

Systemic Inequities in Indigenous Data Governance

Addressing Institutional Barriers in Data that Perpetuate the Crisis of Missing and Murdered Indigenous Women and Girls

Seattle Indian Health Board and our research division, Urban Indian Health Institute (UIHI), continue to bring nationwide attention to the institutional and structural barriers in the collection, reporting, and analysis of data on violence against American Indian and Alaska Native people. As an Indian Health Service (IHS)-designated Tribal Epidemiology Center, UIHI supports the data, evaluation, and research needs of 72 urban Indian organizations nationwide.

For generations, tribal and urban Indian communities have combatted narratives of Indigenous erasure by identifying institutional policies and practices that racially misclassify, undercount, consolidate, and deprioritize Indigenous data sovereignty of American Indian and Alaska Native data. Institutional practices such as defaulting racial demographics to white, agency discretion in racial classification, and gaps in expertise for small population size data analysis perpetuate invisibility around the crisis of Missing and Murdered Indigenous Women and Girls (MMIWG). When combined across systems, these institutional practices become structural barriers that disproportionality impact American Indian and Alaska Native people in tribal and urban areas and lead to gaps in resources needed to prevent and respond to the MMIWG crisis.

Understanding Data Barriers that Perpetuate Violence

There is no standardized practice for collecting race, ethnicity, and tribal affiliation data. Across law enforcement, criminal legal, and social service systems, there is no uniform standard for collecting race and ethnicity data and few entities collect tribal affiliation.*

Most data on American Indian and Alaska Native populations are collected and maintained by non-Indigenous entities including city, county, state, and federal entities that may have limited experience working with tribal and urban Indian communities. As a result, data can vary from non-existent to fragmented including missing data, inaccurate data, and unanalyzed data.

Limited use of small population data analysis. It is common to see Native people grouped as “Other” in demographic data or completely omitted from analysis due to small sample sizes due to gaps in training of small population sampling and analysis methods.

Limited data access among Tribes and Tribal Epidemiology Centers. Tribal and urban Indian communities must be equipped with quality data to prevent and respond to the MMIWG crisis using data driven decision-making. As sovereign nations, tribal governments must have access to accurate data on their citizens.

Recommendations

To address the institutional barriers that perpetuate violence against Native people, Seattle Indian Health Board recommends partners:

Assess and improve current data collection, reporting, and analysis practices to prioritize Indigenous Data Sovereignty and accurately capture American Indian and Alaska Native data.

Increase data access among Tribes and Tribal Epidemiology Centers through collaboratively developed data sharing agreements and data analysis plans.

Develop Tribal Consultation and Urban Confer policies to support collaborative violence prevention and response with tribes and urban Indian organizations.



About Indigenous Data Governance

Indigenous data governance is a strategy for exercising Indigenous Data Sovereignty.¹ Through this framework, tribes govern data collection, ownership, and application of data on their citizens. By extension, urban Indian communities work to ensure American Indian and Alaska Native data upholds the principles of Indigenous Data Sovereignty and advocate for policy and systems changes that increase Indigenous data governance and decolonization of data by and for Indigenous communities.

About Tribal Epidemiology Centers

There are twelve Tribal Epidemiology Centers designated by the Indian Health Service. Nationwide, eleven Tribal Epidemiology Centers operate regionally to serve tribal nations, and one operates nationally to serve urban Indian organizations.

About Urban Confer Policies

Urban Confer policies allow for an open and free exchange of information and opinions that leads to mutual understanding and comprehension, and emphasizes trust, respect, and shared responsibility² between federal agencies and urban Indian organizations. These policies do not substitute for nor do they invoke the rights of a tribal nation, rather they allow urban Indian organizations to represent the needs of urban American Indian and Alaska Native people as an Indian Health Care Provider.



*As sovereign nations, only tribal governments can decide tribal enrollment and citizenship. Use of tribal affiliation allows for the collection of what tribe(s) and an individual identifies with, without impeding on tribal sovereignty. Caution should be taken when releasing data on tribal affiliation publicly. See UIHI's Best Practices for American Indian and Alaska Native Data Collection.³

¹ Carroll, Stephanie Russo, Rodriguez-Lonebear, Desi, & Martinez, Andrew. (2019). Indigenous Data Governance: Strategies from United States Native Nations. Data Science Journal, 18(1), 31. Accessed November 2020.

² Indian Health Service. 2020. Tribal Consultation and Urban Confer. Retrieved from <https://www.ihs.gov/dbh/consultationandconfer/>. Accessed November 2020.

³ Urban Indian Health Institute. August 26, 2020. Best Practices for American Indian and Alaska Native Data Collection. Retrieved from <https://www.uihi.org/resources/best-practices-for-american-indian-and-alaska-native-data-collection/z>. Accessed November 2020.

