National Institute on Minority Health and Health Disparities

CONGRESSIONAL JUSTIFICATION
FY 2022

Department of Health and Human Services
National Institutes of Health

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute on Minority Health and Health Disparities (NIMHD)

FY 2022 Budget Table of Contents Page No.

Director's Overview

The National Institute on Minority Health and Health Disparities (NIMHD) leads scientific research to improve minority health and reduce health disparities. To achieve its mission, NIMHD conducts and supports research on minority health and health disparities; promotes and supports the training of a diverse research workforce; translates and disseminates research discoveries; fosters innovative collaborations and partnerships; and plans, coordinates, reviews, and evaluates minority health and health disparities research and activities of the National Institutes of Health (NIH).

NIMHD Director Eliseo J. Pérez- Stable, M.D., has led the Institute since 2015. His contributions to cancer control and minority health and health disparities research are recognized internationally. His work helps improve the health of underserved populations, advance patient-centered care, improve cross-cultural communication, and promote diversity in the biomedical research workforce.

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which causes the coronavirus disease 2019 (COVID-19) pandemic, has made apparent to all of society the disparities in health and health care that NIMHD has been working tirelessly to address for many years. The pandemic has exacerbated the differences in health, health care, economic, and social factors that have been at the root of poor health outcomes among racial and ethnic minorities and all poor people in the United States. These factors include food insecurity, lower likelihood of paid sick leave, crowded housing, higher rates of chronic disease, lower income and less wealth across the spectrum, lack of health insurance, fewer years of educational attainment, more exposure to environmental hazards, and more institutionalized violence. African Americans or Blacks, Hispanics or Latinos, American Indians and Alaska Natives, Native Hawaiians, and other Pacific Islanders, are among the populations with the highest rates of COVID-19, the highest risk for severe illness, and the highest risk of mortality.

These disparities are partly attributed to social determinants of health including a greater likelihood of public-facing occupations in the hospitality, service, and health care sectors; living in more densely populated areas and with more individuals in the same household; lack of infrastructure for clean running water on some American Indian reservations; and reduced access to health care. Underlying medical conditions such as diabetes, severe obesity, uncontrolled hypertension, cardiovascular disease, cancer, and chronic kidney disease also play a role. Amidst NIMHD's ongoing work to enhance understanding of health disparities and execute innovative approaches to address existing disparities, the COVID-19 pandemic presents an opportunity for the NIMHD to strengthen its research and outreach activities as well as its partnerships, to mitigate the effects of COVID-19 in populations that already experience health disparities. It is also a time to renew efforts to advance the science of minority health and health

disparities and bolster a robust research, research-sustaining, and outreach platform to fulfill NIMHD's mission to improve minority health and reduce health disparities.

NIMHD Research Highlights

NIMHD supports conducting cutting-edge minority health and health disparities research. A risk prediction tool[1] from an NIMHD-funded study could make it easier to identify individuals at risk for non-retention in human immunodeficiency virus (HIV) clinical care. This prediction tool is an effective approach that uses a combination of sociodemographic, behavioral, and clinical factors such as age, race, poverty level, homelessness, heavy alcohol or drug use, and viral suppression status to derive a risk score to ascertain who is likely to remain in care. These findings can help improve retention in HIV care and clinical outcomes which can contribute to reducing disparities in HIV. In another NIMHD-funded study, investigators found that patients at high-performing hospitals were more likely to receive treatment consistent with standard ovarian cancer guidelines and had a longer average survival time after treatment compared to patients at medium and lower performing hospitals. Hispanic or Latina patients, Medicare-insured, and individuals of lower socio-economic status were less likely to be treated at a high-performing hospital.[2] These findings suggest NIMHD must remain steadfast in raising awareness about health care disparities and amplify its partnerships to ensure that all health care systems have the capacity to provide the same standard of care irrespective of patients' demographic characteristics or where they live.

Minority Health and Health Disparities Research Priorities

In its ongoing endeavors to improve minority health and reduce health disparities, NIMHD continues to implement its Minority Health and Health Disparities Research Framework[3] as it sets new priorities and develops new initiatives. Priority research initiatives on family health, community health, environmental health disparities, social determinants of health, rural health, and diabetes, for example, embrace and encourage utilization of this multilevel, multidomain conceptual framework. Below are examples of key research interests NIMHD is currently investigating and areas of future interest.

<u>Community and Population Health Sciences</u>

Many diseases and conditions impact people differently by virtue of where they live. Underserved rural populations, for example, often experience greater socioeconomic disadvantage; fewer opportunities for high-quality education, income, and employment; less timely access to social services and health care including telehealth; and may reside near toxic environmental exposures. NIMHD recognizes the gap in research to examine rural health disparities. As such, NIMHD is working with three existing grantees to establish Resource Hubs to Promote Multi-Sectoral Rural Health Disparities. Using these hubs, NIMHD will build coalitions of researchers and community partners to study rural health disparities, explore options to build research capacity for rural health research, identify a rural catchment area, and offer opportunities to share resources and data across collaborators.

[1] pubmed.ncbi.nlm.nih.gov/32036751/
[2] pubmed.ncbi.nlm.nih.gov/31923082/
[3] www.nimhd.nih.gov/about/overview/research-framework/

Integrative Biological and Behavioral Sciences

Understanding the health history of an individual's family can be a powerful mechanism in understanding the individual or other family members' risk for certain diseases or conditions. Family members share genes, practices, lifestyles, and environments that can offer etiologic insights into risk profiles, diseases or conditions that may be common in a family. A priority for NIMHD is to support research to determine how racial and ethnic minorities, less socioeconomically privileged families, underserved rural residents, and sexual and gender minorities, promote, sustain, or enhance family health in response to adverse social and environmental exposures.

Clinical Health Services Research

The prevalence of diabetes persists in almost every population that NIMHD has designated as a population with health disparities. The dearth of data on diabetes-related complications among populations with health disparities underscores the necessity for more research aimed at reducing the risk and burden of diabetes-related complications. As NIMHD aims to advance the science of minority health and health disparities and build a research portfolio of clinical and health services research, it will support multi-level strategies to effectively implement recommended guidelines of comprehensive clinical care for individuals from populations with health disparities who have Type 2 diabetes. Optimizing patient engagement and self-management will also be of interest in addressing disparities in diabetes care and control.

Research Centers

The social, built, and physical environments in which people function influence health outcomes. For people who experience health disparities, this may mean higher levels of cumulative exposure to chronic and acute stress, or lack of access to healthy foods. Research, research capacity building, training, and communication and translation activities undertaken by the NIMHD Specialized Centers of Excellence on Environmental Health Disparities will help elucidate the complex interactions of biological, environmental, and social determinants over time, and their influence on environmental health disparities. The findings of this research will provide new tools and methods to assess environmental exposure, cumulative health effects, and disproportionate health risks and impacts that will inform effective interventions to reduce these disparities.

Intramural Research

Through its reinvigorated intramural research program, NIMHD is building a program that leverages expertise around social determinants of health, social-behavioral sciences, population epidemiology and mechanisms of health disparities. In partnership with other NIH entities, NIMHD has created strategic transdisciplinary research collaborations with other NIH Institutes and Centers (ICs) and external partners, to leverage resources to conduct cutting-edge minority health and health disparities research. NIMHD works with the *All of Us* biobank repositories, current cohort studies of the National Heart, Lung, and Blood Institute (NHLBI), and with the Institute for Health Metrics and Evaluation to advance these goals.

Science in Service to Society

Addressing Public Health Needs with Urgency

NIMHD is dedicated to advancing the science of minority health and health disparities and is working to ensure that NIMHD partners and researchers have the tools necessary to support the achievement of NIMHD's mission. The COVID-19 pandemic has intensified NIMHD's work to better understand and address the social, economic, environmental and other factors that underlie the differences in health, health status, and health outcomes that so many underserved populations experience. Working independently, and in collaboration with other NIH ICs, NIMHD seeks to enhance comprehension of the social and behavioral impact of COVID-19 on populations with health disparities and other vulnerable populations; and identify strategies to prevent and mitigate the impact of COVID-19. In FY 2020, NIMHD invested approximately $5.7 million in COVID-19-related projects. The results from this research will augment understanding of how state and local policies and initiatives can mitigate, or in some instances exacerbate disparities in health services use and health outcomes. Important questions that NIMHD will explore include the role that community-level protective and resilience factors and interventions have in alleviating the effects of the disruptions to different sectors that the COVID-19 outbreak has caused, and how behavioral and/or biological mechanisms may contribute to COVID-19 outcomes.

In collaboration with all other NIH ICs, NIMHD is facilitating increased emphasis on COVID-19 testing in underserved and vulnerable populations, who are among the hardest hit communities, by co-leading the $500 million Rapid Acceleration of Diagnostics for Underserved Populations (RADx-UP) initiative with supplemental appropriations to NIH. NIMHD co-leads the RADx-UP Working Group and will house the $80 million RADx-UP Data Coordination and Data Collection Center. In addition, NIMHD funded five awards to jumpstart research to increase testing capacity in underserved communities. Data from the RADx-UP initiative will increase understanding of the factors and patterns associated with disparities in COVID-19 infection rates, disease progression, and death. The grants are also implementing and evaluating the effects of COVID-19 testing interventions to increase access and uptake in underserved and vulnerable populations. Recognizing the widespread concerns and distrust in many racial and ethnic minority and underserved communities about COVID-19, clinical trials, vaccines, and science in general, NIMHD also has expanded its actions to build trust in these communities, and provide education to increase knowledge about research, clinical trials, and COVID-19. The Community Engagement Alliance (CEAL) Against COVID-19 Disparities, which NIMHD co-leads with NHLBI, is built on the foundation of the community-engagement activities of NIMHD's grantees including the Research Centers in Minority Institutions working in these communities. Among the goals of CEAL is to facilitate diversity and inclusion of COVID-19 prevention, vaccine, and therapeutic trials.

Closing the Gap in Health Disparities

In addition to leading scientific research to improve minority health and reduce health disparities NIMHD also has the dual role of planning and coordinating the minority health and health disparities research activities of the NIH. A major responsibility in that regard, is to guide, in collaboration with the other NIH Institutes, Centers, and Offices (ICOs), the development of the NIH's five-year agenda for minority health and health disparities. Under the leadership of

NIMHD, NIH ICOs developed the latest NIH Minority Health and Health Disparities Strategic Plan to advance science in three fundamental areas: 1) research, 2) research-sustaining activities, and 3) outreach, collaboration, and dissemination. The NIH seeks to understand the underlying factors and mechanisms that cause certain health outcomes among racial and ethnic minority groups. Research funded and undertaken by NIH will continue to investigate differences in health between diverse groups to garner insights into the drivers of poorer and better health outcomes among and across U.S. populations.

One of the challenges that confronts scientists conducting research on minority health and health disparities is the lack of standard measures and methods. NIMHD is taking steps to equip researchers with the necessary tools to advance the science of minority health and health disparities research. Development of the PhenX Social Determinants of Health Assessments Collection[4] is one example. This compendium of standard measures is available in the Phenotypes and eXposures Toolkit (PhenX Toolkit) and will facilitate research by providing access to a collection of expert-vetted instruments to assess individual and structural factors such as English proficiency and concentrated poverty, respectively. NIMHD is encouraging all grantees to incorporate social determinants of health into their work and use these tools to compare results across studies, and/or combine data across independent research studies.

Place is a key social and environmental determinant of health that is important to address in order to reduce health disparities and improve health outcomes. In one NIMHD-funded study, researchers investigated the relationship between neighborhood characteristics and mortality risk using epigenetic biomarkers and found that disadvantaged neighborhoods were significantly associated with an epigenetic predictor of mortality risk irrespective of how residents perceived their neighborhood. These findings suggest that additional research could help to provide a better understanding of the link between molecular risk factors and neighborhoods and identify neighborhood protective attributes[5] to address social determinants of health.

Infant mortality disparities remain a persistent health issue for which NIMHD continues to seek new solutions. A NIMHD-funded study examining infant mortality risk among White and African American women based on state-level minimum wage revealed that infant mortality was less likely among African American women residing in states with higher minimum wage, than in states with lower minimum wage. Higher minimum wage was protective against infant mortality for African American but not White mothers. The results point to the important role of policy interventions in reducing health disparities overall, but specifically in addressing increased risk associated with income inequality to improve health outcomes for infants.[6]

Research Sustaining

Building a diverse scientific research workforce is vital in advancing science to improve the health of racial and ethnic minorities and reduce disparities in health outcomes among all populations with health disparities. NIMHD supports several programs that provide loan repayments, career development awards, fellowships, and other individual career development opportunities to train researchers in minority health and health disparities science. These

[4] www.phenxtoolkit.org/collections/sdoh
[5] pubmed.ncbi.nlm.nih.gov/32160902/
[6] pubmed.ncbi.nlm.nih.gov/31630121/

programs facilitate career development for students, faculty, and investigators at different levels of the research spectrum; and enable early-stage investigators to transition to independent research careers. NIMHD's newly appointed tenure-track investigators in the Intramural Research Program were accepted into the NIH Diversity Scholars Program (DSP), which aims to foster a culture of inclusion in science and enhance the diversity and inclusion of researchers at NIH. Another example of NIMHD's dedication to developing and sustaining a diverse workforce of researchers in science is the Health Disparities Research Institute (HDRI) held annually since 2016 for senior fellows and assistant professors. In August 2020, NIMHD hosted 66 scholars virtually. Scholars attended lectures by established scientists on various minority health and health disparities research-related topics, mock grant reviews, and obtained training in preparing a successful grant application and opportunities to network with program directors at NIH. Approximately 63 percent of participants over the five years of HDRI were from underrepresented racial and ethnic minority backgrounds.

Highlights of NIMHD's Investment in Minority Health and Health Disparities

Between FY 2015 and FY 2020, NIMHD launched several initiatives aimed at strengthening collaborations and broadening the scope of its research into some unchartered areas of its research portfolio, to gain new knowledge about minority health and health disparities. NIMHD made five awards through the *Addressing Racial Disparities in Maternal Mortality* initiative to support multidisciplinary research projects that will test clinical, social, behavioral, and health care system interventions to address racial disparities in maternal morbidity and mortality in the United States. NIMHD-funded research is focusing on various policy, practice, and community-level approaches to address racial disparities in maternal morbidity and mortality such as integrating community-based doula support and maternal safety bundles and examining the role of hospitals in maternal mortality disparities.

NIMHD expanded its partnership with the Indian Health Service (IHS) to launch the *Collaborative Minority Health and Health Disparities Research with Tribal Epidemiology Centers* initiative. The IHS Tribal Epidemiology Centers receiving NIMHD funding, conduct collaborative research with extramural investigators on topics related to the health of American Indian and Alaska Native populations to close the significant gaps in data and knowledge. One project is evaluating the magnitude of motor vehicle injury disparities among Tribes and is mapping local motor vehicle injuries. Another project is examining the impact of the Navajo junk food tax in reducing obesity rates.

Overall Budget Policy: The FY 2022 President's Budget request is $652.2 million, an increase of $260.7 million or 66.6 percent above the FY 2021 Enacted level. These increases will expand research into health disparities and inequities across all programmatic areas, with a primary focus being in research project grants.

Overview of NIMHD

National Institute on Minority Health and Health Disparities

www.nimhd.nih.gov

The National Institute on Minority Health and Health Disparities (NIMHD) leads scientific research to improve minority health and reduce health disparities to ensure that all populations have an equal opportunity to live healthy and productive lives. NIMHD conducts and supports research and fosters a diverse biomedical research workforce focused on health disparities in these priority areas:

- ***Extramural***: Clinical and Health Services Research; Community Health and Population Sciences; Integrative Biological and Behavioral Sciences
- ***Intramural***: Population and Community Health Sciences; Social and Behavioral Sciences; Genomic and Epidemiologic Research

NIMHD History

1990: Office of Minority Programs (OMP) created by HHS Secretary Louis Sullivan, M.D.

John Ruffin, Ph.D., became Associate Director of Minority Programs, then Associate Director for the Office of Research on Minority Health (ORMH) (1993); NCMHD Director (2001); and the first NIMHD Director (2010)

1993: Office of Research on Minority Health (ORMH) established by *Public Law 103-43, the Health Revitalization Act of 1993*

2000: NCMHD established by *Public Law 106-525, the Minority Health and Health Disparities Research and Education Act of 2000*

2007: Joyce A. Hunter, Ph.D., appointed NCMHD Deputy Director

2010: NIMHD created by *Public Law 111-148, the Patient Protection and Affordable Care Act*

2011: William G. Coleman Jr. became the first NIMHD Scientific Director and the first African American Scientific Director in the history of the NIH Intramural Research Program

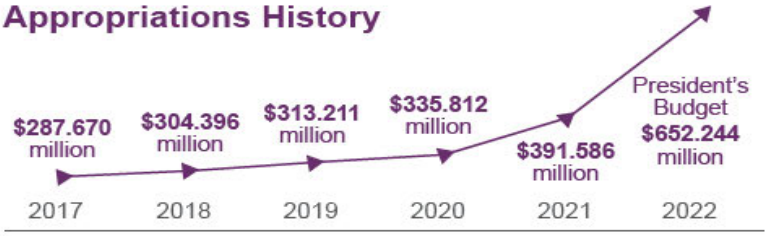
2015: Eliseo J. Pérez-Stable, M.D., became the second NIMHD Director

2017: Anna María Nápoles, Ph.D., M.P.H., became the second NIMHD Scientific Director and the first Latina Scientific Director at NIH

2018: NIMHD Minority Health and Health Disparities Research Framework released

2020: Monica Webb Hooper, Ph.D., appointed NIMHD Deputy Director

Appropriations History



NIMHD Director Eliseo J. Pérez-Stable, M.D., has led the Institute since 2015. His contributions to cancer control and minority health and health disparities research are recognized internationally. His work helps improve the health of underserved populations, advance patient-centered care, improve cross-cultural communication, and promote diversity in the biomedical research workforce.

NIMHD by the Numbers

(FY 2016–2020)

Total Awards: **780** awards

Principal Investigators: **955**

Research Project Grants *(excluding R01s)*: **128**

R01 Research Projects: **293**

NIMHD Health Disparities Research Institute Scholars: **270**

Full-Time Employees: **68** (average number of FTEs over 5 years)

Research Highlights

- ***Disparities in Access to Ovarian Cancer Care***. This study found that patients at high-performing hospitals were more likely to receive treatment consistent with standard ovarian cancer guidelines and had a longer average survival time after treatment than patients at medium- and lower-performing hospitals.
- ***Documenting Tobacco Marketing's Influence on Youth***. Results of a national survey found that Hispanic or Latino and African American youth were more likely than White youth to engage with online tobacco marketing. Efforts to prevent tobacco use among these groups should target online and offline influences.
- ***Minimum Wage Linked to Infant Mortality***. This study of factors contributing to disparities in infant mortality examined states' minimum wage policies and their infant mortality rates. Infant mortality was less likely among children of African American women residing in states with higher minimum wage, than among those in states with lower minimum wage.

Recent Accomplishments

- ***The NIMHD Research Framework*** is a model that depicts a wide array of health determinants relevant to understanding and addressing minority health and health disparities and promoting health equity.
- The ***PhenX Measures for Social Determinants of Health (SDOH)*** provide standard measurement protocols for researchers to use in studying SDOH related to health disparities.

Current Activities

- ***Addressing Racial Disparities in Maternal Mortality and Morbidity***: NIMHD supports research that advances the understanding, prevention, and reduction of pregnancy-related complications and death among racial and ethnic minority women and socioeconomically disadvantaged women, including those in rural settings.
- ***Social Epigenomics Research Focused on Minority Health and Health Disparities***: NIMHD supports cutting-edge interdisciplinary research focused on examining pathways and mechanisms through which social factors and social environments might alter gene expression and contribute to health disparities in different populations.
- ***Specialized Centers of Excellence on Environmental Health Disparities Research***: As part of the NIMHD Specialized Centers of Excellence program, these centers support research to understand and reduce environmental health disparities and improve access to healthy and sustainable environments for populations with health disparities and other vulnerable communities.

Future Initiatives

- ***Understand and Address the Impact of Structural Racism and Discrimination on Health***: NIMHD is leading a new NIH-wide effort to advance the scientific study of the role of structural racism and discrimination in causing and sustaining health disparities and to test solutions to address these factors to improve health and reduce health disparities.
- Multidisciplinary Research on COVID-19 Disparities: NIMHD is supporting ***community*** and ***digital healthcare interventions*** to advance research to understand the social, behavioral, and economic health impacts associated with COVID-19–related disparities among racial and ethnic minorities and other vulnerable groups. ***Rapid Acceleration of Diagnostics for Underserved Populations (RADx-UP)*** studies are focused on improving testing and diagnostic tools for underserved and vulnerable populations. The ***Community Engagement Alliance Against COVID-19 Disparities (CEAL)*** initiative promotes diversity and inclusion in COVID-19 prevention, vaccine, and therapeutic trials and conducts urgent community-engaged research and outreach focused on COVID-19 awareness and education.
- The U.S. Burden of Health Disparities Project will illustrate the burden of disease for each county in the United States by compiling and making publicly available data and publications on rates of diseases, injuries, risk factors, and deaths by race or ethnicity, sex, education, and age.

Major Changes in the Fiscal Year 2022 President's Budget Request

Major changes by budget mechanism and/or budget activity detail are briefly described below. The FY 2022 President's Budget for NIMHD is $652.2 million, an increase of $260.7 million from the FY 2021 Enacted level. Within this request level, NIMHD will pursue its highest research priorities in the areas of minority health and health disparities through strategic investments and careful stewardship of appropriated funds.

Research Project Grants (RPGs) (+$207.6 million; total $380.3 million):
NIMHD will fund approximately 731 RPGs in FY 2022, including SBIR/STTR awards. Funding will support existing and new NIMHD initiatives as well as investigator-initiated research. Funding for RPGs in FY 2022 will increase by 120% over FY 2021 levels overall due to the substantial proposed increase in total NIHMD funding, with a particular focus on R01 and U01 activities.

Research Centers (+$10.3 million; total $156.0 million):
NIMHD will continue to provide funding for RCMIs, Centers of Excellence, and multiple Centers for AIDS Research. Additional funding has also been allocated to continue supporting the work of the Centers for Multiple Chronic Diseases Associated with Health Disparities.

Other Research (+$18.1 million; total $35.1 million):
NIMHD will continue to award new Career Development grants while also supporting other intra-NIH collaborative projects which will also include the NIMHD Research Endowment Program.

Research Management and Support (+$11.4 million; total $39.0 million):
The increase in funding relative to FY 2021 will provide NIMHD with the program management and administrative support necessary for the significant growth in all Research Grant awards.

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Budget Mechanism - Total[1]

(Dollars in Thousands)

MECHANISM	FY 2020 Final		FY 2021 Enacted		FY 2022 President's Budget		FY 2022 +/- FY 2021 Enacted	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Projects:								
Noncompeting	199	$120,415	193	$107,161	236	$126,890	43	$19,729
Administrative Supplements	*(25)*	1,483	*(33)*	1,985	*(50)*	25,000	*(17)*	23,015
Competing:								
Renewal	0	0	0	0	0	0	0	0
New	61	26,386	113	50,438	450	205,586	337	155,148
Supplements	0	0	0	0	0	0	0	0
Subtotal, Competing	61	$26,386	113	$50,438	450	$205,586	337	$155,148
Subtotal, RPGs	260	$148,284	306	$159,583	686	$357,476	380	$197,893
SBIR/STTR	22	11,217	26	13,146	45	22,830	19	9,684
Research Project Grants	282	$159,501	332	$172,730	731	$380,306	399	$207,576
Research Centers:								
Specialized/Comprehensive	23	$30,559	50	$67,276	50	$70,000	0	$2,724
Clinical Research	0	0	0	0	0	0	0	0
Biotechnology	0	5	0	5	0	5	0	0
Comparative Medicine	0	0	0	0	0	0	0	0
Research Centers in Minority Institutions	21	74,011	22	78,386	25	86,000	3	7,614
Research Centers	44	$104,575	72	$145,666	75	$156,005	3	$10,339
Other Research:								
Research Careers	34	$4,807	40	$5,685	67	$10,000	27	$4,315
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	93	0	94	0	133	0	39
Other	26	19,802	19	11,302	34	25,000	15	13,698
Other Research	60	$24,703	59	$17,081	101	$35,133	42	$18,052
Total Research Grants	386	$288,779	463	$335,477	907	$571,444	444	$235,967
Ruth L Kirschstein Training Awards:	FTTPs		FTTPs		FTTPs		FTTPs	
Individual Awards	18	$761	12	$538	20	$1,000	8	$462
Institutional Awards	0	9	7	379	15	800	8	421
Total Research Training	18	$771	19	$917	35	$1,800	16	$883
Research & Develop. Contracts	86	$15,133	94	$16,563	191	$25,000	97	$8,437
(SBIR/STTR) (non-add)	*(0)*	*(118)*	*(0)*	*(118)*	*(0)*	*(120)*	*(0)*	*(2)*
Intramural Research	7	8,240	9	11,000	12	15,000	3	4,000
Res. Management & Support	59	22,890	62	27,629	95	39,000	33	11,371
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	66	$335,812	71	$391,586	107	$652,244	36	$260,658

[1] All items in italics and brackets are non-add entries.

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, [$390,865,000: Provided, That funds may be used to implement a reorganization that is presented to an advisory council in a public meeting and for which the Committees on Appropriations of the House of Representatives and the Senate have been notified 30 days in advance]*$652,244,000*.

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National Institute on Minority Health and Health Disparities

Summary of Changes

(Dollars in Thousands)

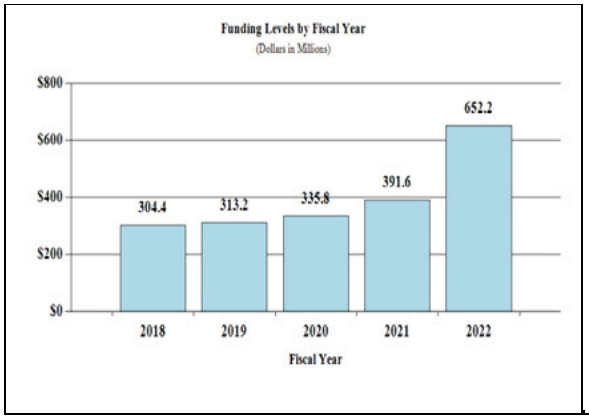
FY 2021 Enacted	$391,586
FY 2022 President's Budget	$652,244
Net change	$260,658

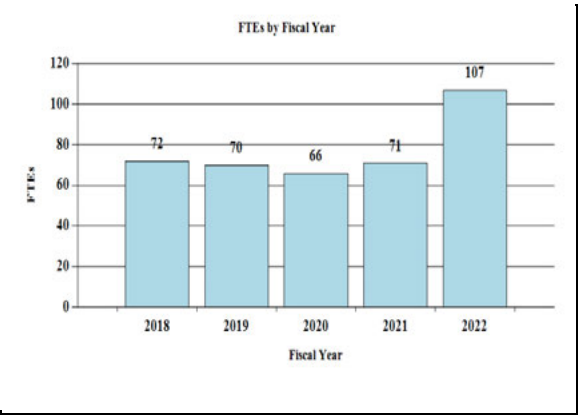
CHANGES	FY2021 Enacted		FY 2022 President's Budget		Built-In Change from FY 2021 Enacted	
	FTEs	Budget Authority	FTEs	Budget Authority	FTEs	Budget Authority
A. Built-in:						
1. Intramural Research:						
a. Annualization of January 2021 pay increase & benefits		$4,036		$4,291		$12
b. January FY 2022 pay increase & benefits		4,036		4,291		107
c. Paid days adjustment		4,036		4,291		0
d. Differences attributable to change in FTE		4,036		4,291		1,614
e. Payment for centrally furnished services		866		909		43
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		6,099		9,800		111
Subtotal						$1,888
2. Research Management and Support:						
a. Annualization of January 2021 pay increase & benefits		$13,626		$20,943		$37
b. January FY 2022 pay increase & benefits		13,626		20,943		391
c. Paid days adjustment		13,626		20,943		0
d. Differences attributable to change in FTE		13,626		20,943		7,252
e. Payment for centrally furnished services		2,024		2,337		314
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		11,980		15,719		216
Subtotal						$8,210
Subtotal, Built-in						$10,098

CHANGES	FY2021 Enacted		FY 2022 President's Budget		Program Change from FY 2021 Enacted	
	No.	Amount	No.	Amount	No.	Amount
B. Program:						
1. Research Project Grants:						
a. Noncompeting	193	$109,146	236	$151,890	43	$42,744
b. Competing	113	50,438	450	205,586	337	155,148
c. SBIR/STTR	26	13,146	45	22,830	19	9,684
Subtotal, RPGs	332	$172,730	731	$380,306	399	$207,576
2. Research Centers	72	$145,666	75	$156,005	3	$10,339
3. Other Research	59	17,081	101	35,133	42	18,052
4. Research Training	19	917	35	1,800	16	883
5. Research and development contracts	94	16,563	191	25,000	97	8,437
Subtotal, Extramural		$352,957		$598,244		$245,287
	FTEs		FTEs		FTEs	
6. Intramural Research	9	$11,000	12	$15,000	3	$2,112
7. Research Management and Support	62	27,629	95	39,000	33	3,161
8. Construction		0		0		0
9. Buildings and Facilities		0		0		0
Subtotal, Program	71	$391,586	107	$652,244	36	$250,560
Total built-in and program changes						$260,658

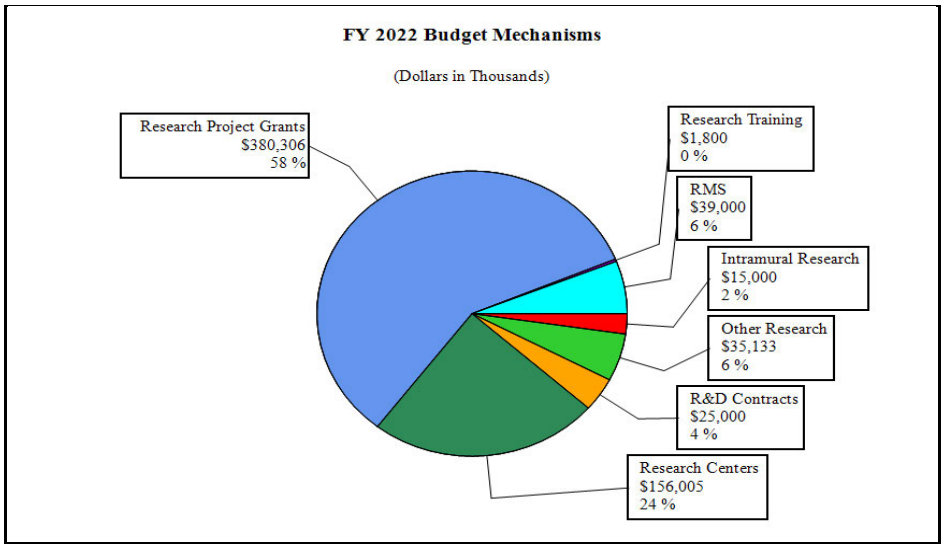
Fiscal Year 2022 Budget Graphs

History of Budget Authority and FTEs:

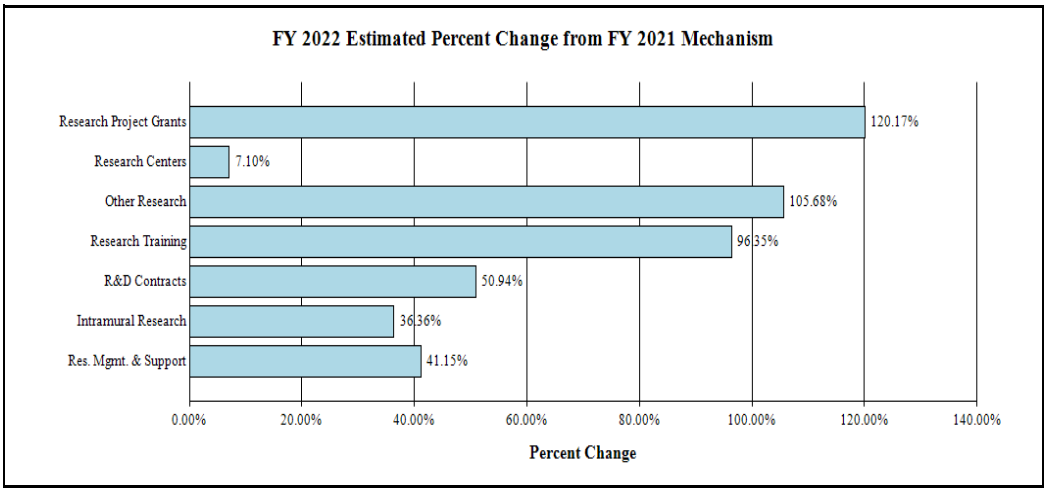




Distribution by Mechanism:



Change by Selected Mechanisms:



National Institutes of Health
National Institute on Minority Health and Health Disparities (NIMHD)
Organizational Structure

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

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

	FY 2020 Final		FY 2021 Enacted		FY 2022 President's Budget		FY 2022 +/- FY 2021 Enacted	
Extramural Research	**FTE**	**Amount**	**FTE**	**Amount**	**FTE**	**Amount**	**FTE**	**Amount**
Detail								
Integrative Biological and Behavioral Sciences		$64,047		$68,315		$151,479		$83,164
Community Health and Population Sciences		50,777		54,161		120,093		65,932
Clinical and Health Services Research		55,605		59,311		131,512		72,202
Research Centers on Minority Health and Health Disparities		105,509		148,215		159,138		10,923
Training and Career Development		28,745		22,956		36,022		13,066
Subtotal, Extramural		**$304,682**		**$352,957**		**$598,244**		**$245,287**
Intramural Research	**7**	**$8,240**	**9**	**$11,000**	**12**	**$15,000**	**3**	**$4,000**
Research Management & Support	**59**	**$22,890**	**62**	**$27,629**	**95**	**$39,000**	**33**	**$11,371**
TOTAL	**66**	**$335,812**	**71**	**$391,586**	**107**	**$652,244**	**36**	**$260,658**

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

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 (BA):

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
BA	$335,812,000	$391,586,000	$652,244,000	+$260,658,000
FTE	66	71	107	+36

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

Program Descriptions

Integrative Biological and Behavioral Sciences
NIMHD continues to make great strides to increase the knowledge base on how human biological and behavioral mechanisms and pathways influence resilience and susceptibility to adverse health conditions that affect health disparity populations. In FY 2020, NIMHD invested $113.8 million in 191 awards to conduct integrative biological and behavioral research.[7] One example of this research studied the link between adolescents involved in sports and later substance use, and whether sports involvement early in adolescence was associated with aggression in late adolescence, and alcohol, marijuana, and cigarette use in early adulthood. Findings showed that adolescents who were highly involved in sports had more alcohol use. Aggression was indirectly linked to sports involvement, which was associated with cigarette use and slightly with marijuana use. These results point to the importance of continued interventions around substance use prevention[8] and the potential to reduce disparities in substance use.

Two new areas of research will bolster NIMHD's current work on integrative biological and behavioral research. The Family Health Initiative[9] will support studies that focus on factors that promote or threaten the health and well-being of families of racial and ethnic minority backgrounds and other families who experience health disparities. The Initiative will test interventions involving the family that emphasize resilience as a mechanism to prevent or abate the potential negative effects of social and environmental exposures on family health. Second, the Harmony Study is a randomized-controlled study that will test a culturally tailored stress management intervention using mindfulness training, with the goal of reducing cardiometabolic risk among African American women. Diabetes, stroke, and cardiovascular disease are among

[7] Awards for this and the next two program activities include awards under Research Centers on Minority Health and Health Disparities.
[8] pubmed.ncbi.nlm.nih.gov/31981795/
[9] www.nimhd.nih.gov/funding/approved-concepts/2019/family-health/index.html

the chronic cardiometabolic conditions which contribute to high rates of death and disability among African American women.

Budget Policy:
The FY 2022 President's Budget request for Integrative Biological and Behavioral Sciences is $151.5 million, an increase of $83.2 million or 121.7 percent compared with the FY 2021 Enacted level.

Clinical and Health Services Research
In FY 2020, NIMHD funded 210 awards totaling $93.5 million for research to generate new knowledge to improve health outcomes and quality of health care for racial and ethnic minority groups, and other populations with health disparities. In a multilevel health intervention study, investigators examined how psychosocial factors affect physical activity, diet, and inactivity among a group of Hispanic or Latino children in a rural community. Obese children consumed more added sugar and fewer cups of fruits and spent 16 fewer minutes in moderate to vigorous physical activity than children with healthy weights. Children with higher self-efficacy scores for eating fruits and vegetables, ate more fruits and vegetables, and were more involved in light physical activity. Boys were more physically active than girls but had more screen time and consumed more added sugar. Identifying effective behavioral interventions to prevent obesity in children remains a needed area of additional research.[10]

Other important research priorities in clinical and health services research will focus on the role of patient-clinician communication on health disparities outcomes, and on how disasters impact health care systems over time. Leveraging the importance of developing trusting, sustainable relationships with clinicians in primary care settings has an opportunity to impact improved management of chronic diseases among populations with health disparities. The long-lasting effects of disasters on chronic health care outcomes is an understudied research area. NIMHD will fund research to understand the long-term effects of natural and/or human-made disasters on health care systems caring for populations with health disparities in the United States and its territories.

Budget Policy: The FY 2022 President's Budget request for Clinical and Health Services Research is $131.5 million, an increase of $72.2 million or 121.7 percent compared with the FY 2021 Enacted level.

Community Health and Population Sciences
Research on interpersonal, family, neighborhood, community, and societal-level mechanisms and pathways that influence disease risk, resilience, morbidity, and mortality, are at the core of NIMHD's minority health and health disparities research agenda. In FY 2020, NIMHD made 160 awards totaling $78.4 million to support research on community health and population sciences. An example of NIMHD's research in this area looked at sustaining viral suppression among gay, bisexual, and other men who have sex with men (MSM), an important factor in staying healthy for people living with HIV. The study found that participants with current acquired immunodeficiency syndrome (AIDS) symptoms, a history of AIDS, younger age, and African American MSM, were less likely to achieve sustained viral suppression. In addition,

[10] pubmed.ncbi.nlm.nih.gov/31385261/

individuals with drug or alcohol use, homelessness, mental health symptoms, or transportation needs were less likely to have sustained viral suppression. More research and interventions are needed to address disparities in maintaining viral suppression, especially among MSM[11] given the disproportionately high rate of HIV/AIDS among African Americans.

Community health and population science research supported by NIMHD will continue to investigate important community, public, and population health issues. One example is a project that will utilize a technology-based behavioral and health literacy intervention to reduce consumption of sugary beverages and chronic conditions among rural Appalachian adults. This randomized controlled trial will evaluate participants dietary quality, weight, and quality of life. Another study aimed at understanding the causal mechanisms of racial disparities in sleep health, will evaluate whether exposure to news of disparities in police use of deadly force against unarmed individuals is associated with racial disparities in sleep health. The results of this research can help to shape the development of effective interventions to reduce racial disparities in sleep and cardiometabolic health outcomes.

Budget Policy: The FY 2022 President's Budget request for Community Health and Population Sciences is $120.1 million, an increase of $65.9 million or 121.7 percent compared with the FY 2021 Enacted level.

Research Centers on Minority Health and Health Disparities

NIMHD has established a diverse set of research centers to advance the science of minority health and health disparities. Research Centers conduct multidisciplinary research that incorporate the tenets of the NIMHD Research Framework[12] in developing minority health and health disparities research strategies. All NIMHD-funded Centers also focus on building research capacity, strengthening community engagement, and fostering diverse collaborations and partnerships. A study conducted by one Research Center examined the effects of environmental factors interacting with an individual's body mass index (BMI). Researchers used a polygenic risk score (PGS) which compares one person's risk to another with a different genetic make-up, to evaluate this interaction in a sample of African American and White adults. As White women aged, the association between PGS and BMI weakened, and the protective effect of physical activity was stronger among those with higher PGS. Ongoing research

Resource Hubs to Promote Multi-Sectoral Rural Health Disparities

Rural residents comprise 20 percent of the U.S. population and experience a range of poorer health outcomes compared to the general population. Rural health disparities are associated with social determinants such as greater socioeconomic disadvantage, limited educational, economic and occupational opportunities, toxic environmental exposures, and lack of access to health care and social services. As a result, multi-sectoral research involving collaboration across different human service sectors is needed to understand and address rural health disparities.

To address these challenges, NIMHD's "Resource Hubs" will involve coalitions of researchers and community partners representing but not limited to health care, public health, education, transportation, agriculture, housing, or criminal justice. The goal is to build research capacity in identified rural catchment areas and offer opportunities to share resources and data across collaborators. Coalitions will identify local research priorities and associated research capacity needs within the selected rural catchment area using one or more systematic information gathering processes.

[11] pubmed.ncbi.nlm.nih.gov/32169065/

[12] www.nimhd.nih.gov/about/overview/research-framework/

interventions promoting physical activity and addressing environmental factors are essential in reducing health disparities.[13] In another NIMHD-funded study, investigators looked at county-level socioeconomic and crime risk factors associated with substantiated abuse and neglect rates. Findings indicated that substantiated child abuse and neglect rates were associated with teen birth rates, births to unmarried mothers, drug-related offenses, and receipt of Supplemental Nutrition Assistance Program benefits. These results pinpointed links between demographic, socioeconomic, and crime factors with neglect and abuse rates and can help to inform state-level efforts to prevent abuse and neglect in high-risk counties.[14]

As the Nation's steward of biomedical and behavioral research, NIH has devoted considerable resources to characterize the root causes of health disparities, uncovering complex webs of interconnected factors (e.g., behavioral, biological, social, environmental, system and policy factors) acting at multiple levels across the life course. Despite this investment, insufficient progress has been made in reducing disparities in the incidence, morbidity, and mortality of chronic diseases. Tackling the complex drivers of health disparities requires a transdisciplinary framework that cuts across scientific and organizational silos to integrate multiple disciplines, and strong collaborations between researchers and different private and public sector groups such as community organizations, healthcare systems, public health agencies, and policymakers. In FY 2021, NIMHD launched the "Centers for Multiple Chronic Diseases Associated with Health Disparities: Prevention, Treatment, and Management" research initiative. These regional comprehensive research centers will allow NIMHD to strengthen its efforts in reducing disparities in the incidence, morbidity, and mortality of chronic diseases. The Centers will conduct chronic disease prevention, treatment, and management research to address disparities within a specified region for one or more populations with health disparities. Chronic diseases that disproportionately affect populations with health disparities and often co-exist in individuals include but are not limited to obesity, diabetes, hypertension, coronary heart disease, congestive heart failure, asthma, chronic kidney disease, chronic liver disease, stroke, osteoarthritis, and certain cancers.

The Research Centers will continue to be the core to advancing the mission of NIMHD. For example, the Research Centers in Minority Institutions (RCMI) are key partners helping NIMHD expand the national capacity for research in the health sciences. RCMI institutions offer doctorate degrees in the health professions or in a health-related science and have a longstanding and documented commitment to educate and train underrepresented students. Some Centers also deliver clinical services to medically underserved communities. To support the work of these Centers, the RCMI Coordinating Center will assist RCMIs in enhancing institutional research capacity, improving research quality, supporting investigators in competing successfully for external funding, fostering environments conducive to career enhancement, and promoting research on minority health and health disparities.

Budget Policy: The FY 2022 President's Budget request for Research Centers on Minority Health and Health Disparities is $159.1 million, an increase of $10.9 million or 7.4 percent compared with the FY 2021 Enacted level.

[13] pubmed.ncbi.nlm.nih.gov/32424267/
[14] www.ncbi.nlm.nih.gov/pmc/articles/PMC6422336/

Training and Career Development
A diverse and well-trained workforce of scientific researchers from multiple disciplines in biomedical, social, behavioral, and clinical research is critical to NIMHD's commitment and work to advance the science of minority health and health disparities. Programs such as Career Development Awards, Individual Fellowship Awards, and the Loan Repayment Program which provides health professionals with up to $50,000 per year in loan repayment awards to conduct health disparities or clinical research, are a few examples of how NIMHD is supporting the next generation of minority health and health disparities researchers. One NIMHD-funded scholar is conducting a randomized clinical trial in a community setting to evaluate the effect of an intervention to improve advance care planning and symptom management among low-income and minority hourly-wage workers with cancer. The study will examine the effect of the intervention on quality of life, and between-group differences for patient activation, patient satisfaction with health care decision-making, symptom burden, and total health care use and health care costs.[15]

Research training awards funded by the NIMHD will help advance understanding of racial and ethnic disparities in maternal morbidity and health care disparities and there are two current studies that are examining this area. One study will use systems science methods to create a causal system map to contextualize the role of neighborhood opportunity access in the complex system that contributes to disparities in maternal morbidity. Another study is examining whether intergroup anxiety which is revealed in interracial interactions related to negative expectations, accounts for the relationship between a clinician's behavior and implicit bias aimed at reducing health care disparities.

Budget Policy: The FY 2022 President's Budget request for training is $36.0 million, an increase of $13.1 million or 56.9 percent compared with the FY 2021 Enacted level.

Intramural Research
NIMHD continues to expand its research program by conducting collaborative, transdisciplinary, high-risk and high-impact minority health and health disparities research with a team of investigators, fellows, and trainees on the NIH campus. The goal of this research is to understand the complex mechanisms that contribute to health disparities, develop multi-level socio-behavioral interventions to reduce these disparities, and promote the health and well-being of racial and ethnic minorities and other populations with health disparities. Results from a nationally representative study conducted by investigators in this program demonstrated that daily use of e-cigarettes is uncommon among smokers in general and is also low among smokers who made a quit attempt in the prior year. Hispanic or Latino, and African American smokers used e-cigarettes less frequently than White smokers. Findings suggest that while e-cigarette use may be an approach to help smokers quit, an unintended consequence may be a widening of cigarette smoking disparities.[16]

In continuing to build a robust intramural research program focused on population, community, social-behavioral, clinical, epidemiologic, and genomic sciences, NIMHD investigators are committed to integrating innovation into their research. Examples of future research include a

[15] pubmed.ncbi.nlm.nih.gov/32145441/
[16] pubmed.ncbi.nlm.nih.gov/31871881/

randomized controlled trial involving low-income adult smokers that will test the effect of minimizing exposure to direct-mail tobacco discount coupons on the likelihood of quitting, and relapsed smoking behavior. An example of a second study will use geographic information systems and social network analyses to investigate associations between social networks, acculturation, and cardiometabolic risk factors among South Asians and Hispanics or Latinos. Additionally, NIMHD intramural researchers will continue to lead the U.S. Burden of Health Disparities Project in collaboration with other ICs throughout NIH.

Budget Policy: The FY 2022 President's Budget request for intramural research is $15.0 million, an increase of $4.0 million or 36.4 percent compared with the FY 2021 Enacted level.

Research Management and Support

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

Budget Policy: The FY 2022 President's Budget request for RMS is $39.0 million, an increase of $11.4 million or 41.2 percent compared with the FY 2021 Enacted level.

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
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[1]	$280,680,000	$286,446,000	$292,323,000	$289,069,000
Rescission				$0
2018	$214,723,000	$293,583,000	$297,784,000	$303,200,000
Rescission				$0
2019	$280,545,000	$306,821,000	$314,845,000	$314,679,000
Rescission				$0
2020	$270,870,000	$341,244,000	$330,968,000	$335,812,000
Rescission				$0
2021	$305,498,000	$348,700,000	$391,747,000	$390,865,000
Rescission				$0
2022	$652,244,000			

[1] Budget Estimate to Congress includes mandatory financing.

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

Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2021 Amount Authorized	FY 2021 Enacted	2022 Amount Authorized	FY 2022 President's Budget
Research and Investigation	Section 301	42§241	Indefinite	$391,586,000	Indefinite	$652,244,000
National Institute on Minority Health and Health Disparities	Section 401(a)	42§281	Indefinite		Indefinite	
Total, Budget Authority				$391,586,000		$652,244,000

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

Amounts Available for Obligation[1]

(Dollars in Thousands)

Source of Funding	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Appropriation	$335,812	$390,865	$652,244
Secretary's Transfer	0	0	0
OAR HIV/AIDS Transfers	0	721	0
Subtotal, adjusted budget authority	$335,812	$391,586	$652,244
Unobligated balance, start of year	0	0	0
Unobligated balance, end of year	0	0	0
Subtotal, adjusted budget authority	$335,812	$391,586	$652,244
Unobligated balance lapsing	-13	0	0
Total obligations	$335,799	$391,586	$652,244

[1] Excludes the following amounts (in thousands) for reimbursable activities carried out by this account:
FY 2020 - $2,382 FY 2021 - $6,000 FY 2022 - $6,000

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

Budget Authority by Object Class[1]

(Dollars in Thousands)

		FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021 Enacted
Total compensable workyears:				
	Full-time equivalent	71	107	36
	Full-time equivalent of overtime and holiday hours	0	0	0
	Average ES salary	$0	$0	$0
	Average GM/GS grade	13.0	13.1	0.1
	Average GM/GS salary	$130	$133	$3
	Average salary, Commissioned Corps (42 U.S.C. 207)	$126	$130	$4
	Average salary of ungraded positions	$185	$189	$4
	OBJECT CLASSES	**FY 2021 Enacted**	**FY 2022 President's Budget**	**FY 2022 +/- FY 2021**
	Personnel Compensation			
11.1	Full-Time Permanent	8,549	13,982	5,433
11.3	Other Than Full-Time Permanent	2,753	2,815	63
11.5	Other Personnel Compensation	274	280	6
11.7	Military Personnel	283	290	8
11.8	Special Personnel Services Payments	875	895	20
11.9	**Subtotal Personnel Compensation**	**$12,734**	**$18,264**	**$5,530**
12.1	Civilian Personnel Benefits	4,703	6,741	2,038
12.2	Military Personnel Benefits	224	231	6
13.0	Benefits to Former Personnel	0	0	0
	Subtotal Pay Costs	**$17,661**	**$25,235**	**$7,574**
21.0	Travel & Transportation of Persons	139	211	72
22.0	Transportation of Things	21	37	16
23.1	Rental Payments to GSA	73	75	1
23.2	Rental Payments to Others	0	0	0
23.3	Communications, Utilities & Misc. Charges	40	40	1
24.0	Printing & Reproduction	0	0	0
25.1	Consulting Services	3,819	4,193	374
25.2	Other Services	6,405	9,406	3,002
25.3	Purchase of goods and services from government accounts	20,264	30,937	10,673
25.4	Operation & Maintenance of Facilities	6	6	0
25.5	R&D Contracts	5,518	7,363	1,844
25.6	Medical Care	83	86	3
25.7	Operation & Maintenance of Equipment	768	782	14
25.8	Subsistence & Support of Persons	0	0	0
25.0	**Subtotal Other Contractual Services**	**$36,863**	**$52,773**	**$15,909**
26.0	Supplies & Materials	41	68	26
31.0	Equipment	353	561	208
32.0	Land and Structures	0	0	0
33.0	Investments & Loans	0	0	0
41.0	Grants, Subsidies & Contributions	336,394	573,244	236,850
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	**$373,925**	**$627,009**	**$253,084**
	Total Budget Authority by Object Class	**$391,586**	**$652,244**	**$260,658**

[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 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Personnel Compensation			
Full-Time Permanent (11.1)	$8,549	$13,982	$5,433
Other Than Full-Time Permanent (11.3)	2,753	2,815	63
Other Personnel Compensation (11.5)	274	280	6
Military Personnel (11.7)	283	290	8
Special Personnel Services Payments (11.8)	875	895	20
Subtotal Personnel Compensation (11.9)	**$12,734**	**$18,264**	**$5,530**
Civilian Personnel Benefits (12.1)	$4,703	$6,741	$2,038
Military Personnel Benefits (12.2)	224	231	6
Benefits to Former Personnel (13.0)	0	0	0
Subtotal Pay Costs	**$17,661**	**$25,235**	**$7,574**
Travel & Transportation of Persons (21.0)	$139	$211	$72
Transportation of Things (22.0)	21	37	16
Rental Payments to Others (23.2)	0	0	0
Communications, Utilities & Misc. Charges (23.3)	40	40	1
Printing & Reproduction (24.0)	0	0	0
Other Contractual Services:			
Consultant Services (25.1)	3,819	4,193	374
Other Services (25.2)	6,405	9,406	3,002
Purchases from government accounts (25.3)	10,425	14,506	4,081
Operation & Maintenance of Facilities (25.4)	6	6	0
Operation & Maintenance of Equipment (25.7)	768	782	14
Subsistence & Support of Persons (25.8)	0	0	0
Subtotal Other Contractual Services	**$21,424**	**$28,893**	**$7,470**
Supplies & Materials (26.0)	$41	$68	$26
Subtotal Non-Pay Costs	**$21,664**	**$29,250**	**$7,585**
Total Administrative Costs	**$39,326**	**$54,485**	**$15,159**

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

Detail of Full-Time Equivalent Employment (FTE)

OFFICE/DIVISION	FY 2020 Final			FY 2021 Enacted			FY 2022 President's Budget		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Division of Clinical and Health Services Research									
Direct:	5	-	5	5	-	5	9	-	9
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	5	-	5	5	-	5	9	-	9
Division of Community Health and Population Sciences									
Direct:	8	1	9	7	-	7	11	-	11
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	8	1	9	7	-	7	11	-	11
Division of Data Management and Scientific Reporting									
Direct:	-	-	-	-	-	-	-	-	-
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	-	-	-	-	-	-	-	-	-
Division of Integrative Biological and Behavioral Sciences									
Direct:	5	1	6	6	1	7	10	1	11
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	5	1	6	6	1	7	10	1	11
Division of Intramural Research									
Direct:	6	1	7	4	1	5	6	1	7
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	6	1	7	4	1	5	6	1	7
Division of Scientific Programs									
Direct:	-	-	-	-	-	-	-	-	-
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	-	-	-	-	-	-	-	-	-
Office of the Director									
Direct:	39	-	39	43	-	43	64	-	64
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	39	-	39	43	-	43	64	-	64
Reimbursable									
Direct:	-	-	-	-	-	-	-	-	-
Reimbursable:	-	-	-	4	-	4	5	-	5
Total:	-	-	-	4	-	4	5	-	5
Total	63	3	66	69	2	71	105	2	107
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
2018	13.0
2019	13.1
2020	13.0
2021	13.0
2022	13.1

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

Detail of Positions[1]

GRADE	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Total, ES Positions	0	0	0
Total, ES Salary	0	0	0
General Schedule			
GM/GS-15	8	7	8
GM/GS-14	24	21	32
GM/GS-13	18	18	31
GS-12	4	3	3
GS-11	0	0	0
GS-10	0	0	0
GS-9	1	1	2
GS-8	3	3	3
GS-7	2	2	2
GS-6	0	0	0
GS-5	0	0	0
GS-4	0	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	60	55	81
Commissioned Corps (42 U.S.C. 207)			
Assistant Surgeon General	0	0	0
Director Grade	2	1	1
Senior Grade	1	1	1
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Subtotal	3	2	2
Ungraded	15	24	24
Total permanent positions	57	58	83
Total positions, end of year	78	81	107
Total full-time equivalent (FTE) employment, end of year	66	71	107
Average ES salary	0	0	0
Average GM/GS grade	13.0	13.0	13.1
Average GM/GS salary	125,681	130,047	133,006

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