

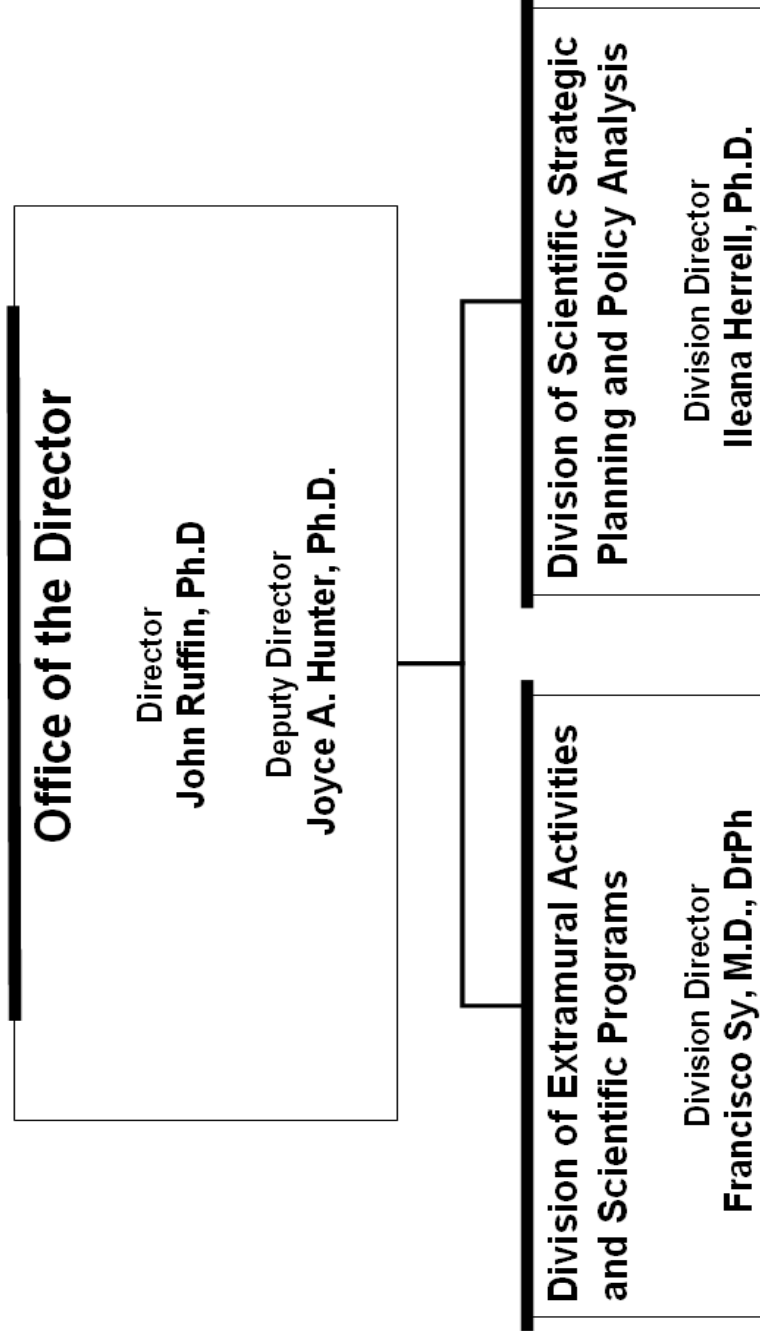
DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Center on Minority Health and Health Disparities

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



NATIONAL INSTITUTES OF HEALTH

National Center on Minority Health and Health Disparities

For carrying out section 301 and title IV of the Public Health Services Act with respect to
minority health and health disparities research ~~\$203,117,000~~ **\$199,762,000**

(Department of Health and Human Services Appropriation Act, 2008)

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

Amounts Available for Obligation 1/

Source of Funding	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate
Appropriation	\$199,405,000	\$203,117,000	\$199,762,000
Pay cost add-on	39,000	0	0
Rescission	0	-3,548,000	0
Subtotal, adjusted appropriation	199,444,000	199,569,000	199,762,000
Real transfer under Director's one-percent transfer authority (GEI)	-337,000	0	0
Comparative transfer to NIBIB	-3,000	0	0
Comparative transfer to OD	-1,000	0	0
Comparative transfer to NCRR	-11,000	0	0
Comparative transfer under Director's one-percent transfer authority (GEI)	337,000	0	0
Subtotal, adjusted budget authority	199,429,000	199,569,000	199,762,000
Unobligated balance lapsing	-24,000	0	0
Total obligations	199,405,000	199,569,000	199,762,000

1/ Excludes the following amounts for reimbursable activities carried out by this account:
 FY 2007 - \$400,000 FY 2008 - \$0 FY 2009 - \$0
 Excludes \$0 in FY 2008 and \$0 in FY 2009 for royalties.

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

MECHANISM	FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate		Change	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Grants:								
Research Projects:								
Noncompeting	1	\$4,129	0	\$123	1	\$297	1	\$174
Administrative supplements	(5)	711	(0)	0	(0)	0	(0)	0
Competing:								
Renewal	0	540	0	0	0	0	0	0
New	2	1,147	0	489	0	489	0	0
Supplements	6	420	0	0	0	0	0	0
Subtotal, competing	8	2,107	0	489	0	489	0	0
Subtotal, RPGs	9	6,947	0	612	1	786	1	174
SBIR/STTR	7	5,408	5	5,265	5	5,265	0	0
Subtotal, RPGs	16	12,355	5	5,877	6	6,051	1	174
Research Centers:								
Specialized/comprehensive	75	81,022	72	74,475	74	83,464	2	8,989
Clinical research	0	0	0	0	0	0	0	0
Biotechnology	0	200	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	75	81,222	72	74,475	74	83,464	2	8,989
Other Research:								
Research careers	2	177	17	2,677	17	2,678	0	1
Cancer education	0	0	0	0	0	0	0	0
Cooperative clinical research	0	200	0	0	0	0	0	0
Biomedical research support	0	0	0	0	0	0	0	0
Minority biomedical research support	0	0	0	0	0	0	0	0
Other	92	52,800	114	64,861	115	55,695	1	-9,166
Subtotal, Other Research	94	53,177	131	67,538	132	58,373	1	-9,165
Total Research Grants	185	146,754	208	147,890	212	147,888	4	-2
Research Training:	<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>			
Individual awards	0	0	0	0	0	0	0	0
Institutional awards	0	0	0	0	0	0	0	0
Total, Training	0	0	0	0	0	0	0	0
Research & development contracts (SBIR/STTR)	333 (0)	40,219 (11)	281 (0)	39,019 (0)	281 (0)	39,019 (0)	0 (0)	0 (0)
Intramural research	<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>	
Research management and support	0	2,302	0	2,349	0	2,385	0	36
Research management and support	22	10,154	29	10,311	29	10,470	0	159
Construction		0		0		0		0
Buildings and Facilities		0		0		0		0
Total, NCMHD	22	199,429	29	199,569	29	199,762	0	193

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

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

	FY 2005		FY 2006		FY 2007		FY 2007		FY 2008		FY 2009		Change	
	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount
Extramural Research														
Detail:														
Health Disparities Research		\$95,852		\$96,279		\$100,846		\$101,177		\$94,083		\$103,275		\$9,192
Research Capacity-Building & Infrastructure		78,092		75,210		73,404		73,400		73,233		64,039		-9,194
Outreach and Information Dissemination		12,582		12,259		12,397		12,396		19,593		19,593		0
Subtotal, Extramural		\$186,526		\$183,748		\$186,647		\$186,973		\$186,909		\$186,907		-\$2
Intramural research		194		1,670		2,295		2,302		2,349		2,385		0
Res. management & support	23	9,450	25	9,853	22	10,141	22	10,154	29	10,311	29	10,470	0	159
TOTAL	23	\$196,170	25	\$195,271	22	\$199,083	22	\$199,429	29	\$199,569	29	\$199,762	0	\$193

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

Major Changes in the FY 2009 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 2009 budget request for NCMHD, which is +\$0.193 million more than the FY 2008 enacted, for a total of \$199.762 million.

Research Project Grants (+\$.174 million; total \$.786 million): NCMHD will fund one Research Project Grant (RPG) award in FY 2009, to support a Pathway to Independence grant converting to a non-competing RPG in FY 2009. The NIH Budget policy for RPGs in FY 2009 is to provide no inflationary increases in noncompeting awards and no increases in average cost for competing RPGs.

Research Centers (+\$8.989 million; total \$83.464 million): NCMHD will continue to support its existing Research Centers portfolio, and is planning a Centers of Excellence and Research Infrastructure in Minority Institutions re-competition in FY 2009.

Other Research – Other (-\$9.166 million; total \$55.695 million): NCMHD will continue to support its existing Research portfolio and is planning an Endowment Research re-competition in FY 2009. Funding for new endowment research will be reduced in FY 2009, as a result of the successes achieved in section 736 Health Professions schools; thereby, reducing the number of schools expected to be eligible for funding. Savings realized will be used to support NCMHD project goals.

Health Disparities Research Program area (+\$9.192 million; total \$103.275 million): As part of its planning process NCMHD is realigning funds from the Research Capacity-Building & Infrastructure program area to support activities in this program area, including funding for additional Centers of Excellence. Additionally, the NCMHD Budget will support NCMHD/IC collaborations in FY 2009.

Research Capacity-Building & Infrastructure (-\$9.194 million; total \$64.039 million): As part of its planning process NCMHD is realigning funds from this program area to support activities in other program areas. Funding in this program area will continue to support Research Endowment grants, Research Infrastructure in Minority Institution grants, and the Loan Repayment Program.

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

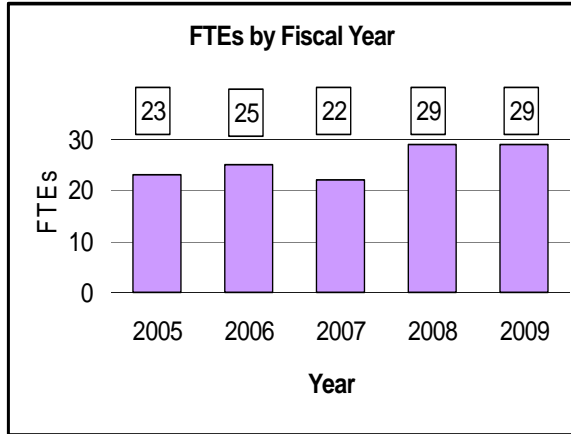
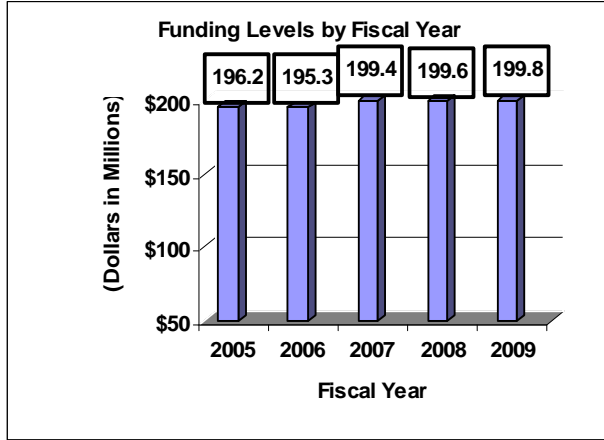
FY 2008 enacted		199,569,000	
FY 2009 estimated budget authority		199,762,000	
Net change		193,000	
CHANGES	2008 Enacted Base		Change from Base
	FTEs	Budget Authority	FTEs Budget Authority
A. Built-in:			
1. Intramural research:			
a. Annualization of January 2008 pay increase			
		\$0	\$0
b. January FY 2009 pay increase			
		0	0
c. One less day of pay			
		0	0
d. Payment for centrally furnished services			
		0	0
e. Increased cost of laboratory supplies, materials, and other expenses			
		0	0
Subtotal			0
2. Research management and support:			
a. Annualization of January 2008 pay increase			
		\$4,452,000	\$50,000
b. January FY 2009 pay increase			
		4,452,000	98,000
c. One less day of pay			
		4,452,000	-17,000
d. Payment for centrally furnished services			
		895,000	14,000
e. Increased cost of laboratory supplies, materials, and other expenses			
		4,964,000	14,000
Subtotal			159,000
Subtotal, Built-in			159,000

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

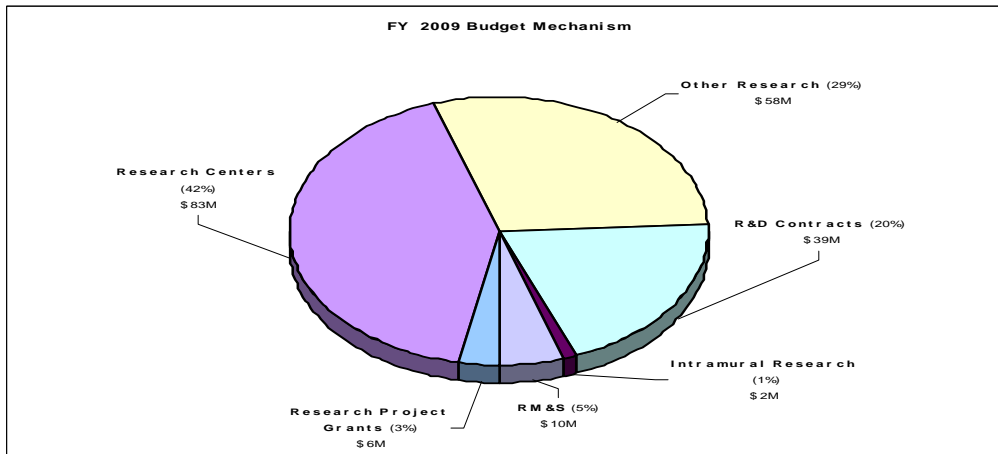
CHANGES	2008 Enacted Base		Change from Base	
	No.	Amount	No.	Amount
B. Program:				
1. Research project grants:				
a. Noncompeting	0	\$123,000	1	\$174,000
b. Competing	0	489,000	0	0
c. SBIR/STTR	5	5,265,000	0	0
Total	5	5,877,000	1	174,000
2. Research centers	72	74,475,000	2	8,989,000
3. Other research	131	67,538,000	1	-9,165,000
4. Research training	0	0	0	0
5. Research and development contracts	281	39,019,000	0	0
Subtotal, extramural				-2,000
6. Intramural research	<u>FTEs</u> 0	2,349,000	<u>FTEs</u> 0	36,000
7. Research management and support	29	10,311,000	0	0
8. Construction		0		0
9. Buildings and Facilities		0		0
Subtotal, program		199,569,000		34,000
Total changes	29		0	193,000

Fiscal Year 2009 Budget Graphs

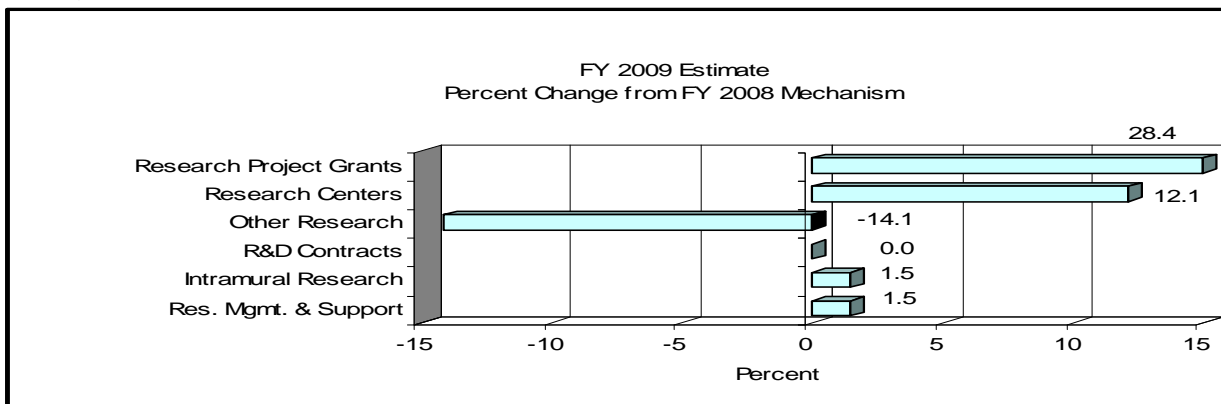
History of Budget Authority and FTEs:



Distribution by Mechanism:



Change by Selected Mechanisms:



Justification

National Center on Minority Health and Health Disparities

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

Budget Authority:

FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate		Increase or Decrease	
<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>
22	\$199,429,000	29	\$199,569,000	29	\$199,762,000	0	+\$193,000

This document provides justification for the Fiscal Year (FY) 2009 activities of the National Center on Minority Health and Health Disparities (NCMHD), including HIV/AIDS activities. Details of the FY 2009 HIV/AIDS activities are in the “Office of AIDS Research (OAR)” Section of the Overview. Details on the Common Fund are located in the Overview, Volume One. Program funds are allocated as follows: Competitive Grants/Cooperative Agreements; Contracts; Direct Federal/Intramural and Other.

DIRECTOR’S OVERVIEW

The differences in the incidence, prevalence, mortality, and burden of diseases and other health conditions among specific groups of the U.S. population, remains a pervasive and serious national health challenge. HIV/AIDS, cancer, cardiovascular disease, diabetes, mental illness, and obesity are among the many diseases and conditions disproportionately affecting racial and ethnic minority, medically underserved, rural, and low socio-economic status populations. Some of these diseases and conditions have spiraled into epidemics. This is despite technological, medical and scientific advances that are contributing to improvements in the overall health of Americans. The underlying cause of these disparities is still not well-understood. Research points to a complex interaction of factors that may be at the core of the problem such as biology, socio-economics, discrimination, race, politics, environment, culture, the influence of behavior, lack of insurance, underinsurance, and the unequal representation of individuals of health disparity populations in biomedical research and the health professions.

Mission

The National Center on Minority Health and Health Disparities (NCMHD) was created to focus and direct the resources of the nation’s biomedical research enterprise towards improving the health of populations that experience health disparities and the ultimate elimination of health disparities. The NCMHD provides leadership for the national health disparities research program through the administration of its own programs and by

engaging a number of partners in achieving its goals in research, research training, capacity-building, outreach, and information dissemination.

The NCMHD seeks to enhance the nation's understanding of the determinants of health disparities through its emphasis on basic, behavioral, social sciences, and clinical research. Its research activities will be pivotal in predicting and pre-empting disease among health disparity populations. The NCMHD promotes and supports the development of a culturally diverse and strong biomedical research and health professions enterprise through its emphasis on research training in areas relevant to minority health and health disparities; and by equipping institutions and communities with the resources needed for research capacity development. This enterprise is integral to the discovery of scientific and technological advances and the delivery of those advances through personalized care to the health disparity communities. Participatory research is central to the NCMHD mission. Its information dissemination activities are aimed at translating the results of minority health and health disparities research findings into practical tools to benefit the public, health professionals, and others that can advance efforts towards eliminating health disparities.

Progress

Over the past six years, the NCMHD has been a leading force in establishing the national capacity needed to respond to the poor health conditions of America's health disparity communities. Concerted efforts have been made to raise the nation's consciousness about health disparities. There has been an increase in research studies to understand the development and progression of diseases, health conditions, and disabilities that may lead to health disparities. Central to the NCMHD health disparities research enterprise is its 88 Centers of Excellence, the more than 1,400 Loan Repayment Program awardees and 25 Community-Based Participatory Research program grantees it has funded.

This enterprise of individuals, institutions, and communities are conducting multi-disciplinary and inter-disciplinary research into some of the most prevalent, and debilitating diseases. Intervention research in prevention, diagnosis, and treatment has elucidated some innovative approaches to minority health and health disparities, providing critical acclaim to many of the investigators for their accomplishments. Partnerships among academic institutions, community groups, hospitals, local and state governments, have increased awareness about health disparities and provided the impetus for many communities and states to assess the health of their populations. The NIH Health Disparities Strategic Plan has been a significant tool in fostering collaborations and partnerships within the NIH, the federal government, and within the private sector to accelerate research to study health disparities. Information dissemination strategies have been improved to not only include traditional forms such as word-of-mouth, newspaper, conferences, and health fairs. The use of radio, electronic media, cultural, and community vehicles have been expanded from schools, to barber shops, beauty salons, faith-based organizations; statehouses and Capitol Hill.

Future

Data suggests that while we are making progress, there is more potential. There continues to be a paucity of data on the prevalence, incidence, and mortality rates for many populations experiencing disparities in health particularly American Indians/Alaska Natives, Hispanics and Asian Americans and their sub-populations, as well as Whites of low socio-economic status residing in medically underserved and rural communities. Data on the staging, progression and survival rate due to some diseases is lacking for certain populations.

The NCMHD seeks to develop an integrated, multi-disciplinary and inter-disciplinary national research agenda on health disparities through its programs and partnerships. Innovative approaches would enable health professionals to better understand health disparities overall, but more specifically among the different populations it affects. The development of interventions for preventing or delaying the onset and progression of disease will be emphasized. Research will be accelerated to examine how disparities in health outcomes occur, including but not limited to behavioral and social factors, genetic variations, and other underlying biological, gender, ethnic and familial factors, policies, and environmental exposures. This new knowledge is expected to lead to the development of biopsychosocial interventions and strategies to improve minority health and eliminate health disparities. Increasing the representation of minorities and other populations in the biomedical research and health professions workforce will continue to be emphasized, with particular focus on retaining them in the workforce. Research translation and information dissemination will be increased.

The NIH Health Disparities Strategic Plan will continue to be revised and implemented. Enhanced efforts will be made to more closely monitor, analyze, and evaluate the plan to report on the NIH progress in improving minority health and eliminating health disparities.

FY 2009 JUSTIFICATION BY ACTIVITY DETAIL

Program Descriptions and Accomplishments

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 Centers 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. Intramural Research and Research Management and Support receive modest

increases to help offset the cost of pay and other increases. NCMHD will continue to support new investigators and to maintain an adequate number of competing RPGs.

Health Disparities Research: The NCMHD Health Disparities Research activity is designed to enhance the scientific knowledge on the determinants of health disparities and develop interventions to address some of the most prevalent and destructive diseases and health conditions affecting populations experiencing disparities in health status.

Fifty NCMHD Centers of Excellence are currently being supported to conduct health disparities research to develop novel evidence-based research methodologies and strategies that are essential in improving prevention, diagnosis and treatment methods.

Budget Policy: The FY 2009 budget estimate for Health Disparities Research is \$103.3 million, an increase of \$9.2 million (+9.8%) increase over the FY 2008 enacted. In FY 2009, NCMHD plans to expand the Centers of Excellence (COE) program to include additional COE sites. Additionally, the Budget includes \$.145 million for Men's Health Disparities, and \$.145 million for Global Health Disparities initiatives within the NCMHD/IC collaborations budget.

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

FY 2008 Level:	\$57.1 million
FY 2009 Level:	<u>\$65.8 million</u>
Change	+\$8.7 million

The goal is to develop Centers of Excellence (COE) that will conduct cutting-edge research in several diseases areas and conditions to improve minority health and eliminate health disparities. The COE program helps build the nation's research capacity of academic institutions and increase the pool of investigators from health disparity populations through research training and faculty development. The COE program disseminates health information, including strategies to increase the participation of health disparity populations in clinical trials. It also promotes the establishment of partnerships by its grantees which may collaborate with different types of research institutions, health care facilities, community or faith-based organizations, and other entities interested in minority health and health disparities. Opportunities for partnership include rigorous basic, applied, population, and community-based research.

Since 2002, NCMHD has established 88 COE in 31 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. The types of institutions are broad and include majority research institutions, medical schools, Historically Black Colleges and Universities, Hispanic Serving Institutions, Tribal Colleges and liberal arts colleges. The COE conduct multi-disciplinary research on priority diseases and conditions such as cardiovascular disease, stroke, cancer, diabetes, HIV/AIDS, infant mortality, mental health, and obesity.

In FY 2009, NCMHD plans to expand the program with an additional 9 COE sites.

Research Capacity-Building & Infrastructure: The purpose is to build a comprehensive and diverse biomedical research enterprise of institutions and individuals dedicated to minority health and the elimination of health disparities. The strategy is three-fold: (1) build the scientific infrastructure and research environment in

institutions with little or no research activities; (2) enhance the research capacity in minority health and health disparities research in those academic institutions that have some research activities, but may or may not be in health disparities research; (3) and focus on research training for individuals from health disparity populations.

To support its efforts in this area, in FY 2007 NCMHD funded 13 Research Endowment grants, 630 health professional recipients under the Loan Repayment Program (LRP), 24 grantees under the Research Infrastructure in Minority Institutions (RIMI) Program and 25 grantees in the Minority Health and Health Disparities International Research Training (MHIRT) Program.

Budget Policy: The FY 2009 budget estimate for Research Capacity-Building & Infrastructure is \$64.0 million, a decrease of \$9.1 million, or 12.6% compared to the FY 2008 enacted. In FY 2009, funds are being realigned from this program area to support on-going activities and new activities in the Health Disparities Research program area as outlined above. Funding in this program area will continue to support Endowment Research, Research Infrastructure in Minority Institutions, and the Loan Repayment Programs.

Portrait of the NCMHD Loan Repayment Programs

FY 2008 Level:	\$ 11.2 million
FY 2009 Level:	<u>\$ 11.2 million</u>
Change	\$ 0.0 million

The NCMHD currently supports two extramural Loan Repayment Programs (LRPs) that seek to recruit and retain highly qualified health professionals with doctorate degrees in research careers related to the elimination of health disparities. The programs provide an incentive for successful applicants to engage in basic, clinical, and behavioral research relevant to health disparities, by repaying a portion of their educational loans. The NCMHD LRPs include the *Health Disparities Research (HDR) Loan Repayment Program* and the *Extramural Clinical Research for Individuals with Disadvantaged Backgrounds (ECR) Loan Repayment Program*. For both programs, NCMHD provides support to an average 250 applicants each year. Since its inception in 2001, NCMHD has supported more than 1,400 health professionals across 45 states. More than 60% of the program participants are from racial and ethnic minority populations.

In FY 2009, the NCMHD will continue to expand the development of the retention component of the programs to help former NCMHD LRP recipients in their transition to become independent research investigators. The programs will provide eligible individuals the opportunity to compete for small health disparities research grants to support their research career development.

Outreach and Information Dissemination: The purpose of the Outreach and Information Dissemination activity is to facilitate the translation and dissemination of scientific information in enhancing clinical practice and improving the health of health disparity populations. The NCMHD sentinel activity is to develop a data management center, and expand its Community-Based Participatory Research (CBPR) program, which is designed to actively engage the community in all phases of research including design, implementation, and dissemination of the research results.

There are 25 current CBPR research planning grantees who are conducting pilot intervention studies on major diseases/conditions (obesity, diabetes, cancer, mental health, HIV/AIDS, etc.) affecting racial and ethnic minority populations. Applications for the five-year intervention research phase of the CBPR program are currently being reviewed.

Budget Policy: The FY 2009 budget estimate for Outreach and Information Dissemination is \$19.6 million, the same as the FY 2008 enacted. With the FY 2009 budget, the NCMHD will continue to support its Community-Based Participatory Research program, described in the program portrait below. Additionally, the Budget includes \$1.0 million to continue efforts started in FY 2008 to develop a Faith-Based Health Initiative, focused on developing 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.

Portrait of the Community-Based Participatory Research Program

FY 2008 Level:	\$ 19.0 million
FY 2009 Level:	<u>\$ 19.0 million</u>
Change	\$ 0.0 million

The goals of this program are to promote research collaborations between academic researchers and community partners; and to support community intervention research studies, using community-based participatory research (CBPR) principles and methods to eliminate health disparities in major diseases affecting racial and ethnic minority populations in the United States.

This program has three phases: a three-year research planning grant; a competitive five-year intervention research grant; and a competitive three-year dissemination phase. The participatory, personalized and preemptive features are embedded in all three phases of the CBPR program with its emphasis on active participation of the affected communities and the focus on intervention research for disease prevention and health promotion.

The main outcomes of the research planning phase in FY 2007 are the development of pilot intervention studies focused on the following diseases/conditions: obesity, diabetes, cancer, cardiovascular diseases, substance abuse, mental health, childhood dental caries and HIV/AIDs, etc. During the intervention research grant study phase in FY 2008, grantees will start implementing effective disease intervention(s) targeting one or more diseases/conditions which disproportionately affect racial and ethnic minorities and other health disparity populations.

In FY 2009, NCMHD plans to continue funding for the CBPR five-year intervention studies.

Intramural Research: The NCMHD advances its Intramural Research mission 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 2009 budget estimate for Intramural Research is \$2.385 million, an increase of \$.036 million, or 1.5% compared to the FY 2008 enacted. The Intramural Research Program plans for FY 2009 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. In addition, the NCMHD will continue to support intramural investigators conducting minority health or health disparities research.

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.

Budget Policy: The FY 2009 budget estimate for RMS is \$10.470 million, an increase of \$.159 million, or 1.5% over the FY 2008 enacted. This funding level will support 29 FTEs.

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

Budget Authority by Object

	FY 2008 Enacted	FY 2009 Estimate	Increase or Decrease
Total compensable workyears:			
Full-time employment	29	29	0
Full-time equivalent of overtime and holiday hours	0	0	0
Average ES salary	\$0	\$0	\$0
Average GM/GS grade	14.3	14.4	0.1
Average GM/GS salary	\$104,053	\$107,071	\$3,018
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	\$133,162	\$137,024	\$3,862
Average salary of ungraded positions	167,767	172,632	4,865
OBJECT CLASSES	FY 2008 Enacted	FY 2009 Estimate	Increase or Decrease
Personnel Compensation:			
11.1 Full-time permanent	\$2,877,000	\$2,998,000	\$121,000
11.3 Other than full-time permanent	494,000	509,000	15,000
11.5 Other personnel compensation	75,000	77,000	2,000
11.7 Military personnel	137,000	143,000	6,000
11.8 Special personnel services payments	0	0	0
Total, Personnel Compensation	3,583,000	3,727,000	144,000
12.0 Personnel benefits	806,000	840,000	34,000
12.2 Military personnel benefits	63,000	66,000	3,000
13.0 Benefits for former personnel	0	0	0
Subtotal, Pay Costs	4,452,000	4,633,000	181,000
21.0 Travel and transportation of persons	97,000	97,000	0
22.0 Transportation of things	9,000	9,000	0
23.1 Rental payments to GSA	0	0	0
23.2 Rental payments to others	0	0	0
23.3 Communications, utilities and miscellaneous charges	32,000	32,000	0
24.0 Printing and reproduction	34,000	34,000	0
25.1 Consulting services	90,000	90,000	0
25.2 Other services	1,666,000	1,666,000	0
25.3 Purchase of goods and services from government accounts	27,716,000	27,730,000	14,000
25.4 Operation and maintenance of facilities	6,000	6,000	0
25.5 Research and development contracts	17,402,000	17,402,000	0
25.6 Medical care	0	0	0
25.7 Operation and maintenance of equipment	16,000	16,000	0
25.8 Subsistence and support of persons	0	0	0
25.0 Subtotal, Other Contractual Services	46,896,000	46,910,000	14,000
26.0 Supplies and materials	93,000	93,000	0
31.0 Equipment	66,000	66,000	0
32.0 Land and structures	0	0	0
33.0 Investments and loans	0	0	0
41.0 Grants, subsidies and contributions	147,890,000	147,888,000	-2,000
42.0 Insurance claims and indemnities	0	0	0
43.0 Interest and dividends	0	0	0
44.0 Refunds	0	0	0
Subtotal, Non-Pay Costs	195,117,000	195,129,000	12,000
Total Budget Authority by Object	199,569,000	199,762,000	193,000

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

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

Salaries and Expenses

OBJECT CLASSES	FY 2008 Enacted	FY 2009 Estimate	Increase or Decrease
Personnel Compensation:			
Full-time permanent (11.1)	\$2,877,000	\$2,998,000	\$121,000
Other than full-time permanent (11.3)	494,000	509,000	15,000
Other personnel compensation (11.5)	75,000	77,000	2,000
Military personnel (11.7)	137,000	143,000	6,000
Special personnel services payments (11.8)	0	0	0
Total Personnel Compensation (11.9)	3,583,000	3,727,000	144,000
Civilian personnel benefits (12.1)	806,000	840,000	34,000
Military personnel benefits (12.2)	63,000	66,000	3,000
Benefits to former personnel (13.0)	0	0	0
Subtotal, Pay Costs	4,452,000	4,633,000	181,000
Travel (21.0)	97,000	97,000	0
Transportation of things (22.0)	9,000	9,000	0
Rental payments to others (23.2)	0	0	0
Communications, utilities and miscellaneous charges (23.3)	32,000	32,000	0
Printing and reproduction (24.0)	34,000	34,000	0
Other Contractual Services:			
Advisory and assistance services (25.1)	90,000	90,000	0
Other services (25.2)	1,666,000	1,666,000	0
Purchases from government accounts (25.3)	6,438,000	6,452,000	14,000
Operation and maintenance of facilities (25.4)	6,000	6,000	0
Operation and maintenance of equipment (25.5)	16,000	16,000	0
Subsistence and support of persons (25.8)	0	0	0
Subtotal Other Contractual Services	8,216,000	8,230,000	14,000
Supplies and materials (26.0)	93,000	93,000	0
Subtotal, Non-Pay Costs	8,481,000	8,495,000	14,000
Total, Administrative Costs	12,933,000	13,128,000	195,000

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

Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2007 Amount Authorized	FY 2008 Enacted	2008 Amount Authorized	FY 2009 Budget Estimate
Research and Investigation	Section 301	42§241	Indefinite		Indefinite	
National Center on Minority Health and Health Disparities	Section 402(a)	42§281	Indefinite	\$199,569,000	Indefinite	\$199,762,000
Total, Budget Authority				199,569,000		199,762,000

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

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation <u>1/</u>
2000	0 <u>2/</u>	0	0	0
Rescission	0	0	0	0
2001	0 <u>2/</u>	0	0	130,200,000
Rescission				(77,000)
2002	158,425,000 <u>2/</u>	157,204,000	158,421,000	157,812,000
Rescission				(70,000)
2003	186,929,000	186,929,000	186,292,000	186,929,000
Rescission				(1,215,000)
2004	192,724,000	192,724,000	192,824,000	192,724,000
Rescission				(1,253,000)
2005	196,780,000	196,780,000	197,900,000	197,780,000
Rescission				(1,621,000)
2006	197,379,000	197,379,000	203,367,000	197,379,000
Rescission				(1,974,000)
2007	194,299,000	194,299,000	196,771,000	199,444,000
2008	194,495,000	202,691,000	203,895,000	203,117,000
Rescission				(3,548,000)
2009	199,762,000			

1/ Reflects enacted supplementals, rescissions, and reappropriations.

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

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

Details of Full-Time Equivalent Employment (FTEs)

OFFICE/DIVISION	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate
Office of the Director	9	11	11
Division of Extramural Activities and Scientific Programs	9	12	12
Division of Scientific Strategic Planning and Policy Analysis	4	6	6
Total	22	29	29
Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research.			
FTEs supported by funds from Cooperative Research and Development Agreements	(0)	(0)	(0)
FISCAL YEAR	Average GM/GS Grade		
2005	13.4		
2006	13.5		
2007	14.3		
2008	14.3		
2009	14.4		

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

Detail of Positions

GRADE	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate
Total, ES Positions	0	0	0
Total, ES Salary	0	0	0
GM/GS-15	4	6	6
GM/GS-14	5	5	5
GM/GS-13	2	3	3
GS-12	2	3	3
GS-11	1	1	1
GS-10	0	0	0
GS-9	0	3	3
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	16	23	23
Grades established by Act of July 1, 1944 (42 U.S.C. 207):			
Assistant Surgeon General	0	0	0
Director Grade	1	1	1
Senior Grade	0	0	0
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Subtotal	1	1	1
Ungraded	16	16	16
Total permanent positions	18	25	25
Total positions, end of year	33	40	40
Total full-time equivalent (FTE) employment, end of year	22	29	29
Average ES salary	0	0	0
Average GM/GS grade	14	14	14
Average GM/GS salary	100,675	104,053	107,071

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