AAMC Maternal Health Equity Series Part Two

Bridging the Urban-Rural Divide: Maternal Health Across Appalachia and Indian Country

May 14, 2020

What is AAMC CHARGE?

AAMC CHARGE is a forum for investigators, clinicians, and community partners who design and implement research that eliminates health and health care inequities.

What does AAMC CHARGE do?

• Share accomplishments and crowdsourc opportunities for professional achievement.
• Facilitate innovative multi-sector partnerships, collaborations, and research that contribute to the evidence base for solutions to health and health care inequities.
• Collaborate on policy work that impacts health equity at institutional, local, state, and federal levels.

How can I get involved?

Email healthequityresearch@aamc.org to join!
Inequities in Infant & Maternal Health in West Virginia: A Set of Recommendations

Lauri Andress, PhD, JD, MPH
Assistant Dean for Public Health Practice and Workforce Development & Assistant Professor in the Department of Health Policy, Management and Leadership
West Virginia University School of Public Health

Not Just Surviving, But Thriving: Cultural Practices that Promote Positive Maternal Health Outcomes in Native Women and Families

Hannabah Blue, MS
Consultant, John Snow, Inc.

Vanessa Tibbitts, MA
Program Leader, American Indian Public Health Resource Center, North Dakota State University
Inequities in Infant & Maternal Health
West Virginia
A Set of Recommendations

Lauri Andress, MPH, J.D., Ph.D.
May 2020

“I suppose it is tempting, if the only tool you have is a hammer, to treat everything as if it were a nail.”

Authenticity

Reflexive Auto-ethnography and Positionality

As health clinicians, researchers we must address not just the ‘what’ of our research questions and design; but also the ‘how’ of what we do, i.e., how our identities intersect with the research.

How do experiences of social-cultural identities and training express themselves within our efforts and impact our capacity to see and confront inequities?


Before

September 2017
Interaction WV Director Office of Maternal, Child and Family Health

October 2017
The Origin of Others by Toni Morrison

December 2017
Begin to draft Appalachian Narrative

February 2018 WVU Law School Presentation
https://www.youtube.com/watch?v=b2zHuNs5xmU&fbclid=IwAR0s4PWx4U8phYMafW8ufFjph2-rr-letPwsvYaH8EaYew3HujRjo4t

December 1, 2018
Charleston Gazette-Mail
WVU professor’s research reveals disparity in infant mortality rates
By Rebecca Carballo Staff writer

July 17, 2018
Presentation Joan C Edwards School of Medicine, Marshall University

June 2019
Funded by Joan C Edwards School of Medicine, Marshall University

Beliefs, narratives, discourses, values that are used to interpret and socially construct places

Environmental criminal injustices

Safety

Unequal access

Political power

Healthcare

Little or no wealth

Production of Inequities

Cultural Toolkit

Institutional-based

Allostatsis

Weathering

Discrimination

Upstream

Downstream

Institutions & Systems

• Labor Market
  • Educational System
  • Social Welfare System
  • Criminal Justice System
  • Financial Institutions

Social Status

• Gender
  • Race
  • Age
  • Income
  • Religion
  • Sexuality
  • Political Influence

Policies, Rules, and Regulations

• Job Security
• Workplace Safety
• Housing Market
• Transportation

Mechanisms to Get Under the Skin

• Health behaviors
  • Access to material goods
  • Psychosocial and Central Nervous System

Distribution of Societal Resources, Wealth, and Health

Poll

Where Do you Do Most of Your Work?

• Downstream
  • Clinical or behavioral changes
• Midstream
  • Distribution of determinants of health
• Upstream
  • Changing the cultural toolkit
• Not sure

West Virginia Demographics

Race and Ethnicity
- White: 93.0%
- Black: 3.8%
- Asian: 0.7%
- Two or more races: 1.9%
- Other: 0.5%
- Hispanic or Latino: 1.4%

Income
- Per capita income: $26,179
- Mean household income: $61,707
- Median household income: $44,097

Educational attainment (population 25 years and older)
- Less than high school: 12.2%
- High school or equivalent: 39.7%
- Some college: 19.2%
- Associate’s degree: 7.5%
- Bachelor’s degree: 12.8%
- Graduate or professional degree: 8.5%

Source: U.S. Census Bureau, 2018 American Community Survey, 1 year estimates
Appalachia
Number of deaths among black or African American women from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within one year of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 births.
Figure 23. Infant Mortality Rates by Race of Mother
West Virginia, 1985-2004

<table>
<thead>
<tr>
<th>Year</th>
<th>African American</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985-1989</td>
<td>15.7</td>
<td>5.5</td>
</tr>
<tr>
<td>1990-1994</td>
<td>14</td>
<td>6.2</td>
</tr>
<tr>
<td>1995-1999</td>
<td>14</td>
<td>7.0</td>
</tr>
<tr>
<td>2000-2004</td>
<td>11.7</td>
<td>7.6</td>
</tr>
</tbody>
</table>

Source: WVHSC
Racial Disparities in Infant Mortality in West Virginia 2006
Minority Health in West Virginia April 2007

2011 West Virginia and United States
Infant Mortality by Race of Infant
(Number and Rate per 1,000 Live Births)

<table>
<thead>
<tr>
<th>Race of Infant</th>
<th>West Virginia</th>
<th>United States*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Rate</td>
</tr>
<tr>
<td>All Races</td>
<td>141</td>
<td>6.8</td>
</tr>
<tr>
<td>White</td>
<td>128</td>
<td>6.5</td>
</tr>
<tr>
<td>Black</td>
<td>12</td>
<td>16.8</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2.9</td>
</tr>
</tbody>
</table>


Approximately one out of six (17.0%) infant deaths in 2011 were due to SIDS (sudden infant death syndrome). Approximately one in four (23.4%) was the result of congenital malformations, while 40.4% were due to certain conditions originating in the perinatal period, including disorders relating to short gestation and unspecified low birthweight (12.1%).
Infant Mortality Deaths in West Virginia 2018 Analysis

Blacks account for 3.7 percent of births but 5.8% of deaths and 8.6 percent of excess (preventable) deaths.---

The black IMR is higher than the IMR of any other risk group:
- High school education
- Teen
- Unmarried women and
- Late or no prenatal care

Analyzed by Carol Gilbert, CityMatCH www.citymatch.org Presented 7/17/2018
United States 2013
White infant death rate 5.06/1000
Black infant death rate 11.11/1000

• West Virginia 2013-2015
  • Black infant death rate was 11.79
  • White infant death rate was 7.02
  • Ratio between these two rates is 1.7
  • The chance that a black infant will die in the first year of life is 1.7% times greater than the chance that a white infant will die

Infant Death Rates per 1,000 live births
West Virginia 2013 to 2015
U.S. 2013

Dilemma
How Do you Work on an Invisible Problem?
Recommendations

Build Capacity, develop common language and narrative
- Community–based Online Learning Group

Overhaul the WV Fetal Infant & Maternal Death Review Panel
- Chapter 61 of the criminal code - Article 12A Fatality and Mortality Review Panel
- Create Community–based Action Team on Infant Mortality Disparities
- Maternal Interviews

National Center for Fatality Review and Prevention (NCFRP)
The National Center for the Review and Prevention of Child Deaths is funded by the Health Resources and Services Administration of the Maternal and Child Health Bureau (MCHB) as a resource and data center for state and local Child Death Review (CDR) and Fetal and Infant Mortality (FIMR) programs around the country.

Photo by Liv Bruce on Unsplash

Institutional Racism
Allostatics & Weathering
Discrimination
Upstream
Downstream

Environmental criminal injustices
Joblessness
Health
Housing
Healthcare

Distress, narratives, discourses, values that are used to interpret and socially construct places

Production of Inequities
Cultural Toolkit

Institutions & Systems
- Labor Market
- Educational Systems
- Social Welfare State
- Criminal Justice Systems
- Financial Institutions

Social Status
- Gender
- Race
- Ethnicity
- Religion
- Socioeconomic

Policies, Rules, and Regulations
- Job Security
- Workplace Safety
- Housing, Market
- Transportation

Distribution of Societal Resources, Wealth, and Health

Mechanisms to Get Under the Skin
- Health Behaviors
- Access to medical goods
- Psychosocial and Central Nervous System

SOCIAL, ECONOMIC, AND HEALTH INEQUITIES
Fetal & Infant Mortality Review (FIMR) is:

A multidisciplinary, community team that examines a fetal or infant death case that is:

- Comprehensive
- De-identified
- Confidential
- Giving voice to mothers’ experiences
- Engenders Dialogue

FIMR Interviews plus Community Panel—Why?

- Four corners of the death record cannot tell us everything we need to know about a mother’s experiences.
- Pregnancy is about more than the 9 months that a woman is pregnant.
- The Community is where narratives and discourse determine how phenomena are framed, considered,
- The community is where stakeholders have a real stake
- Health care facilities
- Where we work
- Where we go to school
- Where we play
The FIMR process

Surveillance
- Death notification
- Monitoring

Review
- Abstract records
- Interview family
- De-identified case summary

Root Cause
- Multidisciplinary Review
- Identify systems issues/gaps
- Make recommendations

Preventative Action
- Prioritizes and implements recommendations
- Community-based action plans

Case Review Team (CRT)
Community Action Team

FIMR Focuses on Systems

Each FIMR Case Review provides an opportunity to improve communication among medical, public health and human service providers and to develop strategies to improve services and resources for women, infants, and families.
April 2013
Senate Bill 108 passed establishing Chapter 61 of the criminal code - Article 12A

February 2015
Rule 29: Established procedures for the formation of the Fatality and Mortality Review Team FMRT

Created under the WV Bureau for Public Health.

A multidisciplinary team created to oversee and coordinate the examination, review and assessment of:

• (1) The deaths of all persons in West Virginia who die as a result of unintentional prescription or pharmaceutical drug overdoses;
• (2) The deaths of children under the age of eighteen years;
• (3) The deaths resulting from suspected domestic violence; and
• (4) The deaths of all infants and all women who die during pregnancy, at the time of birth or within one year of the birth of a child.

February 2015 Rule 29 West Virginia State Code
Established procedures for the formation of the Fatality and Mortality Review Team FMRT

Rules prohibit family contact which goes against the national recommendations

1. Scope — This rule establishes standards and procedures for the identification and conduct of the Fatality and Morbidity Review Teams. The Fatality and Morbidity Review Teams (FMBT) is a multidisciplinary

2. team of professionals who provide an in-depth analysis and interpretation of specific cases of death when other investigative agencies are requested. This rule shall be read in conjunction with W. Va. Code (41-12A-6), et seq. The W. Va. Code is available in public libraries or on the Legislature’s web page.


4. Effective Date —

§64-29.1 Definitions.

1. Bureau — The Bureau for Public Health in the Department of Health and Human Resources.

2. Child — A person less than eighteen (18) years of age.

3. Child Fatality Review Panel (CFRP) — A multidisciplinary group of professionals including representatives from public health, medicine, law, law enforcement, and child welfare that reviews the circumstances surrounding the deaths of children.

4. Commissioner — The Commissioner of the Bureau for Public Health or his/her designee.

5. Department — The West Virginia Department of Health and Human Resources.

6. Domestic violence fatality — An untimely death precipitated by events surrounding a relationship among individuals who are closely or previously married or as defined in W. Va. Code §48-23-204.

7. Domestic Violence Fatality Review Panel (DVFTRP) — A multidisciplinary group of professionals solicited but not limited to representatives from public health, maternal health, medicine, law and law enforcement.

8. Hospital — A facility that provides health care services.

9. Immediate Notification Team (INT) — A team of professionals that includes the Medical Examiner and others designated by the Chief Medical Examiner.

10. Parent(s) — The individual(s) for whom the decedent is a child or minor.

11. Patient — A person who is the focus of medical care.

12. Pediatric Fatality Review Panel (PFMP) — A multidisciplinary group of professionals including but not limited to representatives from public health, maternal health, medicine, law and law enforcement.

13. Principal — The person who is the primary caretaker of the decedent.

14. Principal Investigator (PI) — The person designated by the INT to manage the case of death.

15. Regional Medical Examiner — A Medical Examiner within a region of the state.

16. School — A facility that provides education.

17. Short-term inpatient hospitalization — A hospitalization lasting less than 30 days.

18. Student — A person who is enrolled in an educational institution.

19. Team — A group of professionals assigned to a case of death.

20. Team Lead — The person designated by the INT to lead the case of death.

21. Team Member — A member of the case of death.

22. Team Manager — The person designated by the INT to manage the case of death.

23. Team Specialist — The person designated by the INT to manage the case of death.


25. Vivo — The medical provider who is responsible for the initial care of the patient.

26. Wakely — The person designated by the INT to lead the case of death.

27. Washington County Medical Examiner — A Medical Examiner within the county.

28. West Virginia Department of Health and Human Resources — The agency responsible for public health in the state.

29. West Virginia Medical Examiners — A group of Medical Examiners within the state.

30. West Virginia Medical Society — A professional organization of physicians.

31. West Virginia Office of the State Medical Examiner — The agency responsible for medical examiner services in the state.

32. West Virginia Regional Medical Examiners — A group of Medical Examiners within the region.
Recommendations

- Add Community Action Team to the Review Panel like other state level Fetal Infant Mortality Review Panels (FIMRs).
- Add family interviews where infants have died as other FIMRs already do this.
- Build capacity, common language and narrative
- Will use the information from the review processes to inform communities on factors that contribute to disparities in infant and child outcomes, and, most importantly, to create tools and best practices to help communities translate those findings into action.
- Design or identify a method to engage in conversations necessary to address inequities created by adverse circumstances (e.g., poverty, racism, historical trauma, socioeconomic biases, etc.).
- Design activities that engage the community and stakeholders authentically (e.g., evening meetings, residents actively involved, etc.).
- Initiate study to explore relationship between adverse events over the life course of women in WV ages 18-45.
What are differences in (adverse) experiences over the life course between Black and White mothers in West Virginia?

Berkeley 21.4/1,000 live births

Cabell 21.1/1,000 live births

Kanawha 8.8/1,000 live births

Do American-born Black mothers in Berkeley or Cabell county (where the Black IMR is high) and low income, American-born Black mothers in Kanawha county (where the Black IMR is low) experience different kinds of structural, institutional, policy-based or systems problems?

Hypotheses

Where Do you Do Most of Your Work?

• Downstream
  • Clinical or behavioral changes
• Midstream
  • Distribution of determinants of health
• Upstream
  • Changing the cultural toolkit
• Not sure
Thank you......

NOT JUST SURVIVING, BUT THRIVING
Cultural Practices that Promote Positive Maternal Health Outcomes for Native Women and Families
INTRODUCTIONS

Happy National Women's Health Week!
Happy Mental Health Awareness Month!

9 RESERVATIONS IN THE STATE OF SOUTH DAKOTA
5.2 MILLION
NATIVE PEOPLE IN THE US

573
FEDERALLY RECOGNIZED TRIBES

100s
STATE AND UNRECOGNIZED TRIBES

50%
ESTIMATED ANCESTERS LIVING IN URBAN AREAS
Federal Native Public Health Agencies

Cabinet-Level Federal Agencies
- Department of the Interior – Bureau of Indian Affairs
- Department of Health & Human Services – Indian Health Service & Administration for Native Americans
- Department of Justice – Tribal Justice and Safety & Office of Tribal Justice
- Environmental Protection Agency – American Indian Environmental Office
- Department of Housing & Urban Development – Office of Native American Programs
- Department of Veterans’ Affairs – Office of Tribal Governmental Relations

Independent Regulatory Agencies
- Center for Disease Control and Prevention – Office for State, Tribal, Local and Territorial Support
- Substance Abuse and Mental Health Services Administration – Tribal Affairs, Tribal Technical Advisory Committee and Technology Transfer Centers
- Corporation for National and Community Service – The Strategic Advisor for Native American Affairs
- White House Executive Office of the President – Office of National Drug Control Policy

NATIONAL NATIVE PUBLIC HEALTH ORGANIZATIONS

- National Indian Health Board [https://www.nihb.org/]
- National Council of Urban Indian Health [https://www.ncuih.org/]
- National Congress of the American Indian [http://www.ncai.org/]
- Association of American Indian Physicians [https://www.aaip.org/]
- Seven Generations: [https://www.indigenousphi.org/]
- Urban Indian Health Institute [https://www.uih.org/]
- Center for Native Youth [https://www.cnay.org/]
- National Native American AIDS Prevention Center [https://www.nnaapc.net/]
- National Native HIV Network [https://www.hiv.gov/blog/time-commemoration-renewal-and-rebirth]
- American Indian Public Health Resource Center [https://www.ndsu.edu/centers/american_indian_health/]
12 INDIAN HEALTH SERVICE AREAS

Regional Native Public Health Systems

- Area IHS Offices
- Area Indian Health Boards
- Tribal Epidemiology Centers

Area Indian Health Boards / Tribal Epidemiology Centers

- Alaska Area: Alaska Native Health Board / Alaska Native Tribal Health Consortium Epidemiology Center, Anchorage, AK
- Albuquerque Area: Albuquerque Area Indian Health Board / Albuquerque Area Southwest Tribal Epidemiology Center, Albuquerque, NM
- Bemidji Area: Great Lakes Area Tribal Health Board, Gresham, WI / Great Lakes Inter-Tribal Epidemiology Center, Lac du Flambeau, WI
- Billings Area: Rocky Mountain Tribal Leaders Council / Rocky Mountain Tribal Epidemiology Center, Billings, MT
- California Area: California Rural Indian Health Board, Roseville, CA / California Tribal Epidemiology Center, Sacramento, CA
- Great Plains Area: Great Plains Tribal Chairmen’s Health Board / Great Plains Tribal Epidemiology Center, Rapid City, SD
- Nashville Area: United South and Eastern Tribes, Inc. / USET Tribal Epidemiology Center, Nashville, TN
- Navajo Area: Navajo Nation Department of Health / Navajo Epidemiology Center, Window Rock, AZ
- Oklahoma Area: Southern Plains Tribal Health Board / Oklahoma Area Tribal Epidemiology Center, Oklahoma City, OK
- Phoenix Area: Inter Tribal Council of Arizona / Inter Tribal Council of Arizona Tribal Epidemiology Center, Phoenix, AZ
- Portland Area: Northwest Portland Area Indian Health Board / Northwest Tribal Epidemiology Center, Portland, OR
- Urban Indians: Urban Indian Health Institute (Tribal Epidemiology Center), Seattle, WA
STATE AND TRIBAL PUBLIC HEALTH SYSTEMS

- **STATE/LOCAL**
  - Tribal State and/or City Liaisons or Offices

- **TRIBAL JURISDICTIONS & RESERVATIONS**
  - Tribal Departments, Divisions, or Offices of Health
  - Tribal IRBs and Tribal Resolutions
  - Tribal Clinics: Direct Federal Service, Tribal Administration, Purchase and Preferred Care

DISCRIMINATION IN AMERICA: Experiences and Views of Native Americans

- About a 1/4 of Native respondents reported being discriminated against when visiting the doctor or clinic.
- Fifteen percent reported avoiding visiting the doctor due to fear of discrimination.
- Natives living in majority-Native areas were more than twice likely to report institutional discrimination and avoidance, than those living in non-majority Native areas.

https://theforum.sph.harvard.edu/events/discrimination-in-america-2/
Health and birth and death records underreport racial classifications for Natives.

In 2015, Native infant mortality was 8.3 per 1,000 births compared to that of White babies at 4.9 deaths per one thousand births. Infant mortality rates declined for infants of all races except for American Indians.

Native infants are twice as likely as White infants to die from Sudden Infant Death Syndrome (SIDS), and are 70 percent more likely to die from accidental deaths before the age of 1.

Maternal mortality rates for Urban Native women was 4.5 times greater than White women.

Native women are 2.5 times more likely to receive late or no prenatal care compared to white mothers.
Inter-Generational Basis for Chronic Disease Disparities Among American Indians & Alaska Natives

Historical Trauma
• Genocide
• Warne & Lajimodiere 2012

Gestational Stressors
• Birth

Childhood Stressors
• Adverse Childhood Experiences

Adulthood Stressors
• Adverse Adulthood Experiences

Chronic Disease Disparities

Boarding School Experiences
• Abuse (physical, sexual)
• Neglect
• Abandonment
• Forced Removal
• Loss of culture & language
• Forced Christianity
• Lost traditional parenting & Family structure

Adverse Childhood Experiences
• Abuse (physical, sexual)
• Neglect
• Substance Abuse in home
• Mental Health Dx in home
• Witnessing violence
• Divorce
• Food insecurity
• Family member in prison

Adverse Adulthood Experiences
• Alcoholism & SA
• Suicide rates/death rates
• Poverty/Poor nutrition
• Racism
• Role models
• Few positive
• Many negative
• Parenting

Warne & Lajimodiere 2012

Next Generation

Adverse Childhood Experiences

• 31% of American Indian women had an ACE Score of 4 or more
• Divorced or separated parents was the most common ACE at 63%
• Closely followed by living with a person with a substance use disorder at 43%
• Physical and verbal abuse about 28%

North Dakota PRAMS 2019
7% of all births were premature
American Indian infant more likely to be born premature than non AI at 14%
4 per 1,000 White infant deaths vs. 9 per 1,000 American Indian infant deaths ND Department of Health

NOT JUST SURVIVING, BUT THRIVING
Cradle Boards

Spirituality and Cultural Practices

Ceremonies
  ○ Baby's First Laugh (Dine')
  ○ Welcoming Baby (Ojibwe)

Breastfeeding as Food Sovereignty and First Food

Matriarchal and Matrilineal

Multigenerational Households

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**Rewire.News**

**Amid Staggering Maternal and Infant Mortality Rates, Native Communities Revive Traditional Concepts of Support**

They say that historical trauma is in the DNA of Native peoples, but love is in there too. We need to focus on that and bring it to the surface.

“Worshiping statistics as the number of Native women and babies that are lost to our region is just too painful,” said Michelle Vinyes, a mother in Missoula, Montana.

It’s time the history of our women is also part of the conversation on health for women of color. Actually, Black women have a lower risk of dying during childbirth compared to Native American women. Yet, despite the obvious, we are constantly reminded that our health and survival are always in question.

Native Hawaiian, Rebecca Nolan, delivers her baby in Montana.

Native women have a higher risk of maternal mortality and infant mortality rates than non-native women. In Montana, there are only two birthing facilities for Native women, and they are located in Missoula and Butte.


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**Combating “Maternal Health Mysticism” in Native American Communities**

**October 17, 2019 • Nicolle L. Gonzales, C.M.N**

As a Navajo Nurse-Midwife, when I attend seminars and conferences I can count on being asked a particular question in each and every setting, and it sounds something like this: “What traditional birthing practices do Native women have?” It almost feels like they expect me to reach into a pouch and pull out a handful of herbs or a vial of potions, or perhaps utter some incantation in my tribal language.

“What traditional birthing practices do Native women have?”

It almost feels like they expect me to reach into a pouch and pull out a handful of herbs or a vial of potions, or perhaps utter some incantation in my tribal language.

I believe before we can even begin to unpack all the factors leading to the Native American maternal death rates, we need to have an opportunity to discuss the full-on history of discrimination, racism, exploitation, capitalism, and warfare that have impacted the reproductive choices of Native American women.

---Nicole Gonzales

http://www.change4womaninitiative.com/

Photo by Delia Johnson/Cronkite News

Sitting Bull Tribal College
Lakota Language Immersion Nest
https://sittingbull.edu/immersion-nest/

https://www.mewinzha.com/

- Doulas and Midwives
- Language
- Value of Elders and Youth
- Storytelling, Art and Creative Expression
Many Other Successful Programs

- Seek to ensure mutually beneficial partnerships through relationship building
- Beyond trauma-informed care, promote Native strengths
- Honor Tribal sovereignty and systems
- Seek to understand and acknowledge history, lands and context of Native people
- Combat stereotypes, while honoring Native diversity
LEARN MORE!

- **REPORTS AND RESOURCES**
  - NCAI 2020 State of Indian Nations
  - NHIS Listservs and Newsletters
  - 2019 State of Native Youth Count Report
  - ACOG Health Care for Urban AI/AN Women
  - National Tribal Behavioral Health Agenda
  - 'Celebrating our Magic' Native LGBTQ2S
  - CDC Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths
  - Tapping Tribal Wisdom: Providing Collaborative Care for Native Pregnant Women With Substance Use Disorders and Their Infants

- **WEBSITES**
  - Area IHS offices
  - Area Indian Health Boards
  - Tribal Epidemiology Centers
  - State Tribal Liaisons and Departments
  - Tribal IRBs, if needed
  - IHS Maternal Morbidity and Mortality
  - Healthy Native Youth
  - We R Native
  - Find IHS Clinics (including Behavioral Health Services)
  - Strategies for Effectively Working with American Indian and Alaskan Native (AI/AN) Communities
  - Best Practices in American Indian & Alaska Native Public Health
  - Healthy Native Babies Project
  - Association for American Indian Physicians

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**PILAMAYAYÉ**

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THANK YOU
AAMC Maternal Health Equity Webinar Series

Part One: Context Past & Present
Thursday, May 14, 2020
1:30-2:30 p.m. ET
WATCH THE RECORDING
bit.ly/3bsCHrw

Part Three: Immigrant Maternal Health Equity
Wednesday, June 24, 2020
1:30-2:30 p.m. ET
REGISTRATION COMING SOON

This series highlights the unique role of academic medicine in the fight for maternal health justice and features physicians, community leaders, and researchers who are committed to eliminating inequities.

Thank you
healthequityresearch@aamc.org