

DEPARTMENT OF HEALTH AND HUMAN SERVICES

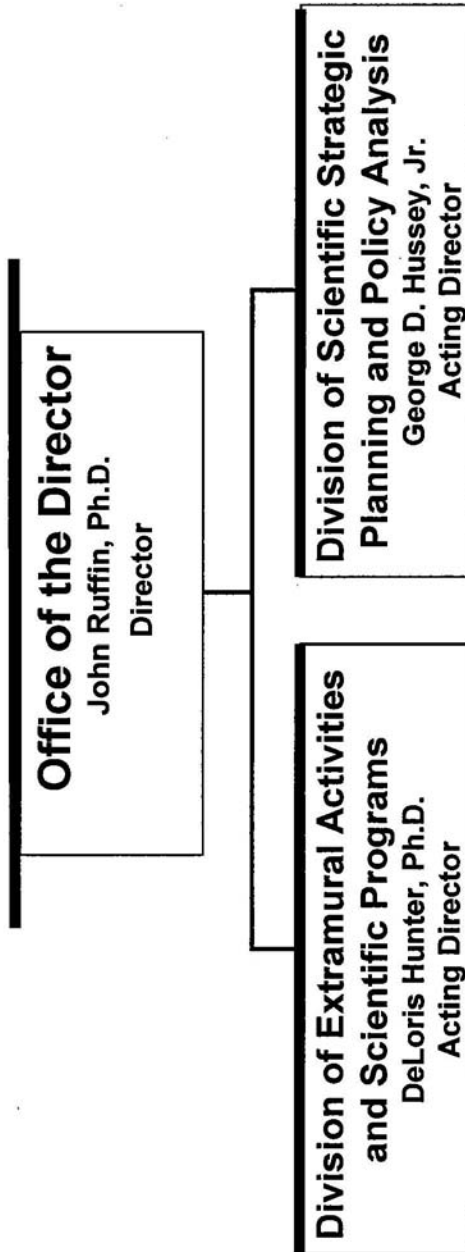
NATIONAL INSTITUTES OF HEALTH

National Center on Minority Health and Health Disparities

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NATIONAL INSTITUTES OF HEALTH

National Center on Minority Health and Health Disparities



FY 2008 Proposed Appropriation Language

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 \$194,495,000.

Supplementary Exhibit

**Comparison of Proposed FY 2008 Appropriation Language to
Most Recently Enacted Full-Year Appropriations**

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 [~~\$195,405,000~~] **\$194,495,000** (Department of Health and Human Services Appropriation Act, 2006).

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

Amounts Available for Obligation 1/

Source of Funding	FY 2006 Actual	FY 2007 Continuing Resolution	FY 2008 Estimate
Appropriation	\$197,379,000	\$195,390,000	\$194,495,000
Enacted Rescissions	-1,974,000	0	0
Subtotal, Adjusted Appropriation	195,405,000	195,390,000	194,495,000
Real Transfer under Roadmap Authority	-1,746,000		
Real Transfer under Secretary's One-percent transfer authority	-134,000		
Comparative transfer from OD for NIH Roadmap	1,746,000		
Comparative Transfer to NIBIB	-2,000		
Comparative transfer to OD	-1,000		
Comparative Transfer to NCRR	-5,000		
Subtotal, adjusted budget authority	195,263,000	195,390,000	194,495,000
Subtotal, adjusted budget authority	195,263,000	195,390,000	194,495,000
Unobligated balance lapsing	-3,000	0	0
Total obligations	195,260,000	195,390,000	194,495,000

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

FY 2006 - \$600,000 FY 2007 - \$0 FY 2008 - \$0

Excludes \$0 in FY 2007 and \$0 in FY 2008 for royalties.

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

	FY 2004 Actual		FY 2005 Actual		FY 2006 Actual		FY 2006 Comparable		FY 2007 Continuing Resolution		FY 2008 Estimate		Change	
	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount
Extramural Research														
Detail:														
Health Disparities Research		\$98,693		\$94,612		\$94,533		\$94,528		\$80,972		\$73,489		-\$7,483
Research Capacity-building & Infrastructure		82,010		78,092		75,210		75,210		86,683		92,870		\$6,187
Outreach and Information Dissemination		417		12,582		12,259		12,259		12,973		13,050		\$77
Subtotal, Extramural		\$181,120		\$185,286		\$182,002		\$181,997		\$180,628		\$179,409		-1,219
Intramural research		562		194		1,670		1,670		2,302		2,287		-15
Res. management & support	23	9,854	23	9,450	25	9,853	25	9,850	29	10,115	31	10,221	2	106
NIH Roadmap for Medical Research		657		1,240		1,746		1,746		2,345		2,578		233
TOTAL	23	192,193	23	\$196,170	25	\$195,271	25	\$195,263	29	\$195,390	31	\$194,495	2	-\$895

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

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National Center on Minority Health and Health Disparities

(Dollars in Thousands)

Budget Mechanism - Total

MECHANISM	FY 2006		FY 2007		FY 2008		Change	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Grants:								
<u>Research Projects:</u>								
Noncompeting	1	\$661	0	\$331	3	\$971	3	640
Administrative supplements	(1)	25	(0)	0	(0)	0	(0)	0
<u>Competing:</u>								
Renewal	0	275	0	0	0	0	0	0
New	1	1,741	3	1,000	0	500	-3	-500
Supplements	0	0	0	0	0	0	0	0
Subtotal, competing	1	2,016	3	1,000	0	500	-3	-500
Subtotal, RPGs	2	2,702	3	1,331	3	1,471	0	140
SBIR/STTR	5	5,196	4	5,025	5	5,052	1	27
Subtotal, RPGs	7	7,898	7	6,356	8	6,523	1	167
<u>Research Centers:</u>								
Specialized/comprehensive	71	76,892	58	66,156	53	65,278	-5	-878
Clinical research	0	0	0	0	0	0	0	0
Biotechnology	0	0	0	0	0	0	0	0
Comparative medicine	0	0	0	0	0	0	0	0
Research Centers in Minority Institutions	0	0	0	0	0	0	0	0
Subtotal, Centers	71	76,892	58	66,156	53	65,278	-5	-878
<u>Other Research:</u>								
Research careers	5	787	3	270	6	540	3	270
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	144	0	0	0	0	0	0
Other	116	60,912	97	69,022	97	72,803	0	3,781
Subtotal, Other Research	121	61,843	100	69,292	103	73,343	3	4,051
Total Research Grants	199	146,633	165	141,804	164	145,144	-1	3,340
<u>Research Training:</u>	<u>FTIPs</u>		<u>FTIPs</u>		<u>FTIPs</u>			
Individual awards	0	0	0	0	0	0	0	0
Institutional awards	0	200	0	2	0	2	0	0
Total, Training	0	200	0	2	0	2	0	
Research & development contracts (SBIR/STTR)	281 (0)	35,164 (12)	281 (0)	38,822 (24)	281 (0)	34,263 (0)	0 (0)	-4,559 (24)
<u>Intramural research</u>	<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>	
Intramural research	0	1,670	0	2,302	0	2,287	0	-15
Research management and support	25	9,850	29	10,115	31	10,221	2	106
NIH Roadmap for Medical Research	0	1,746	0	2,345	0	2,578		233
Total, NCMHD	25	195,263	29	195,390	31	194,495	2	-895

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

Major Changes in the FY 2008 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 are not sum to the total change for the FY 2008 budget request for NCMHD, which is -\$0.895 million less than the FY 2007 Continuing Resolution, for a total of \$194,495,000.

Research Project Grants (+\$.140 million; total \$ 1.471 million): NCMHD will support a total of 3 Research Project Grant (RPG) awards in FY 2008. Noncompeting RPGs will increase by 3 awards and increase by \$.640 million. Competing RPGs will decrease by 3 awards and decrease by -.5 million.

Research Centers (-\$.878 million; total \$ 65.278 million): NCMHD will continue to support its existing Research Centers portfolio at a slightly reduced overall grant level and is planning a Research Infrastructure in Minority Institutions re-competition in FY 2008. Savings realized from the ending of Center of Excellence grants will allow the NCMHD to undertake project goals.

Other Research – Research Careers (+\$.270 million; total \$.540 million): NCMHD will support the Pathway to Independence program by funding an additional 3 awards in FY 2008. Total support for the Pathway program in FY 2008 is 6 awards and \$.540 million dollars.

Other Research – Other (+ 3.781 million; total \$ 72.803 million): NCMHD will continue to support its existing Research Centers portfolio and is planning an Endowment Research and Community-Based Participatory Research Program re-competition in FY 2008.

Research & Development Contract (-\$4,559 million, total \$ 34.263 million): There will be a cohort of collaborative activities within the Research and Development Contract mechanism that will be ending in FY 2007, savings realized from the ending of these grants will allow the NCMHD to undertake project goals and expected accomplishments as outlined in the Justification Narrative for the Health Disparities Research Program area which follows.

NIH Roadmap for Biomedical Research (+\$.233 million; total \$ 2.578 million): NCMHD will continue its support of the NIH Roadmap, an incubator for new ideas and initiatives that will accelerate the pace of discovery, in FY 2008.

Health Disparities Research Program area (-\$7.483 million; total \$73.483 million): As part of its planning process NCMHD is realigning funds from this program area to support activities in other program areas and has ensured that funding for Health Disparities Research initiatives will be available from the NCMHD/IC collaborations budget as support of several of these partnership projects will be assumed by the involved ICs in FY 2008.

Research Capacity-building & Infrastructure (+\$6.187 million; total \$92.870 million): As part of its planning process NCMHD is realigning funds from the Health Disparities Research program area to support activities in this program area to support on-going activity expansion and a new Community Health Policy initiative and Science Education program.

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National Center on Minority Health and Health Disparities
Summary of Changes

FY 2007 Continuing Resolution		\$195,390,000	
FY 2008 Estimated Budget Authority		194,495,000	
Net change		-895,000	
CHANGES	FY 2007		
	Continuing Resolution		Change from Base
	Budget		Budget
	FTEs	Authority	FTEs
		Authority	Authority
A. Built-in:			
1. Intramural research:			
a. Within grade increase			
		\$0	\$0
b. Annualization of January			
2007 pay increase			
		0	0
c. January 2008 pay increase			
		0	0
d. Two extra days of pay			
		0	0
e. Payment for centrally furnished services			
		0	0
f. Increased cost of laboratory supplies,			
materials, and other expenses			
		0	0
Subtotal		0	
2. Research Management and Support:			
a. Annualization of January			
2007 pay increase			
		4,095,000	27,000
b. January 2008 pay increase			
		4,095,000	92,000
c. Two extra days of pay			
		4,095,000	32,000
d. Payment for centrally furnished services			
		584,000	14,000
e. Increased cost of laboratory supplies,			
materials, and other expenses			
		5,436,000	119,000
Subtotal		284,000	
Subtotal, Built-in		284,000	

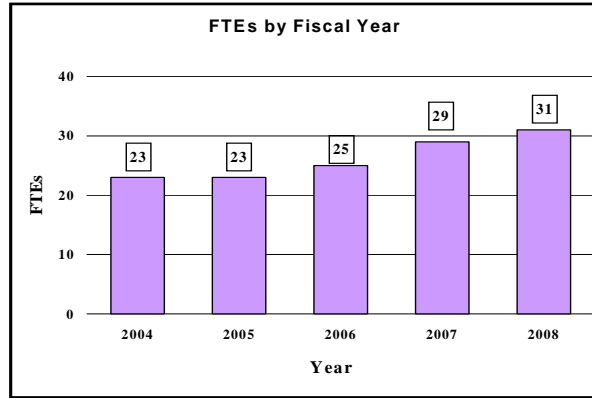
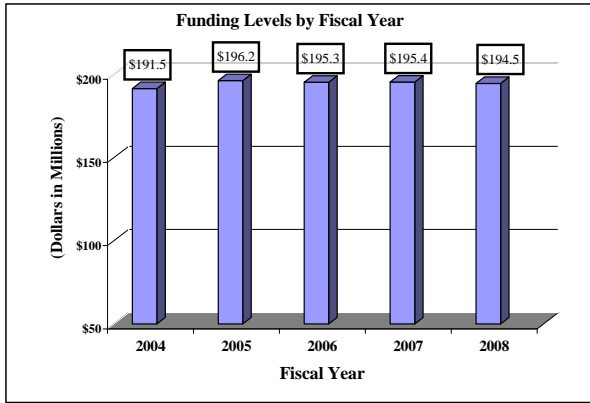
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Summary of Changes--continued

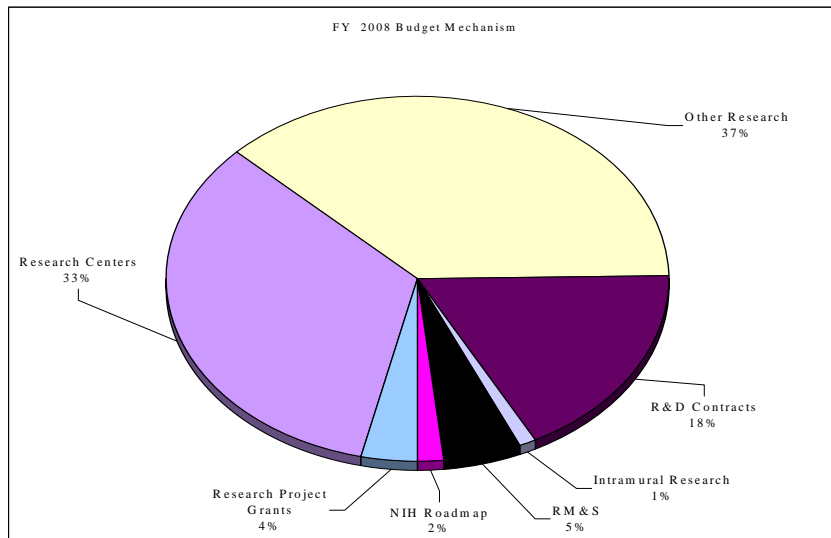
CHANGES	2007 Current Continuing Resolution		Change from Base	
	No.	Amount	No.	Amount
B. Program:				
1. Research project grants:				
a. Noncompeting	0	\$331,000	3	\$640,000
b. Competing	3	1,000,000	-3	-500,000
c. SBIR/STTR	4	5,025,000	1	27,000
Total	7	6,356,000	1	167,000
2. Research centers	58	66,156,000	-5	-878,000
3. Other research	100	69,292,000	3	4,051,000
4. Research training	0	2,000	0	0
5. Research and development contracts	281	38,822,000	0	-4,559,000
Subtotal, extramural				-1,219,000
	<u>FTEs</u>		<u>FTEs</u>	
6. Intramural research	0	2,302,000	0	-15,000
7. Research management and support	29	10,115,000	2	106,000
8. NIH Roadmap for Medical Research	0	2,345,000	0	233,000
Subtotal, program		195,390,000		-895,000
Total changes	29		2	-611,000

Fiscal Year 2008 Budget Graphs

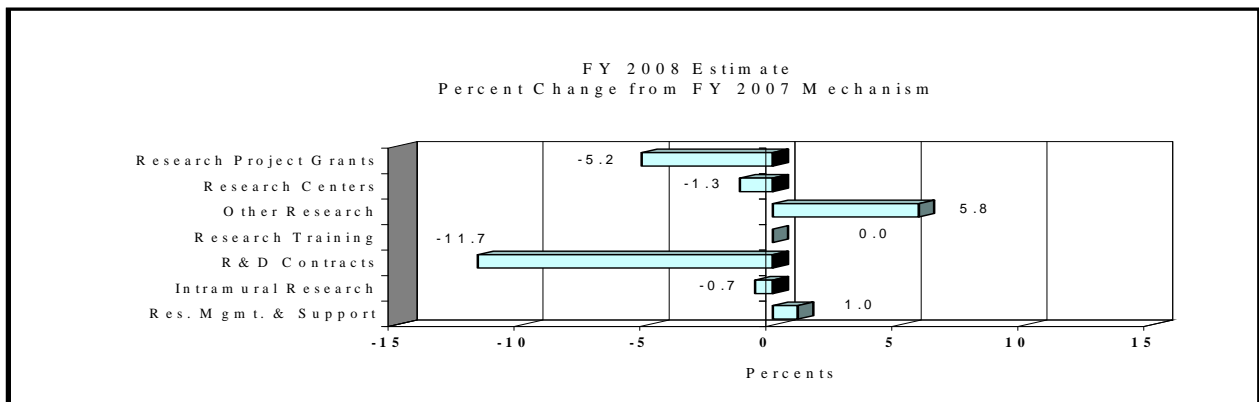
History of Budget Authority and FTEs:



Distribution by Mechanism:



Change by Selected Mechanisms:



Justification

National Center on Minority Health and Health Disparities

Authorizing Legislation Section 301 of the Public Health Service Act, as amended.

Budget Authority:

FY 2006		FY 2007		FY 2008		Increase or Decrease	
<u>FTEs</u>	<u>BA</u>	<u>FTEs</u>	<u>BA</u>	<u>FTEs</u>	<u>BA</u>	<u>FTEs</u>	<u>BA</u>
30	\$195,405,000	29	\$195,390,000	31	\$194,495,000	+2	-\$895,000

This document provides justification for the Fiscal Year (FY) 2008 activities of the National Center on Minority Health and Health Disparities (NCMHD), including HIV/AIDS activities. Details of the NIH-wide FY 2008 HIV/AIDS activities are in the Office of AIDS Research (OAR) section of the Overview Volume One. Details on the Roadmap/Common Fund are located in the Overview, Volume One.

DIRECTOR'S OVERVIEW

A critical health concern for the United States is the differences in health status among its diverse populations. The U.S. Census Bureau estimates that racial and ethnic minorities will compose almost half of the total U.S. population by 2050. This estimate suggests that today's health disparities that exist between racial and ethnic minorities and the rest of the population may significantly worsen unless tackled by scientific research.¹

Mission

The NCMHD was created to focus and direct the resources of the Nation's biomedical research enterprise toward the elimination of health disparities. The NCMHD provides leadership for the national health disparities research program by conducting and supporting research, research training and capacity-building, outreach, and information dissemination activities. It promotes minority health and the health of other health disparity populations. The NCMHD administers its own programs and engages a number of partners to achieve its goals of enhancing the Nation's understanding of the multi-factorial causes of health disparities, diversifying the health professions and research workforce, and translating scientific research into clinical practice and the community realm.

¹ U.S. Census Bureau, 2004, "U.S. Interim Projections by Age, Sex, Race, and Hispanic Origin," <http://www.census.gov/ipc/www/usinterimproj/> Internet Release Date: March 18, 2004

Progress

Health disparity populations continue to suffer disproportionately from diseases such as HIV/AIDS, cardiovascular diseases, obesity, stroke, and infant mortality. To understand the causes of these differences, it is important to advance research into the many factors that may contribute to these health disparities such as socio-economics, geography, race, environment, biology, lack of health insurance, and ineffective patient-provider communication. NCMHD has established a research base of academic institutions and community-based organizations through its programs and partnerships, to study multiple diseases and the complex interactions of influencing factors. Recent studies supported by the NCMHD have revealed evidence of significant disparity in screening for cervical cancer among underserved minorities, particularly Hispanic, uninsured, and older women;² and suggest that race-based discrimination may help explain why African-Americans have the highest rates of diabetes, cardiovascular heart disease, hypertension, and stroke as compared to all other racial or ethnic groups in the United States.³ There remain however several questions concerning the poor health of segments of the American population that present opportunities for further research investigation to understand health disparities.

NCMHD programs and collaborations have helped to build a diverse research enterprise comprising individuals, institutions, and communities, which is essential to undertaking multi-disciplinary research to further the understanding of health disparities. Racial and ethnic minorities make up only 14 percent of the physicians in America. The NCMHD has contributed to strengthening and diversifying the workforce by training more than 1,000 doctorate level health professionals representing disciplines such as medicine, dentistry, psychology, and sociology. Racial and ethnic minorities consist of approximately 60 percent of the health professionals presently receiving NCMHD loan repayments for health disparities research training. Continual enhancement and building of a culturally competent health workforce will help to improve the quality of health care administered to underserved populations in this Nation. NCMHD has supported research capacity-building efforts at over 40 institutions to help create the necessary infrastructure to support a productive biomedical research enterprise to advance the study of disparities in health.

Future

Although progress has been made in examining some of the diseases affecting health disparity populations, the causes of health disparities remain a research challenge and an integral element in understanding this complex problem. The NCMHD will continue to focus its attention on research, research capacity, training, research translation and outreach. Opportunities exist for innovative research to understand the biological, behavioral, and environmental pathways by which health disparities are created. The NCMHD will strengthen its programs, and partnerships within NIH, the Department of Health and Human Services and among other stakeholders, to further define, measure, and understand health disparities. Research into diseases that

² *Correlates of Cervical Cancer Screening among Underserved Hispanic and African-American Women*: Prev Med. 2004.39.3:465-73 Bazargan M, Bazargan SH, Farooq M, Baker RS

³ *Race, Race-Based Discrimination, and Health Outcomes Among African Americans*: Annual Review of Psychology 2007.58:24.1-24.25 Mays Vickie M., Cochran, Susan D., and Barnes, Namdi W.

disproportionately impact underserved populations such as sickle cell disease, kidney disease, lupus, sarcoidosis, lung, and liver disease, are important areas of emphasis for the NCMHD. Population-based studies will be enhanced to explore issues such as the root causes of gender and ethnic disparities in health. The NCMHD will continue to build and support viable partnerships with emphasis on engaging faith-based and community-based organizations in research and outreach; strengthen the educational pipeline and research capacity of its research enterprise with initiatives like a young investigator career development program, a community health policy research initiative, and a science education initiative. Inequalities in health status, disease distribution, and access to care are global health challenges. The NCMHD will build on its international research training program and interdisciplinary research collaborations to address global health disparities. The interaction of race, ethnicity, gender, income, immigrant generation, and education are some of the global research areas to be studied. The health disparities research agenda will continue to be strengthened to foster and support the integration of research across NIH to elucidate the pathways and mechanisms by which health disparities occur, to achieve the vision of a Nation where all populations can live a healthy life.

FY 2008 JUSTIFICATION BY ACTIVITY DETAIL

Overall Budget Policy: Trans-NIH co-funded investigator-initiated research projects and new investigator research and career development are among the Center's highest priorities. The NCMHD carefully evaluates NIH Institutes and Center solicitations for collaborative endeavors on investigator-initiated requests. A scientific review is conducted, and the results are presented to the NCMHD Advisory Council to determine the level of recommended support, if any. The level of support provided for NCMHD-initiated projects (e.g., RFAs) is also evaluated. The NCMHD maintains a balance between solicitations issued to the extramural community in areas that need stimulation and funding made available to support co-funded investigator-initiated projects.

Health Disparities Research: The goal of the NCMHD Health Disparities Research activity is to elucidate the causes and solutions for health disparities. Within the NCMHD Health Disparities Research activity, the NCMHD Centers of Excellence are increasing the understanding of the multiple and complex factors contributing to minority health and health disparities and applying this knowledge to the improvement of minority health and the elimination of health disparities within and across many diseases and conditions, such as: cardiovascular disease, stroke, cancer, diabetes, HIV/AIDS, infant mortality, mental health, obesity, lung and liver diseases, psoriasis, scleroderma, and glomerular injury. Fostering research partnerships also is a key component of the multi-faceted NCMHD strategic approach to eliminating health disparities. The NCMHD funds a broad range of collaborations with the other NIH ICs, the Department of Health and Human Services, and other federal agencies. Since its creation in 2001, the NCMHD has provided more than \$300 million to support several hundred research, training, community outreach, and capacity-building projects.

Budget Policy: The FY 2008 budget estimate for Health Disparities Research is \$73.5 million, a decrease of \$7.5 million (-9.2%) decrease over the FY 2007 estimate. In FY 2008, NCMHD will launch two new initiatives: The Men's Health Disparities Initiative and the Global Health Disparities Initiative. The Men's Health Disparities Initiative will address issues surrounding

why men experience poorer physical and psychological health than women across a wide range of health indicators and why African-American men are at higher health risks than other men. The Global Health Disparities Initiative will allow NCMHD to expand its global health disparities portfolio by building on the international research and training grounds that NCMHD has already provided. As part of its planning process the Center has ensured that the program planning level of \$.145 million for the Men’s Health Disparities as well as the program planning level of \$.145 million for the Global Health Disparities initiatives will be available from the NCMHD/IC collaborations budget as support of several of these partnership projects will be assumed by the involved ICs in FY 2008. Also, in FY 2008 funds are being realigned from this program area to support on-going activities and expected new initiatives in the Research Capacity Building & Infrastructure and Outreach and Information program areas as outlined in the Justification Narrative, which follows in this document.

Portrait of the Centers of Excellence Program: Comprehensive and Exploratory Research Centers of Excellence

FY 2007 Level:	\$48.3 million
FY 2008 Level:	<u>\$47.6 million</u>
Change	-.7 million

The Centers of Excellence program has supported 76 institutions in 27 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands to conduct multi-disciplinary research to define the scope of health disparities, and to identify and evaluate new approaches to mitigate these health disparities. The network of institutions consists of minority-serving, research intensive and majority institutions, and more than 100 partners such as hospitals; health centers; universities; community-based, non-profit, faith-based and tribal organizations, as well as local, state and federal agencies. This investment seeded the development of a national infrastructure for conducting health disparities research, and increased: 1) the research capacity at minority-serving and major research institutions, 2) the number of researchers conducting research or engaged in activities to improve minority health and eliminate health disparities, 3) the number of community organizations partnering with health disparity researchers, and 4) the dissemination of health information to minority and health disparity communities. In FY 2007, a new competitive cohort of Centers of Excellence will be added to advance the above efforts. Overall, this program will be reduced due to expiring grants in FY 2008, as such there will be a savings of \$.7 million.

Research Capacity-Building & Infrastructure: Minority biomedical researchers and physicians are vital to eliminating health disparities in racial, ethnic, and medically underserved communities. The purpose of the NCMHD Research Capacity-Building & Infrastructure activity is to build a solid and diverse national biomedical research enterprise of institutions and individuals dedicated to eliminating health disparities. NCMHD is building this capacity through several key programs. NCMHD Research Endowment grants build research and training capacity in institutions that make significant investments in the education and training of underrepresented minority and socio-economically disadvantaged individuals by providing resources for minority health disparities research and other health disparities research activities, such as endowed faculty chairs, start-up and bridge funds for faculty research, new course development in health disparities, training, fellowships and scholarships. The Research Infrastructure in Minority Institutions program establishes and improves the scientific infrastructure and environment of predominantly minority-serving academic institutions by providing resources to develop and expand existing programs for institutional and individual faculty initiated research and research training programs that contribute to building a cadre of research scientists dedicated to eliminating health disparities. The Minority Health and Health

Disparities International Research Training program contributes to the elimination of health disparities in the United States by developing researchers who better understand health disparities issues from various international contexts. The program provides international research training opportunities to students from health disparity populations, to become exposed to innovative research methodologies and to identify and investigate novel determinants of health disparities. The NCMHD also supports two Loan Repayment programs, described in the program portrait in the budget policy section below.

Budget Policy: The FY 2008 budget estimate for Research Capacity-Building & Infrastructure is \$92.9 million, an increase of \$6.2 million, or 7.1% compared to the FY 2007 appropriation. With the FY 2008 budget, the NCMHD will start a new Community Health Policy initiative that will support research-training grants aimed at increasing the capacity of communities to conduct community-based participatory research and apply the principles of research to translate research findings into policies to eliminate health disparities. The program planning level for this activity is \$.145 million. The NCMHD also will launch a new Science Education program, which will seek to improve awareness and understanding of minority health and health disparities and establish a pipeline of students from grades K through 12 with an interest in pursuing a career in science. The program planning level for this activity is \$.145 million. As part of its planning process the Center has ensured that increased funding for select programs within the Research Capacity-Building & Infrastructure budget activity will be made available from the Research & Development Contracts mechanism as well as the Health Disparities Research budget activity.

Portrait of the NCMHD Loan Repayment Program

FY 2007 Level:	\$ 11.2 million
FY 2008 Level:	<u>\$ 11.2 million</u>
Change	\$ 0 million

The NCMHD supports two Loan Repayment Programs that seek to recruit and retain highly qualified health professionals with doctorate degrees to pursue health disparities or clinical research by repaying their loans to alleviate the financial barriers that often discourage many health professionals from health disparity populations from pursuing a research career. The *Health Disparities Loan Repayment Program* encourages health professionals to engage in basic, clinical, behavioral, community-based, and health services research that is directly relevant to health disparities issues. The *Extramural Clinical Research Loan Repayment Program* encourages health professionals from disadvantaged backgrounds to conduct clinical research. For both LRP programs, the NCMHD provides support to approximately 250 successful new and renewal applicants each year. Since the inception of the program, the NCMHD has supported more than 1,000 health professionals. In FY 2008, the NCMHD will continue support for this critical program to provide small research grants for those LRP recipients, who have completed their contracts and are employed full-time in academic/research positions. These individuals will be eligible to compete for small health disparities research grants that would allow them to conduct research in NIH laboratories for two years. These small grants will help them in their transition to become independent research investigators.

Outreach and Information Dissemination: The purpose of the Outreach and Information Dissemination activity is to facilitate the translation and dissemination of scientific information into clinical practice and the community realm. The NCMHD accomplishes this by: 1) supporting collaborative partnerships between academic institutions and community-based and faith-based organizations; 2) funding research studies that examine the interface of physical and psychosocial environments and their health impacts on communities of color and the medically underserved; 3) conducting methodology research on effective methods of measuring community

level outcomes; 4) evaluating outcomes and impacts resulting from community-based participatory research efforts; and 5) supporting the development and implementation of public health communication and research information dissemination initiatives and a data management center to support the translation of “lessons learned” from minority health and health disparities research into evidence-based interventions in health disparity communities.

Budget Policy: The FY 2008 budget estimate for Outreach and Information Dissemination is \$13.0 million, an increase of \$.08 million, or 0.6% compared to the FY 2007 appropriation. With the FY 2008 budget, the NCMHD will continue to support its Community-Based Participatory Research program, described in the program portrait below. The NCMHD also will develop a Faith-Based Health Initiative that will seek to develop researchers who engage in religious, spirituality, and faith-health synergy research in minority, rural, and other health disparity communities and investigate the relationships and synergies among, religion, faith, spirituality, health, and health care, leading to new interventions to eliminate health disparities throughout the United States. As part of its planning process the Center has ensured that increase needed to fully fund the programs within the Outreach and Information Dissemination budget activity will be made available from the Research & Development Contracts mechanism as well as the Health Disparities Research budget activity. In FY 2008 funds are being realigned from the Health Disparities Research program area to support activities and expected new initiatives in the Research Capacity Building & Infrastructure and Outreach and Information program areas as outlined in the preceding Justification Narrative in this document.

Portrait of the Community-Based Participatory Research Program

FY 2007 Level:	\$ 11.9 million
FY 2008 Level:	<u>\$ 12.0 million</u>
Change	\$ 0.1 million

First launched in FY 2005, the goals of the NCMHD Community-Based Participatory Research Program are to promote research collaborations between academic researchers and community partners and to support community intervention research studies using community-based participatory research principles and methods to reduce and eliminate health disparities in major diseases affecting racial and ethnic minority populations in the United States. The program has three phases, beginning with a three-year research planning grant, followed by a competitive five-year intervention research grant, and concluding with a competitive three-year dissemination phase. Now in the research planning phase, academic researchers and their community partners are engaged in several key activities: developing partnerships, assessing community needs, identifying diseases and conditions for intervention research, planning intervention methodologies, and conducting pilot intervention research studies in the following areas: diabetes, obesity, cardiovascular diseases, substance abuse and mental health, cancer, HIV/AIDS, childhood dental caries, child health improvement and social determinants leading to health disparities. In FY 2008, the program will enter the intervention study phase.

Intramural Research: The NCMHD advances the mission of its Intramural Research activity mainly through collaborations that leverage the scientific strengths and enhances the intramural health disparities research efforts of the other NIH Institutes and Centers (ICs). These intramural partnerships provide a uniquely interactive, interdisciplinary environment for basic laboratory and long-term epidemiologic and genetics studies and their rapid translation to intervention development and clinical testing.

Budget Policy: The FY 2008 budget estimate for Intramural Research is \$2.287 million, a decrease of \$.015 million, or -0.7% compared to the FY 2007 appropriation. The Intramural Research Program plans for FY 2008 include continuing support for the Health Disparities Bench-to-Bedside Program in collaboration with the NIH Clinical Center to translate scientific findings into clinical applications and improve racial and ethnic minority recruitment and retention in NIH clinical research studies. The NCMHD also will support with the National Human Genome Research Institute a genomics research effort that will elucidate gene-environment interactions as determinants of health disparities. As part of its planning process the Center has ensured that funding for the Bench-to-Bedside Program and the genomic research effort will be available from the NCMHD/IC collaborations budget as support of several of these partnership projects will be assumed by the involved ICs in FY 2008.

Research Management and Support: NCMHD Research Management and Support (RMS) activities provide administrative, budgetary, logistical, and scientific support in 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. The organizational chart reflects changes based on recommendations from the NIH Office of Management Assessment.

Budget Policy: The FY 2008 budget estimate for RMS is \$10.221 million, an increase of \$.106 million, or 1.0% over the FY 2007 appropriation. This funding level will support 31 FTEs. The one percent increase is in accordance with overall NIH policy and additional funds for these activities were made available from the Research & Development Contracts mechanism as well as the Health Disparities Research budget activity.

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Budget Authority by Object

	FY 2007 Continuing Resolution	FY 2008 Estimate	Increase or Decrease
Total compensable workyears:			
Full-time employment	29	31	2
Full-time equivalent of overtime & holiday hours	0	0	0
Average ES salary	\$0	\$0	\$0
Average GM/GS grade	14.0	14.0	0.0
Average GM/GS salary	\$121,967	\$124,650	\$2,683
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	\$0	\$0	\$0
Average salary of ungraded positions	154,071	157,461	3,390
OBJECT CLASSES	FY 2007 Continuing Resolution	FY 2008 Estimate	Increase or Decrease
Personnel Compensation:			
11.1 Full-Time Permanent	\$2,620,000	\$2,850,000	\$230,000
11.3 Other than Full-Time Permanent	445,000	481,000	36,000
11.5 Other Personnel Compensation	75,000	83,000	8,000
11.7 Military Personnel	160,000	185,000	25,000
11.8 Special Personnel Services Payments	0	0	0
Total, Personnel Compensation	3,300,000	3,599,000	299,000
12.0 Personnel Benefits	720,000	790,000	70,000
12.2 Military Personnel Benefits	75,000	83,000	8,000
13.0 Benefits for Former Personnel	0	0	0
Subtotal, Pay Costs	4,095,000	4,472,000	377,000
21.0 Travel & Transportation of Persons	100,000	96,000	-4,000
22.0 Transportation of Things	7,000	6,000	-1,000
23.1 Rental Payments to GSA	0	0	0
23.2 Rental Payments to Others	0	0	0
23.3 Communications, Utilities & Miscellaneous Charges	40,000	37,000	-3,000
24.0 Printing & Reproduction	35,000	32,000	-3,000
25.1 Consulting Services	40,000	35,000	-5,000
25.2 Other Services	850,000	845,000	-5,000
25.3 Purchase of Goods & Services from Government Accounts	22,936,000	20,545,000	-2,391,000
25.4 Operation & Maintenance of Facilities	6,000	5,000	-1,000
25.5 Research & Development Contracts	22,550,000	20,136,000	-2,414,000
25.6 Medical Care	0	0	0
25.7 Operation & Maintenance of Equipment	0	0	0
25.8 Subsistence & Support of Persons	0	0	0
25.0 Subtotal, Other Contractual Services	46,382,000	41,566,000	-4,816,000
26.0 Supplies & Materials	564,000	558,000	-6,000
31.0 Equipment	7,000	6,000	-1,000
32.0 Land and Structures	0	0	0
33.0 Investments & Loans	0	0	0
41.0 Grants, Subsidies & Contributions	141,815,000	145,144,000	3,329,000
42.0 Insurance Claims & Indemnities	0	0	0
43.0 Interest & Dividends	0	0	0
44.0 Refunds	0	0	0
Subtotal, Non-Pay Costs	188,950,000	187,445,000	-1,505,000
NIH Roadmap for Medical Research	2,345,000	2,578,000	233,000
Total Budget Authority by Object	195,390,000	194,495,000	-895,000

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

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Salaries and Expenses

OBJECT CLASSES	FY 2007 Continuing Resolution	FY 2008 Estimate	Increase or Decrease
Personnel Compensation:			
Full-Time Permanent (11.1)	\$2,620,000	\$2,850,000	\$230,000
Other Than Full-Time Permanent (11.3)	445,000	481,000	36,000
Other Personnel Compensation (11.5)	75,000	83,000	8,000
Military Personnel (11.7)	160,000	185,000	25,000
Special Personnel Services Payments (11.8)	0	0	0
Total Personnel Compensation (11.9)	3,300,000	3,599,000	299,000
Civilian Personnel Benefits (12.1)	720,000	790,000	70,000
Military Personnel Benefits (12.2)	75,000	83,000	8,000
Benefits to Former Personnel (13.0)	0	0	0
Subtotal, Pay Costs	4,095,000	4,472,000	377,000
Travel (21.0)	100,000	96,000	-4,000
Transportation of Things (22.0)	7,000	6,000	-1,000
Rental Payments to Others (23.2)	0	0	0
Communications, Utilities and Miscellaneous Charges (23.3)	40,000	37,000	-3,000
Printing and Reproduction (24.0)	35,000	32,000	-3,000
Other Contractual Services:			
Advisory and Assistance Services (25.1)	40,000	35,000	-5,000
Other Services (25.2)	850,000	845,000	-5,000
Purchases from Govt. Accounts (25.3)	5,791,000	3,348,000	-2,443,000
Operation & Maintenance of Facilities (25.4)	6,000	5,000	-1,000
Operation & Maintenance of Equipment (25.7)	0	0	0
Subsistence & Support of Persons (25.8)	0	0	0
Subtotal Other Contractual Services	6,687,000	4,233,000	-2,454,000
Supplies and Materials (26.0)	564,000	558,000	-6,000
Subtotal, Non-Pay Costs	7,433,000	4,962,000	-2,471,000
Total, Administrative Costs	11,528,000	9,434,000	-2,094,000

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		Authorizing Legislation				
PHS Act/	U.S. Code	2007 Amount	FY 2007	2008 Amount	FY 2008	
Other Citation	Citation	Authorized	Continuing Resolution	Authorized	Budget Estimate	
Research and Investigation	Section 301	42§241	\$195,388	Indefinite	\$194,493	
National Center on Minority Health and Health Disparities	Section 402(a)	P.L. 109-482				Indefinite
National Research Service Awards	Section 487(d)	42§288	a/	2	2	
Total, Budget Authority					195,390	194,495

a/ Amounts authorized by Section 301 and Title IV of the Public Health Act.

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Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation <u>1/</u>
2001	0	0	0	130,200,000
Rescission				-77,000
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 <u>2/</u>	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	195,390,000 <u>3/</u>
2008	194,495,000			

1/ Reflects enacted supplementals, rescissions, and reappropriations.

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

3/ Annualized current rate.

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Details of Full-Time Equivalent Employment (FTEs)

OFFICE/DIVISION	FY 2006 Actual	FY 2007 Continuing Resolution	FY 2008 Estimate
Office of the Director	11	11	13
Division of Extramural Activities and Scientific Programs	10	12	12
Division of Scientific Strategic Planning and Policy Analysis	4	6	6
Total	25	29	31
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		
2004	12.3		
2005	13.4		
2006	14.0		
2007	14.0		
2008	14.0		

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Detail of Positions

GRADE	FY 2006 Actual	FY 2007 Continuing Resolution	FY 2008 Estimate
Total, ES Positions	0	0	0
Total, ES Salary	0	0	0
GM/GS-15	9	10	11
GM/GS-14	3	5	6
GM/GS-13	1	2	2
GS-12	4	4	4
GS-11	0	0	0
GS-10	0	0	0
GS-9	0	0	0
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	19	23	25
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	1	1	1
Subtotal	2	2	2
Ungraded	11	12	12
Total permanent positions	21	25	27
Total positions, end of year	32	37	39
Total full-time equivalent (FTE) employment, end of year	25	29	31
Average ES salary	0	0	0
Average GM/GS grade	13.5	14.0	14.0
Average GM/GS salary	105,633	121,967	124,650

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

**NATIONAL INSTITUTES OF HEALTH
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New Positions Requested

	FY 2008		
	Grade	Number	Annual Salary
Division of Scientific Strategic Planning and Policy Analysis, Director	15	1	\$125,078
Epidemiologist	14	1	106,331
Total Requested		2	