

American Indian Maternal and Child Health

THE HEALTH AND WELL-BEING OF AMERICAN INDIAN WOMEN AND CHILDREN

Why It's Important

The history of American Indians is one of great strength. It is a history built on values that have shaped American Indian culture and communities for generations: respect for elders, caring for family, a sense of responsibility to take care of the land, and a belief that the current generation should make a better world for the next.¹ It is a history of resilience through significant pain and injustices including (but not limited to) broken treaties, mass murder, boarding schools, and land theft. It is also a story of current lived experience surviving racism, the devaluation of American Indian culture and biased history taught in schools.¹

American Indians have, for generations, been intentionally and systematically violated in every way. The trauma experienced has been reinforced by government policies, racism and oppression, and economic systems that purposefully denied access to safety, health care, food, education, employment and dignity.² “Repeated and ongoing violation, exploitation, and deprivation have a deep, lasting traumatic impact, not just at the individual level but on whole populations, tribes and nations. This is what is known as collective trauma, historic trauma, intergenerational trauma.”²

“The tactics of colonization violate us and leave us traumatized, over generations, to this very day.” – Edgar Villanueva, author of Decolonizing Wealth

While traumatic events may have occurred decades ago, research shows that trauma and stress can impact second and third generations, being passed down through DNA. This is important because children exposed to early and repeated trauma are more likely to develop physical, behavioral and emotional disorders.³

“... Many women and families have unmet trauma and are surviving. They need to recover with education and support that they can connect with culturally.” – American Indian Needs Assessment Discovery Survey Respondent

Why is American Indian maternal and child health important? Because it is critically in danger. Because it has come to that point via white supremacy and colonial practices that have been perpetuated over time and continue today. Because excuses continue to be made for why the problems faced by Native communities in Minnesota cannot be tackled; when there is a responsibility to stop choosing to make American Indian women and children invisible.

“Everyone has a responsibility in making things right. Everyone has a role in the process of healing, regardless of whether they caused or received more harm. All our suffering is mutual. All our healing is mutual. All our thriving in mutual.” – Edgar Villanueva

Focus on Health Equity

American Indian women, children and families experience worse outcomes than other populations in Minnesota. These disparities are caused by historical trauma, racism and continued colonial practices and policies that are barriers to opportunity and thriving. The American Indian child poverty rate in 2016 was 36 percent compared to 14 percent of all Minnesota children living in poverty.⁴ 51.4 percent of American Indian children are growing up in single mother families.⁵ Only 50 percent of American Indian youth will graduate from high school.⁶ Compared to white children, American Indian children in Minnesota are 18 times more likely to be placed in out-of-home care.⁷

“[Women, children and families need] a caring, culturally supportive community to access that shares, cares and offers opportunities for personal and professional growth that supports them as women, as mothers, and as leaders. When a woman can move beyond the struggle of basic needs, they are capable of so much more including living a full life.” – American Indian Needs Assessment Discovery Survey Respondent

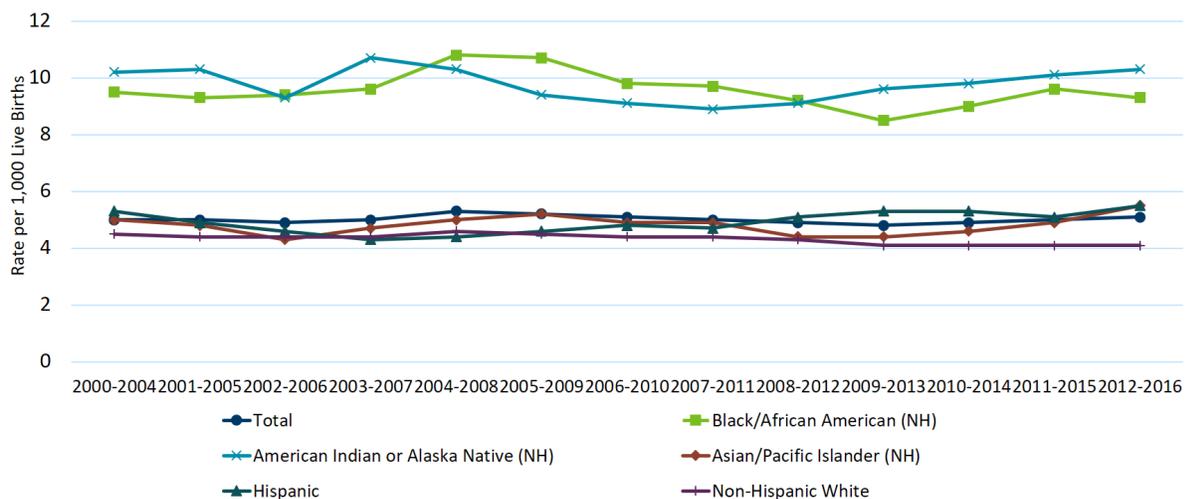
Maternal Mortality

The death of a woman during pregnancy, at delivery, or soon after delivery is a tragedy for her family and her community. In Minnesota, American Indian women are **7.8 times more** likely to die due during pregnancy or within 1 year after pregnancy when compared to non-Hispanic white women.

Infant Mortality

During the periods of 2006-2010 and 2012-2016, Black/African-Americans and American Indians had the highest infant mortality rates in the state. Moreover, the infant mortality rate for African Americans and American Indians were more than double the rate for Whites. Although the Black/African American and the white populations have experienced modest improvements in their infant mortality rates between 2006-2010 and 2012-2016, all other groups, and the state as a whole, experienced small increases in their infant mortality rates, including American Indians (see Figure 1).

Figure 1. Infant Mortality Rates by Race/Ethnicity of Mother, Minnesota 2000-2016

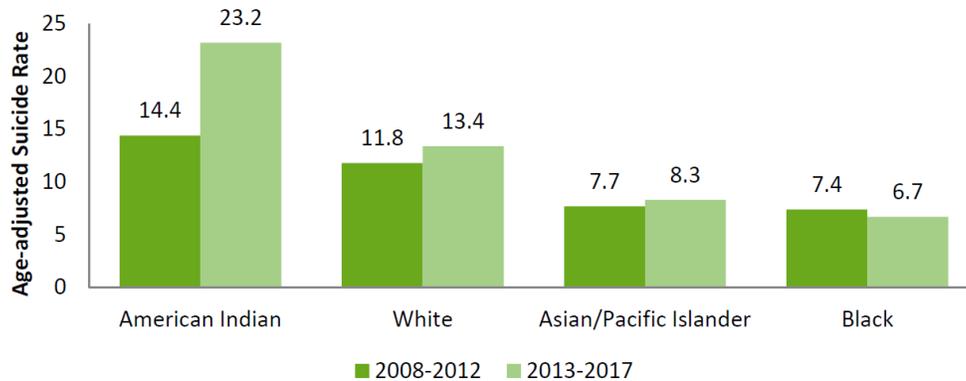


Source: Minnesota Department of Health, Linked Birth/Infant Death File; Data Reported as Five-Year Averages

Suicide

Comparing 2008-2012 and 2013-2017 time periods, the American Indian community experienced a 61 percent increase in their rate of completed suicides. The Minnesota American Indian suicide rate for 2013 to 2017 was nearly two times greater than the national American Indian suicide rate of 12.5 per 100,000 (see Figure 2).

Figure 2. Minnesota Suicide Rate by Race, 2008-2012 versus 2013-2017



Source: Minnesota Department of Health, Suicide in Minnesota 1999-2017 Data Brief

Additional Considerations

Insanity: Doing the same thing over and over again and expecting different results

Data has shown significant disparities affecting American Indians for hundreds of years and the approach has always been to address them through mainstream, evidence-based strategies; and we haven't seen improvement (in fact we've seen worsening). Yet we continue to operate from a mainstream framework. There needs to be an acknowledgment that American Indian people carry cultural knowledge and wisdom that has sustained their communities and nations for generations, and that only through authentic engagement and partnership will we see change. Mainstream approaches and strategies have been to elevate 'diversity' and 'equity' by bringing different kinds of people to the table, but then expecting them to assimilate into a dominant white culture and mainstream framework. This has not worked, things need to be done differently. We need to cultivate integration in order to make change.

- Approaches need to be guided by the communities most affected, and we need to support their efforts and give them enough time and resources to see change.
- It will take public will, community health board engagement, and state and federal partnerships with American Indians to make change.

“We’ve had high rates, we continue to have high rates – and we’ve had resources (although not enough to really address the issues) but those resources are attached to a set of criteria and/or activities that do not work for us. For example, evidence based programs are predominately normed on a main stream population and we have no other options, but to use an outside approach or not receive the resources, both of which are inequitable.” – Jackie Dionne, Director of American Indian Health at the Minnesota Department of Health

Limitations of the Data & Methods

- In state and local public health work there is a lack of appropriate evaluation and measurement methods; those that are meaningful to the American Indian communities and Tribal Nations.
- “Evidence-based practices” are generally white-normed; time and resources have not been given to ‘prove out’ traditional methods and practices (versus mainstream methods and practices).
- At the state and local levels we often suppress American Indian data due to their smaller population size in Minnesota; this means we often don’t report on American Indian outcomes at all. This contributes to the forced invisibility of an entire population of people.

Tribal Nations in Minnesota

There are 11 federally recognized tribes in Minnesota: 7 Anishinaabe (Ojibwe) tribes and four Dakota (Sioux) tribes. Members of these tribes and their ancestors have lived in Minnesota for thousands of years; long before Minnesota was established as a state. The Anishinaabe and Dakota reservations were established in the 19th century via treaties. American Indians represent nearly 2 percent of the total population of Minnesota and most American Indians live on federal-designated reservation lands in greater Minnesota, yet experience the worst disparities in the state.

Discovery Survey Results

In the summer of 2018, Minnesota’s Title V Maternal and Child Health Needs Assessment distributed a Discovery Survey asking people living in Minnesota, “What are the biggest unmet needs of women, children, and families in your community?” More than 2,700 people responded. There were 102 respondents that identified as American Indian, with 65 respondents reporting their tribal affiliation. Thirty-eight percent of the American Indian respondents were from the 7-county metro area and sixty-two percent were from greater Minnesota. A quarter of American Indian respondents (24%) reported that the greatest unmet need of women and children in their community was safety.

“[Women, children and families need] 1. Wraparound services that support the non-offending parent to ensure she keeps her kids. Moms want their kids no matter how much trauma she has been through. Kids want to be with their mom no matter what. What support is needed for the whole family to ensure that is happening safely. 2. Access to culturally honoring services. Not just culturally sensitive, but a range of services that actually honors differences in cultures and how it shows up, or alternate services possibly needed because of a range of world views and experiences. 3. Affordable and SAFE housing. 4. Access to affordable and SAFE child care that is determined by the mom. Moms want to screen potential care providers for safety and philosophical alignment. 5. Simple processes that do not take 50 phone calls, 40 different forms, 30 trips to the program offices, and then 100 more follow up calls.” – American Indian Needs Assessment Discovery Survey Respondent

Important Note on Equity and Intersectionality

The Minnesota Department of Health’s Title V Needs Assessment team acknowledges that structural (social, economic, political and environmental) inequities can result in poor health outcomes across generations. They have a greater influence on health outcomes than individual choices or a person’s ability to access health care, and not all communities are impacted in the same way.

All people living in Minnesota benefit when we reduce health disparities.

We also acknowledge that the topic addressed in this data story does not exist in isolation – which is important to remember as we do needs assessments and as we start thinking about how we approach solutions. In addition to the needs themselves being intersectional, there are also intersecting processes and systems through which power and inequity are produced, reproduced, and actively resisted.

Citations

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