



ROOTED IN COMMUNITY

2022 Annual Report
Seattle Indian Health Board

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In Memory: Celebrating the Life and Legacy of Adrian Dominguez

We raise our hands in deepest gratitude for the friendship and service of our late Chief Data Officer, Adrian Dominguez. He was surrounded by family and friends as he made his journey.

Adrian was an epidemiologist, adjunct professor, and advisor on complex public health challenges. During his eight years at Seattle Indian Health Board, Adrian first served as Scientific Director of our public health division Urban Indian Health Institute, later becoming our Chief Data Officer.

Originally from Los Angeles, California, Adrian earned his undergraduate degree from the University of California, Santa Barbara. He went on to a fellowship at Harvard University and completed his master's degree at UCLA. He then worked as an epidemiologist for almost a decade, in Spokane and El Paso. Later, Adrian taught public health classes to master's degree students at Eastern Washington University.

Adrian was almost as serious about celebration as he was about his work. Adrian invested much time and energy creating the most elegant and extravagant Christmas party each year and extended an invitation to many of us throughout the years. His generosity also extended to mentoring others, especially first-generation college graduates unfamiliar with the field of public health.

Our Chief Data Officer's involvement and dedication to health equity ran deep. Over the course of his career, Adrian worked with academic institutions and communities on complex public health issues that included: pediatric lead poisoning in low-income areas, HIV/AIDS, maternal and child health, diabetes, breast and cervical cancer, social determinants of health, and community health assessments and evaluations.

In addition to his work with us, Adrian also contributed his leadership experience to the advisory board of the University of Washington Latino Center for Health. He served on the Board of the Washington State Public Health Association (WSPHA), where he led the group's conference committee. Moreover, Adrian was well known as an expert advisor to the COVID-19 Prevention Network, which conducted efficacy trials for COVID-19 vaccines.

Adrian's legacy lives on through his many mentees, and his life is celebrated through sharing fond memories and building upon the work that he started. Adrian was a dedicated and passionate team member who helped shape a new direction for the UIHI division of SIHB. He is greatly missed.

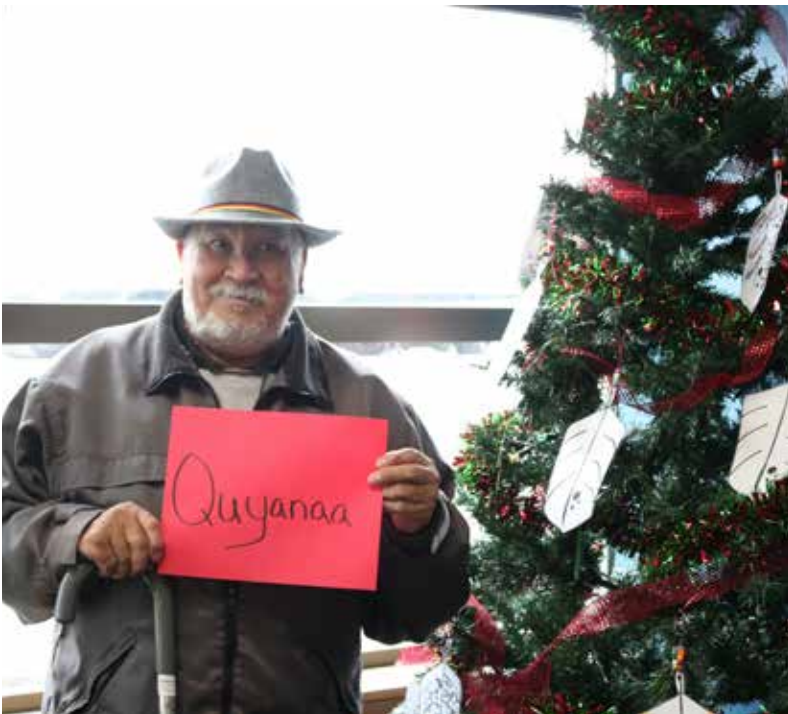
Our mission is to advocate for, provide, and ensure culturally appropriate, high-quality, and accessible health and human services to American Indians and Alaska Natives.

We envision a time when all Indian people have healthy and successful lives.

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Nurturing Purposeful Growth

Our work is guided by our love for Native people. This is so much more than a slogan to us, the model that guides our work was built upon that love, and our work each day is guided by our love for, and commitment to, our relatives. Our model is centered on Traditional Indian Medicine and is grounded in our values as Native people.

Our Indigenous Knowledge Informed Systems of Care model (IndigiKnow) not only informs how decisions are made by leadership but also every aspect of the way that we serve the community. We recognize that communities have the knowledge and hold the keys to achieving a healthy future for our people. This integrated model informs how we shape our investments into holistic health and ensures that we are doing the work alongside our people.

On the national level, our role in stewarding health equity for Natives is largely to hold the federal government accountable to its trust and treaty obligations. Our ongoing advocacy efforts at the national, state, and local levels continue to pave the way toward these goals.

Despite supply chain issues related to the pandemic, we overcame obstacles to opening our doors in Lake City and Pioneer Square in 2022, as well as operationalizing our new mobile unit. We were also able to acquire a building for our residential treatment facility.

When we made the difficult decision to pause services delivered at our former treatment center, we promised that we would reopen our doors. Today, those plans are coming to fruition on Vashon Island. This year, we were able to acquire a new building and will start construction in 2023.

Each of these accomplishments was possible due to calculated decisions made by our leadership team to ensure our financial stability years in advance. Our braided funding strategy implemented in years past has opened a world of possibilities, and we are just getting started.

Our people are undoubtedly our greatest asset due to their deep knowledge, life experience, and love for our relatives. Over the last few years, our Executive Leadership Team strategically redistributed responsibilities to reflect the traditional values of balance and collaboration.

This new leadership structure enabled us to continue to grow into 2022. We were able to add our Associate Officer tier to the organization, add several specialty services (including podiatry), and expand access to culturally attuned care.

We continue to uphold and advance our mission and appreciate your continued support.



Tom Warren (Choctaw), SB ME
President, Board of Directors

Indigenous Knowledge Informed Systems of Care (IndigiKnow)

First and foremost, IndigiKnow places Traditional Medicine at the center of everything we do and is foundational to our organization and strategic efforts. Built upon the dynamic knowledge Indigenous peoples hold in our communities, families, stories, blood memories, and ancestry, Traditional Medicine is used to bring balance and healing to our minds, bodies, spirits, and world. At every level—from relatives to staff—we integrate these traditional teachings, practices, medicines, and foods to support our community in a holistic way.

Since our establishment over 50 years ago, we have built on our foundation of accessible healthcare to provide a broad network of services that reaches beyond the limitation of Western medicine. We know that true healing and wellness are achieved for our people through access to high-quality, culturally attuned care, and Traditional Medicine. This integrated system is what we refer to as our Indigenous Knowledge Informed Systems of Care, or IndigiKnow.

TRADITIONAL MEDICINE PROMOTES AND DEVELOPS WELLNESS IN OUR COMMUNITIES THROUGH...

Songs, prayers, plant medicines, traditional and sustainable foods, ancestral languages, cultural ceremonies, community roles and relationships, and practices of resilience, reverence, and gratitude.

Health and Human Services

Holistic care for all of our relatives in a Native way

By fully integrating our health and human services, we can provide holistic care for our patients that pays equal attention to the mind, body, and spiritual components of a person's health.

Policy and Advocacy

Advocating for the health of our people

By ensuring that the federal trust responsibility is honored, and educating government entities on the Urban Indian experience, we are allowing all Native voices to be heard when it comes to policies and funding for Native people.

Workforce Development

Training the next generation of Native and Native-serving professionals

As an organization, we are dedicated to developing the next generation of community health and public health professionals.

Epidemiology, Research, and Evaluation

Decolonizing data for Indigenous people, by Indigenous People

By decolonizing data, we are identifying both the resiliencies and gaps in our communities and addressing them by using techniques rooted in Indigenous knowledge.

“In service to our relatives, we have integrated public health into our clinical work, and into our social service work. At its core, that is traditional Indian medicine.”



**Socia Love (Delaware/Yuchi/
Cherokee), MD**
Chief Health Officer

Grounded in traditional medicine, Indigenous Knowledge Informed Systems of Care (IndigiKnow) is the integration of thousands of years of Indigenous innovation and technology.

TRADITIONAL MEDICINE

Holding Traditional Medicine at our center

With Traditional Medicine informing everything we do as an organization, we are intentional in the way we support wellness for relatives. We serve all people in a Native way.

HEALTH & HUMAN SERVICES

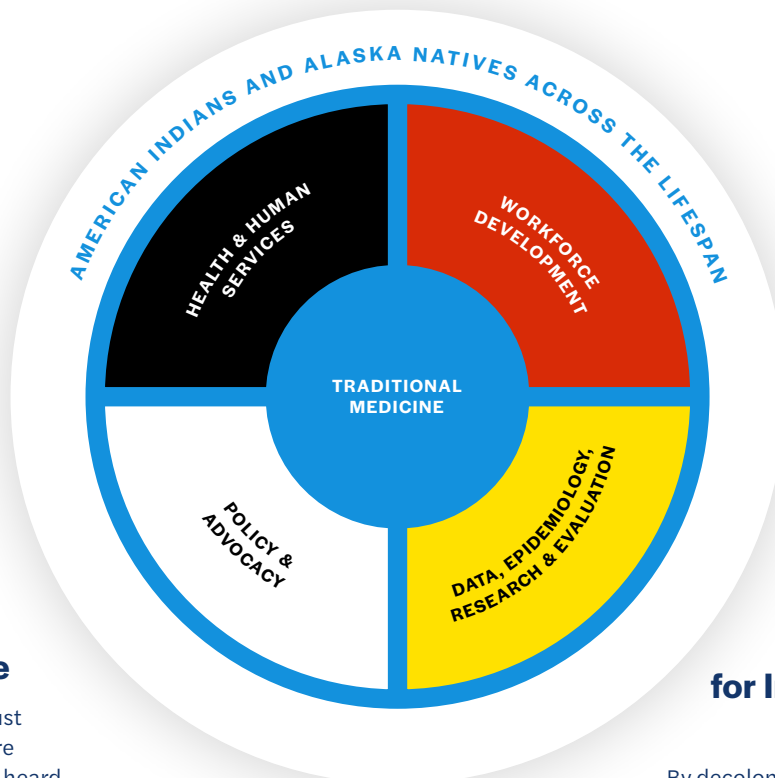
Holistic care for all of our relatives

By fully integrating our health and human services, we can provide holistic care for our patients that pays equal attention to the mind, body, spiritual, and environmental components of a person's health.

WORKFORCE DEVELOPMENT

Training the next generation of health professionals

By investing in our staff and training future generations, we are promoting and expanding culturally attuned healthcare throughout Indian Country and beyond.



POLICY & ADVOCACY

Advocating for the health of our people

By ensuring that the federal trust responsibility is honored, we are allowing all Native voices to be heard when it comes to policies and funding for Native people.

DATA, EPIDEMIOLOGY, RESEARCH & EVALUATION

Decolonizing data for Indigenous people by Indigenous people

By decolonizing data, we are identifying the resiliencies and gaps in our communities and addressing them by using techniques rooted in Indigenous knowledge.

IMPACT

Walking in a culture of wellness

Leading an environment, anchored in tradition, that empowers our community to walk in a culture of wellness.

Responsive Care in an Ongoing Pandemic

Pandemics and health stresses within our community are constantly changing and adapting. To continue our legacy of quality, culturally attuned care, our organization must continue to adapt to these new challenges. Through innovative outreach strategies, accessible community events, and ever-advancing vaccinations, we ensure that our Native communities remain wrapped in health and safety.

CONTINUED COVID-19 VACCINATION RATES, BIVALENT BOOSTERS

2022 ushered in our third year responding to the ongoing COVID-19 pandemic. With it came new and ever-evolving challenges — such as the Omicron variants — which required us to continue adapting our approach to ensuring our community's safety.

The new Pfizer and Moderna Bivalent Boosters proved instrumental in addressing the new variants. However, bivalent vaccination rates hovered around the 16.2 percentile nationwide. Disappointingly, one of the most effective tools in the fight against COVID-19 wasn't being used.

Observing this in our data, our organization took great lengths to ensure that this important resource didn't go to waste within our communities. We not only were one of the earliest facilities to offer the bivalent boosters in the Seattle area, but we also experienced continued high rates of vaccination within our community. Since the roll out of the bivalent boosters, we have administered over 1968 vaccines to relatives and staff. We created these opportunities by not only providing our relatives with clear data and information, but by also providing accessible vaccination locations. Throughout the course of 2022, we provided vaccines to our relatives at our International District Clinic, Pioneer Square Clinic, and Lake City Clinic as well as several satellite locations and events such as the 2022 SeaFair Powwow.

In addition to the innovations of the bivalent boosters, 2022 also saw the implementation of youth vaccines for ages six months and older. As Native people, the strength of our community lies in the health of our youth. That is why our organization went to great lengths to provide our littlest relatives with the protections they needed and deserved.

Led by our extraordinary Clinical and Communications teams, we created several vital resources for Native families regarding the new youth vaccines. We provided comprehensive factsheets regarding the vaccines through our public health division, Urban Indian Health Institute, as well as a Pediatric Vaccine video series in which our doctors spoke with families on the benefits of vaccinating their child against COVID-19.

Due to these amazing efforts, we administered 270 youth vaccines to families in the Seattle area.

COVID-19 TREATMENTS AND TREATMENT MAP

We released an interactive national COVID-19 treatment and clinical trial map with information specifically for Indigenous people. The map broke down treatment options by federal reservation, Native healthcare facilities, and more, supporting our relatives as they navigate their health systems.

MPV: RESPONDING TO AN OUTBREAK WITHIN A PANDEMIC

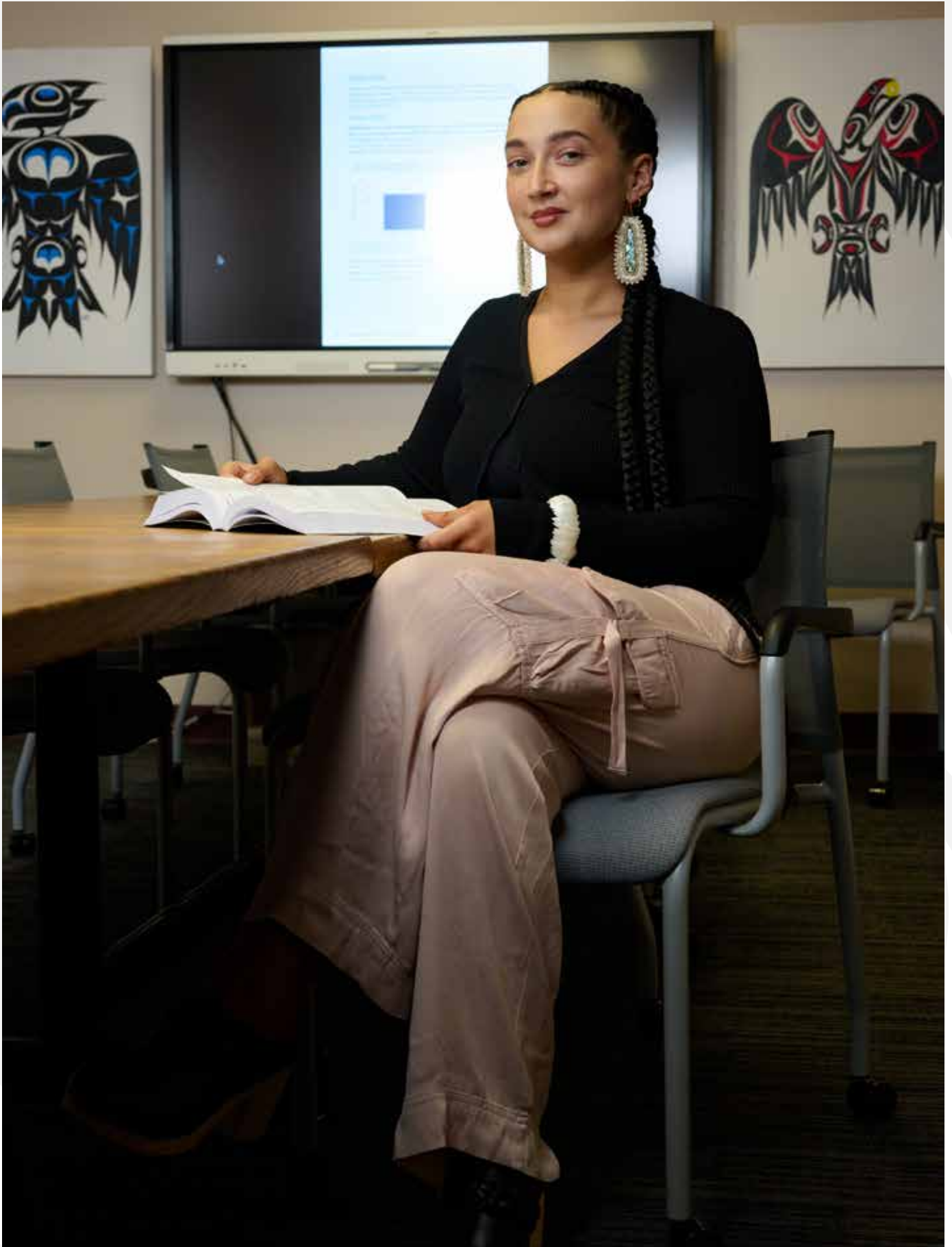
COVID-19 wasn't the only health stress our community faced this year. A new strain very similar to smallpox emerged known as MPV.

Within our community, a term like smallpox evokes a history of trauma and grief. Even more so, it brings to mind the immense strength, resiliency, and innovation our ancestors undertook in addressing that pandemic. Their achievements and survivance in our hearts, we ensured that we responded just as dedicatedly and effectively to the rise of MPV today.

Following the rise in cases, we provided clear and effective information to our relatives through the creation of our MPV webpages. Our UIHI page — which provided readers a comprehensive look into the MPV virus — garnered over 235 pageviews and 155 downloads since the start of the outbreak. Our SIHB page connected relatives with testing, vaccination, and treatment options related to MPV and saw over 278 visits.

Overall, our clinic administered over 122 lifesaving MPV vaccines to our relatives.





Making a Difference in Public Health

DECOLONIZING DATA THROUGH OUR URBAN INDIAN HEALTH INSTITUTE

As a tribal epidemiology center and public health authority, we are doing the work to guarantee every Native voice is counted in data. Willful ignorance and erasure of Indigenous people in public health data has resulted in inaccurate or nonexistent data on the issues that impact our communities. We combat these obstacles through our Indigenous Knowledge Informed Systems of Care model that challenges the flawed data practices and structural racism present in public health.

Our public health division continues to advocate for public health data collection practices that are accurate and constantly fight against the omission or misclassification of Native people in public health data. That is decolonizing data.

Data genocide: is the impact of structural racism that continues to make Indigenous people invisible in the data. Decades of structural racism has created data systems that suppress the appropriate collection of race, ethnicity and tribal affiliation. Efforts to ensure Indigenous people are included in data collection and analysis will require the allocation of appropriate resources so that agencies are able to collect data that is relevant to Indigenous people, to identify datasets that include Indigenous people in the numbers, and to use statistical techniques that maximize the sample size since that last point is usually the largest barrier to presenting AI/AN data without suppression.

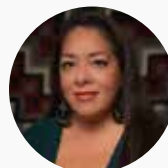
DEVELOPING A DATA LAKE

Data is vital to creating long-lasting, equitable change in our communities. As leaders in the creation, gathering, and dissemination of Indigenous data, it's our responsibility to ensure that this data is comprehensive and accessible to everyone looking to make a difference for their community. In honor of this pledge, we are pooling public health data from across the country into our brand-new Data Lake.

Created in partnership with the Washington State Department of Health for the Data Equity for Indigenous Health project, the Data Lake will serve to improve the collection, reporting, and dissemination of public health data. It does so by gathering a large quantity of data sets on clinical, financial, and social determinants of health data then combining it with advanced analytics and machine learning technology to identify risk factors, resiliency factors, and promising interventions. This compilation of diverse research will help us—and others—tell our full stories—continue to advocate on behalf of Indigenous communities more effectively.

The Data Lake will also coincide with our own goals at SIHB. With the creation of the Data Lake, we'll continue to realize our vision of becoming a data repository for all Urban Indian Health Programs Nationwide. We'll also continue to increase SIHB's clinical research capacity, create data infrastructure and systems, and develop data infrastructure.

“We are honored to partner with groups who are dedicated to decolonizing data alongside us. Together, we will work to dismantle the harmful data practices that were put in place to erase us.”



Abigail Echo-Hawk (Pawnee), MA
Executive Vice President,
and Director of Urban Indian
Health Institute

INVESTING IN INDIAN COUNTRY

Advancing Indigenous epidemiology, like all our work, is a collective effort. Through contributions from the Robert Wood Johnson Foundation, we have awarded \$1.2 million in Decolonizing Data Grants to support Native-serving organizations across the country. The grantees will use the funds to develop frameworks and practices rooted in Indigenous knowledge that ensure complete, accurate representation of Native people in public health data.

Decolonizing Data Grant Recipients	
\$155,000	American Indian Cancer Foundation
\$50,000	American Indian Health Service of Chicago
\$55,000	Center for Native American Youth
\$155,000	Data for Indigenous Justice
\$55,000	Data Warriors Lab
\$39,721	Little Earth Residents Association
\$55,000	Lower Brule Community College
\$55,000	National Indian Education Association
\$48,478	Native Conservancy
\$155,000	Natives for Community
\$33,400	New Mexico Coalition of Sexual Assault Programs
\$55,000	Red Lake Nation Emergency Youth Shelter
\$105,000	So’oh-Shinali Sister Project
\$105,000	State of Hawaii MMIW Taskforce Kamawaelualani
\$43,400	Texas Tribal Buffalo Project
\$50,000	Ttawaxt Birth Justice Center
\$100,000	Tulane University, School of Medicine
\$55,000	Urban Indigenous Collective

Sage Grant Recipients	
\$95,885	American Indian Community House
\$95,885	American Indian Health Service of Chicago
\$95,000	Grinding Stone Collective
\$95,000	So’oh-Shinali Sister Project
\$95,885	Texas Native Health
\$95,885	United American Indian Involvement

Sweetgrass Grant Recipients	
\$10,000	All Nations Health Center
\$10,000	Minneapolis American Indian Center
\$10,000	Native American Community Clinic
\$10,000	Texas Native Health

“As a result of these systemic inequities in data, AI/AN are undercounted, leading to an inaccurate representation of social, economic, and health measures. This results in a lack of resources being allocated to Native communities, despite the US government’s responsibility to fulfill treaty and trust responsibility. This failure results in what has been termed by our public health division as ‘data genocide.’”

Abigail Echo-Hawk (Pawnee), MA
 Executive Vice President, and
 Director of Urban Indian Health Institute



Policy and Advocacy

Seattle Indian Health Board is resolute in its advocacy for the benefit of Indigenous people and holding government entities accountable for honoring federal trust and treaty obligations. We leverage our partnerships, leadership in government affairs, and decades of experience to advocate for the health and wellness of Indigenous people wherever they reside.

Urban Indians and the urban Indian organizations (UIOs) that serve them occupy a unique space in policy. Government funding and legislation affecting our people have historically excluded urban Indians. In 2020, 76% of American Indians and Alaska Natives were living in urban areas off federally defined tribal lands.



AT THE FEDERAL LEVEL, WE

Successfully advocated for the inclusion of Urban Indian Organizations in the reauthorization of the Violence Against Women Act

Provided Testimony

President and CEO Esther Lucero (Diné) gave congressional testimony on the Pride in Mental Health Act. The legislation seeks to amend the Child Abuse Prevention and Treatment Act to extend protections for LGBTQ2S+ youth and their families. She also gave virtual testimony to the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies.

Successfully advocated for a two-year pilot to extend 100% Federal Medical Assistance Percentage to Urban Indian Health Organizations.

- Since 1976, tribes have been eligible for 100% FMAP. This policy change extends 100% FMAP to Urban Indian Health Organizations.
- Resulted in \$11 million for each of the Urban Indian Health Programs in Washington.
- We allocated these funds toward the purchase of a site for our Residential Treatment facility on Vashon Island, allowing us to expand from 65 beds to 92 beds, with 15 beds dedicated to serving pregnant and parenting people.

Secured \$5 million for the renovations of our new in-patient treatment center from Congresswoman Pramila Jayapal and Senator Patty Murray



AT THE STATE LEVEL, WE

Supported advocacy efforts for the first-of-its-kind Missing Indigenous Person Alert System sponsored by Representative Lekanoff (Tlingit).

Executive Vice President and Director of Urban Indian Health Institute, Abigail Echo-Hawk (Pawnee), has been appointed co-chair of the MMIWP taskforce.

Advocated to have the 100% FMAP state cost savings to be allocated in the state budget through an Urban Indian line item.

Provided Testimony

Chief Health Officer, Dr. Socia Love (Delaware/Yuchi/Cherokee), was appointed to the Washington Board of Health and provided expert testimony supporting a bill that would create a certification system for doulas. In parallel with our Traditional Medicine billing pilot (page 18), this is the first step towards making doula services billable.

“Lasting policy change doesn’t happen overnight, and we don’t achieve it by ourselves. This year’s wins are the result of our collaborations with tribal communities, state and federal agencies, and legislators who are in it for the long haul.”



Andrew Guillen (Cahuilla/Luiseño), MS
Chief Public Affairs Officer



Justice for Indigenous Women and People

Washington state – and Seattle in particular – has acquired the disturbing distinction of being at the epicenter of the missing and murdered Indigenous women and people (MMIWP) crisis. UIHI data shows Washington state had the second highest number of MMIWP cases of the states identified in the report. Additional analysis of data from 71 cities found that Seattle had the highest number of MMIWP cases.

Emerging from this trauma, however, are vital and innovative ways to address the issue. Our leadership in these efforts’ springs from the diligent work of our research arm, the Urban Indian Health Institute.

TOOLS FOR OUR COMMUNITY

For many years, Indigenous communities, activists, grass-roots organizations, and the families of those affected have fought for government recognition and action to end the crisis of murdered and missing Indigenous women and people (MMIWP) in Indian Country. Emerging from this legacy of activism and justice, we released our first landmark report “Missing and Murdered Indigenous Women and Girls” in 2018.

Prior to its release, there was no data that documented MMIWP cases available. Our report verified what our communities had long known, MMIWP is a crisis, and the numbers are staggering. We have continued to advocate tirelessly for change at every level of law enforcement and are one of the leading organizations for data and research on MMIWP.

While our “Missing and Murdered Indigenous Women and Girls” report was an important step towards real change and justice for our communities, it was only the first of many more resources we would go on to develop. Through UIHI’s Indigenous Evaluation Framework, we supported other Native-serving organizations in their efforts to make their evaluation practices more culturally attuned through the release of two incredibly important resources.

In 2022, we created “Building the Sacred: An Indigenous Evaluation Framework for Programs Serving Native Survivors of Violence.” Today, this resource helps empower Native-serving programs to continually strengthen their work around violence prevention, response, and healing programs.

We also created our “Service as Ceremony: A Journey toward Healing” resource, which tells the story of 24 direct-service providers who work in gender-based violence programs in both urban and rural Native communities.

“Our communities are not in need of saving; we are in need of allies to support the work.”

Abigail Echo-Hawk (Pawnee), MA

Executive Vice President, and
Director of Urban Indian Health Institute

// ROOTED IN COMMUNITY

Our MMIWP work also acknowledged other, more immediate needs were coming to the forefront. We re-directed some of our funding to a small-grants program that provided direct support to Native survivors of sexual violence. Ultimately, we were able to offer mini grants to 121 unique applicants. Most said they would use the funding for self-care, mental health, and paying for essentials such as utilities, food access, and housing.

SOUNDING THE ALARM

Our public health division, Urban Indian Health Institute, and Policy Team played a key role in 2022 in the development of the nation's first public alert system for missing Indigenous people. Citing our reports on MMIWP, Washington state lawmaker Debra Lekanoff (Tlingit) proposed the law that made the Missing Indigenous Person Alert (MIPA) a reality in Washington state.

MIPA initiates a rapid response to locate and assist missing Indigenous people in a similar way as the AMBER alert system. The alert system has already proved to be a valuable tool. In the first six months since it was introduced, MIPA has been activated 31 times. Of those 31 incidents, 22 of the reported missing persons have been found alive. Our partners at the Washington State Patrol say the success of three searches resulted directly from a member of the public seeing the alert.

Other states have shown interest in creating and implementing their own versions of MIPA, as well. For instance, California launched its brand-new Feather Alert system in January 2023.

As promising as MIPA seems, it does not address the ongoing lack of correct racial classification of Washington crime victims. Until we see significant change there, UIHI Director Abigail Echo-Hawk predicts we will continue to see the alert produce questionably low numbers of missing people. She also notes the need for more law enforcement to be trained in how to use the alert effectively, and that they must be held accountable for using it properly.

SERVICE AND ACCOUNTABILITY

As co-chair of the state MMIWP Task Force, Vice President Abigail Echo-Hawk (Pawnee) contributed to a report which made additional recommendations to Washington state legislators. These ideas included the creation of a MMIWP-focused cold case unit within the state attorney general's office. Beyond Washington state, SIHB has assisted organizations in other states like Hawaii and Alaska with data and advocacy.

We have advised members of Congress on key decisions related to the crisis. We have also delivered trainings and information to the U.S. Department of Justice and the Federal Bureau of Investigation.

Our researchers have also revealed problems in Seattle Police Department's data collection, reporting, and investigation into MMIWP cases. The department had been racially misclassifying many victims, which obscured exact numbers of the missing and murdered.

“MIPA is only a piece of the solution, it does not address the underlying issue: an ongoing lack of correct racial classification of Washington crime victims.”

Abigail Echo-Hawk (Pawnee), MA

Executive Vice President, and
Director of Urban Indian Health Institute

A whistleblower revealed in early 2022 that Seattle police had stopped assigning detectives to new sexual assault cases. Only 400 of 900+ cases had been assigned. In response to these disturbing lapses, we worked with city, county, and state officials to find solutions.

Working with the King County Coalition Ending Gender-based Violence, Abigail sent a letter to Mayor Bruce Harrell, saying that neglecting these sexual assault cases was a dishonor to survivors and their families. She and the Coalition also urged the city to support the survivors' efforts to connect with resources, and to ensure that the families see justice.

Mayor Harrell sent out an executive order that included two requirements: The police department had to investigate all sexual assault cases, and the department also needed someone to review its own policies and procedures for assigning detectives to those cases. The mayor's office also created a related work group, tapping the expertise of UIHI policy manager Michael Cervantes. Late last year, this group produced an app that leads to personalized suggestions of resources that support survivors of sexual assault. The Seattle Sexual Resource Connector Tool debuted publicly in January 2023, with widespread local media coverage.



“Based on our reports of Washington state having the highest numbers of MMIWP cases, the Missing Indigenous People Alert was desperately needed to help bring relatives home throughout the state.”

Abigail Echo-Hawk (Pawnee), MA
Executive Vice President, and
Director of Urban Indian Health Institute



Expansion and Innovation

RELATIVE-CENTERED CARE

Our health and human services provide groundbreaking services that fully integrate traditional medicine into the healthcare of our relatives. This year, we realized our vision to implement care teams. Each care team includes a care coordinator, primary care provider, medical assistant, nurse, clinical pharmacist, traditional Indian medicine apprentice, behavioral health provider, dentist and dietitian who work in tandem to approach their care holistically.

We also have specialty consulting teams that are available for relatives seeking more specialized care. These specialties include case management, gender-based violence advocacy, pediatrics, optometry, Traditional Indian Medicine practitioners, medically assisted treatment, lactation consultation, and our newest additions naturopathy and podiatry. Providing these services in our continuum reduces their wait for treatment and other barriers so they can easily access traditional medicine, the best of Western medicine, and human services in one place.

This fall, the Substance Abuse and Mental Health Services Administration (SAMHSA) honored our model with its inaugural Recovery Innovation Challenge, recognizing our leadership in healthcare and the value of traditional Indian medicine that we have always known.

CARE WHERE IT'S NEEDED

Driven by our mission to provide accessible, premier healthcare to Native people, in 2022 we opened 3 new sites, 2 bricks and mortar, and our mobile clinic. We recognized that with the cost of living rising, more of our relatives were moving further away, this was our first wave of bringing care closer to our relatives'.

Pioneer Square

In August, we opened a new clinic in Pioneer Square. The 3000-square-foot space is housed within Chief Seattle Club's ʔálʔal building. Through our partnership, relatives can access housing assistance and culturally attuned integrated care in one place, created by and for Indigenous people.

Our medically assisted treatment fills a critical gap in service for our community members. It also connects them with wrap-around services including primary care, behavioral health, dental, pharmacy, and Traditional Indian Medicine.

Lake City

Rapid gentrification has changed the face of Seattle and dispersed long-time residents to outer regions of the city. To keep our Indigenized model of care within reach, we brought our services to the Lake City neighborhood.

We were overjoyed to open this new clinic in partnership with the North Helpline, a nonprofit that offers food and housing assistance. Our community partner RotaCare gifted us equipment in the space they formally occupied, which enabled us to offer higher quality care.

Since its launch, approximately two-thirds of relatives seen in Lake City had previously established care with us at our International District clinic.

We are grateful to our partners and allies who celebrated the grand openings of the clinics with us, including U.S. Senator Patty Murray; Seattle City Council President Debora Juarez; State Rep. Chris Stearns; Chief Seattle Club Executive Director Derrick Belgarde; Deputy Seattle Mayor Greg Wong; and North Helpline executive director Kelly Brown.

Mobile Clinic

Our mobile clinic allows us to serve our relatives wherever they are. With the same accreditation as our brick-and-mortar clinic sites, the van is regularly deployed to offer dental services at our expansion sites. It also enables us to offer services, at community events.

Vashon Property

Even as we made the incredibly difficult decision to close Thunderbird Treatment Center, we knew we would once again provide an inpatient treatment center deserving of our relatives.

The necessity for such a facility was undeniable, and we have always been uniquely prepared to provide these services. During its lifetime, the original Thunderbird Treatment Center had the lowest recidivism rate in the state—a testament to the strength of Native people and the efficacy of our model of care.

Late in 2022, we found our new facility on Vashon Island. This center will fill a gap in services for all, with greater capacity than its predecessor. Once established, the Vashon Island site will allow us to serve an estimated additional 530 relatives annually, in a larger, more modern space.

We will start renovations on our 40,244 square foot residential treatment facility in 2023. Within the 92-bed facility, 10 beds will be reserved for pregnant and parenting people. This is our first step towards addressing a major gap in care: enabling parents with substance use disorder to stay with their young children. The future facility also serves as a direct response to tribal and community partners' requests for Indigenous inpatient treatment.

Grounded in our traditional beliefs and practices, our Vashon Island center will fully implement our IndigiKnow care model by integrating our behavioral, dental, medical, and traditional health services with the inpatient treatment program.

TIM BILLING PILOT

We are continuing to integrate Indigenous knowledge like never before, and it all starts with our Traditional Indian Medicine (TIM) practitioners. They work alongside our doctors and nurses to weave traditional medicine and culture into every level of a relative's care.

At first, we were told this level of integration was impossible. Traditional practitioners working within Western medicine were frequently left out of ongoing care options for relatives or excluded from communication entirely. This deprived relatives of continued services such as smudging, sweat lodges, song and prayer, ceremony, and other traditional services. Moreover, traditional healers were often provided fewer resources and funding opportunities, making it difficult for them to support themselves.

This sort of treatment is unacceptable and goes against everything our ancestors have taught us. Our traditional healers hold high status in our communities and have long been sustained in the same manner as doctors are today. To uphold this tradition, we have taken steps to support our practitioners and empower them to continue their vital work with the respect and resources that they deserve.

From this core value, we have once again done the impossible by implementing a brand-new billing system for our Traditional Indian Medicine services. This state-of-the-art billing pilot opens clearer lines of communication between traditional and Western medicine practitioners, ensuring holistic care is provided at every stage of a relative's health journey. It also creates a coding system that allows us to categorize and bill our traditional services to the relative's health insurance in a way that sustains our TIM team while protecting our intellectual property from abuse and appropriation. This will not only allow our Traditional Indian Medicine team to operate with stable funding at no cost to relatives, but the new billing system will also create the backbone for future traditional service providers across the country.

“Because of our partnership with the Chief Seattle Club, we are literally offering medicine at the front door of where community members are living. We know we are only as strong as our most vulnerable relatives, so to bring care directly to them means everything to our staff, board, and community.”



Esther Lucero (Diné), MPP
President and CEO

PREPARING THE NEXT GENERATION

Mentorship and intergenerational passage of knowledge from Indigenous elders to youth are cultural practices that strengthen and preserve our communities. Since our founding, we have provided mentorship to Indigenous youth and professionals, but it was in the 90s that we first established a formalized program for workforce development.

Rigorous Training in Indigenized Care

In 1994, we started our Family Medicine residency program to foster a new wave of physicians who specialize in providing care for Indigenous people. We accept two physicians for the residency program each year in partnership with Swedish Family Medicine Residency Program, Cherry Hill, and University of Washington’s Family Medicine Residency Network.

More than half of the residency program’s graduates go on work in American Indian health and 75% work with underserved communities. Many of our graduates have built relationships with our relatives and joined our team upon graduation. Others take the skills they developed back to their tribe, community, or into spaces that need Indigenizing. In this way, we are moving the needle towards a future with more Indigenous providers and providers who have training in providing culturally attuned care for Native people.

Building Capacity

As of 2022, we now operate 29 workforce development programs representing four program tracks for learners:

- On-the-job training
- Career exploration
- Technical training
- Training on a Native-first approach to healthcare

These opportunities include clinical rotations, clinical shadows, internships, dental sterilization, phlebotomy, medical assistant training, nutrition, social work, and Traditional Medicine.

Additionally, we have partnered with higher education institutions to provide workforce development opportunities across our services and programs. This year, we welcomed our first cohort of MSW students.

We are committed to supporting future Native and Native-serving health professionals—no matter their level of experience or education in the field. We work closely with each learner to create an individualized experience that caters to their interests, develops skills, and prepares them for the next step in their careers.

Seven Generations

We are deliberate in cultivating an environment that empowers every relative to walk in a community of wellness, and that starts with creating a workforce that honors and upholds those values. Seven Generations is the outcome of years of careful curation and fine-tuning resulting in an onboarding experience that grounds our newest staff in a good way. Because we are an Indigenous organization and a cultural workspace centered on Traditional Medicine, it is essential that every member of our team is not just a fit to their role, but also a cultural fit for the organization.

Seven Generations is a week-long retreat that sets aside time for new staff to focus solely on building relationships, serving all relatives in a Native way, and immersion in our Indigenous Knowledge Informed Systems of Care (IndigiKnow). It is the culmination of years of innovative workforce development planning that centers generations of ancestral knowledge and culture, and places staff on a path towards decolonization and health equity.



Fulfilling Promises

While other health organizations may talk the talk, we make sure to walk the walk. That's why when we make a promise to our community, we keep it. Here are just a few examples of how we are honoring our promises and showing up for community.

CAPITAL CAMPAIGN TO ACQUIRE VASHON ISLAND PROPERTY

As time went on and our revenue grew, we knew the idea of reopening a residential treatment facility was becoming more possible by the day. Soon, the prospect of purchasing facilities and reclaiming property in the Seattle area was no longer just a dream but a reality when we closed on our Vashon Island location.

OUTPATIENT SUD PROGRAM

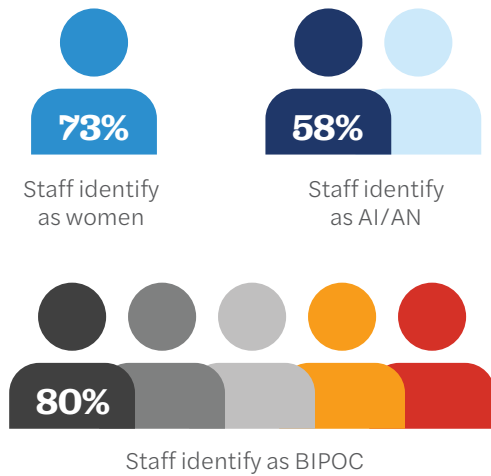
Access to culturally attuned treatment for Indigenous people has been a significant barrier to care in our community. We know that our community relied on Thunderbird Treatment Center, and we knew that it would take time to find the right building. So, this year, we launched an intensive outpatient program to provide care for relatives seeking a higher level of support than a standard outpatient program. The intensive outpatient program allowed us to continue to connect with relatives in need of substance use disorder treatment throughout the search for, and development of, our new facility.

BUILDING FROM WITHIN

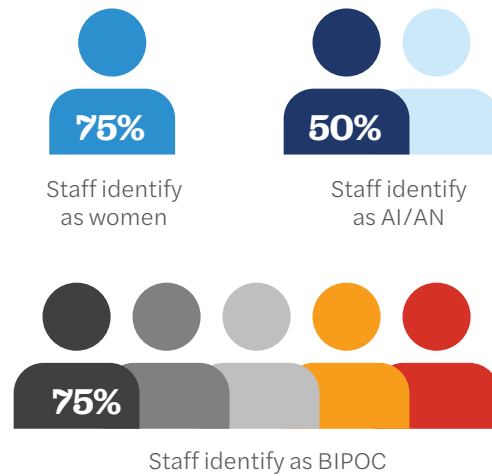
We know that our employee relatives are our greatest asset, which is why investing in the professional growth of our people is so important to us. We have experienced a lot of growth, since 2015, we had gone from around 120 employees to over 240 in 2022. Our team is also incredibly diverse with staff comprised of 73% women, 80% BIPOC, and 58% identify as American Indian and/or Alaska Native. This also applied to our Executive Leadership team as well which is made up of 75% women, 75% BIPOC, and 50% American Indian and/or Alaska Native. We have been very intentional with our recruitment, ensuring that each of our employee relatives has a deep commitment to our mission, and we build with them from there.

If anyone knows about professional growth within our organization, it would be Dr. Socia Love, MD (Cherokee/ Yuchi/ Delaware). Nine years ago, she had just begun our Family Medicine Residency program as a resident physician. Soon, she led the residency program, a role she held for four years. Now she supervises all SIHB medical services as our Chief Health Officer. Socia works closely with our Behavioral Health Officer and our Associate Medical Officer; she also continues to practice at our International District location.

STAFF DIVERSITY SNAPSHOT



LEADERSHIP DIVERSITY SNAPSHOT



Socia is also a strong advocate for health equity outside SIHB, an avocation that dates to her days as the founder of the Association of Native American Medical Students at the University of Minnesota-Duluth Medical School. This year, Socia was named to the Washington State Board of Health as the board member who is experienced in matters of health and sanitation. On the national level, our Chief Health Officer was instrumental in ensuring continued financial support of the Healthy Native Babies Project, the only federally funded resource for Native families.

Having joined the organization as a clinical psychologist at Thunderbird Treatment Center, Andrew Guillen (Cahuilla, Luiseño) is now a member of the executive team preparing to open Thunderbird’s successor on Vashon Island. Andrew’s growth as an Indigenous professional in public health reflects our workforce development efforts to cultivate the next generations of leaders.

As Chief Public Affairs Officer, Andrew now oversees the division comprised of Communications, Development, Grants and Contracts, and Policy. His management of these collaborating teams was critical to the success of the capital campaign to purchase the facility.

“This culmination of circumstances was only made possible through the success of our capital campaign and the collective efforts of tribal, state, and local leaders. Through these efforts, and the work of Congresswoman Pramila Jayapal and Senator Patty Murray, we were able to secure five million for our in-patient treatment center.”

Esther Lucero (Diné), MPP
President and CEO



Gathering Together, Remaining Safe

Even as the COVID-19 pandemic continues to be ever-present in our daily lives, we've continued to gather together as a community in a safe and responsible way.

2022 ADELINE GARCIA COMMUNITY SERVICE AWARDS

Our annual Adeline Garcia Community Service Awards event continued into 2022 in a good way. In honor of urban Native activist and co-founder of the American Indian Women's Service League, Adeline Garcia (Haida, Double Fin Killer Whale Clan), our Community Service Awards recognize the efforts of those working tirelessly to support our Native communities.

We raise our hands to this year's winners Aubony Burns (Choctaw), Native Action Network, Sarah Sense-Wilson (Oglala), and Teresita Batayola.

INDIGENOUS PEOPLE FESTIVAL

We once again gathered in person for the annual Indigenous People Festival which featured music, art, goods, and food in celebration of Indigenous cultures.

SPIRITWALK & WARRIOR RUN 2022

Our 2022 SpiritWalk & Warrior Run event brought Seattleites together to celebrate and support our urban Native community.



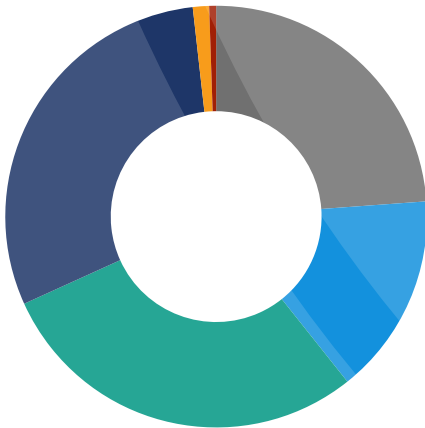
2022 Adeline Garcia Community Service Awards Recipients



Financial Sustainability and Growth

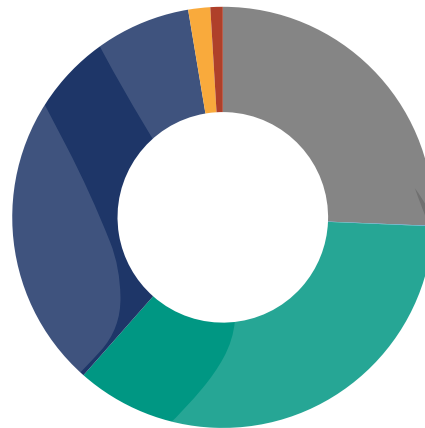
Since 2018, our operating budget has increased by 32%. Our public health division, Urban Indian Health Institute, has grown from \$1.7 million to \$7.8 million in the last three years alone. How we have accomplished this while navigating through the pandemic is no mystery. Strategic decision-making, the guidance of our elders, and deep roots in community for years prior prepared us to thrive in volatile times.

FY2021 REVENUE BY CATEGORY



Total FY2021 Revenue	\$37,944,050
● Third-party Revenue	\$9,048,753
● Non-operating Revenue	\$5,865,974
● Contracts	\$10,970,531
● Grants	\$11,384,780
● Contributions	\$472,669
● Other Revenue	\$201,343

FY2022 REVENUE BY CATEGORY



Total FY2022 Revenue	\$30,774,626
● Third-party Revenue	\$7,891,277
● Non-operating Revenue	\$11,944
● Contracts	\$11,026,295
● Grants	\$11,033,717
● Contributions	\$519,648
● Other Revenue	\$291,745

DONORS AND SPONSORS

We give our deepest gratitude to our individual and organizational donors and partners whose generosity helps make our work possible for the Love of Native People.

Visit sihb.org/donate to contribute today.

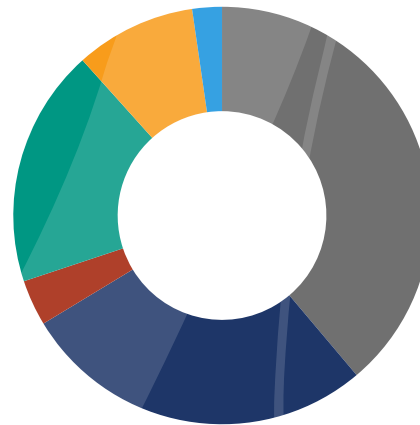
FY2021 EXPENDITURE BY DIVISION



Total FY2021 Expenditure **\$29,358,310**

● Medical	\$10,527,253
● Administration	\$6,061,247
● Behavioral Health	\$1,257,857
● Urban Indian Health Institute	\$7,656,212
● Community Services	\$3,066,901
● Traditional Health	\$788,840

FY2022 EXPENDITURE BY DIVISION



Total FY2022 Expenditure **\$30,641,681**

● Medical	\$11,903,913
● Administration	\$8,423,741
● Behavioral Health	\$1,091,182
● Urban Indian Health Institute	\$5,652,621
● Community Services	\$2,867,303
● Traditional Health	\$702,920



International District Clinic
611 12th Ave S, 98144

Pioneer Square Clinic
410 2nd Ave, 98104

Lake City Clinic
12736 33rd Ave NE Suite 200, 98125

sihb.org
info@sihb.org