

National Indian
Health Board



SUMMARY REPORT

**2025 TRIBAL
MMRC CONVENING**



CONVENING OVERVIEW

CENTRAL CITY ROOM | THE BROWN PALACE HOTEL | DENVER, CO

Strong Beginnings: 2nd Convening on Tribal Maternal Mortality Review was held June 2–4, 2025, in Denver, Colorado. The event was hosted by the National Indian Health Board and in partnership with Center for Disease Control and Prevention.

PURPOSE

Building on the 2023 Tribal Maternal Mortality Review Convening, the 2025 gathering aimed to deepen national conversations and support the co-creation of Tribal-led review models. The focus remained on advancing culturally grounded and data-sovereign approaches to improving maternal health outcomes for American Indian and Alaska Native communities.

Development of Summary Report

The following summary aims to provide a high-level summary of the Strong Beginnings: 2nd Convening on Tribal Maternal Mortality Review. The focus is to capture themes, takeaways, recommendations, and reoccurring topics of discussion over the course of the two-day gathering. It's important to note that many of the conversations and recommendations extended beyond the direct scope of Tribal MMRCs, touching on related projects and initiatives that are parallel and in progress.

The findings, recommendations, and requests come from all participants engaged in discussion, planning, and brainstorming. To best reflect on the process, NIHB has drafted this summary to lift and honor the voices and feedback of community members, Tribal-serving organizations, and Tribal Epidemiology Centers.

The Convening's Steering Committee, composed of five maternal and child health experts, assisted in facilitating group discussions and in reviewing and finalizing this report.

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CONVENING GOALS

THE PLANNING OF THE 2025 CONVENING was led by NIHB staff, a Native consultant, and NIHB's five newly established Maternal and Child Health Steering Committee members. Collaborative meetings, funding, and technical assistance were provided by the Center for Disease Control and Prevention. The following goals and exploratory topics were established to guide the agenda building:

- Learning about new initiatives in state MMRCs including AI/AN subcommittees, incorporating a Tribal lens into current MMRC processes, and perspectives on barriers and opportunities in implementing Tribal MMRCs.
- The importance of data collection system and policy has changed since 2023, and other recent changes that affect the development and implementation of Tribal MMRCs across regions.
- Having discussion on four main areas of developing and implementing Tribal MMRCs. These areas included Tribal representation in current MMRCs, the collection and use of MCH data to advise MMRCs, partners needed for Tribal MMRCs, and traditional/cultural practice to integrate in Tribal MMRCs.
- Determining what “A Next Steps” strategy would be with an aligned vision for the future of Tribal MMR.

CONVENING AGENDA & STRUCTURE

THE 2025 CONVENING included plenary sessions, a panel, group discussions, and working groups. This structure was designed to uplift as many voices as possible and foster collective learning. Each day opened and closed with prayer from a local Elder, who shared reflections on the sacred role and strength of women and mothers. To honor shared leadership, it was important that the direction and outcomes of each day were not solely shaped by NIHB and CDC staff.

On the first day, all attendees were invited to introduce themselves, speak to their home community or organization, and share what called them to this work in Tribal Maternal Mortality Review or maternal and child health.

This intentional space created a foundation of shared purpose, where values, relationships, and resilience guided the work ahead.

Strong Beginnings: 2nd Convening on Tribal Maternal Mortality Review was held June 2-4, 2025, in downtown Denver, Colorado.



CONVENING AGENDA & STRUCTURE



A. PLENARY SESSIONS

■ Plenary sessions on the first day explored community-led programming, strengths-based approaches, policy considerations for Tribal MMRs, and data sharing and sovereignty. These presentations laid the groundwork for shared understanding and set the stage for deeper discussion and collaboration during the second day's working groups.

B. WORKING GROUP STATIONS

■ On the second day, four rotating working group discussions were held, facilitated by experienced discussion leaders, including several members of NIHB's Maternal and Child Health Steering Committee. The working groups focused on four key areas: the current state of MMRCs, maternal and infant health data, partners for Tribal MMRs, and traditional and cultural practices. Attendees were randomly assigned to groups, and facilitators rotated between each station. Groups were given 20 to 25 minutes to engage in each discussion, guided by reflective questions and prompts offered by the facilitators.

C. PANEL

■ On the second day, the panel discussion *"Experiences and Efforts"* created space for attendees to learn from the lived and professional experiences of AI/AN women. Panelists shared their roles in serving MMRCs, advancing AI/AN representation within state systems, and building knowledge and education around Tribal MMR efforts. The panel featured four speakers and a moderator; each offering insight rooted in both expertise and community connection.

D. GROUP DISCUSSIONS & REFLECTIONS

■ Each day concluded with a facilitated group discussion centered on reflections and key takeaways. These sessions were led by leaders in maternal and child health strategy, guiding participants through collective storytelling and thoughtful dialogue. Many of these moments included open-ended questions that sparked deeper discussion and offered valuable feedback to both NIHB and CDC.

KEY THEMES AND TAKEAWAYS

A. TRIBAL MMRC MODELS REPRESENTATION

- Engaging in structured brainstorming and planning for the revision/additional Tribal-led MMRC models, including national-level and regional consortium options.
 - Feedback suggests that the four potential Tribal MMRC models were created without proper stakeholder engagement. A participant stated, “those of us in this room are doing the work, but none of us were part of the initial model discussions. Our Elders were not consulted either.”
 - Participants discussed the potential of regional support and learning opportunities from a state-level and Tribal level. This could look like reoccurring meetings

B. TRIBAL REPRESENTATION IN MMRCs

- Barriers to participating in state-led MMRCs include:
 - Racial misclassification and data inaccessibility
 - Gatekeeping in state-appointed roles
 - Participants emphasized that tokenism and unequal power structures persist within state MMRCs. While Tribal representation is often included to satisfy participation requirements, it rarely comes with real decision-making power, authority, or autonomy. Tribal members are invited to the table, but not always given space to influence discussion, planning, or policy direction. This dynamic reinforces imbalance and limits the ability of Tribal voices to meaningfully shape maternal health systems that affect their own communities.
- Positive examples of Tribal members engaging and leading (e.g., Arizona’s AI/AN subcommittee) demonstrate the value of open application processes and Tribal-community partnerships.



C. DATA SOVEREIGNTY AND INFRASTRUCTURE

Widespread challenges in accessing maternal health data:

- Lack of Data Sharing Agreements (DSAs) and timely data sharing across agencies and states.
- Inadequate tracking of breastfeeding, postpartum morbidity, and care delays.
- Gaps in urban Native data and cross-jurisdiction care tracking.

KEY THEMES AND TAKEAWAYS

- Strong call for:
 - Indigenous PRAMS or postpartum data collection.
 - Greater Tribal Epidemiology Center involvement.
 - Ensure that the Tribal MMRC process captures strengths-based indicators alongside risk factors, including storytelling and interviews so that findings reflect not only challenges but also resilience, protective factors, and cultural practices that support and makeup Native mothers and their families.

D. CULTURAL AND TRADITIONAL KNOWLEDGE

- Breastfeeding, traditional medicine, and inclusive birthing practices are under-supported in current systems.
- Facilities need policy shifts to reflect community values (e.g., bringing babies to work, smudging practices, birth preference guides).
- LGBTQ+ and Two Spirit families are often invisible in data and practice; inclusive language and staff diversity are essential.

E. CAPACITY AND FUNDING

- Tribal MMRCs must be funded long-term, not piecemeal to ensure capacity stability.
- Tribal MMRCs should ensure that all abstractors and community reviewers are compensated for their time and receive training.
- There's a call for funders and agencies to adapt their reporting requirements to better align with Tribal timelines and realities.

RECOMMENDATIONS FOR NEXT STEPS

While not every recommendation is listed, these themes and specifications are those that arose frequently. These recommendations are based on participant feedback and group discussions.

A. POLICY AND INFRASTRUCTURE

- Identify the development of a national Tribal MMRC model with federal protections as a priority area for further exploration.
- Develop pathways for Tribal resolutions and sovereignty-led policy frameworks that strengthen Tribal MMRCs and distinguish them from state-run extensions.
- Encourage all state MMR programs to adopt an open application process for MMRC membership.

RECOMMENDATIONS FOR NEXT STEPS

B. DATA SOVEREIGNTY

- Increase training and funding for Data Sharing Agreements (DSAs) and MOUs between states and Tribes.
- Build a centralized hub for maternal health datasets, resources, and recommendations.
- Support Tribes and UIOs in creating their own evaluation systems and data collection tools.

C. CAPACITY BUILDING

- Develop a training pipeline for Native MMRC reviewers, including cultural humility, data analysis, and storytelling integration.
- Compensate Indigenous subject matter experts and abstractors.
- Provide opportunities for peer learning, mentorship, and role-specific training.

D. CONVENING AND COLLABORATION

- Establish a frequent, reoccurring learning circle or webinar series to continue sharing updates and strategies.
- Host a funders' roundtable to explore sustained investment in Tribal MMR efforts.
- Update the four MMRC model handouts (created in 2020) to reflect expanded and emerging options, led by appropriate and engaged stakeholders.
- Continue building spaces like Community of Practices for networking and shared advocacy.
- A Tribal MMRC Convening in 2026 was requested to be hosted by NIHB by partners & attendees.
- Explore interest and involvement in regional or cross-state learning opportunities in the form of quarterly meetings.

DISCLOSURE NOTICE This Tribal MMRC Convening is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$150,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

INDEX

AI/AN - AMERICAN INDIAN AND ALASKA NATIVE

CDC - CENTERS FOR DISEASE CONTROL AND PREVENTION

DSA - DATA SHARING AGREEMENT

MCH - MATERNAL AND CHILD HEALTH

MMR - MATERNAL MORTALITY REVIEW

MMRC - MATERNAL MORTALITY REVIEW COMMITTEE

MOUS - MEMORANDA OF UNDERSTANDING

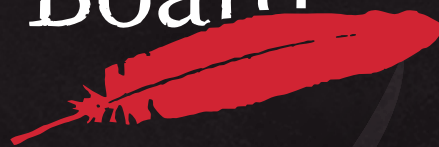
NIHB - NATIONAL INDIAN HEALTH BOARD

PRAMS - PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

TEC - TRIBAL EPIDEMIOLOGY CENTER

UIO - URBAN INDIAN ORGANIZATION

National Indian Health Board



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SOVEREIGNTY. STRENGTH. EQUITY.