

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute on Minority Health and Health Disparities (NIMHD)

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Office of the Director

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Deputy Director

Dr. Joyce Hunter

Division of Intramural  
Research Acting  
Scientific

Director

Dr. Joyce A. Hunter

Division of Data  
Management and  
Scientific Reporting

Director

Vacant

Division of Scientific  
Programs

Director

Dr. Nathaniel Stinson

NIMHD-2

**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, \$214,723,000.*

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

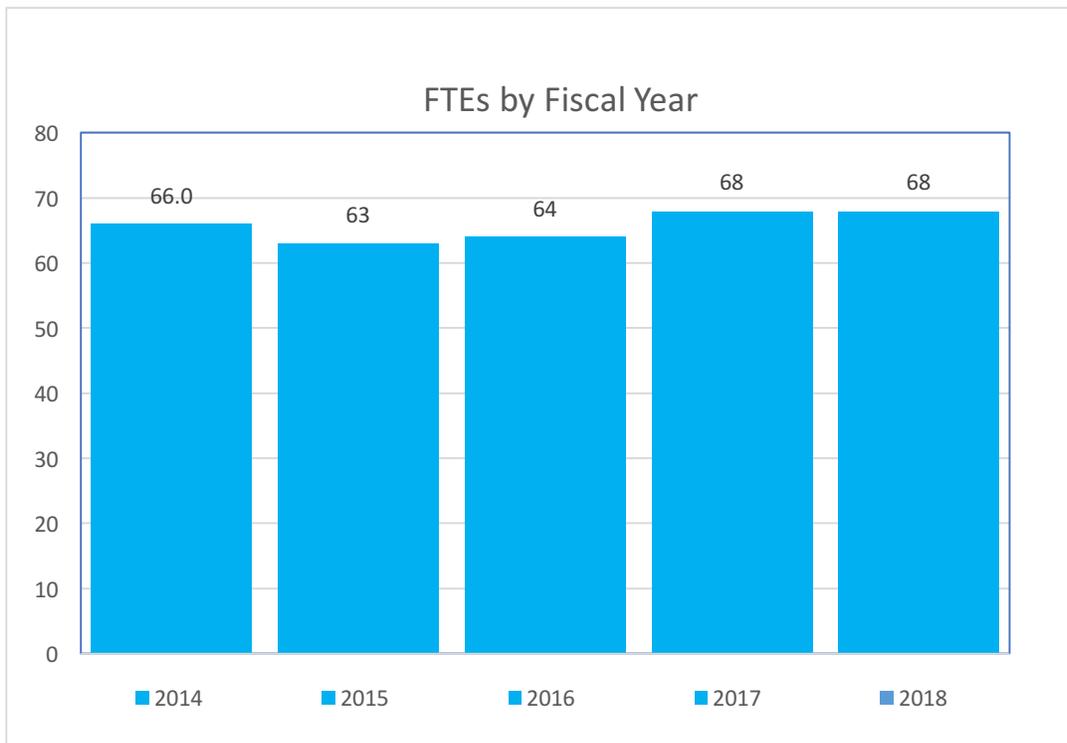
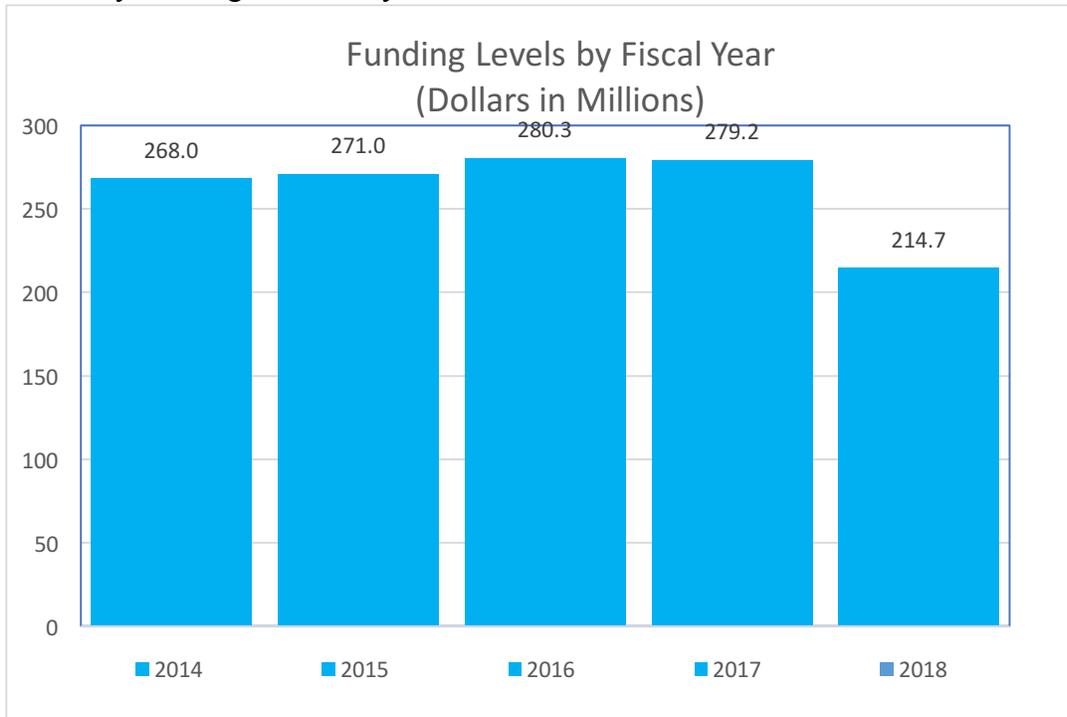
Amounts Available for Obligation<sup>1</sup>  
(Dollars in Thousands)

Source of Funding	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Appropriation	\$279,718	\$279,718	\$214,723
Mandatory Appropriation: (non-add)			
Type 1 Diabetes	-	-	-
Other Mandatory financing	(0)	(0)	(0)
Rescission	0	-532	0
Sequestration	0	0	0
Zika Intra-NIH Transfer	-387	0	0
Subtotal, adjusted appropriation	\$279,331	\$279,186	\$214,723
OAR HIV/AIDS Transfers	962	0	0
Subtotal, adjusted budget authority	\$280,293	\$279,186	\$214,723
Unobligated balance, start of year	0	0	0
Unobligated balance, end of year	0	0	0
Subtotal, adjusted budget authority	\$280,293	\$279,186	\$214,723
Unobligated balance lapsing	-29	0	0
<b>Total obligations</b>	<b>\$280,264</b>	<b>\$279,186</b>	<b>\$214,723</b>

<sup>1</sup> Excludes the following amounts for reimbursable activities carried out by this account:  
FY 2016 - \$205      FY 2017 - \$1,000      FY 2018 - \$1,000

# Fiscal Year 2018 Budget Graphs

History of Budget Authority and FTEs:



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

**Authorizing Legislation**

	PHS Act/ Other Citation	U.S. Code Citation	2017 Amount Authorized	FY 2017 Annualized CR	2018 Amount Authorized	FY 2018 President's Budget
Research and Investigation	Section 301	42§241	Indefinite		Indefinite	
National Institute on Minority Health and Health Disparities	Section 401(a)	42§281	Indefinite	\$279,186,000	Indefinite	\$214,723,000
Total Budget Authority				\$279,186,000		\$214,723,000

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

**Appropriations History**

<b>Fiscal Year</b>	<b>Budget Estimate to Congress</b>	<b>House Allowance</b>	<b>Senate Allowance</b>	<b>Appropriation</b>
2008	\$194,495,000	\$202,691,000	\$203,895,000	\$203,117,000
Rescission				\$3,548,000
Supplemental				\$1,061,000
2009	\$199,762,000	\$206,632,000	\$205,322,000	\$205,959,000
Rescission				\$0
2010	\$208,844,000	\$213,316,000	\$209,508,000	\$211,572,000
Rescission				\$0
2011	\$219,046,000		\$218,705,000	\$211,572,000
Rescission				\$1,857,728
2012	\$214,608,000	\$214,608,000	\$272,650,000	\$276,963,000
Rescission				\$523,460
2013	\$279,389,000		\$280,236,000	\$276,439,540
Rescission				\$552,879
Sequestration				(\$13,875,364)
2014	\$283,299,000		\$281,416,000	\$268,322,000
Rescission				\$0
2015	\$267,953,000			\$269,154,000
Rescission				\$0
2016	\$281,549,000	\$272,493,000	\$287,379,000	\$279,718,000
Rescission				\$0
2017 <sup>1</sup>	\$280,680,000	\$286,446,000	\$292,323,000	\$279,718,000
Rescission				\$532,000
2018	\$214,723,000			

<sup>1</sup> Budget Estimate to Congress includes mandatory financing.

## Justification of Budget Request

### *National Institute on Minority Health and Health Disparities*

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

Budget Authority:

	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 Budget Request	FY 2017 +/- FY 2018
BA	\$280,264,112	\$279,186,000	\$214,723,000	(\$64,463,000)
FTE	64	68	68	0

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

### Director's Overview

The mission of the National Institute on Minority Health and Health Disparities (NIMHD) is to lead scientific research to improve minority health and to reduce health disparities. NIMHD's foundation addresses the reality that, in the United States, many racial and ethnic minority populations experience poorer health and greater disparities in health outcomes. Minority health research focuses on understanding and improving the health of specific racial or ethnic minorities. The central core of health disparities research involves identifying how race, ethnicity, and socioeconomic status interact with health determinants, such as social determinants, individual behaviors, the physical and cultural environment, and biological systems, to lead to differential clinical and population health outcomes.

Frequently, the terms minority health and health disparities are used interchangeably. However, the two terms cover distinct areas of research with substantial overlap in areas where identification of or impact on a disparity is recognized. In order to advance the science of minority health and of health disparities research, the following clarifying definitions and criteria have been developed:

Minority health refers to the distinctive health characteristics and attributes of a racial and/or ethnic group who is socially disadvantaged and/or subject to potential discriminatory acts.

Minority health research is the scientific investigation of distinctive health characteristics and attributes of minority racial and/or ethnic groups who are usually underrepresented in biomedical research in order to understand population health outcomes. Racial and ethnic populations included in this definition are defined by the Office of Management and Budget Directive 15.

A health disparity is defined as a health difference that adversely affects disadvantaged populations, based on one or more of the specified health outcomes:

- Higher incidence and/or prevalence of disease and/or disorders;
- Premature and/or excessive mortality in diseases where populations differ;
- Greater burden of disease demonstrated with metrics such as reduced quality of life or disability-adjusted life years (DALYs); or
- Poorer daily functioning.

Health disparities research is a multi-disciplinary field of study devoted to gaining greater scientific knowledge about the influence of health determinants, understanding the role of different pathways leading to disparities, and determining how this knowledge is translated into interventions to reduce or eliminate health disparities. Health disparity populations include racial and ethnic minorities, rural residents, less privileged socioeconomic status (SES), and sexual and gender minorities (SGM).

NIMHD has organized minority health and health disparities research around three themes: 1) Community Health and Population Sciences; 2) Clinical and Health Service Research; and 3) Integrative Biological and Behavioral Sciences. These priorities will advance minority health and health disparities research in a focused yet comprehensive platform. Each will focus on impacting the health determinants that contribute to poor health outcomes and to health disparity conditions. These areas of research may occur in collaboration with other NIH Institutes and Centers (ICs). NIMHD's research supports the broader NIH mission in several ways; a few of these are outlined below.

### **Health Promotion and Disease Prevention**

Disparities in the provision of health care are a clear contributor to disparities in health outcomes. Differences in utilization patterns and quality of care indicators between health disparity populations and the general population have been well documented. However, more information is needed to understand how best to eliminate these inequities, including examination of how health care services in different health care system models affect health outcomes.

Several NIMHD projects are exploring how patient-clinician communication can contribute to healthcare disparities. For example, American Indian (AI) children face a complex array of health challenges related to socioeconomic disadvantage. One area that has received little attention is the use of and care provided to AI children in hospital emergency departments (ED). Although available data are limited, they suggest that AI children have increased ED usage compared to White children, increased rates of leaving the ED without receiving care, and possible differential care provided within the ED setting. In the first study of its kind, a multidisciplinary research team at the Collaborative Research Center for American Indian Health based in Sioux Falls, South Dakota, has partnered with Tribes and hospital EDs throughout the Upper Midwest to examine patterns of ED use and care for AI children. A survey of care providers at five hospitals measured implicit and explicit bias towards AI children and their caregivers in the ED. This research found that 84 percent of clinicians had an implicit preference for White adults or children. In addition, the greater the number of AI children seen in the ED, the more clinicians saw AI children as challenging and their caregivers as less compliant with

clinician recommendations. Further research is needed to determine how ED clinician biases influence health care or outcomes disparities and what types of interventions can be created to reduce this disparity.

### **Fundamental Science of Big Data and Enhancing Stewardship through Enhancing Biomedical Workforce Diversity**

The ability to access the wealth of information contained in biomedical Big Data has the potential to advance our understanding of human health and disease, from the basic science of disease mechanisms to effective provision of health care services. However, the magnitude of Big Data creates major organizational and analytical challenges. As datasets become increasingly large and complex, conventional methods are taxed in the ability to share, manage, and analyze data. Furthermore, researchers' ability to capitalize on Big Data is limited by insufficient training of a diverse data science workforce. To address these needs, NIMHD supports innovative educational activities as part of the Big Data to Knowledge (BD2K) Enhancing Diversity in Biomedical Data Science program. These activities enhance the capacity of minority-serving institutions' students and faculty to develop a diverse biomedical, behavioral, and clinical research workforce in the rapidly evolving area of Big Data science. At Fisk University, a Historically Black College/University, a partnership has been developed with the University of Illinois Urbana-Champaign to provide curriculum enhancements and summer research experiences for Fisk students focused on cutting-edge genomics, proteomics, and personalized medicine. Participating students receive individualized development plans and wrap-around mentoring to promote successful entry into competitive BD2K-aligned doctoral programs nationwide.

#### Overall Budget Policy:

The FY 2018 President's Budget request is \$214.723 million, a decrease of \$64.463 million compared with the FY 2017 Annualized CR level. These reductions are distributed across all programmatic areas and basic, epidemiology, or clinical research.

### **Program Descriptions and Accomplishments**

Priorities for NIMHD programs include examining the causes of health disparities from a systems approach; developing tailored interventions based upon the health determinant findings for specific population groups; integrating science, practice, and policy approaches; providing platforms for academic institutions to conduct research and train a diverse workforce; building community research capacity; investigating national and global patterns of health disparities; and advancing the translation and dissemination of research results. NIMHD supports a health determinant research framework to study various diseases and conditions, including diabetes and cancer, to foster a better understanding of what causes health disparities so that interventions can target critical contributors more effectively.

#### **Basic, Social, and Behavioral Research**

NIMHD is committed to reducing health disparities by supporting biomedical, social, behavioral, clinical, and population research. This research enhances knowledge about minority health and the etiology of diseases and conditions with differential health outcomes for disadvantaged

populations. It also increases the evidence base for preventive and therapeutic interventions to reduce health disparities and improve the quality and length of life for all populations. NIMHD-supported researchers recently discovered novel genetic predictors of venous thromboembolism (VTE) risk in African Americans. VTE is the third most common life-threatening cardiovascular condition in the United States, and African Americans have a 30 to 60 percent higher incidence compared to other races or ethnicities. Prior to this research, the reasons for these differences in VTE risk were poorly understood. In the first genome-wide association study of VTE risk in African Americans, novel genetic variants on chromosome 20 were identified that increased VTE risk by 230 percent. This study also showed that these risk variants occur at higher frequency among populations of African descent compared to other racial and ethnic groups and are associated with reduced gene expression of a protein that moderates risk of clotting. This may provide new insight into a mechanism regulating VTE susceptibility and identify common genetic variants that increase the risk of VTE in African Americans.

NIMHD seeks to understand the impact of behavioral, biological, sociocultural, and environmental determinants on health. For example, NIMHD-supported research is examining a known connection between childhood abuse and poor cardiovascular health in adulthood. In a study with more than 580 adults, researchers found that people who were victims of childhood abuse have higher body mass indices and report greater sleep disturbance. These were shown to be associated with increased inflammation in these individuals, which correlated to hypertension. Understanding these connections suggests specific interventions that might help reduce the cardiovascular risk for victims of child abuse and potentially reduce disparities related to sleep disturbance often found in underserved populations.

In FY 2018, NIMHD plans to support investigations of the human epigenome focused on identifying and characterizing the mechanisms by which social experiences at various stages in life can affect gene function and influence health trajectories or modify disease risk in racial and ethnic minority and health disparity populations.

### **Program Portrait: Surgical Disparities Research**

FY 2017 Level: \$91.9 million

FY 2018 Level: \$84.1 million

Change: -\$ 7.9 million

The delivery of safe, high-quality surgical care has not always benefited all patient groups equally, despite breakthroughs in surgical research, technologies, and instrumentation. Health outcomes data show that surgical patients from disadvantaged backgrounds still experience significant morbidity, prolonged hospitalization, and chronic disability or premature death, even in a setting of equal access. Appropriate surgical care and achieving optimal surgical outcomes is affected by socioeconomic status, age, gender, level of education, race, ethnicity, health care resources and availability, and hospital region. The goal of NIMHD's Surgical Disparities Research Program, launched in FY 2016, is to support investigative and collaborative research, focused on understanding and addressing disparities in surgical care and outcomes in minority and health disparity populations. While the goal is to understand and explore the effectiveness of clinical intervention approaches for addressing surgical disparities, this initiative also will seek to identify multi-level strategies at the institutional and systems level that may reduce disparities.

Building on recommendations from a workshop convened at NIH in collaboration with the American College of Surgeons, NIMHD issued two new funding opportunity announcements in FY 2016 soliciting applications for research projects grants on Surgical Disparities Research and Exploratory/Developmental Surgical Disparities Research. The first awards will be made during the spring of 2017, with additional application receipt dates planned in 2017, 2018, and 2019. The decrease in funding in FY 2018 for this program will bring commitments in line with available resources.

### **Transdisciplinary and Translational Research**

NIMHD supports interdisciplinary, translational, and collaborative approaches to health disparities research that are needed to advance the understanding of the multi-factorial causes of health disparities. A center-based approach often serves as the optimum infrastructure to address these complexities and fosters networks of investigators across disciplines to address minority health and health disparities issues fully.

NIMHD's Transdisciplinary Collaborative Centers (TCC) for Health Disparities Research comprise regional coalitions of stakeholders pursuing coordinated approaches to address health disparities. For example, the Gulf States Collaborative Center for Health Policy Research is a regional consortium led by the Bayou Clinic, Inc., a community-based health care provider that meets the requirements of the Health Resources and Services Administration Federally Qualified Health Center program, but does not receive health center program funding. The Bayou Clinic has partnered with the University of Southern Mississippi and the University of Alabama at Birmingham to address health disparities in the Gulf region. This TCC uses a community-based participatory research approach to examine socioeconomic, environmental, and health system policies that impact health and produce disparate health outcomes in vulnerable populations. The overall goal is to inform health system improvement that will reduce the burden of chronic disease in minority, low-income, and other vulnerable populations in the Gulf region.

NIMHD's Centers of Excellence (COE) also involve partnerships between academic institutions and community organizations dedicated to health disparities research. Since 2002, NIMHD has established COEs across 31 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands, addressing social, behavioral, genetic, and environmental factors that underlie disparities, prevention of disease in health disparity populations, and interventions to reduce

health disparities. One example is the COE on Race, Ethnicity, and Health Disparities Research at the University of Maryland. This COE is developing culturally relevant, community-based interventions designed to eliminate health disparities, with a focus on reducing cardiac and metabolic risk factors in Maryland's minority communities. In addition, this COE has developed innovative training programs to support researchers in successful minority community engagement.

In FY 2018, NIMHD will continue to support multidisciplinary research centers focused on key topic areas in minority health and health disparities including, but not limited to, social determinants of health, environmental health disparities, men's health, precision medicine, chronic disease prevention, and health services and policy research.

**Program Portrait: NIMHD Transdisciplinary Collaborative Centers for Health Disparities Research on Chronic Disease Prevention**

FY 2017 Level: \$29.8 million

FY 2018 Level: \$20.2 million

Change: -\$ 9.6 million

Chronic diseases and conditions are among the most common, costly, and preventable of all health problems for Americans. Reducing disparities in chronic diseases requires innovative health promotion and disease prevention efforts targeting health disparity populations at high risk. Increasingly, there is recognition that single-level interventions are not adequate to reduce health inequalities. Interventions that take into account complex interactions at multiple levels – individual, family/team/group, community, state, or national – can better address social determinants of health.

To address this need, two new NIMHD Transdisciplinary Collaborative Centers (TCC) for Health Disparities Research on Chronic Disease Prevention were established in FY 2016. The Flint Center for Health Equity Solutions, based in Flint, Michigan, is serving as a regional focal point for organizing a broad cross-section of stakeholders with an interest in eliminating health disparities. Research projects include physical activity and healthy food interventions delivered in African American churches and a multi-tiered intervention program for men and women in recovery from substance abuse. The second new TCC, based in Washington State with partners in Alaska, Colorado, and Oklahoma, is examining disparities in hypertension, cardiovascular disease, and stroke among American Indians, Alaska Natives, Native Hawaiians, and Pacific Islanders. Research projects are focused on harnessing technologies available where participants live, work, and obtain healthcare. These include electronic health records, text messaging, and online grocery shopping apps, wearable physical activity monitors, and home blood pressure monitors. The decrease in funding in FY 2018 for this program will bring commitments in line with available resources.

**Research Capacity Building and Infrastructure**

NIMHD aims to build a comprehensive and diverse biomedical research base of institutions and individuals dedicated to reducing health disparities and translating scientific advances into improved population health equity. Institutions must possess sufficient research capacity to conduct biomedical, clinical, and translational research, including physical infrastructure, human capital, and encompassing policies to promote and sustain community participation in the research enterprise. Programs within this area enable non-research intensive institutions to develop core resources to conduct health disparities research, train a diverse pool of national minority health and health disparities researchers, collaborate with multiple stakeholders (including research-intensive institutions, community groups, health care providers, and state and local public health agencies), and evaluate policies that impact the health of disadvantaged populations.

For example, the NIMHD-funded Eastern Caribbean Health Outcomes Research Network has enrolled more than 3,000 adults in Puerto Rico, U.S. Virgin Islands, Barbados, and Trinidad-Tobago in a cohort to enhance capacity for clinical and epidemiologic research focused on heart disease, diabetes, and cancer in the region. The capacity-building of this research network succeeded and provided necessary resources to allow new research to mature. The same group of investigators competed for a new five-year NIMHD Center grant that was awarded in FY 2016. The new grant uses the original participant cohort and related data infrastructure to conduct multidisciplinary research examining the complex interplay between social, behavioral, and biomedical risk and protective factors influencing chronic disease disparities.

NIMHD's Endowment Program for Increasing Research and Institutional Resources also seeks to build capacity and research infrastructure and to facilitate minority health and health disparities research at eligible institutions. Grants are made to create a permanent institutional endowment fund to support minority health and health disparities programs. NIMHD plans to issue another funding opportunity announcement for the Endowment Program during FY 2017.

**Program Portrait: Research Centers in Minority Institutions (RCMI) Program**

FY 2017 Level: \$56.7 million

FY 2018 Level: \$39.7 million

Change: -\$17.0 million

The RCMI program is working to expand national capacity for research in the health sciences by providing support to institutions that offer doctorate degrees in a health-related science or a graduate degree in the health professions and have a demonstrated commitment to educating students from diverse backgrounds. These institutions historically have trained professionals from diverse backgrounds who provide health care to minority and other underrepresented populations and are uniquely positioned to engage minority populations in research and in the translation of research advances into culturally appropriate, measurable, and sustained improvements in health outcomes. The primary goals of RCMI are to: 1) enhance institutional research capacity within the areas of basic biomedical, behavioral, and/or clinical research; 2) enable all levels of investigators to become more successful in obtaining competitive research funding, especially from NIH, particularly on diseases that disproportionately impact minority and other health disparity populations; 3) foster environments conducive to career enhancement with a special emphasis on development of new and early career investigators; 4) enhance the quality of all scientific inquiry and promote research on minority health and health disparities; and 5) establish sustainable collaborations and partnerships with community-based organizations.

RCMIs support a broad range of basic biomedical, clinical, and translational research. For example, research at Howard University's RCMI is developing new nanotechnologies for cancer therapeutics, deciphering genetic mechanisms that control human cytomegalovirus replication, using structural biology and computational approaches to design novel drugs to fight Chagas disease, and identifying novel genetic variants associated with increased risk of type 2 diabetes in patients with sickle cell disease. Research at Meharry Medical College's RCMI is gaining new insights on molecular mechanisms of HIV infection and the implications of disparities in bacterial vaginosis for HIV acquisition in African American women.

In December 2016, NIMHD issued a funding opportunity announcement for new awards for the RCMI program to be made in FY 2017. The decrease in funding in FY 2018 for this program will bring commitments in line with available resources.

## **Career Development and Training**

NIMHD addresses the compelling need to promote diversity in the biomedical, behavioral, clinical, and social sciences workforce through training and career development programs. A diverse biomedical workforce will improve the Nation's capacity to address and reduce health disparities by improving the quality of the educational and training environment, enhancing recruitment of the most talented researchers from all populations into health disparities research, broadening perspectives in setting research priorities, and increasing the recruitment of participants from diverse backgrounds into clinical research protocols. NIMHD programs support undergraduate and graduate students, post-doctoral researchers, and early career scientists and provide educational, mentoring, and career development programs for individuals interested in health disparities research.

For example, NIMHD's Clinical Research Education and Career Development (CRECD) program supports educational activities that enhance the diversity of the biomedical, behavioral, and clinical research workforce. CRECD awards support implementation of courses designed to develop knowledge and skills for post-doctoral participants in clinical research leading to a Master of Science in Clinical Research, Master of Public Health, or Master in Population Health degree. The awards also support hands-on research experiences for post-doctoral researchers, clinical and research fellows, and early stage investigators with the aim of producing a diverse cadre of scientists motivated to pursue clinical and/or population health research on diseases that disproportionately impact health disparity populations.

NIMHD also participates in the NIH Pathway to Independence Award program, a two-phased award designed to help outstanding post-doctoral scientists transition from mentored positions to independent, tenure-track or equivalent faculty positions. During the first phase, post-doctoral mentees receive specialized training and conduct preliminary studies that lay the groundwork for independent research projects during the second phase. One NIMHD-supported project through this program examined mindfulness-based strategies for targeting impulsivity among college-age drinkers and the post-doctoral investigator found that the level of impulsivity predicts how a participant will respond to a mindfulness intervention versus a relaxation intervention. These findings could help inform the design of better-tailored approaches to behavioral therapy, as well as guide this investigator along a career path to an independent faculty position.

NIMHD also participates in several *Ruth L. Kirschstein* National Research Service Award (NRSA) Individual Fellowship programs for pre- and post-doctoral trainees pursuing research careers in minority health and health disparities. For example, one NIMHD-supported pre-doctoral graduate student is studying the influence of adult Latina daughters on older Latina mothers' HIV risk and protective behaviors, while another is studying the effect of food marketing and attentional biases on eating behaviors among African American adolescent girls.

## **Intramural Research Program (IRP)**

The NIMHD IRP uses the interdisciplinary expertise of its scientists to conduct high-risk research with a focus on minority health and health disparities. To promote this approach, the IRP focuses on the impact that social determinants of health can have on genetic and biological risk factors of disease. IRP scientists are working to develop tailored interventions that may

increase use of indicated prevention tests and interventions, improve healthy behaviors, reduce risk behaviors or modify risks through medications, foster earlier diagnosis of disease, and promote better health outcomes with greater precision.

In FY 2016, NIMHD supported efforts to establish a network of intramural scientists at NIH through adjunct faculty appointments to promote interactions on topics in minority health and health disparities. Adjunct investigators are independent tenured, tenure-track, or assistant-clinical investigators, who have their primary appointments in other Institutes at NIH, but receive partial support from the NIMHD IRP. Through this initiative, the adjunct faculty of the NIMHD IRP was expanded to include six new investigators with diverse health disparities research interests.

One NIMHD IRP research project is developing strategies to reduce tobacco use disparities by modifying social and behavioral factors. This project uses publicly and commercially available datasets to investigate how tobacco marketing can promote or reduce tobacco use disparities. In FY 2017 and 2018, this research will be expanded to include experimental studies in a new clinical research laboratory at the NIH Clinical Center. These studies will be able to measure brain activity, emotional responses, and attitudinal changes while research participants are viewing tobacco advertisements. Young adult smokers of varying socioeconomic status who participate in this research may help to develop tailored public health communication strategies to reduce health disparities.

Other NIH ICs conduct research on specific diseases with known health disparities; however, the focus of the NIMHD IRP includes a psychosocial, bio-behavioral, and cultural context specific to the disparate condition. This enriches the continuum of science from biological to clinical advances and provides a platform for collaborations among ICs to reduce health disparities.

### **Research Management and Support (RMS)**

RMS activities provide support for the review, award, and monitoring of research grants, training awards, and research and development contracts. The functions of RMS encompass strategic planning, coordination, and evaluation of NIMHD's programs. The RMS budget also supports NIMHD's overall science planning and policy-related activities, public reporting, and public communications. In FY 2018, RMS activities will continue to include efforts to manage and update website content, which will include a data portal, to communicate and disseminate the most current information effectively to the public and the many constituencies invested in the outcomes of NIMHD research.

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

**Detail of Full-Time Equivalent Employment (FTE)**

OFFICE/DIVISION	FY 2016 Final			FY 2017 Annualized CR			FY 2018 President's Budget		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Division of Data Management and Scientific Reporting									
Direct:	1	-	1	-	-	-	-	-	-
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	1	-	1	-	-	-	-	-	-
Division of Intramural Research									
Direct:	3	1	4	4	1	5	4	1	5
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	3	1	4	4	1	5	4	1	5
Division of Scientific Programs									
Direct:	16	2	18	19	2	21	18	3	21
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	16	2	18	19	2	21	18	3	21
Office of the Director									
Direct:	41	-	41	42	-	42	42	-	42
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	41	-	41	42	-	42	42	-	42
Total	61	3	64	65	3	68	64	4	68
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
<b>FISCAL YEAR</b>	<b>Average GS Grade</b>								
2014	11.7								
2015	12.8								
2016	13.5								
2017	13.5								
2018	13.5								

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

**Detail of Positions<sup>1</sup>**

GRADE	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Total, ES Positions	0	0	0
Total, ES Salary	0	0	0
GM/GS-15	9	9	9
GM/GS-14	16	24	24
GM/GS-13	11	12	12
GS-12	7	9	9
GS-11	5	2	2
GS-10	0	0	0
GS-9	0	1	1
GS-8	3	3	3
GS-7	3	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	54	62	62
Grades established by Act of July 1, 1944 (42 U.S.C. 207)	0	0	0
Assistant Surgeon General	0	0	0
Director Grade	2	2	2
Senior Grade	0	0	0
Full Grade	0	1	1
Senior Assistant Grade	1	0	1
Assistant Grade	0	0	0
Subtotal	3	3	4
Ungraded	19	18	18
Total permanent positions	57	65	65
Total positions, end of year	76	81	81
Total full-time equivalent (FTE) employment, end of year	64	68	68
Average ES salary	0	0	0
Average GM/GS grade	13.5	13.5	13.5
Average GM/GS salary	106,107	105,440	105,440

<sup>1</sup> Includes FTEs whose payroll obligations are supported by the NIH Common Fund.