

NIH TRIBAL ADVISORY COMMITTEE ORIENTATION HANDBOOK 2019



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



September 26, 2019

Dear Tribal Advisory Committee Members:

On behalf of the Tribal Health Research Office (THRO) and the National Institutes of Health (NIH), I'm pleased to welcome the new and returning members of the NIH Tribal Advisory Committee (TAC).

Consistent with U.S. Department of Health and Human Services Tribal Consultation Policy, the NIH established the TAC as one method of enhancing communications and collaborations with Tribes. The TAC serves in an advisory capacity to the NIH and provides a forum for discussions between elected Tribal officials (or their designated representatives) and NIH officials to exchange views, share information, and seek advice concerning intergovernmental responsibilities related to the implementation and administration of NIH programs.

The TAC helps to ensure that Tribes and American Indian/Alaska Native peoples have meaningful and timely input in the development of NIH policies, programs, and priorities. Overall, the TAC plays a critical role providing recommendations on these and other matters to the NIH and the NIH Director, including advice on the NIH Tribal Consultation process.

I hope this Handbook will be useful to you as you begin your term on the TAC. We will update the information on an ongoing basis. If you have any questions or concerns, please do not hesitate to reach out. We are happy to answer questions and provide support as you learn about your role on the TAC and how the NIH supports biomedical research in its mission to improve health through discovery.

I look forward to our work together.

Warm regards,

Dave

David R. Wilson, Ph.D.

Director, Tribal Health Research Office

Division of Program Coordination, Planning, and Strategic Initiatives

Office of the Director, NIH

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NATIONAL INSTITUTES OF HEALTH: MISSION

The mission of the National Institutes of Health (NIH) is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.

The goals of the agency are to—

- Foster fundamental creative discoveries, innovative research strategies, and their applications as a basis for ultimately protecting and improving health;
- Develop, maintain, and renew scientific human and physical resources that will ensure the Nation's capability to prevent disease;
- Expand the knowledge base in medical and associated sciences to enhance the Nation's economic well-being and ensure a continued high return on the public investment in research; and
- Exemplify and promote the highest level of scientific integrity, public accountability, and social responsibility in the conduct of science.

In realizing these goals, the NIH provides leadership and direction to programs designed to improve the health of the Nation by conducting and supporting research in—

- The causes, diagnosis, prevention, and cure of human diseases;
- The processes of human growth and development;
- The biological effects of environmental contaminants;
- The understanding of mental, addictive, and physical disorders; and
- Directing programs for the collection, dissemination, and exchange of information in medicine and health, including the development and support of medical libraries and the training of medical librarians and other health information specialists.

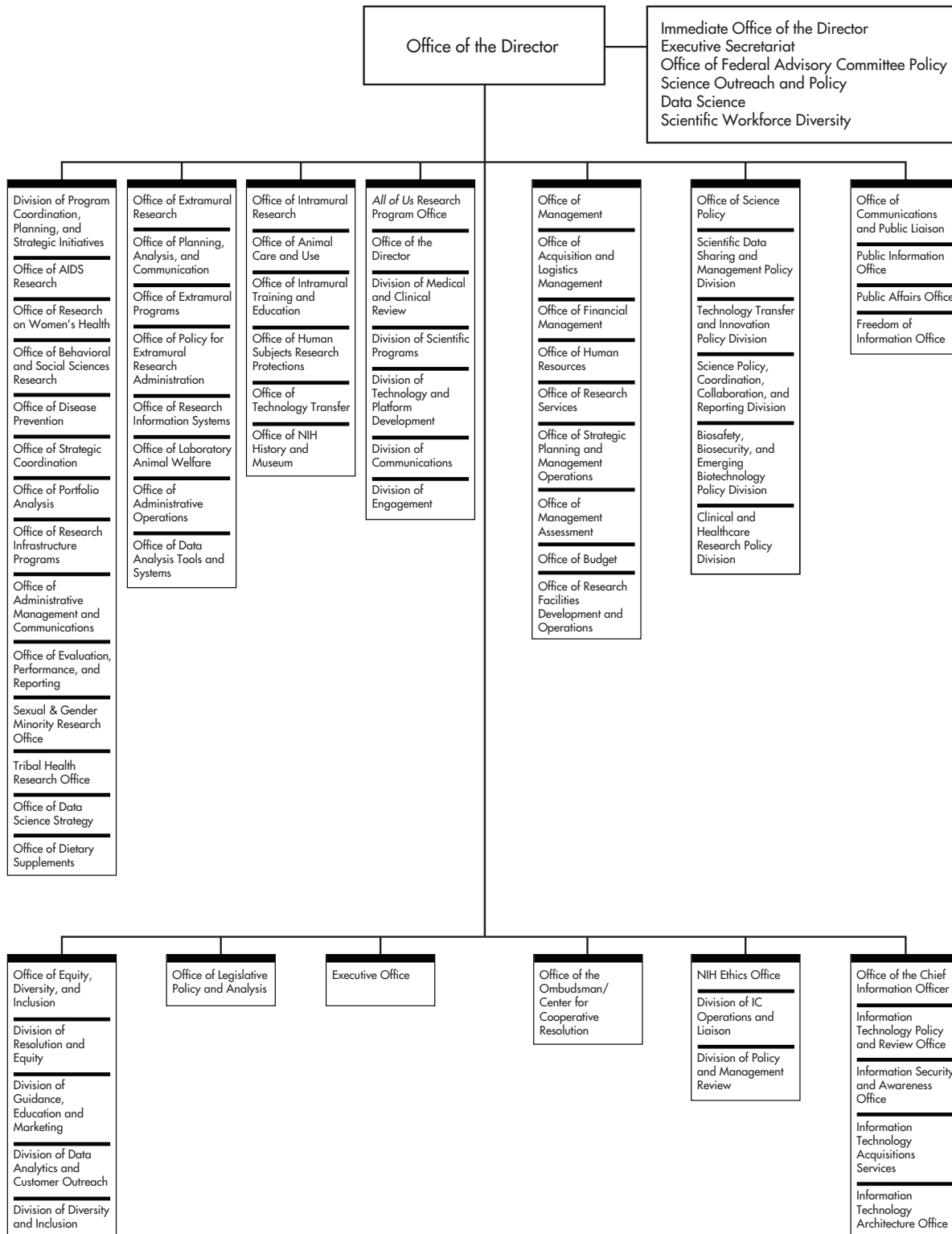
ORGANIZATION

The NIH is a part of the U.S. Department of Health and Human Services (HHS). The mission of HHS is to enhance and protect the health and well-being of all Americans. For a list of all 11 HHS agencies, also referred to as operating divisions, see [Appendix I](#).

The NIH is composed of 27 different components called Institutes and Centers. Each has its own specific research agenda. All but three of these components receive their funding directly from Congress and administer their own budgets.

The Office of the Director (OD) is the central office at the NIH and is responsible for setting policy for the NIH and for planning, managing, and coordinating the programs and activities of all the NIH components.

NIH OFFICE OF THE DIRECTOR, ORGANIZATIONAL CHART



NIH TRIBAL HEALTH RESEARCH OFFICE

Established in 2015, the mission of the [NIH Tribal Health Research Office](#) (THRO) is to support the development of culturally relevant biomedical and health research vital to improving American Indian and Alaska Native (AI/AN) health. Located in the [Division of Program Coordination, Planning, and Strategic Initiatives \(DPCPSI\)](#) in the OD, NIH, THRO coordinates Tribal health research–related activities across the NIH and serves as the central point of contact for Tribal leaders and communities. Examples of THRO’s functions include the following:

- Coordinating Tribal health research-related activities across the NIH
- Providing Tribal Nations with technical assistance on issues related to biomedical research
- Serving as a liaison to and NIH representative on Tribal health-related committees and working groups
- Coordinating and supporting the NIH Tribal Advisory Committee (TAC)
- Collaborating with NIH Institutes, Centers, and Offices (ICOs) on fulfilling the goals and objectives of the NIH Strategic Plan on Tribal Health Research
- Managing information dissemination related to Tribal health research coordination
- Convening trans-NIH committees, workshops, meetings, and other activities related to Tribal health research and scientific priorities
- Coordinating with NIH ICOs to leverage resources or develop initiatives to support Tribal health research
- Coordinating the NIH Tribal Health Research Coordinating Committee (THRCC)
- Convening at least one annual Tribal Consultation

Additionally, THRO initiatives align with the [NIH Strategic Plan for Tribal Health Research FY 2019–2023](#). As the first agency-wide plan for Tribal health research, the document establishes a roadmap to address the health research needs of AI/AN communities through four overarching goals:

- Goal #1 - Enhancing communication and collaboration
- Goal #2 - Building research capacity for American Indian and Alaska Native Communities
- Goal #3 - Expanding research
- Goal #4 - Enhancing cultural competency and community engagement

Supporting and guiding THRO’s efforts are two committees, one internal and one external: The NIH Tribal Health Research Coordinating Committee and the NIH Tribal Advisory Committee.

NIH Tribal Health Research Coordinating Committee

The [NIH THRCC](#) is an agency working group composed of representatives of the NIH ICOs and [DPCPSI programmatic offices](#). The Committee serves as a catalyst for developing research, research training, and career development initiatives focused on AI/AN. It also provides a monthly forum for discussing both the diverse health issues and challenges facing AI/AN communities and how NIH research can help address those needs.

THRCC members are **asked** to—

- Participate in the development of 5-year AI/AN Research Strategic Plans and develop strategies to track and monitor progress on goals and objectives.
- Assist in the development of the AI/AN research portfolio analyses.
- Develop potential research and research training activities for NIH and ICO leadership to consider.
- Enhance and coordinate collaborations related to AI/AN health research across the NIH, as well as with other federal agencies.
- Contribute to reports on AI/AN research activities to HHS and in response to other requests.
- Share effective strategies to partner with AI/AN communities.

NIH Tribal Advisory Committee

The [TAC](#) is advisory to the NIH and provides a forum for meetings between elected Tribal officials (or their designated representatives) and NIH officials to exchange views, share information, and seek advice concerning intergovernmental responsibilities related to the implementation and administration of NIH programs. It was established to help ensure that Tribes and AI/AN people have meaningful and timely input in the development of NIH policies, programs, and priorities. The NIH TAC seeks to ensure that NIH policies or activities that affect AI/AN communities are brought to the attention of Tribal leaders.

The NIH TAC charter calls for representation from each of the 12 geographic areas served by the Indian Health Service (IHS): Alaska, Albuquerque, Bemidji, Billings, California, Great Plains, Nashville, Navajo, Oklahoma, Phoenix, Portland, and Tucson. In addition, the NIH TAC Charter calls for one representative (and a designated alternate) for each of five national at-large Tribal member positions. The NIH TAC met for the first time on September 29–30, 2015, and has met twice annually since then.

It is important to note that the TAC does not constitute or replace government-to-government consultation with Tribal Nations. Rather, the Committee is a mechanism for the agency to enhance its partnerships with Tribes as described in the Committee Charter.

NIH TRIBAL ADVISORY COMMITTEE CHARTER



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892
www.nih.gov

Purpose

The National Institutes of Health (NIH) Tribal Advisory Committee (TAC) serves as an advisory body to the NIH, helping to ensure that Tribes and AI/AN (American Indian/Alaska Native) people have meaningful and timely input in the development of relevant NIH policies, programs, and priorities. The TAC supports, but does not supplant, other government-to-government consultation activities that the NIH undertakes. Tribal representatives and NIH staff exchange information about NIH research policies, programs, priorities, and other activities that affect AI/AN populations. As an advisory committee, the NIH TAC provides recommendations on these matters to the NIH and the NIH Director, including advice on the NIH tribal consultation process.

Authority

Pursuant to Presidential Executive Order No. 13175, November 6, 2000, and the Presidential memoranda of September 23, 2004, and November 5, 2009, the United States Department of Health and Human Services (HHS) adopted a Tribal Consultation Policy that applies to all HHS operating and staff divisions, including the NIH. The [HHS Tribal Consultation Policy](#) directs divisions to establish a process to ensure accountable, meaningful, and timely input by Tribal officials in the development of policies that have Tribal implications.

Consistent with the HHS Tribal Consultation Policy, the NIH established the NIH TAC as one method of enhancing communications with Tribes. The TAC Charter complies with an exemption within the "Unfunded Mandates Reform Act" (P.L. 104-4) to the Federal Advisory Committee Act (FACA) that promotes the free communication between the federal government and Tribal governments. Pursuant to this exemption, the NIH TAC facilitates the exchange of views, information, or advice between federal officials and elected officers of tribal governments (or their designated employees with authority to act on their behalf) acting in their official capacities.

It is the NIH policy that before any action is taken that will significantly affect Indian Tribes that, to the extent practicable and permitted by law, consultation with Indian Tribes will occur. Such actions refer to policies that:

1. Have Tribal implications, and
2. Have substantial direct effects on one or more Indian Tribes, or
3. On the relationship between the federal government and Indian Tribes, or
4. On the distribution of power and responsibilities between the federal government and Indian Tribes.

Committee Activities

It is important for the NIH TAC to build relationships with AI/AN populations by performing the following, with respect for each sovereign nation's cultural/traditional values:

- Propose clarifications and other recommendations, and solutions to address issues raised at Tribal, regional, and national levels;
- Serve as a forum for Tribes and the NIH to discuss proposals for changes to NIH policies, regulations, and procedures, including research priorities.
- Explore opportunities for participation in other NIH committees and/or working groups;
- Respond to NIH on cultural and technical issues regarding grants and contract policies and their impact on Tribes; and
- Raise pertinent issues to the attention of Tribal leaders. This information can be shared and disseminated in various national, regional/area tribal forums, to facilitate timely feedback, and to share information regarding listening sessions, town halls, and Tribal consultations.

Committee Composition

The NIH TAC is composed of 17 primary members (and alternates). Membership includes representation from each of the 12 geographic Areas served by the Indian Health Service (IHS). These Areas currently include the following: Alaska, Albuquerque, Bemidji, Billings, California, Great Plains, Nashville, Navajo, Oklahoma, Phoenix, Portland, and Tucson. In addition, to achieve the broadest coverage of NIH-related national perspectives and views, the TAC includes one representative (and designated alternate) for each of the five National At-Large Members (NALMs) positions. No more than one NALM representative from each region may serve on the committee at any time. A designated alternate may participate in NIH TAC meetings on behalf

of the primary member when that member cannot attend. If the designated alternate also is not available, the primary member is permitted to designate a second alternate in writing prior to the NIH TAC meeting.

Selection Process

The NIH encourages the nomination of members who have experience or interest relevant to research in general and/or NIH activities. Nominations for the TAC primary member and alternate from each of the 12 Area Offices of the IHS are submitted to NIH's Office of the Director via an official letter from the Tribe or a Tribal resolution. NIH leadership approves the members based on the submitted *curriculum vitae* and letter(s) of support from regional Tribal organizations.

Each Area representative should be an elected official or a representative who is designated to act on behalf of a Tribal leader and is qualified to represent the views of the Indian Tribes in the area for which the member is being nominated. Similarly, a NALM should be an elected official or eligible designated representative who is qualified and has authority to represent the views of Tribes from a national, collective perspective.

Nominations are considered for selection in the priority order listed below:

1. Tribal President/Chairperson/Governor
2. Tribal Vice-President/Vice-Chairperson/Lt. Governor
3. Elected or Appointed Tribal Official
4. Designated Tribal Official

Leadership

Chair

A Chair is selected by and from the TAC members for a one calendar-year term of service. The Chair will be an elected or appointed Tribal leader. The number of terms is not limited.

Co-Chair

The Co-Chair is selected by and from the TAC members for a one calendar-year term of service. The Co-Chair will be an elected or appointed Tribal leader. The number of terms is not limited.

Executive Secretary

The Designated Federal Official/Executive Secretary serves as the lead point of contact for the TAC. In addition, this individual provides programmatic guidance, technical assistance, and administrative support. Unless otherwise designated by the NIH, the Designated Federal Official/Executive Secretary will be Director of the NIH Tribal Health Research Office.

Re-election

The Chair and Co-Chair may be re-elected by the TAC for a one calendar-year term. Elections are held annually, at which time the seated membership of the TAC shall call for nominations for an election. TAC members may reconfirm the Chair/Co-Chair or vote on a new Chair/Co-Chair.

Period of Service

Terms for the TAC are two calendar years and are staggered. The NIH initially used a lottery method to assign 1-year terms to half of the area representatives and two of the NALMs initially appointed to the TAC and 2-year terms to the remaining half of the Area representatives and three of the NALMs. A member may serve successive, consecutive terms if nominated again when the member's term expires.

Vacancy

When a vacancy occurs, the Executive Secretary of the TAC notifies the Indian Tribes in the respective area and asks them to nominate a replacement. Tribal leaders provide the name and contact information of the new nominee to the NIH in writing and within forty-five (45) days after the Tribe is notified by the Executive Secretary of a vacancy. In the event the NIH receives no nominations, the NIH, shall seek a new appointee. The designated alternate may attend meetings until the vacancy is officially filled.

Removal

If a member or the member's designated alternate does not participate in a meeting or teleconference (when meant as an official meeting) on four successive occasions, the Executive Secretary of the TAC will notify Indian Tribes in the respective area and ask them to nominate a replacement. The NIH also may request removal if a member fails to meet the requirements for TAC membership (e.g., loss of election).

Interim Representative

When there is a vacancy in a member's position (due to removal or for other reasons) for which a designated alternate is currently serving, the Executive Secretary will notify the designated

alternate and request that the alternate perform the duties of the TAC member to the extent the designated alternate would be eligible to serve as a member on the TAC. The criteria and process for selecting a replacement following a vacancy or removal will follow the Selection Process described above. The designated alternate will serve the remainder of the unexpired term of the original member and if nominated again may serve successive, consecutive terms.

Technical Advisor

Each TAC member is allowed to bring one technical advisor to the meeting to assist in the preparation for and performance of the member's duties and responsibilities as a member of the TAC. The advisor's role is limited to assisting the member, and the advisor cannot participate in the TAC meetings unless the primary member has designated the advisor to act on behalf of the member at the meeting. Ideally, advisors have expertise in health research and/or experience and knowledge of the NIH to fulfill their responsibility of advising the TAC member with respect to NIH policies, programs, priorities, and other activities. TAC members or their respective Tribes submit the name, resume, and credentials of the proposed technical advisor to the NIH.

Meetings

The NIH seeks to convene two face-to-face TAC meetings on a fiscal year basis, depending on the availability of funds. An NIH official serves as the Designated Federal Officer; this person develops a Rules of Order document with the TAC, sets meeting agendas, and attends all TAC meetings. The NIH convenes TAC conference calls as needed and additional meetings may be scheduled depending on need and availability of funds.

Pursuant to Section 204 (b) of the Unfunded Mandates Reform Act (2 U.S.C. §1534 (b)), members of the public may be present at committee meetings (i.e., in the audience as observers), but since members of the public are not allowed on the committee, they may not participate in any committee discussions or any other committee business during meetings.

Voting

The NIH TAC operates by consensus and when a consensus cannot be reached, the NIH TAC votes to resolve any differences. Each NIH TAC member (or designated alternate) is allowed one vote.

Quorum

A quorum is established with 50 percent plus one of the filled TAC seats. In the event the NIH TAC is not able to establish a quorum for a meeting, then the Chairperson and Co-Chair in their discretion can arrange to poll members via conference call or another manner. Informational sessions may occur in the absence of a quorum.

Expenses

Each primary TAC member (or the designated alternate, if the primary member is unable to attend) who is not a federal employee will have travel expenses paid by the NIH for the two face-to-face TAC meetings in accordance with Standard Government Travel Regulations (e.g., 2-week minimum advance airline reservations, unless prior approval otherwise). The NIH also will pay the travel expenses of the TAC member's technical advisor (who is not a federal employee) to attend the two face-to-face TAC meetings.

Reports

The NIH's Tribal Health Research Office in the Division of Program Coordination, Planning, and Strategic Initiatives ensures that reports of all NIH TAC meetings and recommended actions are made available to NIH leadership. The Office posts minutes and reports to the NIH website and is responsible for archiving all NIH TAC documentation.

Meeting Logistics

The Tribal Health Research Office provides meeting coordination for all NIH TAC meetings.

Termination Date

This NIH TAC charter is in effect as long as the NIH Tribal Consultation Guidance on the Implementation of the HHS Tribal Consultation Policy is in effect, and the charter may be amended as needed.

THE ROLES OF TAC DELEGATES AND TECHNICAL ADVISORS

TAC Delegates and Technical Advisors provide a unique and invaluable service to the NIH. As a group, they constitute an advisory body helping to ensure that Tribes and AI/AN people have meaningful and timely input into the development of relevant NIH policies, programs, and priorities. The TAC thus supports, but does not supplant, other government-to-government consultation activities that the NIH undertakes.

Aside from attending two in-person meetings a year and participating in monthly conference calls, TAC Delegates and Technical Advisors are expected to contribute adequate time and energy to committee activities. The TAC makes recommendations collectively as a group and holds joint responsibility for decisions and actions taken by the committee.

Each TAC member is allowed to bring one Technical Advisor to a meeting to assist in the performance of the member's duties and responsibilities as a member of the TAC. The Advisor's role is limited to assisting the member, and the Advisor cannot participate in the TAC meetings unless the primary member has designated the Advisor to act on behalf of the member at the meeting.

Just as the NIH shares information with TAC Delegates and Advisors, committee members are, in turn, expected to communicate NIH's accomplishments, activities, and policies to the Tribal communities they represent. THRO encourages all Delegates and Technical Advisors to share information about the NIH as a way of creating awareness to build sustained, ongoing communications with Tribal nations and AI/AN communities across the country.

MEETINGS

Frequency

The NIH Tribal Advisory Committee meets in person twice a year: once in Bethesda, Maryland, where the NIH is located, and once in one of the 12 IHS service regions. Additional work is conducted via standing monthly conference calls. We know the members of this TAC have many other responsibilities and their time is extremely valuable. Details on TAC monthly conference calls and in-person meetings are posted at dpcpsi.nih.gov/thro/tac.

Content

Open sessions

Whenever possible, meetings are held in open session.

Closed sessions

The TAC also conducts Tribal Caucuses in closed session. The TAC Chair or Co-Chair conducts the session during which delegates discuss issues and concerns.

Working Groups and Subcommittees

The TAC may form Working Groups or Subcommittees as needed. Information will be provided on the monthly calls, at the in-person meetings, by email, or on the TAC website.

As necessary, subcommittees and *ad hoc* working groups may be established to perform functions within the TAC's purview. The advice and recommendations of subcommittees and *ad hoc* working groups must be deliberated by the full TAC. A subcommittee may not report directly to a federal official unless there is statutory authority to do so. Subcommittee membership will be drawn in whole or in part from the TAC. All subcommittee members may vote on subcommittee actions. *Ad hoc* consultants may not vote.

As necessary and with the approval of the Executive Secretary, the TAC and its subcommittees may call upon special consultants; assemble *ad hoc* working groups; and convene conferences, workshops, or other activities.

Meeting Logistics

The NIH TAC aims to hold two in-person meetings per year, with one meeting usually held on or near the NIH main campus in Bethesda, Maryland, and one meeting held in Indian Country at a location determined by the TAC.

The meetings are typically 2 days in length. The DPCPSI contractor Miami Environmental & Energy Solutions (MEES) handles logistics and travel arrangements for these meetings. The following generic travel regulations apply to all meetings. Each TAC delegate will receive specific logistical information 5–6 weeks prior to the meeting.

Reimbursement

OD/NIH will reimburse the following:

- Government *per diem* for the Washington, D.C., area to cover lodging, meals, and incidentals.
- Ground transportation to and from the airport.
- Mileage for members traveling by private automobile. Reimbursement will be based on current official U.S. Government mileage guidelines. The rate will change periodically.
- Air or train fare (in accordance with the reimbursement form—See sample form in [Appendix 2: Travel Reimbursement Form Example](#)).

Airfare/Train Ticket Information

When making arrangements, please refer to the start and end times of the meeting, which will be sent to the TAC delegate 5–6 weeks before the meeting as part of the logistics information.

Because travel to the meeting is on government funds, the air or train fare and itinerary must meet the following criteria:

- Economy/coach class airline or train ticket (for the maximum fare cost allowed, please contact the DPCPSI contractor, MEES, before making travel reservations).
- Purchased at least 2 weeks prior to the TAC delegate's departure date.
- Fare priced at a competitive rate (i.e., compare cost through various travel websites).

Please contact MEES with any questions regarding reasonable fares prior to booking the ticket. All other costs or an increased cost must be pre-approved. Three airports are within a 45- to 60-minute cab ride to Bethesda:

Dulles International Airport

www.metwashairports.com/dulles/dulles.htm

Reagan National Airport

www.metwashairports.com/reagan/reagan.htm

Baltimore Washington International Thurgood Marshall Airport

www.bwiairport.com

Hotel Information

The TAC delegate will be informed of the hotel address and contact information. The DPCPSI contractor, MEES, will provide a hotel confirmation number prior to the meeting and also will cover the overnight room/taxes. Each guest will be responsible for incidentals.

Dinner and Lunch at the Meeting

- A voluntary TAC dinner is typically organized during the meeting, and arrangements are announced before the meeting.
- Everyone will have an opportunity to order and pay for a box lunch for the days of the TAC meetings. Information about the box lunch will be included in the logistical information that will be provided 5–6 weeks prior to the meeting. Due to NIH regulations, all attendees are required to pay directly for their meals. Each delegate will be reimbursed at *per diem* for meals following the conclusion of the meeting. The NIH will not pay for meal(s) in advance and cannot change the amount from the assigned *per diem*.

Transportation Information

Depending on the meeting location, private shuttle service may be provided in the morning from the hotel to the meeting site. The DPCPSI contractor MEES will inform the delegate of meeting-specific transportation options.

When meetings take place on the NIH campus, whether arriving by Metro, hotel shuttle, or private or commercial vehicle, *visitors to the NIH must show one (1) form of a government-issued photo ID—driver's license, passport, green card, etc.* When traveling to the main NIH campus in Bethesda, Maryland, use of the Metro is strongly encouraged. Visitor parking lots on the NIH Campus fill up quickly. The Washington, D.C., Metrorail system Red Line has a station on the NIH Campus called "Medical Center." After exiting the Metro station, attendees can proceed to the Gateway Center to receive a visitor's pass and a map with directions to the meeting location. The Gateway Center is just outside the Metro station escalator.

If driving or taking a taxi directly to the NIH, please be aware that all visitor and commercial vehicles will be inspected. Vehicles enter the main NIH campus Gateway Center complex through "NIH Gateway Drive," just south of the Metro station on Rockville Pike. The Gateway Center includes an underground "visitor-only" parking garage. Parking fees are \$12 per day and are fully reimbursable for TAC members. Please proceed to the Gateway Center to receive a visitor's pass. Security Procedure: Visitors must show one (1) form of a government-issued photo ID—driver's license, passport, green card, or NIH ID card.

Complete NIH visitor information can be found online at www.nih.gov/about/visitor/index.htm.

Summaries of Past Meetings

Please browse through the past TAC meeting summaries. Information about past meetings can be found at dpcpsi.nih.gov/thro/tac/meetings.

Future Meetings

Future meeting dates will be determined by the TAC and posted on the THRO website at dpcpsi.nih.gov/thro/tac. Agendas will be sent to TAC members and posted at the THRO website.

QUESTIONS AND COMMENTS

For additional information or questions, please contact TAC Executive Secretary, Dr. David R. Wilson, at NIHTribalCommittee@od.nih.gov. Dr. Wilson can be reached at 301-402-9852.

For questions or comments about TAC logistical issues, please contact the DPCPSI Contractor Miami Environmental & Energy Solutions (MEES): Kendra King Bowes at kking@mn-e.com or telephone 571-323-5650; or Lauri Argo at largo@mn-e.com or telephone 571-323-5651.

DIVISION OF PROGRAM COORDINATION, PLANNING, AND STRATEGIC INITIATIVES

The NIH Reform Act of 2006 required establishment of the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI) within the Office of the Director (OD), NIH. The NIH THRO is one of many offices located within the Division. Activities directed by DPCPSI include the following:

- Identifying emerging scientific opportunities, rising public health challenges, or scientific knowledge gaps that merit further research and would benefit from collaborative research or strategic coordination and planning;
- Developing and applying resources (databases, analytic tools, and methodologies) and producing specifications for new resources in support of portfolio analyses in scientific areas across the NIH;
- Supporting through extramural funding mechanisms an infrastructure program that benefits research activities across the NIH categorical interest areas; and
- Coordinating and managing agency-wide activities in performance monitoring, evaluation, and reporting.

The Division also coordinates activities related to research on AIDS, behavioral and social sciences, women's health, disease prevention, dietary supplements, data science, sexual and gender minorities, and Tribal health. DPCPSI incorporates all of the functions of the former Office of Portfolio Analysis and Strategic Initiatives and the OD Program Offices and includes the office that manages the NIH Common Fund.

OD PROGRAM OFFICES

Office of AIDS Research

The Office of AIDS Research (OAR) coordinates HIV/AIDS research across the NIH. The NIH provides the largest public investment in HIV/AIDS research globally. As HIV crosses nearly every area of medicine and scientific investigation, the response to the HIV pandemic requires a multi-Institute, multidisciplinary, global research program. OAR provides scientific coordination and management of this research program.

Office of Behavioral and Social Sciences Research

The Office of Behavioral and Social Sciences Research (OBSSR) supports behavioral and social sciences research at the NIH by coordinating and/or participating on funding opportunity announcements and by providing co-funding to NIH ICOs that support this research.

Office of Data Science Strategy

The NIH is dedicated to harnessing the potential of the computational and quantitative sciences to elevate the impact and efficiency of biomedical research. NIH efforts in the integration of Data Science with the biomedical sciences are coordinated by the NIH Scientific Data Council and DataScience@NIH, under the leadership of the NIH Associate Director for Data Science. DataScience@NIH leads the development of the overall NIH vision for Data Science and coordinates across all 27 Institutes and Centers in support of biomedical research as a digital enterprise.

Office of Disease Prevention

The Office of Disease Prevention (ODP) is the lead office at the NIH responsible for assessing, facilitating, and stimulating research in disease prevention, and disseminating the results of this research to improve public health. Prevention is preferable to treatment, and research on disease prevention is an important part of the NIH's mission. The knowledge gained from this research leads to stronger clinical practice, health policy, and community health programs.

Office of Dietary Supplements

Within the ODP, the mission of the Office of Dietary Supplements (ODS) is to strengthen knowledge and understanding of dietary supplements by evaluating scientific information, stimulating and supporting research, disseminating research results, and educating the public to foster an enhanced quality of life and health for the U.S. population.

Office of Research on Women's Health

The Office of Research on Women's Health (ORWH) supports and promotes women's health and sex/gender research, ensures that women are appropriately represented in NIH research studies, and develops opportunities to advance women in biomedical careers and the careers of both women and men in women's health and sex/gender research. The Office's future initiatives are guided by its strategic plan, [*Moving into the Future with New Dimensions and Strategies: A Vision for 2020 for Women's Health Research*](#).

Office of Strategic Coordination – The Common Fund

The Office of Strategic Coordination (OSC) works with staff and leadership across the NIH to identify and promote scientific opportunities supported by the NIH Common Fund. Emerging opportunities are shaped and prioritized through a strategic planning process that engages a broad community of stakeholders. The Office also manages the Common Fund, making funds available to the NIH ICOs that implement the programs.

Office of Research Infrastructure Programs

The Office of Research Infrastructure Programs (ORIP) is dedicated to supporting research infrastructure and research-related resource programs. ORIP's infrastructure programs are trans-NIH in nature and align with DPCPSI's mission to ensure that the NIH effectively addresses and coordinates important areas of emerging scientific opportunities. The Office identifies and enhances trans-NIH research in critical areas of emerging scientific opportunities and reports on knowledge gaps that merit further research through its scientific units.

Sexual & Gender Minority Research Office

The Sexual & Gender Minority Research Office (SGMRO) coordinates sexual and gender minority (SGM) research and related activities by working with the NIH ICOs. SGM populations include individuals who identify themselves as lesbian, gay, bisexual, or transgender (LGBT), as well as individuals who do not self-identify with one of these terms but whose sexual orientation, gender identity, or reproductive development varies from traditional, societal, cultural, or physiological norms. The NIH adopted the term "SGM" to be fully inclusive of these diverse populations, whose health is understudied and who may share or differ in their health concerns.

STAFF OFFICES

Office of Portfolio Analysis

The Office of Portfolio Analysis (OPA) is an interdisciplinary team that impacts NIH-supported research by enabling NIH decision makers and research administrators to evaluate and prioritize current and emerging areas of research that will advance NIH's mission. OPA provides NIH staff with multiple services, including consultation and training in the use of tools that will allow interested individuals to do their own analyses. The Office also identifies and develops new, sophisticated computational tools and approaches capable of analyzing a wide range of parameters of biomedical research funding and the resulting impact.

Office of Evaluation, Performance, and Reporting

The Office of Evaluation, Performance, and Reporting (OEPR) provides leadership and coordination of NIH efforts to better capture, communicate, and enhance the value of biomedical research through strategic planning, performance monitoring, evaluation, and reporting. OEPR works to improve data collection and reporting on NIH activities, products, outputs and outcomes, and in parallel identifies strategies and opportunities to strengthen NIH's capacity for performance monitoring and evaluation. The goal of OEPR is to ensure that the NIH and its stakeholders have the best evidence available on NIH activities and impact to inform decisions about policies, programs, and projects.

Office of Administrative Management and Communications

The Office of Administrative Management and Communications (OAMC) plans, directs, coordinates, and provides administrative management support for the offices within DPCPSI. OAMC also coordinates and directs information management and related communications activities for selected DPCPSI offices.

OTHER OD PROGRAMS

Environmental influences on Child Health Outcomes Program

The Environmental influences on Child Health Outcomes (ECHO) aims to understand the effects of environmental exposures on child health and development. ECHO weaves together multiple synergistic, longitudinal cohort studies to investigate how a broad range of early environmental factors (including physical, chemical, biological, social, and behavioral factors, as well as the natural and built environments) affect child health and development. The resulting ECHO-wide cohort focuses on four key pediatric outcomes that have a high public health impact: pre-, peri-, and postnatal outcomes; upper- and lower-airway conditions; obesity; and neurodevelopment—as well as an innovative fifth outcome, positive health, which reflects the positive attributes of healthy growth and development. The studies share standardized core data elements managed by a central coordinating center and an associated data analysis center. An additional, primary component of ECHO is the IDeA States Pediatric Clinical Trials Network, whose goal is to provide access for rural and medically underserved children to participate in state-of-the-art pediatric clinical trials. This network also provides capacity building and professional development to institutions in states with historically low rates of NIH funding.

All of Us Research Program

The *All of Us* Research program is a historic, longitudinal effort to gather data from 1 million or more people living in the United States to accelerate research and improve health. By taking into account individual differences in lifestyle, socioeconomics, environment, and biology, researchers will uncover paths toward delivering precision medicine — or individualized prevention, treatment, and care — for all of us. Through advances in research, technology, and policies that empower individuals, *All of Us* will enable a new era of medicine in which researchers, health care providers, and patients work together to develop individualized care.

NIH Institutes

National Cancer Institute — Est. 1937

The National Cancer Institute (NCI) leads a national effort to eliminate the suffering and death due to cancer. Through basic and clinical biomedical research and training, the NCI conducts and supports research that will lead to a future in which we can prevent cancer before it starts, identify cancers that do develop at the earliest stage, eliminate cancers through innovative treatment interventions, and biologically control those cancers that we cannot eliminate so they become manageable, chronic diseases.

National Eye Institute — Est. 1968

The National Eye Institute's (NEI) mission is to conduct and support research, training, health information dissemination, and other programs with respect to blinding eye diseases, visual disorders, mechanisms of visual function, preservation of sight, and the special health problems and requirements of the blind.

National Heart, Lung, and Blood Institute — Est. 1948

The National Heart, Lung, and Blood Institute (NHLBI) provides global leadership for a research, training, and education program to promote the prevention and treatment of heart, lung, and blood diseases and enhance the health of all individuals so that they can live longer and more fulfilling lives. The NHLBI stimulates basic discoveries about the causes of disease, enables the translation of basic discoveries into clinical practice, fosters training and mentoring of emerging scientists and physicians, and communicates research advances to the public.

National Human Genome Research Institute — Est. 1989

The National Human Genome Research Institute (NHGRI) is devoted to advancing health through genome research. The Institute led NIH's contribution to the Human Genome Project, which was successfully completed in 2003 ahead of schedule and under budget. Building on the foundation laid by the sequencing of the human genome, NHGRI's work now encompasses a broad range of research aimed at expanding understanding of human biology and improving human health. In addition, a critical part of NHGRI's mission continues to be the study of the ethical, legal, and social implications of genome research.

National Institute on Aging — Est. 1974

The National Institute on Aging (NIA) leads a national program of research on the biomedical, social, and behavioral aspects of the aging process; the prevention of age-related diseases and disabilities; and the promotion of a better quality of life for all older Americans.

National Institute on Alcohol Abuse and Alcoholism — Est. 1970

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) conducts research focused on improving the treatment and prevention of alcoholism and alcohol-related problems to reduce the enormous health, social, and economic consequences of this disease.

National Institute of Allergy and Infectious Diseases — Est. 1948

The National Institute of Allergy and Infectious Diseases' (NIAID) research strives to understand, treat, and ultimately prevent the myriad infectious, immunologic, and allergic diseases that threaten millions of human lives.

National Institute of Arthritis and Musculoskeletal and Skin Diseases — Est. 1986

The National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) supports research into the causes, treatment, and prevention of arthritis and musculoskeletal and skin diseases, the training of basic and clinical scientists to carry out this research, and the dissemination of information on research progress in these diseases.

National Institute of Biomedical Imaging and Bioengineering — Est. 2000

The mission of the National Institute of Biomedical Imaging and Bioengineering (NIBIB) is to improve health by leading the development and accelerating the application of biomedical technologies. The Institute is committed to integrating the physical and engineering sciences with the life sciences to advance basic research and medical care.

Eunice Kennedy Shriver National Institute of Child Health and Human Development — Est. 1962

The *Eunice Kennedy Shriver* National Institute of Child Health and Human Development's (NICHD) research on fertility, pregnancy, growth, development, and medical rehabilitation strives to ensure that every child is born healthy and wanted and grows up free from disease and disability.

National Institute on Deafness and Other Communication Disorders — Est. 1988

The National Institute on Deafness and Other Communication Disorders (NIDCD) conducts and supports biomedical research and research training on normal mechanisms, as well as diseases and disorders of hearing, balance, smell, taste, voice, speech, and language that affect 46 million Americans.

National Institute of Dental and Craniofacial Research — Est. 1948

The National Institute of Dental and Craniofacial Research (NIDCR) provides leadership for a national research program designed to understand, treat, and ultimately prevent the infectious and inherited craniofacial-oral-dental diseases and disorders that compromise millions of human lives.

National Institute of Diabetes and Digestive and Kidney Diseases — Est. 1950

The mission of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) is to conduct and support medical research and research training and to disseminate science-based information on diabetes and other endocrine and metabolic diseases; digestive diseases, nutritional disorders, and obesity; and kidney, urologic, and hematologic diseases, to improve people's health and quality of life.

[National Institute on Drug Abuse](#) — Est. 1974

The mission of the National Institute on Drug Abuse (NIDA) is to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health.

[National Institute of Environmental Health Sciences](#) — Est. 1969

The mission of the National Institute of Environmental Health Sciences (NIEHS) is to discover how the environment affects people to promote healthier lives.

[National Institute of General Medical Sciences](#) — Est. 1962

The National Institute of General Medical Sciences (NIGMS) supports basic research that increases understanding of biological processes and lays the foundation for advances in disease diagnosis, treatment, and prevention. NIGMS-funded scientists investigate how living systems work at a range of levels, from molecules and cells to tissues, whole organisms, and populations. The Institute also supports research in certain clinical areas, primarily those that affect multiple organ systems. To ensure the vitality and continued productivity of the research enterprise, NIGMS provides leadership in training the next generation of scientists, in enhancing the diversity of the scientific workforce, and in developing research capacities throughout the country.

[National Institute of Mental Health](#) — Est. 1949

The National Institute of Mental Health (NIMH) provides national leadership dedicated to understanding, treating, and preventing mental illnesses through basic research on the brain and behavior, and through clinical, epidemiological, and services research.

[National Institute on Minority Health and Health Disparities](#) — Est. 2010

The National Institute on Minority Health and Health Disparities (NIMHD) has a long history, beginning in 1990 as an Office and later designated as a Center in 2000. The mission of NIMHD is to lead scientific research to improve minority health and eliminate health disparities. To accomplish its mission, NIMHD plans, reviews, coordinates, and evaluates all minority health and health disparities research and activities of the NIH; conducts and supports research in minority health and health disparities; promotes and supports the training of a diverse research workforce; translates and disseminates research information; and fosters innovative collaborations and partnerships.

[National Institute of Neurological Disorders and Stroke](#) — Est. 1950

The mission of the National Institute of Neurological Disorders and Stroke (NINDS) is to seek fundamental knowledge about the brain and nervous system and to use that knowledge to reduce the burden of neurological disease. To accomplish this goal, the NINDS supports and conducts basic, translational, and clinical research on the normal and diseased nervous system. The Institute also fosters the training of investigators in the basic and clinical neurosciences, and seeks better understanding, diagnosis, treatment, and prevention of neurological disorders.

National Institute of Nursing Research — Est. 1986

The mission of the National Institute of Nursing Research (NINR) is to promote and improve the health of individuals, families, communities, and populations. NINR supports and conducts clinical and basic research and research training on health and illness across the lifespan to build the scientific foundation for clinical practice, prevent disease and disability, manage and eliminate symptoms caused by illness, and improve palliative and end-of-life care.

National Library of Medicine — Est. 1956

The National Library of Medicine (NLM) collects, organizes, and makes available biomedical science information to scientists, health professionals, and the public. The Library's web-based databases, including PubMed/Medline and MedlinePlus, are used extensively around the world. NLM conducts and supports research in biomedical communications; creates information resources for molecular biology, biotechnology, toxicology, and environmental health; and provides grant and contract support for training, medical library resources, and biomedical informatics and communications research.

NIH Centers

NIH Clinical Center — Est. 1953

The NIH Clinical Center (CC), America's research hospital, provides a versatile clinical research environment enabling the NIH mission to improve human health by investigating the pathogenesis of disease; conducting first-in-human clinical trials with an emphasis on rare diseases and diseases of high public health impact; developing state-of-the-art diagnostic, preventive, and therapeutic interventions; training the current and next generations of clinical researchers; and ensuring that clinical research is ethical, efficient, and of high scientific quality.

Center for Information Technology — Est. 1964

The Center for Information Technology (CIT) incorporates the power of modern computers into the biomedical programs and administrative procedures of the NIH by focusing on three primary activities: conducting computational biosciences research, developing computer systems, and providing computer facilities.

Center for Scientific Review — Est. 1946

The Center for Scientific Review (CSR) is the portal for NIH grant applications and their review for scientific merit. CSR organizes the peer review groups or study sections that evaluate the majority (70%) of the research grant applications sent to the NIH. CSR also receives all grant applications for the NIH, as well as for some other components of the U.S. Department of Health and Human Services. Since 1946, the CSR mission has remained clear and timely: to see that NIH grant applications receive fair, independent, expert, and timely reviews — free from inappropriate influences — so the NIH can fund the most promising research.

[Fogarty International Center](#) — Est. 1968

The Fogarty International Center (FIC) promotes and supports scientific research and training internationally to reduce disparities in global health.

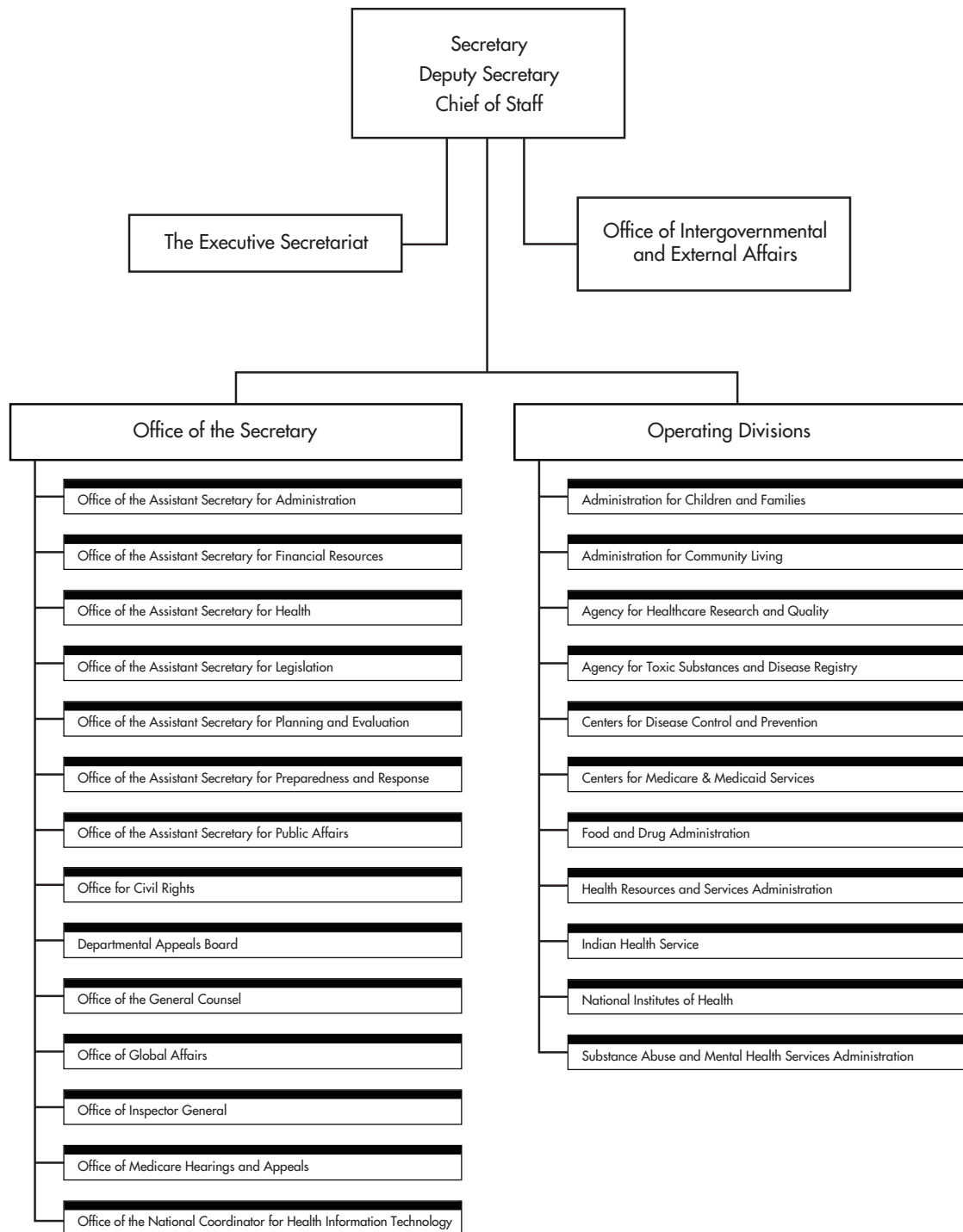
[National Center for Advancing Translational Sciences](#) — Est. 2011

The mission of the National Center for Advancing Translational Sciences (NCATS) is to catalyze the generation of innovative methods and technologies that will enhance the development, testing, and implementation of diagnostics and therapeutics across a wide range of human diseases and conditions.

[National Center for Complementary and Integrative Health](#) — Est. 1999

The mission of the National Center for Complementary and Integrative Health (NCCIH) is to define, through rigorous scientific investigation, the usefulness and safety of complementary and integrative health interventions and their roles in improving health and health care.

APPENDIX 1: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ORGANIZATIONAL CHART



APPENDIX 2: TRAVEL REIMBURSEMENT FORM EXAMPLE

Miami Environmental & Energy Solutions

EXPENSE FORM

Name		
Mailing Address for Reimbursement		
City	State	Zip Code
Home Telephone	Work Telephone	
Name of Project NIH TAC	Project Number 52276.02.0002.001	
Destination Bethesda, MD	Purpose NIH TAC Meeting	
Departure Time/Date	Return Time/Date	

Explanation of Travel Reimbursement: Under federal government travel regulations, on the first and last days of travel where lodging is required, the reimbursable M&IE allowance is $\frac{3}{4}$ of the applicable M&IE rate for the location. M&IE on travel less than 12 hours where lodging is not required is not reimbursable. This breakdown applies to the *per diem* rate for meals and incidentals only. NIH will cover tips for ground transportation (taxi/paid shuttle) up to 15% of the total charge with receipt. Any tip amount over 15% should not be included in your total.

Receipts must be submitted with the expense form for parking, ground transportation, and luggage (food/beverage receipts are not required). If you are submitting mileage, please attach a Google or other map print out. A credit card statement cannot be used as a substitute for a receipt except for luggage fees. Rental cars will not be reimbursed.

Please tape all receipts (excluding food and beverage) to a sheet(s) of paper and attach to this expense form. Mail form and receipts to **Miami Environmental & Energy Solutions, 1950 Roland Clark Place, Suite 210D, Reston, VA 20191** to the attention of Lauri Argo. Or scan form and receipts to Largo@mn-e.com.

Category	Dollar Amount
Meals and Incidental Expenses	
Departure day (3/4 per diem amount) \$57.00¹	
Days spent at travel site ____ days x per diem amount \$76.00	
Arrival day (3/4 per diem amount) \$57.00 53-DN	
Use of personal car: number of miles ____ @ \$.58 cents/mile 53-GN	
Ground transportation total (gasoline, taxi, shuttle, tolls, metro, Uber, etc.) 53-GN	
Parking 53-GN	
Luggage 53-AN	
TOTAL DUE PARTICIPANT/CONSULTANT	

¹ This dollar amount reflects the *per diem* for a Bethesda, MD, meeting. *Per diem* will vary by physical location and may be lower.



National Institutes of Health
Tribal Health Research Office