



JOHNS HOPKINS ▲▲▲▲
CENTER FOR AMERICAN
INDIAN HEALTH

July 17, 2017

The Honorable Raul M. Grijalva
US House of Representatives
1511 Longworth House Office Building
Washington, DC 20515

Dear Congressman Grijalva:

On behalf of the Johns Hopkins Center for American Indian Health, we thank you for your leadership and sponsorship of the Native American Suicide Prevention Act. The bipartisan effort required to pass this legislation represents what we hope is an emboldened commitment and support to the First Americans.

Native Americans suffer some of the highest rates of suicide and self-harm of any U.S. group. Our Center's researchⁱ in partnership with the White Mountain Apache demonstrated that from 2001 to 2006, suicide rate among Native Americans aged 15 to 24 years (128.5/100,000) was 13 times the US all-races rate. The ratio of suicide attempts to deaths among Native Americans in this age group was 36:1 from 2005 to 2006, 17 times higher than in similar studies.

Further, Johns Hopkins Center for American Indian Health studies that have used a community based participatory approachⁱⁱ have demonstrated improved outcomes including increased connections to mental health care and decreased suicide attempts and deaths.ⁱⁱⁱ

Lastly, tribes are eager to partner on community-based, participatory efforts to reduce suicide—our Center has recently been awarded a National Institute of Mental Health grant to lead a Southwest Hub for American Indian Youth Suicide Prevention Research, on which we will be partnering with Arizona tribes including the Hualapai Tribe, Navajo Nation, San Carlos Apache, and the White Mountain Apache Tribe. Therefore, a bill that holds states receiving funding accountable to include tribal partners is consistent with critical needs and concerns.

If there is ever any way the Center can be of assistance to you, please do not hesitate to contact me. I would welcome the opportunity to show you our offices in White Mountain Apache, Navajo Nation, and Santo Domingo Pueblo communities in Arizona and New Mexico and the great work being done by our faculty and staff, most of whom are Native American leaders in their fields.

Sincerely,

Mary Cwik, PhD
Associate Director
Center for American Indian Health
Johns Hopkins Bloomberg School of Public Health

The opinions expressed herein are my own and do not necessarily reflect the views of The Johns Hopkins University.

ⁱ Mullany BC, Barlow A, Goklish N, Larzelere-Hinton F, Hinton D, **Cwik M**, Craig M, Walkup J (2009). "Toward Understanding Youth Suicide: Results from the White Mountain Apache Tribally Mandated Suicide Surveillance System, 2001-2006." American Journal of Public Health, 99(10), 1840-8. PMID: 19696377

ⁱⁱ **Cwik, M**, Barlow, A, Goklish, N, Larzelere-Hinton, F, Tingey, L, Craig, M, Lupe, R, Walkup, JT (2014). "Community-based surveillance and case management for suicide prevention: A tribally initiated system." American Journal of Public Health, 104 Suppl 3, e18-23. PMID: 24754618

ⁱⁱⁱ **Cwik, M**, Tingey, L, Maschino, A, Goklish, N, Larzelere-Hinton, F, Walkup, J and Barlow, A. "Decreases in Suicide Deaths and Attempts linked to the White Mountain Apache Suicide Surveillance and Prevention System, 2001-2012." AJPH, published online 13 Oct 2016.