

National Institute on Minority Health and Health Disparities - HNE

(1) Conducts and supports research, training, information dissemination, and other programs including centers of excellence, loan repayment, research endowment and community-based participatory research initiatives, with respect to minority health conditions and other populations with health disparities; (2) Plans, coordinates, reviews, and evaluates research and other activities on minority health and health disparities conducted or supported by the NIH Institutes and Centers, consistent with the NIMHD's authorizing statute; (3) In collaboration with the NIH Director and other IC directors, and in consultation with the NIMHD advisory council, develops a comprehensive strategic plan and budget that identifies and establishes priorities, objectives, budgets, and policy statements for the conduct and support of all NIH minority health and health disparities research activities; and ensures that all amounts appropriated for such activities are expended in accordance with the strategic plan and budget; (4) In collaboration with the NIH Director and other IC directors, and in consultation with the NIMHD advisory council, promotes coordination and collaboration among ICs conducting or supporting minority health or other health disparities research; (5) Provides leadership for a national and international program on minority health and health disparities research; (6) Represents the NIH minority health and health disparities research program at all relevant Executive branch task forces, committees and planning activities; (7) Develops and maintains a Health Disparities Information (HDI) database to facilitate the collection of data, translation of research, education, dissemination, and communication of information to various audiences, including PHS and other Federal agencies, on minority health and health disparities research, advances, and other activities including those planned, conducted, or supported by the NIH; (8) Establishes projects to promote cooperation among Federal agencies, State, local, tribal, and regional public health agencies and private entities in health disparities research; (9) Develops and revise as necessary, the national definition for health disparity population in consultation with the Agency for Healthcare Research and Quality; (10) Provides leadership for the implementation of the Minority Health and Health Disparities Research and Education Act (P.L. 106-525) and the Patient Protection and Affordable Care Act (P.L. 111-148) and other relevant public laws as they relate to the NIMHD mission and the NIH minority health and health disparities research and activities.

Office of the Director - HNE1

(1) Determines and provides leadership to the Institute's programs, plans, and policies; (2) provides leadership for the NIH minority health and health disparities research and activities including the implementation of the Minority Health and Health Disparities Research and Education Act (P.L. 106-525) and the Patient Protection and Affordable Care Act (P.L. 111-148) and other relevant public laws as they relate to the NIMHD mission; (3) directs an integrated system of coordination for the NIH health disparities research program; (4) directs the Institute's development and coordination of minority health and health disparities research programs, activities, and strategic partnerships with the NIH Institutes and Centers, NIH Office of the Director, Federal agencies, State, local, tribal, and regional public health agencies and private entities; (5) provides leadership for the NIH health disparities strategic plan and budget; (6) leads the management, communications, legislation, strategic planning, science policy and ethics activities for the Institute; and (7) provides leadership for developing and revising the national definition for health disparity population in consultation with the Agency for Healthcare Research and Quality.

Office of Extramural Research Activities - HNE16

(1) Provides leadership and advice in developing, implementing, and coordinating extramural research activities and policies; (2) represents the Institute on extramural administrative and policy issues within the Department and with outside organizations; (3) provides scientific and technical peer and objective review of applications for grants, cooperative agreements, and contracts; (4) provides information and guidelines for grant applications; and (5) awards grants: ensures that applications chosen for funding comply with federal laws, regulations, and policies prior to award, which involves critical communication with the grantee throughout the pre-award, award, and post-award processes.

Grants Management Branch - HNE162

(1) Manages and oversees all aspects of the NIMHD's external/internal grants management related activities and operations; (2) manages all business-related activities associated with the review, negotiation, issuance of awards and administration of grants and cooperative agreements; (3) interprets, implements and communicates grants administration policies and provisions; (4) resolves non-programmatic issues including the applicability of HHS and NIH grant policies; and (5) provides consultation on funding opportunity announcements which includes approving the proposed mechanism, program guidelines, specific terms of the announcement, and general operation procedures applicable to the grant program.

Scientific Review Branch- HNE163

(1) Oversees the receipt, referral, and scientific review of grants, cooperative agreements, and technical review of research contract proposals; (2) provides policy direction and coordination for planning, conducting initial scientific review, technical merit reviews of grant applications and research contract proposals; (3) provides pre-publication consultation for Funding Opportunity Announcements (FOA) and research contract solicitations, including selection of grant mechanism for Requests For Applications (RFAs) and Program Announcements with Referrals (PARs), application/proposal content and format, considerations for initiative-specific review criteria and approval for compliance with peer review policy; (4) coordinates and conducts the review of grant applications RFAs and for those PARs assigned to NIMHD as a locus of review; (5) oversight of all aspects of the peer review process; and (6) serves as the Institute liaison for the NIH Review Policy Committee.

Office of Administrative Management - HNE17

(1) Advises the Director and other key officials on administrative policies and practices; (2) plans and directs the administrative functions of the Institute, including human resource-related activities, financial management, space acquisition, procurement and contracts, administrative services, management analysis, and information technology and systems; (3) interprets, analyzes, and implements Departmental and NIH directives affecting administrative policies and the overall mission of the NIMHD; (4) ensures Institute compliance with all applicable administrative regulations; (5) develops and implements policies, guidelines, procedures and internal controls for the administrative activities; and (6) serves as the Institute focal point for the coordination, preparation, and analysis of a wide variety of administrative reports and other documents associated with NIH, HHS, and other Federal agencies.

Administrative Services Branch - HNE172

(1) Coordinates and executes administrative support services; (2) provides policy and procedure information to the Institute staff in areas that include personnel services, recruitment strategies, procurement, travel, timekeeping, space, property, and other administrative functions; (3) analyzes effects of changes in administrative policies and procedures for the extramural and intramural programs; and (4) executes the intramural and the research management and support budgets.

Financial Management Branch - HNE174

(1) Coordinates the formulation, presentation, and execution of the NIMHD budget; (2) prepares and manages the funding of programs in accordance with the operational plans; (3) maintains a fiscal management capability consisting of internal control systems, policies, and procedures; (4) provides analysis of special issues and resource allocations impacting on the NIMHD appropriations and programs; (5) serves as the point of contact for the NIH Central Budget Office and the Institutes operating program activities; and (6) evaluates internal fiscal controls to assure compliance with laws, regulations, and policies.

Office of Communications and Public Liaison - HNE18

(1) Provides communications leadership and support through a comprehensive strategic communications program to develop and disseminate information about NIMHD research and training programs, outreach efforts, resources, and research advances to academic researchers, research administrators, professionals in healthcare and public policy, public and community health advocates, Congressional members, media, and the general public; (2) advises the Director, Deputy Director, senior staff, and others on communications matters, as appropriate; (3) develops, conducts, and maintains digital and online communications and print products, media relations, and public liaison activities; (4) develops and manages the Institute's digital and online content; (5) develops communications policies, goals, objectives, and strategies in support of the mission and priorities of the Institute; (6) collaborates with NIH, HHS and other federal agencies, academic and research institutions, advocacy groups, and scientific and professional organizations to disseminate information; and (7) maintains integrity of the NIMHD brand to ensure clear and consistent use across the Institute and externally.

Office of Science Policy, Planning, Evaluation, and Reporting - HNE19

(1) Provides leadership in scientific reporting, strategic planning, science policy, and evaluation in support of the mission of the National Institute on Minority Health and Health Disparities (NIMHD); (2) coordinates the NIH-wide strategic planning and reporting activities in the area of minority health and health disparities led by NIMHD; (3) serves as NIMHD's focal point for developing short and long-term strategic plans, reports, and policy documents related to minority health and health disparities research; (4) coordinates NIH response to all scientific reporting requests and requirements for information related to minority health and health disparities research; (5) uses analytical tools, available databases, and systems, to conduct program evaluations and portfolio analyses to ensure effective scientific reporting of NIMHD and NIH's impact related to minority health and health disparities research; (6) advises NIMHD leadership on health disparity gaps and opportunities, and informs the development of research priorities and strategic initiatives; (7) conducts data management, program evaluations/performance assessments, and science policy analyses to inform the NIMHD leadership; (8) supports analyses and studies to identify minority health and health disparity issues as requested by NIMHD leadership; (9) manages and coordinates the coding and categorization of minority health and health disparities research and activities to facilitate effective scientific reporting and to generate profiles of NIMHD research efforts; and (10) represents NIMHD at NIH meetings related to scientific reporting and portfolio analyses on minority health and health disparities.

Division of Integrative Biological and Behavioral Sciences - HNE3

(1) Supports multidisciplinary research on biological and behavioral mechanisms and pathways underpinning resilience and susceptibility to adverse health conditions that disproportionately affect racial and ethnic minority populations, persons of less privileged socioeconomic status, and other health disparity populations; (2) Research on genomic and epigenomic risk and protective factors, gene-environment interactions, and human microbiome contributions to health and disease, including development of analytical tools and modeling approaches and establishment and use of bio-repositories containing specimens from minority and health disparity populations; (3) Pharmacogenomic studies examining medication response, optimal dosing, adverse drug reactions, drug-drug and drug-diet interactions, particularly in people with multiple chronic conditions in minority and health disparity populations; (4) Studies examining the effects of chronic stress on physiological functioning (allostatic load) across the life course, including immune, neuroendocrine, metabolic, and autonomic functioning, as well as health-seeking and health-harming behaviors. This can include integration of disparate types of biological, behavioral, psychosocial and environmental data to better understand how various stressors affect biological processes that influence initiation and progression of disease; (5) Research on the impact of maternal exposures on prenatal and postnatal physiology and the mechanisms by which adverse childhood experiences influence health trajectories later in life, including the development of chronic diseases in mid-life; (6) Studies examining mechanisms acting at the individual level through which behavioral, social, cultural, or environmental risk and protective factors influence the development of adverse health conditions, including research on individual- and family-level strategies to cope with adversity and chronic stress; (7) Research on the impact of racism, discrimination, and segregation on health and health behavior and strategies to ameliorate their effects. Studies may incorporate tools that evaluate the biological impact on the brain and other organs and tissues, including but not limited to functional MRI and measures of telomere length in various cell types; (8) Basic research on mechanisms underlying health literacy and health numeracy (the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions) to delineate causal pathways that link health literacy to a behavioral outcome or to identify the underlying components of health literacy, such as cognitive ability or other constructs/skills integral to health literacy; and (9) Training and career development in these areas of research.

Office of Research Training and Capacity Building - HNE32

(1) Plans, designs, develops and manages a diverse portfolio of training and career development programs and activities; (2) plans, develops, coordinates, supports and manages programs to expand the Nation's capacity to conduct research at institutions conducting and/or interested in minority health and health disparities research; (3) provides technical assistance to faculty, institutions, community groups and other organizations conducting and/or interested in minority health and health disparities research; and (4) provides support to improve, through construction, facilities conducting biomedical and behavioral research on minority health and health disparities.

Office of Research Innovation and Program Coordination - HNE33

(1) Plans, stimulates, develops and supports a broad extramural research program to include basic, behavioral and clinical research on minority health and health disparity conditions including research to prevent, diagnose and treat such conditions; (2) develops innovative research programs and projects for the Institute that link the biological and non-biological determinants of health; and (3) works with the Office of the Director to coordinate inter- and intra-agency programs and projects on minority health and health disparities.

Division of Clinical and Health Services Research - HNE4

(1) Fosters the development and support of innovative research collaborations and partnerships to improve our understanding of how individual, social, environmental and biological determinants affect health status, access and quality of health care in minority and other disparity populations across the lifespan. These determinants can include: public health interventions, social and built environment influencer, individual variability in genes, and behavioral factors; (2) Supports multidisciplinary field of scientific investigation that studies how social factors, health care financing systems, organizational structures of health care systems, inter-personal and technical processes of care, health technologies, and personal behaviors affect access to health care, the quality and cost of health care, and ultimately personal health and well-being; (3) Supports clinical research in ambulatory care and inpatient health care settings to generate new knowledge to improve quality health outcomes, reduce healthcare delivery costs, reduce medical errors and improve patient safety, and promote improved patient satisfaction with care of minority and other disparity populations; (4) Development of preventive, diagnostic, or therapeutic interventions that can directly or demonstrably contribute to reducing or eliminating health disparities; (5) Support studies that test existing health care interventions to determine which work best for which patients and which pose the greatest benefits and harm, to ensure safety, quality, cost-effectiveness and outcomes of care in minority and other disparity populations across the lifespan (including diagnostic, treatment, and prevention); (6) Research on how access to health care, coordination of care, and patient-clinician communication affects the quality of health care in minority and other disparity populations; role of Patient-Centered Medical Home in addressing established health care disparities; (7) Research on the appropriate use or inappropriate over or under use of diagnostic tests, surveillance or monitoring studies and therapeutic interventions that affect health disparities in specific diagnostic categories; and (8) Scientific training and career development in these areas of research listed above.

Division of Intramural Research - HNE5

(1) Plans and directs the Institute's clinical, behavioral, and population intramural research program that seeks to understand mechanisms that produce and contribute to health disparities, develop socio-behavioral interventions to reduce these disparities, and promote the health and well-being of racial/ethnic minority populations; (2) analyzes research efforts and impact to establish intramural program priorities; (3) collaborates with and coordinates intramural research on minority health and health disparities conducted by the Institutes and Centers to raise awareness of health disparities research; (4) advises the Institute Director and staff on matters of scientific interest to the Institute; and (5) assists with development of the Institute's Minority Health and Health Disparities Research Strategic Plan and its implementation.

Social and Behavioral Sciences Branch - HNE52

(1) Conducts basic and applied multidisciplinary research focused on individual-level social, psychological, and behavioral mechanisms and how they interact with biological and environmental factors to produce or contribute to health disparities; and (2) conducts multidisciplinary research to identify social, psychological, cultural and behavioral determinants of health and well-being among minority populations.

Population and Community Sciences Branch - HNE53

(1) Conducts multidisciplinary population-level and community-based research that examines social, cultural, clinical, biological, behavioral, and contextual factors and their effects on the health of minority and health disparity populations; and (2) conducts community-engaged social and behavioral intervention research to reduce health disparities and improve the health and well-being of minority and health disparity populations.

Epidemiology and Genetics Branch - HNE54

(1) Conducts research on the cellular, molecular, genetic, biochemical and immunological mechanisms affecting the progression, diagnosis and treatment of cancer and other diseases among minority and health disparity populations; and (2) examines interactions between genomic and molecular factors with social-behavioral and environmental factors, race/ethnicity, and ancestry, and their effects on the health of minority and health disparity populations.

Division of Community Health and Population Science - HNE6

(1) Research on the etiology, prevention, screening, early detection and intervention management of a broad range of disease and conditions that have been shown to have significant burden in health disparity populations using large studies that reflect overall population health; (2) Epidemiological studies that identify and describe disease burden and risk factors; (3) Studies of population-level gene-environment interaction studies, behavioral, sociocultural, and environmental influences on disease risk and outcomes; (4) Research using population-level biological samples to understand the biological underpinnings of health disparity disease and conditions; (5) Epidemiological, behavioral, social applied and surveillance research to understand the impact of social (e.g. crime exposure, violence, racism, discrimination, poverty) and physical determinants (e.g. built environment, housing, homes, natural environment such as plants, climate change) on community health and population wellbeing and provide evidence base for population-level policies and practices that improve population health and ameliorate health disparities; (6) Research integrating the multiple determinants of health at the biologic, behavioral and contextual levels (cultural, neighborhood, social, psychosocial, environmental) and their interactions among individuals, families, and communities, in order to prevent disease and promote health; (7) Studies of the application of prevention and treatment strategies to determine how to promote health and prevent disease, improve surveillance and public health; (8) Research informing and establishing community and population-level and public health practices that improve population health and ameliorate health disparities; (9) Translation of population research discoveries into novel mechanistic and diagnostic discoveries with the ultimate goal of uncovering new approaches to prevention and early detection of disease and/or conditions that disproportionately impact disparity populations using the framework of community-based participatory research; (10) Population and community-based studies including preventive or health improvement interventions in nonmedical organizational settings, such as at the family, neighborhood, or community level, including schools or workplaces; and (11) Scientific training and career development in these areas of research listed above.