American Indian Maternal and Child Health

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

Minnesota acknowledges that systemic racism and generational structural (social, economic, political and environmental) inequities result in poor health outcomes. These inequities have a greater influence on health outcomes than individual choices or one's ability to access health care, and not all communities are impacted the same way. All people living in Minnesota benefit when we reduce health disparities and advance racial equity.

We would also like to acknowledge that the Minnesota Department of Health (MDH) is located on the traditional, ancestral, and contemporary lands of Indigenous people. MDH resides on the occupied territory of the Dakota people, who have stewarded this land for generations. We honor and respect the diverse Indigenous people that are ancestrally, physically, and spiritually connected to this land we occupy. By offering this land acknowledgment, we affirm tribal sovereignty and will work to hold the MDH accountable to American Indian peoples and nations.

Current Landscape of American Indian Health in Minnesota

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]

A significant area of need highlighted in Minnesota's 2020 comprehensive needs assessment was to reduce disparities and support the well-being of American Indian families, making this a cross-cutting/systems building priority area for the state.

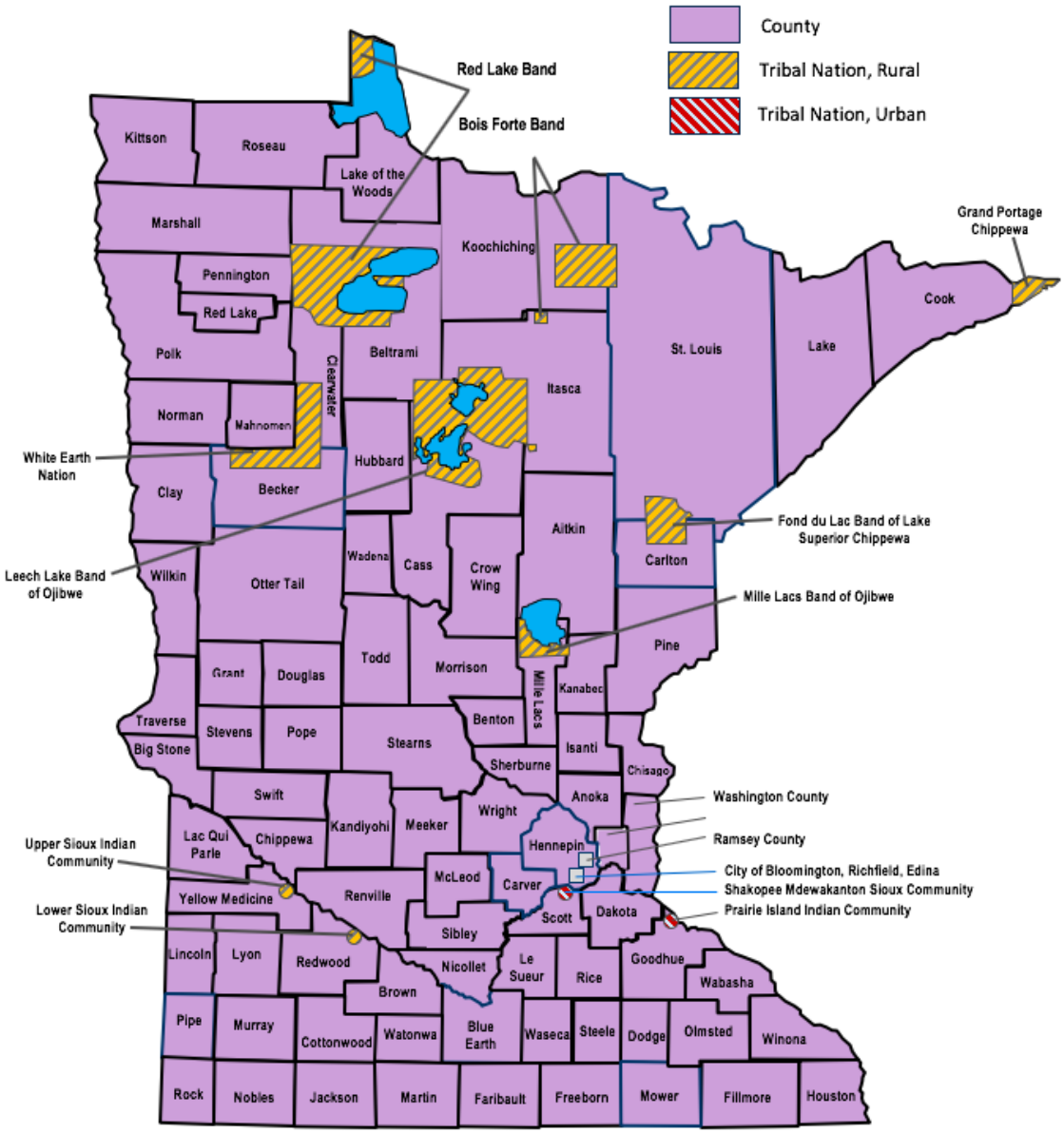
American Indian women, children, and families experience the greatest health disparities in Minnesota. These disparities are caused by historical trauma, racism, and continued colonial practices and policies that create barriers to opportunity and thriving. Oppressive systems have denied American Indians access to adequate health care, employment, and food and nutrition. This has led to greater child poverty rates, a larger number of children growing up in single-parent households, greater rates of placement in out-of-home care, and lower high school graduation rates. In 2019, the American Indian child poverty rate was 37.1 percent compared to 11.2 percent of all Minnesota children living in poverty.[2] 51.4 percent of American Indian children are growing up in single mother families.[3] Only roughly 50 percent of American Indian youth graduate from high school.[4] Compared to White children, American Indian children in Minnesota are 18.5 times more likely to be placed in out-of-home care.[5]

Tribal Nations in Minnesota

There are 11 federally recognized tribes in Minnesota: seven 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, yet experience the worst disparities in the state.

Figure 1. Minnesota Counties and Tribal Nations, 2019



American Indian Maternal and Child Health and Racial Justice

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 have purposefully denied access to safety, health care, food, education, employment, and dignity.[6] "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."[6]

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.[7]

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. We have not seen improvement, and in many cases have seen worsening, in disparities, yet we continue to operate from this mainstream framework. An acknowledgment that American Indian people carry cultural knowledge and wisdom that has sustained their communities and nations for generations, as well as authentic engagement and partnership, are required in order to create change.

In state and local public health work there is a lack of appropriate evaluation and measurement methods that are meaningful to the American Indian communities and tribal nations. At the state and local levels, we often suppress American Indian data due to their smaller population size in Minnesota, meaning we often do not report on American Indian outcomes at all. Suppressed data creates an inability to transparently investigate and report health inequities faced by these communities within the larger framework of Minnesota. This contributes to the forced invisibility of an entire population of people.

COVID-19 Pandemic: Impact on American Indian Maternal and Child Health

Because American Indians experience health disparities due to historical trauma, racism, and continued colonial practices and policies, they also experience economic instability, higher rates of chronic health conditions and challenges with mental health that have made the COVID-19 pandemic particularly difficult. American Indians and people of color are more likely to have diabetes, hypertension and other underlying health conditions that make it more difficult to manage and recover from COVID-19.[8] We have also seen that American Indians have the highest proportion of cases resulting in hospitalization and intensive care and the highest rate of death after testing positive for the virus.[9]

American Indians and people of color also make up a larger share of workers in manufacturing, the food industry, and other workplaces where COVID-19 is more easily spread and likely have limited choices to protect their health and still earn money.[8] This is especially true as tribal casinos have had to close, cutting off a main source of income for tribal members and a primary source of funding for tribal services that are needed now more than ever.[9] Depending on how long a shutdown of casinos is necessary, this could further increase economic disparities in the American Indian communities, which will have a direct impact on the health of mothers, children and families.

Some methods tribal nations have utilized to mitigate the effects of the virus include creating tribal emergency response committees to ensure coordination of services including testing and contact tracing, and also using government and philanthropic emergency funds to provide food and other services to their community. It was important to tribal officials that they have capacity to handle contact tracing with their own staff who had already established trust in the community rather than state agency workers in order to obtain the best information and control the spread of COVID-19.[9] An additional method to mitigate the effects of COVID-19 has been regular information-sharing between tribal leaders and state health officials to share plans and work together, honoring the expertise of tribal leaders over their own sovereign nations.[10]

Tribal communities in Minnesota have also been lauded for their rapid vaccine rollout. During the Leech Lake Band of Ojibwe's annual State of the Band Address in March 2021, Lieutenant Governor Peggy Flanagan remarked, "I can tell you, no one has seemed to vaccinate more folks than Leech Lake. It's really been a tremendous thing to watch."[11] The Leech Lake tribal nation has provided vaccines to both Native and non-Native community members to create a circle of protection from COVID-19 in their community.

Strategic Planning

The Division of Child and Family Health (CFH) in partnership with stakeholders conducted a comprehensive assessment of the health and well-being of Minnesota's maternal and child health populations – including women, mothers, fathers, caregivers, children and youth (including those with special health needs), families, and communities. Following the prioritization of unmet needs, American Indian Maternal and Child Health was selected as a top priority for Minnesota.

In order to advance maternal and child health outcomes and health equity, CFH acknowledges that we need to work together in authentic, collaborative, and innovative ways. CFH continued to engage stakeholders by implementing a community-focused process to set and implement strategies to address the priority needs using Strategy Teams. We have only begun this work and know there is still much work to do. The outcome of this process helped form a statewide strategic plan that guides work on improving maternal and child health systems going forward.

Vision for the Future

We strive for a Minnesota with equal health opportunity for all American Indian women, children, and families to be healthy. We envision a future where MDH can better partner with our Tribal Nations to support the strategies they determine will promote their health and well-being. In this future we will work together in authentic partnership to shift away from mainstream, Western strategies in favor of honoring culturally relevant strategies to improve American Indian health outcomes. We will work together to increase access to culturally-specific health services, improve cultural proficiency of agency employees working with American Indian communities, and confront racism.

Strategies to Address American Indian Maternal and Child Health

The Strategy Team focused on American Indian maternal and child health was comprised of American Indian elders, tribal/community members, tribal health leaders from both tribal and urban areas and Family Home Visiting program staff serving American Indian participants. In addition, the goal during each of these meetings was to reach decisions based on the overarching values reached by the group; expected outcomes include dignity, virtue, and understanding Indigenous history and the role that colonization and historical trauma play in American Indian health data.

We recognize that any approaches to addressing American Indian maternal and child health need to be guided by the communities most affected, and CFH will need to support their efforts and give them enough time and resources to see change. This includes ongoing support and continuity of programs to build trust and see lasting change. It will take dedication to this work and continued engagement of stakeholders to make these strategies a reality.

Below is a brief summary of Minnesota's strategies to address and improve American Indian Maternal and Child Health. To learn more, see the entire Minnesota Title V Maternal and Child Block Grant Application and Annual Report.

Strategy A. Increase Access to Culturally-Specific Health Services

Many American Indian families struggle with a health care system that does not meet their needs. Much of Minnesota's health care and public health infrastructure is rooted in Western practices and beliefs that do not take into account American Indian approaches or values. When culturally relevant care, that incorporates history and cultural context, is available, capacity is often limited and people living in rural areas or lacking robust transportation options can struggle with geographical access. We plan to implement the following activities to make progress in closing this gap.

- Collaborate with partners to support training of American Indian doulas and community health workers.
- Work with DHS to map and address current Community Health Workers and doula billing processes and barriers.
- Support family-centered evidence-based programs and practices that are culturally relevant in American Indian communities.
- Focus on trauma-informed care and sustain access to culturally-specific health services including doula and community health workers.

Strategy B. Mandate Cultural Proficiency, as Defined by the Community

Participants in our Strategy Team discussed the lack of awareness and understanding surrounding American Indian history and culture among non-American Indian people. From the not-so-distant past to today, American Indian communities have been forced to operate within a context of inaccurate and reductive portrayals of their history and culture. They have been forced to live within boundaries set by people who neither knew nor understood them. This misinformation persists today through policies and structures set by uninformed government leaders and employees, regardless of whether or not it is done intentionally. Minnesota state employees who misunderstand American Indian history and culture perpetuate mistrust among these communities, who are directly impacted by this ignorance both personally and systemically. Unless this cycle of misinformation is interrupted, it will continue to harm American Indian communities.

Cultural and historical proficiency – as defined by American Indian communities – should be mandated for state employees that interact with or impact American Indian families. To ensure their history and culture are conveyed accurately and meaningfully, American Indians should direct the development and delivery of trainings, educational materials, and benchmarks for proficiency. In order to work towards this, we have outlined the following action items:

- Convene a group of stakeholders and MDH staff to review currently available training.
- Collaborate with Minnesota DHS to develop specific training for those working with tribal communities, eventually working towards training all state employees.

Strategy C. Shift Power and Policies to Address Structural Racism

Many of Minnesota's laws and policies are inherently biased and perpetuate structural and systemic racism. These range from macro-level policies that make it more difficult for American Indian people to be hired to micro-level standards that create obstacles to grant funding for American Indian-led public health organizations. There is more work that needs to be done across systems and agencies to address structural racism. We plan to do so in the following ways:

- Work within MDH to review internal policies and procedures that relate to this strategy and moving towards health equity for American Indian Maternal and Child Health.
- Evaluate satisfaction and efficacy of project pilot to shift Ending Health Disparity Initiative (EHDI)/TANF/MCH bi-annual reports to oral and in-person methodology.
- Develop request for proposal processes that demonstrate a knowledge of American Indian communities, their norms, and values.
- Focus the efforts of all work to improve American Indian Maternal and Child Health to be community-based with participation from the community in its design and implementation, trauma-informed, establish trust, and build hope.

[1] Echo Hawk Consulting. Reclaiming Native Truth. https://illuminatives.org/reclaiming-native-truth/

[2] U.S. Census Bureau; American Community Survey, 2019 American Community Survey 1-Year Estimates, Table B17020C; generated by Molly Meyer; using data.census.gov; <https://data.census.gov/cedsci/>; (25 March 2021).

[3] Minnesota Department of Health. 2017 Minnesota Statewide Health Assessment. http://mncm.org/wp-content/uploads/2018/01/2017-Health-Equity-of-Care-Report_unencrypted-1.pdf.

[4] Mary Lynn Smith and Natalie Rademacher, Star Tribune. 2019. Minnesota high school graduation rates rise slightly. https://www.startribune.com/minnesota-high-school-graduation-rate-hits-all-time-high-state-says/568518622/

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[7] Franco, F. (2018). Childhood Abuse, Complex Trauma, and Epigenetics. Retrieved May 2019. https://psychcentral.com/lib/childhood-abuse-complex-trauma-and-epigenetics/.

[8] Minnesota Department of Health. (2020). Health Equity and COVID-19. Retrieved January 2021. https://www.health.state.mn.us/communities/equity/about/covid19.html.

[9] Gunderson, D. (2020). Six months in, tribal nations cautiously optimistic about COVID-19 response. Retrieved January 2021. https://www.mprnews.org/story/2020/09/28/six-months-in-tribal-nations-cautiously-optimistic-about-covid19-response.

[10] Haynie, D. (2020). Native Americans in Minnesota Keep COVID-19 at Bay. Retrieved February 2021. https://www.usnews.com/news/healthiest-communities/articles/2020-10-07/how-native-americans-in-minnesota-beat-back-covid-19

[11] Olson, H. (2021). Leech Lake's State of the Band Address covers tribal milestones, COVID-19 impact, vaccine rollout and more. Retrieved April 2021. https://www.bemidjipioneer.com/news/6959711-Leech-Lake%E2%80%99s-State-of-the-Band-Address-covers-tribal-milestones-COVID-19-impact-vaccine-rollout-and-more

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