GOOD MEDICINE

2021 Annual Report
Seattle Indian Health Board

EXECUTIVE LEADERSHIP TEAM

Esther Lucero (Diné), MPP
President & CEO

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

Ryan Gilbert, MHA
Chief Operating Officer

Pam Grindley, JD, SHRM-SCP
Chief People Officer

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

Adrian Dominguez, MS
Chief Data Officer

Linda Zhang, CFA, FRM
Chief Financial Officer

Shelley Means (Ojibwe/Lakota), BA
Chief Culture Officer

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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.

In 1970, we opened our doors to provide accessible healthcare for urban Indians in Seattle as a free clinic. Today, we are a leader in community and public health, bringing high-quality, culturally attuned services to Native people throughout the Seattle area.

Our unique approach to health centers Traditional Indian Medicine through our Indigenous Knowledge Informed Systems of Care—a cultural framework that orients our service delivery to achieve true holistic integration of all services for our patients, whom we refer to as "relatives."

Recognizing the important role that public health data play in community health, in 2000, we established our research division, Urban Indian Health Institute, to conduct research and provide disease surveillance for American Indian and Alaska Native communities as a Tribal Epidemiology Center (TEC).

As one of 12 TECs in the nation—and the only one serving urban Indians nationwide—we use public health data to advise and advocate for Indigenous people in health policy. Today, 7 out of 10 Native people live in urban settings.

Throughout 2021, the synergy between our status as a public health authority and community health center shined as we continued our pandemic response and prepared for the years-long impacts of COVID-19 on our communities that will come—all supported by the decades of strategic leadership, tribal and community partnerships, and forward-looking practice to ensure quality healthcare for our next seven generations. SIHB

Our History and Impact

2021 in Summary

Released the Data Genocide report card grading states' quality of COVID-19 racial data and their effectiveness in collecting and reporting data on American Indian and Alaska Native populations

100%

Vaccinated 100% of our Elders, staff, and registered patients

Expanded into three new clinic sites

Collaborated with our partners to establish the Missing and Murdered Indigenous Women and People Task Force in Washington State

Guiding Purposeful Growth

Our people are undoubtedly our greatest asset due to their deep knowledge, life experience, and love for our relatives. Last year, our executive leadership team redistributed responsibilities to reflect the traditional values of balance and collaboration.

This new leadership structure enabled us to continue to grow into 2021 and make strategic decisions that will benefit our relatives for generations to come, leveraging the unique expertise of each of our executive leaders.

As a public health authority led by and for the Native community, we shape our investments into holistic health *alongside* our people. We listen, respond to unmet needs, and advocate on behalf of urban Native communities nationwide because health equity is only truly achieved when there is a transfer of power and resources.

At a local and state level, we are known for our community leadership. We are careful stewards of our resources to ensure that the fruits of our achievements are shared. Through the challenges of the pandemic, we have not only maintained our services but expanded our offerings and clinic sites because of calculated decisions made by leadership to ensure our financial stability years in advance.

Our COVID-19 vaccine distribution has been a model for equitable, community-driven allocation. Our success in distributing vaccines to our community and the fact that Native people have achieved the highest vaccination rate in the country underscores the importance of investing directly in community-based organizations.

Our communities have the knowledge and hold the keys to achieving a healthy future for our people. In the national context, our role in stewarding health equity for Natives is largely to hold the federal government accountable to its trust and treaty obligations. We strive for greater investments into funding urban Indian organizations, for standardized and improved processes for data collection and reporting, and to support the reclamation of Indigenous land. Our ongoing advocacy efforts at the national, state, and local levels continue to pave the way toward these goals.

We continue to uphold and advance our mission to provide culturally attuned care to our relatives. Thank you for your continued support. SIHB



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

Exemplifying Equity and Strength



Esther Lucero (Diné), MPP
President & CEO

As an Indigenous organization, we have the wisdom, vision, and approaches necessary to make real and lasting change in the health of Native people. We are a living example of equity in action.

Our organization was created through the Native activism of the 1960s and born out of a need for accessible healthcare. Since our inception, we've kept social justice and the demand for the best for our people at the heart of our organization—fostering a diverse, Native-led workforce with an industry-standard-breaking number of women in leadership.

We are deeply rooted in our community. Our urban Native staff represent 56 different tribes. All of our staff are local, so we know firsthand how gentrification is reshaping our neighborhoods. Over the past few years, we have seen a trend of Native families re-establishing themselves in Seattle's northern and southernmost regions as longtime residents are priced out of the heart of Seattle. This pattern, exacerbated by COVID-19, shows how our Native communities continue to adapt in the face of adversity. As an organization committed to meeting our relatives where they are, we responded by planning for the opening of *three* additional clinic sites. Our new clinics, located in Lake City, Pioneer Square, and a mobile clinic site, will make our culturally attuned care more accessible to all people throughout the Seattle area.

Our ability to plan and establish three site expansions during the unprecedented challenges of COVID-19 speaks volumes about our organizational strength and foresight guided by Indigenous values. As we expand our presence, we are participating in the long overdue reclamation of Indigenous spaces.

Our success over the last 50 years is not happenstance—it's the result of strategic leadership and partnerships. I am honored to be part of an organization and community that are resilient and unrelenting in our commitment to taking care of one another. When it comes to the health of our people, there is no compromise. **SIHB**

Advocating for Our People

Whether you're looking at Indigenous people's responses to the COVID-19 pandemic or our ancestors' actions on behalf of the next seven generations, one thing is clear: We meet every challenge put before us with strength and intentionality.

Through continued advocacy, we are working to end the Missing and Murdered Indigenous Women (MMIW) crisis. In 2021, we collaborated with our partners and the Washington State Legislature to create a task force for Missing and Murdered Indigenous Women and People to investigate the systemic causes behind the high rate of disappearances and murders of Indigenous women and people and coordinate a statewide response to this urgent crisis. This will create a model for similar efforts to be scaled up to the national level, create widespread change, and give deserved recognition to the Indigenous women and their families who have been impacted.

As is true of the MMIW crisis, many issues stem from the American healthcare system's failure to represent Native people fully and accurately in public health data. This perpetuates inequities by hindering the ability of public health authorities and policy makers to make data-driven decisions for equitable policy and resource allocation. We call this erasure of Native people data genocide. As a Tribal Epidemiology Center in an urban setting, we use our status as a public health authority to educate policy makers, share our data for more equitable decision making, and maximize positive change from new policies, activating systems-level change to benefit all our relatives.

As we advocate for public health justice at state and federal levels, we support our local community through direct service. In 2021, we created new avenues to reach youth and their families amid the COVID-19 pandemic, offering virtual community events and biweekly pediatric clinics on weekends. Whether online, at our clinic, or in community, we are nurturing space where they can grow by grounding themselves in culture and strengthening the next generation for community and public health.

Innovation has underlined every challenge we've met. Our creative, community-centered approaches set us apart from the rest. We will never stop change-making to ensure that Native people are represented in data, in policy, in the media, and in our community so that they can continue thriving on Native land—my Elders have taught me *that* is good medicine. SIHB



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

Community-centered Healthcare

Culture is medicine. We center cultural ways of knowing within the framework of healthcare through our Indigenous Knowledge Informed Systems of Care because we know the value of culture in holistic health for all our relations. Grounded in traditional medicine, we serve all people in a Native way, honoring the intersection of Indigenous identities within our urban community.

PROTECTING OUR COMMUNITY ONE VACCINE AT A TIME

As a federally qualified health center, we mandated that all staff receive a COVID-19 vaccine from day one. We quickly achieved full staff participation—a true testament to our organizational commitment to our community—ahead of the announcement of a statewide mandate. Upon receiving and administering the first Moderna vaccines in the state, our proactive planning allowed us to swiftly move through our distribution phases including staff, Elders, immunocompromised individuals, community members, and, finally, youth.

In October, when additional doses of the vaccine were approved for increased protection against the virus, we were poised once again to rapidly jump into action, making additional doses available to all staff and eligible relatives as soon as they were FDA approved.

When all was said and done, we vaccinated 7,398 people from 2020-2021.

CARE ACROSS GENERATIONS

At our community health center, we grow and change by listening to our relatives. Our families with children voiced their interest in a COVID-safe, family friendly space where they could access care and services outside of normal business hours when many caregivers are at work. In response, we held biweekly weekend events and pediatric clinic hours to make culturally attuned healthcare more accessible for youth and their families. As COVID-19 vaccines were approved for teens in May and for younger children in November, we expanded our vaccination services in turn.

We continue to honor our Elders' esteemed roles as culture keepers in our community. By February 1, 2021, only six weeks after we received the first Moderna vaccines, all our registered patients over 50 had chosen to be vaccinated with us.

- 100% of our Elders are vaccinated against COVID-19 and enrolled in our services.
- We served 204 Elders in 2021.

Since 2003, we've offered our Elders Program as a space for Native Elders to meet, socialize, and stay culturally connected to their community. We provide meals, health education and screening, exercise and game activities, case management, and more. Our Elders are also active in the greater community—our Elders Council worked with 8th Generation, a Seattle-based art and lifestyle brand owned by the Snoqualmie Tribe, to establish a blanket design.

283	children vaccinated
160+	free backpacks filled with school supplies gifted to Native youth
45	new parents provided with cribs, car seats, and baby clothes
290	relatives received WIC support through our community health center

FROM THE CRADLEBOARD ON

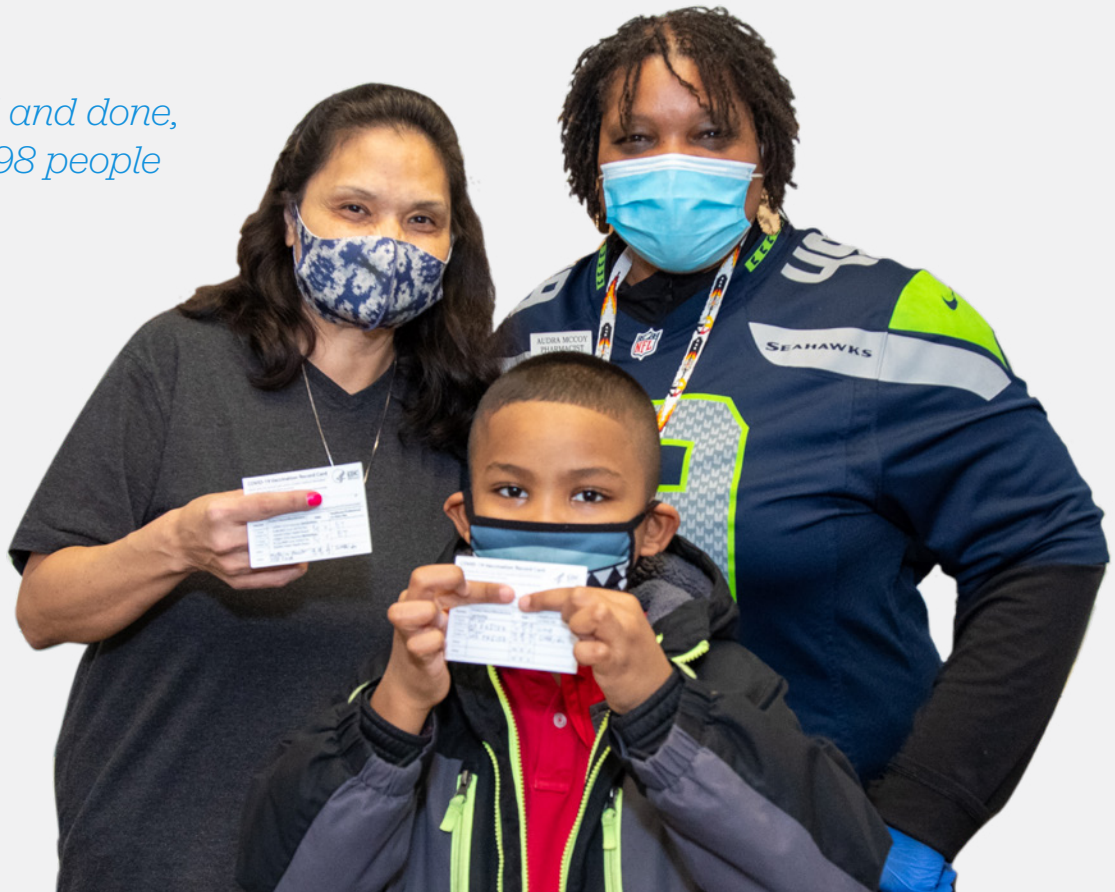
For our relatives bringing young ones into this world, we offer support through every stage. From family planning, pregnancy, birthing, and parenting, we assist them throughout their journey and connect them in community through our partnerships with Native organizations in the Seattle area. These partnerships include support services for pre- and post-partum mental health, access to doulas, parenting talking circles, child seat and cradle boarding classes, and access to nourishing meals for the whole family.

THANK YOU TO OUR PARTNERS

By strengthening our partnerships with other Native-serving organizations offering services to pregnant and birthing people, we are creating a community where Native babies and their families can access the culturally attuned resources they need to cultivate healthy lives from the moment they enter this world.

- **Open Arms:** perinatal services
- **Hummingbird Indigenous Family Services:** doula support
- **Native American Women's Dialog on Infant Mortality:** cradleboarding classes
- **Eastside Baby Corner:** support for children and pregnant people
- **Center for Indigenous Midwifery:** childbirth classes
- **Chicken Soup Brigade:** nutritious meal access
- **Perinatal Support Washington:** pre- and post-partum mental health

When all was said and done, we vaccinated 7,398 people from 2020-2021.



GUARDIAN AND CHILD RECEIVE THEIR COVID-19 VACCINES



Three new clinic sites to meet our relatives and bring culturally attuned care wherever they are

A PRESENCE IN THE HEART OF SEATTLE AND ITS NORTH END

Native people are building community in Seattle's northern and southernmost neighborhoods, demonstrating strength and adaptability as rapid gentrification continues to transform the city. Recognizing the longer commute from these neighborhoods to our International District clinic as a barrier to accessing culturally attuned care, we are filling the gap in healthcare by expanding our services into three new sites: Lake City, Pioneer Square, and a mobile clinic site. With these expansions, we will better be able to meet our relatives wherever they are.

PIONEER SQUARE

Our Pioneer Square clinic will be housed within Chief Seattle Club's ʔálʔal building, an affordable housing project for people experiencing homelessness. Chief Seattle Club connects over 2,700 people (2,052 of whom are Native) annually to housing, healthcare, and social services. Our presence will provide ʔálʔal residents and the Pioneer Square neighborhood with access to centrally located, culturally attuned healthcare.

LAKE CITY

Our Lake City clinic, located in Seattle's north end, reflects a growing Indigenous footprint in the area. The clinic will be housed within the same building as North Helpline, a food bank and emergency service provider, and McDermott Place, which provides housing for people recovering from homelessness. Our expansion into Lake City will allow us to better serve people already accessing the resources nearby and will expand access for relatives in the northern community. Our presence in the city's fifth district has been supported by the advocacy of Councilmember Debora Juarez (Blackfeet).

ACCESSIBLE CARE

Our new mobile clinic site is equipped to bring dental and other health services to our relatives wherever they are. Our mobile clinic site will allow us to work with tribes across the region to offer dental services on their tribal lands and supplement our services at the Lake City clinic and throughout the Seattle area as needs are identified. SIHB

Continuous Innovation

We embody innovation by expanding and adapting the ways we deliver high-quality healthcare in step with our relatives' evolving needs. When we're given resources, we allocate them in ways that lift our communities along with us, including sharing our resources with fellow communities of color.

In 2021, we overhauled our electronic health record and pharmacy systems. These new upgrades allow us to refer relatives more efficiently for specialty care and reduce administrative work so that providers can spend more time interacting with our relatives face-to-face. This is one of many ways we're Indigenizing healthcare—we make decisions so that our relatives can spend more time with providers to cultivate a healthcare environment where they always feel seen, listened to, and held in a community of wellness.

50

relatives successfully completed HepC treatment and demonstrated cure

RESPONDING TO EPIDEMICS AT HOME

Caring for Our HIV-affected Relatives

Nationwide, COVID-19 has overshadowed equitable HIV prevention and care at many clinics. This was not so at our community health center. In 2020, the CDC identified King County, where we are located, as an epicenter of the HIV epidemic. Over the past year, we have strengthened our HIV treatment and prevention efforts to provide our urban Native community with confidential, culturally attuned testing and treatment services. Knowing that many of our HIV-affected relatives were at high risk of contracting COVID-19, we prioritized them in our vaccine distribution and ensured that they had access to the same quality of care remotely through our telehealth services. We hired additional staff specializing in HIV care and produced educational materials highlighting ways for relatives to stay safe and guidelines for providers to prescribe PrEP—a daily pill to prevent HIV—and care for STDs during the pandemic.

A Cultural Approach to Substance Use Disorder Treatment

Culture is fundamental to healing and holistic health. As the opioid epidemic worsened nationally over the course of the pandemic, we continued to step up and address the need for culturally attuned substance use disorder services for our people who have been affected by this ongoing and widespread crisis.

Our services combine chemical dependency assessments and group therapy with talking circles, plant medicine, and other cultural practices to provide our relatives with the support they need to achieve balance between their physical, emotional, mental, and spiritual needs.

In 2021, as we cared for our relatives' present needs, we prepared for the launch of our intensive outpatient program in early 2022—a direct community ask—and re-establishment of our inpatient services center, Thunderbird Treatment Center. These additions will create a greater capacity for us to serve relatives seeking substance use disorder treatment and support our community in healing. SIHB

Bill Hall (Tlingit): HIV and the COVID-19 Vaccine



MURAL BY ANDREW MORRISON (APACHE/HAIDA) AT OUR LAKE CITY CLINIC

Weaving Spaces through Art

We show up for our relatives as more than a healthcare center—we are a hub of public health research, economic opportunity, and creative expression all culminating in a tangible affirmation of culture. When people think of us, they think of an Indigenous community gathering place where the intersection of Indigenous identity and healthcare is respected and carried out in a good way.

As our presence expands, we are intentionally creating Indigenous spaces that reflect our community and cultural values. Each of our clinic locations are filled with works by Native artists, each of whom bring their unique artistic expressions through representations of Indigenous land, peoples, and symbolism.

In 2002, renowned artist Andrew Morrison (Apache/Haida) created the mural adorning our International District clinic lobby. Understanding the importance of art as a form of cultural healing, in 2021, we carried on this tradition through our renewed collaboration with Mr. Morrison and other Indigenous artists to create large murals at each of our new clinic locations.

A VISION OF COMMUNITY HEALTH

At our Lake City clinic, Mr. Morrison created a mural for the lobby illustrating visions of home for many tribal cultures throughout Turtle Island. The art grounds our clinic as a space of inclusive healing for people of all tribal cultures. The mural serves as permanent reminders etched into our clinic wall that this land is and has always been for our relatives—and we're here to support in their reclamation of it.

CULTIVATING OUR FUTURE, HONORING OUR PAST

Through collaboration with Urban Native Education Alliance and Eastside Native American Education Program, we invited Native youth to participate in the creation of a mural for our Lake City clinic walls. With Mr. Morrison's mentorship, Native youth created the mural that represents Chief Si'ahl, leader of the Suquamish and Duwamish during the 1800s and the city of Seattle's namesake. Throughout this process, Mr. Morrison guided the youth in painting and shared insight into Indigenizing every space of their lives with the art of their ancestral Coast Salish lands, plant medicines, and unique colors. SIHB

Investing in the Indigenous Workforce

We are cultivating the next generation of Indigenous health professionals by deepening cultural connections and nurturing Indigenous values.

Through our family medicine residency program, internships, and practicums, we go beyond building skillsets by building relationships that retain, develop, and pass down our Indigenous knowledge to a new generation of Indigenous doctors, researchers, advocates, and more.

Our investment in Native professionals' growth and in fostering a workforce that truly reflects our community is exemplified by our highly influential policy team—made up entirely of Indigenous women—and our behavioral health team that boasts 9 out of 10 Indigenous practitioners.

INTERNSHIPS

6	undergraduate public health interns
3	youth public health interns
1	finance intern in partnership with University of Washington Evans School of Public Policy and Governance
1	policy intern

PRACTICUM

4	Master of Social Work practicum students

RESIDENCIES

6	family medicine residents
1	Puyallup Tribal Health Authority visiting resident
1	University of Washington School of Medicine & children's hospital pediatric visiting resident

STAFF DIVERSITY SNAPSHOTS

74%	of our staff identify as BIPOC
46%	of our staff identify as AI/AN or two or more races
72%	of our staff identify as women

FROM INTERN TO MD

Dr. Socia Love-Thurman (Delaware/Yuchi/Cherokee), Chief Health Officer, began her career as a resident physician at our clinic. Following her residency, she stayed at our clinic as a physician and, after several years, stepped into the role of directing our family medicine residency program. Now, as Chief Health Officer, Dr. Love-Thurman ensures that our relatives receive the highest quality care while executing a strategic vision for our clinical teams that aligns with our Indigenous Knowledge Informed Systems of Care model. Throughout Dr. Love-Thurman's tenure, she has mentored **Dr. Amy Chabitnoy (Aleut/Unangan)** and created a path for Dr. Chabitnoy to follow in her footsteps. When Dr. Love-Thurman stepped into her current role as Chief Health Officer, Dr. Chabitnoy stepped into the role of Residency Site Director.

Dr. Kara Harvill (Diné) entered our family medicine residency program with a passion for cultivating empowering patient experiences by holding Traditional Indian Medicine and western medicine in equal respect. Grounding her approaches in culture, Dr. Harvill has actualized her passion for social justice within medicine. Upon completing her residency, Dr. Harvill joined our team as a family medicine provider. She continues to serve all people in a Native way by embedding culture into her daily interactions, from conversing with Diné or Navajo Elders who remind her of family to broadening the scope of our clinic services. "Knowing that I have good relationships with our relatives—when I can tell they're happy to see me and they trust me—that is so valuable," she shared. SIHB



"Having my first sensory experience of the workday be the smell of sage or sweetgrass is very special to me."

—Dr. Kara Harvill (Diné)

DR. KARA HARVILL (DINÉ) IS HONORED AT THE 2021 RESIDENCY PROGRAM GRADUATION



Inspiring Future Leaders

2021 ADELINE GARCIA AWARDS

Adeline Garcia (Haida, Double Fin Killer Whale Clan) was a pioneer in urban Indian social causes and was a co-founding member of the American Indian Women's Service League. She was the president and a board member of our organization. We honor her legacy through our annual Adeline Garcia Community Service Awards, where we recognize leaders in the region for their service to our Native community.

We raise our hands in gratitude to the 2021 awardees for their continued commitment to our people. As we honor these leaders, we strive to inspire our young leaders to connect with mentors and follow in their footsteps.

2021 AWARDEES

Abriel Johnny (Cowichan/Tlingit) Abriel serves on the Board of Directors for United Indians of All Tribes Foundation and is the Community and Tribal Engagement Manager at HealthierHere. Her commitment to social justice, art, creativity, women's leadership, and the health of urban Indian and tribal communities will continue to have an impact for many years to come.

Julie Sa'Leit'Sa'Kwina Johnson (Lummi) A mentee of Adeline Garcia herself, Julie has spent decades advocating for health, education, treaty rights, policy, and funding for tribal and urban Indian communities. Her lifelong community activism has had an impact on a countless number of lives, and she continues to be a mentor and inspiration to all.

Dr. Terry Maresca (Mohawk) In 1997, Dr. Maresca helped build Seattle Indian Health Board's family medicine residency Program and continues to mentor and share her knowledge with the next generation of physicians. **SIHB**



ADELINE GARCIA (HAIDA, DOUBLE FIN KILLER WHALE CLAN)

Advocating for Fiscally Sustainable Policies

Knowing that much of the public health data that exists on American Indian and Alaska Native communities is inaccurate or incomplete, our research division collected data to provide state and federal policymakers with the most accurate data available to ensure that the health needs of Native communities were accurately represented in resource allocations.



AT THE FEDERAL LEVEL, WE

secured $1 million for an infrastructure study for outdated Urban Indian Organizations' (UIOs) facilities,

provided testimony to the Senate Committee on Indian Affairs advocating for amendments to the Indian Health Care Improvement Act allowing for Indian Health Services dollars to be used toward minor renovations and construction for UIOs,

submitted appropriations requests to congressional leaders for $200.5 million for Urban Indian Organizations and $24 million for Tribal Epidemiology Centers, and

provided testimony to the Senate Committee on Health, Education, Labor and Pensions requesting increased funding for community-based work, identifying gaps in surveillance, amplifying the work of trusted messengers, and equitable distribution of resources.



AT THE STATE LEVEL, WE

secured $500,000 for the Missing and Murdered Indigenous Women and People budget proviso, and

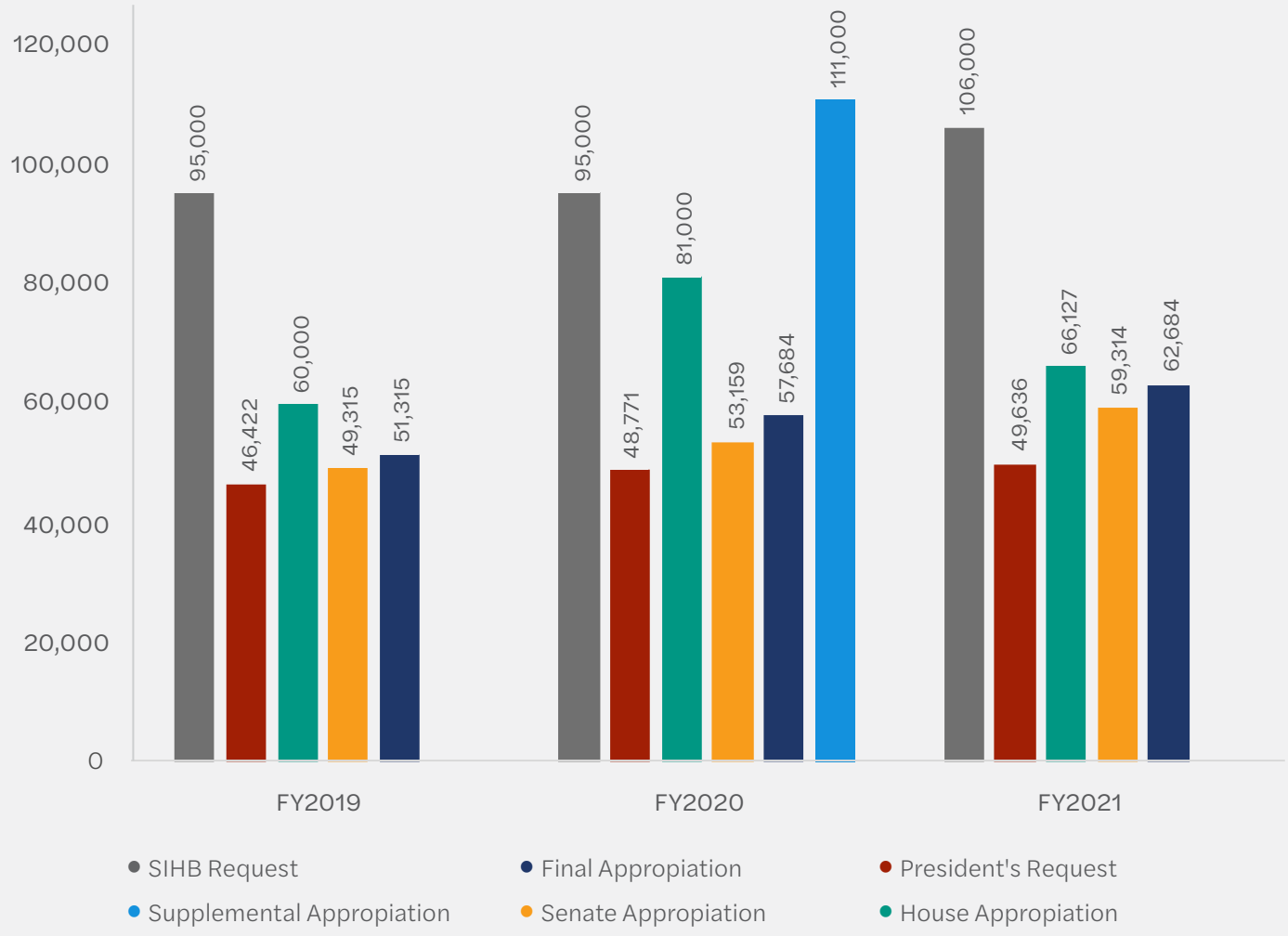
secured $300,000 from the Washington State Biennium to facilitate the relocation and expansion of our inpatient substance use disorder treatment center.

In total, we submitted 10 congressional testimonies on topics ranging from COVID-19 response to appropriations, infrastructure, and American Indian and Alaska Native priorities including the Missing and Murdered Indigenous Women crisis. Our Executive Vice President, Abigail Echo-Hawk (Pawnee), spoke to the Select Subcommittee on two separate occasions to advocate for increased investments into maternal health resources for Black and Indigenous communities. Given the range and depth of our policy advocacy, one thing is clear: Our expertise on equitable public health policy for Indigenous people is unmatched and sorely needed as our governing system looks to invest in our communities.

OUR APPROPRIATIONS

This graph depicts requests for appropriations bills we submitted for the Indian Health Service (IHS) budget that led to unprecedented investment for urban Indians in the Indian healthcare system. SIHB

URBAN INDIAN APPROPRIATIONS
(Dollars in thousands)



Rewriting the Narrative

Perhaps the most quietly influential piece of our work to ensure visibility for Native communities is our fierce presence in traditional and digital media. This year, we were featured in over 6,000 articles, television stories, and radio clips. Any time we appear in the media, we do so to shatter historical, deficit-based narratives about Native people and, in their place, share the ways Native people continue to adapt, thrive, and care for our own communities.

As the pandemic has shifted more community building and information gathering into digital spaces, we've invested in our social media presence to keep our relatives connected, drive advocacy, strengthen partnerships, and share groundbreaking research.

FOR OUR PEOPLE

As COVID-19 vaccination news (and misinformation) spread rapidly online, we identified a need for accurate, timely, and culturally attuned messaging tailored specifically to Native communities. To fill this gap, our research division, Urban Indian Health Institute, conducted the first national survey on Native people's willingness to receive the COVID-19 vaccine, the results of which were put into action by Urban Indian Organizations nationwide and were cited by the White House.

We developed and launched a vaccination campaign specifically for our national urban Indian audience, partnering with IllumiNative to gather insights and refine our campaign messaging through focus groups. In May, in collaboration with IllumiNative, we launched For the Love of Our People, an evidence-informed website and social media campaign that continues to bring together Native creatives and health experts to develop fun, informative content such as a virtual powwow, artwork, comedy videos, poetry, and more. Our digital COVID-19 campaigns ensured that Native people were represented in the COVID-19 vaccination conversation on a national scale.

For Our People: Our Community's Response to COIVD-19

YOUTH VACCINATIONS

When Dr. Rose James (Lummi/Duwamish), Director of Evaluation and Research, brought her teenage son in to receive a COVID-19 vaccine, he felt such joy that he burst into a celebratory dance. By getting vaccinated as soon as he was eligible, he was one step closer to safely spending time with friends and family. Inspired by his happy dance, we launched Happy Vax Youth, where teens received the COVID-19 vaccine while listening to music, enjoying snacks, entering prize drawings, and participating in a fun photobooth.

IN OUR OWN WORDS: STAFF STORIES

Our staff are the heart of our organization, whether they're taking a pause in their day to chat with a relative, connecting with a policymaker to make our services more financially accessible to all, or creating a data dashboard to ensure representation for urban Natives nationwide. This spring, we conducted brief interviews with staff members. The result was "In Our Own Words," a collection of videos that paint a portrait of our friendly, caring staff who are deeply committed to our Native community.

In Our Own Words: Staff Testimonials

CELEBRATING OUR STRENGTH IN COMMUNITY

After canceling and moving events online in 2020, we were poised to relaunch our annual cultural events in 2021, and our community showed up in force!

SpiritWalk & Warrior Run

In October, we held our 25th Annual SpiritWalk & Warrior Run at Daybreak Star Indian Cultural Center. The 5K race and community walk gathered a record-breaking 350+ runners and walkers. Following the race, we presented our winners with custom beaded medallions and invited attendees to enjoy a free lunch, shop from Indigenous vendors, and learn from local Native and public health partner organizations.

2021 SpiritWalk & Warrior Run: Land Back

This year, our events raised a record number of funds through donations and corporate sponsorships. We are grateful for this investment in Native health that will contribute to our expansion and strengthen access to culturally attuned healthcare.

Indigenous People Festival

For the second year, we hosted the Indigenous People Festival online. This free event was a vibrant celebration of Indigenous people, artistry, traditions, and cultures featuring panels and performances with Native advocates and artists. The weeklong program was attended by 10,463 viewers and showcased local and national talents, including Jana Schmieding (Lakota), Rutherford Falls actress; M. Karlos Baca (Tewa/Diné/Nuche), founder of Taste of Native Cuisine; and Amber Starks "Melanin Mvskoke," an activist for Afro-Indigenous representation. SIHB



This year, we were featured in over 6,000 articles, television stories, and radio clips.

ESTHER LUCERO (DINÉ) IS FILMED AT THE INTERNATIONAL DISTRICT CLINIC

Honoring Indigenous Knowledge within Healthcare Systems

Traditional Indian Medicine is trusting and elevating the dynamic knowledges Indigenous people hold in our nations, communities, families, and stories.

Traditional Indian Medicine (TIM) is used to bring balance and healing to our minds, bodies, spirits, and world through songs and prayers; plant medicines; traditional and sustainable foods; ancestral languages; cultural ceremonies; community roles and relationships; and practices of resilience, reverence, and gratitude. These cultural ways of knowing shape the holistic health that Native communities thrive on, and our ongoing advocacy for financial investments into TIM will make these holistic approaches more accessible to Native people no matter where they reside.

Our Indigenous Knowledge Informed Systems of Care model places Traditional Indian Medicine at the center of everything we do as an organization. Within the healthcare system, Traditional Indian Medicine has not been held in equivalence with western medicine due to false hierarchies that place western medicine "above" Indigenous medicine. These hierarchies perpetuate equity issues, access issues, and affect health outcomes for Native communities.

We work to break down these issues by integrating Traditional Indian Medicine with our western medicine services daily.

Our Traditional Indian Medicine practitioners perform a wide array of healing practices including smudging, sweats, plant and food teachings, storytelling, talking circles, and drumming, which are available to our relatives of all ages.

As we work to increase patient access to Traditional Indian Medicine, we are launching a parity pilot that will allow our traditional practitioners to participate in care planning and coordination for all Native relatives in collaboration with our healthcare providers. This is a long-overdue activity made possible through our new ability to submit medical billing claims and receive payment from insurance companies for the services provided by our Traditional Indian Medicine practitioners in the same way as our western healthcare providers. Historically, we have offered Traditional Indian Medicine to relatives; however, we were unable to request payment for the services from insurance companies, making our ability to provide the service reliant on external sources of revenue. These integrative measures will ensure our ability to sustainably provide for our Native relatives' holistic health needs. SIHB

IN 2021, WE

piloted 1 TIM Practitioner on the clinic floor.

saw our TIM privileging processes duplicated in 2 other UIHPs.

hired our first ever Chief Culture Officer and TIM apprentices as staff.



Our Indigenous Knowledge Informed Systems of Care model places Traditional Indian Medicine at the center of everything we do as an organization.

TRADITIONAL INDIAN MEDICINE APPRENTICE AND NURSE WORK IN TANDEM ON THE CLINIC FLOOR

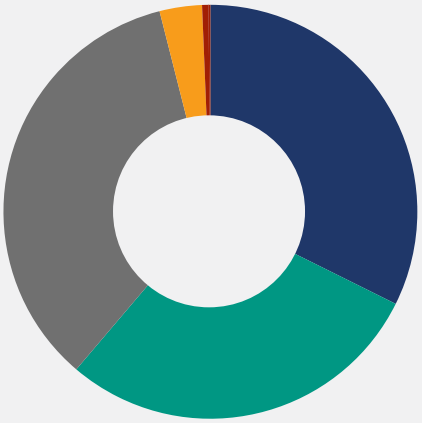
Our Financial Sustainability

We are dedicated to ensuring our relatives not only survive but thrive. In recent years, our strategic financial approach has brought us into a new era of financial sustainability that will support us so we can continue thriving for generations to come.

When we received COVID-19 relief funds, we allocated them to long-term projects and goals that allowed our services to remain stable in the here and now while creating room for future growth. Our ability to envision the future level of care that our relatives will need has supported our financial sustainability and success.

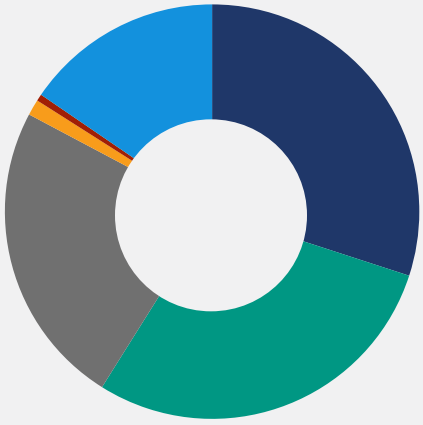
This year, we've transitioned toward higher percentages of foundation funding over government funding to allow ourselves stability and flexibility. Foundation funding carries fewer stipulations, which allows us to uplift our community in creative ways that are not possible with government funding. When we're given the resources, we're able to exercise our leadership in the community and allocate them in ways that create meaningful differences in the lives of Native people. SIHB

FY2020 REVENUE BY CATEGORY



Total FY2020 Revenue	$26,382,481
Third-party Revenue	$9,280,495
Non-operating Revenue	$38,690
Contracts	$7,694,806
Grants	$8,618,609
Contributions	$882,381
Other Revenue	–$132,527

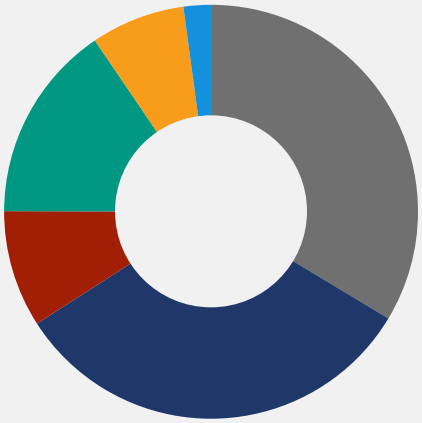
FY2021 REVENUE BY CATEGORY



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

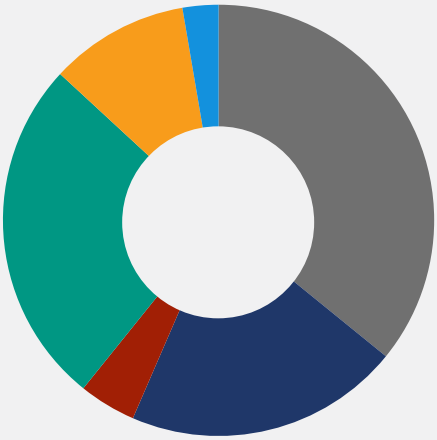
We are dedicated to ensuring our relatives not only survive but thrive.

FY2020 EXPENDITURE BY DIVISION



Total FY2020 Expenditure	**$23,078,412**
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

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

Culturally Rigorous Research for Urban Native Communities

Our research division, Urban Indian Health Institute, developed reports and resources throughout the year to address ongoing, systemic issues that result in inequitable access to care for American Indian and Alaska Native populations. These resources not only support our own decision-making and advocacy work at Seattle Indian Health Board; they also support Urban Indian Organizations nationwide in developing culturally attuned programs and effective advocacy plans.

DATA GENOCIDE

As the pandemic continued, federal policymakers relied on states to provide COVID-19 racial data to inform their resource allocation decisions. However, states consistently underrepresent Native people in COVID-19 racial data resulting in the resources that Native communities were owed not being received. To fill this gap, we issued this report that grades U.S. states' quality of COVID-19 racial data and their effectiveness in collecting and reporting data on Native populations. Our findings revealed poor scores for most states, with an average grade of D+. In response to this clear and dire need for more accurate COVID-19 data in our Native communities, we produced a virtual COVID-19 data dashboard. The first and only of its kind, this dashboard is the most accurate representation of COVID-19 cases among American Indians and Alaska Natives by U.S. state and county. This resource is necessary both for policymakers to make decisions based on accurate data and for Native communities to use in advocating for their needs.

COMMUNITY-CENTERED; DATA-INFORMED

An epidemiologist focused on health equity, Chief Data Officer Adrian Dominguez leads our scientific research and data initiatives including the Data Genocide report and our COVID-19 data dashboard. In addition to his research advocacy work, Adrian was elected as President of the Washington State Public Health Association.

SUPPORTING THE SACRED: WOMEN OF RESILIENCE

We produced Supporting the Sacred as a small grants program to support femme-identifying Native survivors of sexual violence. Using the stories of survival they shared, we offered grants as gifts of support, love, and appreciation to survivors of sexual violence affected by COVID-19—directly transferring resources into the hands of survivors. This report is a resource for readers to learn more about how femme-identifying Native survivors of sexual violence heal from their trauma and what resources they still need to see in their communities.

COVID-19 URBAN INDIAN ORGANIZATION SERVICE AREA SITE REPORTS

In response to poor COVID-19 data collection and reporting, we produced 39 COVID-19 surveillance reports for Urban Indian Organization (UIO) service areas. The purpose of these reports is to provide Natives living in these counties served by UIOs with the most accurate COVID-19 data available. SIHB

D+

Our findings from Data Genocide revealed poor scores for most states, with an average grade of D+

We are proud to have 372 donors in 2021, a 116% increase from 2020. Thank you!

DONORS AND SPONSORS

Thank you to everyone who donated to Seattle Indian Health Board in 2021.

Because of your generosity, we can continue serving our community now and for the future. 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 2021.

We are proud to have 372 donors in 2021, a 116% increase from 2020.

Visit sihb.org/donate to contribute today.



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