Request for Applications (RFA)

RFA Information Summary

Application Title:
Maternal Health Innovations for American Indian and Alaska Native Communities

Estimated Funding:
Up to $200,000/year

Funding years:
2 years of funding available

Eligible Applicants:
Tribal Nations, American Indian and Alaska Native organizations, Urban Indian Organizations, or a collaborative of these groups

Summary of Grant:
The Department of Health (DOH) seeks up to two Tribal Nations, American Indian or Alaska Native organizations, Urban Indian Organizations, or a collaborative of these groups to lead projects focused on supporting American Indian or Alaska Native maternal health in Washington. As this grant seeks to center American Indian or Alaska Native-led efforts and priorities in Indian Country, it has flexible funding parameters. The proposed projects must either build upon existing maternal and infant health work in Indian Country or fill a maternal and infant health gap in a high-need area. Recipients will be asked to report on lessons learned so other American Indian or Alaska Native Nations and organizations in Washington considering strategies to support maternal health can learn from the recipient's approach. The funding recipient will work closely with DOH and the Washington State Perinatal Collaborative.

Informational calls:
December 9, 2024, at 3:30 p.m. PST
December 17, 2024, at 10:30 a.m. PST

Application Due Date:
Submit applications to waperinatalcollaborative@doh.wa.gov by
January 6, 2025, at 11:59 p.m. PST

RFA Coordinator:
Susan Glenn, waperinatalcollaborative@doh.wa.gov
Direct all communication about this RFA to the RFA coordinator listed above with "AI/AN MHI RFA" in the subject line.

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Section I. Application Instructions

Section 1.1. Orientation to the RFA

Introduction and Purpose.

The Department of Health (DOH) announces a 2-year funding opportunity for one or more groups working to support American Indian or Alaska Native (AI/AN) maternal health in Washington. Groups who can apply for this funding include:

- Tribal Nations
- AI/AN organizations
- Urban Indian Organizations
- A collaborative of these groups

This grant opportunity is funded by the Maternal Health Innovations (MHI) program through the Health Resources and Services Administration (HRSA). The MHI program has 3 goals:

- Identify existing or new strategic priorities for the next 5 years to improve maternal health in Washington.
- Improve data capacity and products for perinatal health outcomes (the period around pregnancy, birth, and up to one year postpartum).
- Explore and use new strategies to address gaps in maternal health care.

- To make sure AI/AN perspectives drive the efforts to eliminate maternal health care gaps in Indian Country, the MHI program will fund up to two Tribal Nations, AI/AN organizations, Urban Indian Organizations, or collaboratives of these groups to work with DOH as project partners. The funding recipient(s) will work closely with DOH and the Washington State Perinatal Collaborative by reporting on their work and adding essential AI/AN perspectives to DOH's Maternal Health Strategic Plan work.

Priorities.

DOH partnered with the American Indian Health Commission to hold 2 listening sessions with Tribal representatives on maternal health in Washington in July and September 2024. The listening sessions reinforced the need for community-led solutions to the maternal health gaps experienced by AI/AN communities in Washington. Common themes in these sessions included the root causes of these gaps, ways to address them, and the bias experienced by AI/AN people who are pregnant, postpartum, or parents.

Participants discussed several possibilities for AI/AN-led maternal health initiatives in Washington. Common themes from the listening sessions are outlined below. Note that applicants to this RFA are not restricted to these priority areas:

- Prioritizing AI/AN Nations and Urban Indian communities in policy development and program implementation to provide a more coordinated effort towards Indigenous birth justice.

- Investing in a workforce that's effective for AI/AN communities. This includes moving towards using AI/AN doulas and midwives and using Tribal colleges to build out training programs to expand the workforce.
- Developing Indigenous birthing and breastfeeding education courses with a framework of historical trauma and Northwest traditions and practices.
- Supporting access to home births and Indigenous birthing centers that are free of structural racism.
- Investing in cultural humility trainings for providers to address microaggressions and racism.
- Increasing family and postpartum supports by using community gatherings and traditional practices to build community.
- Improving access to nurse home visiting and lactation support.
- Expanding access to Indigenous prenatal and postpartum mental health providers. This increased access can both help address a history of birth trauma and make it easier for pregnant and parenting people who need inpatient services to get this care.

Ongoing AI/AN-led maternal health work in Washington has helped identify additional priorities for improving maternal health outcomes, including:

- Expanding access to culturally congruent treatment for pregnant and parenting people living with substance use disorder (Washington State Indigenous Perinatal Status Report).
- Supporting the basic needs of AI/AN pregnant and parenting people, including access to stable housing and nutritious food (Washington State Indigenous Perinatal Status Report).
- Increasing accessible and culturally congruent care for two-spirit and Indigiqueer birthing people.

Funding Parameters.

In recognition of ongoing AI/AN-led maternal health efforts, the funding parameters are intentionally broad. DOH seeks 2 types of projects:

1. A project that builds upon existing maternal and infant health work in Indian Country. Examples include establishing a birth center in a community piloting informal homebirth or updating an existing AI/AN Maternal Health Strategic Plan.

2. A project that fills a maternal and infant health gap in a high-need area. Examples include developing a doula program in an area with no medical or maternity facilities or developing a AI/AN Maternal Health Strategic Plan.

DOH is using the Washington State Indigenous Perinatal Status Report, authored by Hummingbird Indigenous Family Services, to define high-need areas.

For the purposes of this grant, high-need will be defined as:

- Projects taking place in maternity care deserts (page 5 of the Indigenous Perinatal Status Report

- Projects focused on a high-need topic area (pages 17-20 of Indigenous Perinatal Status Report). High-need topic areas include:
    - Indigenous birth keepers and doulas
    - Lactation support
    - Perinatal mental health services
    - Access to maternity care
    - Home visiting programs for Indigenous families with children ages 0-3 years
    - Substance use disorder treatment for pregnant and parenting people in the perinatal period
    - Increased access to cultural supports
    - Support for basic needs during the perinatal period

Please see Appendix C for the full Washington State Indigenous Perinatal Status Report and more detail on each high-need area.

DOH seeks to grant 1 award per project type. However, the final number of awards and awards per project type will depend on the number of applicants.

In addition to their proposed project work, recipients from both project types will participate in strategic planning meetings with the Washington State Perinatal Collaborative.

Eligibility.

Groups serving AI/AN pregnant, birthing, and/or postpartum people and their families or who lead strategic planning efforts for AI/AN pregnant, birthing, and/or postpartum people and their families in Washington are eligible to apply for funding. Those who can apply include:

- Tribal Nations
- AI/AN organizations
- Urban Indian Organizations
- A collaborative of these groups

Funds will serve organizations that:

- Represent a Tribal Nation, AI/AN organization, Urban Indian Organization, or a collaborative of these groups.
- Identify as an AI/AN-led organization.
- Serve and prioritize AI/AN communities in Washington
- Commit to reducing gaps in maternal health care for AI/AN pregnant, birthing, and postpartum people and their families.

Section 1.2 Funding

Funding Availability & Timeline.

We anticipate a contract between DOH and the funding recipient(s) by May 1, 2025. The selected recipients will receive up to $200,000 per year for 2 years. Project work should begin immediately following contract approval and end 2 years from the contract approval date. The anticipated project completion date is April 30, 2027, but will depend on the actual date of contract approval.

RFA Release Date	December 4, 2024
Application Due Date	January 6, 2025, at 11:59 p.m. PST
Application Review	January 7, 2025 – February 3, 2025
Notification of Contract Awards	Late February 2025
Contract Fully Executed by	May 01, 2025
Expected Period of Award	May 01, 2025- April 30, 2027
Estimated Annual Funding Range	$200,000 per recipient per year (max. 2)

Fiscal Requirements for DOH Contracts.

The funds for this opportunity come from a grant DOH received from the federal government. Since DOH was initially awarded this grant and is now granting it to other organizations, grantees are known as "subrecipients." Subrecipient funding has stricter guidelines around expenses and reimbursement than state or private funding. At a minimum, organizations must have a budget large enough to pay for services before reimbursement. They must also have specific financial controls and tracking systems in place so they can invoice properly.

If you receive the grant, DOH will set up subrecipient contracts for cost reimbursement. This means you will submit invoices for allowable costs and will then be reimbursed by invoicing DOH (see Appendix A for more information on allowable costs). Invoices must include background documentation, including but not limited to:

- A detailed general ledger report for employee salaries and wages.
- Copies of receipts for transactions over $2,500.
- Preapproval for out-of-state travel.
- Documentation of gift card distribution (including recipient name and date distributed).

Subrecipients submit invoices monthly to DOH for processing. Please note invoices must be submitted with all required information. Once you submit a correct and timely invoice, it may take DOH several weeks to process the invoice. Please keep this in mind when planning your budgets and submitting invoices.

Washington Unified Business Number, Federal Tax, and Statewide Vendor numbers are required to contract with DOH and receive payment. We encourage organizations to work with a fiscal sponsor. If you're applying with a fiscal sponsor, please connect with waperinatalcollaborative@doh.wa.gov before submitting your

application.

Subrecipients are required to submit regular reports to DOH. Given the flexibility of this funding, subrecipients will work with the DOH contract manager and program evaluator to determine exact reporting requirements. See Appendix B for the anticipated statement of work. At a minimum, the subrecipient can expect to:

- Submit quarterly reports to DOH program staff by email.
- Participate in quarterly meetings with DOH program and evaluation staff.
    - Meetings may be more frequent in the first 6-12 months to support new subrecipients with contracting, invoicing, and other technical assistance needs.
- Participate in regular Washington State Perinatal Collaborative meetings.

Section 1.3 Application Support

Information calls

DOH will hold 2 informational calls for interested applicants. These calls offer an opportunity to ask clarifying questions about the RFA and application process. The calls will be recorded and posted to the Washington State Perinatal Collaborative webpage. Please register using the links below to receive a confirmation email with information about joining the call.

When: December 9, 2024 at 3:30 p.m. PST
Register in advance for this informational call

When: December 17, 2024 at 10:30 a.m. PST
Register in advance for this informational call

Office Hours

Applicants can email waperinatalcollaborative@doh.wa.gov with application questions. DOH staff will also be available to answer questions at the following times:

When: December 12, 2024, 1:30pm-2:30 p.m. PST
December 18, 2024, 10:00-11:00 a.m. PST
December 30, 2024, 12:00-1:00 p.m. PST
January 3, 2025,10:00-11:00 a.m. PST

Where: All office hours will use the following Zoom link:
https://us02web.zoom.us/j/83768434784pwd=N4sk0Bo2P4Gn3IiVVacBqXctnsWwe4.1
You don't need to register for these office hours. Office hours will operate on a drop-in basis. For confidentiality purposes, we will admit one applicant to the Zoom room at a time.

Section 1.4 Application Process & Evaluation Criteria

Submission Process

1. Completed application materials are due **Monday, January 6th, 2025 at 11:59 p.m. PST**. Please email all materials to waperinatalcollaborative@doh.wa.gov in PDF format, except the budget template and work plan which will be an Excel file.
2. A committee of DOH staff and external partners from AI/AN organizations and Tribal Nations in Washington will score applications.
3. We may ask high-scoring applicants to schedule a discussion with the selection committee. This meeting will allow the committee to ask follow-up questions and clarifications about the applicant's materials.
4. Funding decisions will be announced by **late February 2025**.

Application Checklist

All applications must include the following application materials:

- Applicant Information Sheet & Eligibility Questions
- Partnership Identification & Impact Statement
- Letter of interest
- Project work plan
- Project budget
- Letters of support (optional)

You can find more information on each application material and each section's corresponding template, if applicable, in Section 2 (Application Materials).

Applications should follow the following formatting requirements:

- Use 12-point font in all materials
- Double-space all materials (Excel documents do not need to be double spaced)
- Follow page limits

Application Evaluation Criteria

Selection Criteria	Max Score
Eligibility • Application is complete and includes all required elements from the checklist. • Applicant represents a Tribal Nation, AI/AN organization, Urban Indian Organization, or collaborative of these groups.	No score – applicants must meet all eligibility criteria to proceed

• Applicant is AI/AN-led. • Applicant serves and prioritizes Washington's AI/AN population.	
Letter of Interest • A brief overview of the Tribal Nation, AI/AN organization, Urban Indian Organization, or collaborative of these groups is provided. • The letter describes the project and the project's purpose. o Applicant describes how they will complete the project activities by outlining what they plan to do, how they will do it, who will do the work, and when. o Applicants proposing a project that fills a maternal health gap in a high-need area identify the maternal health gap and describe why it's a high need. • Applicant describes how the project addresses current priorities in AI/AN maternal health.	**35**
Work plan • Includes proposed project goals with corresponding strategies, activities, people responsible, and deadlines. • Project will be completed within the 2-year grant period (anticipated period of performance May 1, 2025 – April 30, 2027).	**25**
Budget • Itemized budget is included and aligns with goals in letter of interest and activities in work plan. • Total project budget is within funding parameters and aligns with Federal allowable cost guidance (see Appendix A for more information on allowable costs).	**5**
Partnership • The organization has considered important partnerships and how partners will be engaged.	**10**
Potential Impact • Project seeks to improve AI/AN maternal health for future generations and can be accomplished within the 2-year project timeframe. • The applicant has thoughtfully considered and addressed the sustainability of the project, including how they will set up the work to have long-lasting effects in their community/communities. o Applicants can provide letters of support for the project's perceived impact and sustainability, but organizations without letters of support will not lose points.	**25**

Section 2. Application Materials

The application materials are described below. Templates for each form are provided on the Washington State Perinatal Collaborative website.

Applicant Information Sheet & Eligibility

Name of Tribal Nation, AI/AN organization, Urban Indian Organization, or collaborative	
Address	
Project Manager	
Title	
Telephone	
Email	
Tax Identification Number (TIN)	
WA UBI number **	
Statewide Vendor Number **	
Proposed Budget Year 1	
Proposed Budget Year 2	

** If you do not have these numbers at the time of your application, you will need to apply and receive them before having a contract in place with WA DOH. Allow at least 30 days to get these numbers. This can be completed after the award announcement.

You can use the following links to request these numbers:

- WA UBI: Registrations and filings required for businesses | Washington Department of Revenue
- Statewide Vendor Number: Vendor Payee Registration | Office of Financial Management (wa.gov)
- Follow this link for more support applying for this number: Apply for a Statewide Vendor Number

Print Name of Authorized Signatory

Signature of Authorized Signatory

Title **Date**

1. Do you represent a Tribal Nation, American Indian or Alaska Native organization, Urban Indian Organization, or a collaborative of these groups?

   ☐ No

   ☐ Yes

2. Do you identify as AI/AN-led?

   ☐ No

   ☐ Yes

3. Do you serve and prioritize Washington's AI/AN population?

   ☐ No

   ☐ Yes

4. Is your proposed project:

   ☐ A project that builds upon existing maternal and infant health work in Indian Country (e.g. establishing a free-standing birth center in a community where informal homebirth is being piloted, updating an existing AI/AN Maternal Health Strategic Plan, etc.);

   ☐ A project that fills a maternal and infant health gap in a high-need area (e.g. developing a doula program in an area with no medical or maternity facilities, developing a AI/AN Maternal Health Strategic Plan, etc.).

   ☐ Unsure. Please explain:

5. What period does your project target (select all that apply):

   ☐ Before pregnancy

   ☐ During pregnancy

   ☐ Postpartum

   ☐ Unsure. Please explain:

6. What is your proposed project's area of focus (select all that apply):

   ☐ Birth keepers and doulas

   ☐ Lactation support

   ☐ Perinatal mental health services

   ☐ Access to maternity care

   ☐ Home visiting programs for Indigenous families

   ☐ Substance use disorder treatment

   ☐ Access to cultural supports

☐ Support for basic needs

☐ Other, please explain:

Letter of interest

The letter of interest should be a maximum of 4 pages double-spaced and can be submitted as a PDF document in your application package. The letter of interest should:

- Provide a brief overview of your Nation, AI/AN organization, Urban Indian Organization, or collaborative.
- Describe the proposed project, plan, and approach.
    - For applicants proposing a project that fills a maternal health gap in a high-need area, please describe how the area is high-need.
- Describe how the project addresses current priorities in AI/AN maternal health. Specifically, please describe how your proposed project impacts pregnant, birthing, and postpartum people and/or maternal morbidity and mortality.

Partnership Identification

Please share who you will partner with in this project. How would your Nation, organization, or collaborative engage these partners? We encourage applicants to share whether they plan to provide funding to other organizations or project partners via subcontracting or by providing stipends. Please submit this as a PDF document with your application.

This section should be a maximum of 1 page double-spaced and can be submitted as a PDF document in your application package

Impact Statement

Please explain how you hope this funding opportunity will impact AI/AN maternal health for current and future generations. This section may be answered however you prefer, including using writing, tables, letters of support, or storytelling, etc. If using letters of support to answer this section, please note that when submitting your application. If using tables or writing, submit this section as a PDF document with your application.

This section should be a maximum of two pages double-spaced and can be submitted as a PDF document in your application package.

Project work plan

Your project work plan should:

- Outline the project's goals that address AI/AN maternal health care gaps in Washington.
- Explain your approach and strategies to supporting AI/AN maternal health.

- Include specific activities.

A sample of the work plan template is provided below. Please use the Excel template on the WSPC website to fill out your work plan. This may be submitted as an Excel or PDF document as part of your application package.

Goal 1:			
Strategy 1:			
Activity	**Who is responsible?**	**By when?**	**Notes**
Strategy 2:			
Activity	**Who is responsible?**	**By when?**	**Notes**

Project budget

Please fill out the budget template for years 1 and 2 of the project. The project budgets can be a maximum of $200,000 per year, for a total budget of $400,000. A brief description of the planned expenses should be provided. If you are combining multiple sources of funding, please note that in the "notes" section of the budget template. You can find an Excel template on the WSPC website for your use. This may be submitted as an Excel or PDF document as part of your application package.

Budget Category	Year 1 Budget	Year 2 Budget	Total budget	Description
A. Employee wages				
B. Fringe benefits				
C. Travel				
D. Equipment*				
E. Supplies				
F. Contracts				
G. Construction				
H. Other				
Total Direct Costs				
I. Indirect Costs**				
Total Project Budget				

** Equipment is defined as tangible property that has a useful life of over one year and a per-unit cost equal to or exceeding $10,000.*

*** Please note: Indirect charges can include administrative costs to do business. These should follow any federally approved indirect rate agreement. If there is not an agreement in place, indirect charges should follow the 10% de minimus. All indirect costs are subject to approval by DOH before contract implementation.*

Letter of support

Letters of support are optional. You can submit a maximum of 5 letters of support with your application. Letters of support can come from leaders, community members, clients, or partner organizations.

Appendix

A. Allowable Cost Guidance

The Maternal Health Innovations (MHI) program is funded through the Health Resources and Services Administration (HRSA). As such, it is subject to Federal cost requirements. All costs incurred by the subrecipient under the MHI award must be:

1. Necessary and reasonable for the performance of the contracted project;
2. Adequately documented.

The table below is intended to provide guidance to applicants on relevant allowable costs under the MHI program. This table doesn't include all federal cost requirements. See 2 CFR 200 for detailed cost requirements. If you're uncertain whether a specific cost is allowed, you should confirm cost requirements with DOH.

Cost Item	Allowable	Prohibited
Advertising	• Recruiting personnel • Acquiring goods and services • Program outreach needed for grant activities	• Cost of meetings, conventions, convocations, or other events, including the costs of displays, demonstrations, meeting rooms and the wages of employees setting up the exhibits or meetings. • Promotional items
Advisory councils		The cost of advisory committees, without written approval.
Alcohol		Alcoholic beverage costs.

Compensation	Compensation that is in alignment with CFR 200.430 and related to grant activities.	
Benefits	Fringe benefits provided in alignment with CFR 200.431, including, but not limited to paid time off, employee insurance, retirement, and unemployment benefits, provided: • The costs are equitably allocated if an employee is paid via multiple funding streams , • The benefits are provided to the employee under established benefits policies of the organization.	
Conferences	Hosting or sponsoring of conference costs, including: Speakers' fees Meals Transportation (if out of state, written approval is required) Other incidentals	Honorariums
Entertainment		Amusement and social activities, unless directly related to grant activities and approved in writing.
Equipment and capital expenditures	Capital expenditure for special purpose equipment, as long as items with a unit cost of $10,000 or more have written approval.	Expenditures for general purpose equipment, buildings, and land or for improvements to land, buildings, or equipment, unless approved in writing.
Fundraising		Costs associated with organized fundraising, including donation solicitation.

General costs of government	Salaries and expenses of Indian Tribes and Councils of Governments (COGs), provided they are in alignment with CFR 200.444.	General costs of government, including: • Salaries and expenses of the chief executive • Judicial branch • Prosecutorial activities • General government services (including police and fire)
Goods or services for personal use		Costs of goods or services for personal use, unless approved in writing. This includes: Housing costs Housing allowances Personal living expenses
Insurance	Costs of insurance required or approved by HRSA	
Lobbying		Costs of influencing activities, including those intended to: Obtain grants or contracts Influence a member of the Federal government Influence Federal, state, or local elections or initiatives
Maintenance and repair	Some costs for maintenance, janitorial services, repair, or upkeep of building or equipment, provided the maintenance or repairs do not add to the permanent value of the property nor considerably extend its intended life are allowable, but must be allocated to the grant appropriately. See CFR 200.452 for more information.	

Materials and supplies, including computing devices	Reasonable and necessary costs for materials, supplies, and fabricated parts necessary to the grant activities, provided they are charged at their actual prices.	
Memberships, subscriptions, and professional activity costs	Cost of memberships or subscriptions in business, technical, and professional organizations or periodicals provided they are for the organization and not an individual. Cost of memberships or subscriptions in civic or community organizations, with approval.	Cost of memberships in a country, social, or dining club Cost of membership in organizations primarily dedicated to lobbying
Organizational costs		Costs to the organization, such as incorporation fees, attorneys, accountants, etc., unless authorized
Participant support costs	Participant support costs*, with approval, including: • Stipends • Registration fees • Subsistence allowances *If organizations are using de minimis/Modified Total Direct Costs (MTDC) to calculate in direct costs, participant support costs **cannot** be included.	
Professional service costs	Costs of consultants, provided the costs are reasonable for the services rendered and the service is necessary for grant activities.	
Public relations		Public relations, including community relations and activities dedicated to maintaining the

		recipient's or subrecipient's image or maintaining or promoting understanding and favorable relations with the community or public at large or any segment of the public.
Publication and printing costs	Publication and printing feeds for electronic and print media.	
Scholarships and student aid costs		Costs of scholarships, fellowships, or other student aid, without prior approval
Training and education	The cost of training and education for employee development.	
Transportation costs	Costs for postage, freight, and other transportation relating to goods purchased, in process, or delivered.	
Travel costs	Travel costs may be charged on an actual cost basis, following the recipient organization's written travel policies that align with CFR 200.475. Out of state travel requires prior written approval.	

B. Anticipated Statement of Work

Purpose: To support AI/AN-led efforts to address maternal health care gaps among AI/AN communities in Washington State. This grant will fund efforts to plan, develop, implement, monitor, and evaluate maternal health strategies and priorities identified by Tribal Nations, AI/AN organizations, Urban Indian Organizations, or a collaborative of these groups as relevant for AI/AN communities in Washington.

If the recipient receives funds to develop or update an AI/AN Maternal Health Strategic Plan, they will:

Task Number and Description	Deliverable
1. Conduct a baseline assessment of AI/AN maternal health Recipients will conduct a baseline assessment of maternal care and coverage and identify critical gaps for the relevant AI/AN community or	• Written report detailing the baseline assessment process and results

communities.	
2. Develop an AI/AN Maternal Health Strategic Plan The strategic plan should include: • Existing strategies to support and improve AI/AN maternal health and the outcomes of those strategies. • Current gaps in maternal health services for the relevant community/communities. • Opportunities for maternal health improvement in the relevant AI/AN community or communities. • Actionable recommendations for improving AI/AN maternal health in the relevant community or communities. • Collaboration with community partners throughout the strategic planning process. The finalized AI/AN Maternal Health Strategic Plan should include feedback from community partners.	• Finalized AI/AN Maternal Health Strategic Plan
3. Share the finalized AI/AN Maternal Health Strategic Plan Once finalized, distribute and share the Maternal Health Strategic Plan. The strategic plan should be widely accessible to relevant Tribal and AI/AN groups in Washington. Distribution activities may include: • Social media outreach to inform the community. • Participation in public community meetings. • Participation in community groups and events that address health issues for AI/AN communities or maternal health care gaps. • Attendance at conferences or trainings that address maternal or AI/AN health.	• Brief report detailing strategies to share and distribute the strategic plan
4. Project management and administration. • Participate in regular meetings, in person or by phone, with the DOH contract manager. The purpose of the meetings will be to review project status including progress on completion of deliverables, discuss questions and concerns, and identify next steps and plans.	• Brief written quarterly report summarizing efforts to develop the AI/AN Maternal Health Strategic Plan • Attend and participate in regular contract meetings at a cadence mutually agreed upon by DOH Contract Manager and subrecipient

• Other activities to support the contract purpose, with prior approval from DOH Contract Manager.	staff
5. Attend Washington State Perinatal Collaborative (WSPC) meetings. Virtually attend monthly Washington State Perinatal Collaborative meetings to contribute to maternal health strategic planning and Maternal Health Taskforce activities.	• Attend WSPC meetings

If the recipient receives funds to fill a maternal and infant health gap in a high-need area or build upon existing maternal and infant health work in Indian County, they will:

Task Number and Description	Deliverable
1. Promote innovation in maternal health for AI/AN communities Award recipients will use program funding to identify and put into practice innovative strategies that address critical gaps or expand existing programs in prenatal and maternity care services in one or more of the following areas: • Direct clinical care (e.g. integration of traditional practices into Western medicine) • Workforce training and recruitment (doulas or midwives) • Policy work • Maternal health data enhancements • Community engagement	• Brief written quarterly report summarizing efforts to address critical gaps or expand existing programs in prenatal and maternity care services
2. Monitoring and Evaluation Alongside DOH, develop and implement a Monitoring and Evaluation Plan for contract activities. This will include: • Collaboration with DOH program lead epidemiologist to coordinate data collection and reporting. • Alignment with evaluation methods and reporting as described in the finalized evaluation plan.	• Submit Monitoring and Evaluation Draft Plan o Monitoring activities include quarterly or biannual reports (performance measures) o Annual Evaluation Report will include, if applicable, disaggregated data by age group, insurance, geography, race, and ethnicity • Final report detailing the contract activities, outcomes, and measurable impact
3. Share and distribute relevant lessons learned	• Brief report detailing the

and successes of the employed strategies* Recipients are expected to share lessons learned, successes, and impact with relevant partners in Washington, including but not limited to other AI/AN communities as appropriate. These activities may include, but are not limited to: • Social media outreach to inform the community. • Participation in public community meetings. • Participation in community groups and events that address health issues for AI/AN communities or maternal health care gaps. • Attendance at conferences or trainings that address maternal or AI/AN health. **DOH values Indigenous sovereignty and will not require the awardee to share Traditional Knowledge unless desired by the awardee.*	dissemination plan
4. Project management and administration • Participate in regular meetings, in person or by phone, with the DOH contract manager. The purpose of the meetings will be to review project status including progress on completion of deliverables, discuss questions and concerns, and identify next steps and plans. • Other activities to support the contract purpose, with prior approval from DOH Contract Manager.	• Attend and participate in regular contract meetings at a cadence mutually agreed upon by DOH Contract Manager and subrecipient staff
5. Attend Washington State Perinatal Collaborative (WSPC) meetings • Virtually attend monthly Washington State Perinatal Collaborative meetings to contribute to maternal health strategic planning and Maternal Health Taskforce activities.	• Attend WSPC meetings

C. Washington State Indigenous Perinatal Status Report

See attached report starting on the next page.

September 2024

Washington State Indigenous Perinatal Status Report

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Prepared by: Camie Jae Goldhammer, MSW, LICSW, IBCLC
Hummingbird Indigenous Family Services

Acknowldgements

We would like to thank the mothers, community members, organizational partners and agencies that supported the development of this report.

We honor and acknowledge that America rests on the occupied ancestral lands of the Indigenous peoples of this continent. We honor that the original peoples are still here, despite not having treaty rights honored or having yet to be justly compensated for their land, resources, and livelihood. We acknowledge this work as situated within a process of reparations and decolonial praxis toward healing these ongoing injustices.

We must also acknowledge that America, including its culture, economic growth, and development throughout history and across time, has been made possible by the labor of enslaved Africans and their ascendants who suffered the horror of the transatlantic trafficking of their people, chattel slavery, and Jim Crow. We are indebted to their labor and their sacrifice, and we must acknowledge the tremors of that violence throughout the generations and the resulting impact that can still be felt and witnessed today. We raise our hands to the resiliency, dedication, perseverance, and radical wisdom of those who have survived apocalypse and keep dreaming. As an Indigenous organization, we are committed in solidarity with the Black community and undoing anti-Blackness as necessary to true decolonization and reparations work.

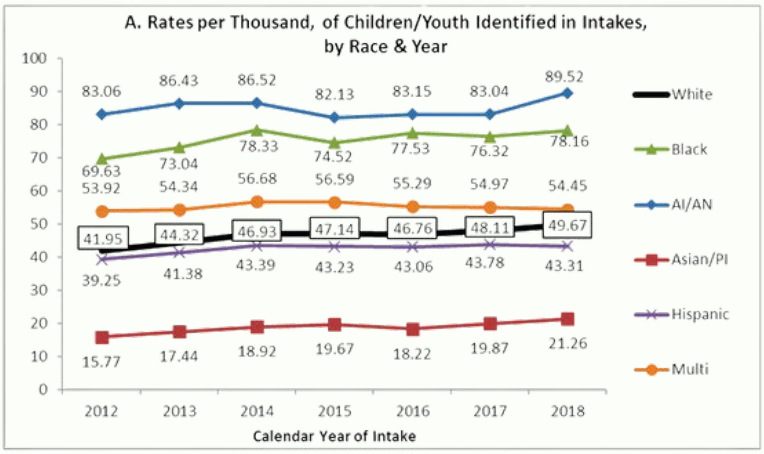
Patanjali de la Rocha

The Invisible Majority: Native American and Pacifical Islander Reproductive Wellbeing

21% of Native Americans in Washington State live in poverty.

Source: US Census Bureau, American Community Survey, 2019

Trends in Rate of Occurrence and Disproportionality Index (DI) for All Intakes



Source: 2019 WASHINGTON STATE CHILD WELFARE RACIAL DISPARITY INDICES REPORT

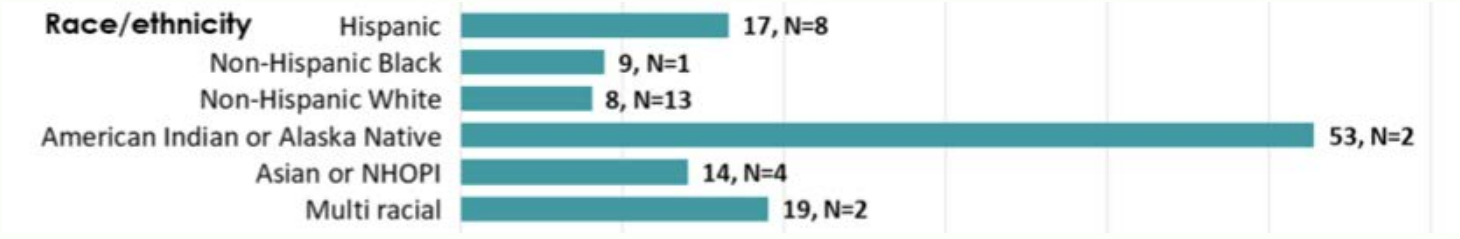
In Washington, the preterm birth rate among American Indian/Alaska Native women is 53% higher than the rate among all other women.

Source: March of Dimes 2021 Report Card, Washington State

During 2018-2020 (average) in Washington, preterm birth rates were highest for American Indian/Alaska Native infants (12.8%)

Source: March of Dimes, Prematurity Profile Washington

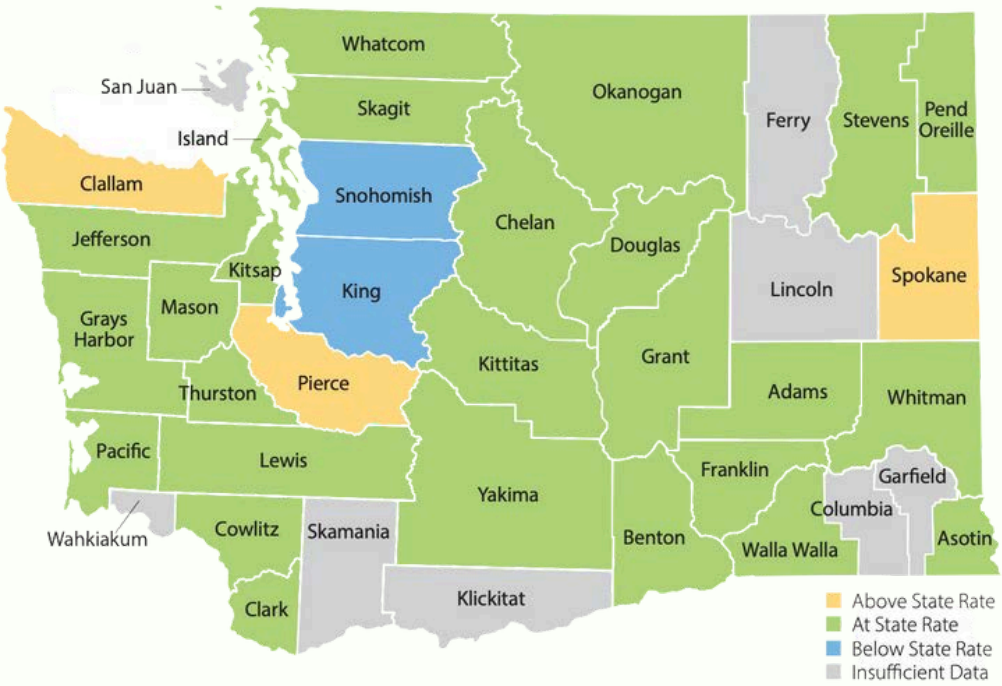
Demographics, Maternal Mortality Ratios (deaths per 100,000 live births) and Counts for Pregnancy-Associated Deaths (N=100), Washington State, 2014-2016



Source: Washington State Maternal Mortality Review Panel: Maternal Death 2014-2016 October 2019RCW 70.54.450

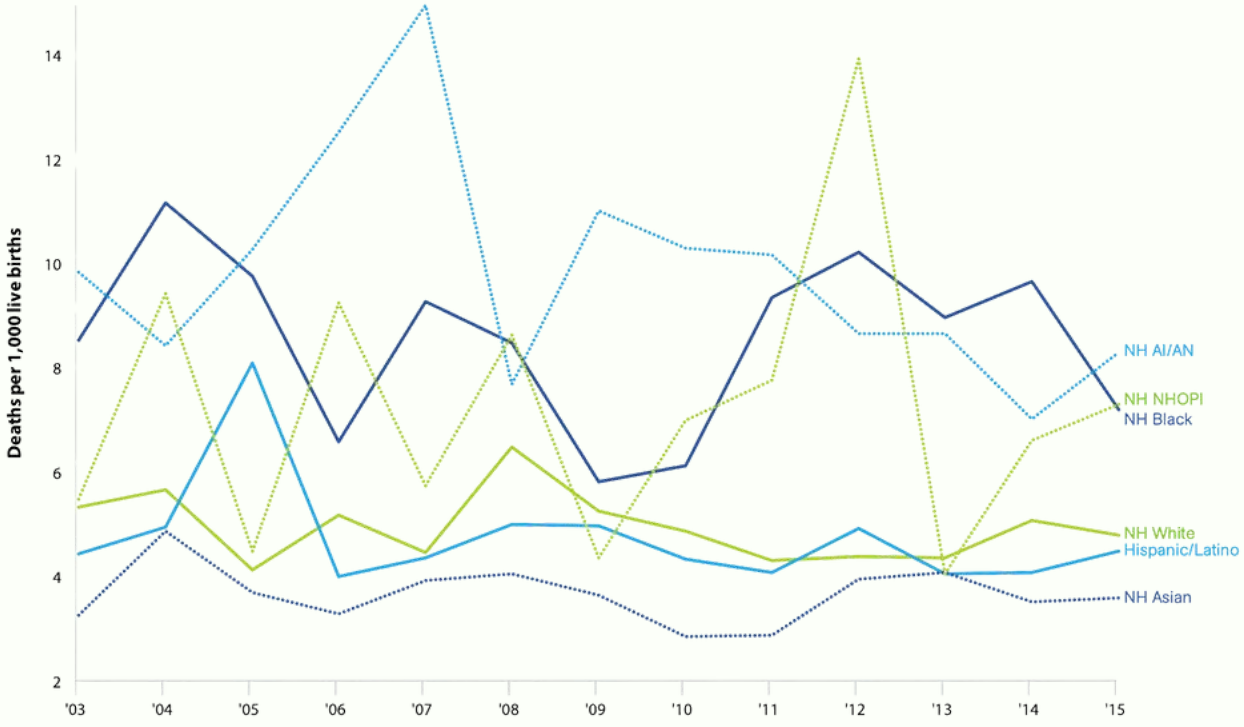
Infant Mortality in Washington State

Infant Mortality by County



Between 2011 and 2015, babies born to Native American mothers experienced infant mortality rates that were twice the rate of those born to White mothers.

Infant Mortality Rate by Maternal Race/Ethnicity, Washington State, 2003–2015



Source: Infant Mortality Reduction Report, Washington State Department of Health, December 2017

"We have no choices." - The State of Maternity Care in Washington State

Maternity Care Desert:

Ferry County
Douglas County
Lincoln County
Garfield County
Columbia County
Skamania County
Pacific County
Wahkiakum County

Low Access Maternity Care:

Adams County
Franklin County

Moderate Access to Maternity Care:

Stevens County
Lewis County
Shelton County

Source: U.S. Health Resources and Services Administration (HRSA), Area Health Resources Files, 2019

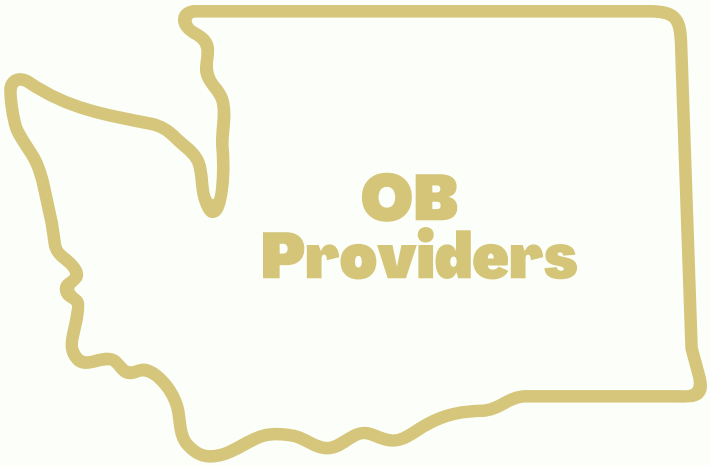
No Hospitals or Birth Centers:

Jefferson County
Grays Harbor County
Pacific County
Cowlitz County
Skamania County
Douglas County
Asotin County
Ferry County
Lincoln County
Adams County
Franklin County
Pend Oreille County
Columbia County
Garfield County

One Hospital or Birth Center:

Okanogan County
Stevens County
Walla Walla County
Kittatas County
Lewis County
Mason County
Clallam County

Source: U.S. Health Resources and Services Administration (HRSA), Area Health Resources Files, 2019; American Association of Birth Centers, 2020



Source: U.S. Health Resources and Services Administration (HRSA), Area Health Resources Files, 2019

No OB Providers:

Ferry County
Douglas County
Lincoln County
Garfield County
Columbia County
Skamania County
Pacific County
Wahkiakum County

Fewer than 30 OB Providers:

Shelton County
Stevens County

30-60 OB Providers:

Adams County
Franklin County
Lewis County

Maternity Care for Washington's 29 Federally recognized Tribes

Makah
Medical Facility: Sophie Trettevick Indian Health Center
Maternity Care Services: None
Closest Hospital: 75 miles

Lower Elwha Klallam
Medical Facility: Tribal Center Building
Maternity Care Services: None
Closest Hospital: 5 miles

Quileute
Medical Facility: Quileute Health Clinic
Maternity Care Services: Yes
Closest Hospital: 70 miles

Hoh
Medical Facility: Chief Klia Wellness Center
Maternity Care Services: None
Closest Hospital: 60 miles

Quinault
Medical Facility: Quileute Health Clinic
Maternity Care Services: None
Closest Hospital: 45 miles

Skokomish
Medical Facility: Skokomish Wellness Center
Maternity Care Services: None
Closest Hospital: 12 miles

Squaxin Island
Medical Facility: Squaxin Island Health Clinic
Maternity Care Services: None
Closest Hospital: 5 miles

Shoalwater Bay
Medical Facility: Shoalwater Bay Medical Clinic
Maternity Care Services: None
Closest Hospital: 30 miles

Cowlitz
Medical Facility: Cowlitz Tribal Longview Medical Clinic
Maternity Care Services: None
Closest Hospital: 5 miles

Chehalis
Medical Facility: Chehalis Tribal Wellness Center
Maternity Care Services: None
Closest Hospital: 20 miles

Maternity Care for Washington's 29 Federally recognized Tribes

Nisqually
Medical Facility: Nisqually Tribal Health & Wellness Center
Maternity Care Services: Yes
Closest Hospital: 5 miles

Puyallup
Medical Facility: Takopid Health Center
Maternity Care Services: Yes
Closest Hospital: 5 miles

Suquamish
Medical Facility: Healing House
Maternity Care Services: None
Closest Hospital: 10 miles

Sammish
Medical Facility: None
Maternity Care Services: None
Closest Hospital: 20 miles

Lummi
Medical Facility: Lummi Tribal Health Clinic
Maternity Care Services: Until 26 weeks
Closest Hospital: 8 miles

Nooksack
Medical Facility: Nooksack Community Health Clinic
Maternity Care Services: None
Closest Hospital: 13 miles

Upper Skagit
Medical Facility: Upper Skagit Tribal Health Clinic
Maternity Care Services: None
Closest Hospital: 12 miles

Swinomish
Medical Facility: Swinomish Medical Clinic
Maternity Care Services: None
Closest Hospital: 10 miles

Sauk-Suiattle
Medical Facility: None
Maternity Care Services: None
Closest Hospital: 30 miles

Stilliguamish
Medical Facility: None
Maternity Care Services: None
Closest Hospital: 5 miles

Maternity Care for Washington's 29 Federally recognized Tribes

Tulalip
Medical Facility: Tulalip Health Clinic
Maternity Care Services: None
Closest Hospital: 15 miles

Port Gamble S'Klallam
Medical Facility: The Port Gamble S'Klallam Community Health Center
Maternity Care Services: Until 20 weeks
Closest Hospital: 20 miles

Snoqualmie
Medical Facility: None
Maternity Care Services: None
Closest Hospital: 10 miles

Muckleshoot
Medical Facility: Muckleshoot Health and Wellness Center
Maternity Care Services: None
Closest Hospital: 5 miles

Spokane
Medical Facility: David C. Wynecoop Memorial Clinic
Maternity Care Services: None
Closest Hospital: 50 miles

Yakima
Medical Facility: White Swan Health Clinic
Maternity Care Services: None
Closest Hospital: 31 miles

Colville
Medical Facility: Nespelem Health Center and Omak Health Center
Maternity Care Services: None
Closest Hospital: 40 miles

Kalispel
Medical Facility: Camas Center Medical and Dental Clinic
Maternity Care Services: None
Closest Hospital: 20 miles

There are 2 clinics that serve urban- Native American Popilations

Seattle Indian Health Board
Medical Facility: Seattle Indian Health Board
Maternity Care Services: Yes
Closest Hospital: Seattle

The Native Project
Medical Facility: The Native Project
Maternity Care Services: No
Closest Hospital: Spokane

We held virtual listening sessions in several urban, rural and Tribal communities throughout Washington state as well as spoke directly with community members, leaders and providers.
Listening sessions were held in the following communities:

- Seattle
- King County
- Pierce County
- Bellingham/Lummi
- Olympia/SW Washington
- WA Peninsula
- Spokane
- Tri-Cities
- Yakima
- Statewide Dads session

Who did we hear from?

Listening session were held in serval locations around WA state along with a statewide Dad's session. We recruited participants directly as well as via social media and through various community partners. All participants met the following criteria:

- Identify as Native American, Alaska Native, Pacific Islander or Native Hawaiian
- Live in Washington State
- Have had a baby or been pregnant within the last 2 years

In addition to our listening sessions we had one-on-one conversations with community members, leaders and perinatal service providers.

> I want him to feel loved. Have a happy home. Feel supported with anything that he does. I want him to know his culture and language. I want to raise a respectful man and to treat women well.
>
> -Native American mom of 1

Dad's Listening Session

Indigenous fathers play a vital role in their families and communities, often embodying the values and traditions passed down through generations. Their role extends beyond the typical Western notions of fatherhood, as they are deeply connected to cultural teachings, spiritual guidance, and the well-being of the extended family. In many Indigenous cultures, fathers serve as protectors and providers not only in a material sense but also in a cultural and emotional capacity, ensuring that their children remain connected to their heritage, language, and values. They are often seen as role models who teach respect for the land, community, and the interdependence of all living beings. The bond between Indigenous fathers and their children is nurtured through storytelling, shared experiences in nature, and participation in ceremonies that reinforce the connection to their ancestry and the larger web of life. Despite historical and ongoing challenges such as colonialism, displacement, and systemic discrimination, Indigenous fathers continue to persevere, striving to create a future where their children can thrive while honoring their identity.
Native American dads continue to demonstrate resilience, working to maintain their cultural responsibilities, reconnect with traditions, and create a positive environment for their children's futures.

Q: What it feel like when you found out you were having a baby?

"Felt really good. It felt like I was getting a big hug from the universe. It was intentional. I was relieved, happy and fulfilled."

-Native American Dad of 2

After speaking to many Native American fathers throughout the state it was clear that these men overwhelmingly feel/felt "excited" about the idea of having a baby. They were also nervous and really wondered if they had what they needed to be a good dad. Many saw fatherhood as a way to focus on providing stability to their new family.

We are gonna start a family. It was time to really get situated. This is the real deal now.

-Native American Dad of 2

Many of the dads stated that they were very worried about the care their partner would be receiving. Fear and mistrust of hospital systems were shared by nearly every participant.

> I've seen some things before at IHS and stuff. Had heard so many horror stories about racism and terrible treatment. We chose to drive an hour away to get better care.
>
> -Native American Dad of 2

One father shared how hard he found it to be a supportive partner and many of the dads echo'd what he had shared.

> I knew how to change diapers, feeding, etc but I didn't know anything about how to be a good partner, when to intervene, I didn't see that growing up so I didn't know how to do it. Not a lot of models out there.
>
> -Native American Father of 2

All the dads had big dreams for the babies. They were hopeful for their future. They wanted their children to be connected to their culture and to know who they were. They wanted them to be happy and healthy. They wanted their children to feel secure in who they were.

> We want them to have connection to where they come from and their ancestors, know who they are and to have a foundation to go where they want to in life. Have love for community, strength, compassion and kindness.
>
> -Native American Dad of 2

Ete'e Meduh (Thank You Father)
By Jamie Nole

Mom's Listening Session

Indigenous mothers hold a position of profound strength and influence within their families and communities, often serving as the carriers of cultural knowledge, traditions, and values. Their nurturing role extends beyond physical care, encompassing spiritual guidance and the preservation of Indigenous languages, customs, and histories. As matriarchs, many Native mothers are central to decision-making, ensuring the well-being of their families while maintaining balance within the community. They are instrumental in teaching their children the importance of respect for the land, ancestors, and interconnectedness with all living beings. In the face of historical trauma, displacement, and ongoing challenges like economic inequality, Indigenous mothers have shown remarkable resilience, continuing to empower their families while safeguarding their rich cultural heritage for future generations.

We spoke with dozens of Native American, Alaska Native, Native Hawaiian and Pacific Islander moms from around Washington State. When asked about how they felt about their most recent pregnancy answers varied from excited to terrified and everything in between. These mothers were largely pregnant, giving birth and parenting during the COVID-19 pandemic. It seems most Indigenous mothers had a clear idea of what they would be facing during their pregnancy, labor and delivery and postpartum period. They did not have the same optimism that we heard in the fathers session. However, many still felt hope their the future generation.

I felt irritated. I had just lost my daughter 2 years ago. I was stressed. It was scary. Both my labors and pregnancies were traumatic, stressful, I was just waiting to lose my child. Its not happy for me.
-Native American mom of 3

"I'm a single, teen mom. I was scared. It was really scary finding out at first."
-Native American mom of 1

A lot of the moms found that pregnancy made them reflect on their past. For many this was emotionally heavy.

I was really excited. I just started crying. I was shocked, scared... I lost mom at the age of 6. Finding out I was a pregnant brought on a second wave of grief. I wanted to tell my mom but she wasn't there.
-Native American mom of 1

“i will always carry you.”

By: Wahkeah Jhane

Mistrust in the medical system is rooted in a long history of exploitation, neglect, and abuse by government and healthcare institutions. From forced sterilizations of Native women to the inadequate care provided by the Indian Health Service (IHS), many Indigenous people have experienced systemic discrimination and poor health outcomes. This mistrust is compounded by cultural insensitivity, lack of access to culturally appropriate care, and the enduring impacts of colonization, which has eroded trust in non-Indigenous systems. As a result, many Indigenous communities remain cautious about engaging with the healthcare system or avoiding care altogether.
Additionally, a lot of the moms had heard about the challenges Black women face but not necessarily Native/Indigenous women. This perfectly illustrates the “Invisibility”. Social invisibility is when a group of people in the society have been separated or systematically ignored by the majority of the public.

What had you heard about being BIPOC and pregnant?

Different layers especially as a queer family. Discrimination. We knew we would face stuff. My mom had home births. A lot of mistrust the medical system. How do we protect our family? We spent a lot of time and energy preparing for the racism and homophobia we would encounter.

-Native American mom of 1

I had heard a of neglect of Black women, It made me nervous going into a hospital, that is why I wanted a doula to help me speak up and having the support,

-Native American mom of 1

Right off the bat I was told the health disparities being Black and Native and older, being told I was high risk, lots of anxiety with spotting and scared to go to the hospital, I prayed a lot and felt that if I went to the hospital they would find a reason to scare me. I did not feel like doctors had my health in their best interest.

-Native American mom of 2

I had heard a of neglect of Black women, It made me nervous going into a hospital, that is why I wanted a doula to help me speak up and having the support.

-Native American mom of 1

What are your dreams for your baby?

Indignous mothers carry deep hopes for their babies, grounded in the desire to see them grow up strong, resilient, and connected to their cultural roots. They envision futures where their children are surrounded by love, community, and a strong sense of identity, with a deep respect for their ancestors, traditions, and the natural world. These mothers hope that their babies will thrive in a world that often challenges their existence, overcoming obstacles like systemic racism, economic barriers, and historical trauma. Above all, they aspire for their children to walk proudly in both the modern world and their Indigenous ways, with the strength to carry their culture forward for future generations.

I just want my baby to know who she is and be independent and fearless in our world."
-Native American mom of 1

My dream for my kids is for them to speak up for themselves, confident enough to ask for what they want and what they deserve, Grow up without having to struggle as much. Enjoy childhood. Emotional wellbeing is stronger.
-Pacific Islander mom of 1

I think as of right now my dreams for my baby is that they are born into this world safe and sound. And as they grow I hope to help them accomplish their dreams and not let anything hold them back, I know as of right now I am in my final year of my Bachelors degree while pregnant so I hope that brings my baby some form of empowerment to know to never let anything stop you from going after your goals.
-Pregnant Native American mom

I want her to feel loved and accepted. I want her to feel immersed in her cultures. I want her know where she came from and know her roots. I want her to feel proud of who she is.
-Pacific Islander mom of 1

I want her to grow up feeling loved and held in her community. Have a firm foundation of who she is and where she comes from. She's a Warrior Baby. She is a strong one. I want to foster and nourish that strength. Feel good about her strong voice.
-Native American mom of 1

Suggested areas of Increased Support

Indigenous BirthKeepers/Doulas

Supporting Indigenous doulas is essential for improving maternal and infant health outcomes in Native American communities while fostering cultural continuity. Indigenous doulas bring invaluable knowledge of traditional birthing practices, cultural protocols, and community-centered care, which can help Native mothers feel more understood and supported during pregnancy, childbirth, and postpartum. By offering care that is sensitive to the unique needs and values of Indigenous families, these doulas help counter the mistrust many Native mothers have toward mainstream healthcare systems, where they often face discrimination or cultural insensitivity. Indigenous doulas also play a critical role in addressing health disparities, such as higher rates of maternal and infant mortality in Native communities, by providing holistic, continuous care that improves physical, emotional, and mental health outcomes. Supporting Indigenous doulas not only strengthens the bond between mothers and babies but also contributes to the revitalization of traditional knowledge, creating healthier and more empowered generations of Indigenous families.

Indigenous Lactation Support

Supporting Indigenous lactation support is crucial for promoting the health and well-being of Native mothers and their babies, while also honoring and revitalizing traditional feeding practices. Indigenous lactation consultants understand the cultural, spiritual, and historical significance of breastfeeding within Native communities, and they provide care that is both culturally sensitive and accessible. In many Native communities, colonialism and systemic inequities have disrupted traditional maternal care practices, leading to higher rates of infant mortality and health disparities. Culturally informed lactation support helps combat these disparities by encouraging breastfeeding, which is proven to offer numerous health benefits, such as reducing the risk of infections, chronic diseases, and promoting bonding. Moreover, Indigenous lactation support addresses unique barriers Native mothers face, such as geographic isolation, limited access to healthcare, and mistrust of mainstream medical systems, by providing care that reflects Indigenous values and traditions. Supporting these services strengthens community health, empowers mothers, and ensures that future generations grow up nourished by both their cultural heritage and optimal nutrition.

Indigenous Mental Health

Supporting Indigenous mental health services, especially during the perinatal period, is vital for promoting the overall well-being of Native mothers and their families. Indigenous communities experience disproportionately high rates of mental health issues due to historical trauma, systemic discrimination, and socioeconomic challenges, which can be exacerbated during the vulnerable times of pregnancy and postpartum. Culturally relevant mental health supports tailored to Indigenous mothers can address these unique challenges, helping them navigate the emotional complexities of childbirth, parenting, and the pressures faced my parents on a daily basis.

By integrating traditional healing practices with modern therapeutic approaches, these supports create a holistic framework that respects Indigenous values and enhances emotional resilience. This is particularly important during the perinatal period, as mental health struggles can have lasting effects on both the mother and child, influencing infant health, bonding, and child development. Providing access to Indigenous mental health resources fosters a supportive environment where mothers feel understood, empowered, and capable of nurturing their babies while caring for their own emotional health. Ultimately, supporting Indigenous mental health services during the perinatal period contributes to healthier families, stronger communities, and the preservation of cultural identity, ensuring that future generations thrive both physically and emotionally.

Access to Maternity Care

Addressing maternity care deserts in Indigenous communities is essential for ensuring equitable access to comprehensive and culturally appropriate healthcare for pregnant individuals and their families. Many Native American communities face significant barriers to maternity care, including geographic isolation, a lack of healthcare facilities, and shortages of culturally congruent providers. These deserts can lead to delayed prenatal care, inadequate postpartum support, and increased rates of maternal and infant mortality. By prioritizing the development of accessible maternity care services, we can help combat these disparities and improve health outcomes for Indigenous mothers and babies.

Moreover, investing in maternity care within Indigenous communities fosters a sense of empowerment and agency, allowing families to make informed choices that align with their cultural values and traditions. Culturally responsive care is crucial, as it recognizes the unique needs and experiences of Indigenous individuals, promoting trust and cooperation between patients and providers. Additionally, addressing maternity care deserts can enhance community well-being by supporting traditional birthing practices and ensuring that Indigenous families can access the resources they need without having to travel long distances. Ultimately, improving access to maternity care in Indigenous communities is a critical step toward building healthier, more resilient families and preserving cultural continuity for future generations.

Indigenous Home Visiting

Home visiting programs for Indigenous families, particularly for children aged zero to three, are critical for fostering healthy development, strengthening family connections, and addressing the unique challenges faced by Native communities. These programs provide tailored support that meets families where they are, offering essential resources, education, and guidance in the comfort of their homes. For Indigenous families, home visiting can help bridge gaps in access to healthcare and early childhood education, ensuring that parents receive the information and tools they need to support their children's growth and development.

Moreover, home visiting programs emphasize culturally relevant practices that respect and integrate Indigenous values and traditions, fostering a sense of pride and belonging in families. By focusing on early childhood development, these programs can help improve outcomes related to language, social-emotional skills, and overall health, setting a strong foundation for lifelong learning and well-being. Additionally, home visitors can assist families in navigating available services, addressing issues such as food insecurity, mental health support, and substance use, all of which can significantly impact child development.

Investing in home visiting programs for Indigenous families also strengthens community bonds, as they often rely on local networks of support and knowledge-sharing. This holistic approach not only empowers parents but also promotes resilience and cultural continuity, ensuring that Indigenous children grow up with a strong sense of identity and connection to their heritage. Ultimately, home visiting programs represent a vital investment in the future of Indigenous communities, laying the groundwork for healthier, more vibrant families and brighter prospects for the next generation.

Addiction Treatment for Pregnant and Parenting People

Providing more addiction treatment for mothers during the perinatal period is essential for safeguarding the health and well-being of both mothers and their babies. By offering targeted addiction treatment during this critical time, healthcare providers can address the specific needs of pregnant individuals, helping them overcome substance use challenges while ensuring the safety and health of their unborn children.

Access to comprehensive, evidence-based treatment programs that include prenatal care, counseling, and support groups can empower mothers to develop strong, nurturing relationships with their babies. Culturally congruent care is particularly important in Indigenous communities, where historical trauma and systemic barriers can contribute to high rates of substance misuse. Tailoring addiction treatment to respect cultural values and traditions not only enhances trust in healthcare systems but also promotes holistic healing for mothers and families.

Moreover, addressing addiction during the perinatal period can significantly reduce the risk of intergenerational cycles of substance use and trauma. By investing in maternal addiction treatment, we can create a supportive environment that fosters recovery, promotes healthy bonding, and ultimately leads to healthier, more resilient families.

Cultural Supports

Increasing access to cultural resources and practices for Indigenous families is vital for fostering identity, resilience, and well-being within these communities. Cultural engagement plays a crucial role in the development of a strong sense of self and belonging, particularly for Indigenous children, who thrive when they are connected to their heritage, language, and traditions. Access to cultural practices—such as storytelling, traditional crafts, ceremonies, and language revitalization—empowers families to pass down their history and values, strengthening familial and community ties.

Moreover, cultural participation has been shown to improve mental health outcomes, reducing the effects of historical trauma and contemporary stressors faced by Indigenous communities. By providing opportunities for cultural engagement, families can build supportive networks that promote healing, resilience, and mutual understanding. These cultural connections also serve as protective factors against the challenges posed by systemic inequities, offering Indigenous families tools to navigate and thrive in a rapidly changing world.

Investing in cultural access also addresses the ongoing impacts of colonization, which have historically suppressed Indigenous identities and practices. By promoting cultural revitalization and accessibility, we can support Indigenous families in reclaiming our narratives and celebrating our heritage. Ultimately, enhancing access to culture for Indigenous families not only contributes to individual and community well-being but also ensures the preservation of rich traditions and identities for future generations.

Basic Needs

Supporting the basic needs of pregnant and parenting Indigenous women is crucial for promoting their health and well-being, as well as the overall welfare of their families and communities. Indigenous women often face a range of systemic barriers, including economic instability, lack of access to healthcare, and limited availability of resources that can negatively impact their pregnancies and parenting experiences. Addressing these basic needs —such as access to nutritious food, stable housing, quality prenatal and postnatal care, and mental health support—ensures that Indigenous mothers can focus on their health and the health of their children.

Meeting these needs not only improves maternal and infant health outcomes but also fosters a sense of security and stability, allowing mothers to engage more fully in their children's lives and development. Culturally competent support services that recognize and respect Indigenous traditions and values are essential for empowering mothers and strengthening family bonds. By investing in programs that provide resources and support tailored to the unique challenges faced by Indigenous families, we can help break the cycle of poverty and health disparities that have historically impacted these communities.

Furthermore, supporting pregnant and parenting Indigenous women has a ripple effect on future generations, as healthier mothers raise healthier children who are more likely to thrive academically, socially, and emotionally. Ultimately, prioritizing the basic needs of Indigenous women is an investment in the future of their communities, fostering resilience, cultural continuity, and a stronger foundation for the next generation.

Trusted Resources

There is a critical need for increased prenatal care, lactation support, doula care, and mental health services in Native American communities, as these resources are often limited or inaccessible. High rates of maternal and infant mortality, as well as health disparities like gestational diabetes and preterm births, highlight the importance of comprehensive prenatal care that is culturally sensitive and accessible. Doula care, in particular, can play a transformative role by offering personalized support during pregnancy, birth, and postpartum, ensuring that Native mothers receive the emotional and physical care they need. Culturally informed lactation support is equally vital, encouraging breastfeeding practices that promote infant health while respecting Indigenous feeding traditions. Additionally, many Native mothers face mental health challenges stemming from historical trauma, socioeconomic stressors, and systemic inequities, making expanded mental health services essential for fostering emotional well-being and building stronger, healthier future generations.

Throughout the listening sessions we heard from Indigenous families that there is already amazing work happening in community. Below are a list of trusted community partners that were named by several families throughout our listening session.

CENTER for INDIGENOUS MIDWIFERY

Center for Indigenous Midwifery, based in Olympia is a National organization whose mission in strengthening community by honoring, supporting, and reclaiming Indigenous midwifery care.
Locally, they provide a variety of classes for families, trainings for BIPOC birthworkers and occasionally attend births

Hummingbird Indigenous Family Services is a Seattle based non-profit serving Native American, Alaska Native, Native Hawaiian and Pacific Islander mamas and pregnant people. They service families in King, Pierce and Snohomish counties. Their mission is Health Indigenous babies, born into healthy Indigenous families, supported by healthy Indigenous communities. They do thie through a variety of services including doulas, Home Visiting and guaranteed basic income.

Hummingbird
INDIGENOUS FAMILY SERVICES

NAWDIM

NAWDIM is a collective of Native care providers, community members, grandmas and our allies who provide advocacy, education and support for American Indian and Alaska Native infants, moms and families in Washington State.
NAWDIM provides cradleboard classes throughout the state of Washington.

Our mission is to establish a cultural home, center community power, and advocate to the further the wellness of our Pacific Islander communities physically, culturally, socially, and spiritually. PICAWA traditional foods program has been beneficial to many Pacific Islander families.

The Pacific Islander Health Board seeks to cultivate resiliency within our communities to achieve health equity through culturally safe and community-driven solutions, traditions, advocacy, and policies. The PIHB offers doula support, childbirth ed and patient navigation.

The Ttáwaxt Birth Justice Center, created and led by Native women, is a 501(c)(3) non-profit organization serving families on and near the Yakama Nation Reservation. They offer pre and postnatal care, reproductive healthcare, breastfeeding support, childbirth education, cultural classes, plant medicine, and other support for families.

The Indigenous Birth Justice Network offers restorative education
and advocacy that includes remembering and revitalizing ancestral
knowledge, cultural practices, and central healing, IBJ takes responsibility for caring for babies, moms and families before, during and after giving birth.

Melody and Roselle Fryberg are Tulalip sisters with a passion for supporting pregnant Tulalip families. Their work is truly grassroots-sharing birth info on social media, being of support to birthing families and opening their home to welcome the newest Relatives born into the community.