

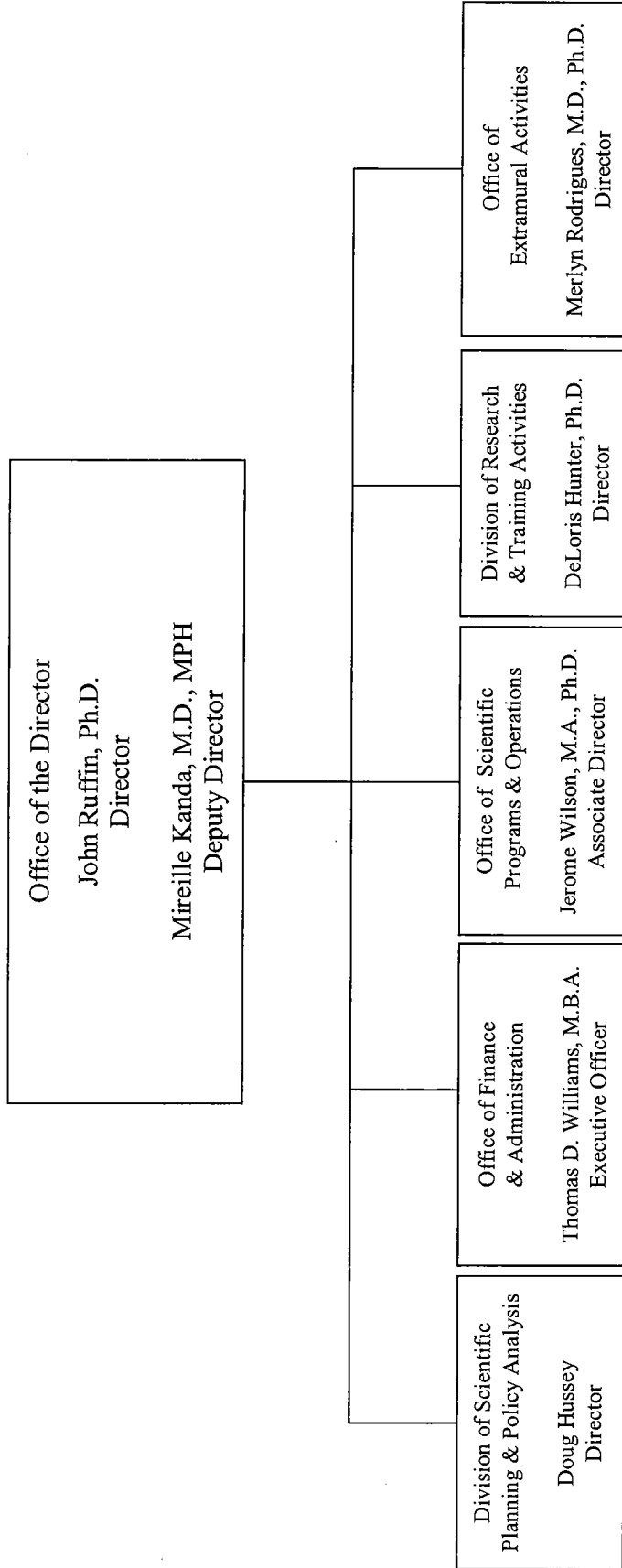
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH
National Center on Minority Health and Health Disparities

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NATIONAL INSTITUTES OF HEALTH

National Center on Minority Health and Health Disparities

Organizational Chart



NATIONAL INSTITUTES OF HEALTH

National Center on Minority Health and Health Disparities

For carrying out section 301 of title IV of the Public Health Service Act with respect to minority health and health disparities research, [\$197,379,000] *\$194,299,000*.

[Department of Health and Human Services Appropriations Act, 2006]

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

Amounts Available for Obligation ^{1/}

| Source of Funding | FY 2005 Actual | FY 2006 Appropriation | FY 2007 Estimate |
|---|-------------------|--------------------------|---------------------|
| Appropriation | \$197,780,000 | \$197,379,000 | \$194,299,000 |
| Enacted Rescissions | (1,621,000) | (1,974,000) | 0 |
| Subtotal, Adjusted Appropriation | 196,159,000 | 195,405,000 | 194,299,000 |
| Real transfer under NIH Director's one-percent transfer authority for Roadmap | (1,240,000) | (1,746,000) | |
| Comparative transfer from OD for NIH Roadmap | 1,240,000 | 1,746,000 | |
| Subtotal, adjusted budget authority | 196,159,000 | 195,405,000 | 194,299,000 |
| Unobligated Balance, start of year | 0 | 0 | 0 |
| Unobligated Balance, end of year | 0 | 0 | 0 |
| Subtotal, adjusted budget authority | 196,159,000 | 195,405,000 | 194,299,000 |
| Unobligated balance lapsing | (15,000) | 0 | 0 |
| Total obligations | \$196,144,000 | \$195,405,000 | \$194,299,000 |

^{1/} Excludes the following amounts for reimbursable activities carried out by this account:

FY 2005 - \$0 FY 2006 - \$0 FY 2007 - \$0

Excludes \$0 in FY 2006 and \$0 in FY 2007 for royalties.

Justification

National Center on Minority Health and Health Disparities

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

Budget Authority:

| FY 2005 Actual | | FY 2006 Appropriation | | FY2007 Estimate | | Increase or Decrease | |
|-------------------|---------------|--------------------------|---------------|--------------------|---------------|-------------------------|---------------|
| <u>FTEs</u> | <u>BA</u> | <u>FTEs</u> | <u>BA</u> | <u>FTEs</u> | <u>BA</u> | <u>FTEs</u> | <u>BA</u> |
| 30 | \$196,159,000 | 30 | \$195,405,000 | 31 | \$194,299,000 | +1 | (\$1,106,000) |

This document provides justification for the fiscal year 2007 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 2007 HIV/AIDS activities can be found in the NIH section entitled “Office of AIDS Research (OAR).” Detailed information on the NIH Roadmap for Medical Research may be found in the Overview section.

INTRODUCTION

An Epidemic Revealed

Racial and ethnic minorities continue to suffer a heavier burden of illness, disability and premature death due to health disparities from a multitude of health conditions and diseases including cancer, cardiovascular disease, stroke, diabetes, infant mortality, mental illness, autoimmune disease, obesity, and nutritional deficiencies. The realities of health disparities were unveiled with the devastation of Hurricane Katrina. This natural disaster exposed the silent and hidden epidemic of health disparities that have persisted in this nation and threatened the lives of racial and ethnic minorities and the poor. According to reports from the Centers for Disease Control and Prevention (CDC), the leading new and existing conditions among Katrina evacuees were hypertension, cardiovascular diseases, diabetes, and psychiatric disorders. In some cases, evacuees received medical treatment for the first time for chronic and life-threatening diseases. The tragedy in New Orleans is a microcosm of the underlying national health crisis that has relentlessly plagued racial and ethnic minority, and low-socio economic communities throughout this country, which led to the resolve of the Congress to create the National Center on Minority Health and Health Disparities (NCMHD).

The NCMHD leads the nation’s research effort to reduce and eliminate health disparities. It has established and funds numerous programs of its own and through partnerships in virtually every state to respond to the health needs of the most vulnerable populations in our society. The cornerstone of its strategy is embodied in research, training, research capacity-building, and

community outreach. *The NCMHD Project EXPORT Centers of Excellence, the Biomedical Scholars Program, the Community-Based Participatory Research Program and the Loan Repayment Program*, are among the NCMHD programs that comprise a viable health disparities research network with the potential to assist with the magnitude of the crisis illustrated by Katrina. At the core of this network is a strong cadre of minority-serving institutions, community-based organizations, and health professionals, researchers and scientists of all racial and ethnic backgrounds. The vast expertise — scientific knowledge, cultural competency, community trust and credibility—of this strong and diverse cadre will enable the NCMHD to provide tremendous ongoing support to the relief and reconstruction in health disparity populations devastated by the nation's worst natural disaster, and communities experiencing health disparities nationally.

The impact of the 2005 hurricane season on the Gulf Coast region was an unanticipated occurrence. The disaster reminded us of the importance of flexibility to address emergencies in spite of our best planning efforts. The NIH Health Disparities Strategic Plan is an evolving document that shapes and guides the NIH health disparities research agenda. The plan serves as the guiding mechanism for coordinating all trans-NIH minority health and health disparities activities. It supports the NIH commitment to exploit emerging scientific opportunities, train a culturally competent cadre of investigators, increase the participation of racial and ethnic minorities and other health disparity populations in research, and translate scientific discoveries into clinical application to benefit all Americans. As the focal point for coordinating health disparities research activities, the NCMHD must be prepared to mobilize its own research community and its NIH colleagues to respond to the unyielding threat of health disparities, and emergencies of a health disparity nature. The revelation of health disparities by Katrina has taught the public health and research communities lessons that will serve to shape the future of the NIH Health Disparities research agenda, as the nation at large seeks to support the rebuilding and the NIH broadens its efforts in health disparities. In FY 2006, the Institute of Medicine will complete its Assessment of the *NIH Health Disparities Strategic Plan*. The NCMHD, in collaboration with the NIH Director and the Secretary of Health and Human Services, will guide and participate in the NIH-wide implementation of the recommendations.

NCMHD PROGRAMS

The primary mission of NCMHD is to administer and fund programs that would find strong evidence-based solutions to the health challenges faced by health disparity populations. The programs share some similar characteristics, and as such, one of the goals of the NCMHD is to maximize the scientific synergy among its programs in an effort to expand and sustain them, and to strengthen its health disparities research enterprise.

HEALTH DISPARITIES RESEARCH

To elucidate the causes and solutions for health disparities, the NCMHD conducts and supports biomedical, basic, clinical, social sciences and behavioral research. The **Project EXPORT Centers of Excellence** is the principal research program of the NCMHD. Since the program's

inception, the NCMHD has funded 76 institutions in 27 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands to conduct multi-disciplinary research to define the scope of health disparities, and to identify and evaluate new approaches to mitigate these health disparities. The network of institutions consists of minority-serving, research intensive and majority institutions, and more than 100 partners such as hospitals; health centers; universities; community-based, non-profit, faith-based and tribal organizations, as well as local, state and federal agencies. The primary areas of research among these promising *NCMHD Project EXPORT Centers of Excellence* include cancer, cardiovascular disease, stroke, diabetes, hypertension, nutrition, obesity and the health of mothers and their infants.

Although just in its third year, the program is starting to produce research data as evidenced by articles in peer review journals in areas such as hypertension, cardiovascular disease, depression, diabetes, cultural competency, rural health, under-representation of minorities in medical schools, and post-traumatic stress disorder.

Several regional and national conferences on health disparities have been convened by grantees. The conferences have attracted leaders and advocates in health disparities to dialogue, educate, empower and mobilize communities, and examine topics such as “genes, race and the environment;” evidence-based intervention; “obesity health disparities in Native Hawaiians and Pacific Peoples; and “Asian American health.” These conferences are central to the information dissemination and outreach goals of the NCMHD to increase the community’s participation in health promotion and disease prevention, research, and interventions.

The outstanding work of *NCMHD Project EXPORT Centers of Excellence* grantees has attracted additional funding from private and public entities. For example, a \$1.6 million dollar grant from the New York City Council toward the *NYC Asian American Hepatitis B Project* will support the education, vaccination, and treatment of Asian American New Yorkers who have hepatitis B. In addition, \$1.4 million dollars from various philanthropic agencies in support of the *Healthy Black Family Project at the University of Pittsburgh* will boost a community-based intervention designed to prevent diabetes and hypertension in African Americans living in Pittsburgh. These dollars will ensure a broader outreach to our communities and foster a multi-faceted system to combat health disparities.

Future Directions

The NCMHD will continue to support the *NCMHD Project EXPORT Centers of Excellence* program and its evolution to ensure that it contributes to the elimination of health disparities through its research, outreach and training activities. The program will be offered for re-competition in fiscal year 2007.

As research data continues to emerge from the *NCMHD Project EXPORT Centers of Excellence*, the NCMHD will collect and analyze the data to ascertain its significance and impact towards eliminating health disparities. The results of this analysis will assist NCMHD in identifying gaps in knowledge so that it may pursue relevant research opportunities with its partners within and beyond the NIH.

SCIENCE ADVANCES

Cardiovascular

Racial/Ethnic Differences in Blood Pressure Require More Therapeutic Intervention

Background: Hypertension is a major contributor to the increased burden of cardio-vascular morbidity and mortality in African Americans in comparison to Caucasians. Although mortality from heart disease and stroke has declined dramatically for African Americans and Caucasians from the 1960s to the 1990s, ethnic health disparities related to hypertension, cardiovascular disease, and renal complications persist. A recent report on trends in hypertension from 1988-2000 suggests that disparities in hypertension between African Americans and Caucasians may increase further in the upcoming years. This discrepancy is a result of increased control of hypertension among Caucasians, particularly men, in comparison with African Americans.

Advance: In a recent study, scientists abstracted data from outpatient medical records of 7,795 adults from 31 primary care clinics providing health care for medically under-served patients in South Carolina. The prevalence of hypertension was greater in African Americans than Caucasians (47.6% vs. 31.0%, $P < .001$) and was more common in African Americans at younger ages. Although African American hypertensives were more likely than Caucasian hypertensives to receive diuretics and calcium channel blockers and less likely to receive beta-blockers, the number of BP medications was similar for both groups (1.44 +/- 0.02 vs. 1.40 +/- 0.04). In spite of similarities in the number of BP medications received, African American hypertensives were less likely than Caucasian hypertensives to have blood pressure controlled to $<140/90$ mm Hg on the most recent clinic visit (40.9% vs. 46.3%, $p = .01$). The ethnic difference in blood pressure control to $<140/90$ mm Hg was not significantly altered when controlling for obesity, diabetes mellitus, lipid disorders, heart failure, coronary heart disease, stroke, and nephropathy.

Implications: Other studies have shown that the high prevalence of hypertension among early middle-aged African Americans in South Carolina emerges as a major contributor to the high incidence and earlier onset of target organ complications, especially stroke and end-stage renal disease. Thus, more work is needed to understand the factors contributing to the increased disparity in hypertension among this population of low income African Americans and Caucasians. This study suggests that more intensive therapeutic efforts may be required by primary care physicians and health care providers in assisting patients with hypertension from low-income ethnic populations to achieve the blood pressure control. Several clinical trials have indicated that a mean of 2 to 3.5 antihypertensive medications are required to control high blood pressure.

Mental Health

Minor and Major Depressive Disorders Show Similar Presentation in Puerto Rican Adolescents

Background: Depression among adolescents is an important public health problem in the United States and its territories. However, a large proportion of adolescents with symptoms of

depression and substantial distress fail to meet the criteria for Major Depressive Disorder (MDD). They may meet the criteria for Depressive Disorder Not Otherwise Specified. Minor Depression (mDEP) is such an example. The diagnosis of minor depression is of particular importance since recent analyses of data from the National Comorbidity Survey suggest that minor depression may be a variant or subtype of unipolar major depressive disorder, that there is a clinical continuity between MDD and mDEP and that mDEP is similar to MDD in its correlates, course, and consequences.

Advance: Puerto Rican adolescents 11 to 17 years old were selected from an island-wide probability household sample of children ranging in age from 4 to 17. A variety of diagnostic and service utilization questionnaires were administered to primary caretakers and their children. Findings indicate that youngsters with mDEP had significant impairment and used more mental health services than those with major depression. In addition, adolescents with mDEP had similar results when compared to those meeting full criteria for MDD in terms of psychosocial correlates and co-morbidity. Results demonstrate that the depression found in youngsters meeting criteria for either MDD or mDEP was strongly associated with known correlates of depression such as functional impairment, sexual abuse, assault, parental psychopathology, negative discipline and lower parent—child attachment.

Implications: These results are consistent with findings from other studies reporting nearly as much psychosocial dysfunction among youngsters with mDEP as those who meet the full MDD criteria. The replication of these findings in a Latino sample adds to the body of evidence and credibility of these results.

RESEARCH CAPACITY-BUILDING

Minority biomedical researchers and physicians are vital to eliminating health disparities in racial, ethnic, and medically underserved communities. Essential to recruiting and retaining researchers from health disparity populations, and their capability to conduct cutting-edge biomedical research, is the need to surround them with the required facilities and infrastructure. At the center of NCMHD efforts to augment and strengthen research infrastructure at academic institutions are the *Research Endowment and the Research Infrastructure in Minority Institutions* programs.

The NCMHD Research Endowment Program builds research and training capacity in institutions that make significant investments in the education and training of underrepresented minority and socio-economically disadvantaged individuals. 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).

To date, the NCMHD *Research Endowment Program* has supported 15 institutions, including Historically Black Colleges and Universities, Hispanic-Serving Institutions, Native American Institutions, and other institutions. The *Research Endowment Program* seeks to 1) promote research to address the burden of illness and death experienced by health disparity populations; 2) enhance the ability of the institutions to support program development, capital improvements,

and access to emerging technology; 3) foster programs that address educational and financial barriers to promote a diverse and strong scientific workforce; and 4) emphasize the recruitment and retention of qualified individuals from health disparity populations in the scientific and health professions workforce.

Research Endowment Program funding has allowed grantees to: 1) enhance and augment health disparities research in multi- and interdisciplinary areas such as basic sciences, pharmacology, and molecular biology; 2) develop health disparities education and training programs/curriculum for students and faculty in biomedical and behavioral sciences, and in cultural and linguistic competency and proficiency; 3) recruit students and hire faculty; and 4) attract additional private sector funding, through leveraging of the endowment award.

The Research Infrastructure in Minority Institutions (RIMI) program provided support to 21 minority-serving institutions to develop and enhance their capacity to conduct biomedical or behavioral research. Recent NCMHD RIMI funding at Texas A&M University has 1) strengthened the research infrastructure of the university's Departments of Psychology/Sociology, Animal and Wildlife Sciences, and the new School of Pharmacy; 2) provided mentoring and training; 3) enriched coursework in the fundamentals of methodology and study design; 4) provided special funding and support of junior faculty core research efforts; 5) and established top-notch core research facilities at minority-serving institutions.

Future Directions

The NCMHD will continue to find ways to maximize and link its inter-related programs. For example, it will explore linkages between the research capacity and training strengths of the *Research Endowment Program* and the *NCMHD Project EXPORT Centers of Excellence*. Ultimately, linkage to *NCMHD Project EXPORT Centers of Excellence* will broaden the diversity of eligible institutions committed to the education, training and improvement of the health status of health disparity populations. The RIMI program will continue to support institutions interested in establishing masters or doctorate degree programs and those seeking to strengthen their baccalaureate infrastructure. Attracting tribal colleges and fostering partnerships among junior colleges and non-research intensive four-year institutions with major research-intensive institutions remain a priority for the RIMI program.

TRAINING A DIVERSE CADRE OF SCIENTISTS

Our health care system and the health of racial and ethnic minorities continue to be challenged by the under-representation of individuals from health disparity populations in the health professions. Recently, the movement to strengthen and improve the "educational pipeline" in mathematics and science for diverse populations has received much attention; however, gains in the recruitment of biomedical and behavioral research scientists from under-represented racial and ethnic populations remain stagnant. The NCMHD is committed to reversing that trend and offers several training and internship programs that are aimed at strengthening and diversifying the educational pipeline, as well as the scientific and health professions workforce.

The NCMHD manages two **Loan Repayment Programs** that seek to develop a diverse cadre of scientists. The *Health Disparities Loan Repayment Program (HDR-LRP)* encourages health professionals to engage in basic, clinical, behavioral, community-based, and health services research that is directly relevant to health disparities issues. The *Extramural Clinical Research Loan Repayment Program (ECR-LRP)* encourages health professionals from disadvantaged backgrounds to conduct clinical research.

Since the inception of the LRP in 2001, the NCMHD has established a nucleus of 840 talented health professionals. More than 60 percent of these LRP recipients are from a health disparity population --African American, Asian American, Native American, Hispanic American and Native Hawaiian/Pacific Islanders. Recipients of the program continue to engage in research in multiple disciplines, primarily cancer, cardiovascular disease, diabetes, health care access, HIV/AIDS, mental health, obesity/nutrition and rural health. At San Diego State University, one LRP investigator is studying the feasibility of developing an innovative sample design for including Asian Americans and Pacific Islanders (AAPI) in a special programmatic survey of the National Center for Health Statistics (NCHS). This work will enable AAPIs to be better represented in routine NCHS surveys that provide national estimates of health status and characteristics, health services use, and health outcomes. A partnership among Florida A&M University, the University of South Carolina, and the Centers for Disease Control and Prevention will investigate rural African Americans' knowledge of the *their* sex partner's HIV risk behaviors.

The **Minority Health International Research Training (MHIRT) Program** supports innovative programs that offer international research training opportunities to qualified undergraduate, graduate, and health professions students of health disparity populations in basic science, biomedical, clinical, or behavioral health research. The goals of MHIRT are to advance the global perspective of trainees' understanding of behavioral and biological systems and encourage participants to pursue research careers that focus on closing health disparities gaps and improving the overall health of all Americans. The NCMHD made 24 awards for MHIRT in FY 2005. Awards will support research on subjects such as epidemiology of dengue fever, neurobiology, molecular and immunological aspects of tropical medicine and parasitology, virology, drug design and antibiotics, and public health and immigrant health. Students will travel and work with investigators in countries such as Mexico, Uganda, Ghana, Australia, Peru, Spain and South Africa.

Future Directions

A high priority for the NCMHD is the training, recruitment and retention of individuals from health disparity populations in science, research, and health professions careers. Linkage between NCMHD training programs will be continually explored with the aim of strengthening the educational and training pipeline to be more inclusive of members of health disparity populations. Targeted training areas will be identified and partnerships will be instituted to create a compendium/report on "best practices" for developing the discipline of minority health and health disparities research. Regular joint scientific forums of all NCMHD programs will be convened to provide opportunities for grantees to interact, network, and collaborate on activities to support the NCMHD mission. To facilitate the development of initiatives to promote retention

of *Loan Repayment Program* recipients, the NCMHD will conduct an assessment of LRP recipients' current positions and create a system to track their career paths. This will serve as the basis for linking LRP recipients with the *NCMHD Project EXPORT Centers of Excellence* as an additional training ground and identify other opportunities to further develop their careers in health disparities. A priority retention initiative for the NCMHD is the *Health Disparities Young Investigator Program* that would provide funding to support independent health disparities research of matriculating LRP awardees at the NIH and the home institution.

The NCMHD will play a critical role in guiding NIH implementation of the National Academy of Science's recommendations on its *Assessment of the NIH Minority Research Training Programs*. The MHIRT program will be essential to NCMHD efforts to bridge the divide in global health disparities through enhanced collaborations with FIC. Further expansion of the internship program will continue with the goal to increase the number of undergraduate and graduate students of all health disparity populations being trained. For example, the *Minority Youth Initiative High School Program in Biomedical and Behavioral Science* will be expanded to include Asian American and Pacific Islander students.

COMMUNITY-BASED RESEARCH AND OUTREACH

The involvement of the community in the design and conduct of research is central to the success of eliminating health disparities. The **Community-Based Participatory Research (CBPR)** program partners with scientists and community stakeholders to conduct research in communities where health disparities are most prevalent. Together, they plan, design, implement, evaluate and disseminate research findings and interventions that will address and ultimately eliminate health disparities. The program, launched in 2005, will follow a three-phase continuum starting with a three-year planning grant, a competitive five-year intervention research grant, and concluding with a competitive three-year dissemination grant.

The CBPR has stimulated tremendous interest from the community as demonstrated by the 188 applications received for funding consideration. The NCMHD funded 25 planning grants to community groups in seventeen states. The overall goals of these grants include: partnership development, community needs assessment, identifying the disease/condition for intervention research, and planning the intervention research methodology. Key research areas in which NCMHD community partners will engage include cancer, cardiovascular diseases, child health improvement, diabetes, HIV/AIDS and obesity.

Future Directions

The CBPR will remain a major priority. The NCMHD will work towards the expansion and full implementation of the program with the development and publication of a Request for Applications for a five-year intervention grant, building on the three-year planning grant. The development of a community guide as a resource will be initiated. Other potential initiatives that will be explored through the CBPR are a training grant for postdoctoral fellows, junior faculty, and community partners; studies on research methodology; studies on undoing racism in the health systems to increase access to care and quality of care and; enhancement of CBPR partnerships for outreach and dissemination research.

The NCMHD will establish a **Faith-Based Health Initiative** that seeks to eliminate racial and ethnic health disparities and promote health by determining, through scientific inquiry, the synergistic relationships between faith and health in health disparity communities, including tribal populations. This initiative will assess and translate evidenced-based findings into a community-based participatory research agenda to eliminate health disparities. The expected outcome is that through this initiative, NCMHD will become fully engaged in other national faith-based efforts that have improved the quality of life for people throughout the nation, and link health disparity research to those activities.

The **NCMHD Biomedical Scholars Program** will recruit pre-eminent leaders in health and other disciplines who are committed to health disparities research and administration, to serve as mentors to institutions devoted to health disparities research including the NCMHD. Goals of the program include 1) the expansion of the number of investigators, advocates, and distinguished leaders in health disparities; 2) enhancement of research environments for biomedical, behavioral, epidemiological, and health services research; 3) focus on translational research; and 4) improvement of research and educational administration. The program will send participants to institutions where their expertise will enhance the institution's health disparities research and educational administration activities.

SOLUTION THROUGH PARTNERSHIPS

The NCMHD funds a broad range of collaborations with the other NIH Institutes and Centers, Department of Health and Human Services (DHHS), and other federal agencies. Through these co-funded projects, the NCMHD magnifies its reach by leveraging the existing strengths, resources, and research potential of its key federal research partners through an extensive array of research and training initiatives.

Since its creation in 2001, the NCMHD has provided more than \$300 million to support several hundred research, training, community outreach and capacity-building projects. Some of the collaborative initiatives that the NCMHD has funded include the *Jackson Heart Study* (NHLBI), which examines cardiovascular disease in African Americans; the *Sister Study* (NIEHS), which is a national study that investigates environmental and genetic causes of breast cancer, which recently launched a Hispanic component; Mississippi Delta projects such as the *Brain Explorers*

Program (NIAAA) for middle school students in Fulton, Mississippi; the Nursing Research Centers (NINR); the Cancer Research Centers (NCI); the Oral Health Disparities Research Centers (NIDCR) and the Resource Centers in Aging Research (NIA).

The NCMHD partnered with the DHHS to fund two Secretarial national health awareness programs, the annual “Take a Loved One for a Checkup Day” and a new Closing the Health Gap Initiative: “Celebra La Vida Con Salud.” Both initiatives are outreach tools targeting African Americans and Hispanic Americans and promote early detection, health promotion and prevention.

Finally, the NCMHD played a key role in Departmental efforts to provide support to minority individuals affected by the devastation caused by Hurricane Katrina. The *NCMHD Project EXPORT Centers of Excellence* will support an aggressive DHHS outreach effort by supporting scientific infrastructure and expertise required to facilitate greater access to health and behavioral health care services to the affected populations. In addition, the NCMHD, in collaboration with NIH and DHHS officials is leading and coordinating a *Visiting Faculty Program* to offer temporary opportunities in research, research training and research administration to science faculty from institutions in the disaster area by deploying them throughout DHHS.

Future Directions

Fostering collaborations with its federal partners is a key component of the multi-faceted NCMHD approach to eliminating health disparities. The NCMHD will continue its commitment to create, nurture and sustain partnerships focused on health disparities research activities. Partnerships with the DHHS will be enhanced to address Hurricane Katrina’s impact on health disparities populations in the Mississippi Delta region.

Rural health, genomic science and clinical training are some of the targeted areas that will be expanded through strategic partnerships with the ICs and other DHHS agencies. For example, with the NIH Clinical Center, the NCMHD will support a newly created ***Health Disparities Bench-to-Bedside Program*** that encourages new collaborations between basic and clinical investigators, whereby researchers translate scientific findings into clinical applications. It will also focus on improving racial and ethnic minority recruitment and retention in NIH clinical research studies.

Recognizing the influence of complex gene-gene and gene-environment interactions on the susceptibility to diseases such as hypertension, stroke, diabetes, obesity, asthma, dementia and cancer, genomic science will be a priority for NCMHD. Using its programs as a base, the NCMHD will explore trans-NIH partnerships to establish and support initiatives aimed at education and research training in genomic sciences targeted to under-represented minority students and trainees; community outreach to health disparity communities to ensure the culturally-competent translation of genomics to these constituencies, and inclusion of minority-serving institutions in the advancement of genomics research and the elucidation of gene-environment interactions as determinants of health disparities.

THE NIH ROADMAP

The NIH Roadmap initiatives launched in FY2004 are designed to accelerate the pace of scientific discoveries and to hasten the translation of these discoveries into new health care interventions. The reduction and ultimately the elimination of health disparities in America require a bold approach driven by a broad vision and inclusive participation among many disciplines and within many communities.

NCMHD has participated in the trans-NIH Roadmap initiative addressing interdisciplinary research with the purpose of breaking down the traditional organizational divisions, which often act as barriers and impede the advancement of science. One of the new exploratory centers for interdisciplinary research funded as part of this collaboration is located at the University of Michigan at Ann Arbor. It focuses on racial health disparities in pregnancy outcome through its project: "Health Disparities: Leaders, Providers and Patients". These issues are addressed from three perspectives: strategic leadership, health care delivery and finally the challenges experienced by patients in seeking and utilizing health care.

Future Directions

The mission of the NCMHD to reduce and ultimately eliminate health disparities is served by the activities of the Roadmap specifically in the area of interdisciplinary research. Health disparities represent a complex and multifaceted problem requiring new and creative approaches. The themes of the Roadmap to lower artificial organizational barriers among scientific disciplines in order to advance science and to translate discovery into practical applications are in harmony with NCMHD goals. This convergence will lead to new initiatives and collaborations that will maximize the utilization of the resources of the NIH.

CONCLUSION

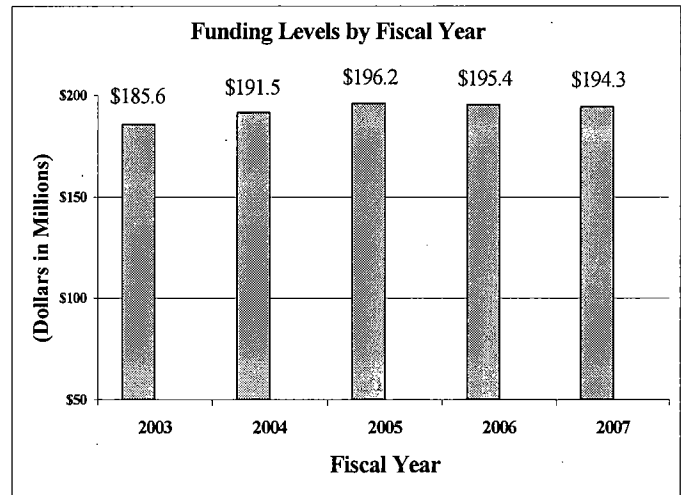
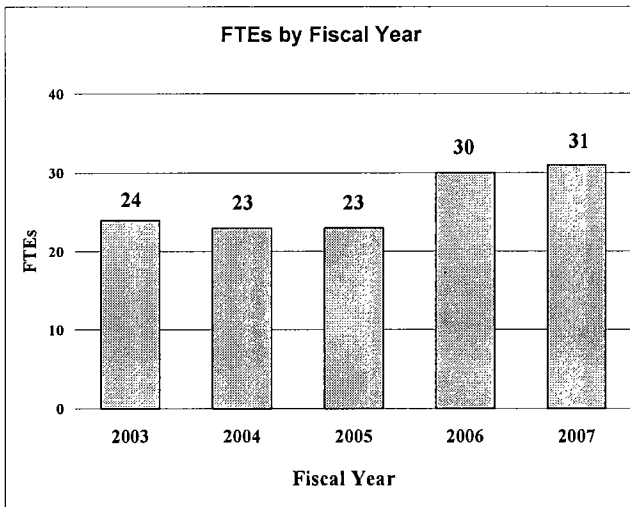
Hurricane Katrina put a human face on health disparities phenomenon, a historical plague that has persisted in racial and ethnic minority and medically underserved communities for centuries, but remains unfamiliar to many Americans. It exposed the breadth of undiagnosed chronic and life-threatening illnesses among these populations and the critical need to identify immediate and long-term solutions.

The NCMHD is steadily growing a multi-disciplinary national biomedical research network of individuals, institutions, and community-based organizations through its programs and partnerships. The ultimate goal is to link the various components of this network in a way that would maximize NIH efforts in research, training, research capacity building and community-outreach that would mitigate the health disparities crisis in this nation. The NCMHD will advance scientific discovery to ensure that all Americans have an equal opportunity to live long, healthy and productive lives.

Budget Policy

The Fiscal Year 2007 budget request for the NCMHD is \$194,299,000, a decrease of \$1,106,000 and -0.6 percent compared to the FY 2006 Appropriation. Included in the FY 2007 request is NCMHD's support for the trans-NIH Roadmap initiatives, estimated at 1.2% of the FY 2007 budget request. A full description of this trans-NIH program may be found in the NIH Overview.

A five-year history of FTEs and Funding Levels for NCMHD are shown in the graphs below. Note that as the result of several administrative restructurings in recent years, FTE data is non-comparable.



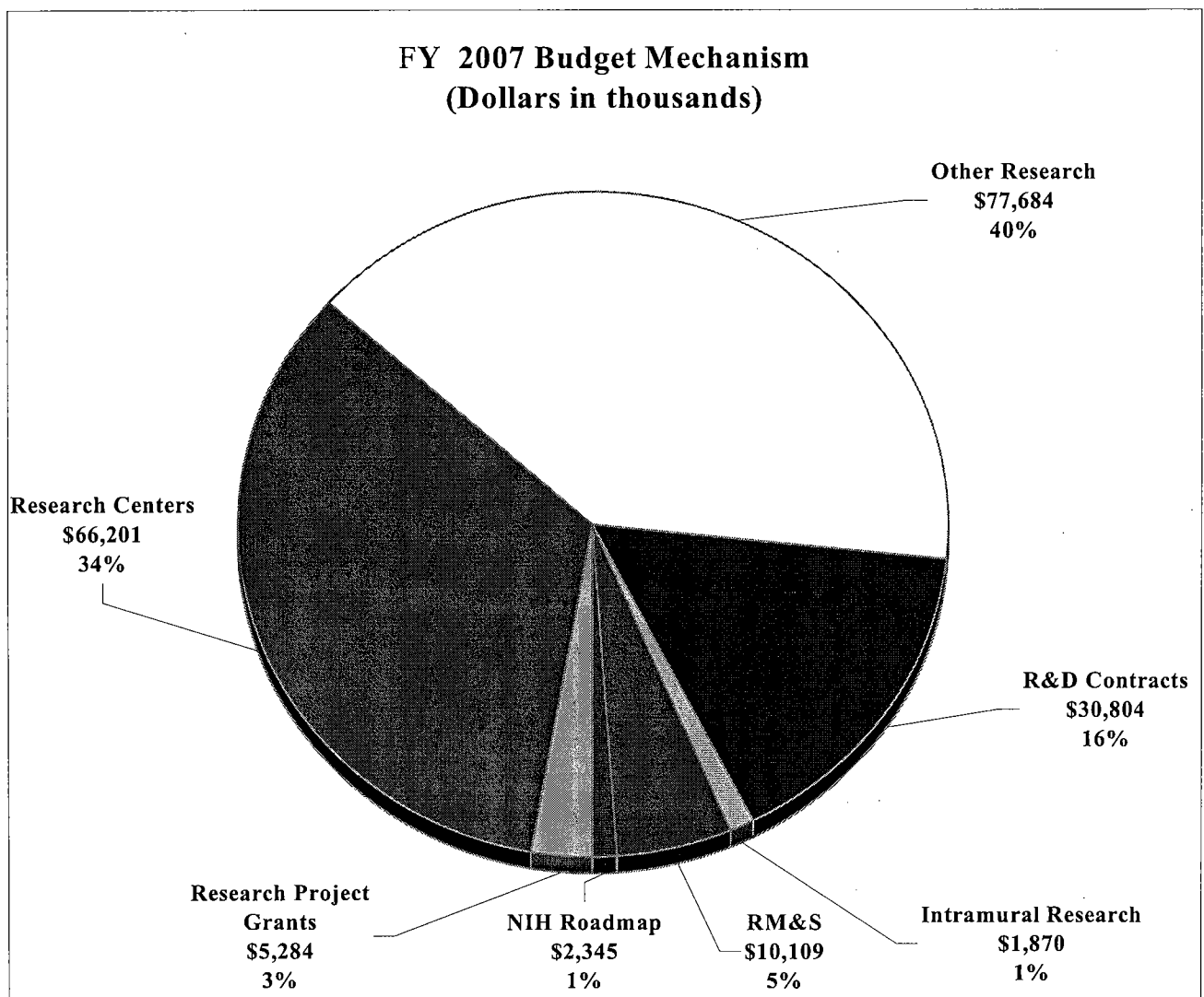
NIH's highest priority is the funding of medical research through research project grants (RPGs). Support for RPGs allows NIH to sustain the scientific momentum of investigator-initiated research while pursuing new research opportunities. While no inflationary increases are provided for direct recurring costs in noncompeting RPGs, where the NCMHD has committed to a programmatic increase for an award, such increases will be provided.

NIH must nurture a vibrant, creative research workforce, including sufficient numbers of new investigators with new ideas and new skills. In the FY 2007 budget request for the NCMHD, \$270,000 will be used to support 3 awards for the new K/R "Pathway to Independence" program.

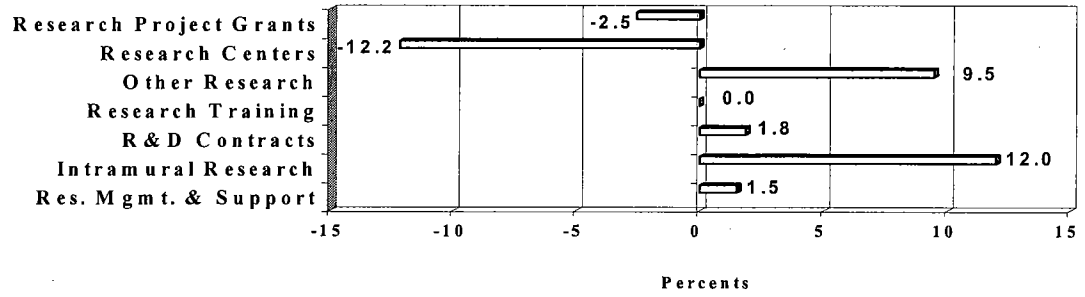
NCMHD will also support the Genes, Environment, and Health Initiative to: 1) accelerate discovery of the major genetic factors associated with diseases that have a substantial public health impact; and 2) accelerate the development of innovative technologies and tools to measure dietary intake, physical activity, and environmental exposures, and to determine an individual's biological response to those influences. The FY 2007 request includes \$337,000 to support this project.

The FY 2007 request includes funding for 58 research centers, 100 other research grants, including 3 career awards, and 244 R&D contracts. Intramural Research increases by \$200,000. Research Management and Support increases by 1.5 percent.

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



**FY 2007 Estimate
Percent Change from FY 2006 Mechanism**



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

Budget Mechanism - Total

| MECHANISM | FY 2005 Actual | | FY 2006 Appropriation | | FY 2007 Estimate | |
|---|-------------------|------------------------|--------------------------|----------------------|---------------------|----------------------|
| | No. | Amount | No. | Amount | No. | Amount |
| Research Grants: | | | | | | |
| <u>Research Projects:</u> | | | | | | |
| Noncompeting | 0 | \$0 | 0 | \$276,000 | 0 | \$249,000 |
| Administrative supplements | (1) | 48,000 | (0) | 0 | (0) | 0 |
| <u>Competing:</u> | | | | | | |
| Renewal | 1 | 278,000 | 0 | 0 | 0 | 0 |
| New | 0 | 250,000 | 0 | 0 | 0 | 0 |
| Supplements | 0 | 0 | 0 | 0 | 0 | 0 |
| Subtotal, competing | 1 | 528,000 | 0 | 0 | 0 | 0 |
| Subtotal, RPGs | 1 | 576,000 | 0 | 276,000 | 0 | 249,000 |
| SBIR/STTR | 7 | 5,361,000 | 5 | 5,146,000 | 4 | 5,035,000 |
| Subtotal, RPGs | 8 | 5,937,000 | 5 | 5,422,000 | 4 | 5,284,000 |
| <u>Research Centers:</u> | | | | | | |
| Specialized/comprehensive | 70 | 77,398,000 | 70 | 75,386,000 | 58 | 66,201,000 |
| Clinical research | 0 | 0 | 0 | 0 | 0 | 0 |
| Biotechnology | 0 | 0 | 0 | 0 | 0 | 0 |
| Comparative medicine | 0 | 0 | 0 | 0 | 0 | 0 |
| Research Centers in Minority Institutions | 0 | 0 | 0 | 0 | 0 | 0 |
| Subtotal, Centers | 70 | 77,398,000 | 70 | 75,386,000 | 58 | 66,201,000 |
| <u>Other Research:</u> | | | | | | |
| Research careers | 4 | 651,000 | 0 | 5,000 | 3 | 281,000 |
| Cancer education | 0 | 0 | 0 | 0 | 0 | 0 |
| Cooperative clinical research | 0 | 0 | 0 | 0 | 0 | 0 |
| Biomedical research support | 0 | 0 | 0 | 0 | 0 | 0 |
| Minority biomedical research support | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 116 | 70,444,000 | 109 | 70,970,000 | 97 | 77,403,000 |
| Subtotal, Other Research | 120 | 71,095,000 | 109 | 70,975,000 | 100 | 77,684,000 |
| Total Research Grants | 198 | 154,430,000 | 184 | 151,783,000 | 162 | 149,169,000 |
| <u>Research Training:</u> | <u>FTEs</u> | | <u>FTEs</u> | | <u>FTEs</u> | |
| Individual awards | 0 | 0 | 0 | 0 | 0 | 0 |
| Institutional awards | 0 | 2,000 | 0 | 2,000 | 0 | 2,000 |
| Total, Training | 0 | 2,000 | 0 | 2,000 | 0 | 2,000 |
| Research & development contracts (SBIR/STTR) | 244 (0) | 30,843,000 (12,000) | 244 (0) | 30,245,000 (0) | 244 (0) | 30,804,000 (0) |
| <u>Intramural research</u> | <u>FTEs</u> | | <u>FTEs</u> | | <u>FTEs</u> | |
| Intramural research | 0 | 194,000 | 0 | 1,670,000 | 0 | 1,870,000 |
| Research management and support | 23 | 9,450,000 | 30 | 9,959,000 | 31 | 10,109,000 |
| NIH Roadmap for Medical Research | 0 | 1,240,000 | 0 | 1,746,000 | 0 | 2,345,000 |
| Total, NCMHD | 23 | \$196,159,000 | 30 | \$195,405,000 | 31 | \$194,299,000 |
| (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 2005 | | FY 2006 | | FY 2007 | | Change | |
|--|-----------|------------------|---------------|------------------|-----------|------------------|----------|------------------|
| | Actual | | Appropriation | | Estimate | | | |
| | FTEs | Amount | FTEs | Amount | FTEs | Amount | FTEs | Amount |
| <u>Extramural Research:</u> | | | | | | | | |
| Research on Minority Health and Health Disparities | | \$185,275 | | \$182,030 | | \$179,975 | | (\$2,055) |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| Subtotal, Extramural research | | \$185,275 | | \$182,030 | | \$179,975 | | (\$2,055) |
| Intramural research | 0 | 194 | 0 | 1,670 | 0 | 1,870 | 0 | 200 |
| Res. management & support | 23 | 9,450 | 30 | 9,959 | 31 | 10,109 | 1 | 150 |
| NIH Roadmap for Medical Research | 0 | 1,240 | 0 | 1,746 | 0 | 2,345 | 0 | 599 |
| Total | 23 | \$196,159 | 30 | \$195,405 | 31 | \$194,299 | 1 | (\$1,106) |

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

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

Summary of Changes

| FY 2006 Estimate | | \$195,405,000 | | |
|--|--------------------------|---------------------|------------------|---------------------|
| FY 2007 Estimated Budget Authority | | 194,299,000 | | |
| Net change | | (1,106,000) | | |
| CHANGES | FY 2006 Appropriation | | 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 2006 pay increase | | 0 | | 0 |
| c. January 2007 pay increase | | 0 | | 0 |
| d. Payment for centrally furnished services | | 0 | | 0 |
| e. Increased cost of laboratory supplies, materials, and other expenses | | 0 | | 0 |
| Subtotal | | | | 0 |
| 2. Research Management and Support: | | | | |
| a. Within grade increase | | 4,136,000 | | 63,000 |
| b. Annualization of January 2006 pay increase | | 4,136,000 | | 32,000 |
| c. January 2007 pay increase | | 4,136,000 | | 68,000 |
| d. Payment for centrally furnished services | | 495,000 | | 7,000 |
| e. Increased cost of laboratory supplies, materials, and other expenses | | 5,328,000 | | 112,000 |
| Subtotal | | | | 282,000 |
| Subtotal, Built-in | | | | 282,000 |

National Center on Minority Health and Health Disparities

Summary of Changes—continued

| CHANGES | FY 2006 Current Appropriation | | Change from Base | |
|---------------------------------------|----------------------------------|-------------|------------------|---------------|
| | No. | Amount | No. | Amount |
| B. Program: | | | | |
| 1. Research project grants: | | | | |
| a. Noncompeting | 0 | \$276,000 | 0 | (\$27,000) |
| b. Competing | 0 | 0 | 0 | 0 |
| c. SBIR/STTR | 5 | 5,146,000 | (1) | (111,000) |
| Total | 5 | 5,422,000 | (1) | (138,000) |
| 2. Research centers | 70 | 75,386,000 | (12) | (9,185,000) |
| 3. Other research | 109 | 70,975,000 | (9) | 6,709,000 |
| 4. Research training | 0 | 2,000 | 0 | 0 |
| 5. Research and development contracts | 244 | 30,245,000 | 244 | 559,000 |
| Subtotal, extramural | | | | (2,055,000) |
| 6. Intramural research | <u>FTEs</u> 0 | 1,670,000 | <u>FTEs</u> 0 | 200,000 |
| 7. Research management and support | 30 | 9,959,000 | 1 | 150,000 |
| 8. NIH Roadmap for Medical Research | 0 | 1,746,000 | 0 | 599,000 |
| Subtotal, program | | 195,405,000 | | 949,000 |
| Total changes | 30 | | 1 | (\$1,106,000) |

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

Budget Authority by Object

| | FY 2006 Appropriation | FY 2007 Estimate | Increase or Decrease |
|---|----------------------------------|-----------------------------|---------------------------------|
| Total compensable workyears: | | | |
| Full-time employment | 30 | 31 | 1 |
| Full-time equivalent of overtime & holiday hours | 0 | 0 | 0 |
| Average ES salary | \$0 | \$0 | \$0 |
| Average GM/GS grade | 14.0 | 14.0 | 0.0 |
| Average GM/GS salary | \$119,444 | \$122,072 | \$2,628 |
| Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207) | \$89,537 | \$91,507 | \$1,970 |
| Average salary of ungraded positions | \$146,422 | \$149,643 | \$3,221 |
| OBJECT CLASSES | FY 2006 Appropriation | FY 2007 Estimate | Increase or Decrease |
| Personnel Compensation: | | | |
| 11.1 Full-Time Permanent | \$2,400,000 | \$2,567,000 | \$167,000 |
| 11.3 Other than Full-Time Permanent | 600,000 | 642,000 | 42,000 |
| 11.5 Other Personnel Compensation | 105,000 | 112,000 | 7,000 |
| 11.7 Military Personnel | 214,000 | 221,000 | 7,000 |
| 11.8 Special Personnel Services Payments | 0 | 0 | 0 |
| Total, Personnel Compensation | 3,319,000 | 3,542,000 | 223,000 |
| 12.0 Personnel Benefits | 725,000 | 775,000 | 50,000 |
| 12.2 Military Personnel Benefits | 92,000 | 96,000 | 4,000 |
| 13.0 Benefits for Former Personnel | 0 | 0 | 0 |
| Subtotal, Pay Costs | 4,136,000 | 4,413,000 | 277,000 |
| 21.0 Travel & Transportation of Persons | 200,000 | 200,000 | 0 |
| 22.0 Transportation of Things | 10,000 | 15,000 | 5,000 |
| 23.1 Rental Payments to GSA | 0 | 0 | 0 |
| 23.2 Rental Payments to Others | 0 | 0 | 0 |
| 23.3 Communications, Utilities & Miscellaneous Charges | 26,000 | 27,000 | 1,000 |
| 24.0 Printing & Reproduction | 58,000 | 60,000 | 2,000 |
| 25.1 Consulting Services | 580,000 | 590,000 | 10,000 |
| 25.2 Other Services | 1,225,000 | 1,240,000 | 15,000 |
| 25.3 Purchase of Goods & Services from Government Accounts | 20,895,000 | 21,380,000 | 485,000 |
| 25.4 Operation & Maintenance of Facilities | 22,000 | 23,000 | 1,000 |
| 25.5 Research & Development Contracts | 14,504,000 | 14,604,000 | 100,000 |
| 25.6 Medical Care | 0 | 0 | 0 |
| 25.7 Operation & Maintenance of Equipment | 6,000 | 6,000 | 0 |
| 25.8 Subsistence & Support of Persons | 0 | 0 | 0 |
| Subtotal, Other Contractual Services | 37,232,000 | 37,843,000 | 611,000 |
| 26.0 Supplies & Materials | 162,000 | 165,000 | 3,000 |
| 31.0 Equipment | 50,000 | 60,000 | 10,000 |
| 32.0 Land and Structures | 0 | 0 | 0 |
| 33.0 Investments & Loans | 0 | 0 | 0 |
| 41.0 Grants, Subsidies & Contributions | 151,785,000 | 149,171,000 | (2,614,000) |
| 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 | 189,523,000 | 187,541,000 | (1,982,000) |
| NIH Roadmap for Medical Research | 1,746,000 | 2,345,000 | 599,000 |
| Total Budget Authority by Object | \$195,405,000 | \$194,299,000 | (\$1,106,000) |

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

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

Salaries and Expenses

| OBJECT CLASSES | FY 2006 Appropriation | FY 2007 Estimate | Increase or Decrease |
|---|--------------------------|---------------------|-------------------------|
| Personnel Compensation: | | | |
| Full-Time Permanent (11.1) | \$2,400,000 | \$2,567,000 | \$167,000 |
| Other Than Full-Time Permanent (11.3) | 600,000 | 642,000 | 42,000 |
| Other Personnel Compensation (11.5) | 105,000 | 112,000 | 7,000 |
| Military Personnel (11.7) | 214,000 | 221,000 | 7,000 |
| Special Personnel Services Payments (11.8) | 0 | 0 | 0 |
| Total Personnel Compensation (11.9) | 3,319,000 | 3,542,000 | 223,000 |
| Civilian Personnel Benefits (12.1) | 725,000 | 775,000 | 50,000 |
| Military Personnel Benefits (12.2) | 92,000 | 96,000 | |
| Benefits to Former Personnel (13.0) | 0 | 0 | 0 |
| Subtotal, Pay Costs | 4,136,000 | 4,413,000 | 277,000 |
| Travel (21.0) | 200,000 | 200,000 | 0 |
| Transportation of Things (22.0) | 10,000 | 15,000 | 5,000 |
| Rental Payments to Others (23.2) | 0 | 0 | 0 |
| Communications, Utilities and Miscellaneous Charges (23.3) | 26,000 | 27,000 | 1,000 |
| Printing and Reproduction (24.0) | 58,000 | 60,000 | 2,000 |
| Other Contractual Services: | | | |
| Advisory and Assistance Services (25.1) | 580,000 | 590,000 | 10,000 |
| Other Services (25.2) | 1,225,000 | 1,240,000 | 15,000 |
| Purchases from Govt. Accounts (25.3) | 782,000 | 773,000 | (9,000) |
| Operation & Maintenance of Facilities (25.4) | 22,000 | 23,000 | 1,000 |
| Operation & Maintenance of Equipment (25.7) | 6,000 | 6,000 | 0 |
| Subsistence & Support of Persons (25.8) | 0 | 0 | 0 |
| Subtotal Other Contractual Services | 2,615,000 | 2,632,000 | 17,000 |
| Supplies and Materials (26.0) | 162,000 | 165,000 | 3,000 |
| Subtotal, Non-Pay Costs | 3,071,000 | 3,099,000 | 28,000 |
| Total, Administrative Costs | \$7,207,000 | \$7,512,000 | \$305,000 |

NATIONAL CENTER ON MINORITY HEALTH AND HEALTH DISPARITIES

SIGNIFICANT ITEMS IN HOUSE AND SENATE APPROPRIATIONS COMMITTEE REPORTS

House

Item

Glomerular injury --The Committee understands that glomerular injury, a group of diseases affecting the filtering mechanisms of the kidneys, is more prevalent among African-Americans than the general population. The Committee encourages NCMHD to explore collaboration with NIDDK to support research activities related to glomerular injury and request a report on progress made in this area. (p.98)

Action taken or to be taken

Glomerular Injury -- There are two NCMHD Project EXPORT Centers conducting research addressing some of the syndromes and conditions contributing to this disease. The Howard University Project EXPORT Telehealth Center on Renal Disparities is dedicated to reducing the racial and ethnic differences in the incidence, early mortality, and morbidity of renal disease, and is developing a telehealth-based hypertension monitoring and educational intervention to be launched in Washington, DC, the U.S. Virgin Islands, Chicago, Detroit, and Cleveland in early 2006.

The University of Maryland (Baltimore) - Comprehensive Center for Health Disparities Research, Training and Outreach, an NCMHD Project EXPORT funded Center, has several ongoing research efforts dedicated to kidney disease. Additionally, they have established a productive collaboration with another NIH funded kidney disease research effort at the University. The University is one of the seven clinical centers participating in the NIDDK sponsored Chronic Renal Insufficiency Cohort (CRIC) study. Working together, these two groups have met interim enrollment goals by enrolling a significant number of African Americans in the CRIC study.

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-Americans, Hispanic and Native American men and women. NCMHD 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 tends to be diagnosed more often with the diffuse form of scleroderma. (p.98)

Action taken or to be taken

Through its Health Disparities Centers of Excellence program, the NCMHD will explore opportunities to make scleroderma a targeted research area for its grantees. It will also serve as a conduit in encouraging partnerships among its grantees with the NIAMS to increase scleroderma research. The NCMHD will include scleroderma as a high priority research area in future requests for applications.

Item

Lung disease –The committee is concerned with the disproportionate impact of lung diseases affecting minorities. The Committee encourages the Center to partner with other agencies within the NIH, including NHLBI, to develop an epidemiological approach to determine the disproportionate impact of airway disease on minority populations. (p.98)

Action taken or to be taken

Through its premier research program, the Health Disparities Centers of Excellence and its partnerships, the NCMHD will explore opportunities to advance and increase research in lung disease. The NCMHD will also serve as a conduit in encouraging additional partnerships among its grantees with the NHLBI to further enhance research in this area. Research on lung disease, specifically asthma, is being conducted at NCMHD Project EXPORT Centers located at the University of Puerto Rico and the University of California, Davis.

Item

Psoriasis –The Committee encourages NCMHD to support research that furthers the understanding of causes and consequences of psoriasis, a chronic immune-mediated disease that affects between 5.8 and 7.5 million Americans. New research indicates that psoriasis is twice as common among African-Americans as previously believed, and the research found suggestions that psoriasis among African-Americans may be more severe than among Caucasians. NCMHD is encouraged to establish epidemiological studies to address the prevalence of psoriasis among African-Americans, Hispanics, and other minority populations, as well as research into the apparent differences in psoriasis severity among different populations. (p.98)

Action taken or to be taken

Through its premier research program, the Health Disparities Centers of Excellence and its partnerships, the NCMHD will explore opportunities to advance and increase psoriasis research. The NCMHD will also serve as a conduit in encouraging additional partnerships among its grantees with the NHLBI to further enhance research in this area. The NCMHD will include psoriasis as a high priority research area in future requests for applications.

Item

Liver disease –The Committee notes that many liver diseases, such as hepatitis C, hepatitis B and nonalcoholic steatohepatitis, are more common in the African-American, Hispanic, Asian Pacific Islander and Native American populations, than in European Americans. In addition, access to and acceptance of care is particularly problematic in these populations. The Committee encourages the Center to initiate and participate with NIDDK, NIDA and NCI in research focused on addressing and reducing these disparities. (p.98)

Action taken or to be taken

NCMHD continues to collaborate with NIDDK on the implementation of the trans-NIH Action Plan for Liver Disease Research. The Liver Disease Subcommittee published the trans-NIH Action Plan for Liver Disease Research in December 2004. Research on liver disease, specifically hepatitis C and hepatitis B, is being conducted at NCMHD Project EXPORT Centers located at Florida International University and at the New York University School of Medicine, respectively. The NCMHD will also serve as a conduit in building additional partnerships among its grantees with the NIDDK, NIDA and NCI to further enhance research in this area.

Item

Cancer centers at minority institutions –The Committee commends NCMHD for its leadership in addressing the disproportionate impact of cancer in minority communities. The Committee encourages NCMHD to consider collaborating with NCRR and NCI 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. (p.98)

Action taken or to be taken

The NCMHD continues to support the Cancer Research Centers at Howard University, and Meharry Medical College with the NCI. Through its premier research program, the Health Disparities Centers of Excellence, the NCMHD will explore opportunities to advance and increase research in cancer at one of the historically black colleges and universities with a NCMHD Center of Excellence. The NCMHD will also serve as a conduit in building partnerships among its HBCU Centers of Excellence with NCI to further enhance cancer research as a priority health disparity area.

Item

Research endowments –The Committee commends NCMHD for its leadership in addressing the longstanding problem of health status disparities in minority and medically underserved populations. The Committee continues to encourage NCMHD to implement its successful Research Endowment program as an ongoing initiative. (p.99)

Action taken or to be taken

The NCMHD Research Endowment Program builds research and training capacity in institutions that make significant investments in the education and training of underrepresented minority and socio-economically disadvantaged individuals. 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 this program, the NCMHD will continue to support the research infrastructure development of institutions including Historically Black Colleges and Universities, Hispanic-Serving Institutions, Native American Institutions, and majority institutions.

Item

Project EXPORT –The Committee commends NCMHD for its successful “Project EXPORT” initiative and recommends continued support for this important program. (p.99)

Action taken or to be taken

NCMHD Project EXPORT Centers of Excellence are focusing on priority research in areas such as cancer, cardiovascular disease, stroke, diabetes, hypertension, nutrition, obesity and the health of mothers and their infants. NCMHD has funded 76 awards in 27 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

Five new awards were made in fiscal year 2005. These awards will expand and contribute to the ongoing research, outreach and training efforts of NCMHD funded grantees to eliminate health disparities, to increase the number of researchers from health disparity populations, and to increase the role of the health disparity communities in research and other efforts to improve health within health disparity populations.

The NCMHD will continue to support the Project EXPORT program by seeking opportunities through it to further its research, training and outreach activities in targeted research areas and among targeted populations through collaborations with NIH and other federal agencies. For example, the NCMHD partnered with the Department of Health and Human Services on a minority health initiative during the aftermath of Hurricane Katrina. The Project EXPORT program was used to establish a Regional Coordinating Relief Center to provide the required scientific infrastructure and expertise to facilitate provision of the health services needs to the affected populations.

Item

Minority community-based organizations –The committee believes that implementation of recommendations stemming from the IOM study, “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care” offer significant opportunities for improving health across communities of color. NCMHD 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. NCMHD is encouraged to engage minority national organizations and minority community-based organizations in education diverse communities about the findings and recommendations of the Institute of Medicine report. (p.99)

Action taken or to be taken

The NCMHD launched its Community-Based Participatory Research program in FY2005. The program offers an opportunity for minority organizations to participate in not only disseminating research-based health information, but also in the design and conduct of research.

Senate

Item

Cancer in Minorities –While the Committee remains concerned about the burden of cancer in African-Americans and other minorities, it is encouraged by opportunities that exist for addressing this devastating toll. The Committee urges the NCMHD to collaborate with NCCR and NCI in taking the necessary steps to expand comprehensive Cancer Center’s with a focus on research, treatment, prevention and control of cancer across minority and other disadvantaged populations. (p.156)

Action taken or to be taken

Please refer to p. 27 (*Cancer centers at minority institutions*) of this document for the NCMHD response to this significant item regarding cancer in minorities.

Item

Cancer in Minority Communities –The Committee commends NCMHD for its leadership in addressing the disproportionate impact of cancer in minority communities. The Committee encourages NCMHD to consider collaborating with the National Center for Research Resources and the National Cancer Institute 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. (p.156)

Action taken or to be taken

Please refer to p. 27 (*Cancer centers at minority institutions*) of this document for the NCMHD response to this significant item regarding cancer in minorities.

Item

Community-Based Organization Partnership Prevention Centers –The Committee encourages continued expansion of community-based prevention initiatives and looks forward to hearing the recommendations of the strategic planning subcommittee on priority areas for research funding and the NCMHD’s plans for implementation. (p.156)

Action taken or to be taken

NCMHD launched its Community-Based Participatory Research and Outreach Program during 2004. This program supports intervention research studies using community-based participatory research (CBPR) principles with a focus on solutions to many of the current health challenges found in health disparity communities. The CBPR approach has great potential for reducing and eventually eliminating health disparities among racial and ethnic minorities.

In FY2005 the NCMHD launched a Request for Applications: “NCMHD Community Participation in Health Disparities Intervention Research.” Receiving an overwhelming response with 188 applications submitted. A total of 25 awards were made covering 17 states, which target all of the health disparity populations and diseases/conditions such as cancer, cardiovascular diseases, child health improvement, diabetes, HIV/AIDS and obesity.

Item

Glomerular Injury –The Committee understands that glomerular injury, a group of diseases affecting the filtering mechanisms of the kidneys, is more prevalent among African-Americans than the general population. The Committee urges NCMHD to explore collaboration with NIDDK to support research activities related to glomerular injury and requests a report on progress made in this area. (p.156)

Action taken or to be taken

Please refer to p. 25 of this document for the NCMHD response to this significant item regarding glomerular injury.

Item

Liver Disease -- The Committee notes that many liver diseases, such as hepatitis C, hepatitis B and non-alcoholic steatohepatitis, are more common in the African-American, Hispanic, Asian Pacific Islander and Native American populations, than in European Americans. In addition, access to and acceptance of care is particularly problematic in these populations. The Committee therefore urges the Center to initiate and participate with NIDDK, NIDA and NCI in research focused on addressing and reducing these disparities. (p.156)

Action taken or to be taken

Please refer to pgs. 26-27 of this document for the NCMHD response to this significant item regarding liver diseases.

Item

Project EXPORT –The Committee commends NCMHD for its successful “project EXPORT” initiative and urges continued support for this important program. Also, the Committee encourages the Director of NCMHD to coordinate with the NIH Director and the National Center for Research Resources in support of extramural facility construction and the development of other research and research library infrastructure at minority health professions schools. (p.157)

Action taken or to be taken

Please refer to pgs. 27-28 of this document for the NCMHD response to this significant item regarding Project EXPORT.

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-Americans, Hispanic and Native American men and women. NCMHD 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 tends to be diagnosed more often with the diffuse form of scleroderma. (p.157)

Action taken or to be taken

Please refer to pgs. 25-26 of this document for the NCMHD response to this significant item regarding scleroderma.

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

| | | Authorizing Legislation | | | FY 2006 | FY 2007 |
|-------------------------------------|-----------------------|---------------------------|--------------------------|---------------------------|----------------------|---------|
| PHS Act/ Other Citation | U.S. Code Citation | 2006 Amount Authorized | FY 2006 Appropriation | 2007 Amount Authorized | Budget Estimate | |
| Research and Investigation | Section 301 | 42§241 | \$195,403,000 | Indefinite | \$194,297,000 | |
| Health and Health Disparities | Section 41B | 42§285b | | Indefinite | Indefinite | |
| National Research Service Awards | Section 487(d) | 42§288 | a/ | 2,000 | 2,000 | |
| Total, Budget Authority | | | | \$195,405,000 | \$194,299,000 | |

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

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

Appropriations History

| Fiscal Year | Budget Estimate to Congress | House Allowance | Senate Allowance | Appropriation <u>1/</u> |
|-------------|-----------------------------|-----------------|-----------------------|-------------------------|
| 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 <u>2/</u> | 186,929,000 |
| Rescission | | | | (1,215,000) |
| 2004 | 192,724,000 | 192,724,000 | 192,824,000 | 192,724,000 |
| Rescission | | | | (1,253,000) |
| 2005 | 196,780,000 | 196,780,000 | 197,900,000 | 197,780,000 |
| Rescission | | | | (1,621,000) |
| 2006 | 197,379,000 | 197,379,000 | 203,367,000 | 197,379,000 |
| Rescission | | | | (1,974,000) |
| 2007 | 194,299,000 | | | |

1/ Reflects enacted supplementals, rescissions, and reappropriations.

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

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

Detail of Full-Time Equivalent Employment (FTEs)

| OFFICE/DIVISION | FY 2005 Actual | FY 2006 Appropriation | FY 2007 Estimate |
|---|---------------------|--------------------------|---------------------|
| Office of the Director | 8 | 9 | 10 |
| Office of Finance and Administration | 3 | 4 | 4 |
| Office of Extramural Activities | 4 | 5 | 5 |
| Office of Scientific Programs & Operations | 4 | 5 | 5 |
| Division of Scientific Planning and Policy Analysis | 3 | 4 | 4 |
| Division of Research and Training Activities | 1 | 3 | 3 |
| Total | 23 | 30 | 31 |
| Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research. | | | |
| FTEs supported by funds from Cooperative Research and Development Agreements | (0) | (0) | (0) |
| FISCAL YEAR | Average GM/GS Grade | | |
| 2003 | 12.3 | | |
| 2004 | 13.0 | | |
| 2005 | 13.4 | | |
| 2006 | 14.0 | | |
| 2007 | 14.0 | | |

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

Detail of Positions

| GRADE | FY 2005 Actual | FY 2006 Appropriation | FY 2007 Estimate |
|---|-------------------|--------------------------|---------------------|
| ES-6 | 0 | 0 | 0 |
| ES-5 | 0 | 0 | 0 |
| ES-4 | 0 | 0 | 0 |
| ES-3 | 0 | 0 | 0 |
| ES-2 | 0 | 0 | 0 |
| ES-1 | 0 | 0 | 0 |
| Subtotal | 0 | 0 | 0 |
| Total - ES Salary | \$0 | \$0 | \$0 |
| GM/GS-15 | 9 | 10 | 11 |
| GM/GS-14 | 4 | 5 | 5 |
| GM/GS-13 | 1 | 3 | 3 |
| GS-12 | 3 | 4 | 4 |
| GS-11 | 0 | 0 | 0 |
| GS-10 | 0 | 0 | 0 |
| GS-9 | 0 | 1 | 1 |
| GS-8 | 1 | 1 | 1 |
| GS-7 | 1 | 0 | 0 |
| 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 | 24 | 25 |
| 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 | | 1 | 1 |
| Subtotal | 1 | 2 | 2 |
| Ungraded | 4 | 3 | 3 |
| Total permanent positions | 20 | 26 | 28 |
| Total positions, end of year | 24 | 30 | 31 |
| Total full-time equivalent (FTE) employment, end of year | 23 | 30 | 31 |
| Average ES level | 0 | 0 | 0 |
| Average ES salary | \$0 | \$0 | \$0 |
| Average GM/GS grade | 13.0 | 14.0 | 14.0 |
| Average GM/GS salary | \$103,426 | \$119,444 | \$122,072 |

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

**NATIONAL INSTITUTES OF HEALTH
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New Position Requested

| | FY 2007 | | |
|---|---------|--------|---------------|
| | Grade | Number | Annual Salary |
| Health Science Administrator / Medical Officer | 15 | 1 | \$124,811 |
| Total Requested | | 1 | \$124,811 |