



# TRIBAL ENGAGEMENT AND PARTNERSHIP IN WASHINGTON

Title V Partnership Meeting | October 22, 2024

# Presenters

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**Katie Eilers MPH, MSN, RN**

*Title V MCH Director*

**Teresa Vollan MPH**

*Sr Epidemiologist*

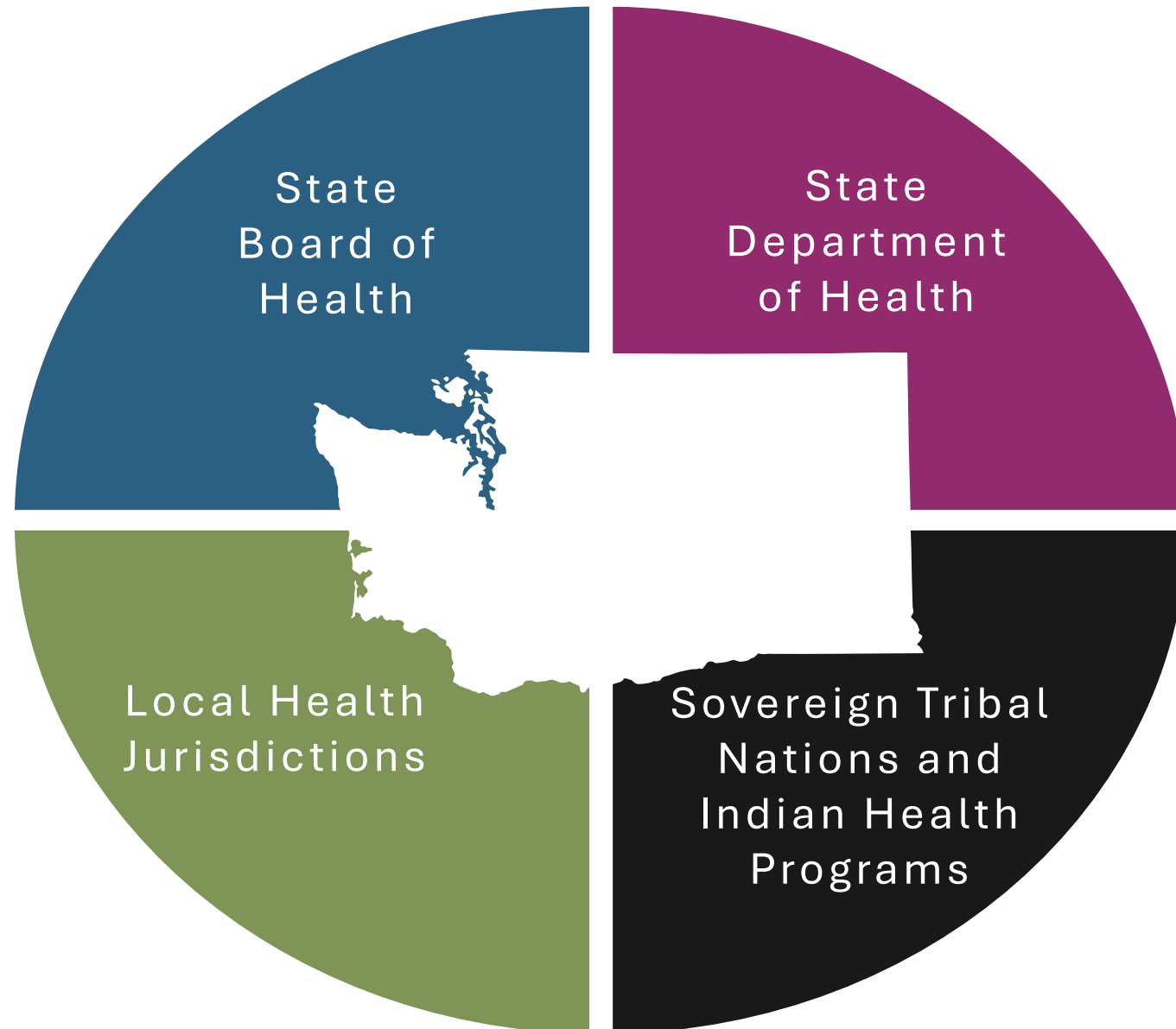
# What we will cover today

- State of Washington and Department of Health **infrastructure** that supports work with Tribal partners
- **Data collection and use:** examples of engagement with Tribal partners
- **Program and policy** collaboration with Tribal partners

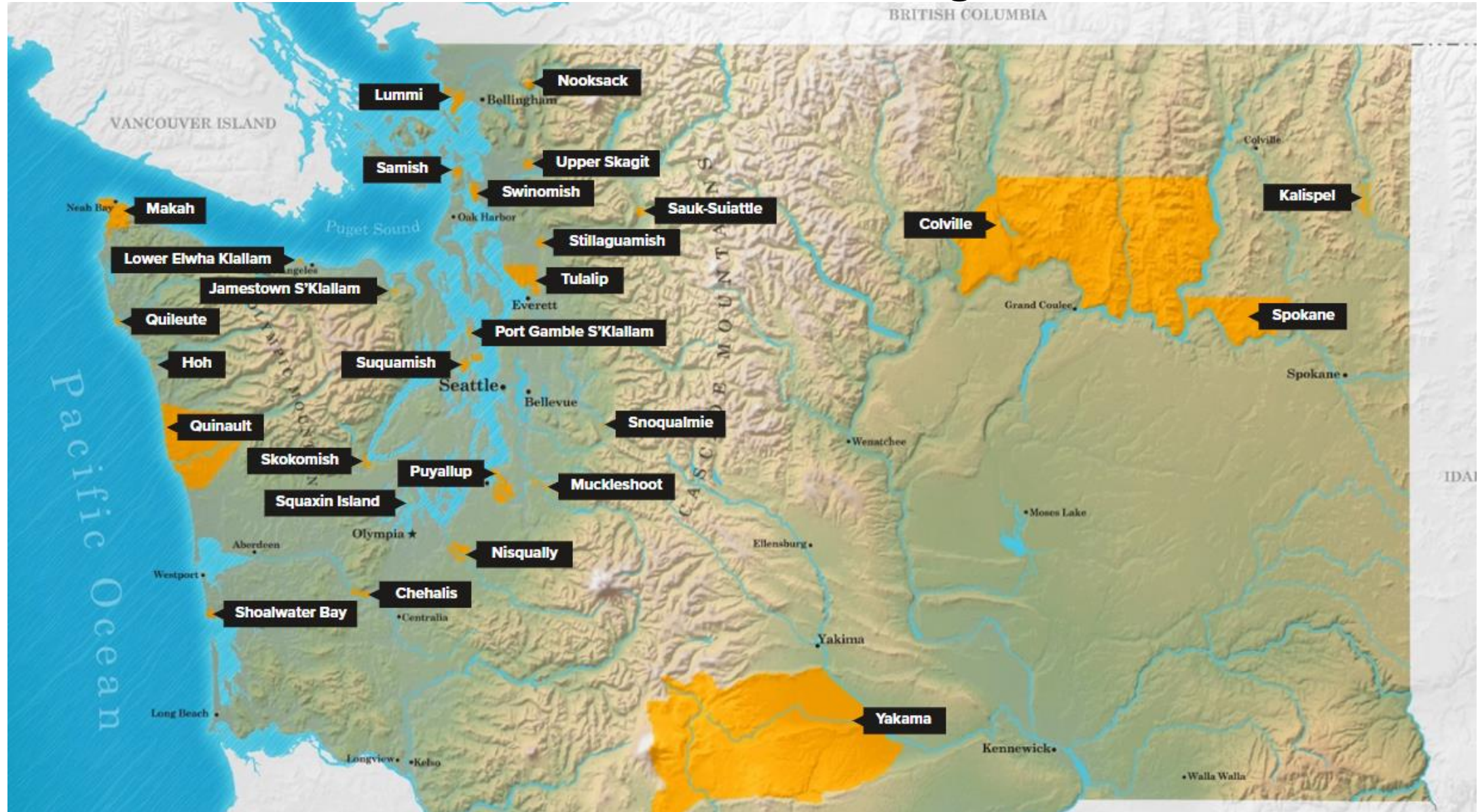
# Infrastructure

SUPPORTING WORK WITH TRIBAL PARTNERS

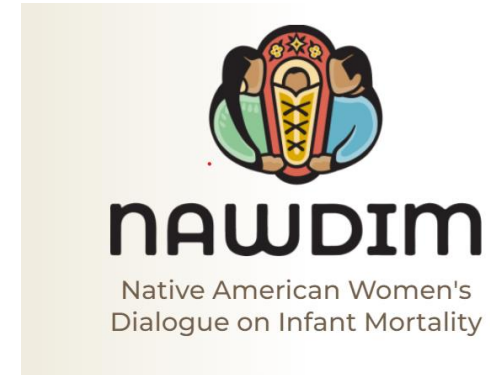
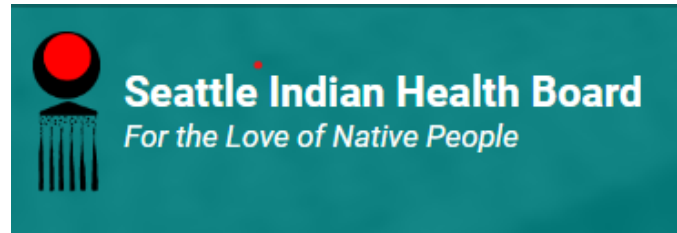
# Governmental Public Health in Washington



# Tribes across Washington



# Indian Health Organizations and other native partners



# Tribal Sovereignty

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**Centennial Accord (1989)** – Provides a framework for how government-to-government relationship between the State of Washington and **29 federally recognized Tribes work together**

- Founded on the **reality of Tribal sovereignty**
- All state government agencies are **responsible to comply with the Accord**



# Support in agency for Tribal engagement, policy, program and data

## **Agency Tribal Policy Director**

- Helps navigate formal government-to-government relationship with tribes to promote partnerships that ensure public health services for American Indian people

## **Division Tribal lead, under Assistant Secretary**

- Provides division level leadership concerning tribal engagement

## **Agency Tribal Epidemiologist, under State Epidemiologist**

- Provides agency leadership for data sharing with Tribes
- Support for agency epidemiologists in AIAN and Tribal data use



# Data Collection and Use

## WA Title V Needs Assessment over time

	2015	2020	2025
Quantitative Data	x	x	x
Key Informants	limited	x	x
Discovery Survey		x	x
Facilitated Discussion		x	x
MCH Report Summaries			x
<b>Tribal Needs Assessment</b>			<b>x</b>
External Prioritization		limited	x
Internal Prioritization	x	x	x

# Tribal Needs Assessment

Led by **two Tribally-driven organizations**, through contracts with DOH



- **Kauffman and Associates:** focusing on urban Indian population
- **American Indian Health Commission (AIHC):** focusing on federally recognized tribes in WA
- Each developing and leading their own data collection, analysis, interpretation, and prioritization.
- They will provide us a summary of methods, summary findings, and priorities.

# Tribal Needs Assessment and Priorities

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**Tribal priorities be available after the state action plan is developed**

**Anticipated plan:**

- Continue engagement with Tribal partners
- Incorporate Tribal priorities into action plan
- Explore Title V set aside

# American Indian Alaska Native PRAMS

American Indian Health Commission received funding through Washington's **Foundational Public Health Services**

- Currently in two-year planning phase
- Exploring survey questions and data collection methods



## WA PRAMS

- PRAMS Director and Epi are members of AIAN PRAMS technical workgroup
- Will be working together to develop sampling plan to support both PRAMS efforts
- AIHC long-term member of the WA PRAMS Steering Committee

## Agency support of Tribal data sovereignty

### Agency Tribal Epidemiologist implementing a new **Tribal data sharing agreement (DSA)**

- Address challenges of Tribes accessing data
- Working with AIHC, developed a DSA template specific to Tribes, acknowledges tribal sovereignty
- Tribes have a say on the uses of their data; includes approval process
- DOH and Tribes become co-owners of data

### **Challenges**

- Most data sources do not collect Tribal affiliation
- Can assume tribal affiliation of AIAN within a county

## **Presentation of race or ethnicity data: “Alone” or “In Combination”**

### **Alone:**

- Mutually exclusive race or ethnicity categories. Typically used in reports, dashboards, research literature
- Each individual is only in one group
- Those of two or more races categorized as “multi-racial”
- Those of Hispanic ethnicity and one or more race are only included in Hispanic category

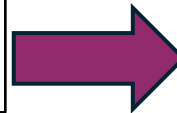
### **In Combination:**

- Each individual can be in 1, 2, 3+ race or ethnic groups
- Any individual with two or more races included in each race count
- Those of Hispanic ethnicity and one or more race are included in both Hispanic and race counts



## Example from Maternal Mortality Review Report, 2014-2020

Race/Ethnicity	Total
All Hispanic	40
Non-Hispanic American Indian/Alaskan Native	22
Non-Hispanic Asian	14
Non-Hispanic Black	22
Non-Hispanic Native Hawaiian/Pacific Islander	7
Non-Hispanic Multi-Racial	8
Non-Hispanic White	110
Unknown	1
<b>Total</b>	<b>224</b>



Race/Ethnicity	Total
All Hispanic	40
Any American Indian/Alaskan Native	23
Any Asian	20
Any Black	26
Any Native Hawaiian/Pacific Islander	11
All Multi-Racial	8
Any White	140
Unknown	1
<b>Total</b>	<b>224</b>

\*categories are not exclusive and will not sum to total

# Program and Policy

# Foundational Public Health Services

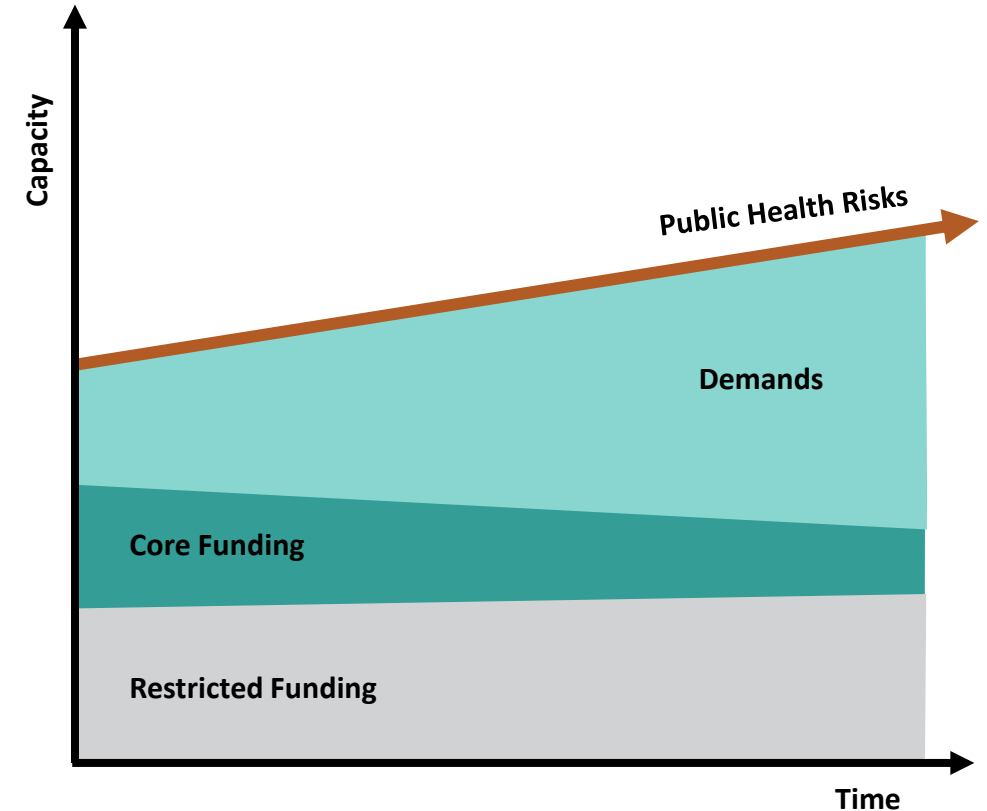


# Foundational Public Health Service Funding

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FPHS is an attempt to address the inadequacy, inflexibility, and unpredictability of core public health funding in WA state.

FPHS is a governmental system approach to securing and distributing state general funds to the public health system.



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# Tribal Foundational Public Health Services

Basic underlying capabilities and programs that must be present in every community to protect the health and safety of all citizens. These are core governmental services needed in each community. Tribes offer public health services to their communities, and in certain instances, the communities around them.



*AIHC.General.Delivery@outlook.com*

ABOUT AIHC | PULLING TOGETHER FOR WELLNESS ▼ | GOVERNMENT TO GOVERNMENT | TRIBAL PUBLIC HEALTH EMERGENCY RESOURCES | GATHERINGS ▼

## TRIBAL FOUNDATIONAL PUBLIC HEALTH SERVICES

*Pulling Together for Wellness > Tribal Foundational Public Health Services*

# Maternal Health Innovation



# Tribal Listening Sessions

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## Workforce development

- Invest in Tribal training programs to sustain workforce
- Support Native doulas and midwives



## Prioritize Indigenous spaces

- Support birthing centers free of structural racism
- Implement birth and breast or chestfeeding classes that center Indigenous knowledge



## Increase postpartum support

- Improve access to home visiting and lactation support
- Build community through gatherings and traditional practices
- Increase access to Indigenous mental health services

# Request for Applications

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## Timeline

**July – Sept. 2024**  
Listening sessions to  
determine priorities

**Dec. 2024 – Feb. 2025**  
Request for  
Applications

**February 2025**  
Award issued to 2  
Native entities

**May 2025 – April 2027**  
Implementation

## Criteria

- Projects that build upon existing maternal and infant health work in Indian Country
- Projects that fill a maternal and infant health gap in a high-need area

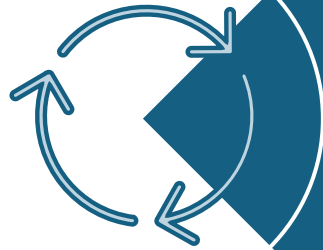


# Health Equity Zones



# Participatory Decision-Making

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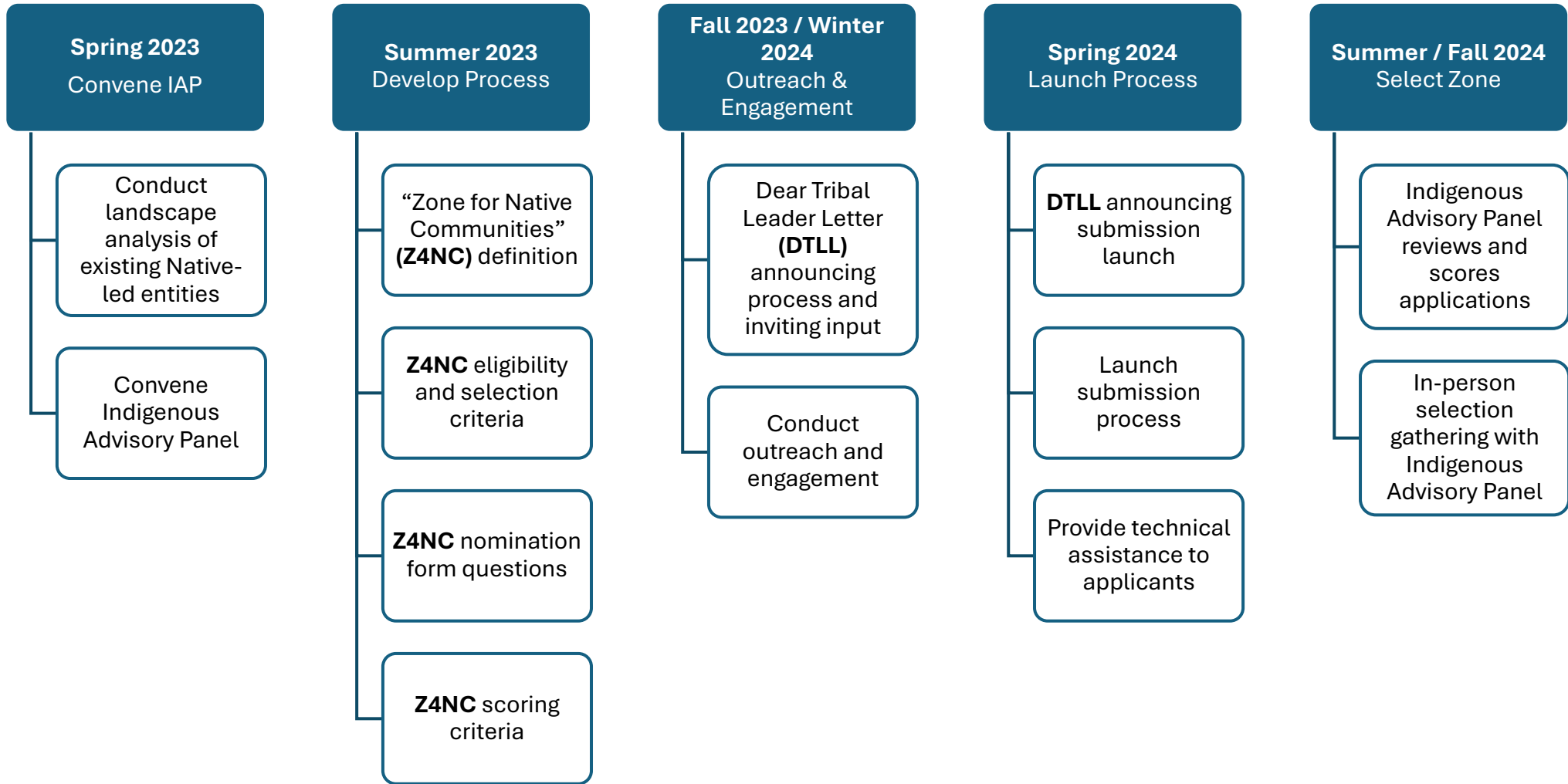


A collaborative process in which those most impacted by inequities make the decisions



This process centers Native partners as experts in the strengths and needs of their local community and strategies to improve health

# Selection Process

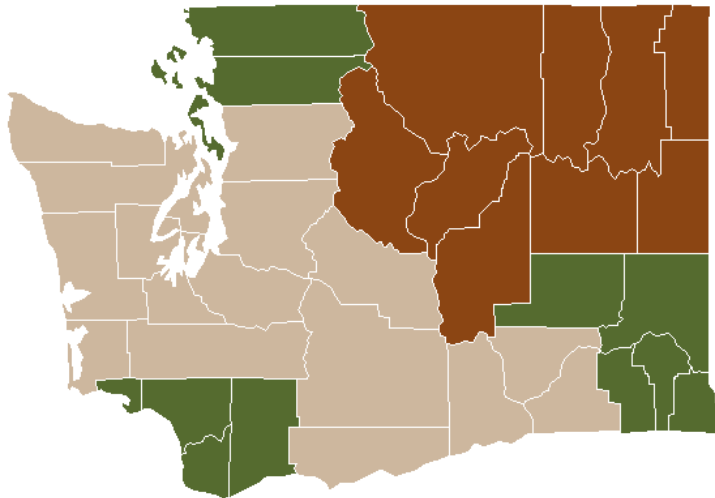


# Engagement with Native Partners

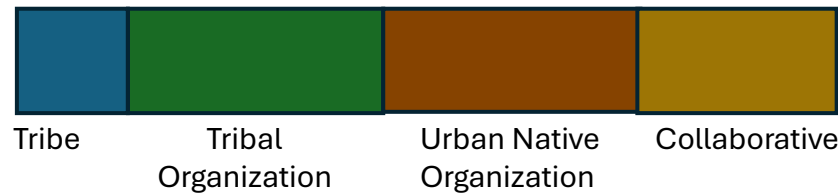
**111**  
Native Organizations  
Reached

**179**  
Native Individuals  
Reached

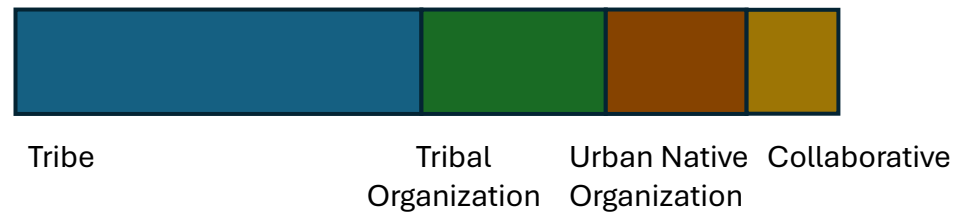
**20**  
Agency Staff  
Reached



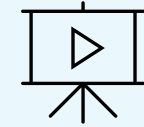
## IAP Outreach



## Staff Outreach



*“Participating at ATNI and presentations at AIHC meetings was a good strategy. The work sessions were also very helpful.” – IAP Member*



**7**  
Presentations



**5**  
Tabling events



**30**  
Phone calls



**60**  
Emails



**3**  
Workshops

# Maternal Mortality Review Panel

# WA's Legislative Mandate for Maternal Mortality Review

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- State Legislature established the **Maternal Mortality Review Panel (MMRP) in 2016**, following enactment of Senate Bill 6534
  - State maternal mortality review law: **RCW 70.54.450**
  - **In 2019, the law was amended to permanently establish the Panel** and maternal mortality review process
  - Directs the MMRP to conduct comprehensive reviews of deaths of Washington residents during pregnancy or up to one year after the end of pregnancy



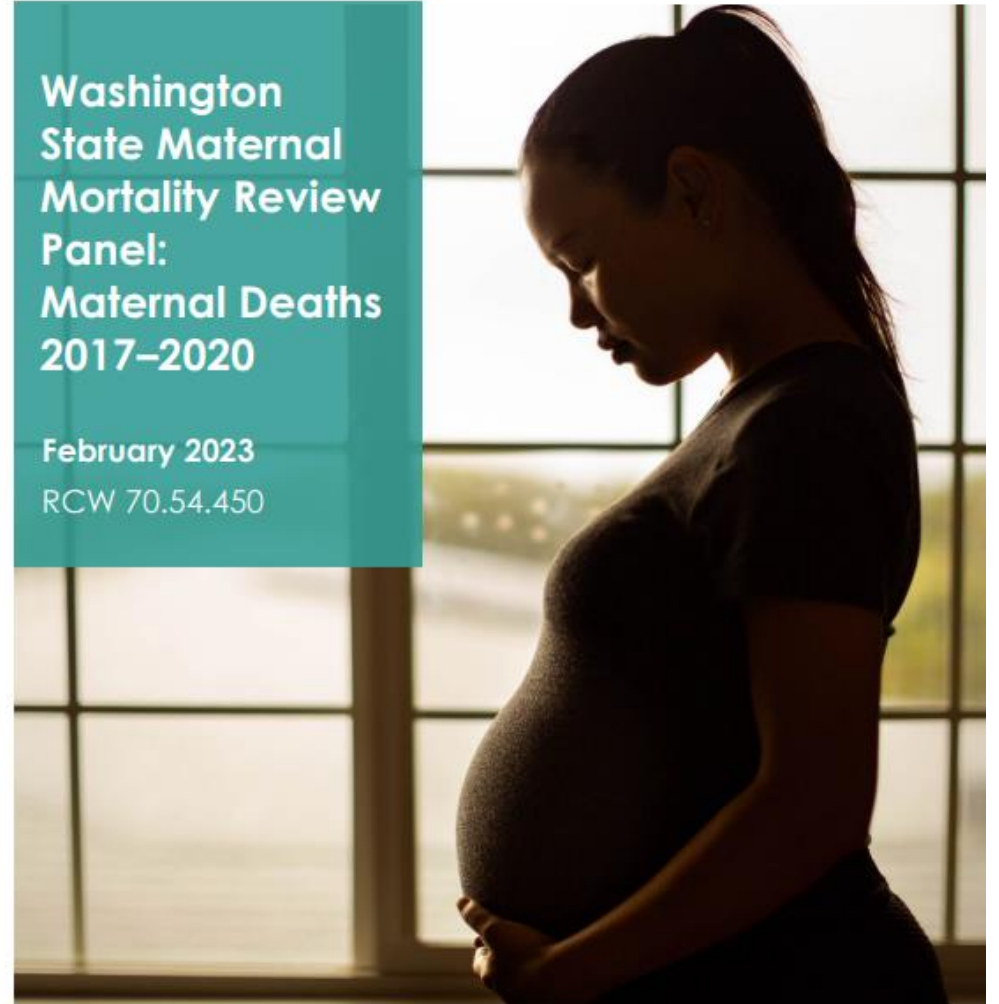
# Maternal Mortality Review Panel

- At **Washington State Department of Health**
- **80+ members**
- About **30 to 45** members **per meeting**
- **Breadth** of expertise and backgrounds
- Prioritize growing expertise from **American Indian / Alaska Native** communities
- **Report** to the legislature **every three years**

Report to the Legislature

Washington  
State Maternal  
Mortality Review  
Panel:  
Maternal Deaths  
2017–2020

February 2023  
RCW 70.54.450



Prepared by the  
**Prevention and Community  
Health Division**



# 2023 MMRP Report: American Indian Health Commission Addendum

- **Addendum** from the AIHC with recommendations from **Tribal and Urban Indian health leaders and communities**
- In response to **deep disparities** in the **2019 report**, which were reflected **again in 2023**
- Discusses report **data** and makes **recommendations** that reflect **inequities, social determinants of health, and strengths** in American Indian / Alaska Native communities



AMERICAN INDIAN HEALTH COMMISSION  
ADDENDUM TO THE WASHINGTON STATE  
DEPARTMENT OF HEALTH'S  
MATERNAL MORTALITY REVIEW PANEL  
REPORT TO THE LEGISLATURE

Tribal and Urban  
Indian Leadership  
Recommendations  
September 2022





# Birth Equity Project

- Strategic investments in community-based birth worker organizations
- Reduce racism faced by birth workers and families
- Current grantees
  - Ayan Maternity Health Care Support
  - BLKBRY
  - Nisqually Tribal Health and Wellness Center
  - Shades of Motherhood
  - Spokane Tribal Network



# Understanding Adolescent Health Needs



- We partnered with [Seven Directions](#), an Indigenous public health institute based at the University of Washington, from July-September 2024 to gather insights from Washington's Tribal communities on needs and preferences related to school-based health care.
- The town halls aimed to inform community members about WA DOH's SBHC grants and understand the following:
  - Is there interest in school-based health programs in Washington's Tribal communities?
  - If so, what should a school-based health care model look like for Native youth?
  - How can DOH support school-based health programs for Washington's Tribal communities?

# Understanding Adolescent Health Needs – Preliminary Findings



- Tribes supported Seven Directions as convener of town halls
- There is strong interest in taking part in SBHC funding and accessing resources that could bolster community health.
- There is an opportunity for DOH to provide more technical assistance on preparing grant applications for Tribal communities, and make funds available without over-burdening the community with complicated application processes.
- There is an opportunity for DOH to promote funding opportunities through more relevant communication channels to reach Tribal school staff and potential program implementers.
- Community members were interested in connecting directly with Adolescent & Young Adult Health staff.

\* Report of findings will be available early 2025



# Questions and Discussion

How are you partnering with native communities?  
What lessons have you learned?



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