

How can we improve health outcomes?

First-of-its-kind report examines health and well-being of California American Indian and Alaska Native mothers and babies.

Background

California is home to the largest population of American Indian and Alaska Native (AIAN) people of any state in the nation. AIAN families live in Rancheria, rural and urban communities throughout the state, and represent diverse cultures and histories. Their resilience is drawn from cultural practices, kinship, connection to place and collective successes.

Despite many strengths, AIAN mothers and infants have experienced heavy burdens of disproportionately high mortality and poor health outcomes. The outcomes have been attributed to social policies that caused economic marginalization and the disruption of cultural and familial systems that form the foundation of healthy AIAN communities.

The Maternal, Child and Adolescent Health Division (MCAH) of the California Department of Public Health in



partnership with tribal and urban Indian stakeholders have developed this report to fill an important information gap on the health status of AIAN mothers and infants, and to advance health equity for AIAN families.

Key findings:



The California AIAN infant mortality rate has remained high, while overall infant mortality in California has declined steadily since 2005, suggesting that **AIAN infants are not equally benefiting from social and medical advances** that have reduced infant mortality for other California populations.



Infant deaths due to **sudden infant death syndrome (SIDS) and sudden unexpected infant death (SUID)** were both three times higher for AIAN infants compared to California infants overall.



Mothers of AIAN infants were more than two times as likely to use **commercial tobacco** before, during and after pregnancy compared to California mothers overall.

Key findings continued:



Intimate partner violence during pregnancy was nearly twice as common among mothers of AIAN infants as California mothers overall. But nearly all women reported the presence of social and practical support during pregnancy.



More mothers of AIAN infants continued to **exclusively breastfeed** at two months postpartum than California mothers overall.



Defining the population

Findings in this report are presented using an expanded definition of AIAN that allowed for multiple races and ethnicities, which more closely aligns with both legal and community-held conceptions of AIAN identity. This definition addresses concerns of undercounting AIAN births that can result from the use of narrower definitions. According to the expanded definition, there are nearly 13,000 AIAN births in California each year. This is seven times greater than the number of births using the narrower standard definition.

Providing Title V support

MCAH provides Title V funding to Indian health programs to strengthen the American Indian perinatal health system in Tribal and Urban Indian communities. This includes the Family Spirit home visiting program. Services include direct case management and care coordination to assist pregnant women with an American Indian baby to receive health care monitoring, education, emotional support, and referrals to social services during pregnancy and six weeks post-delivery.



The striking disparities and many protective factors described in this report can be used to elevate the importance of AIAN maternal and infant health and to inform the development of policies, programs and services designed to promote health equity.

All efforts to improve the health of AIAN mothers and infants should be undertaken in partnership with tribal or urban Indian communities and build upon their many strengths.

Read the full report to gain a comprehensive understanding on these and many additional maternal and infant health outcomes among California's American Indian and Alaska Native population at www.cdph.ca.gov/MIHA.