

IMPLEMENTATION TOOLKIT

Tribal Maternal Health Task Force



ACKNOWLEDGEMENTS

We extend our deepest gratitude to everyone who contributed to the creation of this Tribal Maternal Health Task Force (Tribal MHTF) Implementation Toolkit. We received guidance and wisdom from 1) an advisory committee comprising 10 prominent maternal health leaders working to advance maternal health equity for Indigenous communities across 5 states, including Arizona, California, Montana, New Mexico, and Washington, and 2) listening sessions held with 8 advising members of Arizona's Tribal MHTF. This work was deeply enhanced by diverse Indigenous perspectives from self-identifying Diné, Hopi, Salish/Kootenai, Aaniiih (White Clay), Chippewa-Cree, Blackfeet, Hualapai, and Tlingit people.

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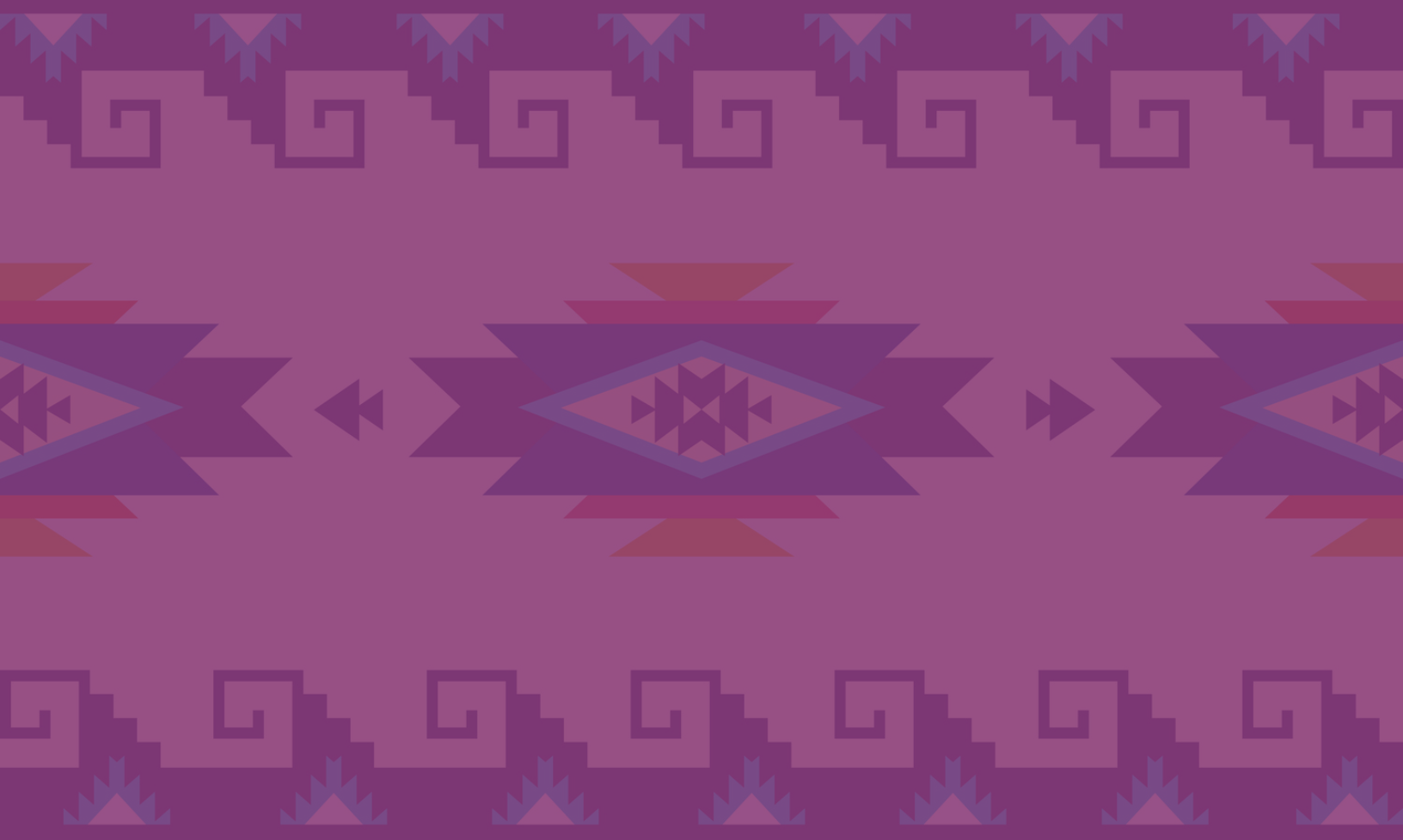


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Introduction



PURPOSE

On average, it takes 17 years for evidence to reach the field. The goals and actions in the White House Blueprint to Address the Maternal Health Crisis (Maternal Health Blueprint) are insufficient to drive practice change. MHLIC and Northern Arizona University have co-designed this Tribal Maternal Health Task Force Implementation Toolkit for maternal and child (MCH) practitioners that will drive change at the local and state levels to address the maternal mortality and severe maternal morbidity crisis.

This implementation toolkit was developed as a necessary resource to address the critical need for improving Indigenous maternal health outcomes by fostering respectful, trust-based relationships with Indigenous communities. It is designed to support the creation of a Tribal Maternal Health Task Force (Tribal MHTF), which plays a key role in ensuring that Indigenous communities have the leadership, voice, and momentum in shaping maternal health solutions for enhancing the health and wellbeing of Indigenous birthing individuals and their families.



Centering Indigenous voices and perspectives is crucial to understanding the systemic and structural factors influencing Indigenous maternal health. These insights are foundational for co-creating solutions that reflect the unique experiences and historical contexts of Indigenous families and communities, ensuring that strategies to improve maternal health outcomes are Indigenous-led, community-informed, and culturally relevant.

Intended Audience

- This toolkit is intended for people working in maternal and child health spaces on behalf of public, private, or community-based organizations.
- Whether they are currently collaborating with Indigenous communities or seeking to do so in the future, this toolkit offers practical resources, advice, and strategies to help organizations respectfully engage Indigenous maternal health advocates, citizens, families, and communities in the co-creation of a Tribal MHTF.

“Not Just a Checklist”

- This toolkit is not a simple checklist for mastering tribal engagement.
- Instead, think of it as a resource to help guide an ongoing, iterative process of relationship building and maintenance for a Tribal MHTF.
- Successful engagement with Indigenous communities in maternal health requires more than checking off tasks—it demands continuous learning and collaboration rooted in trust. The goal is to support Indigenous communities in leading efforts to improve maternal health outcomes based on their unique priorities, knowledge, historical experiences, and cultural contexts.



Terminology

It is important to be aware of the array of common terms used to refer to Indigenous populations and communities. These terms and language have their own unique historical contexts and allude to shared cultural, social, and political issues occurring throughout time. ***As a practice, it is always best to ask the Indigenous community members or group you are engaging with what terms they prefer.***

The terms *American Indian* (and *Alaska Native*), *Native American*, and *Indigenous* are all acceptable and are often used interchangeably in the United States (U.S.). However, they do not have equivalent meaning (Bauer & Ellis, 2023).

- **American Indian and Alaska Native** - The term *American Indian* emerged in the 20th century and refers to persons belonging to Indigenous nations and communities in the continental U.S., not including Alaska.
- **Alaska Native** refers to persons belonging to the Indigenous nations and villages in Alaska. Alaska Natives increasingly prefer to be addressed by the names they use in their own languages (i.e. Inupiaq or Yupik).
- **American Indian and Alaska Native** are often used together to refer to the broader population group of Indigenous people in the U.S. and is known by its abbreviation of AIAN. You will often see this distinction in federal and state datasets.
- **Native American** - Broadly used in the 1970's, the term *Native American* was posed as an alternative to *American Indian*. Though the term is still widely used, the term has fallen out of favor with some Indigenous groups in more contemporary times.
- **Indigenous** - Usage of the term *Indigenous* has increased in more recent times and asserts the existence of people native to a particular region and who inhabited it prior to the arrival of European settlers.

The terms ***American Indian and Alaska Native*** and ***Indigenous*** will primarily be used throughout this toolkit.

Tribal Nations in the United States

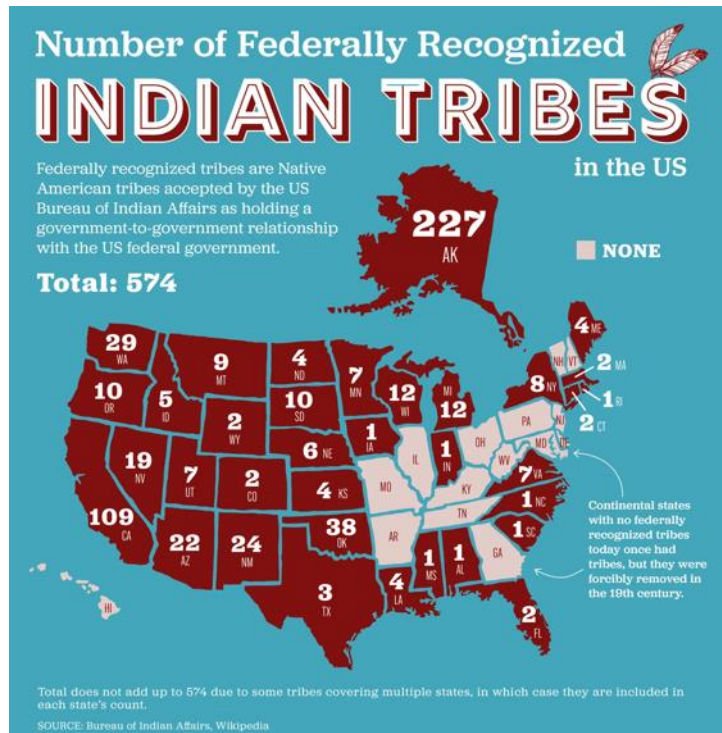
In the United States, there are 574 federally recognized Indigenous Tribes (Congressional Research Services, 2024), each with its own distinct culture, language, and heritage. While Indigenous peoples may share some worldview commonalities, it is important to recognize that each tribal nation has its own unique way of life, shaped by its historical, cultural, and geographic context. These differences influence how Tribal Nations approach healthcare, education, and governance, making it essential to engage with each Tribal Nation with cultural sensitivity and awareness of distinctions.

Moreover, Tribal Nations are sovereign entities, possessing self-governing authority that predates the founding of the United States. Sovereignty means that these Tribes have the inherent right to govern themselves, establish their own laws, and manage their internal affairs without external interference.

This sovereignty is recognized and respected through a government-to-government relationship with the U.S. federal government.

Working with Tribal Nations requires understanding this relationship, particularly when collaborating on initiatives involving state and federal entities (NCAI, 2020).

This map highlights the locations of these 574 Tribal Nations across the United States, illustrating the geographical diversity of Indigenous peoples.



Federal vs. State Recognition

Understanding the difference between federal and state recognition of tribes is key to navigating the political and legal landscape of tribal nations. **Both federally and state-recognized tribes are sovereign nations, meaning they have the inherent right to govern themselves, manage their affairs, and make decisions regarding their lands, resources, and people.** This sovereignty allows tribes to exercise control over their internal affairs, such as establishing their government structures, laws, and programs, without interference from state or local governments.

Summary of Key Distinctions

The table below highlights key differences between federally and state-recognized tribes. While both forms of recognition acknowledge the unique status and identity of Native communities, they offer different levels of benefits, legal standing, and access to resources.

Aspect	Federal	State
Relationship	Direct relationship with the U.S. government	Recognized by individual state governments
Sovereignty	Recognized and protected by federal law	Recognized but not fully protected by federal law
Access to Resources	Eligible for federal benefits, services, and protections (e.g. health, education, housing, funding)	Limited access to federal funding, may receive state-specific benefits
Legal Standing	Can establish tribal courts, enforce laws on tribal lands, and negotiate government-to-government agreements	Limited legal authority, subject to state laws
Funding Opportunities	Eligible for grants and programs from federal agencies like the Indian Health Services (IHS) and Bureau of Indian Affairs (BIA)	Limited access to federal funding; may rely on state grants or programs
Healthcare Access	Greater access to healthcare services through IHS and other federal programs	Limited access to healthcare resources, often dependent on state programs
Advantages	Greater autonomy, access to a broad range of federal programs, legal protection	Recognition within the state can help preserve cultural identity and may lead to state-based support
Disadvantages	Subject to federal regulations; sovereignty can be limited by federal oversight and policies	Limited recognition, fewer resources, lack of full sovereignty protection

Federally Recognized Tribes

Federally recognized tribes maintain a government-to-government relationship with the U.S. government and are eligible for specific federal benefits, services, and protections. These include access to healthcare through the Indian Health Service (IHS), educational opportunities, housing assistance, and funding for economic development. Federal recognition also affords tribes certain legal protections and the ability to engage in activities like gaming under the Indian Gaming Regulatory Act.

However, federal recognition can come with disadvantages, including increased federal oversight and regulation, which can limit a tribe's autonomy in some areas. The process to obtain federal recognition is also lengthy, complex, and often costly, making it challenging for many tribes to achieve this status (Killsback, 2020).

State-Recognized Tribes

State-recognized tribes are recognized by individual states and may receive certain benefits, such as access to state funding, grants, and support for cultural preservation and education. State recognition can help tribes gain visibility and legitimacy within their region, which can aid in developing partnerships with state agencies and organizations.

On the downside, state-recognized tribes typically do not have access to the same level of federal resources, funding, or protections as federally recognized tribes. This limitation can significantly impact their ability to implement health initiatives and other essential services. Additionally, state recognition can vary widely, as each state has its own criteria and process for recognizing tribes, leading to inconsistencies in the benefits and recognition that these tribes receive (Killsback, 2020).

The distinction between federal and state recognition can significantly influence a tribe's ability to implement health initiatives, access necessary resources, and exercise sovereignty. It's essential to respect and acknowledge the sovereignty of all tribal nations, whether federally or state-recognized, and to understand the unique challenges and opportunities they face in navigating this complex landscape.



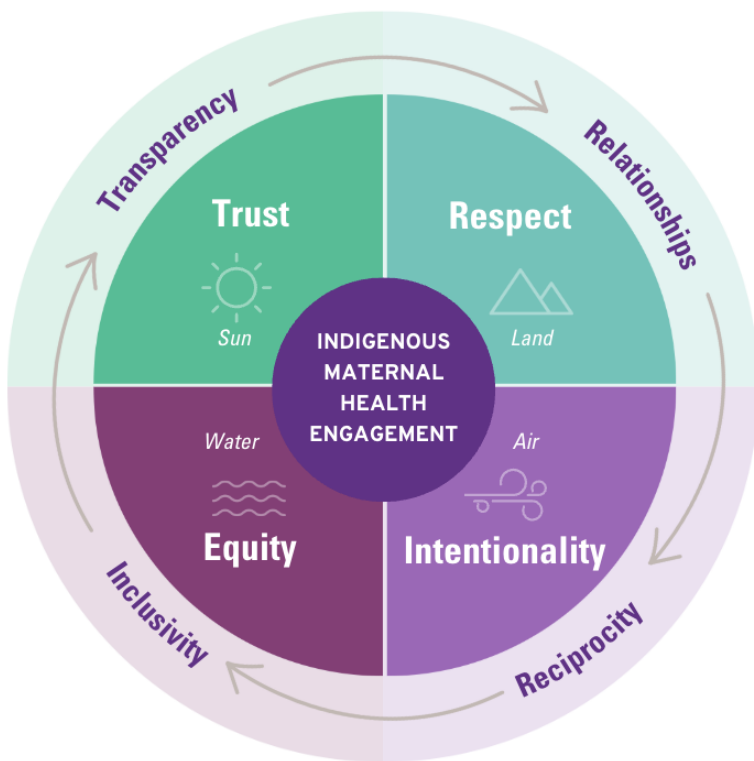
Working Alongside Indigenous Communities

- Indigenous communities hold valuable knowledge about their own health, strengths, and cultural practices, which are key to creating effective interventions. Collaborative efforts foster trust, empower Indigenous voices, and ensure that health solutions are culturally sensitive and tailored to meet the true needs of the community. By doing so, we can effectively address health disparities in ways that honor Indigenous sovereignty and traditions (O’Keefe, et al., 2021).
- In general, most Native communities are open to welcoming non-Native individuals and researchers who demonstrate a genuine commitment to the health and well-being of tribal members.
- Native communities value collaboration with those who are sincerely dedicated to supporting Indigenous health, not merely fulfilling a requirement or advancing their careers. This openness stems from a desire to improve health outcomes, but it is also tempered by historical trauma and past experiences of exploitation and mistrust.
- Understandably, Indigenous community members can be cautious about engaging with individuals who do not prioritize the needs, values, culture, and voices of the community. Non-tribal members who aim to contribute meaningfully must approach their work with respect, humility, and a long-term commitment to the community’s health, wellness, well-being (Blue Bird, 2015).

Values-Driven Engagement of Indigenous Communities

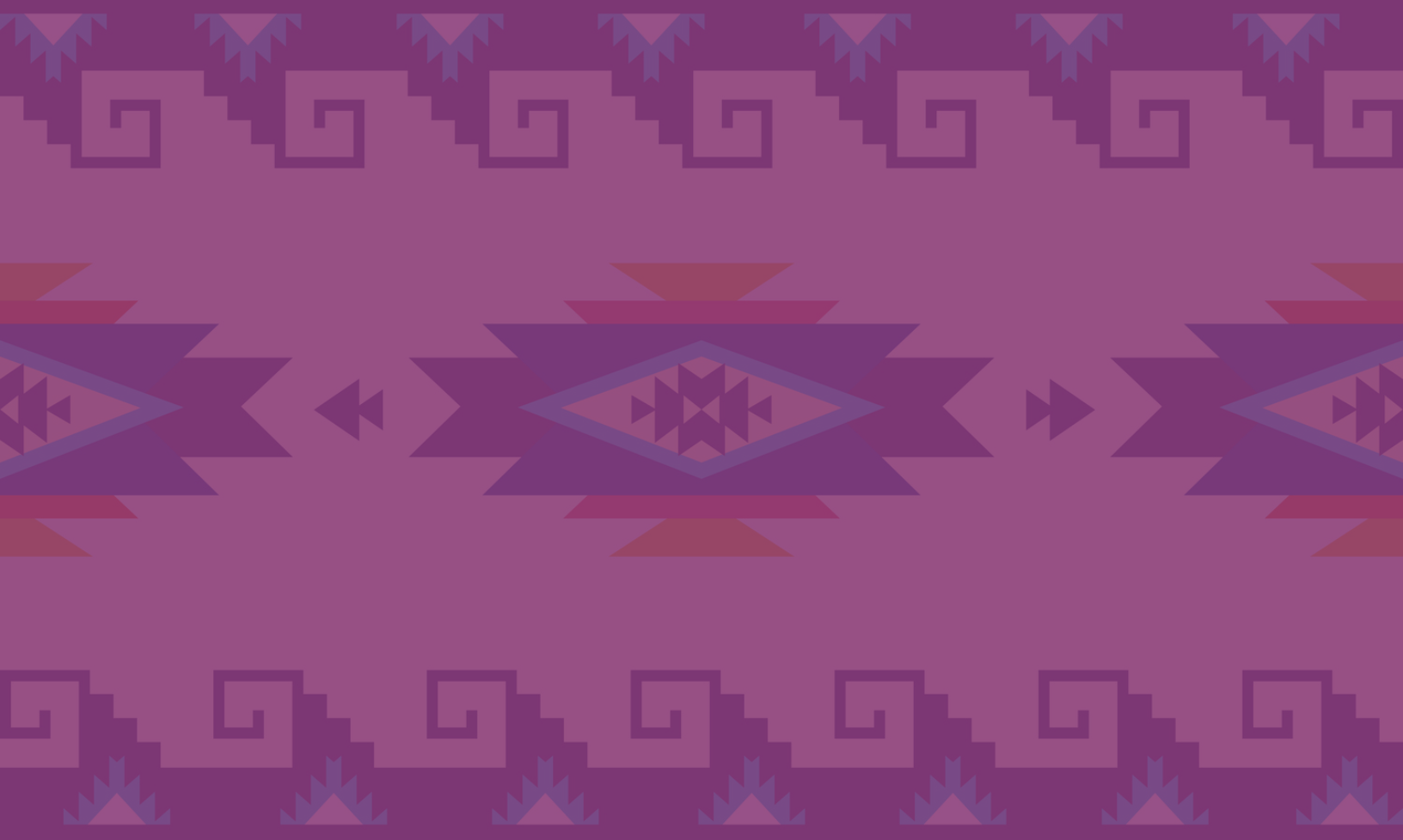
In this toolkit, we present a conceptual framework for guiding meaningful engagement with Indigenous communities to support maternal health. At its core are four foundational values—**respect, intentionality, equity, and trust**.

- **Respect** acknowledges Indigenous knowledge, cultural practices, and sovereignty.
- **Intentionality** emphasizes thoughtful and purposive actions based on community needs and priorities.
- **Equity** ensures fair power dynamics by promoting shared decision-making and recognizing Indigenous communities as equal partners.
- **Trust** is built through consistent follow-through, transparent communication, and active listening, demonstrating a genuine commitment to the needs and voices of Indigenous communities.



Four additional values—**relationships, reciprocity, inclusivity, and transparency**—reinforce this framework. **Relationships** build trust through mutual commitment and connection. **Reciprocity** ensures balanced exchanges, promoting shared learning and respect. **Inclusivity** values diverse voices, especially Indigenous mothers and birthing individuals, in decision-making. **Transparency** fosters open communication about goals and processes. Together, these values nurture equitable, sustainable partnerships that honor Indigenous autonomy and support holistic maternal health outcomes.

Background



EXPANDING YOUR LENS

Advancing maternal health equity for Indigenous communities requires a deep commitment to both learning and unlearning. That is, being open to learning accurate information that highlights the assets and diversity of Indigenous peoples, while simultaneously unlearning the false and harmful deficits-based narratives about Indigenous people that have persisted in mainstream media and educational systems for centuries.

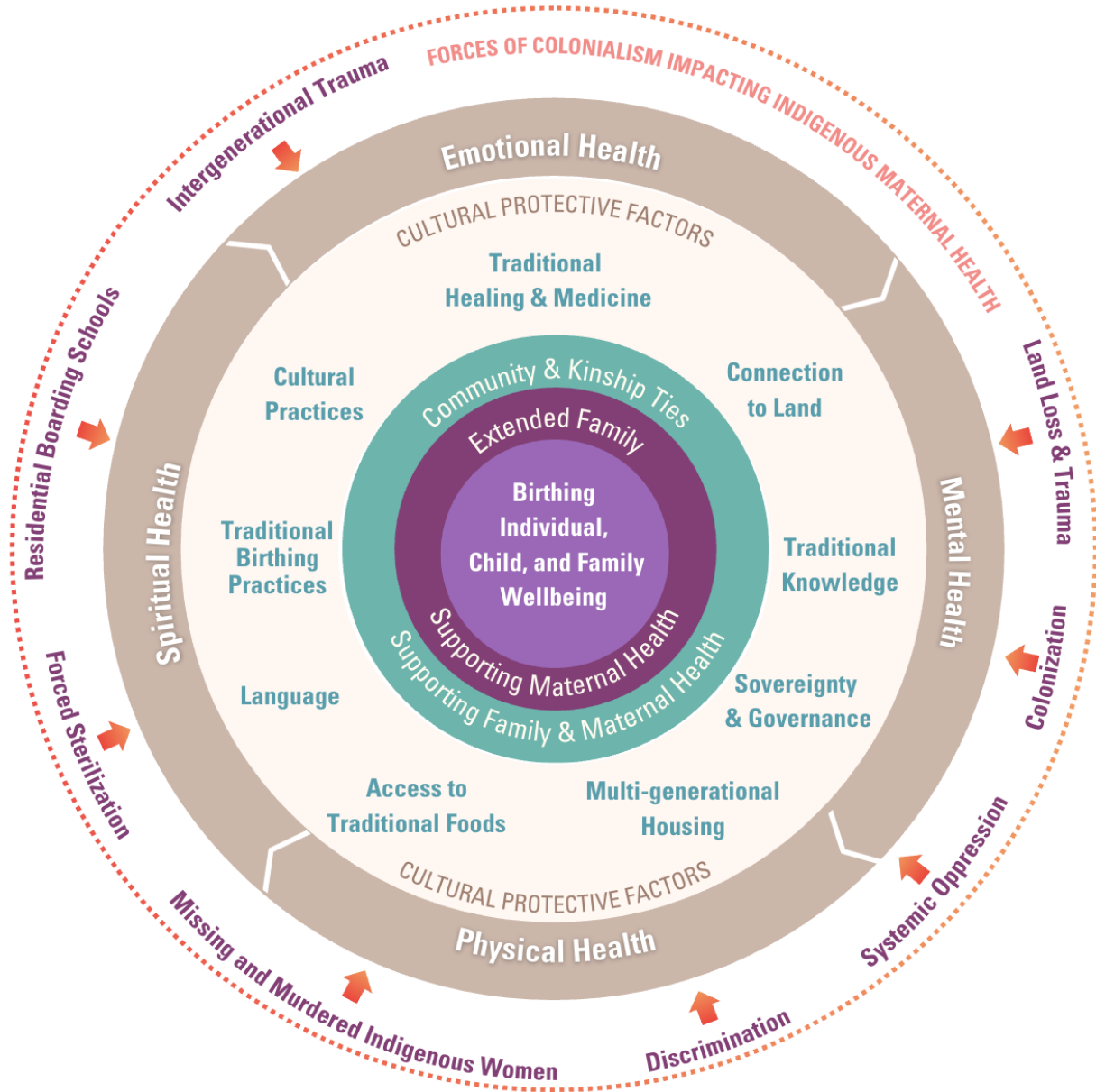
A 2017 national survey by the *Reclaiming Native Truth* project explored the perceptions held by different groups of Americans about Native Americans and found that a majority of Americans (62% outside of Native communities) reported being unacquainted with Native Americans (Reclaiming Native Truth, 2018). Most Americans tend to think of Native Americans as one homogenous group and are rarely able to recognize the diversity of tribal nations, each with their own languages, customary practices, traditions, and laws. When asked to think back on what they were taught in school about Native American history and culture, nearly half of Americans said what they were taught was inaccurate. We share the findings from this study to shed light on the misunderstandings and lack of awareness that many people may have about the realities, experiences, and diversity of Indigenous peoples and tribes.

By deepening our knowledge of Indigenous truths, values, culture, and perspectives, we can build stronger, more successful collaborations that positively impact maternal health outcomes in Indigenous communities.



Indigenous worldviews are inherently holistic, meaning there is a recognized interconnectedness and interdependence between physical, mental, emotional, spiritual and environmental aspects of wellbeing.

- Maternal health from an Indigenous lens is seen and experienced holistically.
- As depicted here in the conceptual model of Indigenous maternal health, community and culture are paramount to the wellbeing of the birthing individual and their family.
- Community and culture can provide a buffer from the external threats and harms of colonialism that take form in a variety of ways.



Indigenous Systems of Relationality and Family

Indigenous maternal health is rooted in **systems of relationality** – the beliefs, practices, knowledge, and ways of being that emphasize the importance of relationships, kinship, and interconnectedness.

- A person is physically and spiritually connected to their family, community, environment, land, and all living things, such as plants, animals, and other beings in the natural world.
- These relationships span across time and space. Individuals are connected to relatives who represent past, present, and future generations, along with their Indigenous community's ancestral beings or deities who are intertwined with the land and cosmos.
- Connection with land is foundational to Indigenous maternal, family, and community health. Respect and reverence for these relationships are acknowledged in prayers and ceremonies.

Indigenous maternal health prioritizes the wellbeing of a core family unit consisting of the **birthing individual/mother, child, father, and extended family**. This differs from Western maternal health which primarily focuses on the birthing individual/mother and child.

Community-Centered and Holistic Care

- Indigenous maternal health is community-centered. The community plays an active role in supporting families through communal forms of care, shared relational responsibilities, and collective healing practices (often specific to a tribal community).
- Pregnancy, childbirth, and the postpartum period are viewed as communal experiences and events.
- Kinship relatives and community members step up to support families with caregiving, especially those who have communal roles as traditional midwives/doulas, healers, knowledge-holders, and elders or grandparents.
- Communal care of birthing individuals and their families draws from deep wells of multigenerational teachings surrounding the sacredness of life and birth that are often specific to a Tribal community.

Culture is Medicine: Cultural Protective Factors

- **Cultural protective factors** are elements within a culture that promote resilience, health, and wellbeing, helping individuals and communities to thrive despite challenges or adversity.
- Indigenous maternal health is promoted, strengthened, and protected through a variety of cultural factors that are grounded in traditional knowledge, spiritual and ceremonial practices, language, sovereignty, and community kinship support.

- These factors help safeguard the physical, emotional, spiritual, and mental wellbeing of Indigenous birthing individuals/mothers, fathers/partners, and their children. They also counteract the negative impacts arising from historical trauma, colonization, and systemic inequities that are briefly discussed in the next section.

We have broadly listed some important cultural protective factors for Indigenous maternal health including, traditional healing and medicine, connection to land, traditional knowledge, sovereignty and governance, multigenerational housing, access to traditional foods, language, traditional birthing practices, and cultural practices.

Effects of Colonialism on Indigenous Maternal Health Outcomes

Colonialism has had a profound and lasting impact on Indigenous maternal health outcomes, contributing to disparities that persist to this day. The imposition of colonial structures disrupted traditional practices, access to healthcare, and the overall well-being of Indigenous communities. This legacy of trauma, loss of cultural practices, and systemic inequities has influenced the health care systems, creating barriers that Indigenous birthing individuals face when seeking maternal care. Understanding these effects is crucial for addressing current health disparities and creating more equitable maternal health outcomes for Indigenous populations.

Here we provide further details about the 'Forces of Colonialism Impacting Indigenous Maternal Health' located in the outermost layer of the conceptual model of Indigenous Maternal Health featured above.

- **Displacement and Forced Removal:** Federal policies like the Indian Removal Act (1830) and the creation of reservations disrupted traditional communities and support systems, destabilizing access to culturally relevant health care, including maternal care (Office of the Historian, n.d.).
- **Boarding Schools and Family Separation:** Policies enforcing boarding school attendance removed children from their families, disrupting the transmission of maternal health knowledge and practices across generations (US Department of the Interior, 2022).
- **Assimilation and Suppression of Traditional Knowledge:** Colonial systems actively suppressed Indigenous languages, beliefs, and healing practices, diminishing the role of traditional birth attendants and midwives who provided culturally rooted maternal care (US Department of the Interior, 2022).
- **Sterilization and Reproductive Violence:** During the 1960s and 1970s, many Indigenous women were subjected to forced or coerced sterilizations by Indian Health Service (IHS) facilities without proper consent, undermining reproductive autonomy (Paz, n.d.).

- **Underfunded Healthcare Systems:** The Indian Health Service, created to provide health care to Native populations, has historically been underfunded, leading to inadequate access to quality maternal and prenatal care (Warne & Frizzell, 2014).
- **Jurisdictional Barriers and Health Disparities:** The complex legal relationships between federal, state, and tribal governments can limit access to health services. This creates gaps in maternal health care, contributing to higher rates of maternal mortality and morbidity among Indigenous women (Burns, et al., (2023)).
- **Loss of Land and Traditional Food Sources:** The loss of land due to colonization severely impacted nutrition, a key component of maternal and child health. Traditional diets were disrupted, leading to food insecurity and health disparities during pregnancy.
- **Systemic Racism and Healthcare Discrimination:** Indigenous women often face racial discrimination and bias in health care settings, leading to substandard care during pregnancy and childbirth, contributing to adverse health outcomes (Kozhimannil, 2020).

Cultural Humility



UNDERSTANDING CULTURAL HUMILITY

Cultivating one's sense of **cultural humility** is essential when engaging with Indigenous communities. It's more than just learning about different cultures—it's about a lifelong journey of self-reflection, self-awareness, and growth. Unlike *cultural competency*, which is about understanding specific cultural traits, cultural humility recognizes that our own knowledge has limits and keeps us open to learning from others. This mindset helps build mutual respect, acknowledges power imbalances, and prioritizes meaningful, respectful interactions. It's about understanding that while we can't fully grasp another person's cultural experience, we can approach each interaction with an open mind, respect, and a genuine willingness to learn without judgment (Lekas, et al., 2020).

Key Aspects of Cultural Humility

1. **Self-Reflection:** Continuously examining one's own cultural assumptions, biases, and privileges.
2. **Lifelong Learning:** Committing to ongoing education about different cultures and their histories.
3. **Power Imbalances:** Recognizing and addressing power dynamics in relationships and institutions using self-awareness.
4. **Respect for Others:** Valuing the cultural experiences and perspectives of others.
5. **Active Listening:** Engage in listening, learning, and reflecting on others' cultural values, perspectives, and practices by asking genuine open-ended questions to understand their beliefs.

Self-Awareness and Understanding Different Lenses

Being self-aware involves recognizing your own **unconscious biases** and perspectives, as these biases often contribute to healthcare disparities faced by Indigenous communities. Unconscious bias may stem from stereotypes, limited exposure to Indigenous cultures, or a lack of understanding about historical trauma, which can lead to assumptions about Native people's lifestyles or health needs. Non-tribal members must acknowledge that their worldview is shaped by different cultural experiences and cannot fully capture the Indigenous way of life (So, et al., 2024).

It is crucial to understand the distinction between Western and Indigenous lenses, as these frameworks guide how health, well-being, and community are perceived:

- **Western Lens:** Often focuses on individualism, scientific reasoning, and hierarchical structures, where health is viewed as a physical condition treated by professionals.

- **Indigenous Lens:** Emphasizes community, interconnectedness, and holistic approaches, where health is understood as a balance of physical, emotional, spiritual, and relational well-being.

Immersing into Tribal Communities

Working with Tribal communities can be challenging at first. It requires patience, humility, and a genuine effort to understand and respect their culture. Here are some quick tips:

- **Be Patient:** Building trust takes time. Be prepared to spend time learning and participating in community activities.
- **Show Genuine Interest:** Demonstrate your commitment by actively engaging with the community and learning about their culture and traditions.
- **Respect Protocols:** Each Tribal Nation has its own protocols and ways of doing things. Respect these and seek guidance when needed.



Working with Tribal communities also means moving beyond performative gestures and striving for genuine, respectful engagement. Avoiding cultural appropriation and tokenism requires humility, active listening, and a willingness to be guided by Native voices. When approached with respect, curiosity, and sincerity, partnerships with Indigenous communities can be deeply enriching and lead to meaningful change (National Institute of Justice, 2022)

Cultural Appropriation

Cultural appropriation occurs when aspects of a marginalized culture, such as traditional clothing, symbols, language, or rituals, are used by outsiders in a way that lacks understanding, respect, or permission. For Native communities, this often means non-Native individuals or organizations adopting Indigenous symbols, practices, or art without honoring their meaning or significance. Such actions can be deeply disrespectful, as they trivialize the culture, history, and spiritual beliefs of Indigenous peoples (Native Governance Center, n.d).

Why Cultural Appropriation is Harmful

Misrepresentation: Appropriating cultural elements often leads to the misrepresentation of Indigenous traditions and can perpetuate stereotypes.

Erosion of Identity: When cultural practices are used out of context, it can diminish their significance, stripping away the authenticity and meaning that they hold for Native communities.

Lack of Reciprocity: Appropriation often involves taking without giving back or acknowledging the contributions of Indigenous people, which reinforces power imbalances and historical injustices.

How to Avoid Cultural Appropriation

Seek Permission and Guidance: Always ask for guidance before using any cultural elements. Understand that some practices are sacred and not meant for public use.

Engage in Cultural Exchange, Not Appropriation: Aim for genuine collaboration with Tribal communities by learning from them and supporting their initiatives, rather than adopting their practices as your own.

Tokenism

Tokenism happens when an individual or community is superficially included to create the appearance of diversity and inclusion without giving them real power, voice, or influence. For example, inviting a Native person to a meeting or project to fulfill diversity requirements, but not genuinely valuing or considering their input, is an act of tokenism (Cultureally, n.d.).

Why Tokenism is Harmful

Superficial Involvement: Tokenism often reduces Indigenous voices to a single perspective, ignoring the diversity and complexity within Native communities.

Perpetuates Inequality: By failing to genuinely include Native individuals in decision-making processes, tokenism reinforces existing power structures and marginalization.

Erodes Trust: When Indigenous people realize they're being used as tokens, it deepens mistrust and damages relationships, making it more challenging to build authentic partnerships.

How to Avoid Tokenism

Foster Meaningful Inclusion: Engage Native people as true partners, valuing their perspectives, knowledge, and expertise.

Provide Space for Multiple Voices: Recognize that there is no single “Native voice.” Different tribes and individuals have unique experiences, and it’s important to include diverse perspectives.

Embracing Accountability and Growth in Cultural Understanding

In practicing cultural humility, it’s crucial for non-Tribal individuals to be open to owning their mistakes and making necessary corrections. Mistakes or inappropriate behaviors, such as tokenism or cultural appropriation, may occur unintentionally. However, when informed that their actions are harmful, it’s essential to respectfully acknowledge these missteps, learn from them, and commit to ongoing growth and understanding. This willingness to listen and adapt not only builds trust but also demonstrates a genuine commitment to honoring and respecting Indigenous communities (National Institute of Justice, 2022).



Being a Good Allied Partner

To be a good ally to Indigenous communities, actively listen, respect cultural values, build meaningful relationships, and understand needed resources to support ongoing advocacy. Adapted from the Urban Native Collective's Indigenous Ally toolkit (n.d.). (*Additional resources on how to be a good Indigenous ally in the appendix.*)

Principle	Example Actions
1. Listen Actively Take time to listen to the experiences and perspectives of Indigenous people. This builds trust and demonstrates respect.	<ul style="list-style-type: none">• Attend community meetings or cultural events, focusing on listening to Indigenous voices without interrupting or imposing your own perspectives.• Ask open-ended questions that invite people to share their experiences, and reflect on what you hear before responding.• Take notes on important concerns or ideas that are shared, and follow up to show you've heard and understood them.
2. Show Respect Recognize and honor the cultural practices, traditions, and values of the community.	<ul style="list-style-type: none">• Learn about and respect cultural protocols such as the significance of ceremonies, prayer practices, or specific taboos before entering Indigenous spaces.• Use culturally appropriate greetings and terms, and avoid using Native symbols or attire out of context.• When invited to participate in traditions, do so with humility and an understanding that this is a privilege, not a right.
3. Build & Maintain Relationships Establish and maintain genuine relationships based on mutual respect and trust.	<ul style="list-style-type: none">• Spend time getting to know community members outside of formal projects or work-related contexts, engaging with them on a personal level.• Attend local events, powwows, or other cultural gatherings to show your commitment to the community.• Offer consistent communication and check in regularly, even when there is no immediate task at hand, to build lasting, trustful connections.
4. Advocate Use your position to support and advocate for the rights and needs of Indigenous communities.	<ul style="list-style-type: none">• Use your platform to amplify Indigenous voices, such as inviting Indigenous speakers to events or sharing Indigenous-led research or initiatives.• Support policy changes or community-driven initiatives that address systemic issues affecting Indigenous communities, such as healthcare access or land rights.• Collaborate with Indigenous organizations and leaders to ensure that your advocacy efforts align with their priorities and goals, rather than taking a paternalistic approach.

Why Tribal Maternal Health Task Forces are Vital



THE FORMATION OF THE ARIZONA TRIBAL MATERNAL HEALTH TASK FORCE

- Tribal Task Forces center Indigenous voices, leadership, and cultural knowledge in the decision-making processes. They ensure that initiatives are community-driven, culturally relevant, and tailored to the unique needs of Native people.
- In this section, we share the story of how a Tribal Maternal Health Task Force (Tribal MHTF) was formed through the efforts of the Arizona Department of Health Services (ADHS) Maternal Health Innovation Program.

In Arizona, the establishment of the Tribal MHTF was a critical response to the dire maternal health disparities among Native American birthing individuals/mothers. The stark reality that between 2018 and 2019, Native American mothers had the highest pregnancy-associated mortality rate—233.9 deaths per 100,000 live births—compared to 166.8 for non-Hispanic Black mothers and 80.1 for non-Hispanic White mothers (Ramirez, GM, et al., 2024)—underscored the urgent need for action. Many of these deaths were preventable, highlighting the critical need for targeted interventions and comprehensive support. Community members and tribal leaders, recognizing the severity of these disparities, united to voice their concerns. In response, the ADHS established the Tribal MHTF to address these alarming statistics through culturally relevant, community-driven approaches.

The formation of the Tribal MHTF was more than a response to numbers—it was a call to honor and protect Native mothers, to ensure that the care they receive is not only effective but also deeply respectful of their cultural traditions and ways of life.

For American Indian or Alaska Native (AI/AN) communities, health is holistic. It encompasses the physical, mental, spiritual, and emotional well-being, all of which are deeply tied to their connection with the land, family, and community. The Tribal MHTF was designed with this holistic

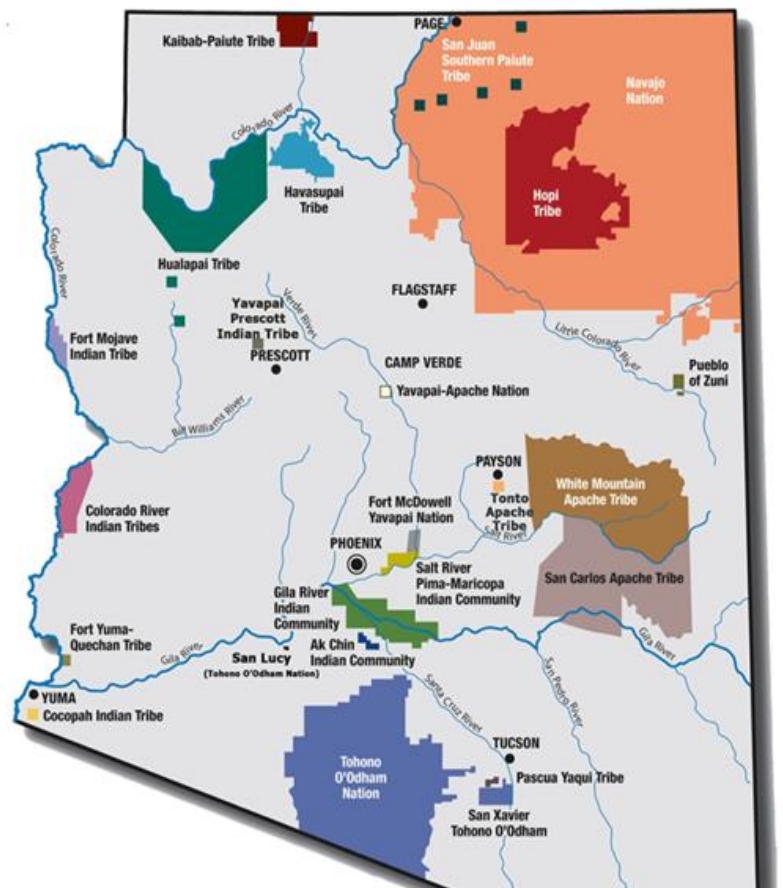


Figure 2. The 22 tribal nations that call Arizona home.

approach in mind, ensuring that maternal health care is provided in ways that align with these core values.

In Arizona, home to 22 federally recognized tribal nations, this rich cultural heritage is as varied as the landscapes these tribes call home (University of Arizona, n.d.) (see Figure 1). From the vast plateaus of the Colorado Plateau to the deserts of the Sonoran region, the Navajo Nation, Hopi Tribe, Tohono O'odham Nation, and others have thrived by adapting to their environment while preserving their spiritual and cultural traditions. Engaging with these Indigenous communities requires a profound understanding of and respect for their connection to the land, their sovereignty, and their unique way of life.

Intentionality

The intention to include tribal nations in Arizona within the Health Resources and Services Administration (HRSA) State Maternal Health Innovation Grant (SMHI) in 2019 was born out of necessity. The staggering rates of maternal mortality and severe maternal morbidity among Native populations could no longer be ignored. As a result of the conversations with ADHS, Arizona Tribal leaders requested their own Tribal Maternal Health Task Force (Tribal MHTF) — a dedicated space to discuss challenges and successes specific to tribal nations - to be included in the funding application. This request was a powerful statement: tribes must lead the way in addressing the health disparities affecting their people.



With this blessing from tribal nations, ADHS staff moved forward with applying for the HRSA SMHI funding. In addition, ADHS also applied for funding from the Centers for Disease Control and Prevention (CDC) to support the Maternal Mortality Review Committee (MMRC) in Arizona. These applications were not just bureaucratic steps; they represented a commitment to the sovereignty and wisdom of Arizona's tribal communities. In 2019, both grants were awarded, and the groundwork for the Tribal MHTF was laid.

Timeline of Activities

The timeline table outlines the key milestones and efforts over a 5-year period that were involved in establishing the Tribal Maternal Health Task Force in Arizona, highlighting the progressive steps from initial planning to full implementation. It captures the collaborative efforts of tribal leaders, healthcare professionals, and community advocates, emphasizing the sustained commitment required over months of community engagement, resource development, and capacity building.

Year	Key Events and Milestones
<p>2018-2019: Foundation</p>	<ul style="list-style-type: none"> • Tribal Consultations Center Native Voices: ADHS held consultations to ensure Arizona’s tribal nations were included in the HRSA SMHI Grant process, prioritizing Native perspectives. • Recognition of High Maternal Mortality Rates: Tribal leaders highlighted the alarming maternal mortality rates among AI/AN populations and stressed the importance of self-guided solutions for addressing these disparities. • Senate Bill 1040 Signing: The introduction and signing of Senate Bill 1040 reaffirmed Arizona’s commitment to improving Indigenous maternal health outcomes. • Awarding of the Five-Year SMHI Grant: In September 2019, ADHS was awarded the SMHI Grant, initiating collaboration with ITCA and the Navajo Nation Department of Health to foster meaningful tribal partnerships. • Tribal-Specific Maternal Health Needs Assessment: ADHS contracted with ITCA and Diné College to conduct a comprehensive 2020 Maternal and Child Health Needs Assessment tailored to tribal communities, which informed targeted interventions.
<p>2020: Formation of the AZ Tribal Maternal Health Task Force (MHTF)</p>	<ul style="list-style-type: none"> • Establishment of Tribal Maternal Health Leadership: A Tribal Maternal Health Program Manager position was created, and a Diné woman was appointed to lead, ensuring tribal expertise in the program. • COVID-19 and Five-Year Contract with ITCA: Despite the pandemic, ADHS and ITCA solidified a five-year contract that led to the formation of the ITCA Maternal Health Steering Committee. • Development of Tribal Maternal Health Strategic Plan: The ITCA Maternal Health Steering Committee developed a strategic plan focused on improving maternal health for tribal communities. • Formalization of the Arizona Tribal Maternal Health Task Force: By the end of 2020, the Arizona Tribal MHTF was established, providing a dedicated space for tribal communities to discuss maternal health challenges and Indigenous-led solutions. • Comprehensive Tribal-Specific Needs Assessment Partnership: ADHS partnered with Diné College to conduct the 2020 Maternal and Child Health Needs Assessment, which played a crucial role in shaping interventions specific to tribal needs.
<p>2021: Building on the Foundation</p>	<ul style="list-style-type: none"> • Monthly Meetings Established: The Tribal MHTF began meeting monthly and identified four priority areas: Access to Prenatal Care, Awareness of Chronic Disease and Perinatal Risks, Access to Behavioral Health Resources, and Capacity Building in AI/AN Data Surveillance. • Launch of Training Series: Developed the "Maternal Health & Family Wellness from an Indigenous Perspective" training series, which included topics like Traditional Prenatal Care and Indigenous Doula training to honor tribal autonomy. • Strengthening Indigenous Perspectives: The Tribal MHTF’s work contributed to fostering healthier futures for Native families and

	strengthened Indigenous perspectives on maternal health.
2022: Expanding Focus to Maternal Mental Health	<ul style="list-style-type: none"> • Launched a Maternal Mental Health Campaign: The Tribal MHTF emphasized the importance of mental health as a crucial aspect of overall well-being. • Developed and Shared the Maternal Health Strategic Plan: ITCA outlined seven key priorities, including improving access to care, increasing education, and enhancing mental and behavioral health services. • Initiated Evaluation Efforts: Collaborated with Northern Arizona University's Native American Research Centers for Health (NARCH) program to recognize the significance of tribal evaluation in the process.
2023-2024: Sustained Efforts and Strategic Planning	<ul style="list-style-type: none"> • Secured a five-year partnership: ADHS partnered with Diné College to support the Navajo Maternal and Child Health Project, focusing on prenatal care, breastfeeding, nutrition, and mental health for the Diné people. • Developed a Strategic Plan: Diné College engaged in creating their Strategic Plan by reviewing the 2020 needs assessment and expanding partnerships. The plan was released in mid-2024. • Re-awarded HRSA SMIH Grant: ADHS received another five years of funding, emphasizing ongoing support for the Inter Tribal Council of Arizona (ITCA) and the Navajo Nation. • Shaped the State 2025-2030 Maternal Health Action Plan: The Tribal MHTF played a crucial role in ensuring that Indigenous perspectives were integrated into the plan.

Culturally Grounded Expertise in Arizona

- Personnel from the Arizona Department of Health Services (ADHS), Inter Tribal Council of Arizona (ITCA), Diné College, Northern Arizona University (NAU), and Arizona State University (ASU) working on the Maternal Health Innovation (MHI) grant include individuals from Arizona's tribal communities.
- Their involvement ensures that the initiatives are not only guided by academic and public health expertise but also firmly rooted in the lived experiences and cultural knowledge of Indigenous peoples. By centering Indigenous voices and seeking input from professionals with deep community ties, the efforts are more meaningful and sustainable.
- A key example is the AI/AN facilitator for the Tribal MHTF, whose unique ability to ask questions from a Tribal perspective enriched discussions and kept the work aligned with Native traditions. Expanding Tribal representation in leadership roles will further elevate Indigenous voices and ensure solutions remain community-driven and culturally respectful.

The Importance of a Tribal Evaluator

The role of a Tribal Evaluator is crucial to the success of Indigenous maternal health efforts by ensuring culturally relevant assessments and fostering trust within Native communities. Their involvement strengthens community-led initiatives, leading to more effective, sustainable outcomes.

Tribal evaluators also reinforce sovereignty by aligning data collection and program evaluations with tribal values, protecting the community's control over health data and decision-making. By prioritizing Indigenous evaluators, tribes enhance their autonomy in shaping health programs that meet their unique needs, ultimately supporting healthier futures for Native mothers and families.



Benefits of a Tribal Maternal Health Task Force

Establishing a Tribal MHTF has seen the numerous benefits in addressing the maternal health disparities AI/AN communities face. Indigenous cultures emphasize the interconnectedness of health, community, environment, and spirituality. This holistic perspective is essential for creating culturally sensitive health programs that address not only physical health but also the emotional, spiritual, and social well-being of Native communities. A Tribal MHTF can leverage this understanding to improve maternal health outcomes through culturally tailored interventions.



Benefits include the following:

1. Culturally Sensitive Care & Trust Building

- a. **Cultural Competence/ Humility:** The task force ensures that healthcare services are aligned with the cultural practices, beliefs, and values of tribal communities, promoting respect and understanding.
- b. **Trust & Relatability:** By incorporating Native representation, the task force fosters trust between healthcare providers and Indigenous communities, addressing shared experiences and historical injustices. This leads to more open dialogue, better communication, and improved health outcomes.

2. Improved Health Outcomes & Addressing Disparities

- a. **Addressing Disparities:** The task force focuses on reducing maternal health disparities that affect Native American women, especially those in remote or underserved areas.

- b. **Enhanced Access:** Collective efforts target increasing access to quality perinatal and postnatal care by identifying and implementing tailored interventions that meet community needs.

3. **Community Engagement & Empowerment**

- a. **Empowerment & Awareness:** Community involvement is key to empowering members to actively address maternal health. Through education campaigns, the task force raises awareness about maternal health, empowering individuals to take informed actions.
- b. **Indigenous Knowledge & Practice-Based Initiatives:** By questioning conventional evidence and incorporating Indigenous knowledge, the task force advocates for culturally relevant practices that better resonate with Native communities.

4. **Policy Advocacy & Resource Mobilization**

- a. **Advocating for Resources:** The task force pushes for increased funding and resources for maternal health programs tailored to tribal needs, strengthening their sustainability.
- b. **Policy Development:** Collaborative efforts ensure the development of policies that address the unique challenges faced by Native American mothers, particularly at the state and federal levels, where Indigenous voices may have been previously marginalized.

5. **Collaboration & Partnerships**

- a. **Interdisciplinary & Cross-Agency Collaboration:** Bringing together diverse stakeholders—including tribal leaders, healthcare providers, government agencies (e.g., IHS), and tribal nonprofits—ensures a comprehensive, client-centered approach to maternal health.
- b. **Resource Sharing:** Partnerships allow for shared resources, expertise, and support, enhancing the effectiveness of health initiatives.

6. **Mental Health & Holistic Support**


- a. **Holistic Care:** The task force integrates mental health and emotional support services into maternal healthcare, addressing conditions like postpartum depression and anxiety.
- b. **Support Networks:** Creating support networks for pregnant individuals and new parents enhances emotional and social support, fostering healthier outcomes.

7. **Workforce Development & Community Trust**

- a. **Skill Development & Expansion:** Training healthcare providers in culturally competent care enhances their ability to serve tribal communities. The task force also emphasizes growing the number of Indigenous healthcare professionals, ensuring long-term sustainability and trust.
- b. **Building Trust:** Strengthening partnerships with tribal health departments (e.g., NNDOH) and grassroots programs further bolsters trust and involvement in united maternal health efforts.

8. **Data-Driven Decisions & Respecting Data Sovereignty**

- a. **Data Collection & Sovereignty:** The task force facilitates data collection specific to tribal maternal health, enabling informed decision-making and continuous improvement of care while fully respecting Tribal data sovereignty. This ensures that



data is handled, interpreted, and used in a manner aligned with the values and priorities of the tribal community, safeguarding their autonomy and cultural integrity.

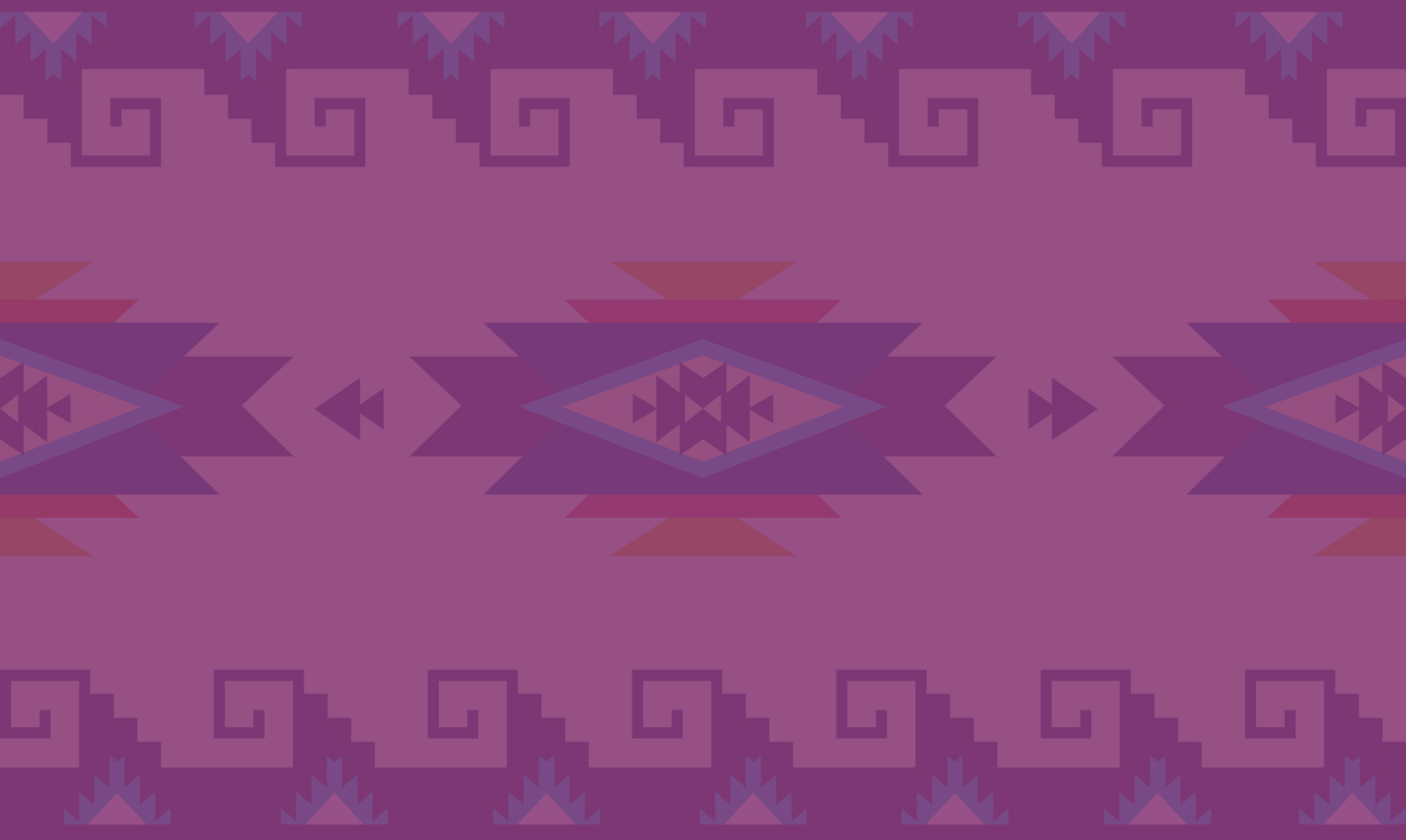
- b. **Hiring Indigenous Evaluators:** To uphold these principles, the task force prioritizes hiring Indigenous evaluators who are knowledgeable about Indigenous evaluation frameworks. Their lived experience and expertise are essential for ensuring that evaluations are culturally relevant and respectful. Moreover, the task force ensures that these evaluators are fairly compensated for their invaluable contributions.

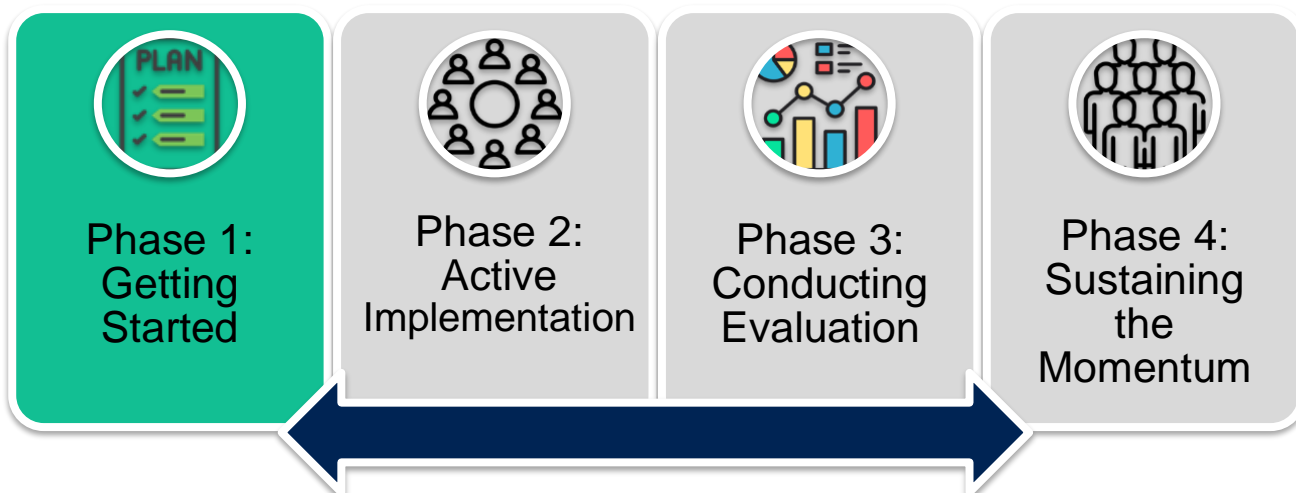
9. **Advocacy, Representation, & Health Equity**

- a. **Empowerment & Advocacy:** The task force provides a platform for Indigenous advocates—birth workers, elders, and knowledge holders—to push for community-driven, culturally centered initiatives.
- b. **Health Equity & Representation:** Increased Indigenous participation in health initiatives ensures that Native communities are represented, and their needs are met. This unified effort promotes health equity and cultural sensitivity in healthcare systems.

By fostering collaboration, respecting tribal sovereignty, and integrating culturally sensitive care, a Tribal MHTF plays a pivotal role in health disparities and improving maternal and child health outcomes in Indigenous communities by reducing gaps in care, advocating for resources, and ensuring equitable, holistic health programs. Through a holistic approach that honors Indigenous knowledge and values, the task force creates sustainable, empowered health systems that are more responsive to the unique needs of Native American families.

Implementing a Tribal Maternal Health Task Force





PHASE 1: Laying the Foundation for a Tribal Maternal Health Task Force

Before beginning the formal development of a Tribal Maternal Health Task Force, it is important to ground the process in cultural sensitivity and community leadership. Tribal-led initiatives foster trust, shared cultural understanding, and respect for traditional practices, which are critical for the task force's success.

1. Engaging Tribal Leadership & Conducting a Needs Assessment

- **Reach Out to Tribal Leaders and Community Health Leaders:** Trust and collaboration are built through direct engagement with tribal leaders, maternal health champions, traditional knowledge holders, and grassroots advocates. Identify key Indigenous leaders who can guide the task force, ensuring representation from all relevant areas, including traditional practices.
- **Develop Needs Assessment Tools:** Begin by designing culturally sensitive needs assessment tools that incorporate community values and practices. These tools should capture not only health data but also social, emotional, and spiritual dimensions of maternal health, reflecting the holistic worldview central to Indigenous communities.

2. Ensuring Cultural Sensitivity and Representation

- **Amplify Indigenous Voices:** The task force must be led by and for Native people. Ensure diverse representation from different disciplines (e.g., healthcare, mental health, traditional birth elders) and from the communities served. This ensures that the task force's approach is culturally grounded, reflects lived experiences, and builds the trust needed to tackle sensitive maternal health issues.
- **Involve Birthworkers and Traditional Knowledge Holders:** Work closely with traditional birthworkers, birth elders, and grassroots champions. Their involvement ensures that culturally relevant practices, including traditional knowledge, are at the forefront of maternal health care, fostering trust and shared cultural understanding.

3. Collaboration & Identifying Partners

- **Engage Potential Partners and Allies:** Identify healthcare providers, government agencies, and non-Native allies willing to collaborate while respecting tribal sovereignty. These partnerships should promote a holistic approach that integrates various fields—medical, mental health, policy—into a unified effort.

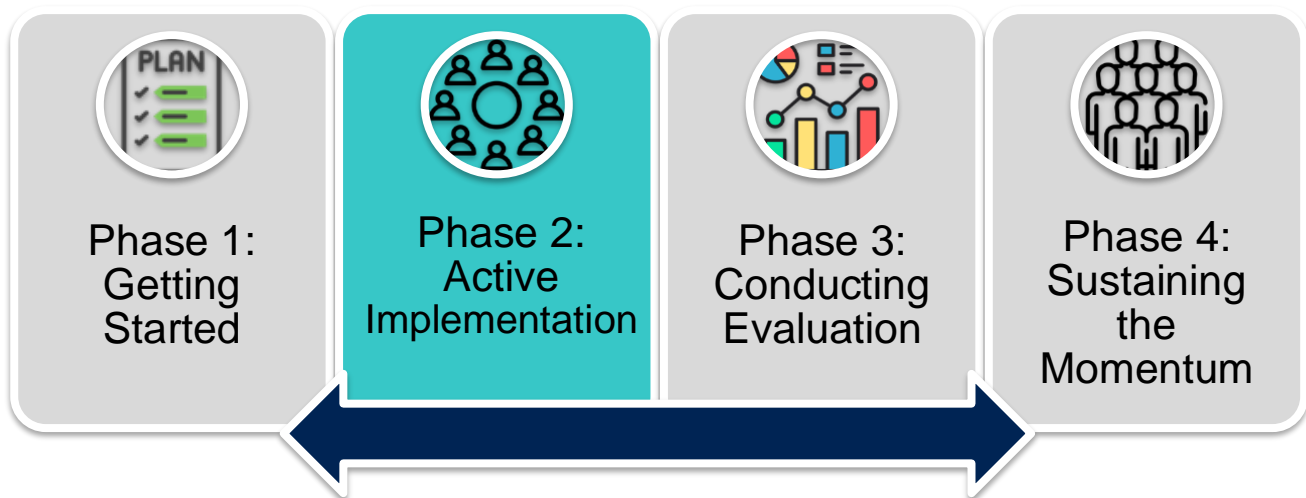
4. Recruiting Members and Planning for Sustainability

- **Intentional Recruitment:** Make recruitment of Indigenous professionals a priority. Emphasize the importance of sustained engagement by creating culturally affirming spaces where members feel safe and valued. Practices like opening meetings with prayers and using Native humor can help foster a familial and trusting environment.

5. Respect for Data Sovereignty

- **Develop Evaluation Plans:** From the outset, incorporate data sovereignty into the task force's framework. Engage Indigenous evaluators who are knowledgeable about Indigenous evaluation frameworks, and ensure they are compensated for their expertise. Culturally sensitive evaluation tools should be developed to track maternal health outcomes while honoring tribal control over data along with its interpretation.

This first step ensures that the foundation of the task force is rooted in community-driven, culturally competent approaches, while building trust, collaboration, and respect for sovereignty that will support the success of future maternal health initiatives.



PHASE 2: Implementation Phase for Developing and Maintaining a Tribal Maternal Health Task Force

1. Define the Mission and Goals

- **Establish a Mission Statement:** Begin by clearly defining the purpose of the task force, focusing on improving maternal health outcomes for the tribal community through advocacy, culturally responsive healthcare, and community-driven initiatives. The mission should reflect a commitment to addressing health disparities and integrating traditional knowledge into maternal care.
- **Set Clear Goals:** Based on the needs assessment and listening sessions, outline both short-term and long-term goals. These might include reducing maternal mortality, increasing access to prenatal care, and incorporating traditional birthing practices. It is crucial that these goals are informed by the community, ensuring that Indigenous voices and priorities are at the forefront of the strategy.

2. Build a Diverse and Inclusive Membership

- **Recruit Key Members:** Prioritize recruiting tribal leaders, healthcare providers, traditional birth workers, maternal health experts, and women with lived experiences in maternal health. Ensure the task force includes traditional knowledge holders, birth elders, and grassroots champions who bring cultural sensitivity and expertise.
- **Ensure Inclusivity and Representation:** Be intentional about including members from various disciplines (e.g., healthcare, mental health, social services, education), along with diverse community members (gender, age, roles) with diverse skill sets. This inclusivity ensures a broad range of perspectives and makes the task force more effective in addressing the holistic needs of the community.
- **Key Insights from Listening Meetings:** Emphasize the importance of Indigenous-led initiatives to foster trust and cultural competence. The task force should aim to amplify Indigenous voices, ensuring that all decisions are guided by those with lived experiences in maternal health and cultural knowledge.

3. Establish Leadership and Governance

- **Appoint Tribal Leadership:** Ensure that tribal members hold leadership positions, empowering them to guide the task force's direction and decision-making. This leadership structure promotes trust, safety, and shared cultural understanding within the task force and the broader community.
- **Form Subcommittees or Workgroups:** Depending on the size and scope of the task force, create specialized subcommittees to focus on key areas such as data collection, policy advocacy, maternal health education, and the integration of traditional health practices.
- **Set Clear Roles:** Define specific roles (e.g., chairperson, facilitator, communications lead, data manager) for each member. This ensures accountability, clarity, and streamlined operations.

4. Develop a Strategic Plan

- **Create a Roadmap:** Develop a strategic plan that outlines the task force's objectives, strategies, timelines, and performance indicators. The roadmap should address critical areas such as improving access to maternal care, integrating traditional health practices, and advocating for policy changes that benefit Indigenous mothers and families.
- **Incorporate Traditional and Cultural Practices:** Integrate traditional cultural practices into the plan, such as incorporating traditional birthing techniques, prayers, and community-led maternal health education. This ensures that the task force is culturally sensitive and resonates with the tribal community it serves.
- **Identify Resources:** Determine the necessary resources—funding, technical expertise, community support—needed to implement the plan. Explore potential partnerships with public health organizations and apply for grants to support the task force's initiatives.

5. Engage the Community

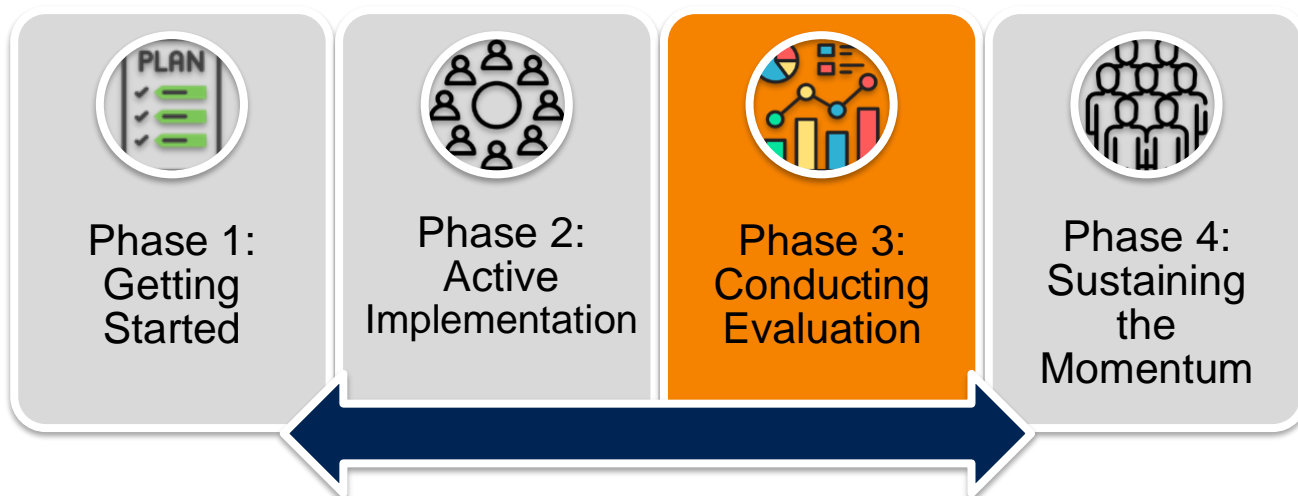
- **Community Consultation:** Hold listening sessions, focus groups, and surveys with women, families, and community members to gather input on maternal health needs and experiences. Community input is essential for ensuring that the task force's efforts are responsive to real concerns and challenges.
- **Key Insights from Listening Meetings:** Incorporate feedback on the importance of safe, culturally affirming spaces in consultations. Use practices such as opening prayers or storytelling to foster trust and create an environment where participants feel comfortable sharing their experiences.
- **Raise Awareness:** Develop culturally tailored campaigns using social media, radio, and community events to raise awareness about maternal health issues. Highlight the task force's mission and goals and work closely with traditional birth workers and community health champions to amplify these messages.

6. Facilitate Regular Meetings and Communication

- **Hold Regular Meetings:** Set a consistent meeting schedule (monthly or quarterly) to monitor progress, address challenges, and adjust strategies as needed. Ensure meetings are accessible through in-person or hybrid formats to maintain engagement, especially for members in remote areas.
- **Challenges from Listening Meetings:** Members noted that sustaining engagement can be challenging, so in-person meetings and hybrid formats are encouraged for more consistent participation.
- **Create Safe Spaces for Discussion:** Make sure task force meetings provide a space where all members feel safe and comfortable discussing sensitive issues. Cultural practices such as incorporating Native humor, traditional ceremonies, and prayers during meetings can foster a familial and supportive environment.
- **Engage Tribal and External Stakeholders:** Maintain open communication with tribal leadership, healthcare providers, and external partners, keeping everyone informed and involved. Amplify Indigenous voices in broader state and national discussions on maternal health by working with allies to ensure tribal perspectives are central to policy-making.

7. Ensure Data Sovereignty and Culturally Sensitive Evaluation

- **Data Collection and Sovereignty:** Establish protocols for data collection specific to tribal maternal health, ensuring that Indigenous communities maintain control over their own data. This data sovereignty is critical for making informed decisions while respecting tribal governance over health information.
- **Key Insights from Listening Meetings:** Culturally sensitive evaluation frameworks must be used to track maternal health outcomes, ensuring that Indigenous ways of knowing and evaluating are respected.
- **Hire Indigenous Evaluators:** To ensure evaluations are culturally relevant, prioritize hiring Indigenous evaluators who are knowledgeable about Indigenous evaluation frameworks. Compensate them fairly for their expertise and contributions to the task force.



PHASE 3: Evaluation Step: Data Sovereignty and Continuous Improvement

A strong evaluation process ensures the task force remains effective and aligned with its mission to serve the community. This step emphasizes data sovereignty, the hiring of Indigenous evaluators, and intentional use of data.

1. Data Sovereignty:

- Evaluation must be conducted in a way that honors tribal governance over data.
- Indigenous communities should retain control over their maternal health data, ensuring its use is aligned with their values and priorities. This involves establishing agreements around data use and sharing that protect community rights and autonomy.

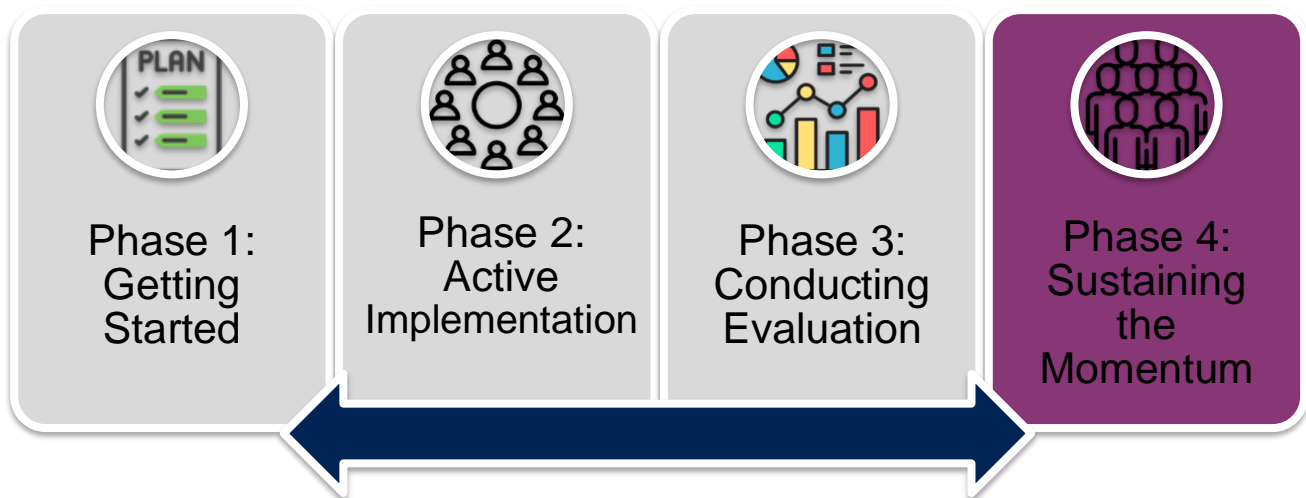
2. Hiring Indigenous Evaluators:

- Indigenous evaluators, who are deeply familiar with Indigenous evaluation frameworks, are essential to ensure culturally sensitive and relevant evaluations.
- Best practices include fairly compensating these evaluators for their expertise and contributions, respecting their lived experiences, and involving them in every step of the evaluation process.

3. Intentional Use of Data:

- Evaluation is not a one-time task but an ongoing process.
- The data collected must be intentionally used to reflect on the task force's progress and to ask important questions: Are we meeting the needs of the population effectively? Is the task force functioning as intended? Are there gaps or areas needing improvement? This approach encourages adaptability, with data-driven adjustments that ensure the task force continuously evolves to better serve the community.

Through this process of culturally respectful evaluation, the task force can make informed decisions, improve its programs, and remain responsive to the ever-changing needs of the communities it serves.



PHASE 4: Sustain Momentum and Ensure Continuity

Sustaining the work of a Tribal Maternal Health Task Force is crucial for its long-term success. Building on community trust and engagement, the task force must remain adaptable while continuously fostering collaboration, leadership, and policy advocacy.

1. Engage the Community

- **Community Consultation:** Regularly consult the community through meetings, focus groups, and surveys to gather input on maternal health needs and experiences. This step reflects the task force's commitment to amplifying Indigenous voices and maintaining cultural sensitivity, aligning with feedback from listening sessions emphasizing the need for a tribal-led initiative that centers community voices.
- **Raise Awareness:** Develop culturally resonant campaigns through social media, community gatherings, and tribal radio stations to raise awareness of maternal health issues. Highlight the task force's goals to increase community support and encourage broader engagement.

2. Facilitate Regular Meetings and Communication

- **Hold Regular Meetings:** Establish a consistent schedule for task force meetings to review progress, discuss challenges, and adjust strategies. Use a mix of in-person and hybrid formats to increase participation, as suggested by task force members during listening sessions.
- **Engage Tribal and External Stakeholders:** Foster open communication with tribal leadership, healthcare providers, and partners. Regular updates and transparent communication strengthen relationships and ensure continued buy-in from key stakeholders.

3. Build Capacity for Continuity

- **Leadership Development:** Train community members, including Indigenous youth and professionals, to take on leadership roles within the task force. This ensures the task force can maintain momentum as current members rotate out, reflecting the community's value on shared leadership and Indigenous representation.
- **Ensure Funding and Resources:** Secure sustainable funding through grants, donations, and partnerships with health agencies. Developing long-term relationships with state and federal agencies helps ensure access to necessary resources for task force initiatives, including culturally competent training for healthcare providers.

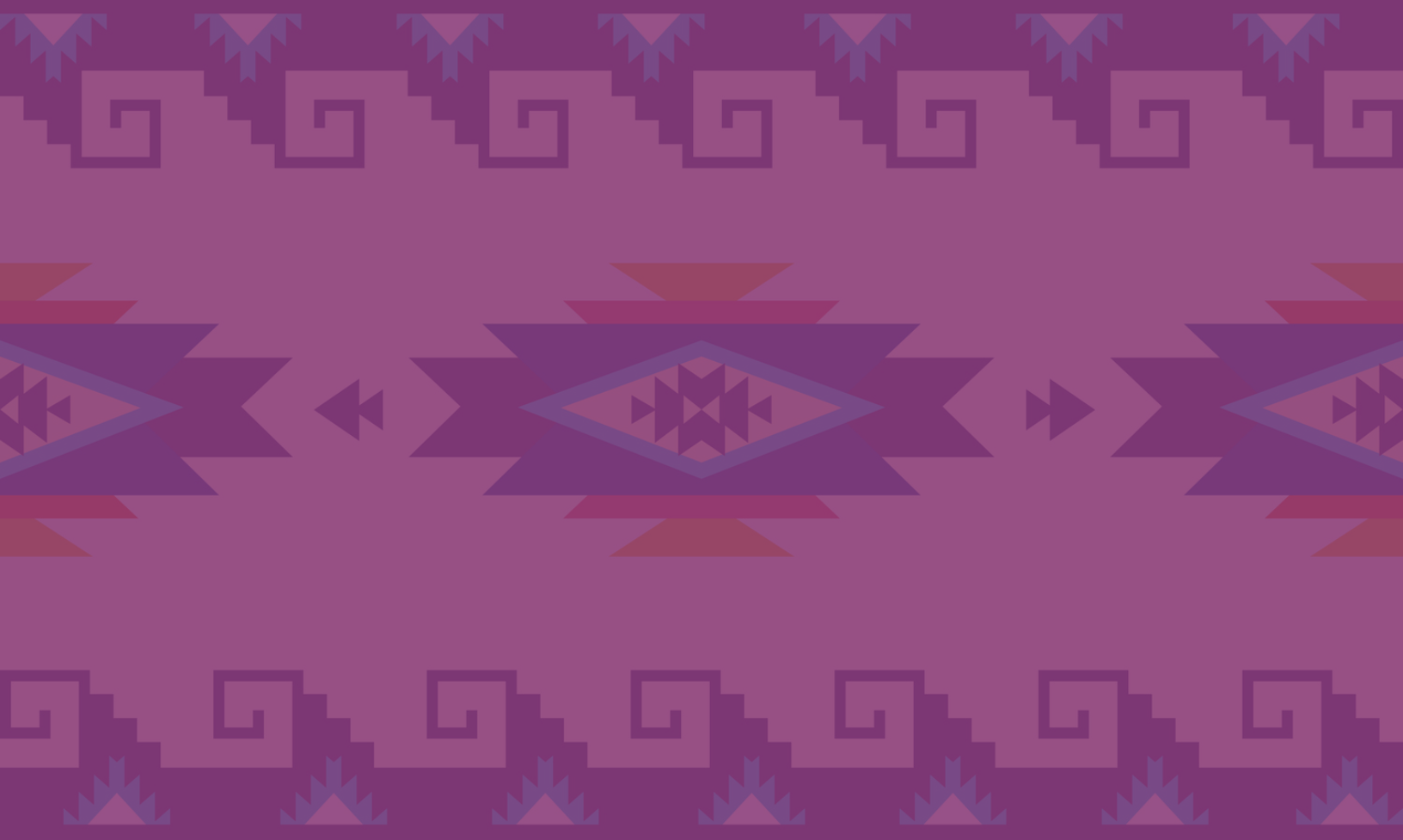
4. Plan for Sustainability

- **Leadership Transitions:** Develop plans for leadership transitions to ensure the task force remains active even as members change. This planning reflects the importance of recruiting diverse voices, as identified in the listening sessions.
- **Community Engagement and Data Sovereignty:** Keep the community involved through continuous engagement strategies. Respecting data sovereignty by ensuring Indigenous communities control their own data is key to sustainable task force operations. Culturally sensitive evaluation frameworks will guide ongoing decisions and maintain accountability.
- **Partnerships with Policymakers and Public Health:** These relationships ensure that tribal maternal health priorities are consistently integrated into broader public health agendas and policy discussions. This step also includes advocating for the continuation of policies that support culturally sensitive care, data sovereignty, and equitable health initiatives for Native communities.

5. Advocate for Policy Changes

- **Collaborative Partnerships:** Work with tribal, state, and federal policymakers to advocate for policies that support maternal health. Ensure these policies are informed by Indigenous perspectives, focusing on access to prenatal care, protecting traditional health practices, and addressing systemic barriers.
- **Representation and Holistic Approaches:** Leverage the task force's interdisciplinary structure to advocate for policies that reflect the holistic nature of Indigenous health, considering not just physical health but also emotional, spiritual, and social well-being.

Conclusion

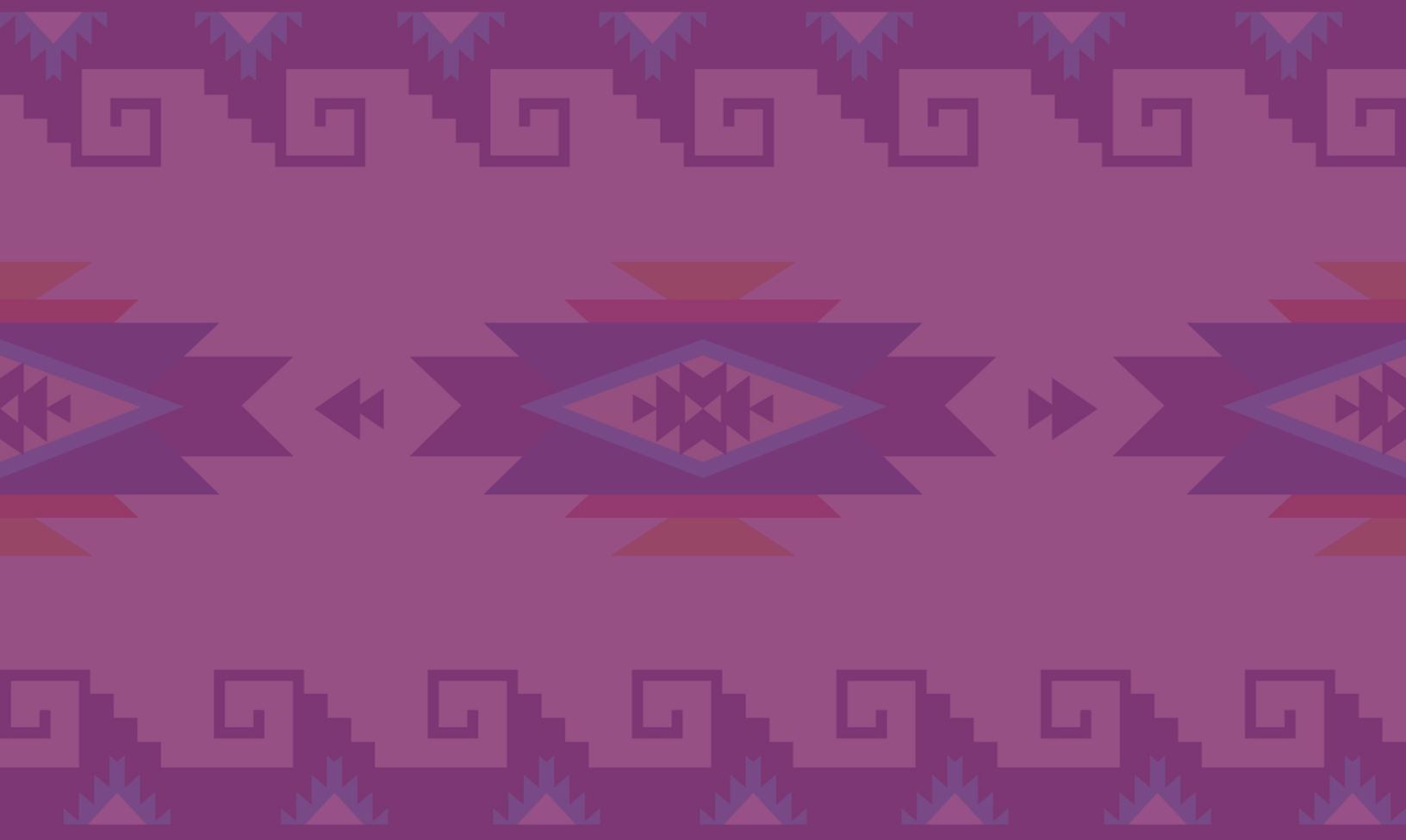


CONCLUSION

Establishing a Tribal Maternal Health Task Force is a vital step toward addressing maternal health inequities in Indigenous communities. By centering the knowledge and lived experiences of tribal communities, elders, advocates, doulas, and medical professionals, we honor the strength and resilience inherent in Indigenous cultures. Indigenous-informed strategies empower communities to define their own paths to wellness, fostering culturally rooted solutions that create healthier futures for generations to come. Together, through collective wisdom and self-determined problem-solving, we build a foundation for equitable and thriving maternal health outcomes.



Appendix & Resources



GLOSSARY

American Indian/Alaska Native (AI/AN): Refers to Indigenous peoples of the continental United States (American Indian) and Alaska (Alaska Native). These terms are often used together to describe the broader Indigenous population in the U.S.

Cultural Appropriation: The act of using elements of a marginalized culture, such as symbols, language, or rituals, by outsiders without understanding or respecting their meaning. This can be disrespectful and harmful to Native communities.

Cultural Humility: An approach that involves lifelong learning, self-reflection, and respect for other cultures. It requires recognizing the limitations of one's knowledge and being open to learning from Indigenous communities.

Data Sovereignty: The concept that Indigenous communities have the right to govern the collection, ownership, and application of data about themselves. This ensures that data is handled in a manner that aligns with the values and priorities of the tribal community.

Federally Recognized Tribe: A tribe that has a formal relationship with the U.S. government and is eligible for specific federal benefits, services, and protections. This recognition acknowledges their sovereignty and provides certain legal protections.

Indigenous: A term that refers to people native to a particular region who lived there before European settlers arrived. It is often used interchangeably with American Indian/Alaska Native but emphasizes the original inhabitants of a land.

Indigenous Maternal Health: The health and well-being of Indigenous mothers, viewed through a holistic lens that considers the interconnectedness of physical, mental, emotional, and spiritual aspects.

Indian Health Service (IHS): A federal agency that provides health services to American Indian and Alaska Native people. Access to IHS is often a critical component of healthcare for Indigenous communities.

Interconnectedness: The concept that all aspects of life are linked, including the relationship between people, land, environment, and spiritual elements. It is a foundational idea in Indigenous worldviews and approaches to health.

Relationality: An Indigenous worldview emphasizing relationships and interconnectedness, including family, community, environment, and land. This perspective deeply shapes approaches to health and well-being.

Sovereignty: The inherent right of Tribal Nations to govern themselves, make their own laws, and manage their internal affairs. Both federally and state-recognized tribes possess sovereignty, but it is more protected under federal recognition.

Tribal Nation: A term referring to the various Indigenous tribes in the U.S., each with its distinct culture, language, and governance. There are 574 federally recognized tribes in the United States.

Tokenism: The superficial inclusion of an individual or community to create an appearance of diversity without providing real power or influence. This practice is harmful and undermines genuine engagement with Native communities.

Traditional Knowledge Holders: Individuals within Indigenous communities who possess deep knowledge of cultural practices, traditions, and ceremonies. They play a vital role in preserving and transmitting cultural knowledge.

Tribal Maternal Health Task Force (MHTF): A group established to improve maternal health outcomes for Indigenous communities by incorporating culturally relevant strategies and Indigenous perspectives.

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FURTHER READING & LEARNING

Terminology

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Engaging with Indigenous Communities

- [Ten “simple” rules for non-Indigenous researchers engaging Indigenous communities in Arctic research](#)
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