 pay increase & benefits		$9,032		$23
b. January FY 2016 pay increase & benefits		9,032		68
c. One more day of pay (n/a for 2015)		9,032		35
d. Differences attributable to change in FTE		9,032		0
e. Payment for centrally furnished services		216		5
f. Increased cost of laboratory supplies, materials, other expenses, and non-recurring costs		6,821		1
Subtotal				$132
Subtotal, Built-in				$167

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

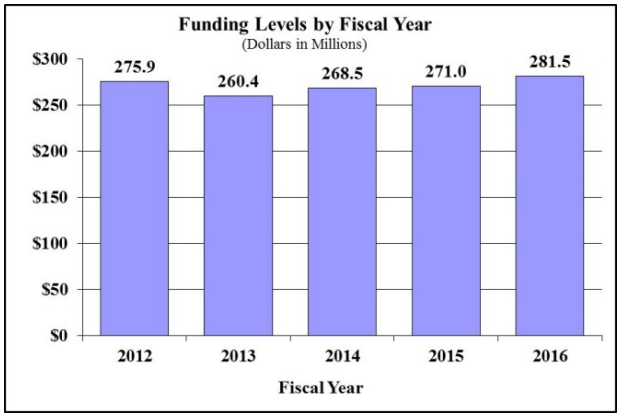
Summary of Changes - Continued

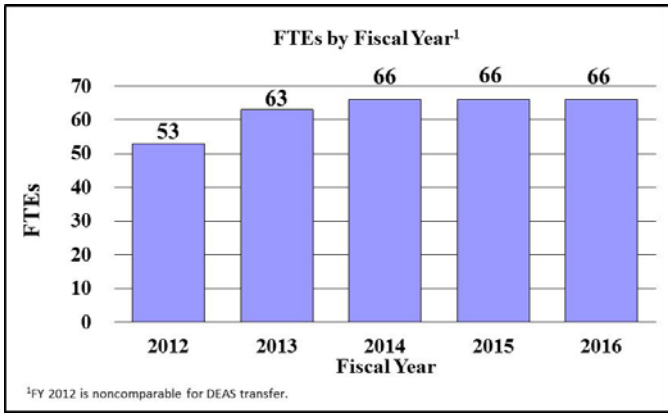
(Dollars in Thousands)

	FY 2016 President's Budget		Change from FY 2015	
CHANGES	**No.**	**Amount**	**No.**	**Amount**
B. Program:				
1. Research Project Grants:				
a. Noncompeting	80	$30,397	10	$3,102
b. Competing	65	34,912	31	20,912
c. SBIR/STTR	30	8,990	2	621
Subtotal, RPGs	175	$74,299	43	$24,635
2. Research Centers	73	$137,169	4	$10,394
3. Other Research	50	22,192	-51	-32,445
4. Research Training	15	4,950	12	4,800
5. Research and development contracts	170	20,194	44	2,728
Subtotal, Extramural		$258,803		$10,112
	FTEs		FTEs	
6. Intramural Research	6	$6,676	0	-$35
7. Research Management and Support	60	16,070	0	336
8. Construction		0		0
9. Buildings and Facilities		0		0
Subtotal, Program	66	$281,549	0	$10,413
Total Changes				$10,580

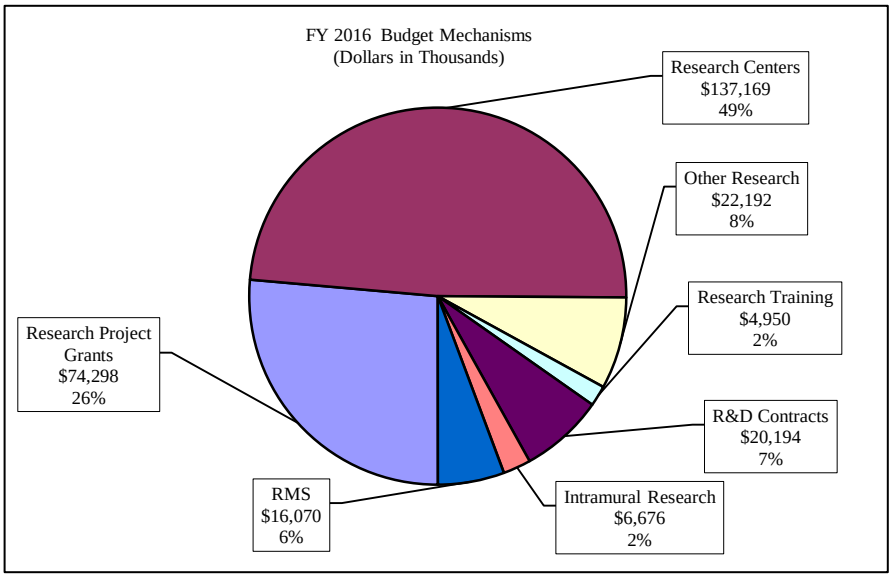
Fiscal Year 2016 Budget Graphs

History of Budget Authority and FTEs:

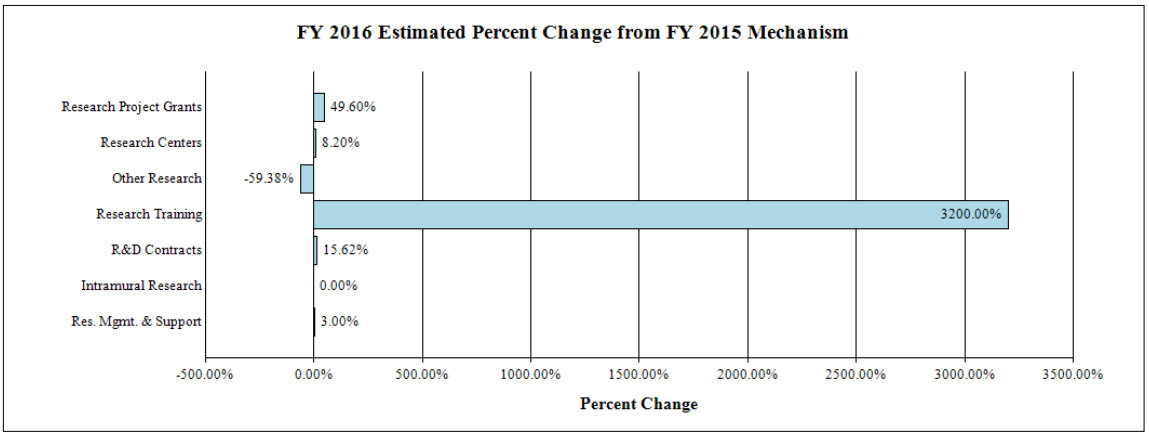




Distribution by Mechanism (Dollars in Thousands):



Change by Selected Mechanism:



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

Budget Authority by Activity[1]
(Dollars in Thousands)

	FY 2014 Actual		FY 2015 Enacted		FY 2016 President's Budget		FY 2016 +/- FY2015	
Extramural Research	**FTE**	**Amount**	**FTE**	**Amount**	**FTE**	**Amount**	**FTE**	**Amount**
Detail								
Basic, Social & Behavioral Research		$61,555		$71,732		$79,923		$8,191
Transdisciplinary & Translational Research		76,586		74,725		85,850		11,125
Research Capacity-Building & Infrastructure		87,115		85,051		70,670		-14,381
Career Development & Training		21,461		17,183		22,360		5,177
Subtotal, Extramural		**$246,717**		**$248,691**		**$258,803**		**$10,112**
Intramural Research	**11**	**$6,763**	**6**	**$6,676**	**6**	**$6,676**	**0**	**$0**
Research Management & Support	**55**	**$14,997**	**60**	**$15,602**	**60**	**$16,070**	**0**	**$468**
TOTAL	**66**	**$268,477**	**66**	**$270,969**	**66**	**$281,549**	**0**	**$10,580**

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

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

Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2015 Amount Authorized	FY 2015 Enacted	2016 Amount Authorized	FY 2016 President's Budget
Research and Investigation	Section 301	42§241	Indefinite	$270,969,000	Indefinite	$281,549,000
National Institute on Minority Health and Health Disparities	Section 401(a)	42§281	Indefinite		Indefinite	
Total, Budget Authority				$270,969,000		$281,549,000

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
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	$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			

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 2014 Actual	FY 2015 Enacted	FY 2016 Budget Request	FY 2016 + / - FY 2015
BA	$268,476,858	$270,969,000	$281,549,000	+$10,580,000
FTE	66	66	66	0

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

Director's Overview

The science of health disparities research examines the etiology of health differences and research interventions to specifically identify and address the factors contributing to various health disparities. Health disparities are indicated by higher incidence/prevalence, earlier onset, faster progression, and/or poorer outcomes of diseases and medical conditions, and occur because of complex, interrelated health determinants, such as biological risk factors (including genetic and microbial), behavioral risk factors, social/economic factors, health systems, resiliency/protective factors, quality of life experiences, and environmental/physical factors. The mission of the National Institute on Minority Health and Health Disparities (NIMHD) is to lead scientific research to improve minority health and to eliminate health disparities. NIMHD, along with other NIH ICs, has contributed to noteworthy progress in addressing health disparities. Health disparities continue to persist and new challenges in the field are expected to emerge as the number of individuals from diverse populations in the U.S. increases. In an effort to accelerate progress towards meeting these challenges, NIMHD is forging new directions in defining the science of health disparities research.

Health determinants impact various population groups in different ways and may contribute to differential consequences and unequal health burdens. Once the interactions and contributions of the various health determinants are understood through scientific research, tailored interventions can be designed, tested, and implemented widely to reduce the health burden. This new strategy shows promise to mature the field and to address current and emerging health disparities by generating critical resources, tools, databases, foundational theories, scientific parameters, and methodologies for advancing the science. By defining the science of health disparities research, while making a distinction between health disparities and minority health, the scientific field at large will utilize similar strategies that will foster concentrated research efforts focused on generating evidence-based knowledge and targeted interventions. NIMHD embarks on this new strategic approach in FY 2015 and FY 2016.

Since health disparities cross all diseases and disorders, NIMHD will continue to play a leading, collaborative role with the other NIH ICs to address gaps in scientific research related to specific areas of health disparities, including health disparities research related to chronic diseases, such as cancer and cardiovascular disease. Health care services as a determinant may play an integral role in the types of prevention and clinical care offered, as clinicians often play a key role in the delivery of medical care and allocation of resources, including referrals into clinical trials.

NIMHD will also lend continued attention to research on diabetes, HIV/AIDS, infant mortality, and obesity due to the dramatic health disparities associated with these diseases and conditions. Over 26 million Americans suffer from diabetes including 13 percent of African Americans and 12 percent of Hispanics, compared to only 7 percent for non-Hispanic Whites.[1] African Americans and Hispanics accounted for 65 percent of all new HIV infections in 2010, and Whites who have HIV are eight times as likely to be diagnosed as African Americans and twice as likely to be diagnosed as Hispanics, people of multiple races, or Native Hawaiians and other Pacific Islanders.[2] African American women are more than twice as likely to have an infant die as non-Hispanic White women and infant mortality rates are 64 percent higher for American Indian/Alaska Native women and 37 percent higher for Puerto Rican women than non-Hispanic White women.[3] While the prevalence of obesity is high among all U.S. population groups, 48 percent of African Americans are obese, followed by 43 percent of Hispanics, 33 percent of non-Hispanic Whites, and 11 percent of Asians.[4] Each of these health challenges will require innovative scientific discovery, collaborative translation of findings to community health interventions, a strong research infrastructure, and a well-trained biomedical workforce to reduce health disparities.

Unraveling Life's Mysteries through Basic Research: NIMHD is focused on understanding how biological and genetic variants impact some racial and ethnic groups leading to poorer health and a disproportionate burden of disease. For example, NIH-funded researchers recently found an interaction between genetic differences and environmental exposure that may contribute to African Americans developing kidney failure at four to five times the rate of Whites. These biological differences provide a critical opportunity for research as the field of precision medicine advances.

In FY 2016, NIMHD will contribute $5.943 million to NIH's Precision Medicine Initiative. NIH proposes to launch a national research cohort of one million or more Americans – to propel our understanding of health and disease and set the foundation for a new way of doing research through engaged participants and open, responsible data sharing. Participants who voluntarily choose to join this effort will be able to share their genomic data, biological specimens, and behavioral data, and, if they choose, link it to their electronic health records (EHRs), taking advantage of the latest in social media and mobile applications, and with appropriate privacy protections in place. Bona fide researchers from across the country will have access to data voluntarily provided, thereby crowdsourcing rich data to the brightest minds in biomedical research. The cohort will be built largely by linking existing cohorts together taking advantage

[1] http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf
[2] http://www.cdc.gov/hiv/basics/statistics.html
[3] http://www.cdc.gov/nchs/data/databriefs/db74.pdf
[4] http://www.cdc.gov/obesity/data/adult.html

of infrastructure, data security and expertise already in place. NIH will help to connect these existing cohorts, but the current sponsors of the cohorts will maintain their ownership and management. Research on this scale promises to lead to new prevention strategies, novel therapeutics and medical devices, and improvements in how we prescribe drugs – on an *individual* and *personalized basis.*

Translating Discovery into Health: NIMHD invests in community-based research projects that translate scientific findings into practice. Innovative projects include enhancing recruitment into clinical trials and understanding health disparities in present and future health care service delivery. In addition, NIMHD supports health services and policy research in order to promote health care delivery where a patient's psychosocial, economic, and biologic differences are factored into clinical decision making as a standard of quality care. Areas of this research can identify potential racism, unconscious biases, and discrimination, and can improve the understanding of the allostatic load stressors that are created by the subjective social environments and health care delivery systems.

Harnessing Data and Technology to Improve Health: NIMHD's Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) projects have generated new knowledge and technologies that can advance the health of disparate populations. One current trial is developing a culturally-tailored, computer-based HIV prevention program for women from underserved populations. In another critical effort, NIMHD seeks to improve the trans-NIH disease category coding by differentiating between minority health and health disparities data in reporting across NIH. NIMHD also seeks to work with all NIH-supported relevant databases to improve the inclusion of disparate populations in national data systems in order to foster the analysis of biologics that provide the foundation for translational research. These efforts will be augmented by supporting a bioethics-related infrastructure to ensure the proper use of population specific data and to placate the fears some populations harbor that inhibit willingness to participate in research.

Preparing a Diverse and Talented Biomedical Research Workforce: A key role and critical focus of NIMHD is to reduce health disparities by establishing the research foundation for addressing the health burdens of all populations and by nurturing the careers of scientists and clinicians from underrepresented groups. Training and career development are important components of building a diverse workforce that is skilled and knowledgeable in order to reduce health disparities. NIMHD supports efforts to build the capacity of institutions and individuals to conduct health disparities research and to develop meritorious research scholars from underrepresented population groups, such as racial and ethnic populations. A key accomplishment is that some NIMHD Loan Repayment Program (LRP) recipients and pilot project early investigators from Research Centers in Minority Institutions (RCMI) have successfully transitioned into tenure track positions and/or lead R01 research projects.

<u>Overall Budget Policy:</u>
The FY 2016 President's Budget request is $281.549 million, an increase of $10.580 million or 3.90 percent above the FY 2015 Enacted level. The request includes funds to support core extramural programs, such as investigator-initiated health disparities research projects, Centers of Excellence, research training, Loan Repayment, and Research Endowment. The request also

provides continued support for intramural health disparities research and the development of research collaborations across NIH ICs.

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 health determinant findings for specific population groups; 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 has supported a health determinant research framework to study various diseases and conditions, including diabetes and cancer. Beginning in FY 2015, the social and other determinants of health framework will be expanded to study health disparities in HIV/AIDS, infant mortality, and obesity. NIMHD's priority areas and the programs they comprise are presented here.

Basic, Social, and Behavioral Research

NIMHD is committed to reducing health disparities by supporting basic biomedical, social, behavioral, and applied research. The Basic, Social, and Behavioral Research priority area enhances knowledge about population health and about diseases and conditions which exhibit higher incidence/prevalence, earlier onset, faster progression, or poorer outcomes for some population groups. These programs also increase the evidence base for interventions to reduce health disparities and seek to improve the quality and length of life for all populations. Goals include:

- Support systems research strategies to investigate the role that health determinants (including biological, social, cultural, and environmental factors) play in driving or sustaining health disparities.
- Utilize validated results from systems research etiology studies to design and to test tailored interventions targeting the reduction of health disparities.
- Foster sustainable programs that improve health behaviors and health outcomes in disparity populations through culturally-tailored interventions.

The basic and applied biomedical research program focuses on fundamental biological mechanisms involved in disease conditions that disproportionately affect racial and ethnic populations and other health disparity populations, as well as clinical therapies or interventions that can directly or demonstrably contribute to reducing health disparities.

The investigator-initiated research intervention program in American Indian/Alaska Native (AI/AN) populations is developing, adapting, and testing the effectiveness of health promotion and disease prevention interventions in AI/AN populations. NIMHD is collaborating with other ICs on this effort and focusing on research addressing social determinants and community resilience/protective factors. The long-term goal of this program is to reduce mortality and morbidity in AI/AN communities.

The Implementation and Dissemination Science program supports research that identifies, develops, and refines methods, systems, infrastructures, and strategies to disseminate and implement evidence-based information. This includes health behavior change interventions, prevention, early detection, diagnostic treatment, symptom management, and quality of life improvement interventions, as well as clinical guidelines, policies, and data monitoring and surveillance reporting tools in public health and clinical practice settings.

Budget Policy:
The FY 2016 President Budget's request is $79.923 million, an increase of $8.191 million or 11.42 percent above the FY 2015 Enacted level. During FY 2016, NIMHD plans to increase support for investigator-initiated health disparities research projects as well as launch new initiatives on priority topics in HIV/AIDS focusing on underrepresented groups.

Program Portrait: Health Determinants of Health Disparities

FY 2015 Level: $28.3 million
FY 2016 Level: $26.6 million
Change: -$1.7 million

Although scientific and technological discoveries have improved the health of the U.S. population overall, racial and ethnic groups, socioeconomically disadvantaged populations, and rural populations continue to experience a disproportionate burden of disease. These health disparities are the result of a complex and multi-factorial web of interconnected, integrated and overlapping factors, including biological, behavioral, environmental, and societal factors, which have primarily been studied singularly. Social determinants are one type of factor that has been studied more than others and may be a key to understanding how health determinants contribute to health disparities. The purpose of this NIMHD program is to support innovative multidisciplinary systems research that integrates the determinants of health.

Planned Projects/Activities FY 2016
NIMHD will support new initiatives on priority topics in HIV/AIDS targeting underrepresented groups including adolescents, and men who have sex with men (MSM). A request for information has been issued, and seeks input about scientific gaps and best practices regarding behavioral interventions to prevent HIV infection in young MSM from diverse backgrounds (including adolescents under 18 and young adults up to age 24).

A pilot planning initiative will explore the influence of culture on health beliefs and practices among Brazilian and Dominican immigrants. Culture is associated with both risk and protective factors related to health. For immigrants and transnationals, the influence of culture may vary depending on a range of factors at the individual, network, and broader community levels. This is a unique project as there is currently no metric that exist to capture culture as a multi-level construct and its effects on health among a subgroup of Brazilian and Dominican immigrants.

The Appalachians Together Restoring the Eating Environment (Appal-TREE), will develop, pilot-test, and evaluate culturally appropriate approaches to improving dietary intake in ten counties in Kentucky Appalachia that share historical and cultural traditions, socioeconomic status, community resources, and, unfortunately, some of the worst health profiles in the United States. This will include a community needs assessment and assets inventory, focusing on access to healthy foods, including safety net program usage, access to food venues, frequency of shopping, and purchasing patterns.

Program Portrait: Impacting Health Disparities for those with Chronic Disease and Co-Morbidities

FY 2015 Level: $9.5 million
FY 2016 Level: $9.0 million
Change: -$.5 million

Health disparities exist for racial and ethnic groups in the higher prevalence, age of onset, progression, and outcome of chronic diseases and conditions, such as heart disease, diabetes, obesity, many types of cancers, and HIV/AIDS. NIMHD supports research on fundamental biological mechanisms involved in disease conditions that disproportionately affect health disparity populations, as well as clinical and translational research to develop therapies or preventive interventions to target these disparities through its Basic and Applied Biomedical Research (R01) program. Better understanding of the health determinants involved in diseases and conditions that disproportionately affect health disparity populations will contribute to the reduction of health disparities.

Planned Projects/Activities FY 2016
An upcoming initiative is investigating the prevalence and risk factors for chronic disease, including cardiovascular disease, stroke, cancer, diabetes, asthma, and depression in Caribbean and Caribbean-origin populations. Investigators will produce systematic reviews of the literature for these six conditions to identify gaps in current knowledge. Investigators will then consolidate data from existing epidemiological datasets in the United States and the Caribbean into a single, publicly available database to allow project investigators and others to address unanswered questions related to chronic disease in the Caribbean.

Social experiences can have a persistent effect on biological processes leading to phenotypic diversity in chronic disease. Gene regulatory changes have been shown to mediate the effects of social adversity on behavioral, biological, developmental and health-related phenotypes. However, there is much research needed about the generality, severity, and context-dependence of these specific targets of environmental effects across different social conditions. NIMHD plans to explore the mechanistic effects and improve understanding of the field of epigenetics and disease disparities. Understanding the nature of social environmental effects among health disparity populations, and alleviating their negative consequences, is a major goal of this initiative.

NIMHD is collaborating on a trans-NIH initiative that integrates a life course perspective to address significant health disparities. This initiative will encourage research that includes careful behavioral and biological phenotyping of individuals from health disparity populations who are obese or overweight, at multiple time points. Because obesity does not have a single phenotype, understanding the various causal pathways and characteristics that promote or protect individuals from becoming obese will be important for the development of more targeted interventions.

NIMHD signed on to the trans-NIH parent Research Project Grant (R01) program announcement for investigator-initiated projects. The first cohort of applications was received in October 2014 for awards in the summer of 2015. NIMHD plans to increase this area of supported research and potential collaborations with other ICs. This action will generate investigator-initiated health disparities research and serve as an indicator of the field's growth and expansion. In addition, NIMHD has solicited applications to the Academic Research Enhancement Award (AREA-R15) program, focusing on social determinants of health, to allow less research intensive colleges and universities to become more involved in health disparities research.

Transdisciplinary and Translational Research

This priority area supports interdisciplinary, translational, and collaborative approaches to health disparities research that are needed to advance the understanding of the multi-factorial integrated causes of health disparities. Goals include:

- Translate health disparities science discoveries into practice, (including devices and therapeutics) and policy (such as system level changes) to improve disparate health outcomes among impacted population groups.

- Foster collaborative transdisciplinary research teams to advance validated health determinant findings into approaches that will reduce health disparities.

The Transdisciplinary Collaborative Centers for Health Disparities Research (TCC) are regional coalitions of stakeholders focused on developing coordinated, interdisciplinary approaches to health disparities problems. NIMHD funded seven TCCs in FY 2014: two focusing on the social determinants of health, three focusing on health policy, and two focusing on men's health. Each TCC spends one year on coalition building, planning, and designing research activities to address health disparities specific to its region. The diversity of these TCCs' goals underscores the breadth of health disparities research needed to achieve NIMHD's mission to reduce health disparities and the impact that localized coalition building can have on solving these problems. In FY 2016, one TCC will implement four new demonstration projects in the southern United States to expand a successful parenting skills intervention. Another TCC will implement five pilot projects across the upper Midwest examining healthy childhood nutrition and prevention of substance abuse and suicide in American Indian adolescents.

The Centers of Excellence (COEs) are partnerships between academic institutions and community organizations to conduct health disparities research. Since 2002, NIMHD has established 102 COEs, across 31 States, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands, addressing social, behavioral, genetic, and environmental factors that underlie disparities, prevention of disease in health disparate groups, and interventions to reduce health disparities.

NIMHD will continue its STTR initiative, Technologies for Improving Minority Health and Eliminating Health Disparities, and launch a companion SBIR initiative, Innovations for Healthy Living- Improving Minority Health and Eliminating Health Disparities, to focus on appropriate technologies that are effective, affordable, culturally acceptable, and deliverable to racial and ethnic, low-income, and rural populations. The congressionally-mandated SBIR/STTR programs support projects in three phases: Phase I establishes the technical/scientific merit and feasibility of the project, Phase II expands research and development efforts with a focus on the commercial potential of the project, and Phase III allows grantees to secure funds from other sources to bring their innovative technologies to the commercial market. The NIMHD SBIR/STTR programs empower health disparity communities to achieve health equity through innovative health education, disease prevention, and collaborative community-based, problem-driven research. One STTR project, the EyeSite kiosk offers visual acuity screening and has demonstrated efficacy in reaching low income, high health disparity populations with over 109,000 uses in the first nine months of testing. In FY 2016, the project is expected to expand from a prototype to a multifunctional health and wellness screening kiosk, placed in high traffic retail locations, providing easy access for urban and rural populations.

Budget Policy:
The FY 2016 President Budget's request is $85.850 million, an increase of $11.125 million or 14.89 percent above the FY 2015 Enacted level. NIMHD plans to continue support for Centers of Excellence (COEs) and Transdisciplinary Collaborative Centers (TCCs) for Health Disparities Research. In FY 2016, NIMHD also plans to fund new consolidated Centers of Excellence designed to achieve greater scientific impact and effective resource utilization by focusing health

disparities research opportunities, streamlining infrastructure, enhancing multidisciplinary collaborations, and fostering deeper engagement among community, academic, and various other stakeholders.

Program Portrait: Enhancing Diverse Representation in Clinical Research

FY 2015 Level: $0.0 million
FY 2016 Level: $0.5 million
Change: +$0.5 million

Participants from racial and ethnic populations, as well as disabled, low SES, rural, and LGBT populations frequently are not recruited into clinical trials at levels that reflect the prevalence of the condition under study in those populations. This disparity in clinical trial recruitment can occur for many reasons, including: 1) Referral bias by clinicians; 2) Cost of and access to clinical trial care; and 3) Medical mistrust. These obstacles, among others, can make recruitment of individuals from underserved and understudied populations more difficult. NIMHD will collaborate with the National Human Genome Research Institute and the NIH intramural clinical trials network to examine obstacles and set forward new practices to foster inclusion of these population groups in clinical trials from the outset of the design, throughout recruitment, during analysis of data, and included in the final reporting. The initiative is designed to ensure that: 1) Clinical trial studies demonstrate the inclusion of racial and ethnic population groups and other underserved populations; 2) Clinical trial annual monitoring establishes accountability criteria for the progression of health disparity population groups' inclusion; 3) Exclusion of racial and ethnic population groups and other underserved populations from research can only be done with strong biological justification; 4) Protocols are developed that allow for co-morbidities and obesity; 4) A stronger pipeline between emerging basic science and clinical trials is facilitated; and 5) Population-specific publications are expected as an outcome from clinical trials.

Planned Projects/Activities FY 2016:
NIMHD will lead a trans-NIH collaborative effort to increase disparate population inclusion within the NIH intramural and extramural clinical research programs. One initiative will employ recruitment and retention strategies to address issues such as mistrust, costs, transportation, and differences in cultural perspectives. A second initiative will be launched to improve the number of health disparity population specimens within biobanks and data registries in order to improve these research resources' capabilities.

Research Capacity Building and Infrastructure

This priority area aims to build a comprehensive and diverse biomedical research base of institutions and individuals dedicated to reducing health disparities, as well as erecting the policy scaffolding necessary to allow research and healthcare systems to address population differences. The ability to conduct biomedical research requires sufficient research capacity and the ability to translate research into action, which includes the need for physical infrastructure, human capital, and encompassing policy. Programs within this area enable non-research intensive institutions to build research capacity to conduct health disparities research, train a diverse pool of national and global health disparities researchers, and examine health care systems and policies in order to improve capacity of health care delivery for diverse populations. This funding supports developing core research facilities, building collaborations with research intensive institutions, enhancing the ability of health services organizations to care for underserved populations, and establishing policies that allow population-based research and care. Goals include:

- Build the infrastructure and human capacity necessary to support the field of health disparities research and the translation of this research into care.
- Foster the development of policies that make population-based research and health care possible.

The Research Endowment program builds research and training capacity in institutions that make significant investments in the education and training of underrepresented populations and socioeconomically disadvantaged individuals by providing resources for health disparities research and other health disparities research capacity, such as endowed faculty chairs, start-up and bridge funds for faculty research, new course development in health disparities, training, fellowships, and scholarships. COEs build partnerships needed to explore the causes of health disparities, design interventions, and reach out to the broader community to improve population health; COEs often connect community organizations and non-research intensive institutions with larger institutions in these research projects.

Budget Policy:

The FY 2016 President's Budget request is $70.670 million, a decrease of $14.381 million or 16.91 percent below the FY 2015 Enacted level. While NIMHD will continue support for the Research Endowment and Research Centers in Minority Institutions (RCMI) programs in FY 2016, this overall decrease is due to a reduction in the Research Endowment funding level as well as the FY 2015 completion of a health disparities resource-related cooperative agreement program.

Program Portrait: Capacity Building in Health Disparities Research

FY 2015 Level: $43.2 million
FY 2016 Level: $37.1 million
Change: -$6.1million

Addressing health disparities requires a transdisciplinary framework and strong collaborations with community partners, health care providers and other stakeholders to ensure that contextually appropriate and relevant research is conducted and that findings can translate into sustainable individual-, community- and systems-level changes that improve population health. NIMHD supports capacity building in health disparities research through institutional resource development, including state-of-the-art research core facilities and the acquisition of advanced research instrumentation, and the integration of capacity building with research and outreach. In FY 2016, the funding level will decrease by $6.1 million due to a resource-related cooperative agreement program ending.

Planned Projects/Activities FY 2016

The development of a Clinical Translational Research Data Repository derived from electronic medical records within Morehouse School of Medicine affiliated community-based clinics will be supported. This unique data repository will provide a rich resource for characterizing clinical cohorts of health disparity patients and identifying potential participants for recruitment into clinical research protocols. Additionally, software will be developed to link the data repository/patient cohorts with the research core technologies and transform the ability of institutional researchers to perform the full spectrum of research, from "bench to curbside".

Existing data indicate that Native Hawaiians and other Pacific Islander populations have health disparities in a number of conditions, including obesity, diabetes, cardiovascular disease, chronic lower respiratory disease, cancer, infant mortality, depression, and HIV/AIDS. Very little information regarding the specific health status of American Pacific Islanders is available, and the bulk of this information is collected from American Pacific Islanders residing in Hawaii, California, or other States. Therefore, there is a critical need to collect basic epidemiological data on the health status of American Pacific Islanders actually residing in the American Pacific Islands. The Building Public Health Research Capacity in the American Pacific Islands initiative targets public health research that will provide novel data for American Pacific Islander populations and serve as the foundation for future research efforts.

Program Portrait: System-Level Health Services and Policy Research on Health Disparities

FY 2015 Level: $0.0 million
FY 2016 Level: $3.0 million
Change: +$3.0 million

Health disparities are influenced by a web of interconnected and overlapping factors, including, for example, biological, behavioral, environmental, and societal factors. Research is therefore needed that capitalizes upon this knowledge to reduce health disparities. Of particular importance is research that moves beyond a focus on the health status of individuals to examine how larger systemic factors cause, sustain, or minimize health disparities in communities, regions, and the Nation. The purpose of this program is to support innovative system-level health services and policy advances that can allow for population-based care and the reduction of health disparities.

Planned Projects/Activities FY 2016
Additional funded projects will generate findings related to system-level factors contributing to or mitigating health disparities that have broad applicability across health disparity populations, health conditions, service systems, and/or geographic regions.

A regionally-coordinated intervention to reduce disparities in access to kidney transplant involves multi-level assessment of barriers to kidney transplant in the Southeastern United States. Researchers will be examining barriers at the patient level, the dialysis facility level, and the neighborhood level that impact receiving a kidney transplant, and link these with kidney surveillance, census data, and multi-variable models to examine referral rates among African Americans in the region.

Career Development and Training

The purpose of this priority area is to enhance the diversity of the biomedical workforce and train researchers of any background to conduct health disparities research. A diverse biomedical workforce will improve the quality of the educational and training environment, balance and broaden the perspective in setting research priorities, improve the ability to recruit participants from diverse backgrounds into clinical research protocols, and improve the Nation's capacity to address and reduce health disparities. Programs in this area focus on providing educational, mentoring, and/or career development programs for individuals interested in health disparities research. In particular, they target individuals from health disparity populations that are underrepresented in the biomedical, clinical, behavioral, and social sciences. Goals include:

- Increase the number of competitive researchers from diverse backgrounds, especially those that are underrepresented in the biomedical, clinical, behavioral, and social sciences.
- Develop curricula focused on health disparities in undergraduate, graduate, and medical schools.

Budget Policy:
The FY 2016 President's Budget request is $22.360 million, an increase of $5.177 million or 30.13 percent above the FY 2015 Enacted level. NIMHD will continue supporting the Loan Repayment and Minority Health and Health Disparities International Research Training (MHIRT) programs. In FY 2016, NIMHD will also fund new Ruth L. Kirschstein National Research Service Awards (NRSA) to support predoctoral and postdoctoral research training.

Program Portrait: Training and Career Development

FY 2015 Level: $17.2 million
FY 2016 Level: $22.4 million
Change: + $5.2 million

NIMHD addresses the compelling need to promote diversity in the biomedical, behavioral, clinical, and social sciences workforce through a number of training and career development programs. These programs support undergraduate and graduate students, postdoctoral researchers, and early career scientists. The Minority Health and Health Disparities International Research Training (MHIRT) program allows U.S. institutions to offer short-term, international, research training opportunities to undergraduate and graduate students from health disparity backgrounds. The Loan Repayment Programs (LRP) are congressionally mandated to support highly-qualified health professionals through two-year loan repayment awards to conduct health disparities research or clinical research. Through these efforts, NIH expects to diversify the workforce to 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 reduce health disparities.

Planned Projects/Activities FY 2016
Participation in the NIH Pathway to Independence Award program will increase and maintain a strong cohort of new and talented, NIH-supported, independent investigators in health disparities research. This program is designed to facilitate a timely transition of outstanding postdoctoral researchers from mentored, postdoctoral research positions to independent, tenure-track or equivalent faculty positions, and to provide independent NIH research support during the transition that will help these individuals launch competitive, independent research careers.

NIMHD will award Ruth L. Kirschstein NRSA institutional research training grants to enhance predoctoral and postdoctoral research training of a diverse and highly trained workforce capable and committed to biomedical, behavioral, and clinical health disparities research. These fellowship awards enable promising predoctoral students to obtain individualized, mentored research training from outstanding faculty sponsors, while conducting dissertation research in scientific health-related fields relevant to the missions of the participating ICs.

Intramural Research Program

The NIMHD Intramural Research Program (IRP) supports integrative and multidisciplinary research focused on the basic, clinical/translational, and social/behavioral sciences. The field of health disparities research represents a critically important concept in public health and biomedical research. The IRP research agenda addresses a wide array of health problems that disproportionately affect health disparity populations. Current efforts focus on three identified diseases: cardiovascular diseases, diabetes, and cancer. Research supported by the IRP focuses on diseases that have significant health disparities. IRP researchers are studying the molecular characterization of triple negative breast cancer to develop small molecules for treatments and developing biomarkers for stroke to provide early warning signals. IRP researchers are also investigating the dissemination of public health messages in health disparity populations.

The IRP trains researchers committed to studying health disparities. In FY 2015, NIMHD will support and lead recruitment for the NIH Medical Research Scholars Program (MRSP). The IRP continues to develop and build research collaborations across NIH ICs to highlight the role that disparity research can play in impacting health across the NIH.

Budget Policy:
The FY 2016 President's Budget request is $6.676 million, the same as the FY 2015 Enacted level. This funding level will cover personnel and scientific costs as well as continue NIMHD's support for the NIH Medical Research Scholars Program (MRSP) in FY 2016.

Program Portrait: Improving Diversity in the Medical Research Scholars Program

FY 2015 Level: $1.5 million
FY 2016 Level: $1.5 million
Change: $0.0 million

NIH Medical Research Scholars Program (MRSP) is a comprehensive, year-long research enrichment program designed to attract the most creative, research-oriented medical, dental, and veterinary students to the intramural campus of the NIH in Bethesda, MD. Student scholars engage in mentored basic, clinical, or translational research projects on the main NIH campus in Bethesda, or at close by NIH facilities that match their professional interests and career goals. Curriculum includes lectures on seminal research topics that highlight the continuum of scientific discovery, training in clinical protocol development and the conduct of human subjects research, participation in clinical rounds, academic leadership, mentors, and NIH Clinical Center courses. Participating student scholars are required to reside in one of the available MRSP housing options to facilitate their focus and accommodate the intensity of the program. The MRSP is designed for students who have completed their core clinical rotations, but does not exclude students with strong research interests from applying prior to having completed those rotations. Collectively, MRSP student scholars experience the full continuum of biomedical research – the bench, the bedside, between both and beyond – from crystallography to molecular biology, from computational biology to clinical trials and epidemiology.

There have been a total of 472 participants in the MRSP and its precursor, the Clinical Research Training Program (CRTP). Fifty-five (16 percent) are from underrepresented populations. The MRSP/CRTP is effective in transitioning fellows into independent researchers. Eighty-four (65 percent) of the program alumni are conducting research and 46 (55 percent) conduct research at least a quarter of the time. Seventeen have received NIH grants as principal investigators and some have received multiple awards.

Planned Projects/Activities FY 2016
NIMHD plans to support MRSP scholars who represent populations that are underserved and underrepresented in clinical and translational order to offer the benefits of the program to those who typically do not participate. This concentration will enhance career development as researchers and augment clinical training to foster each to be competitive clinicians and scientists and thereby increase workforce diversity. An ancillary benefit may provide the clinical trial systems, the insights, and the strategies to increase underrepresented population groups into clinical trials.

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 encompass strategic planning, coordination, and evaluation of the Institute's programs. The RMS budget also supports NIMHD's overall science planning and policy-related activities, public reporting, and public communications. In FY 2015, the NIMHD RMS activities will continue to include efforts to manage and update website content as well as create factual and educational materials to effectively communicate and disseminate the most current information to the public and the many constituencies vested in the outcomes of NIMHD research.

Budget Policy:

The FY 2016 President's Budget request is $16.070 million, an increase of $0.468 million or 3.00 percent over the FY 2015 Enacted level. In addition to supporting a 1% pay and related benefit costs increases, NIMHD will continue to develop required administrative and IT infrastructure.

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Budget Authority by Object Class[1]
(Dollars in Thousands)

		FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Total compensable workyears:				
	Full-time employment	66	66	0
	Full-time equivalent of overtime and holiday hours	0	0	0
	Average ES salary	$0	$0	$0
	Average GM/GS grade	12.3	12.3	0.0
	Average GM/GS salary	$102	$103	$1
	Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	$97	$98	$1
	Average salary of ungraded positions	$115	$116	$1
	OBJECT CLASSES	**FY 2015 Enacted**	**FY 2016 President's Budget**	**FY 2016 +/- FY 2015**
	Personnel Compensation			
11.1	Full-Time Permanent	$5,499	$5,775	$276
11.3	Other Than Full-Time Permanent	1,096	1,262	166
11.5	Other Personnel Compensation	236	239	3
11.7	Military Personnel	258	262	4
11.8	Special Personnel Services Payments	63	64	1
11.9	**Subtotal Personnel Compensation**	**$7,152**	**$7,602**	**$450**
12.1	Civilian Personnel Benefits	$1,958	$2,077	$119
12.2	Military Personnel Benefits	131	150	19
13.0	Benefits to Former Personnel	0	0	0
	Subtotal Pay Costs	**$9,241**	**$9,829**	**$588**
21.0	Travel & Transportation of Persons	$114	$116	$2
22.0	Transportation of Things	26	27	1
23.1	Rental Payments to GSA	0	0	0
23.2	Rental Payments to Others	0	0	0
23.3	Communications, Utilities & Misc. Charges	72	73	1
24.0	Printing & Reproduction	0	0	0
25.1	Consulting Services	$90	$91	$1
25.2	Other Services	2,080	2,029	-51
25.3	Purchase of goods and services from government accounts	18,767	19,801	1,034
25.4	Operation & Maintenance of Facilities	$128	$128	$0
25.5	R&D Contracts	8,758	10,370	1,612
25.6	Medical Care	0	0	0
25.7	Operation & Maintenance of Equipment	19	19	0
25.8	Subsistence & Support of Persons	0	0	0
25.0	**Subtotal Other Contractual Services**	**$29,842**	**$32,438**	**$2,596**
26.0	Supplies & Materials	$169	$171	$2
31.0	Equipment	280	285	5
32.0	Land and Structures	0	0	0
33.0	Investments & Loans	0	0	0
41.0	Grants, Subsidies & Contributions	231,225	238,610	7,385
42.0	Insurance Claims & Indemnities	0	0	0
43.0	Interest & Dividends	0	0	0
44.0	Refunds	0	0	0
	Subtotal Non-Pay Costs	**$261,728**	**$271,720**	**$9,992**
	Total Budget Authority by Object Class	**$270,969**	**$281,549**	**$10,580**

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

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Salaries and Expenses
(Dollars in Thousands)

OBJECT CLASSES	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Personnel Compensation			
Full-Time Permanent (11.1)	$5,499	$5,775	$276
Other Than Full-Time Permanent (11.3)	1,096	1,262	166
Other Personnel Compensation (11.5)	236	239	3
Military Personnel (11.7)	258	262	4
Special Personnel Services Payments (11.8)	63	64	1
Subtotal Personnel Compensation (11.9)	**$7,152**	**$7,602**	**$450**
Civilian Personnel Benefits (12.1)	$1,958	$2,077	$119
Military Personnel Benefits (12.2)	131	150	19
Benefits to Former Personnel (13.0)	0	0	0
Subtotal Pay Costs	**$9,241**	**$9,829**	**$588**
Travel & Transportation of Persons (21.0)	$114	$116	$2
Transportation of Things (22.0)	26	27	1
Rental Payments to Others (23.2)	0	0	0
Communications, Utilities & Misc. Charges (23.3)	72	73	1
Printing & Reproduction (24.0)	0	0	0
Other Contractual Services:			
Consultant Services (25.1)	90	91	1
Other Services (25.2)	2,080	2,029	-51
Purchases from government accounts (25.3)	11,865	11,255	-610
Operation & Maintenance of Facilities (25.4)	128	128	0
Operation & Maintenance of Equipment (25.7)	19	19	0
Subsistence & Support of Persons (25.8)	0	0	0
Subtotal Other Contractual Services	**$14,182**	**$13,522**	**-$660**
Supplies & Materials (26.0)	$169	$171	$2
Subtotal Non-Pay Costs	**$14,563**	**$13,909**	**-$654**
Total Administrative Costs	**$23,804**	**$23,738**	**-$66**

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Detail of Full-Time Equivalent Employment (FTE)

	FY 2014 Actual			FY 2015 Est.			FY 2016 Est.		
OFFICE/DIVISION	**Civilian**	**Military**	**Total**	**Civilian**	**Military**	**Total**	**Civilian**	**Military**	**Total**
Division of Data Management and Scientific Reporting									
Direct:	5	-	5	4	-	4	4	-	4
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	5	-	5	4	-	4	4	-	4
Division of Intramural Research									
Direct:	10	1	11	5	1	6	5	1	6
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	10	1	11	5	1	6	5	1	6
Division of Scientific Programs									
Direct:	14	2	16	14	2	16	14	2	16
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	14	2	16	14	2	16	14	2	16
Office of the Director									
Direct:	34	-	34	40	-	40	40	-	40
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	34	-	34	40	-	40	40	-	40
Total	63	3	66	63	3	66	63	3	66
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**
2012	12.7
2013	11.7
2014	12.3
2015	12.3
2016	12.3

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Detail of Positions[1]

GRADE	FY 2014 Actual	FY 2015 Enacted	FY 2016 President's Budget
Total, ES Positions	0	0	0
Total, ES Salary	0	0	0
GM/GS-15	7	7	7
GM/GS-14	12	12	12
GM/GS-13	15	15	15
GS-12	5	5	5
GS-11	4	4	4
GS-10	0	0	0
GS-9	5	5	5
GS-8	3	3	3
GS-7	3	3	3
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	54	54	54
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	11	11	11
Total permanent positions	56	56	56
Total positions, end of year	67	67	67
Total full-time equivalent (FTE) employment, end of year	66	66	66
Average ES salary	0	0	0
Average GM/GS grade	12.3	12.3	12.3
Average GM/GS salary	101,424	102,438	103,462

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