National Institute on Minority Health and Health Disparities

CONGRESSIONAL JUSTIFICATION
FY 2024

Department of Health and Human Services
National Institutes of Health

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute on Minority Health and Health Disparities (NIMHD)

FY 2024 Budget Table of Contents

General Notes

1. FY 2023 Enacted levels cited in this document include the effects of the FY 2023 HIV/AIDS transfer, as shown in the Amounts Available for Obligation table.
2. Detail in this document may not sum to the subtotals and totals due to rounding.

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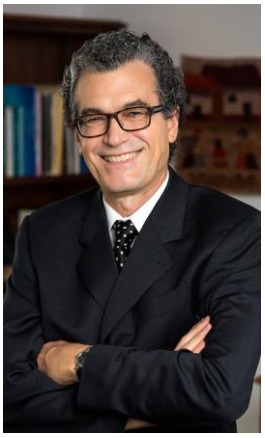
Director's Overview



NIMHD Director
Eliseo J. Pérez- Stable, M.D.

The United States continues to experience preventable and persistent adverse health effects with a disproportionate burden on populations with health disparities. Despite the great strides in scientific innovation, especially in response to the global COVID-19 pandemic, there remains a crucial need to conduct research that ensures equitable and optimal health for all. The National Institute on Minority Health and Health Disparities (NIMHD) is at the forefront of leading, supporting, and promoting scientific research to improve the health of populations experiencing health disparities, and thereby promote health equity. NIMHD optimizes research capacity through its long-standing program in community-engaged research, education, and outreach that support the generation and dissemination of research findings to facilitate effective responses to future public health emergencies. The impact of such efforts contributes to the NIMHD vision of an America in which everyone can live long, healthy, and productive lives.

NIMHD's mission has never been more critical and applicable to the American public, as the United States becomes more racially and ethnically diverse. NIMHD's research covers a broad range of diseases and conditions that disproportionately impact populations experiencing health disparities. NIMHD examines determinants of disparities in these diseases and conditions along a social-ecological framework, with a particular focus on social determinants of health— the social and economic conditions that influence and impact our susceptibility to diseases, access to care, and health outcomes.[1] NIMHD is committed to addressing health disparities related to both interpersonal and structural racism and discrimination, key factors on the causal pathway of health and health disparities. The science conducted at and supported by NIMHD involves strong, trusted partnerships and collaborations to execute innovative and multi-disciplinary research aimed at advancing health equity.

Enhancing Key Resources to Reduce Health Disparities

NIMHD's investments have promoted and enhanced vital resources for researchers, policymakers, and the public. The NIMHD Research Endowment Program (REP) provides funding for endowments of eligible academic institutions to support research infrastructure and training capacity, facilitate minority health and health disparities research, and diversify the scientific workforce. In March 2022, Congress passed the *John Lewis NIMHD Research Endowment Revitalization Act*, which expanded the eligibility of the REP to include current or former Health Resources and Services Administration (HRSA) or NIMHD Center of Excellence institutions. NIMHD is implementing updates to the REP, in line with the new legislation.

NIMHD provides hands-on research training, mentorship, and career development for researchers interested in minority health and health disparities, including those from backgrounds

[1] nimhd.nih.gov/about/overview/research-framework/nimhd-framework.html

underrepresented in the biomedical workforce. Since 2016, the NIMHD Health Disparities Research Institute (HDRI) has provided opportunities to inspire the next generation of minority health and health disparities research scientists. In 2022, HDRI hosted a cohort of 74 talented early-career research scientists for a week-long training program that featured minority health and health disparities lectures by successful scientists in the field, small group discussions driven by the scholars' proposed research topics, mock grant reviews, and networking opportunities with NIH scientists.

NIMHD's HD*Pulse* provides one of the most comprehensive, publicly available resources for national, state, and county-level data accessible by a wide variety of stakeholders interested in understanding and addressing the burden of disparities across the United States. It features two portals: 1) a Data Portal that includes population data, with applications for calculating and mapping health disparities data, and 2) a forthcoming Interventions Portal that provides access to evidence-based intervention research studies with accompanying tools and materials. First introduced in 2017, the HD*Pulse* Data Portal helps identify minority health concerns, health disparities, and the factors that contribute to them such as limited healthcare access and adverse social determinants of health. NIMHD recently launched an enhancement within the data portal by offering users expanded access to features such as improved graphics, and additional information on avoidable hospitalizations and residential segregation.

NIMHD is working on accelerating the development and application of interventions that focus on improving health care for populations with health disparities using clinical research networks (CRNs) in ambulatory settings. A network is comprised of a group of ambulatory care clinical practices that investigate empirical research questions to improve the quality of primary care and care for patients with chronic diseases. The new NIMHD initiative will support CRNs with a health equity lens to develop and test disease-agnostic interventions and strategies that are feasible, scalable, and sustainable to improve quality of care for populations that experience health disparities. Research conducted through the CRNs will be pragmatic and interventions will be developed and tested with the communities, clinicians, and settings for which they are intended.

Tackling Broad Health Effects of the COVID-19 Pandemic

Entering the third year of the pandemic, racial and ethnic minority, socioeconomically disadvantaged, and other communities experiencing health disparities are still confronting the impact of health conditions exacerbated by the COVID-19 pandemic. NIMHD is co-leading two NIH-wide research initiatives around COVID-19. The first, the Rapid Acceleration of Diagnostics Underserved Populations (RADx-UP) Initiative, supports a consortium of more than 137 research projects to examine testing as an intervention to mitigate disparities for individuals from populations and communities disproportionately affected by the COVID-19 pandemic. These collaborative efforts resulted in a recent special issue in the *American Journal of Public Health* highlighting peer-reviewed research on interventions to promote testing for SARS-CoV-2 and studies on social, behavioral, and ethical issues of the pandemic in underserved populations.[2] The publication will inform and prioritize key strategies and responses for future public health responses among communities experiencing health disparities. The second initiative, the

[2] pubmed.ncbi.nlm.nih.gov/36265091/; pubmed.ncbi.nlm.nih.gov/36265090/; pubmed.ncbi.nlm.nih.gov/36194852/

Community Engagement Alliance Against COVID-19 Disparities (CEAL) initiative, is co-led with the National Heart, Lung, and Blood Institute (NHLBI). The CEAL teams have been actively working in communities around the United States and its territories to build trusting relationships and share science-based information. To further its work, the CEAL initiative started a new community-engaged primary care network that will: 1) support research on awareness, education, and mistrust around COVID-19, as well as testing and vaccine acceptance; and 2) inclusive participation of underserved racial and ethnic minority and rural populations in clinical research.[3]

A new body of research published by NIMHD provides key insights to inform community public health emergency preparedness efforts and improve pre-existing disparities among key populations. NIMHD investigators published several articles based on five nationally representative surveys conducted from December 2020 to February 2021 that investigated the effects of the COVID-19 pandemic with stratified samples by race and ethnicity.[4] [5] The survey covered broad health topics such as discrimination and racism, psychological distress, sleep health, stress and strategies for coping, changes in the use of tobacco products and other substances, and changes in health behaviors as affected by the pandemic. Findings identified disparities in several social determinants of health that have contributed to the disproportionate impact of COVID-19 on specific populations, including financial hardship, experiences of discrimination, delayed healthcare-seeking, limited access to telehealth services, job loss due to childcare needs, and inadequate access to digital resources.

NIMHD also published an exploratory conceptual framework for understanding racial and ethnic COVID-19 disparities, including the underlying association with structural racism and discrimination.[6] The article includes a call to action for researchers to broaden, guide, and encourage future studies on interventions that can reduce social determinants of health-associated disparities in COVID-19 and other health conditions.

Applying Multidisciplinary and Collaborative Research to Improve Public Health
NIMHD, in conjunction with a broader collaboration of researchers from across NIH and the Institute for Health Metric Evaluation Health Disparities Group, published the first nationwide analysis of life expectancy using national data at the county level from 2000-2019,[7] providing important trends. Overall, life expectancy improved throughout most of the period until the last two years. Analyses by race and ethnicity found lower life expectancy among Black or African American, and American Indian or Alaska Native populations, while also observing higher life expectancy among Asian American and Hispanic or Latino populations, compared to the White population. Harnessing data and trend analyses at the local county level provides evidence for further research to study and increase understanding of the drivers of racial and ethnic disparities.

[3] covid19community.nih.gov/Network-for-Community-Engaged-Primary-Care-Research
[4] ajph.aphapublications.org/doi/full/10.2105/AJPH.2021.306594
[5] sciencedirect.com/science/article/pii/S2211335521003442?via%3Dihub
[6] pubmed.ncbi.nlm.nih.gov/35318895/
[7] pubmed.ncbi.nlm.nih.gov/35717994/

The threat of climate change on human health continues to disproportionately impact populations that are under-resourced or experience health disparities. Recent NIMHD-supported climate health research projects cover topics such as examining the impacts of wildfire smoke exposures on American Indian and Alaska Native maternal-child health, and the effects of extreme weather on populations living in the rural South that experience health disparities. NIMHD recognizes the importance of a multifaceted, collaborative approach to provide strong evidence that can address the impacts of climate change. Currently, NIMHD is one of seven Institutes and Centers co-leading the NIH Climate Change and Health Initiative to promote public understanding of the intersection between climate change and health disparities and expand the opportunities for multidisciplinary research in this field. NIMHD remains committed to conducting and supporting research that will help mitigate the consequences of climate change and improve access to healthy and sustainable environments for populations with health disparities.

Strengthening Evidence-based Research for Targeted Prevention and Cure

In the past few years, scientific advances have resulted in valuable, life-saving tools to prevent and treat diseases and conditions. However, gaps and disparities still exist as segments of the U.S. population continue to face barriers to quality healthcare, poor health outcomes, and disproportionate morbidity and mortality from multiple health conditions. NIMHD continues to prioritize rigorous, high-quality research to understand and address the underlying factors that contribute to health disparities. For example, socioeconomic issues contribute to adverse health outcomes related to inadequate sleep, and disparities in sleep duration for Hispanic or Latino populations is a concerning health burden. NIMHD researchers studying this issue recently found associations between less-than-optimal sleep duration, increased levels of depression, and the amount of time living and acclimating to the United States.[8] This publication contributes to the growing evidence needed to support tailored interventions for health conditions faced by Hispanic or Latino populations living in the United States, such as the relationships between acculturation, depression, and other sleep health measures.

Chronic conditions or diseases are among the leading causes of death in the United States, and about one-quarter of the population has more than one chronic disease. Some racial or ethnic minority groups experience a higher prevalence of multiple chronic conditions compared to their White counterparts. Research efforts are needed to reduce mortality from multiple chronic diseases such as hypertension, diabetes, and cardiovascular diseases, that still disproportionately affect individuals who experience health disparities. For example, research on the factors that influence social determinants of health is critical to develop interventions to optimally manage these chronic health conditions. The NIMHD Multiple Chronic Disease Research Centers Initiative is developing, facilitating, and implementing clinical research interventions that have the potential to reduce chronic disease disparities. The Centers are also implementing common data elements that will be incorporated into their research projects to ensure standardized, structured definitions of data, variables, and measures that can greatly enhance consortium-wide research efforts.

[8] pubmed.ncbi.nlm.nih.gov/35898195/

National Institute on Minority Health and Health Disparities

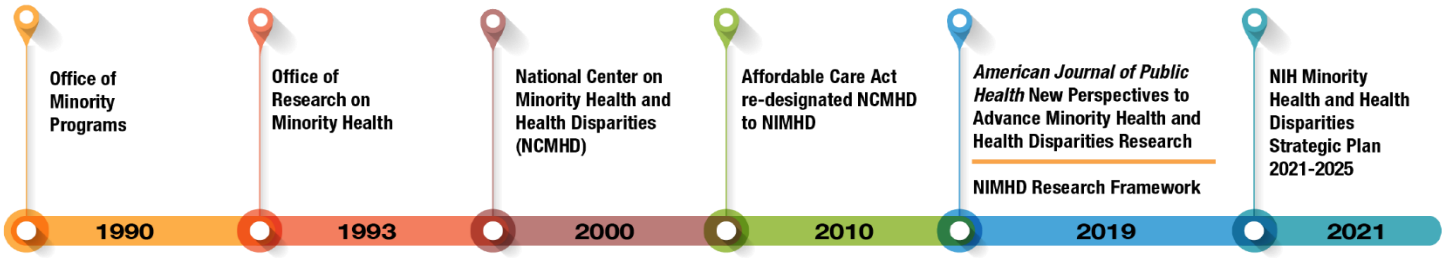
National Institute on Minority Health and Health Disparities
Advancing the Science of Minority Health and Health Disparities

Mission

NIMHD leads scientific research to improve minority health and reduce health disparities. To accomplish this, NIMHD plans, coordinates, reviews, and evaluates NIH minority health and health disparities research and activities; conducts and supports research in minority health and health disparities; promotes and supports the training of a diverse research workforce; translates and disseminates research information; and fosters innovative collaborations and partnerships.

Director
Eliseo J. Pérez-Stable, MD

History



NIMHD Research Programs

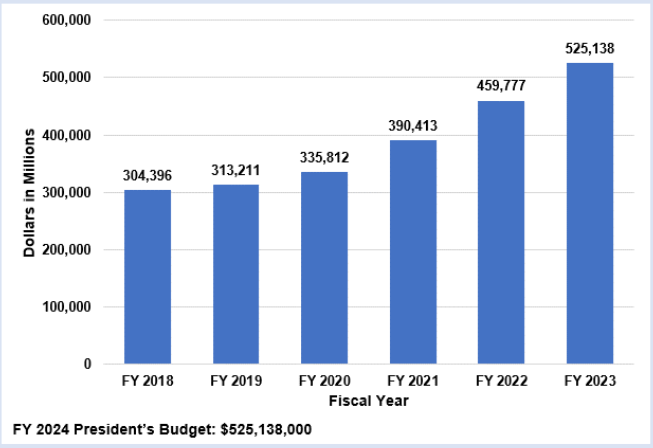
Extramural

- Integrative Biological and Behavioral Sciences
- Clinical and Health Services Research
- Community Health and Population Science

Intramural

- Social and Behavioral Sciences
- Epidemiology and Genetics
- Population and Community Health Sciences

NIMHD Funding History



FY 2024 President's Budget: $525,138,000

NIMHD By the Numbers (FY2018 – 2019)

Total Awards	R01 Awards	Research Centers	Number of Principal Investigators	NIMHD Health Disparities Research Institute Scholars	Average Number of FTEs
2,822	468	86	1,462	403	72

www.facebook.com/NIMHD www.twitter.com/NIMHD www.linkedin.com/company/nimhd-nih/

Research Highlights and Recent Accomplishments

COVID-19 Health Disparities and Adverse Social Determinants of Health: NIMHD leadership published an article presenting an exploratory conceptual framework to understand racial and ethnic COVID-19 disparities and social determinants of health (SDoH), while underscoring the impacts of structural racism and discrimination. Authors encourage future research on interventions that can reduce SDoH-associated disparities.

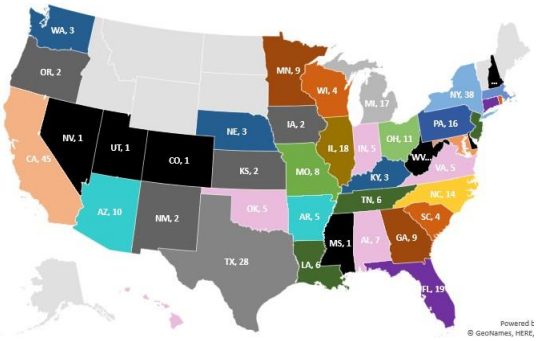
COVID-19 and Diverse Populations: NIMHD published a compendium of articles based on five surveys of populations disproportionately impacted by the COVID-19 pandemic gives insights to inform community public health emergency preparedness efforts and improve pre-existing disparities among key populations.

Life Expectancy by County, Race, and Ethnicity in the USA: The first nation-wide analysis using national data at the county level from 2000-2019 brings researchers and public health leaders one step closer to understanding the burden of health disparities in their own local communities.

Ongoing Activities

Health Disparities Research Institute (HDRI) provides career and training support for early-stage minority health and health disparities scientists from across the U.S. (pictured). More than 65 percent of scholars come from populations unrepresented in science.

2016 - 2022 HDRI Scholar States



Research Centers in Minority Institutions (RCMI) program expands the national capacity for health sciences research by supporting institutions that offer doctorate degrees in health-related science, have limited NIH research funding, and are committed to promoting biomedical workforce diversity and serving underrepresented communities. Currently, 14 Historically Black Colleges and Universities have RCMI grants.

The Multiple Chronic Disease Research Centers support a collaborative of 11 research institutions and one research coordinating center across the nation, leveraging regional coalitions focused on testing interventions implemented in real-world settings to reduce chronic disease health disparities.

The NIMHD Social Epigenomics Research program has funded more than 30 projects on how social experiences affect our epigenome, or how our genes are expressed. Upcoming research advances and results will help address drivers of health disparities and inform the development of effective interventions.

The NIH Community Engagement Alliance Against COVID-19 Disparities (CEAL) initiative provides trustworthy information through active community engagement and outreach to the communities most impacted by the COVID-19 pandemic.

The RADx® Underserved Populations (RADx-UP) Initiative published a special issue in the *American Journal of Public Health* highlighting peer-reviewed research on interventions to promote SARS-CoV-2 testing and studies on social, behavioral, and ethical issues impacting underserved populations.

Future Initiatives

The John Lewis NIMHD Research Endowment Program will provide new opportunities to fund endowments through expanded eligibility of academic institutions due to the passage of the *John Lewis NIMHD Research Endowment Revitalization Act of 2021*.

The Clinical Research Networks will support disease-agnostic networks with a health equity research lens and implementation science approaches to promote minority health and reduce disparities in health care.

Major Changes in the Budget Request

Major changes by budget mechanism and/or budget activity detail are briefly described below. The FY 2024 President's Budget for NIMHD is $525.1 million, which is equal to the FY 2023 Enacted level. The FY 2024 President's Budget reflects the Administration's fiscal policy goals for the Federal Government. Within that framework, NIMHD will pursue its highest research priorities through strategic investments and careful stewardship of appropriated funds.

Research Project Grants (RPGs) (equal to FY 2023 Enacted level; total $271.7 million):
NIMHD anticipates funding approximately 318 non-competing awards in FY 2024 to continue projects receiving competing awards in prior years, a 12 percent increase over the number of awards in FY 2023 and a dollar increase of $36.5 million. NIMHD will continue to provide additional support for Health Disparities Research. Total competing awards will decrease by 62 awards in FY 2024, with a decrease in cost of $36.5 million, as funding shifts to non-competing awards. NIMHD will continue to support existing and new NIMHD initiatives as well as investigator-initiated research.

Research Centers (equal to FY 2023 Enacted level; total $138.9 million):
NIMHD will continue to provide funding for RCMIs, Centers of Excellence, and multiple Centers for AIDS Research. Additionally, NIMHD will continue to support the Centers for Multiple Chronic Diseases Associated with Health Disparities.

Other Research (equal to FY 2023 Enacted level; total $42.2 million):
NIMHD will continue to award new Career Development grants while also supporting other intra-NIH collaborative projects. NIMHD will also continue its support of the John Lewis NIMHD Research Endowment Program.

Research Management and Support (equal to FY 2023 Enacted level; total $35.0 million):
NIMHD will continue to provide program management and administrative support for Research Grant awards.

NATIONAL INSTITUTES OF HEALTH

National Institute on Minority Health and Health Disparities

Budget Mechanism*

(Dollars in Thousands)

Mechanism	FY 2022 Final		FY 2023 Enacted		FY 2024 President's Budget		FY 2024 +/- FY 2023	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Research Projects:								
Noncompeting	209	$124,284	283	$168,514	318	$205,007	35	$36,493
Administrative Supplements	*(23)*	$3,415	*(20)*	$3,073	*(20)*	$3,073	*(0)*	$0
Competing:								
Renewal	2	$1,100	1	$630	0	$0	-1	-$630
New	135	$81,767	140	$81,876	79	$46,013	-61	-$35,863
Supplements	0	$0	0	$0	0	$0	0	$0
Subtotal, Competing	**137**	**$82,867**	**141**	**$82,507**	**79**	**$46,013**	**-62**	**-$36,493**
Subtotal, RPGs	346	$210,567	424	$254,094	397	$254,094	-27	$0
SBIR/STTR	32	$17,641	32	$17,651	32	$17,651	0	$0
Research Project Grants	378	$228,208	456	$271,745	429	$271,745	-27	$0
Research Centers								
Specialized/Comprehensive	24	$56,442	24	$55,657	24	$55,657	0	$0
Clinical Research	0	$0	0	$0	0	$0	0	$0
Biotechnology	0	$0	0	$0	0	$0	0	$0
Comparative Medicine	0	$0	0	$0	0	$0	0	$0
Research Centers in Minority Institutions	22	$74,230	25	$83,204	25	$83,204	0	$0
Research Centers	**46**	**$130,672**	**49**	**$138,861**	**49**	**$138,861**	**0**	**$0**
Other Research:								
Research Careers	96	$13,577	97	$14,052	97	$14,052	0	$0
Cancer Education	0	$0	0	$0	0	$0	0	$0
Cooperative Clinical Research	0	$0	0	$0	0	$0	0	$0
Biomedical Research Support	0	$0	0	$0	0	$0	0	$0
Minority Biomedical Research Support	0	$849	0	$849	0	$849	0	$0
Other	20	$26,672	23	$27,293	23	$27,293	0	$0
Other Research	**116**	**$41,097**	**120**	**$42,193**	**120**	**$42,193**	**0**	**$0**
Total Research Grants	540	$399,977	625	$452,799	598	$452,799	-27	$0
Ruth L Kirschstein Training Awards:	FTTPs		FTTPs		FTTPs		FTTPs	
Individual Awards	32	$1,515	34	$1,572	34	$1,572	0	$0
Institutional Awards	2	$57	2	$59	2	$59	0	$0
Total Research Training	**34**	**$1,571**	**36**	**$1,631**	**36**	**$1,631**	**0**	**$0**
Research & Develop. Contracts	87	$19,760	90	$20,708	90	$20,708	0	$0
SBIR/STTR (non-add)	*(0)*	*($159)*	*(0)*	*($167)*	*(0)*	*($167)*	*(0)*	*($0)*
Intramural Research	12	$9,944	18	$15,000	18	$15,000	0	$0
Res. Management & Support	68	$28,525	192	$35,000	192	$35,000	0	$0
SBIR Admin. (non-add)		*($0)*		*($0)*		*($0)*		*($0)*
Construction		$0		$0		$0		$0
Buildings and Facilities		$0		$0		$0		$0
Total, NIMHD	**80**	**$459,777**	**210**	**$525,138**	**210**	**$525,138**	**0**	**$0**

* All items in italics and brackets are non-add entries.

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, **[**$524,395,000**]***$525,138,000*.

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

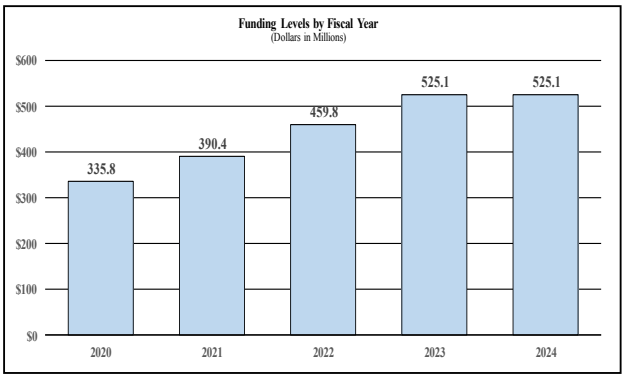
Summary of Changes
(Dollars in Thousands)

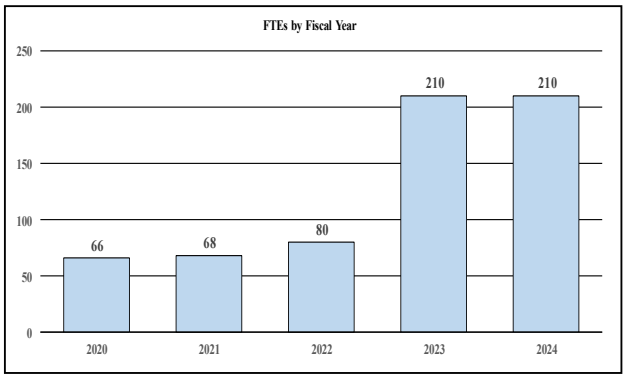
FY 2023 Enacted	$525,138
FY 2024 President's Budget	$525,138
Net change	$0

CHANGES	FY 2023 Enacted FTEs	FY 2023 Enacted Budget Authority	FY 2024 President's Budget FTEs	FY 2024 President's Budget Budget Authority	Built-In Change from FY 2023 Enacted FTEs	Built-In Change from FY 2023 Enacted Budget Authority
A. Built-in:						
1. Intramural Research:						
a. Annualization of FY 2023 pay and benefits increase		$4,241		$4,468		$47
b. FY 2024 pay and benefits increase		$4,241		$4,468		$163
c. Paid days adjustment		$4,241		$4,468		$16
d. Differences attributable to change in FTE		$4,241		$4,468		$0
e. Payment for centrally furnished services		$1,531		$1,555		$24
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		$9,228		$8,976		$221
Subtotal						$473
2. Research Management and Support:						
a. Annualization of FY 2023 pay and benefits increase		$19,818		$20,878		$220
b. FY 2024 pay and benefits increase		$19,818		$20,878		$759
c. Paid days adjustment		$19,818		$20,878		$76
d. Differences attributable to change in FTE		$19,818		$20,878		$0
e. Payment for centrally furnished services		$1,782		$1,811		$29
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		$13,399		$12,311		$322
Subtotal						$1,406
Subtotal, Built-in						$1,878

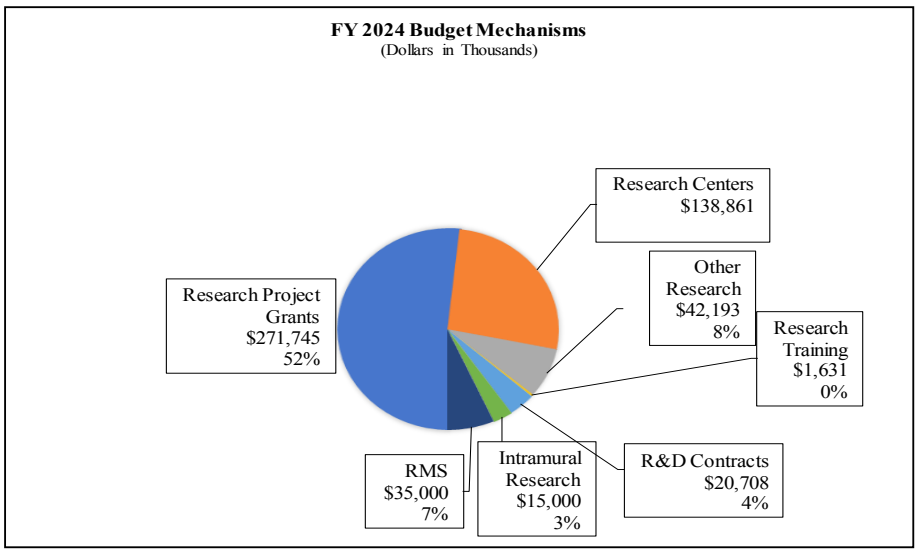
CHANGES	FY 2023 Enacted No.	FY 2023 Enacted Amount	FY 2024 President's Budget No.	FY 2024 President's Budget Amount	Program Change from FY 2023 Enacted No.	Program Change from FY 2023 Enacted Amount
B. Program:						
1. Research Project Grants:						
a. Noncompeting	283	$171,587	318	$208,081	35	$36,493
b. Competing	141	$82,507	79	$46,013	-62	-$36,493
c. SBIR/STTR	32	$17,651	32	$17,651	0	$0
Subtotal, RPGs	456	$271,745	429	$271,745	-27	$0
2. Research Centers	49	$138,861	49	$138,861	0	$0
3. Other Research	120	$42,193	120	$42,193	0	$0
4. Research Training	36	$1,631	36	$1,631	0	$0
5. Research and development contracts	90	$20,708	90	$20,708	0	$0
Subtotal, Extramural		$475,138		$475,138		$0
6. Intramural Research	18	$15,000	18	$15,000	0	-$473
7. Research Management and Support	192	$35,000	192	$35,000	0	-$1,406
8. Construction		$0		$0		$0
9. Buildings and Facilities		$0		$0		$0
Subtotal, Program	210	$525,138	210	$525,138	0	-$1,878
Total built-in and program changes						$0

History of Budget Authority and FTEs:

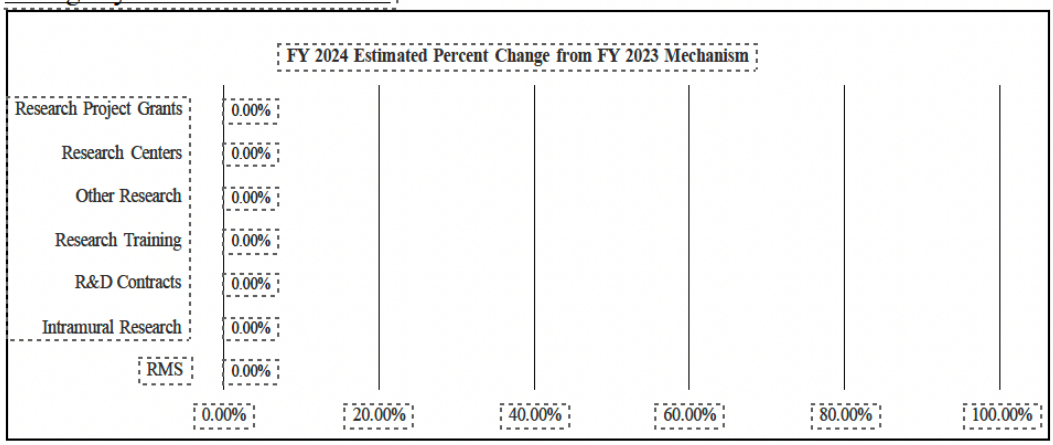


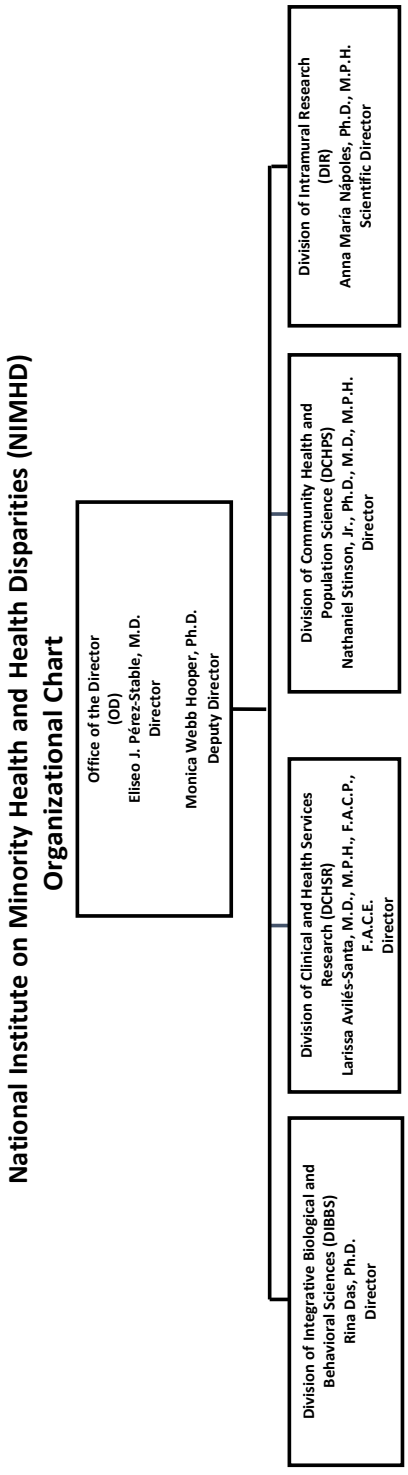


Distribution by Mechanism:



Change by Selected Mechanisms:




National Institute on Minority Health and Health Disparities (NIMHD)
Organizational Chart
Office of the Director
(OD)
Eliseo J. Pérez-Stable, M.D.
Director
Monica Webb Hooper, Ph.D.
Deputy Director
Division of Integrative Biological and Behavioral Sciences (DIBBS)
Rina Das, Ph.D.
Director
Division of Clinical and Health Services Research (DCHSR)
Larissa Avilés-Santa, M.D., M.P.H., F.A.C.P., F.A.C.E.
Director
Division of Community Health and Population Science (DCHPS)
Nathaniel Stinson, Jr., Ph.D., M.D., M.P.H.
Director
Division of Intramural Research (DIR)
Anna María Nápoles, Ph.D., M.P.H.
Scientific Director

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

Budget Authority by Activity *
(Dollars in Thousands)

	FY 2022 Final		FY 2023 Enacted		FY 2024 President's Budget		FY 2024 +/- FY 2023 Enacted	
Extramural Research	**FTE**	**Amount**	**FTE**	**Amount**	**FTE**	**Amount**	**FTE**	**Amount**
Detail								
Integrative Biological and Behavioral Sciences		$64,605		$65,621		$65,658		$38
Community Health and Population Sciences		$86,571		$95,711		$95,707		-$4
Clinical and Health Services Research		$88,348		$100,718		$99,256		-$1,462
Research Centers on Minority Health and Health Disparities		$159,255		$184,572		$184,923		$351
Training and Career Development		$22,529		$28,516		$29,593		$1,077
Subtotal, Extramural		**$421,308**		**$475,138**		**$475,138**		**$0**
Intramural Research	**12**	**$9,944**	**18**	**$15,000**	**18**	**$15,000**	**0**	**$0**
Research Management & Support	**68**	**$28,525**	**192**	**$35,000**	**192**	**$35,000**	**0**	**$0**
TOTAL	**80**	**$459,777**	**210**	**$525,138**	**210**	**$525,138**	**0**	**$0**

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

National Institute on Minority Health and Health Disparities

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

Budget Authority (BA):

	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
BA	$459,777,000	$525,138,000	$525,138,000	$0
FTE	80	210	210	0

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

Overall Budget Policy: The FY 2024 President's Budget request is $525.1 million, equal to the FY 2023 Enacted level.

Program Descriptions

Integrative Biological and Behavioral Sciences

NIMHD continues to build the knowledge base on how human biological and behavioral mechanisms and pathways influence resilience and susceptibility to adverse health conditions that affect populations that experience health disparities. In FY 2022, NIMHD invested approximately $103.3 million in 157 awards that will conduct integrative biological and behavioral research. Intimate partner violence (IPV) is an area that has not been adequately studied among adolescents, especially sexual minority youth, although this population is more likely to experience such trauma compared to their heterosexual peers.[9] Although the severity and frequency of IPV among sexual minority youth are not well understood, IPV contributes to individuals experiencing adverse mental and physical health outcomes, such as depression, suicide, gynecological disorders, and mortality. The *Trajectories of Intimate Partner Violence among Sexual Minority Youth* is a NIMHD-funded study that aims to characterize individual and group trajectories of IPV, such as differences in participant and partner characteristics, and associations with mental health, health behaviors, and substance use outcomes.[10] Findings will contribute to new evidence on IPV experiences including risk and resilience factors, as well as behavioral health outcomes among sexual minority adolescents to identify appropriate strategies for future interventions.

[9] cdc.gov/violenceprevention/pdf/nisvs_sofindings.pdf
[10] reporter.nih.gov/search/Lz271F5Cj0SEwgZWOJZ7aQ/project-details/10420906

Several racial and ethnic minority groups, and individuals from less-privileged socioeconomic backgrounds have high rates of illness and death due to diabetes.[11] Researchers and public health officials continue to seek new strategies to improve diabetes management and control. One NIMHD-funded research study, *Cost-effectiveness of Financial Incentives to Improve Glycemic Control in Adults with Diabetes: A Pilot Randomized Controlled Trial* examined the effectiveness of three financial incentive structures over a 3-month period to improve type 2 diabetes outcomes among African American or Black individuals of low-income backgrounds.[12] Researchers conducted a randomized trial and found that groups that received more frequent, smaller financial incentives experienced better glucose control and lower blood glucose, suggesting that recurring financial incentives may be an effective method for initiating behavior change in diabetes management.

There is growing research interest in exploring determinants of racial and ethnic disparities in sleep deficiency and their relationships to health conditions such as hypertension, type 2 diabetes, cardiovascular disease, obesity, and dementia. For instance, African American or Black individuals experience poorer sleep quality and less sleep compared to White individuals. NIMHD funded the *Racial Inequalities in Sleep Deficiencies: The Role of Stress in the Workplace* study,[13] to examine the role of racial disparities in specific types of work-related stress as a contributor to sleep deficiencies. The goal is to garner insights from this study on the biological link between sleep and stress that can help inform the development of interventions to address stress-related sleep disparities.

Budget Policy: The FY 2024 President's Budget request for Integrative Biological and Behavioral Sciences is $65.7 million, an increase of $38,000 or 0.1 percent compared with the FY 2023 Enacted level.

Clinical and Health Services Research

NIMHD is funding a growing research portfolio on clinical and health services research to improve health outcomes and quality of healthcare for populations experiencing health disparities, including variations in healthcare access and utilization across populations, and methods for delivering medical care to racial and ethnic minority, and other populations experiencing health disparities. In FY 2022, NIMHD funded 203 awards totaling $145.7 million to support research that will generate new knowledge to improve health outcomes and quality of health care for populations that experience health disparities.

Family caregiving is a rewarding yet challenging responsibility that can take an emotional, economic, and physical toll on the caregivers. Caring for a family member with dementia can be even more stressful and demanding than caring for someone with physical limitations given the ebbs and flows of behavior and cognitive function of the person with dementia. Hispanic or Latino families are likely to provide care at home for family members with dementia and often do not seek support services. *A Text Messaging Intervention to Support Latinx Family*

[11] cdc.gov/diabetes/health-equity/index.html
[12] pubmed.ncbi.nlm.nih.gov/33735275/
[13] reporter.nih.gov/search/E_LQ4_zooUK-mOix_T7BgQ/project-details/10449408

Caregivers of Individuals with Dementia (CuidaTEXT): Development and Usability Study,[14] is a NIMHD-funded intervention that provides a library of 244 bilingual automated SMS text messages tailored to caregiver needs, focused on dementia education, self-care, social support, end of life, care of the person with dementia, behavioral symptoms, and problem-solving strategies. Features also include keyword-driven and live chat messages as well as automated tips pertaining to certain content keywords in the library. The intervention showed high usability among Hispanic or Latino users demonstrating the potential and readiness of the intervention for further testing.

Zika virus, a disease that spreads mainly through the bite of infected mosquitos, poses a great risk to a pregnant woman and her fetus, and can result in adverse health outcomes such as miscarriage or brain birth defects. Socially and economically disadvantaged women residing in poor housing conditions are at increased exposure and risk for the Zika virus infection. Researchers are seeking to better understand the relationship between the Zika virus and pregnancy to improve intervention strategies. One NIMHD-funded study, *Early Childhood Neurodevelopmental Outcomes in Children with Prenatal Zika Virus Exposure: A Cohort Study in Puerto Rico: Presence of Neurodevelopmental Effects,*[15] investigated how exposure to the Zika virus impacts neurodevelopmental outcomes in children. The study showed cognitive, language, and motor delays at age two, with fewer cognitive and language delays at age three. One-third of children experienced some level of developmental delay. The findings emphasize the importance of timely prevention mechanisms, early detection, and proper identification of potential long-term impairment as effective intervention strategies that can help attain optimal child development.

Sexual and gender minority (SGM) populations experience a wide range of health disparities including poor mental health outcomes, high rates of cardiovascular disease risk factors, and increased risk of being victims of violence.[16] [17] [18] Limited evidence-based interventions and longitudinal studies are available to examine SGM health disparities. NIMHD will support research to address health and health care disparities in SGM populations focused on areas such as cardiovascular disease, diabetes, obesity, cancer, COVID-19, mental health, substance abuse, and reproductive health.

Budget Policy: The FY 2024 President's Budget request for Clinical and Health Services Research is $99.3 million, a decrease of $1.5 million or 1.5 percent compared with the FY 2023 Enacted level.

Community Health and Population Science

NIMHD funds epidemiological research, and community-based interventions to understand and address the pathways that contribute to health disparities. In FY 2022, NIMHD made 214 awards totaling approximately $149.7 million to support research on community health and

[14] pubmed.ncbi.nlm.nih.gov/35482366/
[15] pubmed.ncbi.nlm.nih.gov/35577118/
[16] cdc.gov/violenceprevention/pdf/nisvs_sofindings.pdf
[17] pubmed.ncbi.nlm.nih.gov/33510362/
[18] pubmed.ncbi.nlm.nih.gov/33985698/

population sciences. Firearm violence is a public health crisis that destroys families and communities, especially in neighborhoods with a history of systemic structural racism. Young African American or Black men experience a high rate of death due to gun violence,[19] and individuals affected by gun violence may experience trauma, as well as negative mental and physical health outcomes. The causes of gun violence are multifactorial and require intervention at various levels. NIMHD supports the *TRUE HAVEN: TRUsted rEsidents and Housing Assistance to decrease Violence Exposure in New Haven* project.[20] This multidisciplinary, community-driven intervention aims to reduce gun violence by focusing on the stability, economic advancement, and well-being of affected neighborhoods. Through community leadership, the program will identify and address unfair policies, increase housing stability for families affected by incarceration with financial education and rental assistance, and provide mental health and well-being support by training trusted community members in trauma-informed counseling techniques. The overall goal of *TRUE HAVEN* is to develop a roadmap for cities to effectively and systematically address the root causes of gun violence to improve community health and reduce health disparities.

Research suggest that attachment experiences may contribute to physical health across the lifespan, and that attachment style could mitigate the negative effects of social and environmental risk factors. NIMHD-funded researchers examined the impact of living in impoverished neighborhoods on allostatic load (the cumulative burden of chronic stress and life events), increased risk of accelerated aging in early adulthood, and whether adult attachment style moderates this risk among rural African American or Black young adults.[21] The findings showed that exposure to neighborhood poverty across ages 11-18 years old was associated with higher allostatic load that results in faster cellular aging. Attachment avoidance (i.e., degree to which individuals are uncomfortable with closeness, intimacy, and emotional disclosure in close relationships) moderated the relationship between allostatic load and changes in cellular aging. In addition, negative cascading effects of exposure to neighborhood poverty may be mitigated for African American or Black young adults with low attachment avoidance that can offer protection by using others for effective social support.

To advance its work to develop and evaluate interventions delivered in community settings, NIMHD will fund research projects through the *Community Level Interventions to Improve Minority Health and Reduce Health Disparities* initiative,[22] to shift from individual-level interventions to more community and practice-derived multi-level and multi-sectoral interventions. Community-level interventions, in which interventions target determinants associated with the overall community, such as the physical, the built (created by human activity), or sociocultural environments; resources; or functioning are important priorities to improve minority health and reduce health disparities.

Budget Policy: The FY 2024 President's Budget request for Community Health and Population Sciences is $95.7 million, a decrease of $4,000 or 0.0 percent compared with the FY 2023 Enacted level.

[19] pubmed.ncbi.nlm.nih.gov/33985698/
[20] reporter.nih.gov/search/roTIz_Z0yEWUFQRtUPhf0Q/project-details/10474672
[21] pubmed.ncbi.nlm.nih.gov/34617499/
[22] nimhd.nih.gov/funding/approved-concepts/2021/index.html

Research Centers on Minority Health and Health Disparities

NIMHD has a diverse set of research centers to advance the science to improve minority health and reduce health disparities. All NIMHD Research Centers conduct multidisciplinary research, focus on building research capacity at their home institution, support development of early career investigators through a designated pilot award program, strengthen community engagement through dedicated resources, and foster diverse collaborations and partnerships. One study supported by the Environmental Health Disparities Research Centers initiative, investigated *Prenatal Ambient Air Pollution and Maternal Depression at 12 months Postpartum in the MADRES Pregnancy Cohort*,[23] to determine the relationship between daily prenatal exposure to pollutants across pregnancy and postpartum depression among low-income Hispanic or Latina women in urban Los Angeles. Investigators discovered that exposure to nitrogen dioxide and fine particulate matter (PM2.5) during pregnancy, was associated with later maternal depression. The findings emphasized the importance of understanding how environmental exposures contribute to maternal health outcomes and of intervening at critical points to reduce disparities in maternal and infant health.

Multiple Chronic Disease Research Centers

In FY 2021, NIMHD established the Multiple Chronic Disease Research Centers initiative as authorized by Public Law 116-260, *the Consolidated Appropriations Act of 2021*. The Multiple Chronic Disease Research Centers will develop and implement interventions in clinical settings that have the potential to reduce chronic disease disparities. The Research Centers will conduct research on chronic diseases that disproportionately affect populations with health disparities, including, but not limited to obesity, diabetes, hypertension, coronary heart disease, congestive heart failure, asthma, chronic kidney disease, chronic liver disease, stroke, osteoarthritis, and certain cancers. In New York City, one of the 11 funded Centers, the **C**enter to Improve Chronic Disease **O**utcomes through **M**ulti-level and **M**ulti-generational Approaches **U**nifying **N**ovel **I**nterventions and **T**raining for Health Equit**Y** (The COMMUNITY Center), established a multi-institutional partnership of interdisciplinary investigators, clinicians, and community stakeholders to address cardiovascular disease and cancer, and associated risk factors. The Center trained community health workers in using photography to capture community health needs and priorities. This led to the creation of a physical and virtual photo voice exhibit entitled Celebrating New York City Community Health Workers: #Trustworkers, which highlights the important role of community health workers in building and maintaining trust with community members to establish trusting relationships between the community, clinicians, and the medical system. The Centers are finalizing common data elements to incorporate into their research projects which will enhance the impact of the initiative and the feasibility for consortium-wide scientific inquiries.

The Research Centers in Minority Institutions (RCMI) program, is designed to expand the national capacity for research in the health sciences by providing support to institutions that offer doctorate degrees in the health professions or in a health-related science and have a documented historical and current commitment to educating underrepresented students, and institutions that provide clinical services to medically underserved communities. Currently, NIMHD funds 22 RCMI awards and a coordinating center to promote collaborations across all the funded RCMI centers. A NIMHD-funded RCMI program examined *Dietary Quality, Food Security, and Glycemic Control Among Adults with Diabetes*,[24] to understand the relationship between dietary quality and glycemic control, and to assess whether food insecurity affects this association. Researchers found that African American or Black, and Hispanic or Latino individuals had poor

[23] pubmed.ncbi.nlm.nih.gov/34838014/
[24] pubmed.ncbi.nlm.nih.gov/34838014/

glycemic control. The results also indicated that poor glycemic control was associated with poor quality of diet, food insecurity, and lack of a regular source of health care. These findings underscore the urgency of addressing food insecurity to ensure all populations can access healthy, affordable foods and maintain good nutrition to better manage diabetes and other chronic diseases. NIMHD plans to continue funding the RCMI program with a new funding opportunity to be released in FY 2023.

Budget Policy: The FY 2024 President's Budget request for Research Centers in Minority Institutions is $184.9 million, an increase of $0.4 million or 0.2 percent compared with the FY 2023 Enacted level.

Research Training

NIMHD supports training and career development for the next generation of minority health and health disparities researchers using several mechanisms including fellowships for predoctoral students and career development awards for early-stage investigators. Research by one NIMHD-funded career development awardee, examined *Gestational Exposure to Neighborhood Police-Reported Crime and Early Childhood Blood Pressure in Durham, NC*.[25] The objective of the study was to assess the effects of gestational or pregnancy exposure to violent crime, racial profiling, and drug policing on early childhood blood pressure. The findings revealed an association between gestational exposure to police-reported crime and adverse birth outcomes. African American or Black and Hispanic or Latina mothers experienced more than two times the violence and four times the amount of drug policing as White mothers during pregnancy. Among the children born to African American or Black mothers, there were associations between increased blood pressure and violence and drug policing, not observed among other participants in the study. Results indicated the need for interventions to eliminate disparities in poverty, exposure to violent and drug-related crime, and racialized policing to reduce cardiovascular-related health disparities.

Type 2 diabetes is a leading cause of chronic kidney disease, which could ultimately progress to end-stage renal disease (ESRD). African American or Black persons are disproportionately impacted by ESRD, and those living in inner-city environments encounter multiple social challenges that affect effective self-management of chronic kidney disease, such as housing instability, unemployment, food insecurity, or transportation needs. Another NIMHD-funded scholar is conducting a *Mixed-Methods Study of Multidimensional Adversity in Inner-City African American Adults with Chronic Kidney Disease and Type 2 Diabetes Mellitus*,[26] to understand the role and effect of multidimensional adversity in African American adults with chronic kidney disease. Data from the study will inform the development of a culturally tailored intervention for African American or Black adults living in inner cities with chronic kidney disease and type 2 diabetes that also addresses multidimensional adversity.

The NIMHD *Health Disparities Research Institute* (HDRI) program provides research career development opportunities for promising early-career scientists with an interest in minority

[25] pubmed.ncbi.nlm.nih.gov/35405583/
[26] reporter.nih.gov/search/Mh2ZZ1g0XUO0e2rgRuya9w/project-details/10448678

health and health disparities research, to gain knowledge and skills towards becoming independent researchers.[27] More than 400 participants have completed the program with more than 60 percent representing racial and ethnic minority backgrounds. Sixty-five percent of participants have a Ph.D., Sc.D., or Dr.PH. degree. Twenty-five percent of participants have a M.D., D.O., D.M.D., or Pharm.D. degree, while 10 percent have a Ph.D. with a P.A., or R.N., degree. Sixty-two percent of participants were in Assistant Professor positions. Postdoctoral Fellows made up 23 percent of participants, and 15 percent held other positions. Participants in the program represent 43 states, the District of Columbia, Puerto Rico, and Guam. NIMHD will track the career trajectory of its participants over time to determine the impact of the program and its effectiveness in contributing to the diversity of the scientific research workforce and advancing the career path of participants.

In FY 2022, NIMHD funded 89 awards through the extramural loan repayment programs (LRP) for Health Disparities Research (76 awards), Clinical Research for Individuals from Disadvantaged Backgrounds (10 awards), as well as the new NIH Research in Emerging Areas Critical to Human Health (3 awards). More than 70 percent of NIMHD awardees were from a racial or ethnic minority group, and awardees represented approximately 30 U.S. states and Puerto Rico. The NIMHD will continue supporting the recruitment and retention of talented scientists from racial and ethnic minority backgrounds and other scientists interested in minority health and health disparities research through loan repayment awards in its efforts to contribute to diversifying the scientific research workforce. NIMHD LRP scholars conduct research on topics such as HIV and mental health disparities; integrating culture and telehealth to address mental health; and prenatal food insecurity, physical inactivity, and disparities in infant breastfeeding and development.

Budget Policy: The FY 2024 President's Budget request for training is $29.6 million, an increase of $1.1 million or 3.8 percent compared with the FY 2023 Enacted level.

Intramural Research

The NIMHD intramural research program continues to expand its team of investigators and its research portfolio of collaborative, transdisciplinary, high risk and high impact minority health and health disparities research. With a budget of $15.0 million in FY 2023, the intramural program includes three branches in population and community health sciences; in social and behavioral sciences; and in epidemiology and genetics. Each investigator recruits postdoctoral fellows, postbaccalaureate fellows, and other trainees to spend one to five years doing research at NIH. One intramural research study investigated the *effects of ethnicity, genetic ancestry, and socioeconomic deprivation on serum creatinine levels* in a diverse population.[28] Clinicians use serum creatine levels in combination with variables such as age and sex to estimate glomerular filtration rate (eGFR), which is the most used clinical indicator of kidney function. Investigators found that genetic ancestry explained a greater amount of variation in serum creatinine levels compared to other variables, suggesting that genetics may play a role in ethnic differences in creatinine.

[27] nimhd.nih.gov/programs/edu-training/hdri/
[28] pubmed.ncbi.nlm.nih.gov/35772650/

Research has demonstrated an association between discrimination and cardiovascular disease among African American populations. However, the pathway by which racial discrimination affects cardiovascular disease has not been adequately explained. NIMHD intramural researchers examined the *Role of Perceived Discrimination in Predicting Changes in Health Behaviors among African Americans in the Jackson Heart Study* to determine the association between perceived discrimination with health behaviors over time and to identify whether associations of discrimination with behaviors varied by the attribution of discrimination.[29] The study classified change in cigarette smoking status as "persistent." Results showed that higher everyday discrimination was associated with current and former persistent smokers relative to those who have never smoked among African American participants in the Jackson Heart Study. Findings reveal possible mechanisms through which discrimination impacts the health of African American or Black persons.

NIMHD scientists conducted research to understand the association of second-hand tobacco smoke and the risk of mortality among nonsmokers of racial and ethnic minority or less-privileged social or economic background.[30] Using data from the National Health Interview Survey, researchers assessed self-reported second-hand smoke exposure at home among never smoking participants. The results showed that compared to no second-hand smoke at home, there was a higher risk of all cause and heart disease mortality associated with everyday exposure. The findings suggest that environmental tobacco smoke exposure at home is an important contributor to mortality across race, ethnicity, education, and income.

Budget Policy: The FY 2024 President's Budget request for intramural research is $15.0 million, equal to the FY 2023 Enacted level.

Research Management and Support

Research Management and Support (RMS) provides administrative, budgetary, logistical, and scientific support toward the review, award, and monitoring of researching grants, training awards, and research development contracts. RMS funds also support strategic planning, coordination, and evaluation of NIMHD programs and coordination and engagement with other Federal agencies, Congress, and the public.

Budget Policy: The FY 2024 President's Budget request for RMS is $35.0 million, equal to the FY 2023 Enacted level.

[29] pubmed.ncbi.nlm.nih.gov/34117112/
[30] pubmed.ncbi.nlm.nih.gov/36156283/

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
2015	$267,953,000			$269,154,000
Rescission				$0
2016	$281,549,000	$272,493,000	$287,379,000	$279,718,000
Rescission				$0
2017 [1]	$280,680,000	$286,446,000	$292,323,000	$289,069,000
Rescission				$0
2018	$214,723,000	$293,583,000	$297,784,000	$303,200,000
Rescission				$0
2019	$280,545,000	$306,821,000	$314,845,000	$314,679,000
Rescission				$0
2020	$270,870,000	$341,244,000	$330,968,000	$335,812,000
Rescission				$0
2021	$305,498,000	$348,700,000	$391,747,000	$390,865,000
Rescission				$0
2022	$652,244,000	$661,879,000	$651,101,000	$459,056,000
Rescission				$0
2023	$659,817,000	$505,292,000	$534,287,000	$524,395,000
Rescission				$0
2024	$525,138,000			

[1] Budget Estimate to Congress includes mandatory financing.

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

Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2023 Amount Authorized	FY 2023 Enacted	2024 Amount Authorized	FY 2024 President's Budget
Research and Investigation	Section 301	42§241	Indefinite	$525,138,000	Indefinite	$525,138,000
National Institute on Minority Health and Health Disparities	Section 401(a)	42§281	Indefinite		Indefinite	
Total, Budget Authority				$525,138,000		$525,138,000

NATIONAL INSTITUTES OF HEALTH

National Institute on Minority Health and Health Disparities

Amounts Available for Obligation [1]

(Dollars in Thousands)

Source of Funding	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Appropriation	$459,056	$524,395	$525,138
OAR HIV/AIDS Transfers	$721	$743	$0
Subtotal, adjusted budget authority	$459,777	$525,138	$525,138
Unobligated balance, start of year	$0	$0	$0
Unobligated balance, end of year (carryover)	$0	$0	$0
Subtotal, adjusted budget authority	**$459,777**	**$525,138**	**$525,138**
Unobligated balance lapsing	-$515	$0	$0
Total obligations	$459,262	$525,138	$525,138

[1] Excludes the following amounts (in thousands) for reimbursable activities carried out by this account:
FY 2022 - $2,223 FY 2023 - $6,000 FY 2024 - $6,000

NATIONAL INSTITUTES OF HEALTH
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Budget Authority by Object Class[1]
(Dollars in Thousands)

		FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Total compensable workyears:				
	Full-time equivalent	210	210	0
	Full-time equivalent of overtime and holiday hours	0	0	0
	Average ES salary	$0	$0	$0
	Average GM/GS grade	13.0	13.0	0.0
	Average GM/GS salary	$131	$131	$0
	Average salary, Commissioned Corps (42 U.S.C. 207)	$0	$0	$0
	Average salary of ungraded positions	$0	$0	$0
	OBJECT CLASSES	**FY 2023 Enacted**	**FY 2024 President's Budget**	**FY 2024 +/- FY 2023**
	Personnel Compensation			
11.1	Full-Time Permanent	$13,645	$14,389	$744
11.3	Other Than Full-Time Permanent	$2,650	$2,795	$145
11.5	Other Personnel Compensation	$391	$412	$21
11.7	Military Personnel	$473	$499	$26
11.8	Special Personnel Services Payments	$1,201	$1,266	$65
11.9	**Subtotal Personnel Compensation**	**$18,360**	**$19,361**	**$1,001**
12.1	Civilian Personnel Benefits	$5,662	$5,946	$283
12.2	Military Personnel Benefits	$37	$39	$2
13.0	Benefits to Former Personnel	$0	$0	$0
	Subtotal Pay Costs	**$24,059**	**$25,346**	**$1,287**
21.0	Travel & Transportation of Persons	$321	$328	$8
22.0	Transportation of Things	$21	$21	$0
23.1	Rental Payments to GSA	$29	$29	$1
23.2	Rental Payments to Others	$0	$0	$0
23.3	Communications, Utilities & Misc. Charges	$12	$13	$0
24.0	Printing & Reproduction	$0	$0	$0
25.1	Consulting Services	$5,231	$5,330	$99
25.2	Other Services	$8,231	$8,429	$198
25.3	Purchase of Goods and Services from Government Accounts	$21,836	$20,002	-$1,833
25.4	Operation & Maintenance of Facilities	$16	$17	$0
25.5	R&D Contracts	$8,465	$8,668	$203
25.6	Medical Care	$0	$0	$0
25.7	Operation & Maintenance of Equipment	$868	$888	$21
25.8	Subsistence & Support of Persons	$0	$0	$0
25.0	**Subtotal Other Contractual Services**	**$44,647**	**$43,334**	**-$1,312**
26.0	Supplies & Materials	$81	$83	$2
31.0	Equipment	$590	$604	$14
32.0	Land and Structures	$0	$0	$0
33.0	Investments & Loans	$0	$0	$0
41.0	Grants, Subsidies & Contributions	$455,378	$455,378	$0
42.0	Insurance Claims & Indemnities	$0	$0	$0
43.0	Interest & Dividends	$1	$1	$0
44.0	Refunds	$0	$0	$0
	Subtotal Non-Pay Costs	**$501,079**	**$499,792**	**-$1,287**
	Total Budget Authority by Object Class	**$525,138**	**$525,138**	**$0**

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

NATIONAL INSTITUTES OF HEALTH

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Salaries and Expenses

(Dollars in Thousands)

Object Classes	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Personnel Compensation			
Full-Time Permanent (11.1)	$13,645	$14,389	$744
Other Than Full-Time Permanent (11.3)	$2,650	$2,795	$145
Other Personnel Compensation (11.5)	$391	$412	$21
Military Personnel (11.7)	$473	$499	$26
Special Personnel Services Payments (11.8)	$1,201	$1,266	$65
Subtotal, Personnel Compensation (11.9)	**$18,360**	**$19,361**	**$1,001**
Civilian Personnel Benefits (12.1)	$5,662	$5,946	$283
Military Personnel Benefits (12.2)	$37	$39	$2
Benefits to Former Personnel (13.0)	$0	$0	$0
Subtotal Pay Costs	**$24,059**	**$25,346**	**$1,287**
Travel & Transportation of Persons (21.0)	$321	$328	$8
Transportation of Things (22.0)	$21	$21	$0
Rental Payments to Others (23.2)	$0	$0	$0
Communications, Utilities & Misc. Charges (23.3)	$12	$13	$0
Printing & Reproduction (24.0)	$0	$0	$0
Other Contractual Services			
Consultant Services (25.1)	$5,231	$5,330	$99
Other Services (25.2)	$8,231	$8,429	$198
Purchase of Goods and Services from Government Accounts (25.3)	$21,836	$20,002	-$1,833
Operation & Maintenance of Facilities (25.4)	$16	$17	$0
Operation & Maintenance of Equipment (25.7)	$868	$888	$21
Subsistence & Support of Persons (25.8)	$0	$0	$0
Subtotal Other Contractual Services	**$36,182**	**$34,667**	**-$1,515**
Supplies & Materials (26.0)	$81	$83	$2
Subtotal Non-Pay Costs	**$36,617**	**$35,112**	**-$1,505**
Total Administrative Costs	**$60,676**	**$60,458**	**-$218**

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

Detail of Full-Time Equivalent Employment (FTE)

Office	FY 2022 Final			FY 2023 Enacted			FY 2024 President's Budget		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Division of Intramural Research									
Direct:	12	1	13	17	1	18	17	1	18
Total:	12	1	13	17	1	18	17	1	18
Office of the Director									
Direct:	43	1	44	168	1	169	168	1	169
Total:	43	1	44	168	1	169	168	1	169
Division of Integrative Biological and Behavioral Sciences									
Direct:	5	-	5	5	-	5	5	-	5
Total:	5	-	5	5	-	5	5	-	5
Division of Community Health and Population Sciences									
Direct:	9	1	10	9	1	10	9	1	10
Total:	9	1	10	9	1	10	9	1	10
Division of Clinical and Health Services Research									
Direct:	8	-	8	8	-	8	8	-	8
Total:	8	-	8	8	-	8	8	-	8
Division of Scientific Programs									
Direct:	-	-	-	-	-	-	-	-	-
Total:	-	-	-	-	-	-	-	-	-
Division of Data Management and Scientific Reporting									
Direct:	-	-	-	-	-	-	-	-	-
Total:	-	-	-	-	-	-	-	-	-
Reimbursable									
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	-	-	-	-	-	-	-	-	-
Total	77	3	80	207	3	210	207	3	210
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
2020	13.0
2021	13.0
2022	13.0
2023	13.0
2024	13.0

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

Detail of Positions[1]

GRADE	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Total, ES Positions	0	0	0
Total, ES Salary	$0	$0	$0
General Schedule			
GM/GS-15	9	12	12
GM/GS-14	17	134	134
GM/GS-13	17	23	23
GS-12	3	7	7
GS-11	1	2	2
GS-10	0	0	0
GS-9	1	1	1
GS-8	3	3	3
GS-7	2	2	2
GS-6	0	0	0
GS-5	0	0	0
GS-4	0	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	53	184	184
Commissioned Corps (42 U.S.C. 207)			
Assistant Surgeon General	0	0	0
Director Grade	1	2	2
Senior Grade	2	0	0
Full Grade	1	1	1
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Subtotal	4	3	3
Ungraded	23	23	23
Total permanent positions	80	210	210
Total positions, end of year	80	210	210
Total full-time equivalent (FTE) employment, end of year	80	210	210
Average ES salary	$0	$0	$0
Average GM/GS grade	13.0	13.0	13.0
Average GM/GS salary	$130,024	$130,657	$130,657

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