

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Center on Minority Health and Health Disparities

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NATIONAL INSTITUTES OF HEALTH

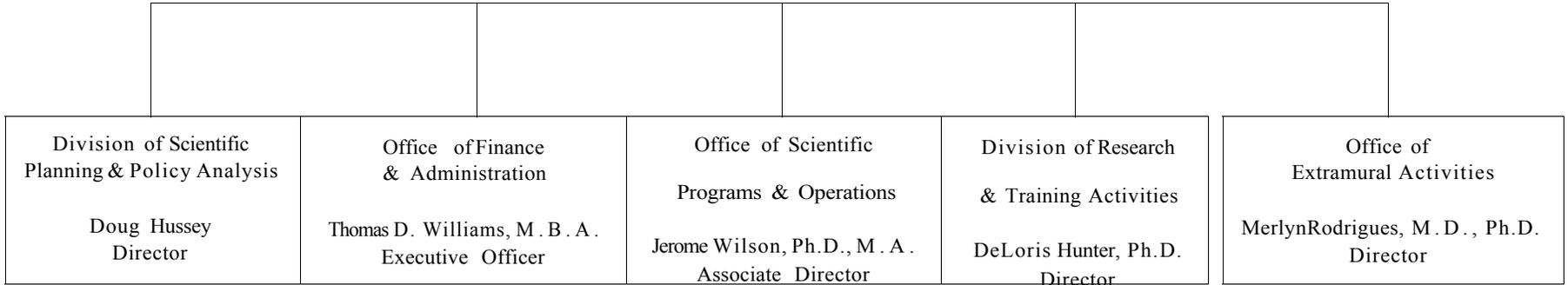
National Center on Minority Health and Health Disparities

Organizational Chart

Office of the Director

John Ruffin, Ph.D.
Director

Mireille Kanda, M.D., M.P.H.
Deputy Director



NATIONAL INSTITUTES OF HEALTH

National Center on Minority Health and Health Disparities

For carrying out section 301 of title IV of the Public Health Service Act with respect to minority health and health disparities research, [\$197,780,000] *\$197,379,000*.

[Departments of Labor, Health and Human Services and Related Agencies Appropriations Act, as enacted by the Consolidated Appropriations Act for Fiscal 2005]

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

Amounts Available for Obligation 1/

Source of Funding	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
Appropriation	\$192,724,000	\$197,780,000	\$197,379,000
Enacted Rescissions	(1,253,000)	(1,621,000)	0
Subtotal, Adjusted Appropriation	191,471,000	196,159,000	197,379,000
Real transfer under N I H Director's one-percent transfer authority to other ICs	(631,000)	0	0
Comparative transfer to Buildings and Facilities	(15,000)	0	0
Comparative transfer to/from other N I H ICs for N I H Roadmap	631,000	0	0
Subtotal, adjusted budget authority	191,456,000	196,159,000	197,379,000
Unobligated Balance, start of year	0	0	0
Unobligated Balance, end of year	0	0	0
Subtotal, adjusted budget authority	191,456,000	196,159,000	197,379,000
Unobligated balance lapsing	(16,000)	0	0
Total obligations	191,440,000	196,159,000	197,379,000

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

FY 2004-\$0 FY 2005 - \$0 FY 2006 -\$0

Excludes \$0 in FY 2005 and \$0 in FY 2006 for royalties.

National Center on Minority Health and Health Disparities

Authorizing Legislation: Section 301 of the Public Health Service Act, as amended, Reauthorizing legislation will be submitted.

Budget Authority:

FY 2004		FY 2005		FY 2006		Increase or	
<u>Actual</u>		<u>Appropriation</u>		<u>Estimate</u>		<u>Decrease</u>	
<u>FTEs</u>	<u>BA</u>	<u>FTEs</u>	<u>BA</u>	<u>FTEs</u>	<u>BA</u>	<u>FTEs</u>	<u>BA</u>
23	\$191.456.000	30	\$196.159.000	30	\$197.379.000	0	\$1.220.000

This document provides justification for the fiscal year 2006 activities of the National Center on Minority Health and Health Disparities (NCMHD), including HIV/AIDS activities. A more detailed description of the NIH-wide fiscal year 2006 HIV/AIDS activities can be found in the NIH section entitled "Office of AIDS Research (OAR)."

-INTRODUCTION-

The Challenge of Health Disparities in the 21st Century

Unprecedented scientific advances in biomedical research over the past several decades have dramatically improved public health. However, racial and ethnic minorities and other health disparity populations have not benefited equally from our nation's progress in scientific discovery. These populations experience a disproportionate burden of illness, disability and premature death. A complex set of interactions among genetic, biologic, cultural, socioeconomic, environmental, and specific health behavioral factors appears to cause the disparity in health among Americans.

The health disparities that affect ethnic and racial minorities and other health disparity populations are not limited to a few disease categories. Health disparities apply to a broad spectrum of health conditions and diseases that include cancer, mental illness, infectious diseases, autoimmune diseases, endocrine diseases, vascular diseases, infant mortality, diabetes, HIV/AIDS, obesity and nutritional deficiencies.

NIH Health Disparities Strategic Plan

One of the major accomplishments of the N C M H D is the development and publication of the *NIH Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities*. The N I H health disparities research agenda will be significantly shaped by this five-year plan.

The health disparities strategic plan serves as the guiding mechanism for coordinating the trans-N I H effort to conduct and support all N I H minority health and other health disparities research activities. The document reflects three major priority areas:

- Research;
- Research infrastructure and capacity building; and
- Community outreach through information dissemination and public health education.

The N C M H D developed the *NIH Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities* with substantial input from various stakeholders, including the public, academia, and health professionals, representing those populations that disproportionately experience disparities in health. With the issuance of the *NIH Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities*, the N I H has renewed its commitment to:

- Vigorously exploit emerging scientific opportunities relating to minority health and health disparities;
- Train a culturally competent cadre of biomedical and behavioral investigators;
- Increase the participation of minority and other populations in clinical research; and
- Translate the latest research into clinical application for the benefit of all Americans.

NCMHD PROGRAMS

The N C M H D promotes the health of minorities and other health disparity groups, such as the urban and rural poor, and leads the National Institutes of Health (NIH), Department of Health and Human Services (DHHS), in efforts to eliminate health disparities. To accomplish these goals, the N C M H D :

- Conducts and supports basic, clinical, behavioral, community-based participatory research and outreach, and population-based epidemiologic research;
- Promotes research training and research infrastructure building;
- Disseminates information to health disparity and medically underserved populations; and
- Reaches out to racial and ethnic minority and other health disparity communities, including rural health disparity communities and medically underserved communities.

NCMHD HEALTH DISPARITIES CENTERS OF EXCELLENCE

The Health Disparities Centers of Excellence Program is one of several programs central to the N C M H D scientific strategy for ultimately eliminating health disparities. This program poises the N C M H D to provide leadership in the development of research programs focused on finding solutions to health disparity problems for the Nation. The major objectives are to:

- Advance the science related to health disparities;
- Create, develop, and evaluate new interventions for preventing, reducing, and ultimately eliminating health disparities; and
- Disseminate information useful for improving health via the novel partnerships established between the Centers of Excellence and health disparity communities, including rural health disparity and medically underserved communities.

The N C M H D Health Disparities Centers of Excellence Program provides funding to support researchers and clinical scientists at both minority serving and majority serving academic institutions, and organizations for conducting rigorous basic science, clinical, epidemiologic and community-based participatory research needed to accomplish the objectives of the N C M H D .

Recent Activities/Accomplishments

N C M H D Health Disparities Centers of Excellence across the nation are focusing on priority research in areas such as cancer, cardiovascular disease, stroke, diabetes and the health of mothers and their infants. Recently, the N C M H D expanded the program from 60 to 71 awards, which are now located in 29 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

New awards totaling \$4.3 million were made to 11 academic institutions. These new awards support the development of resources and infrastructure at these institutions as a prelude to initiating full-scale health disparities research, community outreach, and training aimed at ultimately eliminating health disparities.

Science Advance: Structural model identifies ways physicians treating Mexican Americans with diabetes may increase cultural competence

Background: Type 2 diabetes is the fourth leading cause of death in Latino women and the sixth leading cause of mortality in Latino men (National Center of Health Statistics, 2000). The age adjusted type 2 diabetes prevalence of this group is at least twice that of non-Latino Whites and is increasing. Given these realities, it is understandable that physicians are challenged to deliver optimum care to an increasingly diverse U.S. population. Leading organizations and federal agencies, such as, the American Medical Association, the Institute of Medicine, and the U.S. Office of Civil Rights, have recognized the need for increasing cultural competence among

health care providers and several studies to do so have appeared in the scientific literature.

Advance: In a recent study, scientists determined that physicians can increase cultural competence and effective care by becoming self-aware of their knowledge, views, and attitudes about cultures and ethnic groups, and by engaging in culture-focused educational activities. This study also reaffirms the effectiveness of diverse educational programs in training physicians.

Implications: Recognizing that culturally appropriate actions can be predicted, based on a provider's awareness that culture is relevant to medical care and that negative preconceptions can hinder the effectiveness of health care delivery, 'is an important finding for improving cultural competence and reducing health disparities. Informing physicians of the actions they can take to improve cultural competence is as important as informing patients of the actions they can take for improving their health. Building upon and improving structural models of this type should aid in identifying effective approaches for improving the cultural competence of physicians.

Citation: Reiman OF J, Talavera G A , Salmon M, Nunez J A , and Velasquez R J : Cultural competence among physicians treating Mexican Americans who have diabetes: a structural model. Social Science and Medicine 59 (2004) 2195-2205.

Future Directions

This Health Disparities Centers of Excellence program will remain essential to the N C M H D scientific research strategy for addressing health disparities. Through the Health Disparities Centers of Excellence, the N C M H D will continue to:

- Promote minority health and health disparities research aimed at reducing disparities;
- Build health disparities research capacity in minority-serving and other institutions, and within health disparity communities, including the medically underserved;
- Encourage the participation of health disparity populations in biomedical and behavioral research, prevention, and intervention activities; and
- Foster collaboration among investigators in a way that enhances and extends the effectiveness of their research.

The N C M H D Health Disparities Centers of Excellence Program and the recently established N C M H D Community-Based Participatory Research and Outreach Program will develop effective community-based participatory research programs, which will accelerate both the translation of research advances to health disparity communities and the elimination of health disparities. The N C M H D will also seek to develop and implement new evidence-based public health research programs leveraging the strengths of its many programs and develop new partnerships with D H H S and other federal agencies.

NCMHD RESEARCH ENDOWMENT PROGRAM

The N C M H D Research Endowment Program builds research and training capacity in institutions that make significant investments in the education and training of individuals from health disparity populations. This program is open to a broad array of health professions schools under Section 736 of Title I of the Public Health Service Act (42 U . S . C . 293). Through the Research Endowment Program the N C M H D :

- Promotes research to address the burden of illness and death experienced by health disparity populations;
- Enhances the ability of designated health professions schools to support program development, capital improvements, and to access emerging technology;
- Fosters programs that effectively overcome educational and financial barriers to promote a diverse and strong scientific workforce; and
- Works with designated health professions schools to emphasize the recruitment and retention of qualified individuals from health disparity populations that are currently underrepresented in the scientific and health professions workforce.

Recent Activities/Accomplishments

This priority program was piloted in fiscal year 2001, fully implemented in fiscal year 2002, and expanded in fiscal years 2003-2005. The current Research Endowment portfolio includes awards to 14 institutions.

N C M H D endowed institutions are using endowment funds to enhance research capacity and infrastructure for research and training, which includes: strengthening teaching programs in the biomedical and behavioral sciences and related areas; making physical plant improvements; establishing endowed chairs and programs; obtaining equipment for instruction and research; enhancing student recruitment and retention; providing merit-based scholarships; recruiting and retaining faculty; and developing instruction delivery systems and information technology in areas that enhance minority health and health disparities research activities; and training scientists who are members of health disparity populations in the behavioral and biomedical sciences.

Future Directions

In fiscal year 2006, the N C M H D plans to conduct another round of competition for Research Endowment awards. The N C M H D will also continue to explore opportunities where this program can be linked to the N C M H D Health Disparities Centers of Excellence.

NCMHD LOAN REPAYMENT PROGRAMS

To effectively promote a diverse and strong scientific workforce, the N C M H D invites qualified health professionals to participate in loan repayment programs (LRPs), which seek to alleviate the financial barriers that often discourage many talented health professionals from health disparity and medically underserved communities from pursuing a research career. To address this problem, the N C M H D has established two loan repayment programs - the Loan Repayment Program for Health Disparities Research (HDR) and the Extramural Clinical Research Loan Repayment Program for Individuals from Disadvantaged Backgrounds (ECR).

Health Disparities Research Loan Repayment Program (HDR)

The N C M H D HDR Program supports the recruitment and retention of highly qualified health professionals to conduct biomedical, clinical, behavioral, community-based, and health services research addressing minority health or other health disparity issues. This cadre of scientists enables the N C M H D and the N I H to engage in and to promote the development of research programs that reflect the variety of health issues and problems affecting health disparity populations.

Extramural Clinical Research Loan Repayment Program for Individuals from Disadvantaged Backgrounds (ECR)

The N C M H D ECR Program helps to recruit and retain highly qualified health professionals from disadvantaged backgrounds to conduct clinical research. This nucleus of clinical investigators has the potential to improve medical care within their respective communities by promoting clinical programs that address the health problems associated with these communities.

Recent Activities/Accomplishments

Since establishing the programs in 2001, N C M H D has made a total of 625 LRP awards to qualified clinical and health disparities researchers. These researchers come from 42 states and the District of Columbia. The disciplines represented by N C M H D LRP recipients demonstrate the capacity of the programs to examine novel approaches to the many factors that can contribute to health disparities. These disciplines include anthropology, cardiology, dentistry, epidemiology, endocrinology, gerontology, health economics, social science, as well as a host of other research areas. Examples of recently supported research projects include:

- **Cancer:** Cervical Cancer Prevention in New Mexico Hispanics and American Indians.
- **Diabetes:** Electron Beam Computed Tomography assessment of coronary artery calcification as an index of cardiovascular disease risk in youngsters with diabetes.

- **Cardiovascular Disease:** Socioeconomic and gender disparities in cardiovascular disease - Psychological and biological pathways.
- **HIV/AIDS:** Neighborhood Socioeconomics and HIV Survival - A Multilevel Analysis.
- **Health Care Access:** Latinos' Health Status and Access to Mental Health Services - Understanding Disparities in Service Utilization.
- **Mental Health:** Mental health of Latinos and Asian Americans - Understanding their barriers to mental health care access and utilization using the California Health Interview Survey.
- **Nutrition:** Nutritional Risk Assessment and Obesity on the Loop - A Study of Primary Clinics in the Mid-South.
- **Oral Health:** Oral Health Disparities Research - Low-income African American Children and Early Childhood.
- **Rural Health:** Researching Tele-health in Kansas.

Future Directions

The loan repayment programs will continue to be an integral part of the success of the NCMHD. These programs are more than a vehicle to repay educational loan debt of health professionals - they are the foundation for developing a lasting relationship with talented and committed health disparities scholars.

In fiscal year 2006, the N C M H D will also explore new opportunities to support academic development for health disparity researchers of tomorrow, such as a Health Disparities Biomedical Scholars Program. The goal of this effort would be to support the advancement of the biomedical research workforce and infrastructure. The Health Disparities Biomedical Scholars Program will bring together senior scientists, policy experts, and educators to share their expertise in biomedical science and health disparities and will encourage promising scientists to pursue opportunities in health disparities research.

The NCMHD also will seek to create innovative programs and link them to the NCMHD LRPs. For example, the N C M H D will explore creating a Health Disparities Young Investigator Program, which will serve as an excellent bridge between other N C M H D capacity building programs like the Loan Repayment programs and a young investigator's first independent research effort. In this way, the Health Disparities Young Investigator Program will serve as a vehicle for retaining culturally competent health disparities researchers in the area of health disparities research by providing funding to support independent research efforts both at the NIH and at the researcher's home institution.

RESEARCH CAPACITY BUILDING

Eliminating health disparities among racial and ethnic minorities and other health disparity populations is an important challenge for the nation. N C M H D capacity-strengthening initiatives are establishing building blocks that support the long-term strategy to create a cadre of biomedical, clinical, behavioral, public health, and social science researchers that understand and will contribute to reducing and eliminating health disparities.

The Research Infrastructure in Minority Institutions (RIMI)

The RIMI program supports institutions that enroll a significant number of students from minority health disparity populations to develop and enhance their capacity and their competitiveness to conduct biomedical research. The RIMI Program also assists non-doctoral degree institutions to develop their research infrastructure, primarily through collaborations with research-intensive universities.

Minority Health and Health Disparities International Research Training (MHIRT) (formerly the Minority International Research Training Program (MIRT))

In fiscal year 2005, the N C M H D assumed responsibility for administering the former M I R T program, which was previously managed by the N I H Fogarty International Center. New M H I R T awards will enable U. S. institutions to tailor short-term basic science, biomedical and behavioral mentored student international research training opportunities to address global issues related to eliminating health disparities among racial and ethnic minority populations.

Future Directions

The N C M H D will continue to build upon the RIMI program by exploring possibilities for collaboratively building partnerships among tribal colleges, community/junior colleges, and non-research intensive four-year institutions with major research-intensive colleges and universities. The major goal of this effort will be to identify ways to advance basic science instructional resource capacity at pre-baccalaureate schools and to strengthen teaching faculty preparedness for establishing basic science foundational curricula and core transferable coursework that will allow students to successfully transition from two-year schools into strong science degree programs at research intensive four-year and graduate institutions.

The MHIRT Program will continue to support academic institutions that offer international research training opportunities for undergraduate, graduate and health professions students who are from health disparities populations and/or underrepresented in basic science, biomedical and behavioral health research career fields. Qualified students enrolled in the new M H I R T Program will have the opportunity to broaden their scientific research training by participating in U. S. and international faculty collaborative research initiatives abroad for at least 10-12 weeks during the summer or one semester during the academic school year.

COMMUNITY-BASED RESEARCH & OUTREACH

Effective collaboration among researchers, practitioners, and communities has long been recognized as a challenge and community-based participatory research is an approach that is receiving increased attention in the field of public health. Community-based participatory research promotes building partnerships between research institutions and local communities. Community-based participatory research also facilitates the translation of research into practice and fosters public trust.

This approach is particularly important when studies are conducted with racial and ethnic minority communities, other health disparities communities, or with communities that experience discrimination because of cultural differences and/or poverty. An underlying premise of the community-based participatory research approach is that including community members and community-based service providers as equal partners in the research process is not only a matter of respect but also a way to increase the capacity of researchers and community members to identify, understand, and effectively address key public health issues.

Recent Activities/Accomplishments

Recently, the N C M H D established an Office of Community-Based Participatory Research and Outreach, which will:

- Develop and implement partnering initiatives among Federal agencies, State, local, tribal, and regional public health agencies and private entities in minority health research and research on other health disparities;
- Develop and implement community-based research programs with a focus on disease prevention and eliminating barriers to effective health care in relevant racial and ethnic minority and other health disparity communities; and
- Collaborate with appropriate D H H S organizations and other Federal agencies through programs of relevance to the mission of the N C M H D .

Future Directions

The N C M H D plans to develop pre- and postdoctoral training grants in community-based participatory research (C B P R) . Funding will be provided to support collaborative partnerships between academic institutions and community-based organizations for research studies looking at the interface of physical and psychosocial environments and their health impacts on communities of color and the medically underserved; methodology research looking at effective methods of measuring racism and community level outcomes; evaluation of outcomes; and impact of C B P R research.

LEVERAGING RESEARCH PARTNERSHIPS THROUGH COLLABORATION

In addition to its core programs, the N C M H D funds a broad range of collaborations with the other N I H Institutes and Centers, D H H S , and other federal agencies. Through these co-funded projects, the N C M H D magnifies its reach by leveraging the existing strengths, resources and research potential of our key federal research partners through an extensive array of research and training initiatives.

Recent Activities/Accomplishments

Over the past three years, the N C M H D has provided about \$180 million in funding support to more than 500 collaborative projects. Recently, the N C M H D co-funded several projects with other N I H ICs aimed at improving rural health across the nation. Additionally, the N C M H D launched a new initiative to support research relevant to the Mississippi Delta Region and its medically underserved populations. This endeavor involved the collaboration of eight N I H ICs with the N C M H D supporting approximately \$8 million in research projects.

Future Directions

Fostering collaborations with its federal partners is a key component of the multi-faceted N C M H D approach to eliminating health disparities. In fiscal year 2006, the N C M H D will continue its legacy of creating and nurturing partnerships to further increase the reach of N I H health disparities research activities. The N C M H D will continue to co-fund the best research opportunities and we will strongly encourage our fellow N I H ICs to join in supporting the core health disparities programs of the N C M H D .

The N I H Roadman

The N I H Roadmap Re-engineering of the Clinical Research Enterprise initiative is especially relevant for health disparities research. There will be special attention to recruiting individuals from diverse backgrounds, including women and underrepresented ethnic and minority groups, for professional training as future leaders in clinical research, for participation as research practitioners, and for balanced and representative inclusion as study populations in Clinical Research Networks. The formation of the National Clinical Research Corps will present new opportunities to link providers who serve disparities populations.

The training of health disparities researchers and the development of new partnerships of academic researchers with community-based health care providers and consumers have dominated the efforts of N C M H D . These priorities are also reflected in Roadmap initiatives such as the National Clinical Research Associates Program, which will bring together organized patient communities, community practitioners, large healthcare practitioner networks and academic researchers. The N C M H D Centers of Excellence and their communities represent ideal participants for such a venture.

The N C M H D is committed to building a solid and diverse national biomedical research enterprise of individuals and institutions dedicated to eliminating health disparities. The top priorities of the N C M H D are to initiate and develop the scientific infrastructure and the institutional and community capacities needed to reduce and ultimately eliminate health disparities. The N C M H D strategy for eliminating health disparities uses research, capacity building, and community-based research and outreach.

Given the complexity of health disparities and the interaction of various factors that may contribute to the differences in health status among populations, the NCMHD is committed to exploring cutting-edge opportunities to guide its research activities in eliminating health disparities. The elimination of health disparities requires the utilization of advances in biomedical research and the participation of a diverse team. Understanding cultural backgrounds and the sharing of best practices among researchers are important aspects to consider in examining approaches to eliminate health disparities.

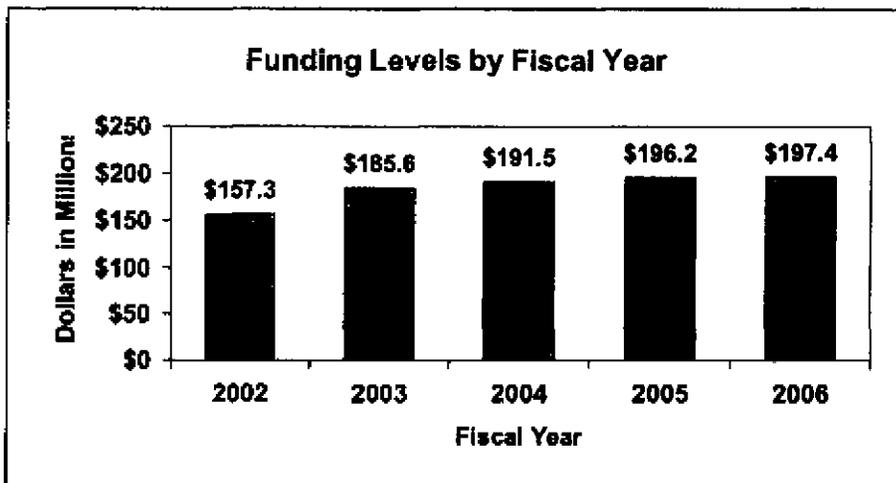
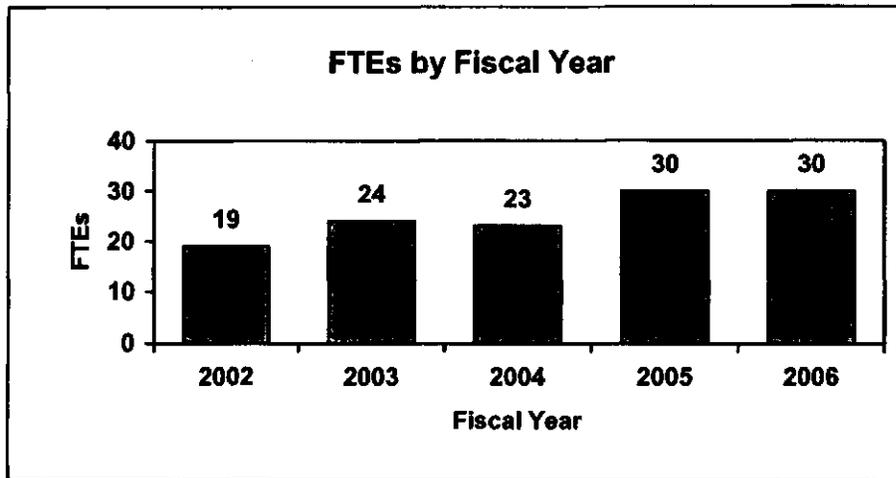
The N C M H D will sustain and expand its primary strategies. Research capacity building will extend beyond academia to involve community and faith-based organizations, individuals, and businesses at the local and grassroots level. Training and the diversification of the health, scientific, and technological workforce will remain key areas of focus in developing innovative projects. Prevention, treatment, cultural competency, and health care delivery for urban and rural communities will be approached more aggressively.

Our vision of the future is a collective one that is embodied in the N T H Health Disparities Strategic Plan. With leadership, commitment, and strong scientific partnerships, the N C M H D can advance scientific discovery to ensure the health of all Americans. Working together, the N I H Institutes and Centers can turn into a reality the vision of an America where all citizens have an equal opportunity to live long, healthy, and productive lives.

Budget Policy

The Fiscal Year 2006 budget request for the N C M H D is \$197,379,000, an increase of \$1,220,000 and 0.6 percent over the FY 2005 Appropriation. Also included in the FY 2006 request, is N C M H D support for the trans-NIH Roadmap initiatives, estimated at 0.89% of the FY 2006 budget request. This Roadmap funding is distributed through the mechanisms of support, consistent with the anticipated funding for the Roadmap initiatives. A full description of this trans-NIH program may be found in the N I H Overview.

A five-year history of FTEs and Funding Levels for the N C M H D are shown in the graphs below.

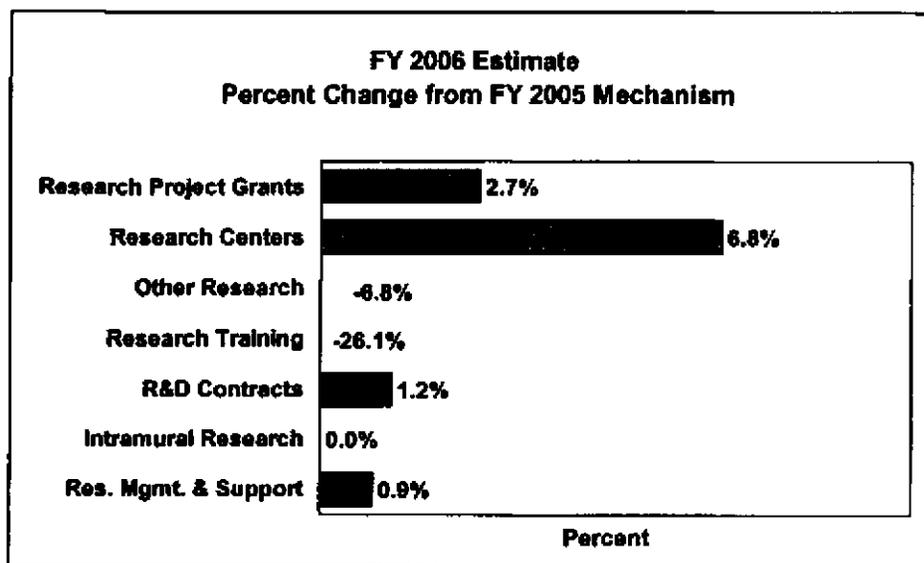
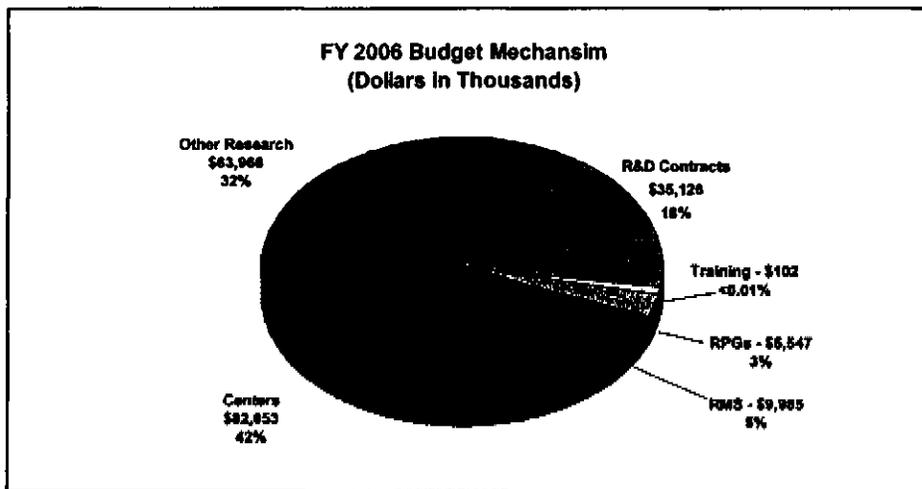


The highest priority of the N I H is the funding of medical research through research project grants (RPGs). Support for RPGs allows the N I H to sustain the scientific momentum of investigator-initiated research while pursuing new research opportunities. The average cost of competing RPGs will be held at the FY2005 level. There will be no inflationary increases for direct, recurring costs in Noncompeting continuation RPGs.

Advancement in medical research is dependent on attracting the best and the brightest to pursue careers in biomedical research. In the Fiscal Year 2006 request, stipend levels for post-doctoral recipients supported through the Ruth L. Kirschstein National Research Service Awards will increase by 4.0% for those with 1-2 years of experience, with all other stipends remaining at the FY2005 levels. The NIH will also provide an increase of \$500 per post-doctoral fellow, for increased health insurance costs. This increase in stipends and health benefits is financed within the FY2006 request. The NCMHD will support three pre- and postdoctoral trainees in full-time training positions.

The Fiscal Year 2006 request includes funding for 74 research centers, 59 other research grants, and 220 R & D contracts. Research Management and Support receives an increase of 0.5 percent, the same as the NIH total increase.

The mechanism distribution by dollars and percent change are displayed below:



Budget Mechanism - Total

MECHANISM	FY 2004 Actual		FY 2005 Appropriation		FY 2006 Estimate	
	No.	Amount	No.	Amount	No.	Amount
Research Grants:						
Research Projects:						
Noncompeting	0	\$2,187,000	0	\$64,000	0	\$176,000
' Administrative supplements	(3)	791,000	(0)	28,000	(0)	0
Competing:						
Renewal	0	585,000	1	94,000	1	126,000
New	0	0	0	0	0	0
Supplements	0	0	0	0	0	0
Subtotal, competing	0	585,000	1	94,000	1	126,000
Subtotal, RPGs	0	3,563,000	1	186,000	1	302,000
SBIR/STTR	5	5,282,000	5	5,216,000	5	5,245,000
Subtotal, RPGs	5	8,845,000	6	5,402,000	6	5,547,000
Research Centers:						
Specialized/comprehensive	62	66,711,000	68	77,235,000	74	82,480,000
Clinical research	0	0	0	0	0	0
Biotechnology	0	80,000	0	125,000	0	173,000
Comparative medicine	0	0	0	0	0	0
Research Centers in Minority Institutions	0	0	0	0	0	0
Subtotal, Centers	62	66,791,000	68	77,360,000	74	82,653,000
Other Research:						
Research careers	5	767,000	1	100,000	2	178,000
Cancer education	0	0	0	0	0	0
Cooperative clinical research	0	0	0	0	0	0
Biomedical research support	14	44,379,000	13	47,505,000	13	47,568,000
Minority biomedical research support	0	0	0	0	0	0
Other	65	24,022,000	58	21,046,000	44	16,220,000
Subtotal, Other Research	84	69,168,000	72	68,651,000	59	63,966,000
Total Research Grants	151	144,804,000	146	151,413,000	139	152,166,000
Research Training:	<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>	
Individual awards	0	16,000	0	0	0	0
Institutional awards	1	57,000	3	138,000	3	102,000
Total, Training	1	73,000	3	138,000	3	102,000
Research & development contracts (SBIR/STTR)	254 (0)	36,370,000 (0)	220 (0)	34,714,000 (0)	220 (0)	35,126,000 (0)
Intramural research	FTEs 0	562,000	FTEs 0	0	FTEs 0	0
Research management and support	23	9,647,000	30	9,894,000	30	9,985,000
Cancer prevention & control	0	0	0	0	0	0
Construction		0		0		0
Buildings and Facilities		0		0		0
Total, NCMHD	23	191,456,000	30	196,159,000	30	197,379,000
(RoadMap Support)		(658,000)		(1,240,000)		(1,764,000)
(Clinical Trials)		(0)		(0)		(0)

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

Budget Authority by Activity
(dollars in thousands)

ACTIVITY	FY 2004		FY 2005		FY 2006		Change	
	Actual		Appropriation		Estimate			
	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount
Extramural Research: Research on Minority Health and Health Disparities		\$181,247		\$186,265		\$187,394		\$1,129
Subtotal, Extramural research		\$181,247		\$186,265		\$187,394		\$1,129
Intramural research	0	562	0	0	0	0	0	0
Research management & support	23	9,647	30	9,894	30	9,985	0	91
Cancer Control & Prevention	0	0	0	0	0	0	0	0
Total	23	\$191,456	30	\$196,159	30	\$197,379	0	\$1,220

Summary of Changes

FY 2005 Estimate		\$196,159,000		
FY 2006 Estimated Budget Authority		197,379,000		
Net change		1,220,000		
CHANGES	FY 2005		Change from Base	
	FTEs	Budget Authority	FTEs	Budget Authority
A. Built-in:				
1. Intramural research:				
a. Within grade increase			\$0	\$0
b. Annualization of January 2005 pay increase			0	0
c. January 2006 pay increase			0	0
d. One less day of pay			0	0
e. Payment for centrally furnished services			0	0
f. Increased cost of laboratory supplies, materials, and other expenses			0	0
Subtotal				0
2. Research Management and Support:				
a. Within grade increase			3,764,000	63,000
b. Annualization of January 2005 pay increase			3,764,000	35,000
c. January 2006 pay increase			3,764,000	65,000
d. One less day of pay			3,764,000	(14,000)
e. Payment for centrally furnished services			466,000	2,000
f. Increased cost of laboratory supplies, materials, and other expenses			5,664,000	103,000
Subtotal				254,000
Subtotal, Built-in				254,000

Summary of Changes-continued

CHANGES	2005 Current Estimate Base		Change from Base	
	No.	Amount	No.	Amount
B. Program:				
1. Research project grants:				
a. Noncompeting	0	\$92,000	0	\$84,000
b. Competing	1	94,000	0	32,000
c. SBJR/STTR	5	5,216,000	0	29,000
Total	6	5,402,000	0	145,000
2. Research centers	68	77,360,000	6	5,293,000
3. Other research	72	68,651,000	(13)	(4,685,000)
4. Research training	3	138,000	0	(36,000)
5. Research and development contracts	220	34,714,000	0	412,000
Subtotal, extramural				1,129,000
6. Intramural research	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
7. Research management and support	30	9,894,000	0	(163,000)
Subtotal, program		196,159,000		966,000
Total changes	30		0	1,220,000

Budget Authority by Object

	FY 2005 Appropriation	FY 2006 Estimate	Increase or Decrease
Total compensable workyears:			
Full-time employment	30	30	0
Full-time equivalent of overtime & holiday hours	0	0	0
Average ES salary	\$0	\$0	\$0
Average G M / G S grade	13.0	13.0	0.0
Average G M / G S salary	\$98,140	\$100,398	\$2,258
Average salary, grade established by act of July 1,1944 (42 U.S.C. 207)	\$89,024	\$91,072	\$2,048
Average salary of ungraded positions	147,585	150,980	3,395
OBJECT CLASSES	FY 2005 Appropriation	FY 2006 Estimate	Increase or Decrease
Personnel Compensation:			
11.1 Full-Time Permanent	\$2,427,000	\$2,523,000	\$96,000
11.3 Other than Full-Time Permanent	373,000	387,000	14,000
11.5 Other Personnel Compensation	82,000	85,000	3,000
11.7 Military Personnel	84,000	87,000	3,000
11.8 Special Personnel Services Payments	0	0	0
Total, Personnel Compensation	2,966,000	3,082,000	116,000
12.0 Personnel Benefits	771,000	803,000	32,000
12.1 Military Personnel Benefits	27,000	28,000	1,000
13.0 Benefits for Former Personnel	0	0	0
Subtotal, Pay Costs	3,764,000	3,913,000	149,000
21.0 Travel & Transportation of Persons	72,000	72,000	0
22.0 Transportation of Things	10,000	10,000	0
23.1 Rental Payments to G S A	0	0	0
23.2 Rental Payments to Others	0	0	0
23.3 Communications, Utilities & Miscellaneous Charges	25,000	25,000	0
24.0 Printing & Reproduction	9,000	9,000	0
25.1 Consulting Services	1,030,000	1,030,000	0
25.2 Other Services	492,000	492,000	0
25.3 Purchase of Goods & Services from Government Accounts	21,759,000	21,877,000	118,000
25.4 Operation & Maintenance of Facilities	68,000	69,000	1,000
25.5 Research & Development Contracts	17,054,000	17,382,000	328,000
25.6 Medical Care	0	0	0
25.7 Operation & Maintenance of Equipment	16,000	16,000	0
25.8 Subsistence & Support of Persons	0	0	0
25.0 Subtotal, Other Contractual Services	40419,000	40866,000	447,000
26.0 Supplies & Materials	94,000	96,000	2,000
31.0 Equipment	200,000	200,000	0
32.0 Land and Structures	0	0	0
33.0 Investments & Loans	0	0	0
41.0 Grants, Subsidies & Contributions	151,566,000	152,188,000	622,000
42.0 Insurance Claims & Indemnities	0	0	0
43.0 Interest & Dividends	0	0	0
44.0 Refunds	0	0	0
Subtotal, Non-Pay Costs	192395000	193,466,000	1,071,000
Total Budget Authority by Object	196,159,000	197,379,000	1220000

Salaries and Expenses

OBJECT CLASSES	FY 2005 Appropriation	FY 2006 Estimate	Increase or Decrease
Personnel Compensation:			
Full-Time Permanent (11.1)	\$2,427,000	\$2,523,000	\$96,000
Other Than Full-Time Permanent (11.3)	373,000	387,000	14,000
Other Personnel Compensation (11.5)	82,000	85,000	3,000
Military Personnel (11.7)	84,000	87,000	3,000
Special Personnel Services Payments (11.8)	0	0	0
Total Personnel Compensation (11.9)	2,966,000	3,082,000	116,000
Civilian Personnel Benefits (12.1)	771,000	803,000	32,000
Military Personnel Benefits (12.2)	27,000	28,000	
Benefits to Former Personnel (13.0)	0	0	0
Subtotal, Pay Costs	3,764,000	3,913,000	149,000
Travel (21.0)	72,000	72,000	0
Transportation of Things (22.0)	10,000	10,000	0
Rental Payments to Others (23.2)	0	0	0
Communications, Utilities and Miscellaneous Charges (23.3)	25,000	25,000	0
Printing and Reproduction (24.0)	9,000	9,000	0
Other Contractual Services:			
Advisory and Assistance Services (25.1)	1,030,000	1,030,000	0
Other Services (25.2)	492,000	492,000	0
Purchases from Govt. Accounts (25.3)	4,885,000	4,885,000	0
Operation & Maintenance of Facilities (25.4)	68,000	69,000	1,000
Operation & Maintenance of Equipment (25.7)	16,000	16,000	0
Subsistence & Support of Persons (25.8)	0	0	0
Subtotal Other Contractual Services	6,491,000	6,492,000	1000
Supplies and Materials (26.0)	94,000	96,000	2,000
Subtotal, Non-Pay Costs	6,701,000	6,704,000	3,000
Total, Administrative Costs	10,146,500	10,617,000	152,000

NATIONAL CENTER ON MINORITY HEALTH AND HEALTH DISPARITIES

SIGNIFICANT ITEMS IN HOUSE AND SENATE
APPROPRIATIONS COMMITTEE REPORTS

FY 2005 House Appropriations Committee Report Language (H.Rpt. 108-636)

Item

Cancer in Minority Communities

The Committee commends N C M H D for its leadership in addressing the disproportionate impact of cancer in minority communities. The Committee encourages N C M H D to consider collaborating with N C R R and N C I in supporting the establishment of a cancer center at a historically minority institution focused on research, treatment and prevention of cancer in African American and other minority communities. **(Page 102)**

Action taken or to be taken

The N C M H D and the N C I partner to support several cancer-related centers. These include the Comprehensive Meharry Medical College^anderbilt-Lngram Cancer Research Partnership; the Howard University Cancer Center/Johns Hopkins Comprehensive Cancer Center Partnership; and the Morehouse School of Medicine/University of Alabama Cancer Center Partnership. The purpose of these Centers is to strengthen the research partnerships between these institutions, as well as enhance the cancer research capacity of the historically minority institutions. The N C M H D also provided the N C R R with more than \$10 million to construct the Center for Bioethics at Tuskegee University.

In addition, numerous N C M H D Health Disparities Centers of Excellence include cancer health disparities research in their research priorities. Among these, an award to Emory University, establishing The Grady Center for Health Disparities, has as its first priority cancer health disparities research. This award is particularly significant because The Grady Center for Health Disparities is a consortium comprised of Morehouse School of Medicine and Clark Atlanta University, both H B C U degree-granting institutions; the Grady Health System; and Emory University. The N C M H D also supported the establishment of the Meharry Medical College Health Disparities Center of Excellence, in Nashville, T N . This focus of this Center also includes hormone-related cancers.

Finally, the NCMHD will continue to co-fund the best research opportunities and we will strongly encourage our fellow N T H I C s to join in supporting the core health disparities programs of the N C M H D such as our Health Disparities Centers of Excellence program, which supports a variety of research efforts, including cancer research.

Glomerular Injury

The Committee understands that glomerular injury, a group of diseases that affect the filtering mechanisms of the kidney, are more prevalent among African Americans than the general population. The Committee urges N C M H D to explore collaboration with N I D D K to conduct and support research activities related to glomerular injury. **(Page 102)**

Action taken or to be taken

The N C M H D currently partners with the N I D D K to support and conduct a number of projects aimed at understanding the pathophysiology of hypertensive kidney disease in order to establish guidelines to prevent the increasing prevalence of End-Stage Renal Disease in African Americans. The primary goal of these projects is to investigate the environmental, socio-economic, genetic, physiologic, and other co-morbid factors that influence the progression of kidney disease in African Americans with hypertensive kidney disease.

The NCMHD will also continue to co-fund the best research opportunities and we will strongly encourage our fellow NTHICs to join in supporting the core health disparities programs of the NCMHD. The NCMHD would be interested in having the NIDDK partner with the NCMHD in support of the NCMHD Health Disparities Centers of Excellence program to increase knowledge on the causes of kidney disease and to support research related to improving the diagnosis and developing new therapies for glomerular injury.

Item

Latinos

The Committee recognizes that Latinos are the fastest-growing ethnic group in the United States and encourages N C M H D to increase its training of bilingual and bicultural researchers. The Committee encourages N C M H D to focus on research benefiting the diverse subgroups of the Latino population. **(Page 102)**

Action taken or to be taken

The Sullivan Commission and the I O M Reports have well documented the need to infuse the career pipeline at all levels, especially among Hispanics, if the Nation is going to be able to have an adequately trained biomedical and behavioral research work force that mirrors the changing face of the U. S. population. In order to address the question of how to enhance the pool of well-prepared biomedical and behavioral research scientists to meet the future national needs of the growing Hispanic population in this country, the N C M H D will work with a consortium of Hispanic Serving Health Professional Schools to conduct a series of issue focused forums to

assess training needs and credentialing issues at the pre- and post-baccalaureate degree levels of both U.S. and non-U.S. trained Hispanic/Latino students, scientists, and practicing health professionals. The findings from the forums should provide the basis for developing a draft strategic action plan for assisting Hispanics at all biomedical and behavioral research academic training levels to qualify for entry into the N T H Research Training and Development cycle.

Item

Scleroderma

The Committee encourages NCMHD to support research that furthers the understanding of causes and consequences of scleroderma, a chronic degenerative disease of collagen production, present among African American, Hispanic and Native American men and women. N C M H D is encouraged to establish epidemiological studies to address the prevalence of scleroderma among these populations, as statistics indicate that African Americans have a slightly higher incidence of scleroderma. This population is also likely to be diagnosed at a younger age and tend to be diagnosed more often with the diffuse form of scleroderma. **(Page 102)**

Action taken or to be taken

The N C M H D and the N I A M S collaboratively supported a Specialized Center of Research in Scleroderma at the University of Texas Health Science Center in Houston. The central theme of this Center is the use of molecular approaches to understand the pathogenic mechanisms, especially genetic factors, and the predictors of outcomes in scleroderma (systemic sclerosis or SSC) among multi-ethnic SSC patients including a unique Native American population with high disease prevalence, Caucasians, African Americans and Mexican Americans.

The NCMHD will continue to co-fund the best research opportunities and we will strongly encourage our fellow N T H ICs to join in supporting the core health disparities programs of the N C M H D to conduct epidemiologic studies to address the prevalence of scleroderma among African American, Hispanic, and Native Americans.

Item

Liver Disease

The Committee remains concerned about the disproportionate burden of liver disease among African Americans, Hispanics, Asians and Native Americans. Among younger Native Americans liver disease is the second major cause of death, and the sixth leading cause of death among all Native American age groups. Furthermore, among most Asian populations hepatitis B is a major cause of death. The Committee encourages N C M H D , in collaboration with N T D D K , to enhance research to improve liver disease treatment effectiveness among minority populations. **(Page 102)**

Action taken or to be taken

The N C M H D is collaborating with the NTDDK in the development and implementation of the research goals of the trans-NIH Action Plan for Liver Disease Research. The trans-NIH Action Plan for Liver Disease Research includes all of the major liver disease conditions that affect the populations of interest to the N C M H D .

Item

Research Endowment

The Committee commends N C M H D for its leadership in addressing the longstanding problem of health status disparities in minority and medically underserved populations. The Committee continues to encourage N C M H D to implement its successful research endowment program as an ongoing initiative. **(Page 103)**

Action taken or to be taken

The N C M H D has funded the Research Endowment program for four years and has plans to continue the program in FY 2005 and FY 2006. This program is an important priority of the N C M H D and it is considered to be an ongoing N C M H D initiative. The Research Endowment Program provides funds to help build research and training capacity in institutions that make significant investments in the education and training of underrepresented minority and socio-economically disadvantaged individuals. The Research Endowment program seeks to 1) close the disparity gap in the burden of illness and death experienced by racial and ethnic minority Americans; 2) overcome educational and financial resource barriers to promote a diverse and strong scientific, technological and engineering workforce in the 21st century; and 3) increase the participation of underrepresented minorities in the biomedical, scientific, technological and engineering workforce. The N C M H D continues to fund Endowment awards at eligible institutions.

Item

Project EXPORT

The Committee commends N C M H D for its successful "Project EXPORT" initiative and urges continued support for this important program. **(Page 103)**

Action taken or to be taken

Fiscal Year 2004 was the third year of competition for the N C M H D Health Disparities Centers of Excellence program. Through this initiative, the N C M H D funds collaborative research efforts, which enable institutions at all levels of capacity to maximize their health disparities research

efforts. Through this program, the N C M H D engages communities in the effort to eradicate health disparities; build research capacity at minority-serving institutions; promote participation in biomedical and behavioral research among health disparity populations; and increase participation in health disparities research. Recently, the N C M H D funded an additional 11 awards in this program.

FY 2005 Senate Appropriations Committee Report Language (S.Rpt. 108-345)

Item

Community-Based Organization Partnership Prevention Centers

The Committee recommends expansion of community-based partnerships to further respond to the Department's prevention initiatives. Efforts should be concentrated on the development of Community Prevention Partnership Centers whereby CBOs partner with targeted institutions of higher education. These institutions of higher education are HBCUs, HSIs, and API Serving Institutions. In American Indian, Alaska Native and Native Hawaiian communities, Tribal Colleges, Universities and health centers would serve as community prevention centers with community-based participatory research and outreach components. All centers would develop cultural competent health promotion and disease prevention research and provide activities to promote healthy lifestyles and reduce risks for health problems ranging from diabetes, to

cardiovascular disease, to substance abuse. **(Page 159)**

Action taken or to be taken

The N C M H D is cognizant of the value of engaging communities in comprehensive approaches to research and practice in its efforts to eliminate disparities in health status. A critical component of the NCMHD effort is the community-based research component that is built into the NCMHD Health Disparities Centers of Excellence. The N C M H D now has 71 awards within this program spread across 29 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

The N C M H D Health Disparities Centers of Excellence Program and the recently established N C M H D Community-Based Participatory Research and Outreach Program will develop effective community-based participatory research programs, which will accelerate both the translation of research advances to health disparity communities and the elimination of health disparities. The N C M H D will also seek to develop and implement new evidence-based public health research programs leveraging the strengths of its many programs and develop new partnerships with DHHS and other federal agencies. Finally, the N C M H D Office of Community-Based Participatory Research and Outreach has also formed a Strategic Planning Subcommittee consisting of members from academic institutions and community-based organizations to make recommendations on priority areas for research funding with short-term and long-term goals and plans.

Community Programs to Improve Minority Health Grants

The Committee recommends funding additional minority community-based grant projects that integrate community-based screening and outreach services, and include linkages for access and treatment to minorities in high risk or low-income communities, and address socio-cultural and linguistic barriers to health. The Committee notes that a number of meritorious grant

applications in this important area are going unfunded. **(Page 159)**

Action taken or to be taken

The N C M H D is cognizant of the value of engaging communities in comprehensive approaches to research and practice in its efforts to eliminate disparities in health status. A critical component of the NCMHD effort is the community-based research component that is built into the NCMHD Health Disparities Centers of Excellence. The N C M H D now has 71 awards within this program spread across 29 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

The N C M H D Health Disparities Centers of Excellence Program and the recently established N C M H D Community-Based Participatory Research and Outreach Program will develop effective community-based participatory research programs, which will accelerate both the translation of research advances to health disparity communities and the elimination of health disparities. The N C M H D will also seek to develop and implement new evidence-based public health research programs leveraging the strengths of its many programs and develop new partnerships with D H H S and other federal agencies.

Finally, the N C M H D Office of Community-Based Participatory Research and Outreach has also formed a Strategic Planning Subcommittee consisting of members from academic institutions and community-based organizations. This group will help to guide N C M H D efforts by making recommendations on priority areas for research funding, training, planning, capacity building, intervention, and dissemination of research findings. Short-term and long-term goals and plans will include research on the interface of physical and psychosocial environments and their health effects on minority communities; research on cultural determinants of health disparities with implications on research methodology; and interventions.

Item

Cultural and Linguistic Best Practices Studies

The Committee urges studies of best practices and effective approaches implemented by health care providers in addressing cultural and linguistic barriers that impact on diagnosis and treatment regimens, patient health outcomes, patient comprehension and compliance with care and treatment regimens, and patient safety and medical errors reduction. **(Page 159)**

Action taken or to be taken

A number of the populations suffering from health disparities in the United States have limited English speaking skills; therefore, the N C M H D plans to coordinate with other ICs to develop programs in the area of cultural and linguistic challenges associated with health care access and delivery.

Item

Hepatitis C

The Committee notes that Hepatitis C is twice as common in African Americans as it is in European Americans and standard Hepatitis C treatments do not respond as well in African American populations. The Committee therefore urges the Center to initiate and participate with N I D D K in research focused on the Hepatitis C disparities that exist among minority populations. **(Page 159)**

Action taken or to be taken

The N C M H D and the N I D D K have collaboratively supported a Hepatitis C research project grant at the University of Illinois, Chicago aimed at identifying the viral kinetic reason for non-responsiveness to interferon therapy among African Americans. The N C M H D will continue to co-fund the best research opportunities and we will strongly encourage our fellow NIH ICs to join in supporting the core health disparities programs of the N C M H D. The N C M H D would be interested in having the N I D D K and other N D H ICs partner with the N C M H D to support N C M H D programs to conduct additional studies targeted at high-risk populations, particularly African American populations.

Item

Liver Disease

The Committee remains concerned about the disproportionate burden of liver disease among African Americans, Hispanics, Asians and Native Americans. Among younger Native Americans liver disease is the second major cause of death, and the sixth leading cause of death among all Native American age groups. Furthermore, among most Asian populations Hepatitis B is a major cause of death. The Committee strongly encourages N C M H D, in collaboration with N T D D K, to expand research to improve liver disease treatment effectiveness among minority populations. **(Page 159)**

Action taken or to be taken

Please refer to page N C M H D - 27 of this document for the N C M H D response to the significant item regarding "liver disease."

Racial and Ethnic Disparities

The Committee believes that implementation of recommendations stemming from the Institute of Medicine [IOM] "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care", study offer significant opportunities for improving health across communities of color. N C M H D is urged to support minority organizations and minority community-based efforts to disseminate research based health information that highlights health disparities experienced by different racial and ethnic groups. N C M H D is expected to engage minority national organizations including minority community-based organizations in educating diverse communities about recommendations of the Institute of Medicine report in an effort to improve health. **(Page 160)**

Action taken or to be taken

The Strategic Planning Subcommittee formed by the Office of Community-Based Participatory Research and Outreach (OCBPRO) made several recommendations on priority areas for research funding, training, planning, capacity building, intervention, and dissemination of research findings. N C M H D intends to leverage the existing community-based programs within its Centers of Excellence to expand and maximize the participatory model.

Item

Scleroderma

The Committee encourages the Center to support research that furthers the understanding of causes and consequences of scleroderma, a chronic, degenerative disease of collagen production, prevalent among African Americans, Hispanic and Native American men and women as well as other populations. The Center is encouraged to establish epidemiological studies to address the prevalence of scleroderma among these populations, as statistics indicate that African Americans have a slightly higher incidence of scleroderma. This population is also likely to be diagnosed at a younger age and tend to be diagnosed more often with the diffuse form of scleroderma. **(Page 160)**

Action taken or to be taken

Please refer to page N C M H D - 26 of this document for the N C M H D response to the significant item regarding "scleroderma."

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

Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2005 Amount Authorized	FY 2005 Appropriation	2006 Amount Authorized	2006 Budget Estimate
Research and Investigation	Section 301	42§241	Indefinite ^		Indefinite	
National Center on Minority Health Health and Health Disparities	Section 41B	42§285b	Indefinite ^	\$196,020,000	Indefinite	\$197,277,000
National Research Service Awards	Section 487(d)	42§288	a/	138,000	b/	102,000
Total, Budget Authority				196,459,000		197,379,000

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

b/ Reauthorizing legislation will be submitted.

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation 1/
2001	0	0	0	130,200,000
Rescission				(77,000)
2002	158,425,000	157,204,000	158,421,000	157,812,000
Rescission				(70,000)
2003	186,929,000	186,929,000	186,929,000 2/	186,929,000
Rescission				(1,215,000)
2004	192,724,000	192,724,000	192,824,000	192,724,000
Rescission				(1,253,000)
2005	196,780,000	196,780,000	197,900,000	197,780,000
Rescission				(1,621,000)
2006	197,379,000			

J/ Reflects enacted supplements, rescissions, and re-appropriations.

2/ Reflects the President's Budget request.

Detail of Full-Time Equivalent Employment (FTEs)

OFFICE/DIVISION	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
Office of the Director	9	9	9
Office of Associate Director for Scientific Programs and Operations	3	6	6
Office of Finance and Administration	2	4	4
Office of Extramural Activities	4	4	4
Division of Scientific Planning and Policy Analysis	4	4	4
Division of Research and Training Activities	1	3	3
Total	23	30	30
FTEs supported by funds from Cooperative Research and Development Agreements	(0)	(0)	(0)
FISCAL YEAR	Average G M / G S Grade		
2002	12.2		
2003	12.3		
2004	13.0		
2005	13.0		
2006	13.0		

Detail of Positions

GRADE	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
Total - ES Positions	0	0	0
Total - ES Salary	\$0	\$0	\$0
GM/GS-15	8	8	8
GM /GS-14	3	4	4
GM/GS-13	3	8	8
GS-12	2	3	3
GS -11	0	0	0
GS -10	0	0	0
GS-9	0	0	0
GS-8	1	1	1
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	19	26	26
Grades established by Act of July 1,1944 (42 U . S . C . 207):			
Assistant Surgeon General Director Grade	1	1	1
Senior Grade			
Full Grade			
Senior Assistant Grade			
Assistant Grade			
Subtotal	1	1	1
Ungraded	13	3	3
Total permanent positions	20	27	27
Total positions, end of year	33	30	30
Total full-time equivalent (FTE) employment,end of year	23	30	30
Average ES salary	\$0	\$0	\$0
Average GM / GS grade	13.0	13.0	13.0
Average GM / GS salary	\$94,639	\$98,140	\$100,398