

Making Amends: Recommended Strategies and Actions to Improve the Health and Safety of American Indian and Alaska Native Mothers and Infants

Report to the Secretary of Health and Human Services
by the
Advisory Committee on Infant and Maternal Mortality

December 7, 2022

- RECOMMENDATIONS FROM ADVISORY COMMITTEE ON INFANT MORTALITY (ACIM) TO THE SECRETARY OF HEALTH AND HUMAN SERVICES.
 - Submitted AUGUST 2021
- CARE SYSTEMS AND FINANCING OF CARE:
- 2. Increase Funding and Improve Payment Models for Enhanced Perinatal Care:
 - **Adequately Fund Indian Health Service Efforts to Reduce Infant and Maternal Mortality/Morbidity: Increase overall funding to the Indian Health Service in accordance with historical trust obligations between sovereign Tribes and the US government, with targeted funding beyond the \$5 million allocated in Fiscal Year 2021 to improve maternal and infant health outcomes.**

Health Of Indigenous Mothers and
Infants and Their Communities:
Context, Current Conditions,
Challenges

- **Janelle Palacios**
SACIM Member – Facilitator/Moderator
- **Suzanne England**
Women's Health Consultant, Great Plains Area
Indian Health Service
- **Susan Stemmler**
CA Midwife, Liaison for Women's Health in
IHS/Tribal Communities, American College of
Nurse-Midwives

Health of Indigenous Mothers and Babies

- **Janelle Palacios, PhD, CNM, RN (Moderator)**
- **CAPT Suzanne England, DNP, APRN**, ACIMM Ex-Officio Member, Maternal Child Health Consultant, Great Plains Area, Indian Health Service
- **Alida Montiel**, Health & Human Services Director Member, Pascua Yaqui Tribe, Inter Tribal Council of Arizona
- **Stephanie Bustillo, MPH**, Epidemiologist
Inter Tribal Council of Arizona

IHS invited but no one was able to attend

<p>Impact of Violence on Infant And Maternal Mortality</p>	<p>Edward Ehlinger, MD, MSPH, (Moderator) Acting Chairperson, ACIMM</p> <p>Maeve Wallace, PhD, MPH, Assistant Professor, Department of Social, Behavioral, and Population Sciences, Tulane University School of Public Health and Tropical Medicine</p> <p>Sylvia Bennett-Stone, Director of Voices of Black Mothers United</p> <p>Jacquelyn Campbell, PhD, MSN, RN, FAAN, Professor, Johns Hopkins University School of Nursing.</p> <p>Heather Burner, RN, BSN, Executive Director, National Safe Haven Alliance, Director, Arizona Safe Baby Haven Foundation, Director, NSHAC; Crisis Pregnancy Safety & Prevention</p>
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April – first draft of recommendations

- **SIDS/SUID in Indigenous communities:** Charlene Collier, Diane Pilkey, Maureen Perkins, Abby Collier, Shira Rutman, Kendra King Bows
- **Indian Health Service:** Tina Pattara-Lau, MD
- **Breakout groups to discuss draft recommendations**
- **Incarceration of pregnant, delivering, and post-partum Indigenous women:** Ed Ehlinger, Rebecca Shlaffer, Juliet Swedlund, Diane Bohn
- **Murdered and Missing Indigenous Women and Girls:** Janelle Palacios, Annie Belcourt, PhD, Michelle Sauve, Lucy Simpson
- **Breakouts on the issues** SIDS/SUID Violence, Incarceration, And Substance Abuse
Indian Health Service

ACIMM meeting September 2022

- Lenice Antel White
- Scott Berns
- Stacy Bohlen (Sault Ste. Marie Chippewa)
- Joanna Bryant (Shakopee Dakota)
- Joni Buffalohead, Ph.D, (Bdewákhathunwan Dakota)
- Joycelyn Brieschke (Leech Lake Band of Ojibwe)
- Heidi Christensen
- Marisa Miakonda Cummings (Umonhon/Omaha)
- Jackie Dionne (Turtle Mountain Chippewa)
- Deborah Frazier
- Nicolle Gonzales, (Dine')
- Stephanie Graves, BSN, PHN (Red Lake Ojibwe)
- Stacy Hammer, RDN, LD, (Bdewakantunwan Dakota)
- Patrice H. Kunesh, (Standing Rock Lakota)
- Lynn Lane (Dine')
- Socia Love-Thurman, (Cherokee/Yuchi/Delaware)
- Autumn Mason
- Terrance Moore
- Mary Owen, (Tlingit)
- Gwendolyn Packard (Ihanktonwan Dakota)
- Abra Patkotak, (Inupiaq)
- Denise Pecha
- Meredith Raimondi
- LaToshia Rouse
- Rebecca Schlafer
- Elisha Sneddy (Navajo)
- Rhonda Clairmont Swaney, (Salish & Kootenai)
- Leonard Wabasha (Shakopee Dakota)
- Donald Warne, (Oglala Lakota)
- Noya Woodrich (Athabaskan)

The process of developing this report

- 6 meetings that addressed birth outcomes of AI/AN people (this is our 7th)
 - One meeting in-person and on Tribal land (SMSC)
- Multiple workgroup meetings of DRAW and HEW
- Reviewed numerous reports and publications
- Verbal committee testimony of 44 individuals
- Written and verbal input of over 88 people

Making Amends: Recommended Strategies and Actions to Improve the Health and Safety of American Indian and Alaska Native Mothers and Infants

- Transmittal letter
- Preface – language matters
- Executive Summary
- Full Report
 - History/Context
 - Recommended strategies and actions
 - References/resources
- Appendix A: list of contributors
- Appendix B: quotations of presenters
- Appendix C: table of recommendations

Premises upon which the report is framed and built

- 1. The health of AI/AN women, parents, and infants has never been a priority for our country,** which has led to living conditions and a healthcare system that are not supportive of optimal health and good birth outcomes in these populations.
- 2. Like every other population group, a healthy social and physical environment and access to high-quality care are essential to good birth outcomes.** However, social, economic, geographic, and environmental conditions, along with certain policy/political choices have negatively affected the living conditions of AI/AN populations and inhibited them from accessing essential high-quality healthcare.
- 3. Because of racism and the devaluing of AI/AN women, some issues disproportionately affect this population which negatively impact maternal and infant health outcomes and mortality..** incarceration, MMIWG, substance use, mental health concerns, and violence
- 4. AI/AN people have inherently protective practices embedded in their culture** that contribute to their ongoing resilience.

Three recommended areas for strategic action

- I. MAKE THE HEALTH AND SAFETY OF AI/AN MOTHERS AND INFANTS A PRIORITY FOR ACTION.
 - II. IMPROVE THE LIVING CONDITIONS OF AI/AN MOTHERS AND INFANTS AND ASSURE UNIVERSAL ACCESS TO HIGH QUALITY HEALTHCARE
 - III. ADDRESS URGENT AND IMMEDIATE CHALLENGES THAT DISPROPORTIONATLY AFFECT AI/AN WOMEN BEFORE, DURING, AND AFTER PREGNANCY.
- Cultural strength and resilience, collective and intergenerational, are inherent in each area
 - 58 + 1 recommendations

I. MAKE THE HEALTH AND SAFETY OF AI/AN MOTHERS AND INFANTS A PRIORITY FOR ACTION.

- Engaging and centering AI/AN communities as active, empowered leaders and decision makers in working towards solutions to the challenges facing AI/AN mothers and infants in Tribal and urban settings. (**leadership/inclusion**)
- Mobilizing federal and state agencies to end data erasure by accurately identifying AI/AN people and including them in data policy development processes. (**data**)
- Expanding and leveraging the programs and funding of the Health Resources Services Administration (HRSA) and the Maternal and Child Health Bureau (MCHB) to include a specific focus on and greater investment in AI/AN women and infants. (**federal agencies**)

II. IMPROVE THE LIVING CONDITIONS OF AI/AN MOTHERS & INFANTS & ASSURE UNIVERSAL ACCESS TO HIGH QUALITY HEALTHCARE

- Evaluating, sufficiently funding, and improving the **Indian Health Service**.
 - **Medicaid** is also a major source of funding for the provision of medical care for the AI/AN population. ACIMM did not have the resources to adequately address the issues related to Medicaid but recognizes that the opportunities to better use Medicaid is something that should receive attention.
- Expanding and diversifying the **workforce** to include AI/AN practitioners.
- Strengthening approaches to adapt and augment improvements in the **social determinants of health**.

III. ADDRESS URGENT AND IMMEDIATE CHALLENGES THAT DISPROPORTIONATLY AFFECT AI/AN WOMEN BEFORE, DURING, AND AFTER PREGNANCY

- Expanding efforts to identify **MMIWG** and prevent its occurrence.
- Improving the care of **incarcerated AI/AN** pregnant and postpartum women as well as pregnant and postpartum women of all races/ethnicities.
- Expanding **violence** surveillance and universal screening for intimate partner violence (IPV) among AI/AN and all women.
- Improve treatment of **substance use & mental health** problems

59th recommendation for strategic action

ACIMM recommends that priority be given to having federal advisory committee meetings that focus on issues of specific communities, regardless of the topic, be held in those communities to assure greater engagement, understanding, representation, and accountability.

- Comments and/or questions about the report?
- What stands out to you?
- What have you learned?
 - Issues
 - Process
 - ACIMM
- What will you mention when talking about the report?
- Is there anything within this report that you “can’t live with?”

ACIMM Work and Accomplishments 2018 - 2022

Advisory Committee on Infant and Maternal Mortality

December 7, 2022

ACIMM 2018 – 2022 Work and Accomplishments

- ACIM – established in 1991
 - Linked with Healthy Start to serve as its advisory body
- ACIMM has built on the work of previous committees
 - Reports to HHS Secretary in 2001 and 2013
- PREEMIE Reauthorization Act (P.L. 113-55) 2013 directed ACIM to produce “a plan for conducting and supporting research, education, and programs on preterm birth.”
- Charter reauthorized and expanded in 2019

- ACIMM advises the Secretary on....infant mortality, **maternal mortality and severe maternal morbidity**, and improving the health status of infants and women before, during, and after pregnancy. ... recommendations on the policies, programs, and resources required to address the **disparities and inequities** in infant mortality, related adverse birth outcomes and maternal health outcomes, including **maternal mortality and severe maternal morbidity**. With its **focus on underlying causes of the disparities and inequities** ... the **Committee advises the Secretary on the health, social, economic, and environmental factors** contributing to the inequities and proposes structural, policy, and/or systems level changes.

Second meeting of this cohort of ACIMM

This Committee should build on the strong research base established by previous ACIMs to advance policy and programs that work to reduce infant mortality and narrow disparities.

- Build our work around issues related to poverty, economic policy, and the social and economic safety net,
- Work to advance equity,
- Expand the focus to include maternal mortality (MM) for which there is yet no national strategy,
- Focus on the impact of racism.

ACIMM Simple Rules

- **Remember every baby and mother**
- **Center on equity**
- **Listen to community voices**
- **Build capacity**
- **Focus on connections**
- **Ask powerful questions**
- **Seize opportunities**

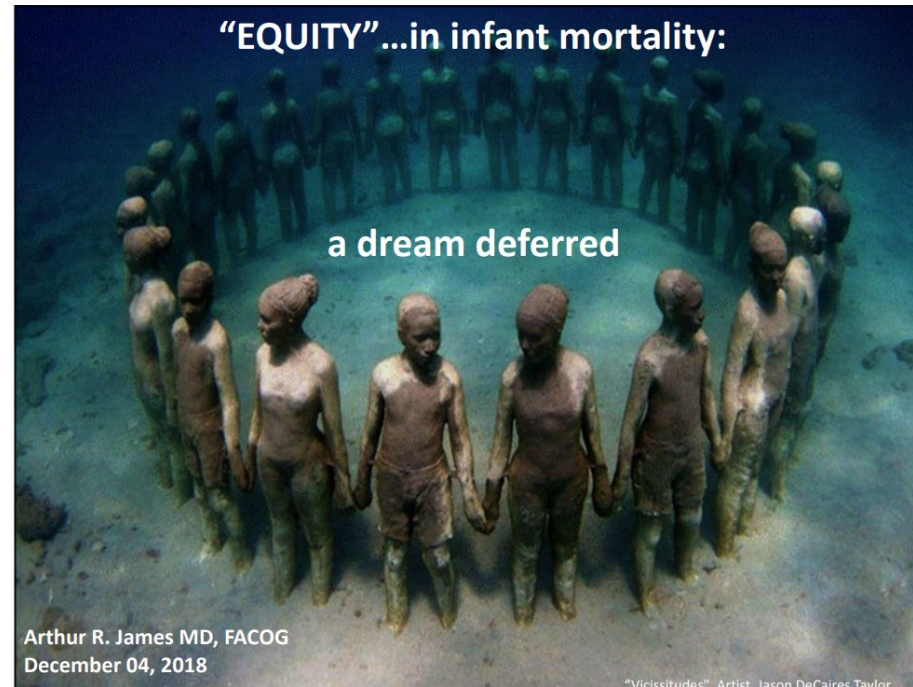
Accomplishments

- ACIMM preserved: White House Executive Order on “Evaluating and Improving the Utility of Federal Advisory Committees.” June 14, 2019
- Expanded Charter
- Secretary of HHS, Asst. Sec. for Health, HRSA Administrator (x3) met with the committee
- Recommendations submitted to the Secretary on
 - June 2020: COVID-19 (June 2020 and August 2021)
 - August 2021: COVID-19,
Migrant and Border Health
Physical Environment
Workforce and Systems of Care
 - December 2022: AI/AN birth outcomes

Personal reflections on accomplishments

- Community voices
- ACIMM increased its gravitas
- Enhanced partnerships
- Increased number of meetings
- Meeting out of DC area
- White House initiative on AI/AN issues and federal focus on AI/AN mothers and infants
- Expanded the focus of ACIMM's work – immigration, environmental issues, racism, equity

December 4, 2018



HEALTH EQUITY AND INFANT MORTALITY

Arthur R. James, M.D., F.A.C.O.G.

Consultant, First Year Cleveland

Interim Medical Director, Care Alliance Health Center