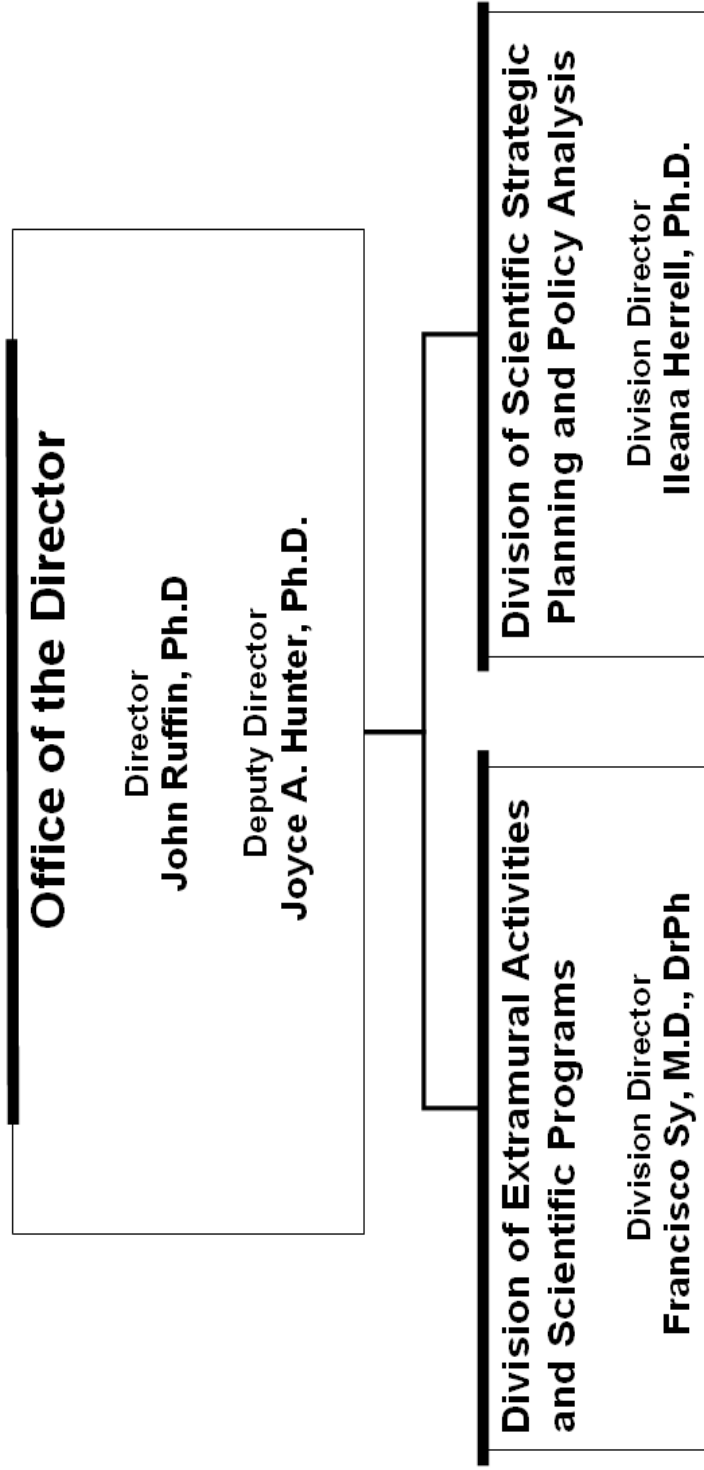


DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH
National Center on Minority Health and Health Disparities

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



NATIONAL INSTITUTES OF HEALTH

National Center 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 [\$211,572,000] \$219,046,000 (Public Law 111-117, Consolidated Appropriations Act, 2010).

**National Institutes of Health
National Center on Minority Health and Health Disparities**

Amounts Available for Obligation 1/

Source of Funding	FY 2009 Actual	FY 2010 Enacted	FY 2011 PB
Appropriation	\$205,959,000	\$211,572,000	\$219,046,000
Subtotal, adjusted appropriation	205,959,000	211,572,000	219,046,000
Real transfer under Director's one-percent transfer authority (GEI)	-337,000	0	0
Comparative transfer to/from (Public Access)	-15,000	-16,000	
Comparative transfer to/from (NCBI)	-32,000	-50,000	0
Comparative transfer under Director's one-percent transfer authority (GEI)	337,000	0	0
Subtotal, adjusted budget authority	205,912,000	211,506,000	219,046,000
Subtotal, adjusted budget authority	205,912,000	211,506,000	219,046,000
Unobligated balance lapsing	-6,000	0	0
Total obligations	205,906,000	211,506,000	219,046,000

1/ Excludes the following amounts for reimbursable activities carried out by this account:
FY 2009 - \$1,000 FY 2010 - \$0 FY 2011 - \$0
Excludes \$0 in FY 2009 and \$0 in FY 2010 for royalties.

NATIONAL INSTITUTES OF HEALTH
National Center on Minority Health and Health Disparities
(Dollars in Thousands)
Budget Mechanism - Total

MECHANISM	FY 2009 Actual		FY 2009 Recovery Act Actual		FY 2010 Recovery Act Estimated		FY 2010 Enacted		FY 2011 PB		Change	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Grants:												
Research Projects:												
Noncompeting	1	\$748	0	\$0	23	\$13,360	12	\$4,271	28	\$9,811	16	\$5,540
Administrative supplements	(2)	232	(0)	0	(0)	0	(1)	100	(0)	0	(1)	(100)
Competing:												
Renewal	0	0	0	0	0	0	0	0	0	0	0	0
New	11	4,127	25	20,372	0	0	16	6,125	16	6,248	0	123
Supplements	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal, competing	11	4,127	25	20,372	0	0	16	6,125	16	6,248	0	123
Subtotal, RPGs	12	5,107	25	20,372	23	13,360	28	10,496	44	16,059	16	5,563
SBIR/STTR	25	5,511	0	0	0	0	25	5,673	26	5,742	1	69
Subtotal, RPGs	37	10,618	25	20,372	23	13,360	53	16,169	70	21,801	17	5,632
Research Centers:												
Specialized/comprehensive	76	86,155	5	5,558	5	3,113	77	87,447	90	90,070	13	2,623
Clinical research	0	0	0	0	0	0	0	0	0	0	0	0
Biotechnology	0	0	0	0	0	0	0	0	0	0	0	0
Comparative medicine	0	0	0	0	0	0	0	0	0	0	0	0
Research Centers in Minority Institutions	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal, Centers	76	86,155	5	5,558	5	3,113	77	87,447	90	90,070	13	2,623
Other Research:												
Research careers	0	77	0	0	0	0	0	62	1	85	1	23
Cancer education	0	0	0	0	0	0	0	0	0	0	0	0
Cooperative clinical research	0	0	0	0	0	0	0	0	0	0	0	0
Biomedical research support	0	0	0	0	0	0	0	0	0	0	0	0
Minority biomedical research support	0	0	0	0	0	0	0	0	0	0	0	0
Other	86	55,963	6	5,961	6	2,980	84	56,802	86	58,485	2	1,683
Subtotal, Other Research	86	56,040	6	5,961	6	2,980	84	56,864	87	58,570	3	1,706
Total Research Grants	199	152,813	36	31,891	34	19,453	214	160,480	247	170,441	33	9,961
Research Training:												
Individual awards	0	0	0	0	0	0	0	0	0	0	0	0
Institutional awards	0	0	0	0	0	0	0	0	0	0	0	0
Total, Training	0	0	0	0	0	0	0	0	0	0	0	0
Research & development contracts (SBIR/STTR)	314	38,404	0	0	0	0	314	36,101	314	33,000	0	-3,101
	(0)	(10)	(0)	(0)	(0)	(0)	(0)	(60)	(0)	(60)	(0)	(0)
Intramural research												
	FTEs		FTEs		FTEs		FTEs		FTEs		FTEs	
	0	3,633	0	0	0	0	0	3,688	0	3,806	0	118
Research management and support	25	11,062	0	227	0	510	28	11,237	29	11,799	1	562
Construction		0		0		0		0		0		0
Buildings and Facilities		0		0		0		0		0		0
Total, NCMHD	25	205,912	0	32,118	0	19,963	28	211,506	29	219,046	1	7,540

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

NATIONAL INSTITUTES OF HEALTH
National Center on Minority Health and Health Disparities
BA by Program
(Dollars in thousands)

<u>Extramural Research</u>	FY 2007		FY 2008		FY 2009		FY 2009		FY 2010		FY 2011		Change	
	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount
Health Disparities Research		\$100,846		\$94,765		\$99,891		\$100,067		\$103,572		\$108,298		4,726
Research Capacity-Building & Infrastructure		73,404		69,352		68,050		68,171		70,403		72,377		1,974
Outreach and Information Dissemination		12,397		23,797		22,939		22,979		22,606		22,766		160
Subtotal, Extramural		186,647		187,914		190,880		191,217		196,581		203,441		6,860
Intramural research		2,295		2,118		0		3,633		0		3,806		0
Res. management & support	22	10,141	24	10,221	25	11,103	25	11,062	28	11,237	29	11,799	1	562
TOTAL	22	199,083	24	200,253	25	205,616	25	205,912	28	211,506	29	219,046	1	7,540

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

Major Changes in the Fiscal Year 2011 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 2011 budget request for NCMHD, which is \$7.540 million more than the FY 2010 Estimate, for a total of \$219.046 million.

Research Project Grants (RPGs; +\$5.632 million; total \$21.801million): NCMHD will continue to maintain the number of competing RPGs – 16 awards in FY 2011, the same number as in FY 2010. About 28 noncompeting RPG awards, totaling \$9.811 million also will be made in FY 2011.

Health Disparities Research Program area (+\$4.726 million; total \$108.298 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 (+\$1.974 million; total \$72.377 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.

The name of the Research Infrastructure in Minority Institutions (RIMI) program has been changed to Building Research Infrastructure and Capacity (BRIC) to more accurately reflect the goals and objectives of the program and mission of the NCMHD. The program is not restricted to minority-institutions as suggested by the former title RIMI.

NATIONAL INSTITUTES OF HEALTH
National Center on Minority Health and Health Disparities
Summary of Changes

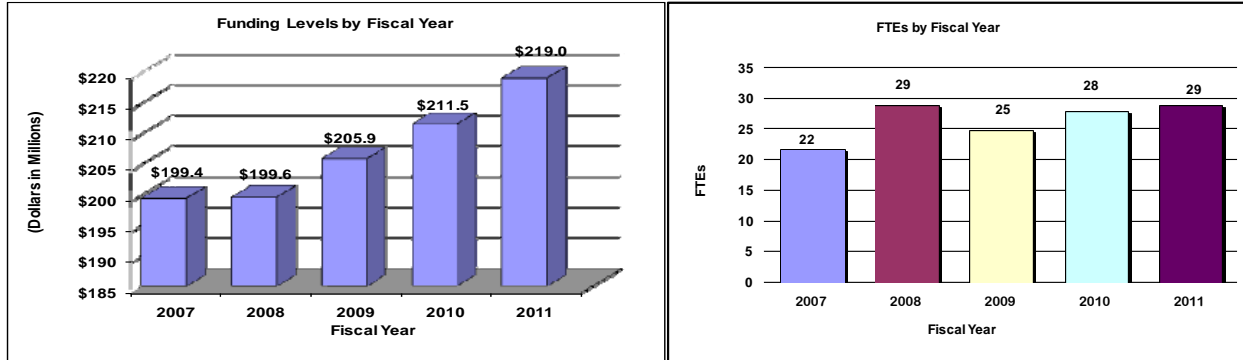
FY 2010 estimate		\$211,506,000		
FY 2011 estimated budget authority		219,046,000		
Net change		7,540,000		
CHANGES	2010 Current Estimate Base		Change from Base	
	FTEs	Budget Authority	FTEs	Budget Authority
A. Built-in:				
1. Intramural research:				
a. Annualization of January				
2010 pay increase				
		\$0		\$0
		0		0
		0		0
		324,000		6,000
		3,364,000		54,000
Subtotal				60,000
2. Research management and support:				
a. Annualization of January				
2010 pay increase				
		\$4,511,000		\$27,000
		4,511,000		47,000
		4,511,000		0
		418,000		8,000
		6,308,000		101,000
Subtotal				183,000
Subtotal, Built-in				243,000

NATIONAL INSTITUTES OF HEALTH
National Center on Minority Health and Health Disparities
Summary of Changes--continued

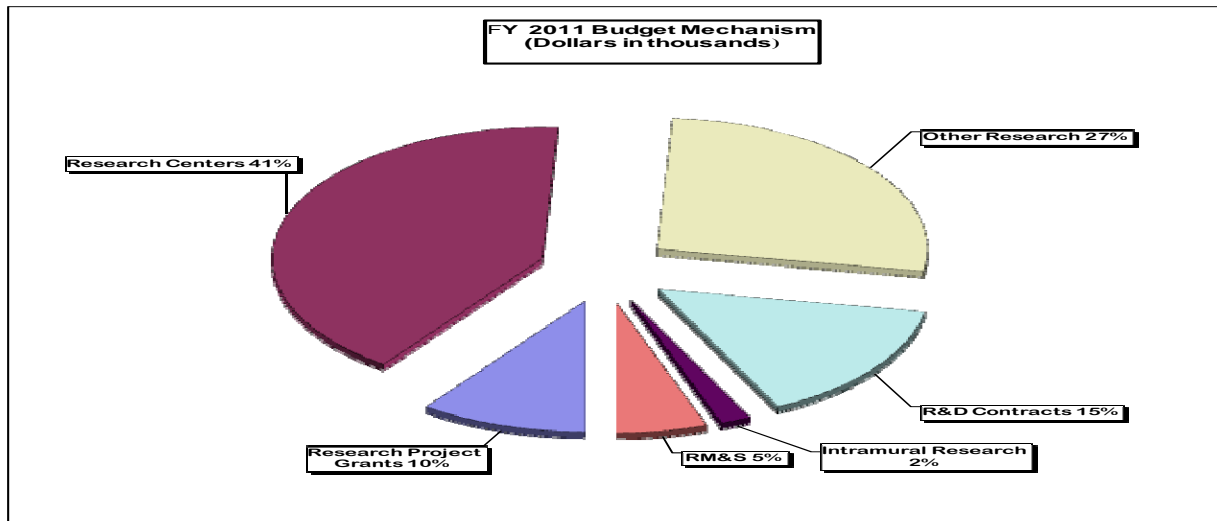
CHANGES	2010 Current Estimate Base		Change from Base	
	No.	Amount	No.	Amount
B. Program:				
1. Research project grants:				
a. Noncompeting	12	\$4,371,000	16	\$5,440,000
b. Competing	16	6,125,000	0	123,000
c. SBIR/STTR	25	5,673,000	1	69,000
Total	53	16,169,000	17	5,632,000
2. Research centers	77	87,447,000	13	2,623,000
3. Other research	84	56,864,000	3	1,706,000
4. Research training	0	0	0	0
5. Research and development contracts	314	36,101,000	0	(3,101,000)
Subtotal, extramural				6,860,000
	<u>FTEs</u>		<u>FTEs</u>	
6. Intramural research	0	3,688,000	0	58,000
7. Research management and support	28	11,237,000	1	379,000
8. Construction		0		0
9. Buildings and Facilities		0		0
Subtotal, program		211,506,000		7,297,000
Total changes	28		1	7,540,000

Fiscal Year 2011 Budget Graphs

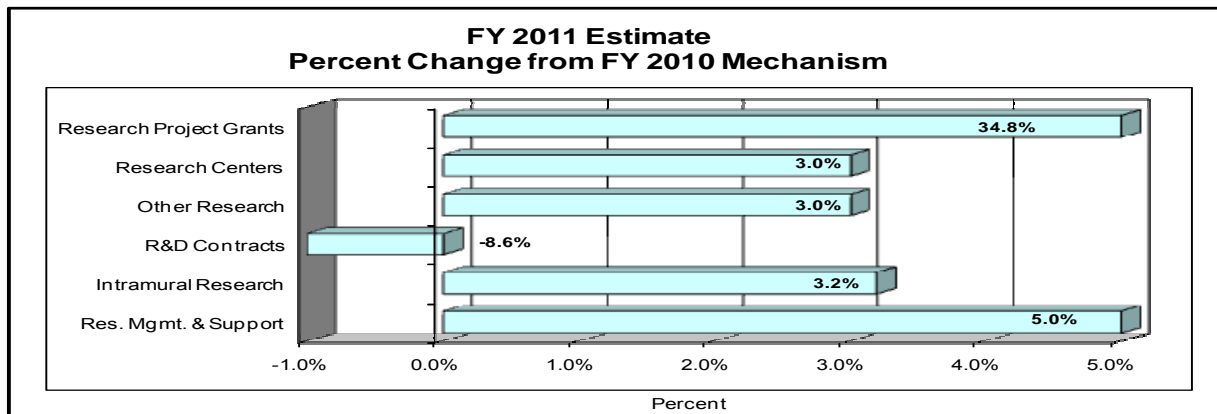
History of Budget Authority and FTEs



Distribution by Mechanism



Change by Selected Mechanisms:



Justification of Budget Request

National Center on Minority Health and Health Disparities

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

Budget Authority

	FY 2009 <u>Omnibus</u>	FY 2010 <u>Appropriation</u>	FY 2011 President's <u>Budget</u>	FY 2011+/- 2010 <u>Appropriation</u>
BA	\$205,927,000	\$211,522,000	\$219,046,000	+\$7,540,000
FTE	25	28	29	+1

This document provides justification for the Fiscal Year (FY) 2011 activities of the National Center on Minority Health and Health Disparities, including HIV/AIDS activities. Details of the FY 2011 HIV/AIDS activities are in the "Office of AIDS Research (OAR)" Section of the Overview. Details on the Common Fund are located in the Overview, Volume One. Program funds are allocated as follows: Competitive Grants/Cooperative Agreements; Contracts; Direct Federal/Intramural and Other.

DIRECTOR'S OVERVIEW

The elimination of health disparities is one of the most daunting public health challenges our nation confronts. Access to affordable, quality healthcare is more imperative than ever for health disparity populations –racial and ethnic minorities, the poor, rural and other medically underserved populations, that already suffer from high rates of sickness, disability, and pre-mature death due to diseases and conditions like HIV/AIDS, diabetes, obesity, cancer, infant mortality, and heart disease, as a result of underlying social and economic barriers. Increased research focus must be given to study the interplay of prevailing and emerging social and economic determinants that perpetuate health disparities, and the potential of a restructured healthcare system for improving the health of these underserved populations. The intersection of innovative cross-disciplinary approaches from diverse research fields is necessary to understand and elucidate the biological, behavioral, social, economic, and environmental determinants of health.

The mission of the National Center on Minority Health and Health Disparities (NCMHD) is to advance minority health and eliminate health disparities, thereby improving health outcomes. NCMHD has the unprecedented charge to provide leadership for health disparities research at the NIH, and assure effective coordination of minority health and health disparities research programs across the NIH Institutes and Centers. The NCMHD's research program focuses on cutting-edge translational and trans-disciplinary

research that links the biological and non-biological determinants of health, as exemplified through the research of its Centers of Excellence (COE) and Community-Based Participatory Research (CBPR) programs across the United States and its territories. In support of a robust health disparities infrastructure, the NCMHD is enabling new and early stage investigators achieve career independence through substantial investments in its Loan Repayment Program (LRP), investigator-initiated health disparities research initiative, and the newly established Intramural Research Program. Through its Research Endowment and Minority Health and Health Disparities International Research Training programs, NCMHD continues to invest in capacity-building and developing a robust workforce that is prepared to respond to global health disparities, and emergent health disparities issues. Its programmatic efforts allow it to accelerate the science, apply new tools and technology to uncover findings to eliminate health disparities. NCMHD is focused on linking research teams and communities to allow co-learning and reciprocal transfer of expertise, shared decision-making power, and mutual ownership of the research enterprise to bring cutting-edge advances in health to all patients and the communities in which they live.

NCMHD supported research discoveries have led to the identification and understanding of racial and ethnic differences in disease conditions that are most prevalent among minority populations. For example, chronic kidney disease (CKD) is prevalent among minority patients, and anemia is a common complication of chronic kidney disease. NCMHD-funded research led to the identification and characterization of racial variations in treatment response to epoetin alfa, a synthetic hormone used to treat anemia that is associated with CKD. These discoveries will improve dosing and clinical management of patients suffering from anemia associated with CKD. Minority populations are at the greatest risk for metabolic syndrome, and the associated type 2 diabetes mellitus (DM), which is rapidly increasing in children due to factors including inactivity and availability of calorie-rich food has become a national epidemic. To understand type II diabetes risk, and to enable more personalized interventions to targeted health disparity populations, NCMHD-funded research is focusing on the genetics of such risk factors for DM as high blood pressure, high blood glucose, low levels of high density cholesterol (HDL), high levels of low-density cholesterol (LDL), and increased waist circumference.

In FY 2011, NCMHD will continue building on its commitment to translational research for answers to measureable improvements in the treatment of disease and elimination of health disparities among disadvantaged communities. A signature effort of the NCMHD to support the dissemination of research findings is the creation of a centralized and integrated comprehensive database on health disparities research. This database will help to further inform health disparity communities, scientists, policy leaders, and public and private agencies on health disparities science, practice and policy. NCMHD will continue to sustain career development opportunities to support the completion of doctoral research projects and dissertation research related to improving minority health or eliminating health disparities, and to promote a diverse biomedical research and health professions workforce. Primary care research interventions and rural health research are among the NCMHD priorities. Another priority for the NCMHD

is to increase its understanding of global health disparities and support the necessary infrastructure to respond to global epidemics such as HIV/AIDS, cancer, obesity, and diseases caused by debilitating bacterial, vector-borne and congenital infections. The NCMHD will continue to lead, coordinate, and strengthen the NIH efforts and priorities for health disparities research through continued collaborations with the Institutes and Centers to ensure regular revision of the NIH Health Disparities Strategic Plan and Budget, and implementation of the recommendations of the NIH Science of Eliminating Health Disparities summit. NCMHD will focus on enhancing its partnerships within the NIH, with other federal agencies, researchers, communities, urban planners, policy experts, and other public and private groups to stimulate greater coordination, investment, and national focus on health disparities.

Eliminating health disparities will require a multi-pronged approach that includes not only basic science advances, but also innovative applications and technologies. The analysis and interpretation of the complex ethical, legal, and social issues evoked by health disparities research will require enhanced research training that includes emphasis on trans-disciplinary research and community involvement. As is usually the case with all complex research questions, conclusive science that emerge from future research will not necessarily flow from increasing biomedical research sophistication. Rather, the science to inform practice and policy will emerge from the work of multiple disciplines, often with diverse methodological approaches, each with its strengths and its limitations.

Overall Budget Policy: In FY 2011, NCMHD 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. NCMHD 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 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), as well as increased support for other HHS agencies through the program evaluation set-aside.

FY 2011 JUSTIFICATION BY PROGRAM

Program Descriptions and Accomplishments

Health Disparities Research: This activity is designed to enhance scientific knowledge on the determinants of health disparities and develop interventions addressing some of the most prevalent and destructive diseases and health conditions impacting populations experiencing health disparities. In FY 2009, the NCMHD expanded its health disparities research portfolio in establishing the Health Disparities Research on Minority and Underserved Populations program which allows the NCMHD

to support investigator-initiated research related to its mission using multiple innovative scientific approaches from different disciplines. The research findings from the Centers of Excellence (COE) continue to add to the scientific knowledge base on health disparities. These Centers conduct research to develop novel evidence-based research methodologies and strategies that are essential in improving prevention, diagnosis and treatment methods. NCMHD also continues to support collaborative health disparities research projects with fellow NIH Institutes and Centers (ICs), as well as other Federal agencies, such as NHLBI's Jackson Heart Study on African Americans; NIEHS's Sister Study on Breast Cancer; NIA's Healthy Aging in Neighborhoods of Diversity Across the Life Span (HANDLS) study; and the Centers for Medicare & Medicaid Services' Interventions for a Focused Diabetes and Chronic Kidney Disease (CKD) Disparities Project, aimed at improving the quality of care for Medicare beneficiaries through interventions focused on efforts to improve and detect the incidence of diabetes and chronic kidney disease through clinical measures while improving care through targeted priority populations.

Budget Policy: The FY 2011 budget estimate for Health Disparities Research is \$108.298 million, an increase of \$4.726 million or 4.6% over the FY 2010 enacted level. In FY 2011, NCMHD plans to continue funding for investigator-initiated health disparities research awards and provide additional funding for Centers of Excellence.

Centers of Excellence (COE) Program

FY 2010 Level:	\$67.6 million
FY 2011 Level:	<u>\$70.1 million</u>
Change	+\$2.5 million

The Centers of Excellence (COE) Program has a pivotal role in the enhancement of the research capacity of academic institutions and in increasing the number of scientific investigators from health disparity and other populations with an interest in pursuing a career in health disparities research. Funding through NCMHD's Centers of Excellence program assists institutions in developing the infrastructure needed to establish an organizational entity responsible for the administration, coordination, and development of minority health and health disparities research, recruit researchers, develop research training programs, and design and launch 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.

Since 2002, NCMHD has established 87 COE sites in 31 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 2009, the COEs conducted multi-disciplinary research on high priority diseases/conditions such as 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 2011, NCMHD plans to continue funding the COEs to conduct health disparities research and to develop novel evidence-based research methodologies and strategies that are essential in improving prevention, diagnosis, and treatment of disease.

Research Capacity-Building & Infrastructure: The purpose of this activity is to build a comprehensive and diverse biomedical research base of institutions and individuals dedicated to minority health and the elimination of health disparities. The strategy is three-fold: (1) build the scientific infrastructure and research environment in institutions with little or no research activities; (2) enhance the research capacity in minority health and health disparities research in those academic institutions that have some research activities, but may or may not be in health disparities research; (3) and focus on research training for individuals from health disparity populations. NCMHD continued to contribute to the increase of underserved populations in biomedical research and the health professions, as well as strengthening the capacity of individuals and institutions to participate in health disparities research. This activity includes the NCMHD Loan Repayment Programs; Research Endowment; Building Research Infrastructure and Capacity (BRIC), formerly the Research Infrastructure in Minority Institutions (RIMI) program; and Minority Health and Health Disparities International Research Training (MHIRT) program.

Budget Policy: The FY 2011 budget estimate for Research Capacity-Building & Infrastructure is \$72.377 million, an increase of \$1.974 million or 2.8% over the FY 2010 enacted level. In FY 2011, NCMHD plans to continue supporting the Research Endowment, Building Research Infrastructure and Capacity (BRIC), and the Loan Repayment Programs.

NCMHD Loan Repayment Programs

FY 2010 Level:	\$ 14.2 million
FY 2011 Level:	<u>\$ 14.2 million</u>
Change	\$ 0.0 million

NCMHD 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. NCMHD provides support to approximately 300 applicants each year for both programs. The program began in 2001, and NCMHD has supported more than 2,000 health professionals across 49 states, with participants engaged in scientific or health-related research activities that focus on the elimination of health disparities.

In FY 2011, the NCMHD will provide LRP recipients opportunities to continue developing their research career through the Disparities Research and Education Advancing our Mission (DREAM) program. This program is part of the NCMHD Intramural Research Program and is designed to enhance participants' transition to become independent research investigators.

Outreach and Information Dissemination: The purpose of this activity is to facilitate the translation and dissemination of scientific information in enhancing clinical practice and improving the health of health disparity populations. The NCMHD efforts in this area are undertaken through its Community-Based Participatory Research (CBPR)

program. The CBPR program has three phases: a three-year research planning grant; a competitive five-year intervention research grant; and a competitive three-year dissemination phase; focusing on major diseases/conditions, such as obesity, diabetes, cancer, mental health, and HIV/AIDS affecting racial and ethnic minority populations, as well as other health disparity populations. The CBPR program and its resulting partnerships is but one measure of the significant contribution that is being made toward NCMHD's efforts to increase the nation's research infrastructure and research capacity on health issues relevant to health disparity communities. In addition, other initiatives coordinated by the NCMHD, such as the monthly NIH Health Disparities seminar series and the NIH Science of Eliminating Health Disparities Summit are viable information dissemination tools for health disparities research findings from the NCMHD.

Budget Policy: The FY 2011 budget estimate for Outreach and Information Dissemination is \$22.766 million, an increase of \$0.160 million or .07% over the FY 2010 enacted level. In FY 2011, NCMHD plans to continue to support its Community-Based Participatory Research Program, described in the program portrait below.

Community-Based Participatory Research Program

FY 2010 Level:	\$ 22.0 million
FY 2011 Level:	<u>\$ 22.0 million</u>
Change	\$ 0.0 million

The Community-Based Participatory Research (CBPR) program actively engages communities in all phases of research including design, implementation, and dissemination of the research findings. 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). Three of the four NIH principles of medicine --participatory, personalized and preemptive, are embedded in all three phases of the CBPR Program with its emphasis on disease prevention and health promotion.

The NCMHD CBPR program supports collaborative research between researchers and communities that will accelerate the translation of research advances to health disparity populations. To this end, researchers and health disparity communities have partnered to implement interventions aimed at reducing obesity and related complications, promoting mental health, prevention of substance abuse, promoting cancer screenings and vaccinations, and HIV prevention. The goal of CBPR is to sustain interventions at the community level, thus, leading to the elimination of health disparities.

In FY 2009, there were 40 grantees which initiated intervention research studies on major diseases/conditions. FY 2011 funding for the CBPR will continue to support the CBPR five-year intervention research phase studies.

Intramural Research: In FY 2009, NCMHD launched its Intramural Research program to conduct state-of-the-art research focusing on the link between biological and non-biological determinants of health in health disparity populations, and creating training and mentorship opportunities to grow an intramural researcher pool studying health disparities, that includes individuals from health disparity populations, and early

stage investigators. NCMHD initiated the NIH Health Disparities Seminar series and the Disparities Research Education Advancing our Mission (DREAM) program as components of its intramural research program that promote collaborations with the other ICs. In addition, the DREAM program leverages the scientific strengths and enhances the intramural health disparities research efforts of the other ICs. NCMHD will continue to advance its intramural research activities by building on the strengths of its extramural research programs including a focus on conducting community-based participatory research in health disparity communities, through collaborations and by responding to emerging health disparities issues. These intramural activities will continue to provide a uniquely interactive, interdisciplinary environment for basic laboratory and long-term epidemiologic, behavioral and social science research studies to be developed into interventions, implemented, and rapidly translated.

Budget Policy: The FY 2011 budget estimate for Intramural Research is \$3.806 million, an increase of \$0.118 million or 3.2% over the FY 2010 enacted level. In FY 2011, NCMHD plans to continue funding of the NCMHD 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 other Federal agencies, Congress, and the public.

Budget Policy: The FY 2011 budget estimate for Research Management and Support is \$11.799 million, an increase of \$0.562 million or 5.0% over the FY 2010 enacted level. This funding will support 29 FTEs.

Recovery Act Implementation

Recovery Act Funding: \$52.081 million

In FY 2009, the National Center on Minority Health and Health Disparities received \$52.1 million under the Recovery Act. Of this amount, \$32.1 million was obligated in FY 2009 and \$20.0 million will be obligated in FY 2010. These funds support a number of initiatives building on the NCMHD current efforts to improve the health of populations experiencing health disparities. Specifically, ARRA funds support: (1) the establishment of national bioethics centers dedicated to fostering greater participation of racial and ethnic minority populations in clinical trials; (2) trans-disciplinary research to address the social determinants of health, health promotion, disease prevention, poverty, and prepare communities to respond to disasters; (3) community-based participatory research on health disparities conducted jointly by researchers and the community; and (4) the increase of the health disparities research workforce by stimulating and supporting dissertation research.

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

Budget Authority by Object

	FY 2010 Enacted	FY 2011 PB	Increase or Decrease	Percent Change
Total compensable workyears:				
Full-time employment	28	29	1	3.6
Full-time equivalent of overtime and holiday hour	0	0	0	0.0
Average ES salary	\$0	\$0	\$0	0.0
Average GM/GS grade	13.6	14.1	0.5	3.7
Average GM/GS salary	\$103,292	\$105,516	\$2,224	2.2
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	\$108,324	\$110,490	\$2,166	2.0
Average salary of ungraded positions	\$167,393	\$170,740	3,347	2.0
OBJECT CLASSES	FY 2010 Estimate	FY 2011 Estimate	Increase or Decrease	Percent Change
Personnel Compensation:				
11.1 Full-time permanent	\$2,307,000	\$2,428,000	\$121,000	5.2
11.3 Other than full-time permanent	1,094,000	1,151,000	57,000	5.2
11.5 Other personnel compensation	139,000	146,000	7,000	5.0
11.7 Military personnel	123,000	129,000	6,000	4.9
11.8 Special personnel services payments	0	0	0	0.0
Total, Personnel Compensation	3,663,000	3,854,000	191,000	5.2
12.0 Personnel benefits	803,000	845,000	42,000	5.2
12.2 Military personnel benefits	45,000	47,000	2,000	4.4
13.0 Benefits for former personnel	0	0	0	0.0
Subtotal, Pay Costs	4,511,000	4,746,000	235,000	5.2
21.0 Travel and transportation of persons	77,000	81,000	4,000	5.2
22.0 Transportation of things	13,000	14,000	1,000	7.7
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	34,000	36,000	2,000	5.9
24.0 Printing and reproduction	136,000	143,000	7,000	5.1
25.1 Consulting services	95,000	100,000	5,000	5.3
25.2 Other services	2,577,000	2,706,000	129,000	5.0
25.3 Purchase of goods and services from government accounts	25,232,000	24,739,000	(493,000)	-2.0
25.4 Operation and maintenance of facilities	64,000	67,000	3,000	4.7
25.5 Research and development contracts	18,768,000	16,461,000	(2,307,000)	-12.3
25.6 Medical care	0	0	0	0.0
25.7 Operation and maintenance of equipment	1,000	1,000	0	0.0
25.8 Subsistence and support of persons	0	0	0	0.0
25.0 Subtotal, Other Contractual Services	46,737,000	44,074,000	(2,663,000)	-5.7
26.0 Supplies and materials	107,000	112,000	5,000	4.7
31.0 Equipment	1,000	1,000	0	0.0
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	159,890,000	169,839,000	9,949,000	6.2
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	206,995,000	214,300,000	7,305,000	3.5
Total Budget Authority by Object	211,506,000	219,046,000	7,540,000	3.6

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

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

Salaries and Expenses

OBJECT CLASSES	FY 2010 Enacted	FY 2011 PB	Increase or Decrease	Percent Change
Personnel Compensation:				
Full-time permanent (11.1)	\$2,307,000	\$2,428,000	\$121,000	5.2
Other than full-time permanent (11.3)	1,094,000	1,151,000	57,000	5.2
Other personnel compensation (11.5)	139,000	146,000	7,000	5.0
Military personnel (11.7)	123,000	129,000	6,000	4.9
Special personnel services payments (11.8)	0	0	0	0.0
Total Personnel Compensation (11.9)	3,663,000	3,854,000	191,000	5.2
Civilian personnel benefits (12.1)	803,000	845,000	42,000	5.2
Military personnel benefits (12.2)	45,000	47,000	2,000	4.4
Benefits to former personnel (13.0)	0	0	0	0.0
Subtotal, Pay Costs	4,511,000	4,746,000	235,000	5.2
Travel (21.0)	77,000	81,000	4,000	5.2
Transportation of things (22.0)	13,000	14,000	1,000	7.7
Rental payments to others (23.2)	0	0	0	0.0
Communications, utilities and miscellaneous charges (23.3)	34,000	36,000	2,000	5.9
Printing and reproduction (24.0)	136,000	143,000	7,000	5.1
Other Contractual Services:				
Advisory and assistance services (25.1)	95,000	100,000	5,000	5.3
Other services (25.2)	2,577,000	2,706,000	129,000	5.0
Purchases from government accounts (25.3)	8,175,000	8,452,000	277,000	3.4
Operation and maintenance of facilities (25.4)	64,000	67,000	3,000	4.7
Operation and maintenance of equipment (25.5)	1,000	1,000	0	0.0
Subsistence and support of persons (25.8)	0	0	0	0.0
Subtotal Other Contractual Services	10,912,000	11,326,000	414,000	3.8
Supplies and materials (26.0)	107,000	112,000	5,000	4.7
Subtotal, Non-Pay Costs	11,279,000	11,712,000	433,000	3.8
Total, Administrative Costs	15,790,000	16,458,000	668,000	4.2

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

Authorizing Legislation						
	PHS Act/ Other Citation	U.S. Code Citation	2010 Amount Authorized	FY 2010 Estimate	2011 Amount Authorized	FY 2011 PB
Research and Investigation	Section 301	42§241	Indefinite	\$211,506,000	Indefinite	\$219,046,000
National Center on Minority Health and Health Disparities	Section 402(a)	42§281	Indefinite		Indefinite	
Total, Budget Authority					211,506,000	219,046,000

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

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2002	158,425,000	157,204,000	158,421,000	157,812,000
Rescission				(70,000)
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			

1/ Reflects enacted supplementals, rescissions, and reappropriations.

2/ Excludes funds for HIV/AIDS research activities consolidated in the NIH Office of AIDS Research.

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

Details of Full-Time Equivalent Employment (FTEs)

OFFICE/DIVISION	FY 2009 Actual	FY 2010 Enacted	FY 2011 PB
Office of the Director	11	12	12
Division of Extramural Activities and Scientific Programs	10	12	13
Division of Scientific Planning and Policy Analysis	4	4	4
Total	25	28	29
Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research			
FTEs supported by funds from Cooperative Research and Development Agreements			
	(0)	(0)	(0)
FISCAL YEAR	Average GM/GS Grade		
2007	14.3		
2008	14.3		
2009	13.6		
2010	13.6		
2011	14.1		

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

Detail of Positions

GRADE	FY 2009 Actual	FY 2010 Enacted	FY 2011 PB
Total, ES Positions	0	0	0
Total, ES Salary	0	0	0
GM/GS-15	4	4	5
GM/GS-14	6	8	8
GM/GS-13	2	2	2
GS-12	3	3	3
GS-11	2	2	2
GS-10	0	0	0
GS-9	2	2	2
GS-8	1	1	1
GS-7	1	1	1
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	21	23	24
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	13	14	14
Total permanent positions	22	24	25
Total positions, end of year	35	38	39
Total full-time equivalent (FTE) employment, end of year	25	28	29
Average ES salary	0	0	0
Average GM/GS grade	13.6	13.6	14.1
Average GM/GS salary	100,030	103,292	105,516

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research.

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

New Positions Requested

	FY 2011		
	Grade	Number	Annual Salary
Health Science Administrator	GS-15	1	126,233
Total Requested		1	\$126,233