FUNDING FOR TRIBAL MATERNAL HEALTH SERVICES

POSITION STATEMENT

The 21 Member Tribes of the Inter Tribal Association of Arizona (ITAA) strongly request long-term sustainable investment to build and maintain culturally integrated maternal health infrastructure and capacity as well as direct access to the Title V Maternal and Child Health Block Grant (Title V) and other maternal health funding available to states.

KEY POINTS

- Only one of the 21 Member Tribes has a birthing facility, meaning most Tribal families must travel long distances to give birth, creating serious health risks. **Severe maternal morbidity rates were 1.8 times higher for American Indians** residing 50-100 miles from a birthing center compared to those within 6 miles (317 per 10,000 vs 173 per 10,000).
- **Title V and Maternal Health Innovation funds**: State-administered programs fail to reach Tribal populations, don't reflect Tribal priorities, overlook the unique cultural and geographic realities of Tribes, and do not represent local community models of care. Direct funding empowers Tribes to design and implement solutions that are responsive, culturally integrated, and effective.
- **Allocate sustained funding** to support whole-person approaches that address physical, social, and mental health needs.

BACKGROUND

According to the Indian Health Service (IHS), 90% of hospital births occur outside of IHS facilities, reflecting significant gaps in maternity services and infrastructure within Tribal communities. Data from the Arizona Department of Health Services showed that in 2018-19, the pregnancy-associated mortality ratio for American Indian/Alaska Native (AI/AN) individuals in Arizona was the highest of any racial/ethnic group at 233.9 per 100,000 live births and nearly three times the rate for non-Hispanic white women. In addition, between 2016 and 2019, AI/AN mothers were 3.5 times more likely than non-Hispanic white women to experience a Severe Maternal Morbidity event.

Investing in maternity care infrastructure will expand access to care within Tribal communities. Strengthening these services is essential to improving maternal and infant health outcomes, reducing preventable complications and deaths and addressing longstanding health disparities affecting American Indians.

FUNDING FOR TRIBAL MATERNAL HEALTH SERVICES

Position Statement:
The 21 Member Tribes of the Inter Tribal Association of Arizona (ITAA) strongly request long-term sustainable investment to build and maintain culturally integrated maternal health infrastructure and capacity including constructing, expanding, and staffing birthing facilities as well as direct access to the Title V Maternal and Child Health Block Grant (Title V) and other maternal health funding available to states to improve birth outcomes and reduce maternal mortality and morbidity in Tribal communities.

Key Points

- **Prioritize long-term investment in sustainable birthing and delivery facilities including construction, maintenance and workforce support.** Families living on Tribal lands deserve access to high quality care that is close to home. Only one of the 21 Member Tribes has a birthing facility, meaning most Tribal families must travel long distances to give birth, creating serious health risks. Severe maternal morbidity rates were 1.8 times higher for American Indians residing 50-100 miles from a birthing center compared to those within 6 miles (317 per 10,000 vs 173 per 10,000).
- **Provide maternal and child health funding directly to Tribes to strengthen Tribal capacity to address their own maternal health priorities.** Title V and Maternal Health Innovation funds are distributed to state governments, which limits meaningful access for Tribal communities. State-administered programs fail to reach Tribal populations, don't reflect Tribal priorities, overlook the unique cultural and geographic realities of Tribes, and do not represent local community models of care. Direct funding empowers Tribes to design and implement solutions that are responsive, culturally integrated, and effective.
- **Prioritize equitable access to comprehensive perinatal services by investing in culturally grounded care for Tribal communities.** Allocate sustained funding to support whole-person approaches that address physical, social and mental health needs, while honoring and integrating traditional cultural practices throughout pregnancy and the postpartum period.

Background
According to the Indian Health Service (IHS), 90% of hospital births occur outside of IHS facilities, reflecting significant gaps in maternity services and infrastructure within Tribal communities. Data from the Arizona Department of Health Services showed that in 2018-19, the pregnancy-associated mortality ratio for American Indian/Alaska Native (AI/AN) individuals in Arizona was the highest of any racial/ethnic group at 233.9 per 100,000 live births and nearly three times the rate for non-Hispanic white women. In addition, between 2016 and 2019, AI/AN mothers were 3.5 times more likely than non-Hispanic white women to experience a Severe Maternal Morbidity event.

Investing in maternity care infrastructure, including prenatal services, labor and delivery facilities, and culturally responsive maternal health programs will expand access to care within Tribal communities. Strengthening these services is essential to improving maternal and infant health outcomes, reducing preventable complications ad deaths and addressing longstanding health disparities affecting American Indians.