

# Tribal Health Research Office

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# THRO Vision

Thriving Tribal Nations and AI/AN communities where Native-led science, strong research infrastructure, and an empowered Indigenous workforce advance Tribal health sovereignty, nurture healthy people and families, and sustain health-promoting environments for generations.



To collaborate with Tribal Nations and across NIH Institutes, Centers, and Offices, HHS, and other Federal agencies to strategically lead, consult, coordinate, and co-fund American Indian and Alaska Native (AI/AN) health research; strengthen research capacity in Native communities; advance NIH policies in alignment with Tribal research statutes, laws, and governance; and cultivate Native science and a skilled research workforce that promotes Tribal health sovereignty, supports thriving AI/AN lives and communities, and enhances health-promoting environments.

## THRO Mission

# Key Aspects of the THRO Mission

- Serves as NIH's representative for the government-to-government relationship with Tribal Nations and Indigenous communities across the U.S. and Territories.
- **Provides expert guidance** to NIH programs and offices on honoring and navigating this government-to-government relationship.
- Acts as the **central authority** and **collaborative, synergistic hub** for all Tribal and American Indian/Alaska Native (AI/AN) health research, programming, and training activities within NIH.
- **Coordinates NIH AI/AN efforts** across Department of Health and Human Services (HHS) Tribal Operating Divisions and other federal agencies, including the Department of the Interior (DOI).
- **Leads NIH-wide policy** development and implementation on AI/AN research, ethics, data governance, and workforce training.
- **Collaborates with NIH Institutes, Centers, Offices (ICOs), the NIH Office of the Director, HHS, and Tribal Nations** to ensure compliance with federal law and respect for Tribal research laws, customs, and ordinances.
- **Co-funds, leads, and develops innovative research and training initiatives** in partnership with NIH ICOs that align with Tribal priorities and strengthen Tribal health.
- **Oversees** the NIH Tribal Advisory Committee, Tribal Consultations, and AI/AN intramural Institutional Review Board (IRB) review in partnership with NIH's Office of Human Subjects Research Protections (OHSRP).

**Our story at THRO is about  
harnessing our power to  
heal through science**



# Strategic Pillars for the NIH Tribal Health Research Office



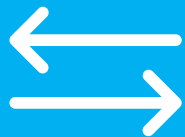
## **Tribal Engagement, Consultation, and Sovereignty – Water-sustains life/ replenishes**

We nurture authentic government-to-government relationships with Tribal Nations, respecting Tribal governance, self-determination, and research statutes to guide all collaborations and policies.



## **Native-Led Science and Research Capacity Building – Wind –is transformative- carries seeds and nurtures growth and development**

We strengthen and expand Indigenous-led science, research infrastructure, and workforce training, empowering AI/AN researchers and communities to lead health research grounded in their priorities and knowledge systems while strengthening research leadership and building internal and external workforce pipelines to sustain Indigenous science.



## **Policy Advancement and Alignment – Advancing Indigenist Research (AIR) represents clarity, vision and insight**

We develop and implement NIH policies aligned with Tribal laws and customs, advance ethical research practices, protect Indigenous data sovereignty, and sustain Tribal health research ecosystems.



**Cross-Agency Coordination and Collaboration – Fire ignites transformation, innovation, and renewal**

We blaze new paths through interagency coordination, partnerships, and strategic initiatives that maximize resources, reduce duplication, and address AI/AN health disparities comprehensively and ignite progress toward health equity for Native communities.



**Health Equity and Environment Enhancement – Earth – grounds, heals, and restores life.**

We promote thriving AI/AN communities through land-based interventions, culturally derived health initiatives, and research that enhances health-promoting environments, leveraging the healing power of land, place, and natural resources to achieve lasting health equity.

# THRO and OHSRP Develop New Intramural Policy for Research with AI/AN Participants and Samples

- THRO and the NIH Office of Human Subjects Research Protections published a first-of-its-kind policy at NIH

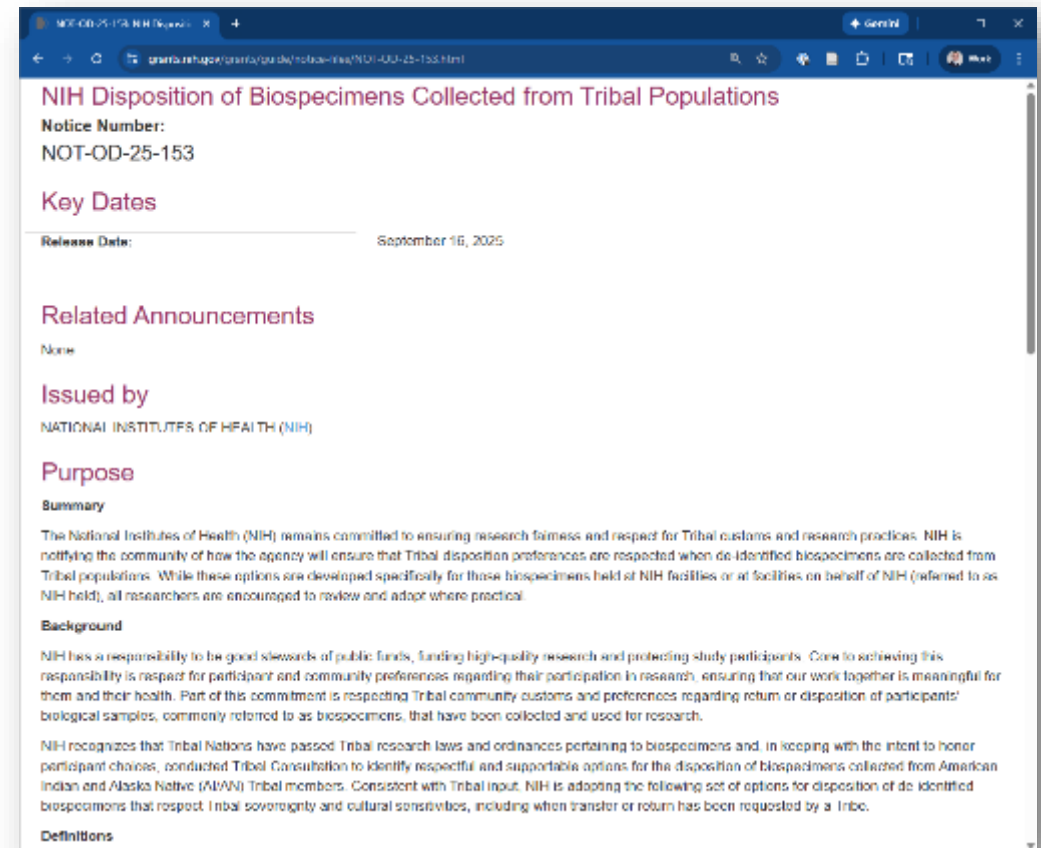


<https://go.nih.gov/wzxt1Ec>

A screenshot of a web browser displaying the NIH Policy Manual page for '3014-405 - Research Involving American Indian/Alaska Native Persons, Their Data and Biological Materials'. The page features a navigation bar with 'HOME', 'SEARCH', 'BROWSE', 'RESOURCES', 'ABOUT', and 'CONTACTS'. The main content area includes the title, issuing office (OD/OIR/OHSRP), phone number (301.402.3.13), and approving official (DOIIR). It also lists the release date (7/09/2025) and technical revision date (8/27/2025). A 'Transmittal Notice' section is visible, detailing the purpose, scope, and filing instructions for the policy. The page is branded with the NIH logo and the Office of Management Assessment (OMA) header.

# THRO and OSP Develop New Guidance for Disposition of Biospecimens Collected from Tribal Populations

- The guidance gives researchers options for biospecimens held at NIH facilities or at facilities on behalf of NIH
- Developed following Tribal Consultation last December and input from the NIH Tribal Advisory Committee



# Tribes Voice Priorities and Direction for NIH During THRO Visits

- Leadership and Staff from THRO in partnership with OSHRP and NIDDK held 10 listening sessions and met with 8 Tribes in the southwest to discuss the upcoming Tribal Data Sovereignty policy and formation of an AI/AN IRB



# Indigenous Data Sovereignty & Governance Movement

Indigenous data sovereignty is the right of Tribal Nations to exercise their sovereign authority and govern the **collection, ownership, stewardship, sharing, transfer and re-use; and disposal and/or disposition of data** collected from and about their Tribal populations, particularly when such data has the potential to impact the social, cultural, economic and general welfare of their Tribal Nations. <sup>1-2</sup>

CARE principles: **C**ollective benefit, **A**uthority to control, **R**esponsibility & **E**thics- all stages of data cycle



1. Indigenous and Tribal Peoples Data Governance in Health Research: A Systematic Review. Griffiths, Blain, Vajdic, and Jorm. Environmental Research and Public Health 2021.

# Growing Indigenous Data Governance



Tribal/community based governance structures.

Support establishing mechanisms for Indigenous communities to oversee data collection, storage, and usage according to their values, cultural customary practices, and priorities.



Data sovereignty protocols.

Develop policies and frameworks that recognize and uphold Indigenous rights to data sovereignty, including data sharing agreements and ethical guidelines.



Capacity Building and Benefit Sharing.

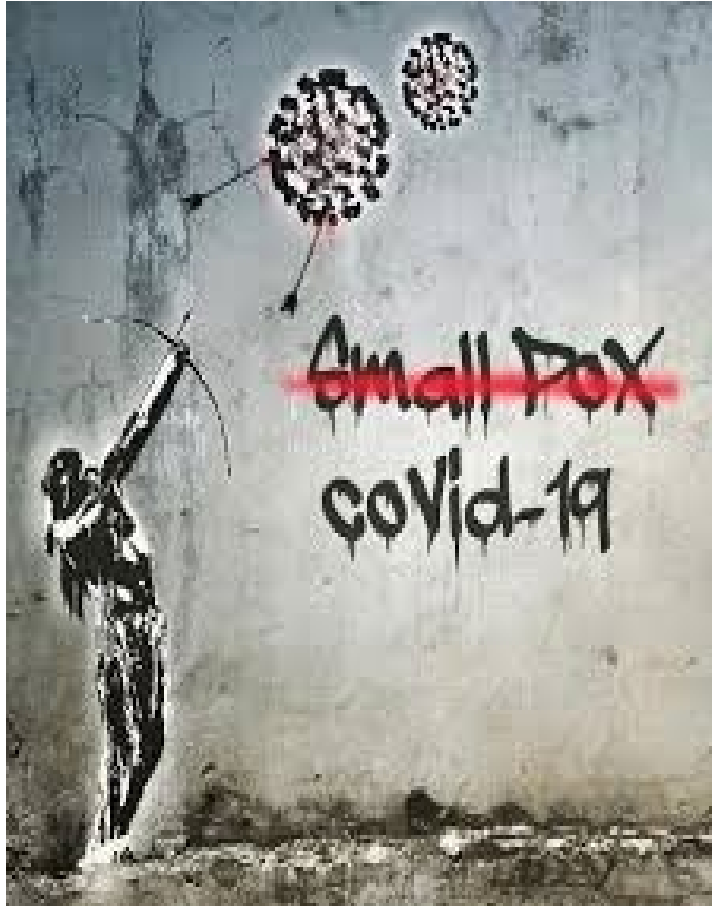
Providing training and resources to Indigenous communities to build their capacity in data management, analysis, decision-making, and data storage/repositories.



Cultural Preservation.

Integrating IK systems and cultural protocols into IDG practices as deemed culturally appropriate by appropriate tribal knowledge keepers to ensure respect for cultural heritage, intellectual property rights and traditional ways of knowing.

# 2026 Goals



1. Develop new Strategic Plan for 2025-2030
  - Developed SP workgroup
2. **Finalize Indigenous Data Sovereignty Policy**
  - Will conduct Tribal Consultation mid April
  - Harmonize with the HHS Tribal Data Access and Sharing Policy
3. Develop cross-cutting initiatives across NIH/HHS & DOI
  - **Nutrition Initiative**
  - **Organized and Traditional Sports Initiative**
  - **Intergenerational Trauma Prevention (follow-up BSH)**
    - Work across Tribal OpDivs and DOI (E.g., IEA, SAMHSA, ACF/ANA (ICWA and MMIP))

# Questions and Discussion

- What are the key substantive areas we should focus on for our strategic plan and new initiatives?
  - What aspects of nutrition would you like to see us develop? (e.g., food sovereignty) and how might that address critical health needs for Tribes in the Southeast?
  - What aspects of an organized sport/traditional sport initiative would be important to USET Tribes?
  - Other priorities? HIV/STIs?
- **Leading Cause of AI/AN Death in USET Regions**
    - Heart disease
    - Cancer
    - Unintentional Injury
    - Chronic Liver Disease
    - Diabetes Mellitus
    - Chronic Respiratory Disease
    - Cerebrovascular (stroke)