



Indigenous Knowledges Powering Science: The Tribal Health Research Office

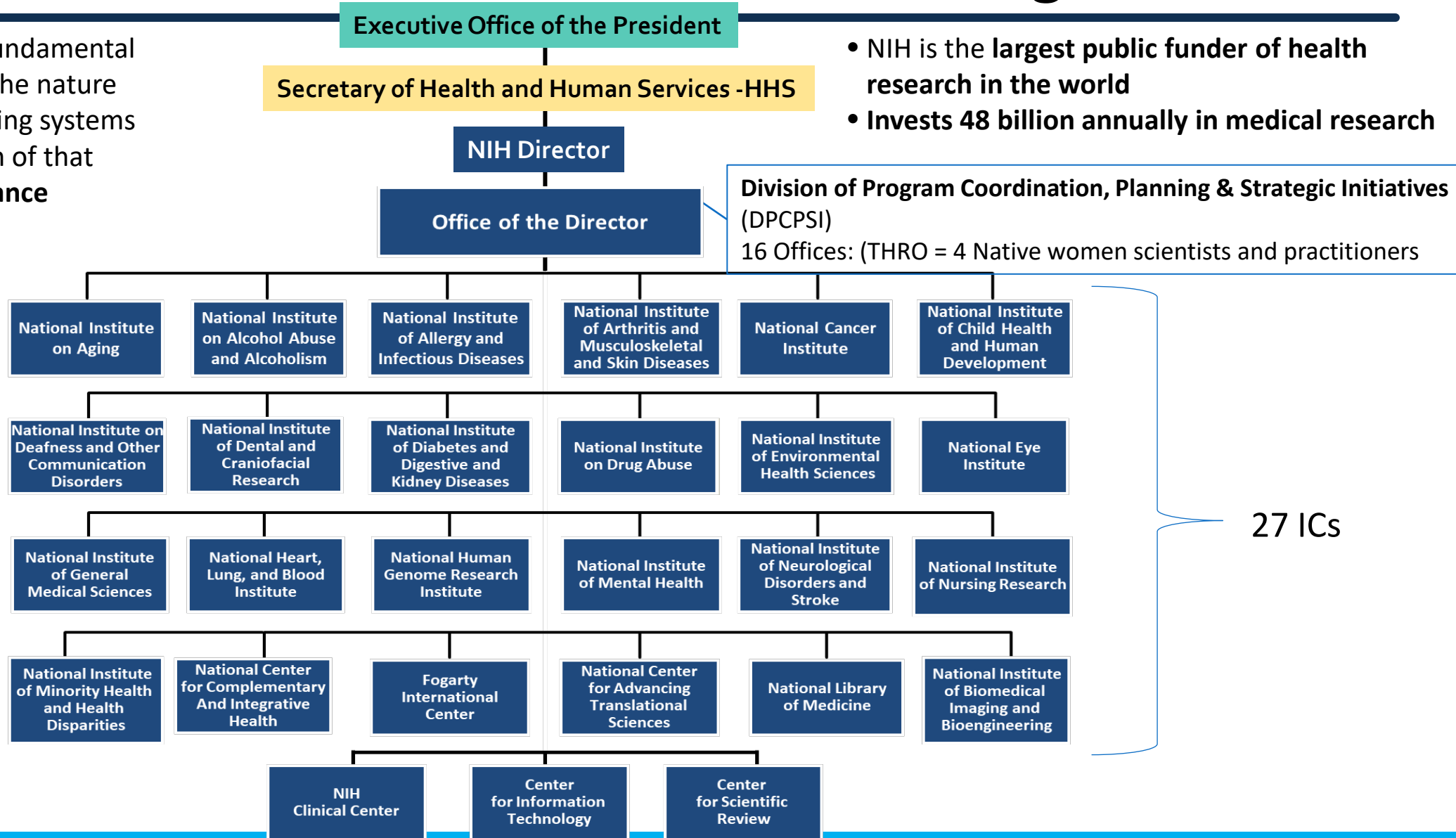
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**Division of Program Coordination, Planning and Strategic Initiatives,
Office of the Director, National Institutes of Health**

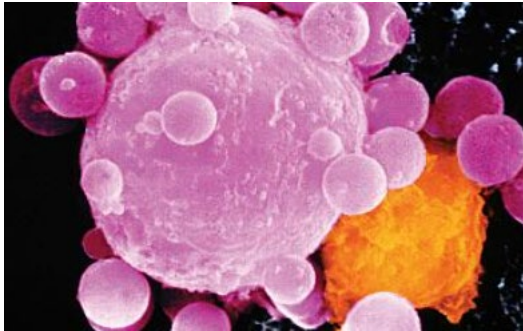
27 Institutes and Centers (ICs) – Each Has Its Own Mission and Budget

Mission: To seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to **enhance health...**

- NIH is the largest public funder of health research in the world
- Invests 48 billion annually in medical research



The NIH Budget – Approximately \$48 billion in FY2024



- **84% percent of NIH's funding is awarded for extramural research**, through almost 50,000 competitive grants to more than 300,000 researchers at more than 2,500 universities, medical schools, and other research institutions

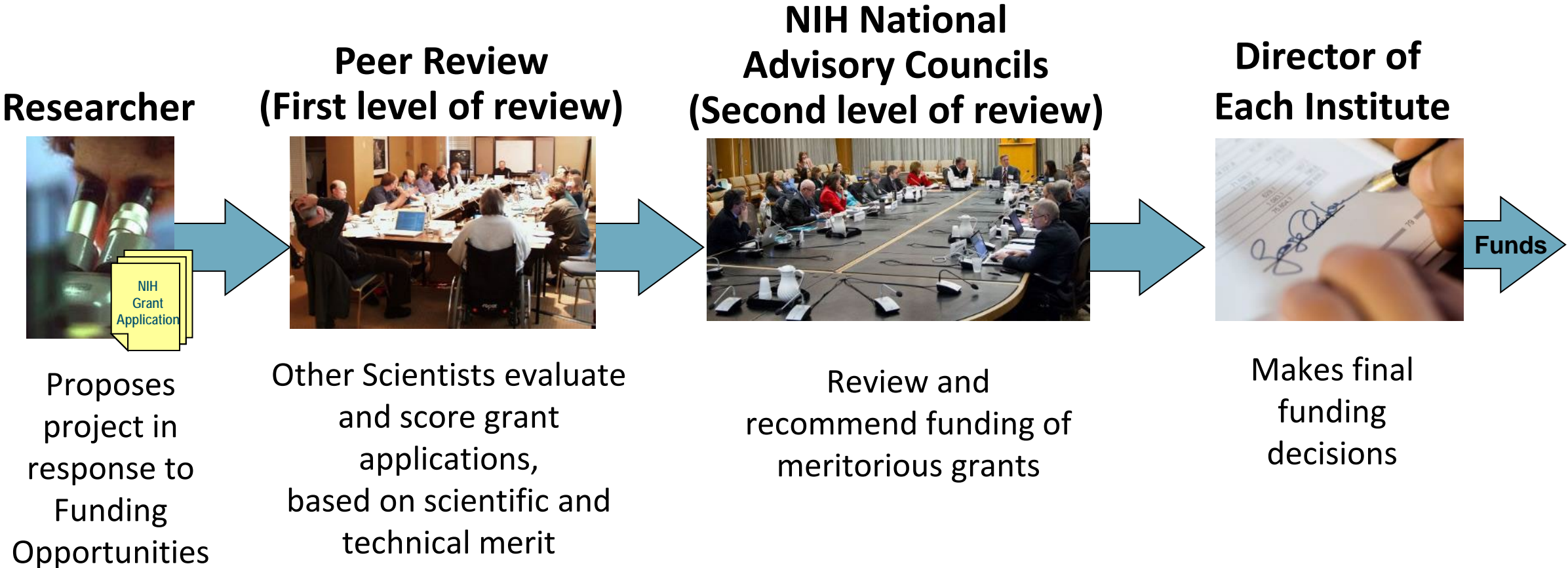


- **10% percent of the NIH's budget supports intramural projects** conducted by nearly 6,000 scientists in its own laboratories



- **Remaining 6% percent** covers research support, administrative, and facility construction, maintenance, or operational costs

How NIH Funds Science



Who We Are: Our Mission

- We are one of the 16 Offices of the Office of the Director at the NIH in the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI).
- We are a **synergistic hub** for all AIAN research activities and research workforce development at the NIH.
- We strategically consult, coordinate, and collaborate with NIH Institutes and Centers as well as with Tribal partners to generate Native science and a research workforce that builds healthy lives and communities.
- Our ultimate goal is to grow Indigenous health and health equity through culturally credible and meaningful Indigenist-driven science- it is, as our theme for THRO this year suggests- about **Indigenous Knowledges Powering Science.**





We're Guided by Our THRO Values: CEDAR

- **Creativity:** Moving beyond conventional approaches to science, we center innovative Indigenous-centered methods and knowledges to ensure science drives sustainable population health change.
- **Ethics:** We maintain the highest standards of professional and ethical behavior; are culturally responsive, reflexive, and aware; and demonstrate transparency and honesty in every transaction.
- **Determination:** While recognizing and respecting the diversity of our tribal communities, we honor Tribal sovereignty and AI/AN rights to self-determination.
- **Accountability:** We hold ourselves accountable for the quality, timeliness, and lasting impacts of our work-- and for the commitments we make to tribal communities and research partners. Accountability engenders trust, builds solidarity, and strengthens partnerships.
- **Respect and Relational Responsibilities:** We respect and value unique and diverse talents and experiences of our Tribal communities and research partners. We fulfill our responsibilities with compassion, humility, dignity, and equanimity. Through our efforts, we honor past, present and future generations; are attentive to ancestral, cultural, and traditional obligations; and strive to be a healthful and good ancestor in all that we do.



Artist: Cara Romero

Who We Serve

- **Who we serve:** 574 Federally Recognized Nations (229 federally recognized tribes in Alaska); 2.6% of population (3.7 million; 9.7 if add other races). Projected to grow to 10.1 million by 2050. Over 200 unique languages.
- We also engage Native Hawaiian and other Indigenous populations of US Territories (e.g., Chamorro of Guam; Marshallese of Marshall Islands, etc.). Approximately 1.5 million Native Hawaiians.

AIAN Demographics

AI/ANs are younger
median age 33 vs
39

51% live in five
states:
OK, AZ, CA, NM, TX

States with highest
percentage of AIANs
Alaska, OK, NM, SD,
MT, ND

Largest Tribes
Cherokee, Navajo,
Blackfeet,
Choctaw

About 70% live off
reservation/urban areas

Tribal governments are an important and unique member of the family of American governments

- THRO has a mandate and responsibility to serve the 574 sovereign tribal nations and villages who have a formal nation-to-nation relationship with the US government.
- Hundreds of treaties and laws, along with the Supreme Court, the President, and Congress have affirmed that tribal nations retain their inherent **powers of self-government** and recognize **Tribal sovereignty**.
- The **federal Indian trust responsibility** is a moral, legal, and enforceable fiduciary obligation on the part of the US to protect **tribal treaty rights, lands, assets, and resources**, -including economic, social and health programs necessary to raise the standard of living and social well-being of AI/ANs.
- A **political and consultative relationship exists as well for Native Hawaiians** even though there is no formal NH tribal government, but Congress requires that Federal agencies consult with NH organizations as the informal representatives of the Native Hawaiian communities.



We are living a health reality that our ancestors did not dream for us

- We suffer under a chronically underfunded, inaccessible and inadequate health care system.
- Structural determinants of health are the poorest. We experience substandard/overcrowded housing, food deserts and highest rates of food insecurity (1/4), lack of clean or accessible water, electricity and disproportionate exposure to damaging environmental hazards, pollutants and toxins.
- Compounding the crisis, few of us are in higher education and as a result are underrepresented in the healthcare and research workforce—14.5% achieve college degrees in contrast to 31.3% for general population.
- These and other structural factors have led to high multiple chronic disease burden—or syndemics—where we have multiple synergistic epidemics that lead to premature mortality.

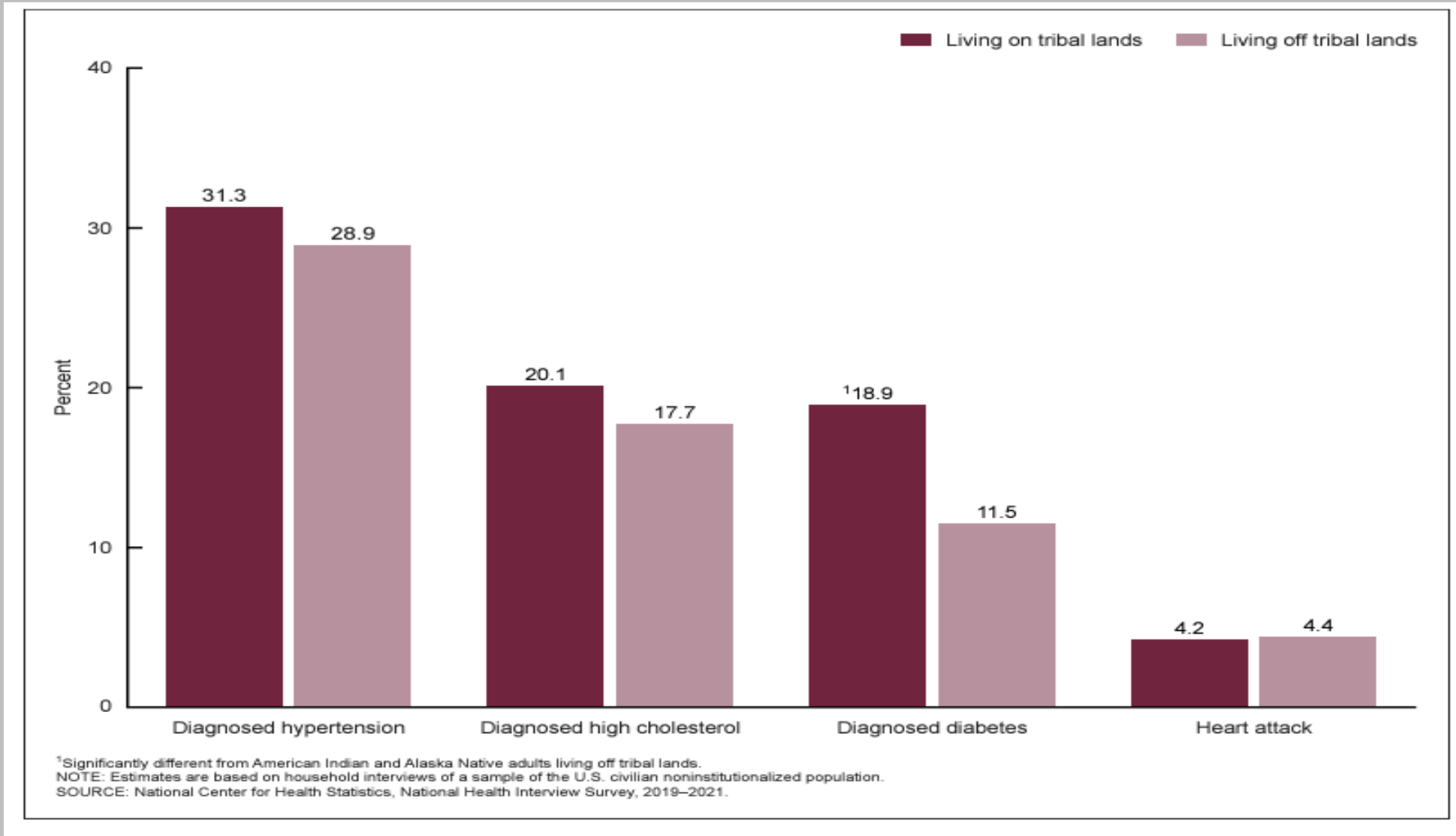


Mortality Disparity Rates (examples)

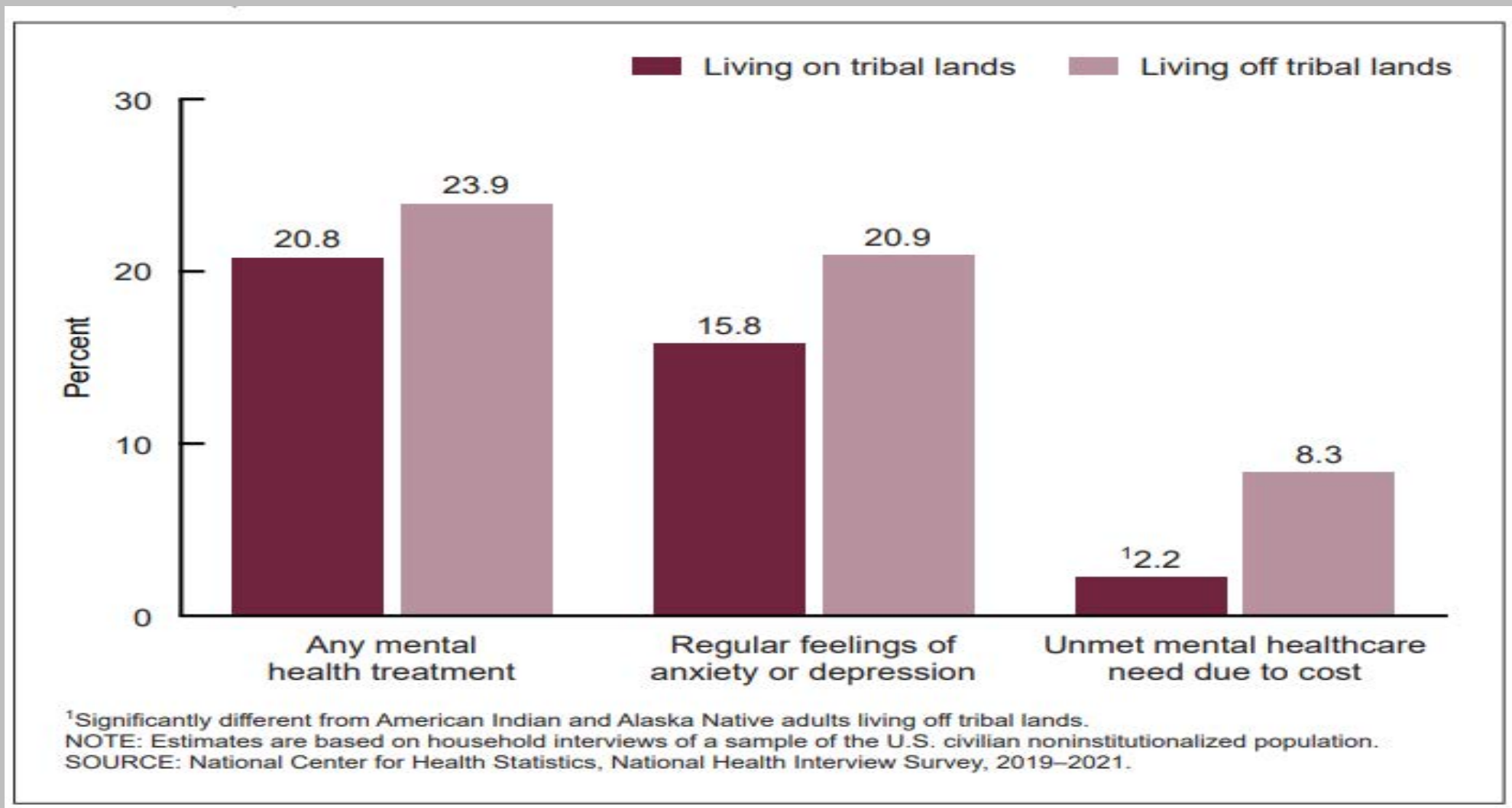
- Unintentional injuries 2.5 (ratio: AI/AN to U.S. all races)
- Diabetes mellitus 3.2
- Chronic liver disease and cirrhosis 4.6
- Alcohol induced mortality 6.6
- Highest infant mortality rate.
- In 2022, the CDC reported that the AI/AN population had the **highest drug overdose death rates** in both 2020 and 2021, at rates of 42.5 and 56.6 deaths per 100,000 persons. This includes a 33% increase in drug overdose deaths.



Percentage of American Native adults with selected cardiovascular and endocrine conditions, by tribal land residential status, 2019-2021

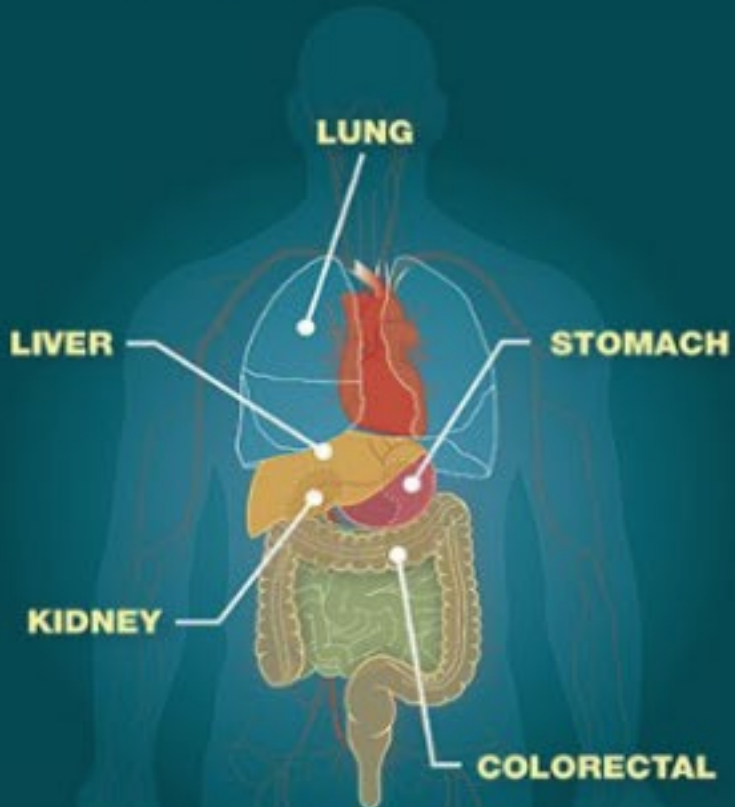


Percentage of American Indian and Alaska Native adults who had any mental health treatment in the past 12 months, regular feelings of anxiety or depression, or unmet mental healthcare need due to cost in the past 12 months, by tribal land residential status: United States, 2019–2021



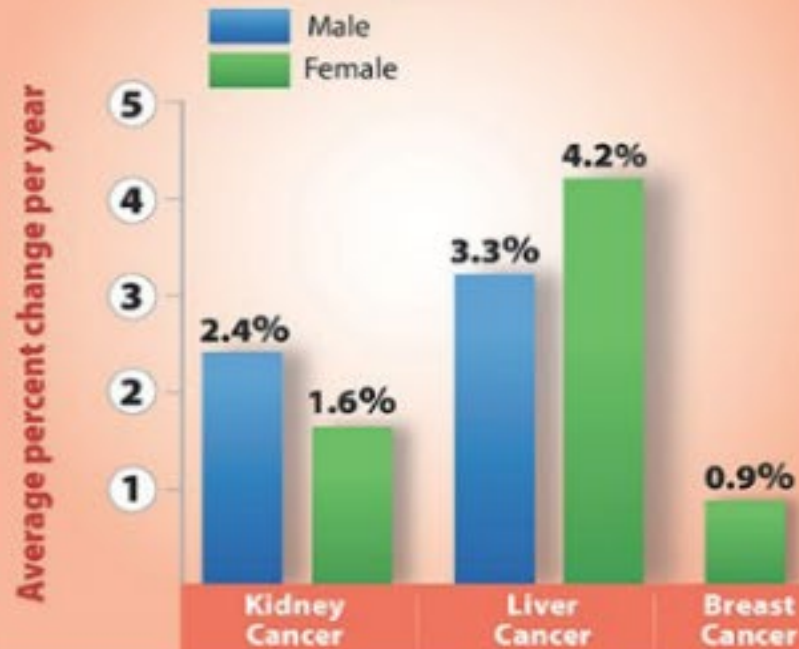
Cancer Disparities in the American Indian and Alaska Native and Alaska Native Populations

CANCERS WITH HIGHER INCIDENCE RATES COMPARED TO NON-HISPANIC WHITES



AMERICAN INDIAN AND ALASKA NATIVE CANCER INCIDENCE TRENDS

Data from 1999 to 2015 showed significant increases in the following



STEPS TO LOWER CANCER INCIDENCE RATES



PROVIDE CULTURALLY APPROPRIATE, COMMUNITY-BASED INTERVENTIONS TO SUPPORT HEALTHY BEHAVIORS



DECREASE EXPOSURE TO CANCER RISK FACTORS, SUCH AS COMMERCIAL TOBACCO AND ALCOHOL

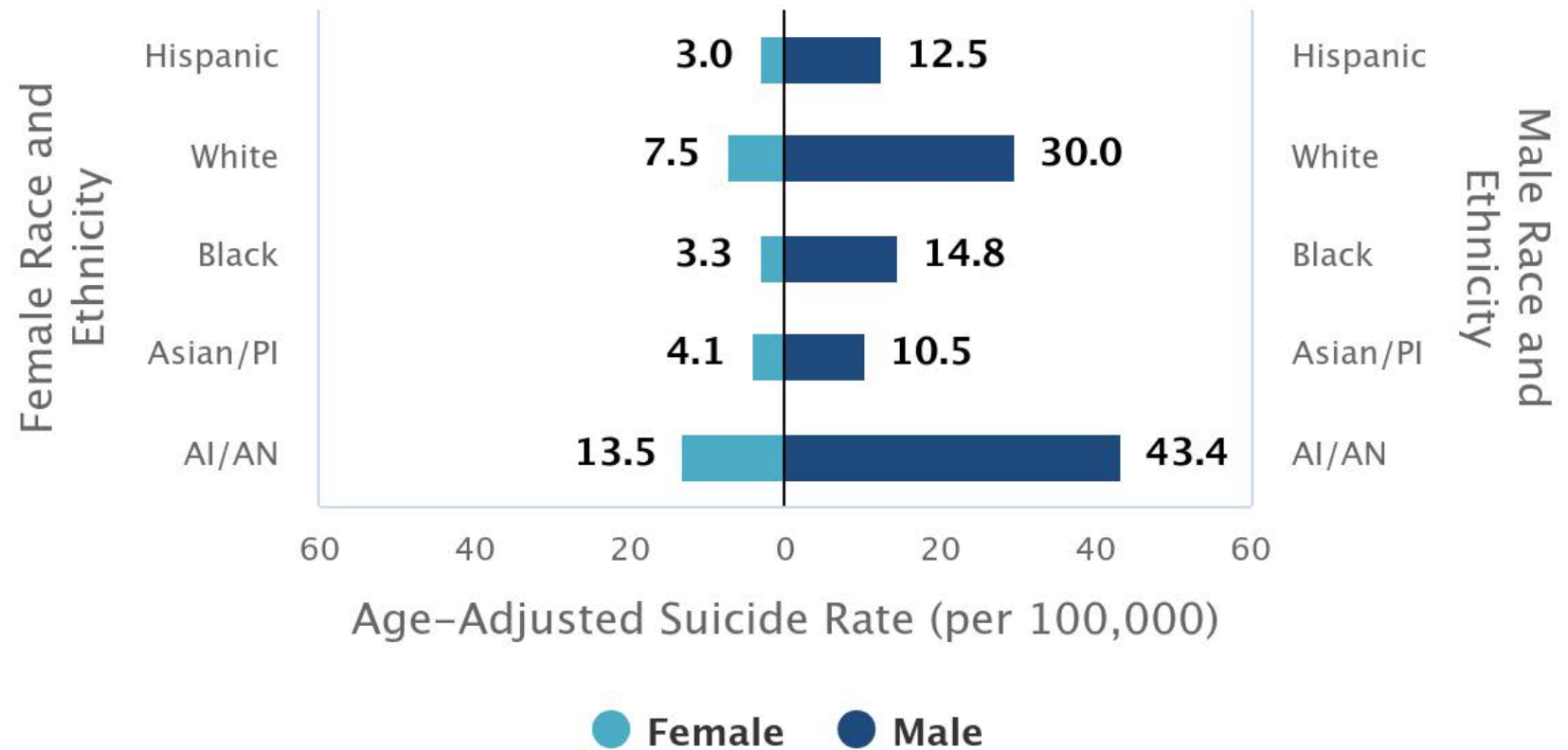


INCREASE ACCESS TO PREVENTIVE HEALTH SERVICES (VACCINES, CANCER SCREENING)

Highest
Death by
Suicide Rates
in the
Country

Suicide Rates by Race and Ethnicity (2021)

Data Courtesy of CDC



*Persons of Hispanic origin may be of any race; all other racial/ethnic groups are non-Hispanic
AI/AN = American Indian/Alaskan Native, PI = Pacific Islander

Proportions of racial and ethnic representation in U.S. clinical trials for new drugs and biologics from 2015-2019, compared with Census data:

	Mean proportion in clinical trials	Census data representation
Asian	1.6%	5.9%
American Indian or Alaska Native	0.52%	2.9%
Latino or Hispanic	15.3%	18.5%
Black or African American	16.3%	13.4%
White	78.3%	76.3%



Asian, American Indian, Alaska Native, Latino and Hispanic patients are underrepresented in U.S. clinical trials for new drugs and biologics, compared with national Census figures, according to a research letter. Data derived from Lolic M, et al. JAMA. 2021;doi:10.1001/jama.2021.16680. 2.9% is alone or in combination with other races or 9.7 million; 4.3 million AI/AN alone US 2020 Census information.

Impact...

- We now have the lowest life expectancy—worst since WWII—age 65; in fact, 25% of our population die before the age of 45.
 - Life expectancy varies by Tribe. Example-age 46 for men, 52 for women in SW Tribe.
- We are facing multiple public health crises, but few are listening.
- We are invisible to public awareness.
- One elder told me, in my own tribe 1 out of 3 children by 2050 will be living with Type 2 diabetes- and parents will outlive their children.
- This is not the dreams they held for us. Not my ancestors who survived the Trail of Tears. They walked that Trail with a vision for love and life for us.
- It is our obligation to reconnect to that power, vision, and love now and to change the course we are on and to harness our collective scientific and Indigenist wisdom to achieve health and health equity.



Critical Issues in Indian Country

Syndemics

Maternal and Infant Mortality

Pandemic responses and Infectious Diseases
(H1N1; Syphilis; COVID19)

Addictions and Opioid Crisis

Behavioral Health-Suicide Prevention

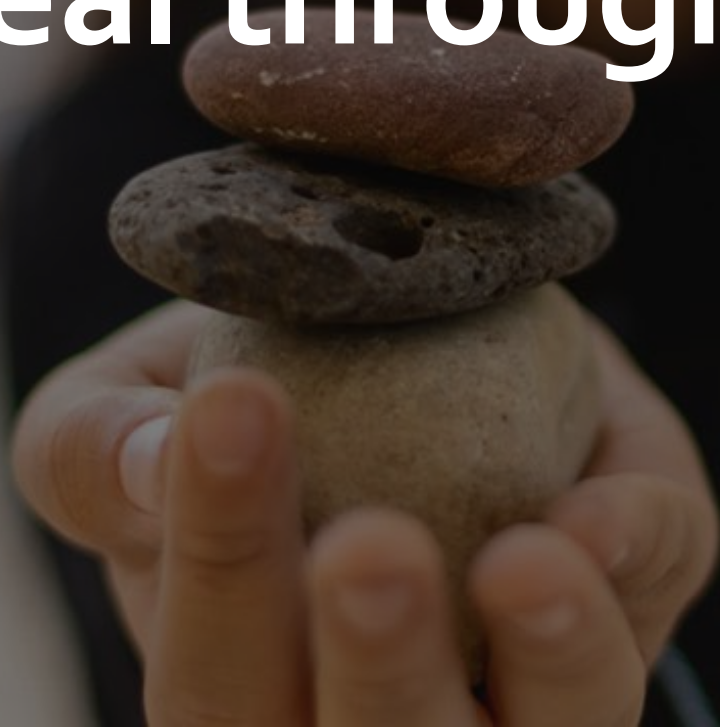
Trauma and Violence

(MMIP; Intergenerational Trauma)

Dementia and Cancer

Climate change impact

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



Strategic Plan

2025-2030



At THRO, we turn culturally informed discovery into health equity of Natives by...

Through:

1. Advancing “Indigenist” research
2. Cultivating capacity- internally and externally
3. Watering seeds of engagement and consultation
4. Blazing new paths for strategic initiatives, policies, and collaborations

“AIR” Advancing Indigenist Research

Element of Wind

- “AIR”- Advancing Indigenist Research, i.e., advancing culturally derived, community-informed biomedical, social and behavioral AI/AN research.
- Entails **uplifting and harnessing Native indigenuity** (*ingenuity*), Indigenous Knowledges, and technologies as culturally appropriate across the health sciences.
- Includes **growing Indigenist methodologies**, designing and developing culturally based measures, culturally derived interventions, and centering cultural knowledges throughout all phases of research
- Includes growing Native-specific initiatives that align with Native community priorities
- Includes Identifying research gaps and developing evidence-based strategies to address.
- **Entails creating collaborative initiatives** not only within the NIH but also in partnership with HHS Operating Divisions.

WHY AIR?

Credible and culturally valid science improves Tribal decision making, policy making and direct practice on the ground and ultimately Native health. Research drives solutions and solutions drive health impact.

Presidential memo also identifies IK as key focus to integrate into federal agency priorities.



2. Cultivating Capacity- Earth element-

Cultivating community capacity and a culturally informed workforce

- Involves working across dual fronts:
 1. Promoting a **culturally informed internal NIH workforce**
 2. Growing a **culturally representative Native external & internal research workforce.**
- Requires raising awareness through technical advising, convenings, coordinating activities, troubleshooting, and conducting educational outreach within the internal NIH workforce.
- Includes building AIAN community-based researchers —not just university-based researchers and initiatives.

WHY Cultivate Capacity?

- AI/ANs constitute smallest group of PhDs in country.
- How small is small?
- If we ask relevant questions that are based on community hands-on knowledge, we build better science, scientists, and culturally relevant interventions

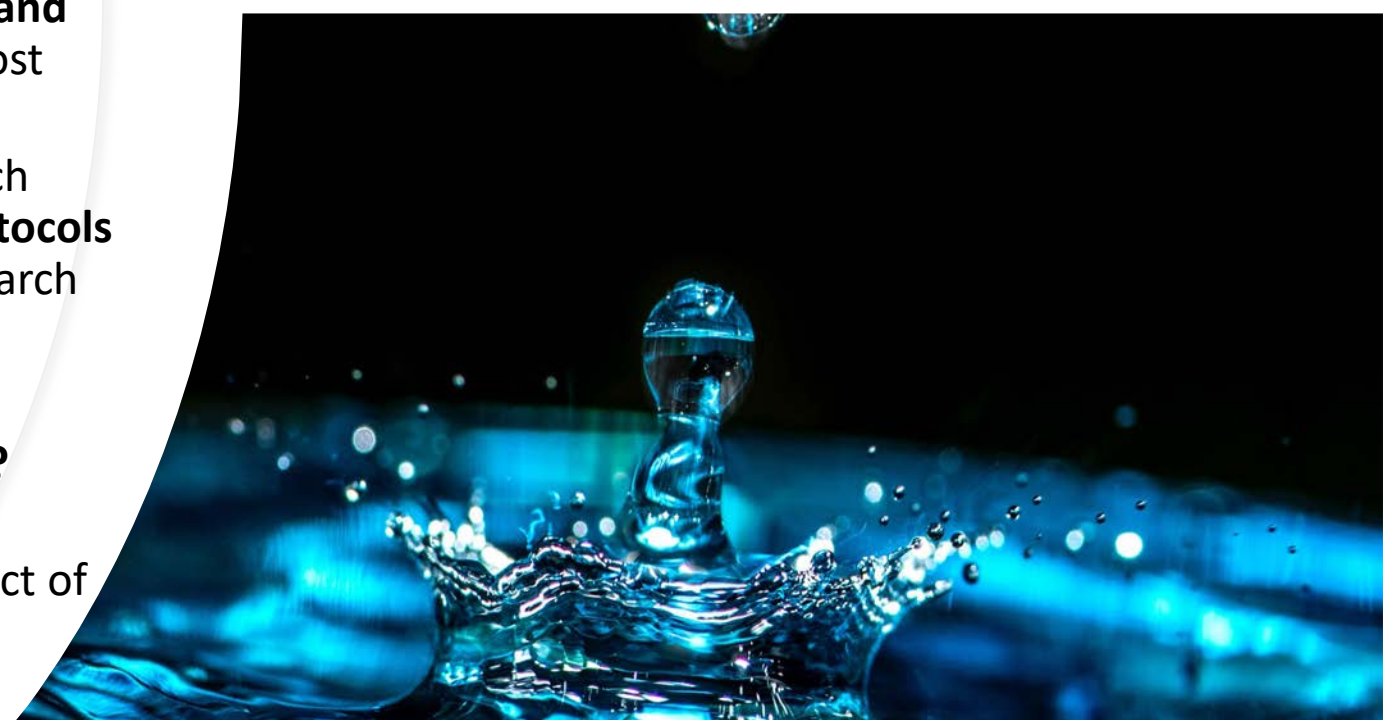
3. Watering the Seeds Engagement-Water element

Watering the seeds of Tribal Engagement, Consultation and Healthful Partnerships

- At THRO, Tribal engagement and consultation must be accessible, authentic, credible and responsive to the needs of Tribal Nations and communities.
- Growing engagement means ensuring that Tribal communities know **what the NIH is and what tools and technologies are available** to them to solve their most deeply entrenched health challenges.
- This includes providing **technical advice** and outreach activities to ICOs and **ensuring compliance with protocols** for Tribal Consultation and adherence to Tribal Research Codes, Ordinances, and protocols.

Watering the seeds of tribal engagement is key. WHY?

- It accelerates cultural and scientific integrity, tribal accountability, and social responsibility in the conduct of research by, for, and in partnership with AI/AN communities.





4. Blazing new paths for strategic initiatives, policies, and collaborations

Fire element

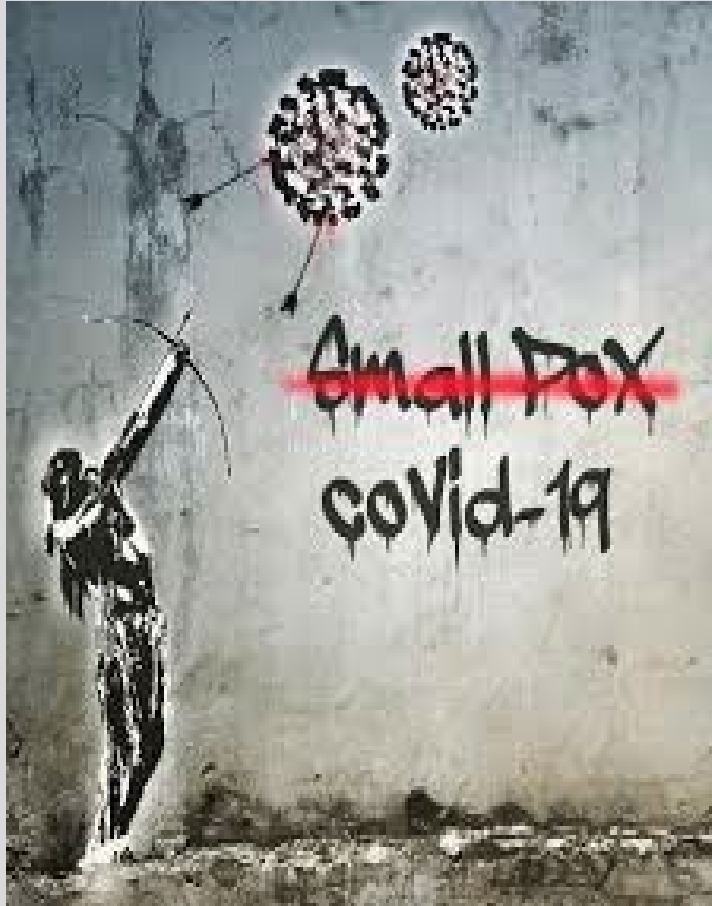


- Builds on Native assets, brilliance, and great minds while building bridges across historical silos.
- Necessitates building coalitions, soliciting insights, and stimulating collaboration and coordination across the NIH, HHS, and other Federal agencies and the WH as appropriate.

WHY?

- Builds natural coalitions and collaborations to address the most pressing issues in Indian Country
- Maximizes resources and develops policies that can better streamline activities and expectations across ICs

2024-2025 Goals



- 1. Develop new Strategic Plan for 2025-2030**
 - Developed SP workgroup
- 2. Develop Indigenous Knowledges Guidelines**
 - Harmonize with OSTP IK policy
 - Developed NIH IK workgroup
- 3. Develop Indigenous Data Sovereignty Policy**
 - Will conduct Tribal Consultation and ICO consultations
 - Develop TDS NIH workgroup and SME summit
 - Harmonize with the HHS Tribal Data Access and Sharing Policy
- 4. Develop cross-cutting initiatives across NIH/HHS & DOI**
 - **Boarding School Healing Research Initiative**
 - Work across Tribal OpDivs and DOI (E.g., IEA, SAMHSA, ACF/ANA (ICWA and MMIP)
 - Other initiatives-Climate Action Group/NIEHS; MMIP/ORWH
 - Create a streamlined Tribal Consultation process at NIH and HHS
 - Create a research working group for HHS Tribal OpDivs
- 5. Rapid Response to public health crises: Syphilis and Opioid/Overdose**

Why?

Because addressing topics trans-NIH/HHS/DOI- like boarding school and intergenerational trauma healing—can lead to innovative healing and health promotion interventions at the NIH and across HHS. For example, centering IK and languages may reduce suicidality and death by suicide rates.

The HEAL
Native Collective
Research Effort to
Enhance Wellness

(N CREW) Program:
Addressing Overdose,
Substance Use, Mental
Health and Pain

As part of NIH's Helping to End Addiction Long-Term (HEAL initiative), the N Crew supports Tribes and Native Serving Organizations (T/NASOs) to conduct locally prioritized research to address overdose, substance use, and pain-including related factors such as mental health.

Intend to commit 268 million over 7 years for NCREW program

Priorities identified in Tribal Consultations and Listening Sessions:

1. Support T/NASOs to lead community-prioritized research projects, including research elevating Indigenous ways and Knowledges.
2. Enhance capacity within T/NASOs to conduct locally prioritized research.
3. Improve access to and the quality of data on substance use, pain, and related health and well being factors to maximize their potential for use in local decision-making.

Connect with THRO on LinkedIn



Website

<https://www.nih.gov/tribalhealth>

LinkedIn

<https://www.linkedin.com/showcase/nih-tribal-health-research-office>

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