For the Love of Native People

2020 ANNUAL REPORT

Seattle Indian Health Board
SEATTLE INDIAN HEALTH BOARD
ORGANIZATIONAL LEADERSHIP

EXECUTIVE LEADERSHIP TEAM

Esther Lucero, MPP (Diné)
President & CEO

Abigail Echo-Hawk, MA (Pawnee)
Executive Vice President

Ryan Gilbert, MBA
Chief Operating Officer

Pam Grindley, JD
Chief Human Resources Officer

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

Adrian Dominguez, MS
Chief Data Officer

Linda Zhang, CFA, FRM
Chief Financial Officer

BOARD OF DIRECTORS

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Shelley Means, BA (Ojibwe/Lakota)
We invest in the health of our community now and for future generations.
Another Year of Growth

Driven by our mission to ensure the well-being of Native people wherever they reside, we spent 2020 expanding our reach to more relatives throughout the region and further integrating our services as an organization.

Our every effort—from advocacy and decolonizing data to providing culturally attuned healthcare and human services—was guided by our Indigenous Knowledge Informed Systems of Care and grounded in collaboration with tribal and community partners.

All My Relations

Most Indigenous languages have ways of honoring the connections between all people and all living things. “All my relations” is more than a concept; it is a worldview.

In our traditional tribal communities, everyone has a place, a role, and is sacred and important to the whole. We are all connected, and so too is our health and wellness.

Restoring Community Balance

Many traditions share the belief that a community can only be as healthy as any one of its members. Therefore, when someone is unwell, it is the responsibility of the community to surround that person and help to restore balance. These roles and relationships are critical to the survival of all people and nations. Grounded in this understanding, we call our patients “relatives.”

As an organization that is rooted in Indigenous ways of knowing, we practice this tradition with everyone who walks through our doors.
LETTER FROM THE BOARD CHAIR

Reflecting on 50 Years of Service

Building on the generations of Indigenous leaders before us, we spent 2020 exercising strategic leadership to drive growth in our workforce; expand health and human services; and shape the narrative on Indigenous data, research, and policy.

In this spirit, I am excited to introduce our new Executive Vice President, Abigail Echo-Hawk (Pawnee). Abigail will guide our public affairs efforts and the expansion of our research division, Urban Indian Health Institute. Our organization is in good hands with such skilled and passionate leaders working collaboratively toward our vision of all Native people living healthy, successful lives.

As we imagine an Indigenous future, our top priority continues to be bringing the best we have to our relatives. We reached a huge milestone in 2020—50 years of service to our community. Since our humble beginnings as the Kinatechitapi Indian Free Clinic, we have honored the social justice movements of the 1960s and 1970s to become a leader in culturally attuned healthcare in Washington State.

The COVID-19 pandemic may have forced adjustments to the way we serve our relatives, but I can attest that everyone in the organization stepped up to the plate. Seeing how we handled and continue to handle the pandemic shows me that the possibilities for growth in this organization are endless. I’m excited to see what Seattle Indian Health Board will achieve in the next 50 years.

This year, despite the immense societal uncertainty, we accomplished 90% of our strategic goals and doubled our operating budget. We have carefully planned for this moment for years as we have watched rapid gentrification drive increases in homelessness and displacement of our community. To meet our community where they are, we will open clinics in Lake City and Pioneer Square.

In 2021, we will open our doors at our Lake City clinic, strategically located near a cluster of health and human services and public transportation, to ensure our relatives have increased access to services where they live, work, and play. In partnership with Chief Seattle Club, we will bring our Indigenous Knowledge Informed Systems of Care model to the ?alʔal permanent supportive housing development in early 2022. With the addition of these two integrated care clinics, we will serve an additional 1,000 relatives in the next year with the capacity to serve up to 6,000 relatives a year at these two sites.

The coming year will also mark our next phase of the relocation and expansion of our inpatient behavioral health facility—Thunderbird Treatment Center. The new facility will allow us to expand services to pregnant and parenting adults and people with mental health conditions.

We continue to uphold our promise to provide the absolute best care to our relatives in a culturally attuned way so they can not only survive, but thrive. Thank you for your continued support.

TOM WARREN (CHOCTAW), SB ME CHAIR, BOARD OF DIRECTORS
Indigenous Resilience in Action

Indigenous communities have always demonstrated resilience in the face of systemic oppression. Over the past year, our resiliency as an organization has shone in our continued leadership and fierce advocacy for our urban Indian community from the local to national level. Our years of leadership distinctly prepared us for the rapid response and adaption needed in 2020.

In the tradition of Indigenous leadership, we spent 2020 looking back on generations of Indigenous resistance, cultural knowledge, and our strong community partnerships to address some of our most trying challenges in recent memory.

We celebrated our 50th year as an organization doing what we do best—mobilizing to address the needs of our relatives. As a public health authority and a community health clinic, we prepared to respond to COVID-19 weeks before many in our community fully understood what 2020 would bring.

We ensured safe access to care through telehealth services while implementing COVID-19 testing. We were among the first to mobilize a community-based testing site at our satellite clinic at Chief Seattle Club, where we provided low-barrier testing options for our relatives experiencing homelessness. We developed a Saturday pediatrics clinic for pregnant and parenting families in response to a nationwide decline in child immunization rates, and we ensured our Elders day program remained open to provide cultural and social connections.

On December 21st, 2020, we became the first clinic in the state to administer the Moderna COVID-19 vaccine. We promptly implemented our vaccine distribution plan because we had worked alongside our tribal partners and through national policy efforts to prepare months in advance. Our approach became a model of equitable community-driven vaccine distribution. Today, we continue to provide a safe cultural space to access everything from routine healthcare to rental assistance, nutrition services, and beyond.

As home to the only Tribal Epidemiology Center that serves urban Indians across the country, we brought national attention to institutional barriers in the collection, reporting, and analysis of American Indian and Alaska Native data that drives narratives of Indigenous erasure—a practice we call “data genocide.” We continue to lead national advocacy efforts to ensure the disparate impacts of COVID-19 are documented and used for policy and systems changes that move us toward Indigenous health equity.

We’ve always known our community is strong and resilient, but it is our response to this pandemic that demonstrates our unrelenting commitment to our people. I am honored to be part of an organization that is using our Indigenous values and ways of knowing to advocate and provide for our people.

Thank you for your continued support.

ESTHER LUCERO (DINÉ), MPP
President & CEO
LETTER FROM THE EXECUTIVE VICE PRESIDENT

Protecting the Sacred

Centuries of institutional and structural racism and the persistent underfunding of trust and treaty obligations on the part of the U.S. government created the crisis of Missing and Murdered Indigenous Women and Girls (MMIWG). This longstanding systemic oppression has fostered a culture that promotes and accepts violence against Native people.

In a recent survey of survivors of sexual assault conducted by our research division, Urban Indian Health Institute (UIHI), 90% cited their struggles with non-Indigenous methodologies for healing and asked for culturally specific services. During the pandemic, requests for assistance to find missing people have skyrocketed, resulting in an increased need for support services. There is a critical need to allocate funds for culturally attuned programs and services—and we also know that services alone won’t solve this crisis.

We have leveraged Indigenous scientific expertise and lived experiences of our community over the past five years to bring national attention and policy change to the MMIWG crisis through data, research, and advocacy. Our advocacy, conducted alongside tribal partners, brought monumental changes in legislation and systemic reform that will benefit all Native people.

In 2020, Indian Country secured two big victories in addressing violence against Native people, both of which we directly contributed to. On October 10, 2020, we helped ensured that Congress passed and signed into law two bills addressing the crisis of Missing and Murdered Indigenous People (MMIP).

Savanna’s Act and the Not Invisible Act are the first federal efforts to increase data collection, transparency, and coordination between tribes, tribal organizations, urban Indian organizations, and law enforcement agencies.

Just two years earlier in 2018, UIHI co-authored the first-ever report on MMIWG in urban areas. This groundbreaking report was the first in a series that addressed the crises of MMIWG in urban areas and laid the foundation for our efforts to drive policy changes to end the violence against our people.

Through bold advocacy, we worked with tribal partners to successfully ensure that the reintroduced bills in the 116th Congress were inclusive of urban Indians because we are tribal people, regardless of where reside. Both ratified bills now address how violence against Indigenous people is not bound by socially constructed borders between reservations and urban areas—a significant step in the generations-long fight toward justice and healing for MMIWG. It is a testament to our resiliency as Indigenous people in the face of the disparities and abuses we have suffered both historically and present day. We will continue to advocate for these rights and more.

ABIGAIL ECHO-HAWK (PAWNEE), MA
Executive Vice President
Director, Urban Indian Health Institute
Healthcare Amid a Global Pandemic

Seattle Indian Health Board’s COVID-19 story is one of success. From the start of the pandemic, we were a leader in delivering the best healthcare possible to our relatives and adapting to the rapidly changing reality of a global health crisis.

After our tireless work throughout the year, it was no accident that we were the first facility in the state to administer the Moderna COVID-19 vaccine. The moment when our President & CEO, Esther Lucero, received Washington’s first Moderna vaccine was a turning point in our fight to protect our community against the virus.

In the months leading up to the arrival of the vaccines, it was the exceptional leadership of tribes in exercising their sovereignty and advocating for an equitable vaccine distribution that gave us the opportunity to be at the forefront of the COVID-19 response. We moved into action as soon as the vaccines arrived and immediately implemented a phased, community-centered distribution plan. Tailored to our relatives, our plan has been widely lauded, with other organizations adopting our model as a result.

Mobilizing to Respond to COVID-19

Due to the chronic underfunding of the Indian Healthcare System and public health infrastructure, Indigenous people are among the most affected by this pandemic, suffering from COVID-19 infection, related hospitalizations, and mortality at disproportionate rates. As a result of our resolve to provide the very best for our people every step of the way, we have been recognized as a leader in community care throughout the pandemic. When the state’s “stay-at-home” order was announced, we moved services to virtual spaces and adopted innovative strategies onsite to continue offering essential in-person appointments and safe spaces for our Elders. As a result of our perseverance, we did not close the clinic for a single day. Because of our fiscal responsibility, we did not furlough or lay off a single staff member due to COVID-19.

As we move confidently into a future with a COVID-19 vaccine that will save countless lives, we will continue to be there for our relatives in every way possible, from ensuring vaccine access for our community to providing the highest quality healthcare every day.
IN EARLY 2020, our community health center was in dire need of PPE. After being offered expired N95 masks that could have potentially put our staff at risk from the chronically underfunded Indian Health Service, we put out an urgent call to our local, state, and federal agencies as well as Congress for PPE. After weeks of appeals, when we received a large box from a medical supply distributor, our staff were overjoyed—until they opened it up and found only body bags inside.

The delivery was deeply disturbing. The incident was a harsh reminder of the inequities and atrocities endured across Indian Country, both historically and presently. “These body bags were the perfect metaphor for how Native people have been treated in this country,” Abigail Echo-Hawk told The Seattle Times, “They’re more willing to let us die and give us what we need to bury our people than they are to find the things that not only we need, but that we have a legal right to.”

A Tangible Manifestation of Resiliency
As an artist and a scientist, Abigail began a project to process this devastating incident and reconstruct the circumstance into a piece embodying strength and beauty. She transformed the body bag into a ribbon dress, rich with cultural symbolism and color—her personal mantra, “I am the tangible manifestation of my ancestors” lining the zipper. Each embellishment on the dress has meaning—from her own red handprints representing the crisis of Missing and Murdered Indigenous Women and Girls to the toe tags, interwoven with blue and purple ribbons on the sleeves, which signify the disproportionate impact of COVID-19 on Native people.

When Abigail first created the ribbon dress, it was a process of personal healing. Eleven months after the body bags arrived at our door, the dress was featured in Vogue Magazine, sharing Abigail’s story and all of the strength and grief that it held with the world. “I realized it had the opportunity to be healing for other people,” she said.

Lifting Each Other Up
The story of ribbon dress sewn together from a body bag brought national attention to our organization’s story and to the resilience, creativity, and cultural values that Native communities have embodied throughout the pandemic. These values were, perhaps, most evident when our community rallied around us and friends at Eighth Generation donated thousands of PPE items amidst the worldwide PPE shortage. “It is important we support each other during times of crisis,” said Louie Gong, Founder and CEO of Eighth Generation. “We are a resourceful community and always figure out ways to lift each other up.” Because of their generosity, we were able to protect our staff from the virus and sustain vital services for our relatives.
Nurturing Indigenous Wellness and Healing

Everything we do at Seattle Indian Health Board is for the love of Native people. We remained fully operational throughout 2020. We did not lay off or furlough any staff. True to our mission and values, we consistently adapt, learn, and grow to provide the best for our community and staff. In 2020, we served 9,014 relatives, a 16% increase from the previous year, and that number continues to grow.

Breaking Down Barriers to Services

In 2020, we made progress in securing our own mobile site, allowing us to further support our tribal partners through mobile dental services. This marks a turning point in securing our own assets to sustain and expand our mobile services, bringing culturally attuned dental and medical care to even more relatives in the Seattle area and throughout rural tribal communities.

To respond to COVID-19, we swiftly developed innovative solutions so we could remain fully operational and continue to care for our relatives in ways that were safe for everyone. To increase the accessibility of our culturally attuned care, we made all of our services available via telehealth, enabling relatives to speak with their providers from the safety of their homes. We were the first to implement telehealth kiosks so that our homeless relatives could access telehealth options. Onsite, we implemented new safety protocols, including increased sanitization, universal masking, social distancing, and COVID-19 screening for everyone entering our facilities.

Traditional Medicine

Seattle Indian Health Board provides traditional health services, which are critical components of our groundbreaking Indigenous Knowledge Informed System of Care model.

As the only clinic in Seattle offering Traditional Indian Medicine, we are a regional leader in healthcare for Native people that integrates physical, mental, emotional, and spiritual well-being. In 2020, we reached an important milestone in the integration of Traditional Indian Medicine when our Traditional Health Apprentices began to provide services on the clinic floor in collaboration with our medical providers. Since early 2019, we have grown our Traditional Indian Medicine Practitioner network to serve over 2,000 relatives. These efforts reflect years of careful assessment, planning, and now implementation of our Traditional Indian Medicine integration.

Returning to Traditional Wisdom

Rooted in Indigenous knowledge, we mobilized our Traditional Indian Medicine program to support our COVID-19 response. Our communities have long understood the health benefits of smudging, from reducing airborne bacteria to stress relief and spiritual grounding—a practice to which western science is just now catching up. Twice a day, a Traditional Indian Medicine Practitioner or Apprentice makes their way through our facilities to smudge every space and person, offering the blessing to everyone they encounter. This traditional act serves as a cleansing ritual, purifying our air, our lungs, and our spirits.
69% of our relatives identify as American Indian and/or Alaska Native, representing over 150 different tribes.
Celebrated 50 years of service to our community
Vaccinated the community and all of our Elders

Influenced national policy

Implemented telehealth

4,653 Total relatives served in 2020
Protecting Our Culture Keepers

In King County, 75% of American Indians and Alaska Natives have been vaccinated thanks to the efforts of tribes and Native organizations like ours.

Our Elders hold the wisdom and traditional ways of knowing that are passed down through generations. When the pandemic started, we consulted with our Elders, whose knowledge guided our response. Our Elders were also at the forefront of the decision-making process when we received our first shipments of the vaccine.

Holding Space to Shelter in Place

The Elders Program at Seattle Indian Health Board provides a place for our Elders to socialize, stay connected to community, and access health screenings, resources, and other forms of assistance. With our Elders’ guidance, we kept our Elders Program running throughout 2020. We set aside space in the clinic specifically for Elders to minimize the risk of COVID-19 exposure and moved many of our social activities to digital spaces.

Urban Indians disproportionately experience housing instability and 40% of our Elders are currently experiencing homelessness. By keeping our Elders Program open, we provided a safe way for those experiencing homelessness to shelter in place as other facilities began to close. We successfully protected our Elders’ health by maintaining safety protocols while supporting their mental health by ensuring they could always return to a place that feels like home.

Putting Our Elders First

Knowing that Elders are among the highest risk groups for severe complications from COVID-19, we ensured that the Elders in our program had access to the COVID-19 vaccine early in our vaccine distribution plan. By the end of January 2021, only one month after we received the first doses of the COVID-19 vaccine, we had successfully vaccinated every Elder registered at our clinic.
Creating a Cultural Space for Treatment and Recovery

Our tribal and urban Indian communities are too familiar with the ways in which historical trauma melds with systemic oppression to create the environment where American Indian and Alaska Native people have the second-highest opioid overdose rate of all racial and ethnic groups. We are losing generations of our community to the devastating impacts of addiction. The legacy of colonization that results in loss of land, population, and culture is at the root of increased prevalence of substance use in our communities.

Healing Our Communities

At the request of tribal partners from across the region, we have solidified our commitment to creating the premier cultural space for healing. Tribal partners have expressed dire need for in-patient behavioral health services including medically assisted treatment tailored to pregnant and parenting relatives, and our facility will provide the only Native-centered treatment facility in the region for our relatives to ensure their children are raised by their families in our community. We know our communities heal through holistic, culturally attuned care that centers the needs of our most impacted relatives. That is why we are committed to filling a gap in in-patient behavioral health services.

Thunderbird Treatment Center will attend to the health of relatives and secure that of generations to come. The expansion will grow our bed capacity from 62-beds to 95-beds, and our Indigenous Knowledge informed Systems of Care will integrate medical, dental, and traditional health services with wraparound supports to address whole-person needs.

Putting Land Back in Indigenous Ownership

Our future facility is the culmination of our hard work over the past 50 years, and the next 50 years will see Thunderbird Treatment Center build a healthier future for American Indian and Alaska Native people across our region. We are thankful for the abundant community support and tribal partnerships that are turning our vision of culturally attuned and tribally driven behavioral health services into reality.

In the interim, our community asked for an Intensive Outpatient Program, a request we have delivered on. In 2021, we are meeting with local and state policymakers to identify and secure underutilized public land for Thunderbird Treatment Center’s relocation. This act of returning Indigenous land to Indigenous people is critical in addressing the root of health disparities created by oppressive systems. Collaboration with our tribal, community, and government partners will lead the way in building more than a resilient community but a thriving one.
Guiding Data with Traditional Knowledge

Urban Indian Health Institute (UIHI) is leading the way in research and data for urban American Indian and Alaska Native communities.

As a public health authority and one of 12 Tribal Epidemiology Centers (TEC) in the country—and the only one that serves urban Indian organizations nationwide—UIHI conducts research and evaluation, collects and analyzes data, and provides disease surveillance to strengthen the health of American Indian and Alaska Native communities.

Current data systems operate in a way that erases our people from the data. We work relentlessly to make sure that Native people and our cultures are represented. This process of decolonizing data ensures that it is more accurate and accessible for partners, providers, policymakers, and health advocates and is informed by the people who know the health needs best—Native people.

Addressing the National Data Failure

At the start of the pandemic, when the Centers for Disease Control (CDC) denied us access to the essential COVID-19 case surveillance data we are entitled to as a public health authority, we led the demand for access from CDC which allowed TECs to collaborate and reveal the disproportionate impact of COVID-19 on Native communities. Access to this data also allowed us to create “Data Genocide of American Indians and Alaska Natives in COVID-19 Data,” a report which called national attention to the gaps in public health data systems that masked the true impact of COVID-19 in tribal and urban Native communities through inaccurate collection and analysis of Native data.

3.5x
Native people were 3.5 times more likely to contract COVID-19 and 1.8 times more likely to die from it than non-Hispanic white people.

75%
We found that 75% of American Indians and Alaska Natives would be willing to get vaccinated.
Fighting the Spread of COVID-19 and Misinformation

In 2020, we strategically developed new programs and services to support the urban Indian organizations that are on the frontlines of serving Native people. We sprang into action to monitor public health developments, collect public health surveillance data, and create resources for tribes and urban Indian organizations about the outbreak and changing public health guidance.

We released over 30 culturally attuned informational resources on COVID-19, implemented a COVID-19 National Surveillance Survey for Urban Indian Health Programs, and co-authored a series of Morbidity and Mortality Weekly Report (MMWR) with the CDC on the impacts of COVID-19 on American Indians and Alaska Natives. These reports revealed that Native people were 3.5 times more likely to contract COVID-19 and 1.8 times more likely to die from it than non-Hispanic white people, highlighting the stark racial disparities made evident throughout the pandemic.¹

Advancing Vaccine Equity in Indian Country

We carefully planned for the development and distribution of the vaccine—a moment years of leadership in direct service and public health had prepared us for. Abigail Echo-Hawk, our Executive Vice President, was asked to join the National Academies of Science committee to develop a framework on the equitable allocation of the COVID-19 vaccine. As the only Native member on the committee, Abigail elevated the voices of our tribal and urban Indian communities that have been deeply impacted by COVID-19.

As the vaccine began to roll out in late 2020, we developed the first and, to date, only national survey on the perceptions of COVID-19 vaccinations to better understand knowledge, attitudes, beliefs, and practices among Native peoples. The survey informed our data-driven approach to vaccine education efforts in Native communities, empowering relatives to make informed decisions about the vaccine for themselves and for their families.

We found that 75% of American Indians and Alaska Natives would be willing to get vaccinated and 74% believe that getting vaccinated is their responsibility to their community. We remain dedicated to monitoring the latest developments surrounding COVID-19 and the vaccines and continue to make accurate information available to the communities we serve.

Advancing Indigenous Health Equity

Building on a History of Collective Advocacy

The urban Indian experience is rooted in collective advocacy. For generations, Native people across Indian Country have come together to advocate for political and social change to improve the health and well-being of our relatives and address the longstanding inequities experienced by our tribal and urban Indian communities. Whether we are addressing the chronic underfunding of trust and treaty obligations by the federal government, or institutional racism and inequitable practices of state and local governments, Native people have a legacy of collective organizing.

Seattle Indian Health Board has been at the forefront of policy and advocacy since 1976, when we became the first Urban Indian Health Program to provide Congressional testimony—a tradition that we continue today. In 2020, we leveraged our deep history and responsibility to serve Indigenous people wherever they reside to provide expert witness testimony for Congress. At House and Senate hearings, we shed light upon the disproportionate impact of COVID-19 on Native communities and amplified the culturally attuned and community-driven response our communities have championed throughout the pandemic.

As both a public health authority and community health center, we are uniquely positioned to utilize our experiences to inform systemic change.

Driving Systems Change

From combatting narratives of Indigenous erasure through systemic inequities in public health systems to securing historic investments in our Indian healthcare system, Seattle Indian Health Board spent 2020 at the forefront of the national conversation to imagine an Indigenous future that honors the traditions and resilience of our ancestors, holds systems accountable to racial and social equity today, and reflects our responsibility to the generations ahead.

Our women-led, all Native policy team leverages our extensive local and national policy platform to be a catalyst for generation-defining policy and systems changes. Together with our tribal, community, and government partners, we transform our systems, build collective power, and honor those that came before us.
Policy Highlights

COVID-19 RESPONSE
$10.6 billion
Secured $10.6 billion to implement culturally attuned and community-defined COVID-19 response in the Indian healthcare system through joint advocacy with tribal and urban Indian partners

MMIWG LEGISLATION
Ensured our first federal response to the MMIWG crisis is inclusive of urban Indian people by writing amendments to Savanna’s Act and Not Invisible Act

RESOURCES SECURED
$426 million for UIHPs
$24 million for TECs
Secured 587% increase in resources to Urban Indian Health Programs ($426 million) and 444% increase in resources to Tribal Epidemiology Centers ($24 million) by working with Native partners and legislators to include the entire Indian healthcare system in federal COVID-19 legislation

STATE LEGISLATION
Co-authored the Washington Indian Health Care Improvement Act – state legislation that is transforming our Indian healthcare system through new investments and collaborations

100% FEDERAL MATCH
Secured two-year pilot to increase state resources for the Indian healthcare system through 100% federal match for Urban Indian Organizations
WORKFORCE DEVELOPMENT

Preparing Future Leaders

Our organization reflects the diverse community that we serve.

Our organization is women-led by our CEO & President and Executive Vice-President.

Six of our eight Executive Leadership Team members are women and six are Black, Indigenous, and people of color.

50% of our workforce identify as American Indian and/or Alaska Native, representing 56 different tribes.

75% of our workforce identify as Black, Indigenous, and people of color.

77% of our workforce identify as women.

Seven Generations Onboarding Curriculum

Our commitment to sharing knowledge and culturally attuned approaches to care extends to every member of our team. For the first time in the history of our organization, we developed the agency-wide Seven Generations onboarding curriculum to ground every staff member in our organizational values, our Indigenous Knowledge Informed Systems of Care, and what it truly means to serve Native people. This curriculum is the culmination of two years of internal planning guided by our cultural workgroup and human resources division. We were determined to share this cultural grounding with all staff and rapidly shifted the onboarding into a virtual weeklong gathering when confronted with the pandemic because we know how critical it is to hold space for our staff to celebrate, grieve, reflect, and learn from one another. Seven Generations will be a recurring onboarding experience as we develop our workforce to create space for centering and reflection upon what drives us as an organization and our deep commitment to community.

Training the Next Generation

From 2015 to 2020, our workforce has grown from 120 to 186 employees. As part of our investment in the well-being and success of Native people, we are training the next generation of healthcare and public health professionals. In 2020, we graduated two resident physicians from our Family Medicine Residency Program as well as a cohort of Master of Social Work practicum students and welcomed two new Traditional Indian Medicine Apprentices to our team. Our research division, Urban Indian Health Institute, expanded our public health internship program and welcomed five Native summer interns from across the nation.
Workforce Development Highlights

55% staff increase between 2015 and 2020

6 Public Health Interns

6 Family Medicine Residents

3 Traditional Indian Medicine Apprentices

2 Master of Social Work Practicum Students
Growth within an Underfunded System

Investing in Our Future
Between fiscal years 2019 and 2020, our total revenue increased by 35% as a result of our efforts to re-base our Medicaid encounter rate and to diversify funding streams through new contracts, grants, and private donations. Through a yearlong process, we successfully secured a 180% increase in our encounter rate. Most importantly, this change was retroactive, providing both an increased Medicaid encounter rate moving forward and compensation for underpaid services into the past. This translated into $1.9 million in additional income in 2020.

Leveraging Resources to Drive Growth
In 2020, we received significant supplemental dollars from the Indian Health Service (IHS) and the Health Resources and Services Administration (HRSA) for our COVID-19 preparation, prevention, and response efforts. This additional $7 million has enabled us to purchase new equipment, complete repairs and maintenance to ensure effective sanitization, prepare for a COVID-19-appropriate expansion at Chief Seattle Club, increase staffing for our COVID-19 testing plan and vaccination clinic, and enhance infrastructure to ensure the safety of our staff and relatives. In addition to COVID-19-specific awards from IHS and HRSA, we received supplemental funds from other agencies and government entities including City of Seattle, the Substance Abuse and Mental Health Services Administration (SAMHSA), Seattle Foundation, the National Council of Urban Indian Health (NCUIH), and Washington State.

FINANCE
Growth within an Underfunded System

Investing in Our Future
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Total FY2019 Revenue $20,351,483
- Contracts $9,551,133
- Grants $6,205,917
- Programs $3,949,637
- Contributions $199,569
- Other Revenue $475,195
- Non-Operating Revenue –$29,969

Total FY2019 Expenditure $21,603,643
- Medical $7,106,658
- Administration $5,148,230
- Behavioral Health $3,607,332
- Urban Indian Health Institute $2,974,079
- Community Services $2,209,096
- Traditional Health $558,248
Donors and Sponsors

Thank you to everyone who donated to Seattle Indian Health Board in 2020.

Because of your generosity, we can continue serving our community in a good way now and into our next 50 years.

In the tradition of the Coast Salish people, whose land our health center is on, we raise our hands in gratitude to each and every individual and organization that supported us in 2020.

We are proud to have over 300 donors in 2020 with an average donation of $111. This list reflects families and individuals who donated over $1000.

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ORGANIZATIONAL DONORS

- ACLU of Washington
- American Gift Fund
- Boeing
- Community Health Plan of Washington
- Eastside Baby Corner
- Fidelity Brokerage Service
- Fidelity Charitable
- Friends of Waterfront Seattle
- Hutton Family Foundation
- Guthrie and Tkachuck Fund
- National Philanthropic Trust
- Network for Good
- New Beginnings
- NUJFC Collaboration
- Planned Parenthood
- Rosenberg Charitable Fund
- Seattle Foundation
- School of Acrobatics & New Circus Arts
- Schwab Charitable Funds
- Social Good Fund Bill
- Wyman Youth Trust
- YourCause

INDIVIDUAL DONORS

- The Behnke Family
- Hannah Boyovich
- Autumn Forespring
- Christopher A. Hunt
- Jania Garcia
- Louie Gong
- Rhonda Medows
- Heather Niemi
- Armilito Pangilinan
- Srilata Remalta
- Paula Sandler
- Amy Scott
- William Thompson
- Carrie Werneck

FY2020 REVENUE BY CATEGORY

- Total FY2020 Revenue: $26,382,454
  - Contracts: $7,694,806
  - Grants: $8,618,609
  - Programs: $9,280,495
  - Contributions: $882,381
  - Other Revenue: $132,527
  - Non-Operating Revenue: $38,690

FY2020 EXPENDITURE BY DIVISION

- Total FY2020 Expenditure: $23,078,411
  - Medical: $7,759,350
  - Administration: $7,451,244
  - Behavioral Health: $2,108,823
  - Urban Indian Health Institute: $3,569,834
  - Community Services: $1,696,730
  - Traditional Health: $492,431
Contact Seattle Indian Health Board

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