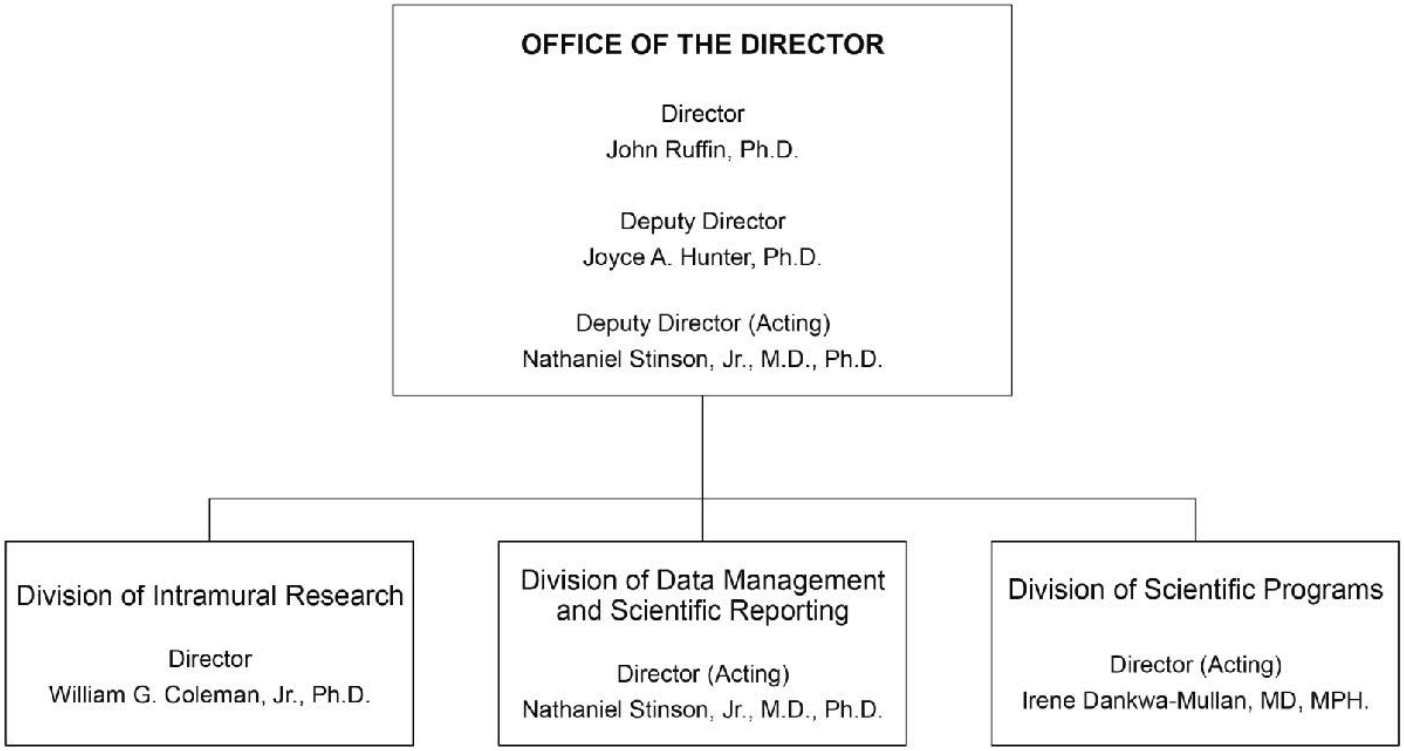
DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute on Minority Health and Health Disparities (NIMHD)

FY 2015 Budget — Page No.

National Institutes of Health
National Institute on Minority Health and Health Disparities
Organizational Structure



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, [$268,322,000] *$267,953,000*.

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

Amounts Available for Obligation[1]
(Dollars in Thousands)

Source of Funding	FY 2013 Actual	FY 2014 Enacted	FY 2015 President's Budget
Appropriation	$276,439	$268,322	$267,953
Type 1 Diabetes	0	0	0
Rescission	-553	0	0
Sequestration	-13,875	0	0
Subtotal, adjusted appropriation	$262,011	$268,322	$267,953
FY 2013 Secretary's Transfer	-1,528	0	0
OAR HIV/AIDS Transfers	0	0	0
Comparative transfer to NLM for NCBI and Public Access	-309	-369	0
National Children's Study Transfers	222	0	0
Subtotal, adjusted budget authority	$260,396	$267,953	$267,953
Unobligated balance, start of year	0	0	0
Unobligated balance, end of year	0	0	0
Subtotal, adjusted budget authority	$260,396	$267,953	$267,953
Unobligated balance lapsing	-34	0	0
Total obligations	$260,362	$267,953	$267,953

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

FY 2013 - $671 FY 2014 - $522 FY 2015 - $522

NATIONAL INSTITUTES OF HEALTH
National Institute on Minority Health and Health Disparities
Budget Mechanism - Total[1]

(Dollars in Thousands)

MECHANISM	FY 2013 Actual		FY 2014 Enacted[2]		FY 2015 President's Budget		FY 2015 +/- FY 2014	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Projects:								
Noncompeting	48	$16,403	48	$17,722	65	$23,841	17	$6,119
Administrative Supplements	*(0)*	0	*(0)*	0	*(0)*	0	*(0)*	0
Competing:								
Renewal	0	0	0	0	0	0	0	0
New	12	4,470	30	11,160	13	4,840	-17	-6,320
Supplements	0	0	0	0	0	0	0	0
Subtotal, Competing	12	$4,470	30	$11,160	13	$4,840	-17	-$6,320
Subtotal, RPGs	60	$20,873	78	$28,882	78	$28,681	0	-$201
SBIR/STTR	24	7,460	26	8,034	27	8,284	1	250
Research Project Grants	84	$28,332	104	$36,916	105	$36,965	1	$49
Research Centers:								
Specialized/Comprehensive	69	$83,239	58	$78,093	54	$78,334	-4	$241
Clinical Research	0	1,840	0	2,000	0	2,000	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	21	54,641	21	54,641	21	54,641	0	0
Research Centers	90	$139,720	79	$134,734	75	$134,975	-4	$241
Other Research:								
Research Careers	4	$763	4	$1,022	3	$620	-1	-$402
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	0	0	0	0	0	0	0
Other	104	51,964	100	52,586	94	52,944	-6	358
Other Research	108	$52,727	104	$53,608	97	$53,564	-7	-$44
Total Research Grants	282	$220,780	287	$225,258	277	$225,504	-10	$246
Ruth L Kirchstein Training Awards:	FTTPs		FTTPs		FTTPs		FTTPs	
Individual Awards	0	$0	0	$0	0	$0	0	$0
Institutional Awards	0	0	0	0	0	0	0	0
Total Research Training	0	$0	0	$0	0	$0	0	$0
Research & Develop. Contracts	246	$18,021	252	$20,261	212	$20,621	-40	$360
(SBIR/STTR) (non-add)	*(0)*	*(49)*	*(0)*	*(85)*	*(0)*	*(85)*	*(0)*	*(0)*
Intramural Research	9	6,598	9	6,763	9	6,831	0	68
Res. Management & Support	54	14,997	54	14,997	54	14,997	0	0
Res. Management & Support (SBIR Admin) (non-add)	*(0)*	*(0)*	*(0)*	*(0)*	*(0)*	*(0)*	*(0)*	*(0)*
Construction		0		0		0		0
Buildings and Facilities		0		0		0		0
Total, NIMHD	63	$260,396	63	$267,953	63	$267,953	0	$0

[1] All items in italics and brackets are non-add entries. FY 2013 and FY 2014 levels are shown on a comparable basis to FY 2015.
[2] The amounts in the FY 2014 column take into account funding reallocations, and therefore may not add to the total budget authority reflected herein.

Major Changes in the Fiscal Year 2015 President's Budget Request

Major changes by budget mechanism and/or budget activity detail are briefly described below. Note that there may be overlap between budget mechanism and activity detail and these highlights will not sum to the total change for the FY 2015 President's Budget request for NIMHD, which is the same as the FY 2014 Enacted level, for a total of $267.953 million.

Transdisciplinary & Translational Research (+$3.332 million; total $83.089 million):
Funds in this area will provide support for new and/or on-going initiatives to advance health disparities research, as well as transdisciplinary and translational research such as Transdisciplinary Collaborative Centers for Health Disparities Research and the Centers of Excellence.

Science, Education & Training (-$2.339 million; total $19.529 million):
Funds in this area will provide continued support for the Loan Repayment Program, Minority Health and Health Disparities International Research Training (MHIRT), and Science Education Initiatives.

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

Summary of Changes[1]

(Dollars in Thousands)

FY 2014 Enacted				$267,953
FY 2015 President's Budget				$267,953
Net change				$0
	FY 2015 President's Budget		**Change from FY2014**	
CHANGES	**FTEs**	**Budget Authority**	**FTEs**	**Budget Authority**
A. Built-in:				
1. Intramural Research:				
a. Annualization of January 2014 pay increase & benefits		$2,446		$10
b. January FY 2015 pay increase & benefits		2,446		17
c. Zero more days of pay (n/a for 2015)		2,446		0
d. Differences attributable to change in FTE		2,446		0
e. Payment for centrally furnished services		973		30
f. Increased cost of laboratory supplies, materials, other expenses, and non-recurring costs		3,411		2
Subtotal				$59
2. Research Management and Support:				
a. Annualization of January 2014 pay increase & benefits		$7,427		$58
b. January FY 2015 pay increase & benefits		7,427		73
c. Zero more days of pay (n/a for 2015)		7,427		0
d. Differences attributable to change in FTE		7,427		0
e. Payment for centrally furnished services		211		7
f. Increased cost of laboratory supplies, materials, other expenses, and non-recurring costs		7,359		1
Subtotal				$139
Subtotal, Built-in				$198

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

Summary of Changes- Continued[1]

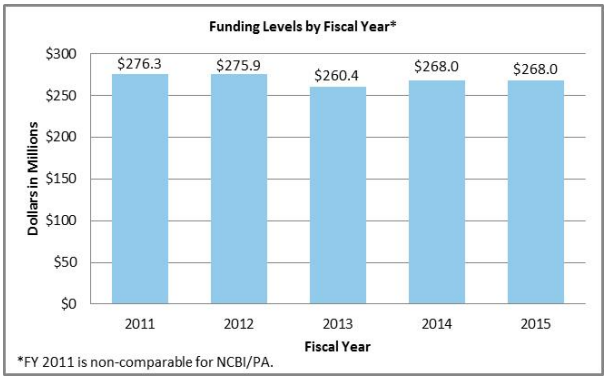
(Dollars in Thousands)

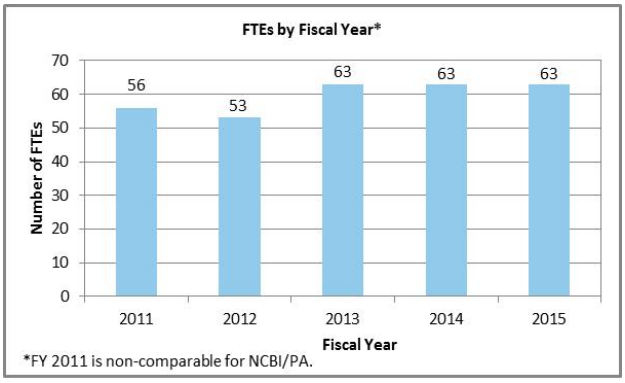
CHANGES	FY 2015 President's Budget		Change from FY2014	
	No.	Amount	No.	Amount
B. Program:				
1. Research Project Grants:				
a. Noncompeting	65	$23,841	17	$6,119
b. Competing	13	4,840	-17	-6,320
c. SBIR/STTR	27	8,284	1	250
Subtotal, RPGs	105	$36,965	1	$49
2. Research Centers	75	$134,975	-4	$241
3. Other Research	97	53,564	-7	-44
4. Research Training	0	0	0	0
5. Research and development contracts	212	20,621	-40	360
Subtotal, Extramural		$246,125		$606
	FTEs		FTEs	
6. Intramural Research	9	$6,831	0	$9
7. Research Management and Support	54	14,997	0	-139
8. Construction		0		0
9. Buildings and Facilities		0		0
Subtotal, Program	63	$267,953	0	$476
Total changes				$0

[1] The amounts in the Change from FY 2014 column take into account funding reallocations, and therefore may not add to the net change reflected herein.

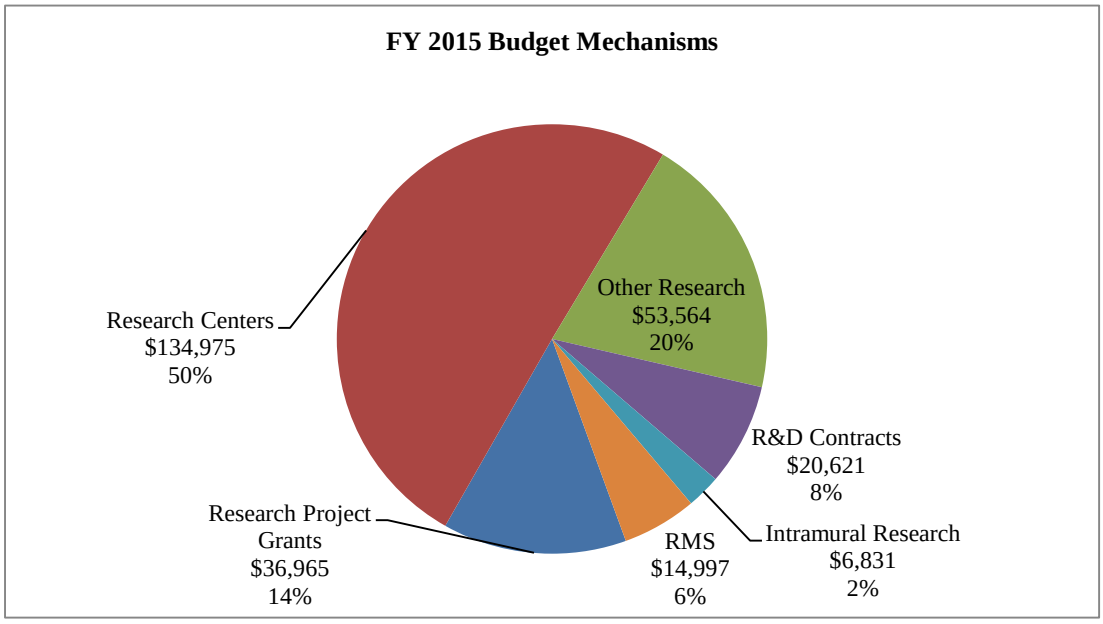
Fiscal Year 2015 Budget Graphs

History of Budget Authority and FTEs:

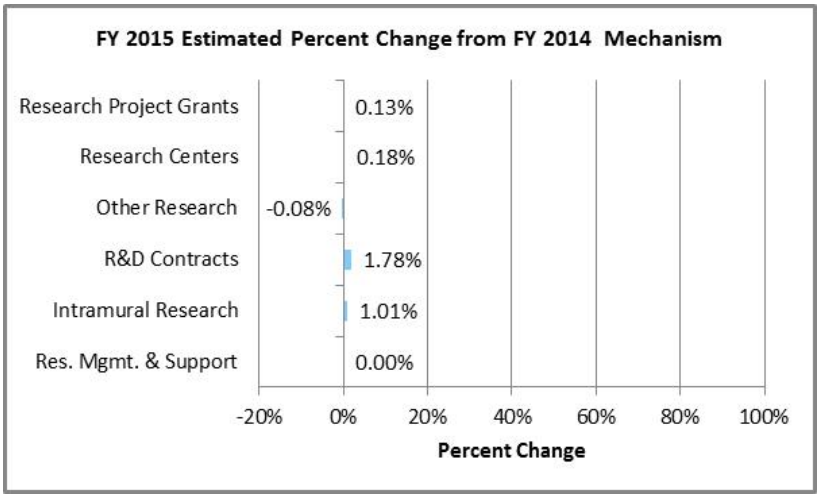




Distribution by Mechanism (Dollars in Thousands):



Change by Selected Mechanism:



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

Budget Authority by Activity[1]
(Dollars in Thousands)

	FY 2013 Actual		FY 2014 Enacted [2]		FY 2015 President's Budget		FY 2015 +/- FY 2014	
Extramural Research	**FTE**	**Amount**	**FTE**	**Amount**	**FTE**	**Amount**	**FTE**	**Amount**
Detail								
Basic, Social & Behavioral Research		$50,281		$58,049		$58,540		$491
Transdisciplinary & Translational Research		80,641		79,757		83,089		3,332
Research Capacity-Building & Infrastructure		86,678		85,845		84,967		-878
Science Education & Training		21,201		21,868		19,529		-2,339
Subtotal, Extramural		**$238,801**		**$245,519**		**$246,125**		**$606**
Intramural Research	**9**	**$6,598**	**9**	**$6,763**	**9**	**$6,831**	**0**	**$68**
Research Management & Support	**54**	**$14,997**	**54**	**$14,997**	**54**	**$14,997**	**0**	**$0**
TOTAL	**63**	**$260,396**	**63**	**$267,953**	**63**	**$267,953**	**0**	**$0**

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

[2] The amounts in the FY 2014 column take into account funding reallocations, and therefore may not add to the total budget authority reflected herein.

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

Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2014 Amount Authorized	FY 2014 Enacted	2015 Amount Authorized	FY 2015 President's Budget
Research and Investigation	Section 301	42§241	Indefinite	$267,953,000	Indefinite	$267,953,000
National Institute on Minority Health and Health Disparities	Section 401(a)	42§281	Indefinite		Indefinite	
Total, Budget Authority				$267,953,000		$267,953,000

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

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2005	$196,780,000	$196,780,000	$197,900,000	$197,780,000
Rescission				($1,621,000)
2006	$197,379,000	$197,379,000	$203,367,000	$197,379,000
Rescission				($1,974,000)
2007	$194,299,000	$194,299,000	$196,771,000	$199,444,000
Rescission				$0
2008	$194,495,000	$202,691,000	$203,895,000	$203,117,000
Rescission				($3,548,000)
Supplemental				$1,061,000
2009	$199,762,000	$206,632,000	$205,322,000	$205,959,000
Rescission				$0
2010	$208,844,000	$213,316,000	$209,508,000	$211,572,000
Rescission				$0
2011	$219,046,000		$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			

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 2013 Actual	FY 2014 Enacted	FY 2015 Budget Request	FY 2015 + / - FY 2014
BA	$260,395,580	$267,953,000	$267,953,000	$0
FTE	63	63	63	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 eliminate health disparities. According to Healthy People 2020, a health disparity is a "particular type of health difference in the overall rate of disease incidence, prevalence, morbidity, mortality, survival rates, and other adverse health conditions between populations that is closely linked with social, economic, and/or environmental disadvantage." NIMHD recognizes that health disparities occur because of complex intertwined biological, behavioral, and environmental factors embedded in social, economic, and health care structures, thus scientific investigation needs to be built on broad-based coalitions with diverse partners from multiple disciplines and sectors.

NIMHD research and involvement has contributed to some noteworthy progress that has decreased certain racial and ethnic health disparities; even though, the issues persist. For example, from 1980 to 2007 the gap in life expectancy between African Americans and Whites decreased by one year for women and 1.6 years for men and the gap in all-cause mortality rates between White and African American women declined.[1] Non-White children are now as likely as White children to have had a medical visit in the previous year, showing improvement of a measure that exhibited a racial and ethnic disparity as late as 2003.[2] Despite some specific improvements, pervasive and persistent health disparities exist in the United States. African Americans have higher death rates than Whites for 10 of the 15 leading causes of death, while Hispanics and American Indians have higher death rates than Whites for diabetes and liver cirrhosis. Racial and ethnic minority and other underserved population groups experience an earlier onset of disease for many conditions, such as breast cancer, HIV/AIDS, and cardiovascular disease. Though life expectancy improves with higher socioeconomic status (SES) and greater health care access, a gap in life expectancy persists between Whites and

[1] *Bleich SN, Jarlenski MP, Bell CN, and LaVeist TA (2012). Health inequalities: trends, progress, and policy. Annu Rev Public Health 33:7-40.*

[2] *Flores G, Lin H (2013). Trends in racial/ethnic disparities in medical and oral health, access to care, and use of services in US children: has anything changed over the years? Int J Equity Health 12:10.*

African Americans at every income level.[3] Social, behavioral, biological, and environmental factors influencing disparities persist even after controlling for the contribution of SES and health care access on health conditions.

In support of *Today's Basic Science for Tomorrow's Breakthroughs*, NIMHD funds a diverse research portfolio designed to build foundational scientific knowledge about biological, behavioral, and social factors contributing to health disparities in order to provide the necessary groundwork for cures, treatments, and interventions tailored for specific population groups. For example, more than 500,000 Americans suffer from end-stage renal disease (ESRD) that is fatal without dialysis or kidney transplantation. African Americans develop kidney failure at rates four to five fold higher than Whites. NIMHD-supported basic research identified two coding sequence variants in the gene for ApolipoproteinL1 (APOL1), which may explain a large proportion of the disparity seen in ESRD. Another ongoing NIMHD project is studying blood platelet activation at the signaling, protein, and genetic levels to learn why platelets are more reactive in African Americans than in Whites. Differences in platelet reactivity may explain part of African Americans' increased risk for myocardial infarction (MI, or "heart attack") and stroke.

Precision Medicine is a fundamental part of NIMHD's research portfolio that specifically addresses the needs of underserved populations with targeted interventions. Tailoring preventive or therapeutic interventions for specific health disparity populations allows medical recommendations to be more precise, more likely to succeed, and more appropriate for each individual. Supporting these kinds of precision medicine projects allows NIMHD to advance its mission of eliminating health disparities. For example, the NIMHD-supported Informatics for Diabetes Education and Telemedicine project has focused on creating unique interventions to improve adherence to diabetes self-care in Hispanic and African American patients. This study found that individualized telemedicine case management was effective in improving outcomes for minority patients. In another study, tailored family-based interventions were used to lessen childhood obesity in Hispanic youth. Preliminary findings show that parental involvement in culturally specific interventions improves physical activity and dietary choices. Another culturally tailored intervention addresses obesity in Native Hawaiians and Pacific Islanders by integrating social and environmental determinants in disease prevention and management.

NIMHD supports *Nurturing Talent and Innovation* in three distinct ways: increasing diversity, supporting new and early-stage investigators, and cultivating innovation. To increase diversity and nurture investigators from multiple backgrounds, NIMHD-funded pilot project programs have facilitated the ability of emerging investigators to secure additional funding demonstrating the program's ability to nurture talent. Through some of its key programs, NIMHD ensures that promising young investigators, particularly those from underrepresented populations, have career development opportunities. Since the inception of the Loan Repayment Programs (LRP) in 2001, NIMHD has provided nearly 2,900 awards to support scholars in research. Approximately 300 awards have been made for clinical research to individuals from disadvantaged backgrounds, and 2,600 awards for health disparities research. These scholars commit to engaging in their specified area of research at least 50 percent of their time and explore specific diseases, conditions, and health issues applicable to health disparity populations. LRP scholars are

[3] *Williams DR (2012). Miles to go before we sleep: racial inequities in health. J Health Soc Behav 53(3):279-95.*

working in 35 states, the District of Columbia, and Puerto Rico studying topics including HIV/AIDS, cancer, cardiovascular diseases, and access to health care. More than half of these scholars have educational loans in excess of $100,000 and the LRPs provide up to $35,000 annually. Since 2004, more than 100 scholars have earned Masters of Science in Clinical Research degrees through Clinical Research Education and Career Development programs at five minority-serving institutions and have gone on to receive additional research funding from the NIH and other federal, state, and local agencies, industry, and private foundations. The diverse investigators supported by NIMHD programs are bringing new perspectives to develop innovative approaches to address priority areas including the examination of unique receptor proteins that inhibit prostate cancer cell migration. These findings could point the way to new molecular approaches to naturally suppress cancer progression without the side effects of current therapies.

Budget Policy:
The FY 2015 President's Budget request is $267.953 million, the same as the FY 2014 Enacted level. The request includes funds to support the NIMHD's core extramural programs, including Centers of Excellence, Loan Repayment Programs, and Research Endowment. The NIMHD will also continue to support new investigators through its intramural research program and investigator-initiated health disparities research projects.

Program Descriptions and Accomplishments

Priorities for NIMHD's minority health and health disparities programs include: examining the causes of health disparities; 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.

BASIC, SOCIAL, AND BEHAVIORAL RESEARCH

This priority area supports basic biomedical and social/behavioral research on minority health and health disparities and the translation and dissemination of scientific knowledge to improve clinical practice, to enhance the evidence base for health care decisions, and to improve the health behaviors of health disparity populations. Programs funded include the Basic and Applied Biomedical Research program, the Social, Behavioral, Health Services, and Policy Research program, the Small Business Innovation Research/Small Business Technology Transfer (SBIR/STTR) programs, and the Community Based Participatory Research (CBPR) Initiative.

The Basic and Applied Biomedical Research program funds projects that address the fundamental causes of diseases and conditions that disproportionately affect individuals from health disparity backgrounds. For example, one project studies the higher incidence and mortality of breast cancer in African American women. NIMHD-supported investigators are examining the role genetic differences in the tumor suppressor protein called p53. Researchers hypothesize that some racial/ethnic groups have disproportionate p53 variants that may contribute to breast cancer health disparities in the age of onset, incidence, and lack of pregnancy protection in African American women.

A second project is examining chronic pain in American Indians, by studying the nerve processes that stimulate pain and response. The researchers hypothesize that the central nervous system of American Indians may respond differently to noxious stimuli, placing them at increased risk for chronic pain. Comparing pain-free American Indians and non-Hispanic Whites on measures of pain sensitivity, nervous system pain signaling, and mechanisms that regulate pain will potentially identify interventions to address chronic pain in American Indians. Other health determinants studied include coping style, sociocultural, and heredity. Results will inform culturally-tailored interventions and methods to screen at-risk individuals. NIMHD has issued a funding opportunity announcement to expand the Basic and Applied Biomedical Research program in FY 2014.

The Social, Behavioral, Health Services, and Policy Research program supports research that takes knowledge about causal pathways learned at the bench and uses social, behavioral, health services and/or policy approaches to test ways to improve minority health and eliminate health disparities. One project evaluating an intervention to increase adherence to sleep apnea treatment, found that African Americans with metabolic syndrome, when compared to their White counterparts, were more likely to be functionally impaired as the result of either too little or too much sleep. Another project examined unconscious stereotyping of Hispanic patients among medical and nursing students. The study found that students endorsed stereotypes that Hispanic patients would be non-compliant or likely to engage in high-risk health behaviors, even if the students reported trying consciously to avoid prejudiced thinking. This unconscious bias of medical providers can be one factor in the disparity in health care delivery faced by minority patients. Examples of newly awarded projects include an evaluation of a peer-led social support intervention to reduce psychological distress and prevent post-traumatic stress disorder among low-income African and Iraqi refugees and an examination of the impact of current federal and state policies (such as national quality reporting requirements and changes to Medicaid reimbursement) on racial and ethnic disparities in quality of care received in nursing homes.

The SBIR/STTR programs, mandated by Congress, are designed to stimulate technological innovation and bring new products and services to market by making awards to small businesses. NIMHD's SBIR/STTR programs give high priority to projects designed to empower health disparity communities to achieve health equity through health education, disease prevention, and collaborative community-based, problem-driven research. One project is successfully marketing a medical Spanish e-learning program to hospice care communities across the U.S. and a national certification program for medical Spanish competency is being developed based on this curriculum. Another project developed a web-based software service that allows health care providers and pharmacists to generate medication instructions and educational materials in 18 languages in easy-to-read formats. Nearly 40 customers now use this product, including hospitals, health centers, retail pharmacies and individual clinicians in over 1,200 locations. NIMHD will be launching a new STTR initiative, Technologies for Improving Minority Health and Eliminating Health Disparities, to stimulate development of appropriate technologies that are effective, affordable, culturally acceptable, and deliverable to racial and ethnic minorities and low-income and rural populations. The first cohort of awards will be made in FY 2014.

Budget Policy:
The FY 2015 President Budget's request is $58.540 million, an increase of $0.491million or 1.00 percent above the FY 2014 Enacted level. During FY 2015, NIMHD plans to continue support for investigator-initiated health disparities research projects and to support collaborations that expand the NIMHD health disparity research agenda.

Program Portrait: Community Based Participatory Research (CBPR) Initiative

FY 2014 Level: $16.6 million
FY 2015 Level: $16.8 million
Change: +$0.2 million

The Community Based Participatory Research (CBPR) Initiative supports the development, implementation, and evaluation of intervention research that utilizes the principles of active community involvement as partners in the full spectrum of the research project.

Program Highlights:

- One CBPR project developed a culturally appropriate, church-based Hepatitis B screening and vaccination intervention program for Korean Americans which found increased screening and vaccination rates in the intervention group compared with the control group. Academic-community partnerships were essential in balancing science and community needs in the design and conduct of the needs assessment, pilot and full-scale trial.

- The Healthy Eating and Living in the Spirit (HEALS) intervention was conducted with faith-based partners and tested the effect of a modified diet, physical activity, and stress reduction on reducing a marker of inflammation, C-reactive protein (CRP), in overweight and obese African American adults. In overweight and obese, but otherwise "healthy" African American church members with very high baseline CRP levels, this intervention produced reductions in CRP at 3 and 12 months, and reduced waist-to-hip ratio, a predictor of the overall risk of inflammation and downstream health effects.

- The Partnerships to Improve Lifestyle Interventions 'Ohana (PILI) program tested the effectiveness of a culturally-adapted diabetes self-management intervention among Native Hawaiians and Pacific Islanders. The study found improvements at 3 months in the patient's intent to treat their condition, understanding of their condition, and diabetes self-management.

A number of CBPR Planning phase and Dissemination phase projects are underway. Examples of recently funded projects will: 1) address maternal and child health disparities using a locally-tailored model and 2) explore the influence of culture on health beliefs and practices among Brazilian and Dominican immigrants.

TRANSDISCIPLINARY & TRANSLATIONAL RESEARCH

This priority area supports interdisciplinary, translational, and collaborative approaches on minority health and health disparities research are needed to advance the understanding of the multifactorial causes of health disparities. Transdisciplinary and translational research transcends customary disciplinary approaches and "silo" organizational structures to address critical questions at multiple levels in innovative ways. NIMHD sponsors two programs that focus on transdisciplinary and translational research: the NIMHD Centers of Excellence (COE) program and the NIMHD Transdisciplinary Collaborative Centers (TCCs) for Health Disparities Research.

The COEs are often partnerships between academic institutions and community organizations to conduct health disparities research. Since 2002, NIMHD has established 102 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 disparate groups, and interventions to reduce health disparities. Studies conducted by COEs in 2013 have accomplished advances in health disparities research along the translational spectrum from basic science to dissemination.

One COE study found evidence that young, healthy African Americans who are susceptible to kidney disease show earlier signs of disease onset and faster progression than for Whites, which suggests the need for earlier detection and prevention interventions to reduce end-stage renal disease. Another COE examined the role that primary care doctors play in Hispanic Americans' utilization of health care services. This study found several health determinants interact to impact care, including practical factors that influence access to care, cultural and personal factors that shape perceptions of physical and mental health, provider cultural competence, and institutional factors. This study highlights the need for interdisciplinary collaborations to address these issues. Ongoing studies at the Center for Health and Risk in Minority Youth and Adults (CHARM) will be developing interventions to reduce chronic disease risk for minority youth by investigating the interplay between biological, behavioral and social determinates of chronic diseases. CHARM researchers are examining the genetics of asthma and obesity in Hispanic youth, interventions to prevent type 2 diabetes in high-risk young adult women and social interventions to address disparities in young adult tobacco use. The Center for Health Equity Intervention Research (CHEIR) will be using community engagement strategies to translate research about postpartum diabetes and weight control to Hispanic mothers as well as using community health workers to support patients with hypertension. CHEIR is developing interactive workshops on storytelling interventions to facilitate health disparities research in multiple underserved populations.

The Transdisciplinary Collaborative Centers for Health Disparities Research (TCC) are regional coalitions of stakeholders focused on developing coordinated, interdisciplinary approaches to health disparities problems. NIMHD funded four new TCCs in FY 2013 for a total of seven TCCs: two on the social determinants of health, three on health policy, and two on men's health. Each TCC spends one year on coalition building, planning, and designing research activities to address health disparities specific to their region. The diversity of these TCCs' goals underscores the breadth of health disparities research needed to achieve NIMHD's mission to eliminate health disparities and the impact that localized coalition building can have on solving these problems.

Budget Policy:

The FY 2015 President Budget's request is $83.089 million, an increase of $3.332 million or 4.18 percent above the FY 2014 Enacted level. During FY 2015, NIMHD plans to continue support for Transdisciplinary Collaborative Centers (TCCs) for Health Disparities Research and to increase support for Centers of Excellence (COEs).

Program Portrait: Transdisciplinary Collaborative Centers for Health Disparities Research (TCC)

FY 2014 Level: $23.0 million
FY 2015 Level: $23.0 million
Change: $0.0 million

The Transdisciplinary Collaborative Centers for Health Disparities Research (TCC) supports transdisciplinary coalitions of academic institutions, community organizations, service providers, government agencies, and stakeholders focused on priority areas in minority health and health disparities. The concept of regional TCCs was structured around an overarching goal delineated in the NIH Health Disparities Strategic Plan 2009-2013, integrating research, capacity building and outreach/dissemination to 1) develop a coordinated interdisciplinary approach to reduce and ultimately eliminate health disparities; and 2) develop opportunities to leverage resources and enhance collaboration.

Program Highlights:

- The Mid-South Transdisciplinary Collaborative Center for Health Disparities Research is focusing on the pathways to obesity and chronic illness across the life-course for African Americans in Alabama, Mississippi, and Louisiana. This TCC will be developing interventions to address these health disparities by examining social, economic, cultural, and environmental factors.

- The Collaborative Research Center for American Indian Health is bringing together tribal communities and health researchers from a variety of disciplines to work together to address the significant health disparities experienced by American Indians in South Dakota, North Dakota and Minnesota. The TCC is developing transdisciplinary research around social determinants of American Indian health, particularly as it applies to public health intervention programming.

- The Health Policy Research Consortium is examining how health policies impede the access of racial and ethnic minority populations to adequate and affordable health care in the area surrounding Washington, D.C. In particular, this TCC is focusing on coronary heart disease – a leading cause of death in Washington, D.C.

- The National Transdisciplinary Collaborative Center for African American Men's Health is addressing health disparities around the country using regional centers. The program focuses on unintentional and violence-related injuries as well as chronic diseases that affect African American men across the life course.

RESEARCH CAPACITY-BUILDING AND INFRASTRUCTURE

This priority area aims to build a comprehensive and diverse biomedical research base of institutions and individuals dedicated to minority health and the elimination of health disparities. The ability to conduct biomedical research requires sufficient research capacity, which includes physical infrastructure and human capital. Programs within this area enable non-research intensive institutions to build research capacity to conduct health disparities research and train a diverse pool of national and global health disparities researchers. This funding supports development of core research facilities, building collaborations with research intensive institutions, and supporting junior faculty to help them become independent investigators through programs including the Research Centers in Minority Institutions (RCMI), Research Endowment grants, the Building Research Infrastructure and Capacity (BRIC) program, and Resource-Related Minority Health and Health Disparities research.

The Research Centers in Minority Institutions (RCMI) program supports the development and augmentation of research capacity and infrastructure for conducting basic biomedical, behavioral, clinical, and translational research at minority institutions that offer doctoral degrees in the health sciences. A major focus of this program is on institutional resource

development, including core research facilities and advanced research instrumentation. NIMHD supports 17 RCMI Centers across the U.S and in Puerto Rico facilitating research on a wide range of topics, such as HIV/AIDS, cardiovascular disease, cancer, diabetes, obesity, reproductive health, and neurological diseases. One RCMI-supported project validated *in vitro* embryonic stem cell differentiation, which is the first proven alternative to using animal models to study complex human gene regulatory activities in T cells. These findings will pave the way for the rapid and inexpensive genetic engineering of T cells, and the development of new therapies. In another study, investigators have developed a cholesterol-free surfactant for use as a first-line therapy to modify the inflammatory response in pulmonary and systemic diseases; the use of budesonide instead of cholesterol allows larger amounts of corticosteroids to be delivered to the lungs to circumvent steroid side effects.

The RCMI Infrastructure for Clinical and Translational Research (RCTR) program supports the development of infrastructure required for the conduct of clinical and translational research in institutions funded via the RCMI program. This program also improves the collaboration and coordination of clinical and translational research programs within RCMI institutions, and foster collaborations and partnerships with other institutions. One RCTR research project investigated the effect of chimpanzee GB virus C expression on HIV-1 Gag protein and identified new therapeutic approaches targeting Gag protein processing to suppress HIV-1 replication.

The Research Endowment program builds research and training capacity in institutions that make significant investments in the education and training of underrepresented minority and socioeconomically disadvantaged individuals by providing resources for minority health disparities research and other health disparities research capacity, such as endowed faculty chairs, start-up and bridge funds for faculty research, new course development in health disparities, training, fellowships, and scholarships.

The Building Research Infrastructure and Capacity (BRIC) program aims to build, strengthen, and support the research infrastructure and research training capacity of non-research intensive institutions of higher education. The program enhances the competitiveness of these institutions, strengthens the scientific workforce, and increases the probability of long-term growth of NIH-competitive funding to investigators by creating research-mentored partnerships and opportunities for junior faculty to participate in cutting-edge research projects. Activities by BRIC investigators include the institution of faculty development workshops and/or summer programs to introduce faculty members to health disparities research and research training opportunities (done by 75 percent of BRIC investigators). Ninety percent of BRIC investigators have incorporated academic enrichment activities such as student participatory research opportunities, STEM course tutoring, graduate school admissions and test-taking prep courses, and seminar series' on health disparities research careers for undergraduate students.

Budget Policy:
The FY 2015 President's Budget request is $84.967 million, a decrease of $0.878 million or 1.02 percent below the FY 2014 Enacted level. In FY 2015, NIMHD plans to continue supporting the Research Endowment and Research Centers in Minority Institutions (RCMI).

Program Portrait: Resource-Related Minority Health and Health Disparities Research

FY 2014 Level: $7.0 million
FY 2015 Level: $7.5 million
Change: +$0.5 million

This initiative supports minority health and health disparities resource-related research activities that address four goal areas: Research; Research Infrastructure/Capacity Building; Outreach Dissemination; and Integration of Research, Research Infrastructure/Capacity Building, and Outreach Dissemination. Research activities focus on four core areas: bioethics research infrastructure initiative; global health research initiative; data infrastructure and information dissemination on health disparities research initiative; and health care for rural populations research initiative.

Program Highlights:

- The Urban Universities for Health project is developing an extended network of urban universities to share knowledge, identify, test, and adopt evidence-based strategies and tools to improve the health workforce, and address health disparities in urban areas. The project launched in five cities across the U.S. to support development of data collection infrastructure to track career outcomes of health professions students. The project also benefits from collaboration with community organizations, nonprofits, and government agencies that are aligned with the vision and goals of this project.

- In another project, investigators are conducting a longitudinal cohort study to examine lifestyle, sociocultural, and environmental risk and protective factors in the development of chronic disease in the Caribbean. The project represents a coalition between investigators from U.S. mainland institutions, Puerto Rico, the U.S. Virgin Islands, Barbados, and Trinidad & Tobago. In addition, to promoting an efficient and systematic multi-site data collection process, these capacity-building efforts provide the foundation for coalition members and others to conduct future health and health disparities research in the Caribbean region.

- Oral health among children in rural areas is addressed in a project to improve oral health while optimizing the costs of rural school-based caries prevention programs. The participating school-based programs provide care to approximately 10,000 children in 68 Title I elementary schools in 11 rural counties across four states (CO, KS, ME, and NH). The primary effectiveness measure is the incidence of new carious teeth in follow-up examinations during the study period. An initial assessment of comparative effectiveness is being conducted, and based on the results, a quality improvement program will be established.

SCIENCE EDUCATION AND TRAINING

This priority area aims to enhance the diversity of the biomedical workforce and train researchers to conduct minority health and health disparities research. A diverse biomedical workforce will improve the quality of the educational and training environment, balance and broaden the perspective in setting research priorities, improve the ability to recruit subjects from diverse backgrounds into clinical research protocols, and improve the Nation's capacity to address and eliminate health disparities. Programs in this area focus on providing educational, mentoring, and/or career development programs for individuals from health disparity populations that are underrepresented in the biomedical, clinical, behavioral, and social sciences. These programs include a Science Education Initiative, the Minority Health and Health Disparities International Research Training (MHIRT) program, the Clinical Research Education and Career Development (CRECD) in Minority Institutions program, the Disparities Research Education Advancing our Mission (DREAM) career transition award, and two Loan Repayment Programs (LRP): the Extramural Loan-Repayment Program for Individuals from Disadvantaged Backgrounds (LRP-

IDB) and the Extramural Loan-Repayment Program for Health Disparities Research (LRP-HDR).

The Science Education Initiative supports educational, mentoring, and/or career development programs for individuals from underrepresented or health disparity populations. For example, the Improving Montana Community Health through Graduate Education program is increasing community capacity to reduce health disparities by supporting underrepresented minority graduate students in biomedical and behavioral sciences and facilitating their ability to do community-based participatory research. The Summer Research Internship in Maternal and Child Health provides American Indian undergraduates the opportunity to participate in two consecutive summers of basic and clinical research experience as well as workshops on research design and ethics. The Hispanic Health Opportunity Learning Alliance (HOLA) works to increase the number of qualified first-generation-educated Hispanic graduates prepared to enroll in graduate degrees in health disparities. The program provides Hispanic undergraduates and minority graduate students with academic training, mentoring, and career development opportunities that are often not available in their communities.

Clinical Research Education and Career Development (CRECD) awards provide mentored research opportunities to diversify the cohort of clinical and translational researchers on diseases that disproportionately impact minority populations. One investigator has created a web-based protocol that assists underserved populations in developing a plan for disease self-management. Another recipient of CRECD funding has conducted research that has given new insights into how cancer cells interact with other cells in the body, which may provide the foundation for cutting edge new treatments. Multiple scholars have received R01 and K23 grants and as part of their training, CRECD investigators are responsible for dozens of publications. In FY 2014, CRECD will be focused on leveraging the past success to increase external funding opportunities for these scholars.

The Disparities Research and Education Advancing our Mission (DREAM) Career Transition Award supports mentored research experiences starting with Intramural and leading to Extramural research activities. Research spans topics including adolescent dating violence, the link between depression and diabetes and the impact of physician shortages in primary care. Three DREAM award recipients currently hold faculty positions in academic institutions and another is a senior federal health official. Currently, three recipients are about to transition to the extramural phase of their awards. One DREAM recipient analyzed the impact of variations in graduate medical education on availability of health care professionals by region. Annually, about $10 billion is provided to teaching hospitals to fund graduate medical education. This study found that per person graduate medical education (GME) payments vary greatly across regions of the country. The researcher highlights how the outdated formula-driven GME funding schedule and the way in which the Balanced Budget Act of 1997 capped the number of residency positions at each hospital receiving Medicare reimbursements have frozen in place a very irregular geography and, effectively, robbed current policy makers of the ability to make strategic judgments on where to allocate resources in an ever-changing healthcare market.

Budget Policy:
The FY 2015 President's Budget request is $19.529 million, a decrease of $2.339 million or 10.70 percent below the FY 2014 Enacted level. This decrease is due to a delay in the release of the DREAM program funding opportunity and a reduction in the Loan Repayment program. In FY 2015, NIMHD plans to continue supporting the Loan Repayment Program, Minority Health and Health Disparities International Research Training (MHIRT), and Science Education Initiatives.

Program Portrait: Minority Health and Health Disparities International Research Training (MHIRT)

FY 2014 Level: $4.8 million
FY 2015 Level: $4.7 million
Change: -$0.1 million

The Minority Health and Health Disparities International Research Training (MHIRT) program aims to establish a cadre of biomedical, behavioral, and social science researchers to address the causes and consequences of disparate health conditions that exist across underserved populations in the U.S. and globally. The program targets undergraduate and graduate students from groups underrepresented in basic science, biomedical, clinical, or behavioral research fields. MHIRT awards support the efforts of domestic academic institutions to broaden the scientific research experience of U.S. students in non-U.S. settings by offering short-term (10-12 week) training opportunities at foreign sites in health disparities and related research across a wide variety of diseases and conditions.

Program Highlights:
- In western Kenya, a student assisted in the conduct of in-person qualitative interviews to investigate access to and (correct) use of insecticide-treated bed nets to better appreciate the impediments to proven malaria control methods.
- In Jamaica, several students conducted in-person interviews at urology clinics across the country with men diagnosed with prostate cancer. Trainees gathered data regarding the patients' knowledge, attitudes, beliefs, behaviors, and perceptions of prostate cancer and assisted in preparing summaries of risk-related behaviors, co-morbid conditions, and lifestyle determinants in order to addressing patient quality of life.

In examples of recently-funded projects, trainees will 1) explore the link between disclosure of HIV status and gender-based violence among HIV-positive health care workers in Nairobi, Kenya and 2) use 3D cell culture, molecular biology, and videomicroscopy techniques to study cell transition pathways in normal and cancerous mammary epithelial cells.

INTRAMURAL RESEARCH PROGRAM

The NIMHD Intramural Research Program (IRP) supports integrative and multidisciplinary research focused on the basic, clinical/translational, and social/behavioral sciences. The field of health disparities research represents a critically important concept in public health and biomedical research where the influences of the environment, behavior, social norms, and custom converge with molecular biology and genetics to influence the incidence and outcome of disease. This approach accelerates research progress in the determinants of disease prevention; diagnosis and identification of effective diagnostic tools; and treatment efficacy and appropriateness, resulting in a cost effective approach towards health disparities.

The NIMHD IRP research agenda addresses a wide array of health problems that disproportionately affect ethnic and minority communities as well as rural populations and those

of low socioeconomic status. Current efforts focus on three identified diseases - cardiovascular diseases, diabetes, and cancer. While these diseases are addressed in other NIH Institutes and Centers (ICs), the focus of research at the NIMHD IRP is squarely on these diseases in racial and ethnic minorities as well as in rural and social economically disadvantaged populations. For example, work supported by NIMHD IRP has identified and characterized a protein that represents a molecular link between metabolic imbalance and increased risk and poorer clinical outcome for breast cancer patients. In addition to the work on breast cancer, the NIMHD IRP is in the process of developing a prostate cancer screening protocol.

The NIMHD IRP also trains researchers committed to studying health disparities. These researchers include individuals from health disparity populations and early career investigators. The NIMHD Disparities Research Education Advancing our Mission (DREAM) program currently supports the advancement of the research training goals by increasing the pool of new researchers interested in focusing their research in health disparities. The DREAM program has two phases; the first phase is implemented through a collaborative initiative with other NIH ICs. The DREAM fellows spend two years as Research Fellows within the IRP. Their experience includes placement under the supervision and mentorship of a distinguished NIH Senior Investigator conducting research related to their scientific interests. Throughout this process, the DREAM Fellows develop solid research skills and significant training with intramural mentors to improve their research skills. Upon completion of their intramural fellowship, the Fellows enter the second phase of the program and return to their academic institutions or other research facility with up to three years of research funding support. During the previous five years, this program has trained eight fellows; three of whom have transitioned to the extramural independent research phase of their grant award. NIMHD is promoting cross-cutting research and training fellows in the following five ICs: National Cancer Institute, National Institute on Mental Health, National Institute of Health Clinical Center, The Eunice Kennedy Shriver National Institute on Child Health and Human Development, and the National Human Genome Research Institute. Additional IRP priorities include continuing to develop and build research collaborations across NIH Institutes and Centers and to provide leadership for implementation of the NIH Health Disparities Strategic Plan and Budget.

Budget Policy:
The FY 2015 President's Budget request is $6.831 million, an increase of $0.068 million or 1.01 percent over the FY 2014 Enacted level. In FY 2015, NIMHD will continue funding of its intramural research program by supporting intramural investigators conducting minority health or health disparities research. This funding will support 9 FTEs.

RESEARCH MANAGEMENT AND SUPPORT

Research Management and Support (RMS) activities provide administrative, budgetary, logistical, and scientific support for the review, award, and monitoring of research grants, training awards, and research and development contracts. The functions of RMS also encompass strategic planning, coordination, and evaluation of the Institute's programs and liaison with members of Congress, other federal agencies, and the American public.

Budget Policy:
The FY 2015 President's Budget request is $14.997 million, the same as the FY 2014 Enacted level. This funding will support 54 FTEs.

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

Budget Authority by Object Class[1]
(Dollars in Thousands)

		FY 2014 Enacted	FY 2015 President's Budget	FY 2015 +/- FY 2014
Total compensable workyears:				
	Full-time employment	63	63	0
	Full-time equivalent of overtime and holiday hours	0	0	0
	Average ES salary	$0	$0	$0
	Average GM/GS grade	12.2	12.2	0.0
	Average GM/GS salary	$101	$102	$1
	Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	$0	$0	$0
	Average salary of ungraded positions	$0	$0	$0
	OBJECT CLASSES	**FY 2014 Enacted**	**FY 2015 President's Budget**	**FY 2015 +/- FY 2014**
	Personnel Compensation			
11.1	Full-Time Permanent	$5,041	$5,650	$609
11.3	Other Than Full-Time Permanent	1,440	1,454	14
11.5	Other Personnel Compensation	172	174	2
11.7	Military Personnel	372	375	4
11.8	Special Personnel Services Payments	0	0	0
11.9	**Subtotal Personnel Compensation**	**$7,024**	**$7,653**	**$629**
12.1	Civilian Personnel Benefits	$1,868	$2,068	$200
12.2	Military Personnel Benefits	149	151	1
13.0	Benefits to Former Personnel	0	0	0
	Subtotal Pay Costs	**$9,042**	**$9,873**	**$831**
21.0	Travel & Transportation of Persons	$149	$172	$23
22.0	Transportation of Things	46	47	1
23.1	Rental Payments to GSA	0	0	0
23.2	Rental Payments to Others	0	0	0
23.3	Communications, Utilities & Misc. Charges	74	75	1
24.0	Printing & Reproduction	10	10	0
25.1	Consulting Services	$121	$123	$2
25.2	Other Services	2,321	2,118	-203
25.3	Purchase of goods and services from government accounts	$15,226	$16,190	$964
25.4	Operation & Maintenance of Facilities	$50	$51	$1
25.5	R&D Contracts	14,387	12,400	-1,987
25.6	Medical Care	0	0	0
25.7	Operation & Maintenance of Equipment	17	17	0
25.8	Subsistence & Support of Persons	0	0	0
25.0	**Subtotal Other Contractual Services**	**$32,122**	**$30,900**	**-$1,222**
26.0	Supplies & Materials	$135	$237	$102
31.0	Equipment	1,116	1,135	19
32.0	Land and Structures	0	0	0
33.0	Investments & Loans	0	0	0
41.0	Grants, Subsidies & Contributions	225,258	225,504	246
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	**$258,911**	**$258,080**	**-$831**
	Total Budget Authority by Object Class	**$267,953**	**$267,953**	**$0**

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

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

Salaries and Expenses
(Dollars in Thousands)

OBJECT CLASSES	FY 2014 Enacted	FY 2015 President's Budget	FY 2015 +/- FY 2014
Personnel Compensation			
Full-Time Permanent (11.1)	$5,041	$5,650	$609
Other Than Full-Time Permanent (11.3)	$1,440	1,454	14
Other Personnel Compensation (11.5)	$172	174	2
Military Personnel (11.7)	$372	375	4
Special Personnel Services Payments (11.8)	$0	0	0
Subtotal Personnel Compensation (11.9)	**$7,024**	**$7,653**	**$629**
Civilian Personnel Benefits (12.1)	$1,868	$2,068	$200
Military Personnel Benefits (12.2)	$149	151	1
Benefits to Former Personnel (13.0)	$0	0	0
Subtotal Pay Costs	**$9,042**	**$9,873**	**$831**
Travel & Transportation of Persons (21.0)	$149	$172	$23
Transportation of Things (22.0)	$46	47	1
Rental Payments to Others (23.2)	$0	0	0
Communications, Utilities & Misc. Charges (23.3)	$74	75	1
Printing & Reproduction (24.0)	$10	10	0
Other Contractual Services:			
Consultant Services (25.1)	$121	123	2
Other Services (25.2)	$2,321	2,118	-203
Purchases from government accounts (25.3)	$8,282	7,895	-387
Operation & Maintenance of Facilities (25.4)	$50	51	1
Operation & Maintenance of Equipment (25.7)	$17	17	0
Subsistence & Support of Persons (25.8)	$0	0	0
Subtotal Other Contractual Services	**$10,791**	**$10,205**	**-$586**
Supplies & Materials (26.0)	$135	$237	$102
Subtotal Non-Pay Costs	**$11,206**	**$10,747**	**-$459**
Total Administrative Costs	**$20,248**	**$20,619**	**$371**

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

Detail of Full-Time Equivalent Employment (FTE)

OFFICE/DIVISION	FY 2013 Actual			FY 2014 Est.			FY 2015 Est.		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Division of Data Management and Scientific Reporting									
Direct:	5		5	5		5	5		5
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	5		5	5		5	5		5
Division of Intramural Research									
Direct:	9		9	8	1	9	8	1	9
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	9		9	8	1	9	8	1	9
Division of Scientific Programs									
Direct:	14	2	16	14	2	16	14	2	16
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	14	2	16	14	2	16	14	2	16
Office of the Director									
Direct:	33		33	33		33	33		33
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	33		33	33		33	33		33
Total	61	2	63	60	3	63	60	3	63
Includes FTEs whose payroll obligations are supported by the NIH Common Fund.									
FTEs supported by funds from Cooperative Research and Development Agreements.	0	0	0	0	0	0	0	0	0

FISCAL YEAR	Average GS Grade
2011	14.1
2012	12.7
2013	12.2
2014	12.2
2015	12.2

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

Detail of Positions

GRADE	FY 2013 Actual	FY 2014 Enacted	FY 2015 President's Budget
Total, ES Positions	0	0	0
Total, ES Salary	0	0	0
GM/GS-15	8	8	8
GM/GS-14	12	12	12
GM/GS-13	12	12	12
GS-12	8	8	8
GS-11	3	3	3
GS-10	0	0	0
GS-9	2	2	2
GS-8	3	3	3
GS-7	5	5	5
GS-6	1	1	1
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	54	54
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	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Subtotal	2	2	2
Ungraded	16	16	16
Total permanent positions	57	57	57
Total positions, end of year	73	73	73
Total full-time equivalent (FTE) employment, end of year	63	63	63
Average ES salary	0	0	0
Average GM/GS grade	12.2	12.2	12.2
Average GM/GS salary	100,392	101,396	102,410

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