TESTIMONY OF ABIGAIL ECHO-HAWK, MA,
DIRECTOR, URBAN INDIAN HEALTH INSTITUTE,
CHIEF RESEARCH OFFICER, SEATTLE INDIAN HEALTH BOARD
HOUSE APPROPRIATIONS SUBCOMMITTEE
ON INTERIOR, ENVIRONMENT AND RELATED AGENCIES
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Chairman Calvert, ranking member McCollum, members of the House Appropriations Subcommittee on Interior, Environment, and Related Agencies, my name is Abigail Echo-Hawk, and I am an enrolled citizen of the Pawnee Nation of Oklahoma, currently living in an urban Indian community in Seattle, Washington. I am the Director of the Urban Indian Health Institute (UIHI) and the Chief Research Officer of the Seattle Indian Health Board (SIHB). I appreciate the opportunity to present testimony today. I am an experienced AI/AN health researcher in both academic and non-profit settings, and am part of numerous local, state and federal efforts to engage American Indians and Alaska Natives (AI/AN) in research, including serving on the Tribal Collaborations Work group for the National Institutes of Health *All of Us* precision medicine initiative. UIHI is an Indian Health Service (IHS)-funded Tribal Epidemiology Center (TEC), providing services to more than 62 Urban Indian Health Programs, social service and faith-based agencies who provide culturally attuned health services in areas that represent approximately 1.2 million American Indians/Alaska Natives (AI/AN) living in urban settings nationwide. UIHI recognizes research, data, and evaluation as an integral part of informed decision making for not only our AI/AN community, but also our health policy and funding partners. We assist our communities in making data driven decisions, conduct research and evaluation, collect and analyze data, and provide disease surveillance to improve the health and well-being of our entire AI/AN community. UIHI's mission is to advocate for, provide, and ensure culturally appropriate, high quality, and accessible data for AI/AN public health organizations providing culturally attuned care to AI/AN's living off tribal lands in urban settings.

TEC's are IHS, division funded organizations who serve the IHS Direct, Tribal 638, and Urban Indian Health Program (I/T/U) system of care by managing public health information systems, investigating diseases of concern, managing disease prevention and control programs, responding to public health emergencies, and coordinating these activities with other public health authorities. There are currently 12 TEC's nationwide, their mission is to improve the health status of AI/ANs by identification and understanding of health risks and inequities, strengthening public health capacity, and assisting in disease prevention and control. UIHI is unique in that it serves the national urban AI/AN population while its sister TECs serve regional IHS areas including Alaska, Albuquerque, Bemidji, Billings, California, Great Plains, Nashville, Navajo, Oklahoma, Phoenix and Portland. We also work directly with over 120 tribes as the National Coordinating Center of the CDC's Good Health and Wellness in Indian Country (GHWIC) program.

UIHI's unique service population represents approximately 71% of the 5.2 million AI/AN people (alone or in combination) in this country. This population bears a disproportionate

burden of disease, evidenced by sustained and seemingly intractable health disparities.[1] These include chronic disease, infectious disease, and unintended injury with extraordinarily high levels of co-morbidity and mortality that literally translates into shorter lifespans coupled with greater suffering. For all AI/AN, there are systemic issues which give rise to health disparities: genocide, uprooting from homelands and tribal community structure, bans on cultural practices and language, racism, poverty, poor education, and limited economic opportunity. In addition, for urban AI/AN, forced relocation due to 1950's federal relocation and termination policies is another contributing factor. Today, AI/AN come to the city for educational, employment or housing opportunities and the resulting urban population is enormously diverse due to inter-tribal and inter-racial mixing. Local and state public health jurisdictions rarely disaggregate and/or analyze data separately for this population, despite evidence of a distinct set of needs and health risks. Consistently omitted or lumped into categories described as "other" or "statistically insignificant", this population and their health concerns are often invisible. UIHI functions as the only national TEC representing the health needs and resiliencies of urban AI/ANs. Without our services, little to no data would be available for this population.

Tribal Epidemiology Centers (TECs) work in partnership with tribes and urban Indian organizations (UIOs) to improve the health and well-being of their community members. We offer culturally attuned approaches that work toward eliminating health disparities that are faced by AI/AN populations. Accomplishing this often requires the TECs to work with a coordinated approach with the tribes, urban Indian organizations, IHS, other federal agencies, state agencies, and academic institutions throughout the country. TEC's possess a unique ability as tribal organizations to reach, engage, and provide culturally appropriate research, data, and evaluation for AI/AN's, by AI/ANs, and to ensure the funds actually reach and impact our population. Since their inception in 1996, TEC's have been at the forefront of gathering, interpreting and disseminating AI/AN data at the tribal, local, state and federal level. For example, UIHI provides individual community health profiles for 30 urban Indian areas and a national aggregate that includes more than 60 health indicators. These health profiles are the only comprehensive public data sources available on urban Indians, and as of March 1, 2018, it became the first public online data dashboard of its kind[2]. UIHI's sister TECs provide similar yet distinct services for their regional areas that are dependent on tribal needs.

While we are grateful for the funding that has been allocated by IHS, the TEC's remain woefully underfunded despite marked success and un-replicated services. Additionally, reductions in staff to the TEC granting division of the IHS, the division of Epidemiology, has furthered reduced our support services from IHS. The TEC's have seen recent financial support from the Center's for Disease Control, however this still does not bring the TECs into the capacity needed to fully address the needs of our urban and tribal AI/AN communities. We respectfully request an increase of 24 million dollars to be equally distributed among the TEC's to address this deficit in funding and to increase our capacity to gather, analyze and disseminate high quality data.

[1] Urban Indian Health Institute, Seattle Indian Health Board. (2016). Community Health Profile: National Aggregate of Urban Indian Health Program Service Areas. Seattle, WA: Urban Indian Health Institute.
[2] http://www.uihi.org/urban-indian-health/data-dashboard/

AI/AN experience severe underrepresentation in health science and public health professions,[3] which contributes to lack of solutions to these health problems. UIHI provides a supportive learning environment for AI/AN students in undergraduate, graduate and post-doctoral levels. We provide a structured curriculum that is based in indigenous science and support services. Our current program includes nine interns who represent medical residents, nurses, public health students, social work students and more. Recent graduates of the program have gone on to medical school, Ivy League public health programs, prestigious research institutions, and directly into public health programs. However, this program is not included in our IHS funding and our only paid internships are limited to a total of $8,000 per year and is funded by the CDC. If we were fully funded, we could increase the support to our internship program and increase the number of highly qualified AI/AN in the health science and public health workforce.

The long, and unfortunately recent, history of health and research abuses against AI/AN has made a strong and lasting impression in urban and rural tribal communities. Part of the work of developing capacity, buy-in, and knowledge around epidemiology, data surveillance, and collection of data includes reclaiming the traditional value of evaluation, data collection and analysis, and building trusting and engaged relationships. Developing structures that reflect not just the disparities and challenges of AI/AN, but also tell the story of strengths, resilience, and capabilities of these communities, is inherently crucial to all Indian people: the story of urban AI/AN data must be grounded in both scientific and cultural rigor. No greater issuer is more evident of this than the lack of data relating to Missing and Murdered Indigenous Women (MMIW) and resulting advocacy from the AI/AN community nationwide.

Overall, AI/AN women experience a higher rate of homicide when compared to Non-Hispanic White (NHW) women (7.3 out of 100,000 v. 5.0 per 100,000). However, these differences are even more extreme within certain US counties. For example, in Bon Homme County, South Dakota the homicide rate for AI/AN women was 111.1 times higher than the national homicide rate for non-Hispanic White women (555.6 per 100,000 AI/AN women)[4]. However, we do know that this is an under-representation due to racial misclassification and lack of data collection on race for women who go missing or are murdered. This trend of racial misclassification was confirmed in a study that found that AI/AN people are the most likely to be misclassified when compared to people of other races (30% frequency)[5]. Currently there is only one comprehensive database of Missing and Murdered Indigenous Women in the US and it was created and maintained by a PhD student[6]. UIHI has partnered to support her in her work and to conduct a national project on MMIW in urban settings. As an indigenous organization with trusted partnerships with urban and rural tribal communities, using indigenous knowledge methodologies to interpret the data and conduct research, UIHI is uniquely situated to address this issue in a culturally and scientifically rigorous manner. However, due to lack of funding, UIHI is currently using the Director's minimal speaking fees to pay for this important MMIW project and as direct result this project is moving slowly. If fully funded, UIHI could address

[3] Gray, J. S. & Carter, P. M. Growing our own: Building a Native research team. *J Psychoactive Drugs* **44**, 160-165 (2012).

[4] Bachman R, Zaykowski H, Kallmyer R, Poteyeva M, Lanier C. *Violence Against American Indian and Alaska Native Women and the Criminal Justice Response: What Is Known*.; 2008. https://www.ncjrs.gov/pdffiles1/nij/grants/223691.pdf. Accessed December 5, 2017.

[5] Jim MA, Arias E, Seneca DS, et al. Racial misclassification of American Indians and Alaska Natives by Indian Health Service Contract Health Service Delivery Area. *Am J Public Health*. 2014;104 Suppl 3(Suppl 3):S295-302. doi:10.2105/AJPH.2014.301933

[6] https://www.mmiwdatabase.com/

emerging data surveillance and research needs such as MMIW in a more expedient manner that serves the interests of both the tribal communities, local, state and federal agencies.

UIHI has recently obtained access to the IHS National Data Warehouse through a data sharing agreement for a level of access called the Electronic Data Mart. This access recognizes TECs as Tribal Public Health Authorities established under the Affordable Care Act in 2010. However, access is meaningless without adequate funds to formalize research questions and conduct analysis. In comparison, R01 Research Grants for various institutes of the National Institutes of Health allocate approximately $400,000 per year for 5-year projects for a single research project. And while the data contained in the Electronic Data Mart could be used for similar research projects, UIHI's core funding from IHS is approximately $375,000 per year and with that we are responsible for conducting community health profiles, provide technical assistance to our partners, do data requests, respond to public health emergencies, and more. The lack of funding does not allow us to conduct culturally and scientifically rigorous research projects that would fully utilize our newly obtained data access. For example, this database contains a wealth of information on nationwide urban AI/AN behavioral health visits ranging from substance mis-use to depression and suicidality. With proper funding, UIHI could conduct culturally attuned analysis that identifies both the resiliencies and the needs of our people related to behavioral health outcomes.

UIHI is dedicated to improving the health and well-being of urban AI/AN, is a national leader on the subject, and the strongest partner available to be able to address their public health needs. However, sufficient funding is currently not available for UIHI and its sister TEC's to fully fulfill the needs from our partner organizations and tribal communities. Fully funding TEC's will increase our capacity to provide relevant, timely and culturally competent information to make data driven decisions. UIHI recognizes that data reflects both our resiliencies and the needs of our communities, and as a TEC we are uniquely situated to incorporate cultural methodologies that do not use a deficit-based framework. Our communities have the solutions, and this is evident in UIHI's recent national urban AI/AN Community Health Profile where we show significantly fewer urban Natives (44%) reported using alcohol in the past month compared to Whites (60%).[7] This combats a common stereotype of alcohol use in AI/AN communities and shows the impact of culturally based behavioral health interventions. Improving health outcomes and research for AI/AN communities will not only benefit our population but will positively affect the overall population health of the country as a whole. We urge the committee to increase TEC funding to 24 million dollars per year and to increase funding for staff positions in the IHS division of Epidemiology that are needed to support TECs.

[7] Urban Indian Health Institute, Seattle Indian Health Board. (2016). Community Health Profile: National Aggregate of Urban Indian Health Program Service Areas. Seattle, WA: Urban Indian Health Institute.