



2020 State Health Priorities

Seattle Indian Health Board ensures the health and well-being of urban American Indian and Alaska Native communities by providing culturally attuned healthcare and human services, conducting data research through its research division the Urban Indian Health Institute, and collaborating with tribal, community, and state partners.

Healthcare and Housing Priorities

Ensure access to healthcare and housing.

Seattle Indian Health Board is an Urban Indian Health Program offering culturally attuned care to the 71% of American Indians and Alaska Natives living in urban areas.¹

Data show that our Indigenous community is dying a much younger age than Non-Hispanic Whites and have significantly higher mortality rates due to intentional self-harm, chronic liver disease, and diabetes.² Urban Indians disproportionately experience housing instability, including the 40% of SIHB elders currently experiencing homelessness.³

- ▶ **Support** Seattle Indian Health Board's (SIHB) \$46.2 million capital campaign by **funding \$10.5 million in capital improvement projects** from the 2019-2021 capital budget that will allow SIHB to foster health care delivery innovation and address the social determinants of health:
 - ▶ **Invest \$5.05 million to remodel SIHB's Leschi Center facility** to optimize our Indigenous Knowledge Informed Care model - a fully integrated culturally attuned whole person care model, offering medical, behavioral health, dental, pharmacy, and community services, and traditional health services.
 - ▶ **Invest \$5.05 million towards the development of 100 units of affordable and culturally attuned housing** at SIHB's Leschi Center facility.
 - ▶ **Fund \$412,000 for SIHB's expansion of evidence-based behavioral health strategies** at four clinical sites in King County, as requested by Washington Association for Community Health (WACH), from the 2019-2021 capital budget.
 - ▶ **Fund \$250,00 for SIHB's mobile dental clinic** from the 2019-2021 transportation budget to expand dental care specializing in the needs of urban and rural American Indian and Alaska Native communities in King County, Washington and tribal communities statewide.

Indian Healthcare Transformation Priorities

Address healthcare system disparities.

The Indian Health Service has a healthcare expenditure of \$3,851 per capita vs. a national healthcare expenditure of \$10,348 per capita,⁴ contributing to high rates of health disparities among American Indians and Alaska Natives.

- ▶ **Pass HB 1365/SB 5415: Washington Indian Health Improvement Act** to:
 - ▶ **Establish an Indian Health Improvement Reinvestment Account** that reinvests an estimated \$17 million in new Medicaid savings from 100% Federal Medical Assistance Percentage (FMAP) encounters through Indian Health Care Providers back in to the underfunded Indian Health Services (IHS) IHS Direct, Tribal 638, and Urban Indian Health Program (I/T/U) system of care to finance capacity and infrastructure projects.
 - ▶ **Continue the Governor's Indian Health Council** to address tribal policy implications and oversight to the implementation of HB 1365/SB 5415.

Foundational Public Health Services Budget Priorities

Allocate funding to integrate I/T/U and public health systems.

In 2010, tribal health departments and tribal epidemiology centers became public health authorities,⁵ yet have historically been left out of budgeting for State public health systems.

- ▶ **Fully fund the \$1.2 million Foundational Public Health Services budget line item in HB 1497/SB 5732** for tribal epidemiology centers and the American Indian Health Commission to develop guidance on public health integration.
- ▶ **Support Tribal State Infrastructure for Disaster Response Coordination** to fund \$9.06 million over five years for capacity and infrastructure of the I/T/U system of care. Create and implement Tribal Public Health Codes and provide technical assistance and legal support for cross jurisdictional agreements that create linkages and collaborations with existing State public health systems.

Missing and Murdered Indigenous Women and Girls Priorities

Allocate funding to address issues of violence against Native women.

In 2016, there were 5,712 reports of missing Indigenous women and girls, yet only 116 cases were logged in federal databases.⁶

- ▶ **Support HB 1713: Improving Law Enforcement Response to Missing and Murdered Native American Women** to create tribal liaisons within the Washington State Patrol and convene a legislative taskforce to monitor and improve law enforcement response to missing and murdered Indigenous women.
- ▶ **Invest in Tribal Epidemiology Centers to create indigenous methodologies** designed to inform, improve, and mandate demographic data collection by law enforcement agencies.

Sources:

1. Urban Indian Health Institute. (2013, February). *U.S Census Marks Increase in Urban American Indians and Alaska Natives*. Retrieved from: http://www.uihi.org/wp-content/uploads/2013/09/Broadcast_Census-Number_FINAL_v2.pdf
2. Urban Indian Health Institute. (2017). Data Dashboard: Mortality Rate by Age Group. Retrieved from: <http://www.uihi.org/urban-indian-health/data-dashboard/>
3. Seattle Indian Health Board. (2018). Elders Program Data.
4. U.S Department of Health and Human Services: Indian Health Service. (2017). *Indian Health Service Office of Urban Indian Health Programs Strategic Plan 2017-2021*. Retrieved from: https://www.ihs.gov/urban/includes/themes/newihstheme/display_objects/documents/IndianHealthServiceOfficeofUrbanIndianHealthProgramsStrategicPlan.pdf
5. *Patient Protection and Affordable Care Act*. (2009).
6. Urban Indian Health Institute. (2018, November). *Missing and Murdered Indigenous Women and Girls*. Retrieved from: <http://www.uihi.org/wp-content/uploads/2018/11/Missing-and-Murdered-Indigenous-Women-and-Girls-Report.pdf>