

MATERNAL HEALTH FUNDING FOR TRIBAL MATERNAL HEALTH PROGRAMS

POSITION STATEMENT

The 21 Member Tribes of the Inter Tribal Association of Arizona (ITAA) strongly request that funding and resources to support maternal health capacity and infrastructure, including expansion and staffing of birthing facilities, be made available to reduce disparities in birth outcomes and maternal mortality and morbidity through equitable access to services.

KEY POINTS

Invest in birthing and delivery facilities to ensure Tribal communities have equitable access to culturally relevant services and equipment.

Authorize reimbursement for traditional healing services provided as part of services offered by facilities and clinics operated by the Indian Health Service (IHS), Tribes, tribal organizations, or an Urban Indian health program.

Tribes should be able to apply for Maternal Health Innovation funding directly, the past round of funding required programs to be statewide which makes it prohibitive for Tribes to apply.



BACKGROUND

The IHS reported that 90% of hospital births occur outside an IHS facility due to limited services and infrastructure in Tribal communities. In 2016-17, the pregnancy-associated mortality ratio for AI/AN in AZ was 128 per 100,000 live births which is twice the rate for Hispanic or Latina individuals. AI/AN residing on the reservation are 2.5 times as likely to receive no prenatal care and 1.5 times more likely to have a severe maternal morbidity event compared to those residing off reservation.

Funding to improve maternity care, labor and delivery facilities, and maternal health programs will improve community health outcomes and reduce health disparities for AI/AN.

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Position on Issue:

The 21 Member Tribes of the Inter Tribal Association of Arizona (ITAA) strongly request that funding and resources to support maternal health capacity and infrastructure, including expansion and staffing of birthing facilities, be made available to reduce disparities in birth outcomes and maternal mortality and morbidity through equitable access to services.

Key Points

- Prioritize investment in birthing and delivery facilities including construction, maintenance and staffing to ensure that families residing in Tribal communities have equitable access to culturally relevant services, modern equipment and obstetric professionals. Only one of the 21 Tribes has a birthing facility on reservation. The IHS operated birthing center in Phoenix was closed in 2020 and has not reopened, causing nearly all births to be referred out to non-Tribal facilities. Severe maternal morbidity rates were 1.8 times higher for American Indians residing 50-100 miles from a birthing center compared to those residing within 6 miles (317 per 10,000 vs 173 per 10,000).
- Acknowledge and accept cultural practices and integrate them into medical and health services including authorizing reimbursement for traditional healing services provided in, at, or as part of services offered by facilities and clinics operated by the Indian Health Service (IHS), Tribes, tribal organizations, or an Urban Indian health program.
- Provide maternal and child health funding directly to Tribes to build capacity for Tribes to address their own maternal health issues. Currently, block grants are provided to states through Title V. These programs do not always effectively reach Tribal communities, are not culturally relevant and don't consider the unique needs of Tribal communities.
- Allow Tribes to apply for Maternal Health Innovation funding for their own community. The last round of funding allowed Tribes to apply but required programs to be statewide which makes it prohibitive for Tribes to apply.

Background

Maternal health care services are limited for the Tribes in Arizona (AZ). The Indian Health Service (IHS) reported that 90% of hospital births occur outside an IHS facility due to limited services and infrastructure in Tribal communities. According to the Arizona Department of Health Services (ADHS), in 2016-17, the pregnancy-associated mortality ratio for American Indian/Alaska Native (AI/AN) individuals in Arizona was 128 per 100,000 live births which is two times the rate for Hispanic or Latina individuals. 100% of these deaths were preventable. AI/AN individuals residing on the reservation were 2.5 times as likely to receive no prenatal care and 1.5 times more likely to have a severe maternal morbidity event compared to those residing off reservation.

Funding to improve maternity care, labor and delivery facilities, and maternal health programs will result in improved community health outcomes and reduction of health disparities for American Indians.