

STORIES *of* HEALING, POLICY, *and* PARTNERSHIP

AYA

ISSUE II SUMMER 2026

A JOURNEY *of* TRIBAL HEALTH

FINDING OUR PATH



AN UPDATE ON
NIHB'S STRATEGIC PLAN

INSIDE

UPDATES ON HR 1
IMPLEMENTATION

MATERNAL
HEALTH

BEHAVIORAL
HEALTH

**AND
MORE**





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THE NATIONAL INDIAN HEALTH BOARD

MISSION STATEMENT

ESTABLISHED BY THE TRIBES TO ADVOCATE AS
THE UNITED VOICE OF FEDERALLY RECOGNIZED
AMERICAN INDIAN/ALASKA NATIVE TRIBES, NIHB SEEKS
TO REINFORCE TRIBAL SOVEREIGNTY, STRENGTHEN TRIBAL
HEALTH SYSTEMS, SECURE RESOURCES, AND BUILD
CAPACITY TO ACHIEVE THE HIGHEST LEVEL OF
HEALTH AND WELL-BEING FOR OUR PEOPLE.

THE NATIONAL INDIAN HEALTH BOARD (NIHB)

represents Tribal governments — both those that operate their own health care delivery systems through contracting and compacting, and those receiving health care directly from the Indian Health Service (IHS).

Located in Washington, DC on Capitol Hill, NIHB, a non-profit organization, provides a variety of services to Tribes, Area Health Boards, Tribal organizations, federal agencies, and private foundations, including:

- *Advocacy*
- *Policy Formation and Analysis*
- *Legislative and Regulatory Tracking*
- *Direct and Timely Communication with Tribes*
- *Research on Indian Health Issues*
- *Public Health Policy and Programs*
- *Program Development and Assessment*
- *Training and Technical Assistance Programs*

PROJECT MANAGEMENT

NIHB continually presents the Tribal perspective while monitoring federal legislation, and opening opportunities to network with other national health care organizations to engage their support on Indian health care issues.

RAISING AWARENESS

Elevating the visibility of Indian health care issues has been a struggle shared by Tribal governments, the federal government, and private agencies. NIHB consistently plays a major role in focusing attention on Indian health care needs, resulting in progress for Tribes.

NIHB advocates for the rights of all federally recognized American Indian/Alaska Native (AI/AN) Tribes through the fulfillment of the historic trust responsibility to deliver health and public health services. Since 1972, NIHB has advised the United States Congress, IHS, federal agencies, and private foundations on health care issues of AI/ANs.

NIHB staff maintains communication with Area Health Boards, Tribal health organizations, Tribes, as well as AI/AN people. NIHB gives voice to Tribal health policy concerns through engagement with national organizations ranging from the Association of State Medicaid directors to the IHS Leadership Council.

TRIBAL PUBLIC HEALTH

NIHB is committed to improving Tribal Public Health through capacity building programs, technical assistance, research, and more. Healthier Native communities will come with an improvement in Public Health resources and infrastructure. Incorporating the Indigenous Determinants of Health is an important part of this work to ensure that agencies and organizations take a culturally appropriate approach to healing.

*Honoring the Past,
Building the Future of Indian
Health Infrastructure* p. 14

STORIES of HEALING, POLICY, and PARTNERSHIP

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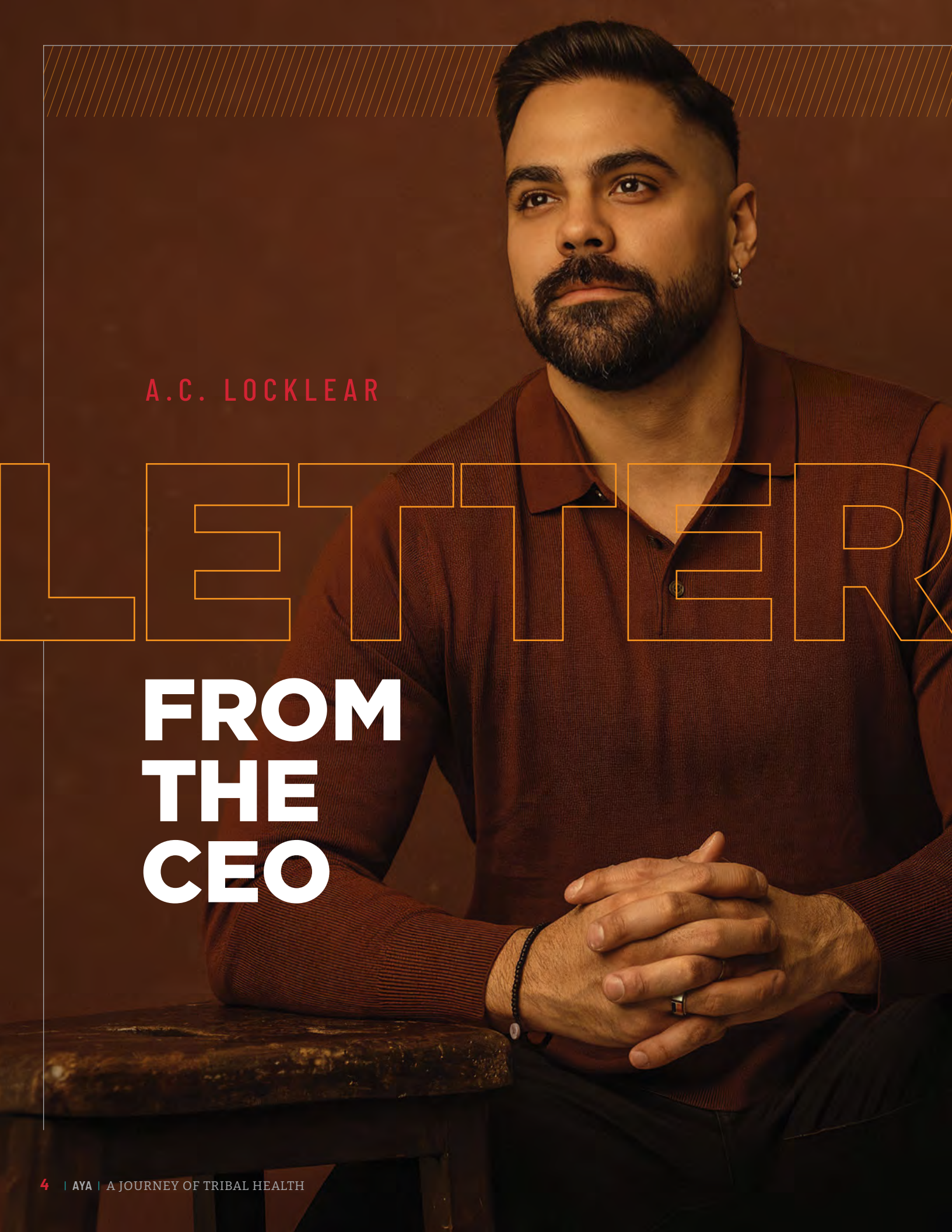
IN THIS ISSUE

Letter from the CEO	4
NIHB STRATEGIC PLAN Finding Our Path	6
2026 Legislative and Policy Agenda	12
70 Years of IHS	14
Tribal Voices Know: The Wisdom That Only Shows Up In Person	16
What HRI Means For Tribal Health	20
Safeguarding Tribal Maternal Mental Health	22
THE IHCA AT 50 A Half-Century of Progress	26
Protecting Tribal Health Care Through Advance Appropriations	28
Behavioral Health	30

Youth, Prevention and Healing in Native Communities Affected by Substance Use	32
MATERNAL MORTALITY REVIEW A Call to Tribal Leaders	34
Prevention Starts Young	37
Strengthening Tribal Preparedness Through PHEP Planning	40
Tribal Response Readiness Checklist	43
Regional Meeting Worksheet	45
SDPI A Proven Investment in Tribal Health	46

National Indian Health Board



A portrait of a man with a beard and mustache, wearing a dark brown polo shirt. He is sitting with his hands clasped on a wooden surface. The background is a solid brown color with a diagonal line pattern at the top.

A.C. LOCKLEAR

LETTER

**FROM
THE
CEO**

OUR ANCESTORS moved through this land without maps, guided instead by knowledge of the land, the seasons, and the trails worn by those who came before. It was passed down so that every generation knew where it stood and where it was headed. *We carry that same inheritance into the work ahead.*

This edition of *Aya* tells the story of how the National Indian Health Board is Finding Our Path for the years ahead. That path is built on three priorities — the same three ways we carry out the mission the Tribes gave us. The first is policy and advocacy — elevating the collective voice of Tribes to defend and advance Indian health where federal decisions are made. The second is capacity building — protecting and growing the resources and capacity of Tribal health systems, and putting tools directly in the hands of Tribal leaders, the Tribal health workforce, and the communities they serve. The third is partnership — aligning philanthropy, industry, and allied partners behind the priorities the Tribes themselves set, so the whole field moves in one direction.

Finding a path begins with knowing where you stand—understanding where you came from and where you are going. From that ground, our record speaks for itself: advance appropriations for the Indian Health Service (IHS), historic increases for the Special Diabetes Program for Indians (SDPI) and for IHS facilities, permanent authorization of the Indian Health Care Improvement Act (IHCIA), and more. These are not NIHB's wins alone but the results of years of persistent determination across Indian Country. Our collective record is robust, and our experience is our greatest strength.

The path ahead is not smooth. The gaps in Tribal maternal health are wide. The IHS provider vacancy rate continues to cost Native lives.

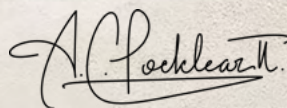
Workforce development, the facilities backlog, and the full funding owed to the Indian Health Service are unfinished business, and the present moment offers no guarantee that hard-won gains will hold.

That is why what comes next matters so much. The importance of this work cannot be overstated. At a time of both opportunity and uncertainty, a clear, community-driven strategy ensures that

NIHB remains focused, responsive, and accountable to the Tribes we serve. Our authority flows from Tribal Nations, and when we carry their priorities into federal policy, into Tribal health systems, and out into the wider field, those systems grow stronger, and the field moves behind them.

We are proud of what we have accomplished throughout the years, but we are even more focused on what comes next. Together, we will continue to advance policies, programs, and partnerships that honor Tribal sovereignty so that Native people can be healthy and whole in every place our relatives call home — now and for generations to come. Once you read this edition of *Aya*, I hope you'll walk with us, as we find our path.

In partnership and purpose,



A.C. LOCKLEAR
CHIEF EXECUTIVE OFFICER
National Indian Health Board

*“Finding a path
begins with
knowing where
you stand.”*





FINDING COVER STORY OUR P

NIHB'S STRATEGIC PLAN

FOR MORE THAN FIVE DECADES, the National Indian Health Board (NIHB) has worked in partnership with Tribal Nations to advance Tribal sovereignty, strengthen health systems, and advocate for the health and well-being of American Indian and Alaska Native people.

PATH

COVER STORY

THE CREATION OF THE National Indian Health Board in 1972 was a crucial moment for Indian Health in the United States. It was a rare moment in time when Federal partners, Tribal advocates, and lawmakers were aligned in their vision, and had the political will behind them to enact that vision.

NIHB WAS BORN from a comprehensive national strategy to improve Indian Health, and we continue to exist today in service of this mission.

Nearly 55 years into our tenure, we've renewed our interest in persistent questions like: "How can we ensure that NIHB is best serving Tribal nations throughout the country?", "What can we do better to call in young and new Tribal leaders to participate with NIHB?", and "Where are we headed?"

As we sat with these questions, we knew we could not answer them alone. In collaboration with Shoreline Consulting, we committed to a strategic planning process grounded in listening, reflection and partnership, to chart the course ahead. At a time of significant change across Tribal health systems, this process provided an opportunity to reflect on where we have been, reaffirm what matters most and, thoughtfully, define what comes next.

We spent the first half of the year traveling throughout Indian Country to listen and learn. From Anchorage to Omaha, Milwaukee to Mashantucket, and Portland to Phoenix, we held eight in-person listening sessions, more than 10 virtual listening sessions, and held 50+ hours of virtual office hours open for Tribal stakeholders to engage with our plan and give us feedback. Additionally, we conducted a national survey, which collected more than 500 responses, each challenging, critiquing, and improving our process.



What we heard was clear: people want NIHB to stay focused on the work that only NIHB can do — federal advocacy and protecting resources for Tribal funding. The community also wants to hear what we're doing more consistently, to respond more quickly, and they want us to be grounded in representing them by knowing the challenges they face daily.

"When Tribes and Tribal health programs give comments and suggestions, they [NIHB] just nod, and some-



NIHB spent the first half of the year traveling throughout Indian Country, holding in-person listening sessions all the way from Anchorage, AK, to Mashantucket, CT. NIHB also held more than 10 virtual listening sessions.



thing should be done with that. Come down to an individual, state, or regional level and actually respond.”

— De-identified Listening Session Participant

THREE THEMES EMERGED CONSISTENTLY:

- 1 Community trust in NIHB is real, but it's conditional;
- 2 Community members want to hear from NIHB more; and

- 3 NIHB can be very broad in its mission, and focus must be protected.

Based on these themes, we know that we need to focus on creating more space where we listen to regions and Tribal Leaders throughout the country, to slow ourselves down, even when we're under tight deadlines, and that we need to prioritize being intentional about the stories we tell and highlight.

COVER STORY

As we begin the second half of the year, we have taken everything we've heard and have made our best effort to translate it into a framework for the future. This initial report will address many of the concerns that were surfaced through our listening sessions, and aligns our organization's trajectory with a vision of improved health for Indian Country.

In our Strategic Plan, you will be reading the wisdom of elders and youth from across the country, expressed through their hopes, dreams, and demands for what the National Indian Health Board means to them. More than that, you'll read how we intend to set actionable, realistic goals to promote Indian health and wellbeing in every corner of Indian Country, throughout local, state, and federal changes.

Additionally, you'll also be able to read about the changes we're adopting to our governance. We're not just continuing on with business as usual — we're changing how NIHB leads in Indian Health. We know that looking forward through the generations, the plan we make today will change outcomes for our grandchildren and great grandchildren.

When you read our first draft, please know that we are just getting started. Our intention is to publish our final Strategic Plan by the end of 2026. There will be more opportunities to engage with our process and participate in making NIHB stronger than ever. Visit our Strategic Plan Resource Hub to learn more about our progress and check in as we go along.



Scan the code to visit our Strategic Plan Resource Hub to learn more about our progress.



NIHB's Strategic Plan will include the wisdom of elders and youth from across the country, expressed through their hopes, dreams, and demands for what the National Indian Health Board means to them.



NIHB works to ensure its priorities are informed by the perspectives of Tribal leaders, health professionals, public health practitioners and others across Indian Country.

The National Indian Health Board's

2026 LEGISLATIVE AND POLICY AGENDA

WHAT IS IT?

Each year, the National Indian Health Board develops its Legislative and Policy Agenda to help guide the organization's work in advancing national Tribal health priorities. The Agenda is shaped by Tribal input, informed by real-world health system needs, reviewed through an organizational process, and approved by our Board, who, together, represent every region within the Indian Health System.

The agenda is designed to help NIHB educate decision-makers, support Tribal Nations, and strengthen Tribal health and public health systems. The 2026 Legislative and Policy Agenda is grounded in NIHB's mission to reinforce Tribal sovereignty, strengthen Tribal health systems, secure resources, and build capacity so that American Indian and Alaska Native (AI/AN) people can achieve the highest level of health and well-being.

HOW DOES IT GET DEVELOPED?

Developing the agenda is an intentional process. NIHB works to ensure that its priorities are informed by the experiences and expertise of Tribal leaders, Tribal health professionals, public health practitioners, partners, and community voices across Indian Country.

Our development process also reflects the foundational principles that guide NIHB's work: upholding the federal trust responsibility, promoting the highest health status possible for Tribal citizens, securing full funding for health services, advancing Tribal sovereignty and self-determination, and incorporating traditional healing practices.

For 2026, NIHB identified multiple opportunities for engagement, including listening sessions, targeted outreach, survey feedback, and collaboration across policy and public health teams. This process was designed to create space for a broad range of perspectives, engaging AI/AN health lead-



ers, healers, experts, Tribal leaders, voices from direct service Tribes and self-governance Tribes, NIHB's Tribal Youth Advisory Committee, and Tribal Epidemiology Centers.

Diverse engagement like that matters because Tribal health policy is not one-size-fits-all. Tribal Nations and communities experience different health system structures, workforce needs, cultural priorities, and public health challenges. A strong national agenda must be broad enough to elevate shared priorities while still remaining grounded in the realities of Tribal Nations and the communities they serve.

A strong national agenda must be broad enough to elevate shared priorities while still remaining grounded in the realities of Tribal Nations.

WHAT HAPPENS THEN?

After input is gathered, NIHB works to identify cross-cutting themes, emerging issues, and areas where national policy action can support Tribally-led solutions. The agenda is then refined through internal review and sent to the NIHB Board of Directors for final approval to ensure the agenda reflects organizational accountability and Tribal leadership.

SO WHAT'S IN THE 2026 AGENDA?

The 2026 agenda provides a roadmap for NIHB's work across priority areas that reflect the breadth of Indian health policy. Three key branches organize the agenda:

1

Protecting the government-to-government relationship

2

Securing comprehensive funding for Indian health

3

Expanding Tribal public health capacity

For NIHB's partners and stakeholders, the agenda also serves as a guide for understanding how NIHB approaches policy development. Specific legislative priorities and positions are

not developed in isolation.

At its core, the 2026 Legislative and Policy Agenda reflects NIHB's commitment to listening, learning, and elevating Tribal priorities. It helps ensure that NIHB's work remains rooted in Tribal sovereignty, responsive to community needs, and focused on the long-term goal of strengthening health and well-being for American Indian and Alaska Native people and communities.

70 YEARS OF IHS

Honoring the Past, Building the Future of Indian Health Infrastructure

IN 2025, the Indian Health Service marked 70 years of service and partnership with Tribal Nations, Tribal consortia, and Tribal Organizations. Since starting operations on July 1, 1955, the mission of IHS has remained focused on raising the physical, mental, social, and spiritual health of American Indian and Alaska Native people to the highest level. That anniversary offers an important

moment to reflect not only on the history of the Indian health system, but also on what is needed to strengthen it for future generations. Across Indian Country, health care is delivered in settings shaped by geography, workforce needs, facility conditions, public health capacity, and the federal government's trust and treaty obligations to Tribal Nations. ***Modern, safe, and reliable facilities are essential to that work.***

In February 2026, the U.S. Department of Health and Human Services announced that \$1 billion in existing departmental resources would be directed toward Indian Health Service facilities infrastructure projects beginning in Fiscal Year 2027. This funding is intended to help address long-standing facility construction needs, including projects connected to the 1993 IHS Construction Priority List.

For Tribal communities, these facilities are more than buildings — they are the foundation for access to care, emergency readiness, behavioral health services, maternal health, specialty care, public health response, and culturally grounded healing. When facilities are outdated, overcrowded, or unable to meet community needs, the impact is felt by patients, providers, families, and entire health systems.

The National Indian Health Board (NIHB) has long emphasized that modern infrastructure is necessary for the Indian health system to deliver high-quality care. NIHB's 2026 Legislative and Policy Agenda identifies sustainable infrastructure as a core priority and notes that IHS and Tribal Nations need flexible funding for hospital and clinic capacity, maintenance, improvement, equipment, and public health facilities.

The \$1 billion investment represents meaningful progress and an important recognition of the federal responsibility to strengthen Indian health infrastructure. At the same time, it should be understood as one step in a much larger effort. Recent reporting has noted that IHS facility needs remain significant, with estimates that completing remaining projects on the 1993 list will require billions more in resources.



As IHS enters its next chapter, the work ahead must remain grounded in Tribal sovereignty, meaningful consultation, and Tribally-led priorities. Investments in facilities should support not only construction, but also the staffing, maintenance, technology, and public health capacity necessary to ensure that new and existing facilities can fully serve their communities.

The U.S. Dept. of Health and Human Services announced that **\$1 billion in existing resources** will be directed toward IHS facilities infrastructure projects **beginning in FY 2027**. The investment represents meaningful progress for Indian health infrastructure.



Seventy years after the creation of IHS, the path forward is clear - honoring the federal trust and treaty obligation requires more than acknowledgment, *it requires action*. The recent facilities announcement is an important step, but lasting change will depend on sustained commitments that match the scale of the need. Every Tribal Nation and community deserves access to safe, modern, and reliable health care facilities. Investing in Tribal health infrastructure is not simply a matter of construction, it is a fulfillment of federal responsibility and a commitment to the dignity, health, and future of American Indian and Alaska Native people.

16 | AYA | A JOURNAL OF THE AMERICAN YOUTH ANTHROPOLOGICAL ASSOCIATION

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New findings from a survey conducted by the National Indian Health Board's Outreach and Education program roundtable suggest that the preference for in-person engagement is not simply about convenience. It reflects something deeper. The survey included 147 respondents from three gatherings: Navajo Area (48), Albuquerque (64), and California (35).

WHAT THE FINDINGS SHOW

Across every question asked, the same answer emerged at rates rarely seen in survey data. Respondents overwhelmingly described in-person gatherings as more engaging, memorable, and effective than virtual alternatives. The pattern held across all three regions, suggesting this is not a local habit but a shared way of being.

Ninety-nine percent said they learned the material better in person, 99% felt more engaged, 95% reported fewer distractions, and 93% said they remembered the material better over time. No result fell below 93%.

But the numbers tell only part of the story. When respondents explained their preferences, they spoke about trust, relationships, oral tradition, presence, and belonging. Such overwhelming agreement is uncommon in survey research and suggests people were responding to something deeper than convenience.

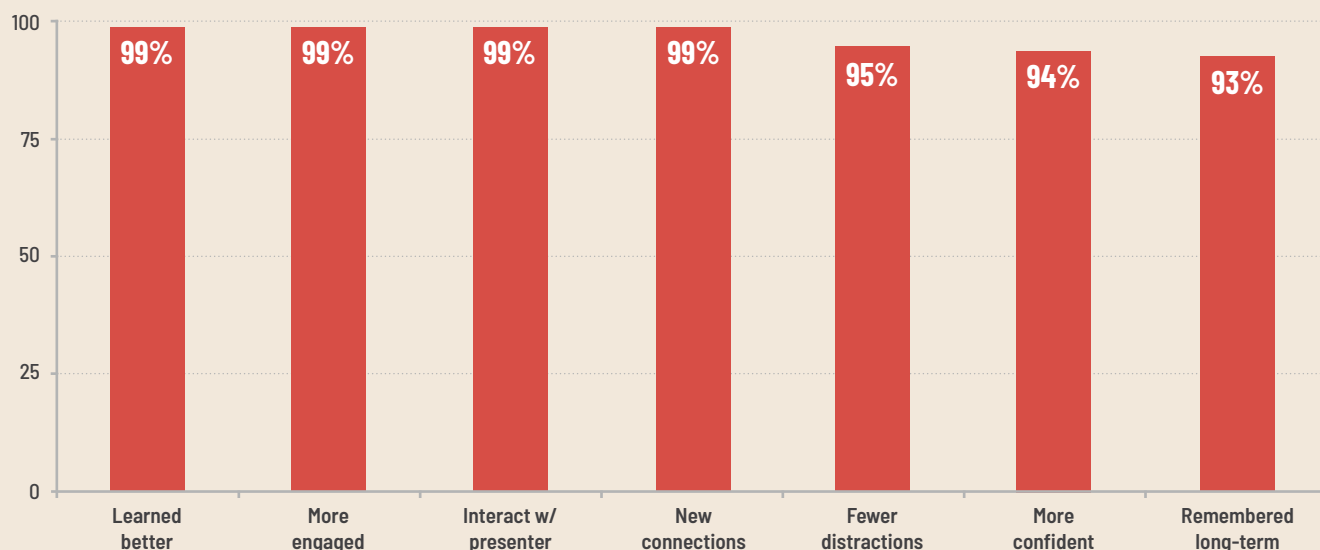
Desire for
in-person
engagement
is about
more than
convenience.



CONTINUED ON PAGE 18

In-person preference, question by question

Share of all 147 respondents choosing in-person over virtual. Lowest bar on the survey: 93%.



WHAT IT MEANS

In many Indigenous traditions, knowledge is inseparable from relationship. Learning happens through presence, observation, humor, shared meals, storytelling, and time spent together. Respondents repeatedly distinguished between receiving information and building trust.

Virtual meetings share information. In-person gatherings build trust.

Trust is not simply a byproduct of learning: it is part of how knowledge becomes meaningful and actionable within a community. Relationships formed before, during, and after a training create networks of support and shared understanding that continue long after the agenda ends.

Viewed through the lens of community sovereignty—the ability of Tribal communities to sustain and exercise their

own ways of knowing, teaching, connecting, and making decisions—these findings represent more than learning preferences. Participants described learning through storytelling, observation, and conversations outside the formal agenda. They identified themselves as visual, hands-on learners and emphasized the importance of oral traditions in passing knowledge to younger generations.

Knowledge is not something that exists only in manuals or slides. It is carried through people, relationships, stories, and lived experience.

Seen this way, the survey reveals more than a preference for training formats. It highlights community sovereignty: the power of Tribal communities to determine for themselves how knowledge is shared, relationships are built, and future generations are taught.

WHY THIS MATTERS NOW

For many Tribal communities, virtual engagement is not only less preferred, it is often less accessible. Broadband infrastructure remains uneven across Indian Country,

We rely on oral traditions to pass knowledge to the younger generations.

limiting participation in online trainings and professional development opportunities.

Barriers like broadband access affect who participates, who has access to information, and whose voices are included. As organizations balance digital convenience with community engagement, these findings offer an important reminder: efficiency is not the same as connection. Expanding access requires more than delivering information. It requires opportunities for meaningful participation and relationship-building.

CLOSING

Tribal communities have understood this for generations. Some forms of wisdom only fully appear when people gather together. The survey suggests that what people value most may not be information itself, but the trust, relationships, and cultural continuity that emerge when a community comes together. In that sense, the preference for in-person gatherings is not only about learning. It is about sustaining and practicing community sovereignty.



New findings from a survey conducted by the National Indian Health Board's Outreach and Education program roundtable suggest that the preference for in-person engagement is not simply about convenience. Respondents overwhelmingly described in-person gatherings as more engaging, memorable, and effective than virtual alternatives.



WHAT HR1 MEANS FOR TRIBAL HEALTH

And Where We're at Now

THE ENACTMENT of HR1 marks one of the most significant changes to federal health policy in recent years. The law includes sweeping changes to Medicaid, the Affordable Care Act (ACA) Marketplaces, and other federal health programs that support access to care in Tribal communities. This includes changes to Medicaid eligibility, enrollment, and program administration, such as new community engagement requirements for certain adults and more frequent Medicaid eligibility reviews for many beneficiaries. For Tribal Nations, the stakes are particularly high. As federal agencies and states begin implementing the law, the practical impact of HR1 on Tribal communities will depend not only on what Congress enacts, but on how those provisions are carried out and whether protections for American Indian and Alaska Native (AI/AN) beneficia-

appropriations, Tribal resources, third-party revenue, and other funding streams. As Tribal communities continue to confront chronic underfunding, workforce shortages, and growing demand for services, Medicaid reimbursements help Tribal facilities recruit and retain providers, expand behavioral health services, improve care coordination, and increase access to care in communities that often face significant geographic and workforce challenges. Because Medicaid serves as both a source of health coverage and a critical source of program financing, changes to Medicaid policy can affect not only individual beneficiaries but also the resources available to Tribal health programs.

Recognizing Medicaid's importance to Tribal beneficiaries and Tribal health programs, Tribal Nations, Tribal organizations, NIHB, and other advocates worked, in response, to ensure that the legislation reflected the unique

HR1 includes sweeping changes to Medicaid, the ACA Marketplaces, and other federal health programs. For Tribal Nations, the stakes are particularly high.

ries are effectively administered in practice.

Medicaid's role in the Tribal health system reflects the federal government's ongoing recognition of the federal trust responsibility and has become an essential component of how Tribal communities access care and sustain health programs. The Tribal health system is funded through a combination of Indian Health Service (IHS)

legal and political relationship between Tribal Nations and the federal government. Those efforts helped preserve important protections for AI/AN beneficiaries,

including exemptions from Medicaid community engagement requirements and six-month Medicaid eligibility redeterminations, as well as longstanding AI/AN cost-sharing protections. These provisions are significant because they preserve access to coverage while reaffirming a longstanding principle underlying federal Indian policy: Tribal Nations occupy a unique political status that requires

distinct consideration in federal health programs. The preservation of these protections reflects the impact of Tribal advocacy and reinforces the need for federal health policies affecting AI/AN people to account for Tribal sovereignty and the federal trust responsibility.

However, statutory protections alone do not guarantee that beneficiaries will experience those protections in practice. Therefore, implementation is the next critical phase of advocacy for Tribal Nations. Through regulatory comments, Tribal consultation, and ongoing engagement with the CMS Tribal Technical Advisory Group (TTAG), Trib-



cations for access to care. Even when AI/AN beneficiaries are statutorily exempt from certain requirements, challenges such as misclassification, inconsistent verification practices, or gaps in data sharing can create barriers to coverage or result in beneficiaries being improperly subjected to requirements from which they are exempt. For Tribal health programs, these challenges extend beyond individual enrollment because disruptions in cov-



LEFT AND ABOVE Tribal Leaders provide direct feedback to CMS Administrator Dr. Mehmet Oz at the CMS Tribal Technical Advisory Group (TTAG)

al leaders have focused on ensuring that states and federal agencies implement HR1 in ways that accurately identify AI/AN beneficiaries, consistently apply statutory exemptions, and minimize unnecessary administrative barriers. Recent Tribal advocacy has focused on how states and federal agencies will operationalize the AI/AN protections included in HR1, including how AI/AN beneficiaries are identified, what verification standards are used, how eligibility information is shared with Tribal health systems, and whether Tribal Nations are consulted when policies and operational processes affecting their citizens are developed.

These implementation issues have significant impli-

eration can affect Medicaid reimbursement that supports the delivery of health care services throughout the Tribal health system. As federal agencies continue to develop guidance, and states begin implementing HR1, Tribal Nations will remain engaged to ensure that longstanding Tribal Medicaid protections are preserved and effectively administered. The success of implementation will ultimately depend on whether AI/AN beneficiaries can access the protections established in law without unnecessary administrative burden, and whether Tribal health systems have the tools and information needed to support their patients.

A pregnant woman is shown in silhouette, her hand resting on her belly. She is positioned on the right side of the frame, looking out over a vast, green field under a bright, hazy sunset sky. The sun is low on the horizon, creating a strong lens flare and a warm, golden glow that permeates the scene. The overall mood is peaceful and contemplative.

SAFEGUARDING

TRIBAL MATERNAL MENTAL HEALTH

Why Flexible Federal Funding Matters

A **CROSS INDIAN COUNTRY**, federal behavioral health and maternal health grants play an important role in supporting culturally grounded wraparound services for American Indian and Alaska Native (AI/AN) mothers. Pregnancy and the postpartum period are critical windows when AI/AN mothers need consistent, comprehensive health care to protect their well-being. Because Tribal health systems often combine multiple funding sources across federal agencies, these programs collectively form a braided continuum of care that extends well beyond clinical services.

This continuum of care is essential because AI/AN mothers are the pillars of Tribal communities as life givers, culture bearers, and stewards of tradition. Motherhood for Tribal Nations is not only a personal experience, but a communal responsibility deeply connected to AI/AN cultural identity.

CONTINUED ON PAGE 24

RIGHT Dancers perform at the 2025 Alaska Federation of Natives Annual Conference. Recent uncertainty surrounding federal behavioral health funding has raised concerns for Tribes about the long-term stability of maternal behavioral health program grants.

Despite this foundational role and the level of care available today, AI/AN mothers face persistent and significant maternal behavioral health disparities. While research on maternal behavioral health in Tribal communities is still emerging, initial data indicate that the prevalence of maternal depression for AI/AN women in the United States ranges greatly. AI/AN mothers also experience higher rates of mental health conditions during pregnancy and the postpartum period compared to the average U.S. population.

These disparities are rooted in longstanding inequities in healthcare access, chronic underfunding of Tribal health systems, and workforce shortages that disproportionately affect Native women. In addition, historical trauma and sexual violence continue to shape Tribal maternal behavioral health.

Programs such as the Community-Based Maternal Behavioral Health Services Program or Circles of Care for American Indian/Alaska Natives help support transportation assistance, peer support networks, case management, traditional healing practices, family support services, and culturally responsive behavioral health interventions. These types of Tribal maternal mental health services are crucial to strengthening and supporting Native mothers and families across the perinatal period.

Key to these programs are the federal grants that fund the wraparound services necessary for Tribes to respond to the unique behavioral health needs of their commu-



nities. Federal grant priorities continue to change across agencies, and it is essential that the funding streams that support critical Tribal wraparound services and programs are protected.

That said, recent change and uncertainty surrounding federal behavioral health funding raises concerns for Tribes on the long-term stability of maternal behavioral health program grants. For example, in January 2026,



the potential impacts of these changes and collected nearly 300 stories from Indian Country detailing the impacts these grant terminations would have. While the grants were ultimately restored, the incident highlights the fragility of Tribal behavioral health programs when there is not stable, consistent funding.

We at the National Indian Health Board remain committed to advancing maternal behavioral health as a policy priority, and continue to advocate for sustained, reliable, and flexible federal investments that support the health and well-being of AI/AN mothers, children, and families.



the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) issued grant termination notices to more than 2,000 grantees nationwide, including Tribes, Tribal organizations, and Urban Indian Organizations. The notices created uncertainty for critical mental health programs, including services serving Native mothers and families. The National Indian Health Board engaged with federal partners to communicate

Protecting and strengthening Tribal maternal mental health services is more than a health care issue, it is an investment in future generations. ***When Native mothers are supported, families are strengthened, communities thrive, and Tribal Nations are better positioned to carry their cultures, traditions, and resilience forward for generations to come.***



President Approves 94-437 Appropriations

WASHINGTON, D.C.—P.L. 94-437, the Indian Health Care Improvement Act, has now been guaranteed \$94.4 million for its first year of implementation.

Approved by Congress earlier last month, the appropriations act which funds the Indian Health Service and Fiscal Year 1978 operations of P.L. 94-437 was signed into law by President Carter on July 26.

Meanwhile, the Implementation Plan for the act is already over two months behind schedule. P.L. 94-437 mandated that the Secretary of Health, Education and Welfare present the plan to Congress no later than May 28, however as reported by IHS it is still being processed by the office of the Secretary.

Final rules and regulations for the law, to have been published July 31 have also been delayed by the HEW approval process. Final regulations are presently being written by the Public Health Service General Counsel, and according to IHS, may not leave that office for another



A HALF-CENTURY OF PROGRESS

The Indian Health Care Improvement Act at 50

2026 MARKS THE 50th anniversary of the Indian Health Care Improvement Act (IHCIA), the landmark legislation which strengthens the statutory basis and ensures the future of the Indian health system. When IHCIA was enacted in 1976, Congress affirmed that it is the responsibility of the United States to provide “the highest possible health status” for all American Indians and Alaska Natives (AI/ANs), in recognition of the unique legal obligation the United States has to Tribal Nations. This law provided the structure to achieve this goal, both through the development of Indian Health Service (IHS), as well as ensuring the resources necessary through Medicare and Medicaid reimbursement. IHCIA transformed federal trust and treaty obligations into a durable framework for building services, facilities, workforce capacity, and for the development of public health programs across Indian Country.

Passed by Congress and signed into law by President Jimmy Carter (right), the IHCIA was landmark legislation for the AI/AN community

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LEFT The August 1977 edition of the NIH Health Reporter announcing that President Jimmy Carter had signed the IHCIA into law.

In the 1970s, Tribal communities faced some of the poorest health outcomes in the nation, and IHS was plagued with inadequate facilities, limited resources, and severe workforce shortages. Tribal advocates urged Congress to reform the system. Together with the Indian Self-Determination and Education Assistance Act (ISDEAA), Tribal leaders, advocates, and partners were able to fight to secure not only increased funding, but a structure which would work for Tribal Nations *on our own terms*.

Over the next fifty years, IHCIA would support the evolution of IHS from a system focused on direct clinical services into the broader network of federal, Tribal, and urban Indian health systems we know today. IHCIA helped expand training for Tribal health professionals, provided for the modernization of IHS and Tribal facilities, strengthened public health capacity, and supported new approaches to prevention, behavioral health, and specialty care. It also reinforced Tribal self-determination by helping Tribes build, and operate, their own health systems, responding to unique community needs and cultural concerns while remaining part of the national Indian health care system and maintain the federal funding owed to Tribal Nations.

The importance of IHCIA was reaffirmed in 2010 when Congress permanently reauthorized the law through the

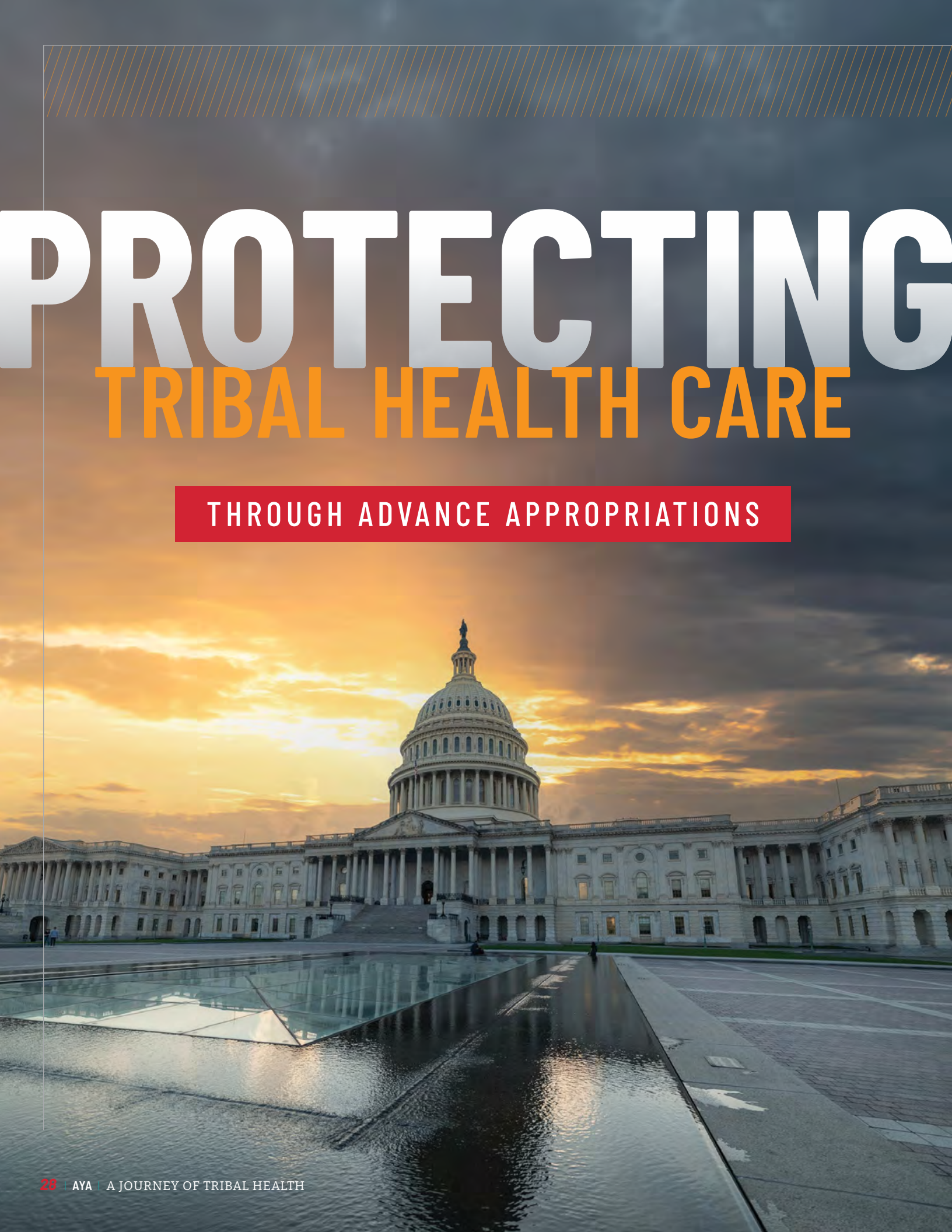
***This milestone
is also a chance
to reflect on work
that remains***



Affordable Care Act after nearly two decades of temporary extensions. Permanent reauthorization represented one of the most significant advances in Tribal health policy in a generation. It modernized the Act to address emerging health challenges and expanded authorities, including strengthening provisions related to Medicare, Medicaid, and third-party billing, helping ensure that Tribal health programs could fully access reimbursement opportunities available through federal and private health insurance programs.

As we commemorate the 50th anniversary of IHCIA, we honor the generations of Tribal leaders, health professionals, advocates, and policymakers who fought for its original passage, and later secured its permanent reauthorization. Their efforts helped transform the Indian health system by expanding access to care, strengthening health programs, and creating opportunities to address longstanding health disparities.

The anniversary also provides an opportunity to reflect on the work that still remains. As Tribal Nations and federal partners look toward the next fifty years, increased federal investment, mandatory funding, and expounding upon IHCIA will be essential to building on this progress and ensuring that the Indian health system continues to grow, improve, and shape the future of Native health for generations to come.

A photograph of the U.S. Capitol building in Washington, D.C., taken from a low angle across the reflecting pool. The sun is setting behind the building, creating a warm orange and yellow glow in the sky and reflecting on the water. The Capitol's dome and classical architecture are prominent. A decorative pattern of thin, parallel orange lines is visible in the top left corner.

PROTECTING TRIBAL HEALTH CARE

THROUGH ADVANCE APPROPRIATIONS

IN 2026, the National Indian Health Board (NIHB) celebrates an important milestone for Tribal health: the first real test of advance appropriations for the Indian Health Service (IHS). Because of advance appropriations, IHS was able to maintain continuous operations without any disruption in service or care during the historic 43-day government shutdown in October 2025.

A federal government shutdown brings immense stress and uncertainty for Tribal Nations and programs that serve Tribal communities. IHS, Tribal health organizations, and Urban Indian Organizations rely directly on federal appropriations to sustain day-to-day operations and to deliver lifesaving care to American Indians and Alaska Natives (AI/ANs). When that flow of funding halts, the impact reverberates through every level of care, from clinic payroll and medication access, to preventive health outreach.

After more than a decade of tireless advocacy by Tribes, Tribal organizations, and Tribal health champions, Congress enacted advance appropriations for the Indian Health Service in Fiscal Year (FY) 2023. Prior to this historic moment, IHS was the only federal healthcare provider without basic certainty of funding from one year to the next.

The passage of advance appropriations for IHS marked a historic shift in the nation-to-nation relationship between Tribal Nations and the U.S.. With advance appropriations, members of federally-recognized Tribes are no longer uniquely at risk of death or serious harm caused by delays in the annual appropriations process.

For example, during the 35-day government shutdown in 2019, IHS was the **only** federal healthcare entity without funding. While direct care services remained non-exempt, providers did not receive pay. In addition, administrative and technical staff responsible for scheduling patient visits, processing referrals, and managing health records were furloughed. Contracts with vendors for sanitation services and facilities upgrades went weeks without payment,

prompting many Tribes to exhaust alternative resources to stay current on these bills. Many Tribes reported losing physicians to other hospitals and health systems unaffected by the shutdown. The absence of advance appropriations led to significant losses throughout Tribal communities.

The contrast in 2025 was significant. With advance appropriations in place, IHS facilities were able to keep services and critical programs running during an extended period of uncertainty. Hospitals, clinics, and pharmacies stayed open, care continued uninterrupted, and payments were made on time and in full. For patients and providers, advance appropriations helped turn what could have been another crisis into a demonstration of stability.

Although the 2025 shutdown demonstrated progress within the Indian health system due to the availability of advance appropriations, Tribal health systems still remain vulnerable. Through funding enacted in FY 2024, while IHS clinical services and most operational accounts critical for front-line support remained funded, not every IHS account was protected.

Several key funding lines, including the Facilities Construction, Sanitation Facilities Construction, the Indian Health Care Improvement Act Fund, Electronic Health Records, Contract Support Costs (CSC), and Section 105(l) lease payments, were not protected by advance appropriations. These combined accounts represent more than \$2.7 billion of IHS' FY 2026 budget.

Congress continues to prioritize closing this gap. For FY 2026, the U.S. House of Representatives Committee on Appropriations has advanced an IHS budget which would provide advance appropriations for every Facilities account, a major step toward protecting the infrastructure that Native communities rely on for safe, modern, and accessible care. NIHB celebrates this proposal as meaningful progress and urges Congress to build on it by extending advance appropriations across all IHS accounts while continuing to work toward full and mandatory funding for the Indian health system.

***IHS was able
to maintain
operations
despite the
shutdown***





BEHAVIORAL HEALTH

STORY COURTESY OF JOSEPH RAVAGO

INDIAN COUNTRY IS AT A crossroads that will shape the future of our behavioral health systems. Indian Health requires more funding than ever, yet grants and funding opportunities are increasingly sparse. Behavioral health systems across the country are working to address disparities in access, quality, and outcomes, increasing recognition that effective care must extend beyond traditional evidence-based models.

For Native communities, this approach is not new; it reflects the way Indian Country has always operated, and the Western model has only now caught up in the form of Community-Defined Evidence-Based Practices (CDEPs). These practices center community experience, cultural relevance, and local validation, and will play a critical role in meeting the needs of Indian Country as we step into the future. As traditional healing methods and responses to behavioral health disparities are increasingly becoming accepted as valid evidence and programming, Indian Country has a chance to be the north star in a new era of behavioral health programming. Despite their proven impact in many communities, CDEPs remain significantly underfunded and underrepresented within behavioral health financial structures.

Indigenous peoples have maintained systems of healing, wellness, and behavioral health support for generations. Grandmothers have helped grandchildren heal, uncles have helped nieces and nephews, and children have helped parents. These healing processes have been guided by cultural teachings, oral traditions, kinship networks, and community accountability. This framework has long operated outside

Western evaluation models, relying instead on practices that have promoted resilience and collective well-being.

At the center of many CDEPs is a fundamental truth: through connection, we heal. For Indian Country, wellness has never been an isolated journey, but instead something rooted in our relationships with our family, our community, our land, and our culture. Each connection we make serves as another protective factor that supports our recovery from generational trauma and fosters the resilience we need as Native people.

The health disparities experienced today by Native people can be tied back to the generational trauma caused by the disruption of those connections. Embracing CDEPs can help restore what has been lost by creating spaces for cultural engagement, intergenerational connection, and collective healing.

The California Reducing Disparities Project (CRDP) offers an example of how funding culturally grounded, community-defined approaches can transform behavioral health outcomes. Established in 2009 to address mental health disparities among historically underserved populations, CRDP recognized that communities themselves hold



valuable knowledge about practices that promote healing and wellness. Rather than requiring Native-serving organizations to conform to preexisting Western treatment models, CRDP permitted its Native American Hub to root Indigenous values, traditions, and ways of knowing into its programs. Their CDEP focused on connecting youth with traditional ceremonial practices to improve their behavior-

Funding must move beyond short-term pilot projects and commit to sustained investment in culturally grounded approaches.

al health outcomes. Native organizations across California have designed and supported programs that strengthen cultural identity, restore traditional teachings, foster intergenerational relationships, and reconnect individuals to community and culture as pathways to wellness.

Importantly, the Native American Hub challenged the assumption that evidence only exists within Western research frameworks. Instead, it affirmed what Tribal communities have long understood: connection, whether it be to culture, family, community, or ancestral knowledge, is a powerful protective factor. By investing in these relationships and documenting their impact, CRDP demonstrated that behavioral health funding can honor Native knowledge systems while advancing measurable outcomes, offering a model for how future investments in CDEPs can

support both health equity and Tribal self-determination.

To fully realize the potential of CDEPs, funding must move beyond short-term pilot projects and commit to sustained investment in culturally grounded approaches. Funders and policymakers should expand eligibility criteria to recognize multiple forms of evidence, beyond that of the Western model, like community reception, cultural relevance, and local impact. Funding opportunities should support not only direct service delivery, but also the infrastructure needed to sustain CDEPs long-term, including workforce development, cul-

tural practitioners, evaluation teams, and organizational leadership. Implementation strategies must respect Tribal sovereignty and allow Tribal communities to define their own success based upon their own priorities and cultural values. Building on the lessons from initiatives such as the California Reducing Disparities Project, states and other funding agencies should continue to create dedicated funding streams for Native-led behavioral health programs. Investing in culturally-responsive evaluation frameworks and supporting long-term partnerships will enable communities to refine and strengthen their practices over time. Sustainable funding for CDEPs is ultimately an investment in prevention and health equity — one that recognizes communities not simply as recipients of services, but as experts in their own healing and wellness.

YOUTH, PREVENTION AND HEALING

in Native Communities Affected by Substance Use

STORY COURTESY OF ATHENA ARCHULETA

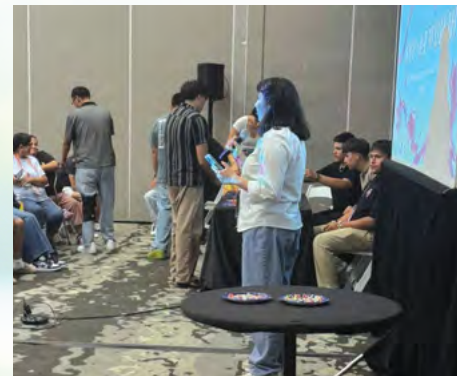
TRIBAL COMMUNITIES throughout the country are innovating and creating new, highly effective methods of preventing substance use amongst young adults. NativeAIR (Native Communities–Alcohol Intervention Review) points out that prevention works best when it is led by local leaders, based on cultural values, and involves the whole community. Traditional teachings, storytelling, and cultural activities are important parts of this approach. Intergenerational relationships can strengthen protective factors that support healthy decision-making and reduce the risk of substance misuse (NativeAIR).

Many Native communities intentionally create opportunities for youth to connect with one another in safe and supportive environments. Organizations such as United National Indian Tribal Youth (UNITY) provide a national platform where Native youth can develop leadership skills, strengthen cultural identity, and learn from one another through conferences, workshops, and service opportunities. Youth who participate in these experiences often return home with new ideas and skills that can be applied within their own communities.

Locally, Tribal youth councils and community groups continue this work by organizing alcohol-free events, cultural activities, and service projects that help youth feel connected and included. Gatherings like outdoor movie nights, holiday celebrations, and cultural events give young

people chances to form lasting friendships and deepen their ties to their communities and traditions.

These experiences are not just fun—they also show that people can connect and celebrate without alcohol. When young people often take part in alcohol-free events that focus on connection and community, they learn that they do not need alcohol to feel like they belong or to have a good time. Research shows that supportive relationships,



PHOTOS BY ATHENA ARCHULETA



LEFT Student artwork from an alcohol-free painting event hosted by the Native American Student Association of Notre Dame, highlighting how creative and community-centered activities can foster connection and healthy alternatives to substance use.

strong cultural ties, and being involved in the community can help protect Native youth from substance misuse (Brockie et al., 2022).

Healthy habits start when community members lead by example. If seeing impaired driving often can make it seem normal, then seeing responsible choices can do the same. When young people watch adults plan ahead, use designated drivers, and put safety first, they learn that looking out for each other is a key part of community life (Chen et al., 2008).

In many Native communities, prevention is based on culture, family, and a sense of responsibility to the community. The Centers for Disease Control and Prevention (CDC) says that cultural strengths, strong community ties, and supportive relationships are key protective factors that can lower the risk of negative health outcomes.

Programs that help youth connect with their culture are strong examples of prevention at work. For example, the Nisqually Tribe takes part in annual Canoe Journeys,

giving young people a chance to connect with their culture, community, and traditions. They travel ancestral waterways and take part in drumming, singing, dancing, storytelling, and cultural exchanges. The Saint Regis Mohawk Tribe also supports students with college visits, field trips, and academic rewards, and encourages parents to get involved to help students succeed and maintain well-being.

For many who take part, these experiences are more than just cultural events. They help youth build leadership skills, self-discipline, cultural identity, and a stronger sense of belonging. Research shows that being connected to culture can help Native youth become more resilient and make healthier choices (Brockie, T. N. et al., 2022, NativeAIR).

Impaired driving statistics and substance misuse rates do not define the future of Native communities. Instead, the future is shaped by what has always kept Native people strong: the resilience of communities, the strength of cultures, and the commitment to supporting the next generation in building a healthier, safer future.

LEFT The Tesuque Pueblo Youth Coalition presents “Who Are You? Unearthing and Embracing Your Identity” at UNITY’s Annual Conference, where youth explore culture, identity, and belonging as protective factors for healthy decision-making.

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A CALL TO TRIBAL LEADERS

Shaping the Future of Maternal Mortality Review

MORE THAN 94% of pregnancy-related deaths among American Indian and Alaska Native (AI/AN) people reviewed by Maternal Mortality Review Committees (MMRCs) were determined to be preventable. Preventable loss of this magnitude is a call to collective action, and is a crisis that demands to be addressed urgently.

Maternal deaths are not inevitable. Every preventable death represents an opportunity to strengthen systems of care, address longstanding inequities, and ensure Tribal Nations have a meaningful voice in understanding why these deaths occur and how they can be prevented. As Tribal leaders continue advancing health sovereignty, the future of maternal mortality review in Indian Country must be guided by Tribal leadership, Indigenous data sovereignty, and solutions rooted in the strengths of our communities.

The National Indian Health Board (NIHB), with support from the Centers for Disease Control and Prevention (CDC), has convened Tribal leaders, maternal health experts, Birthworkers, and public health professionals to explore the benefits, challenges, barriers, and potential of Tribally-led Maternal Mortality Review Committees. Through these conversations, NIHB is creating space for Tribal Nations to shape maternal mortality review in ways that honor Tribal sovereignty, cultural knowledge, and Indigenous data governance.

While nearly every state now has a Maternal Mortality Review Committee, there are currently



Dancers perform at the 2025 AFN Annual Conference. Changing existing maternal health outcomes will require systems that recognize Tribal sovereignty as a foundational principle.



no Tribally-led Maternal Mortality Review Committees in the United States. Arizona offers a promising example of increasing Tribal engagement through its American Indian and Alaska Native Maternal Mortality Review Subcommittee. Operating in partnership with the state's MMRC, the subcommittee centers Tribal perspectives and cultural context in the review process, ensuring maternal deaths involving AI/AN families are understood with greater respect for Tribal communities, lived experiences, and Indigenous ways of knowing.

Transforming maternal health outcomes for AI/AN families requires sustained investment and advocacy from Tribal Leaders. Simultaneously, transformation of existing maternal health outcomes will require systems that recognize Tribal sovereignty not as an afterthought, but as a foundational principle.

CONTINUED ON PAGE 36

***Maternal deaths are not inevitable.
Every preventable death represents an
opportunity to strengthen systems of care.***

RESOURCES

Centers for Disease Control and Prevention. (2026). Pregnancy-related deaths among American Indian and Alaska Native persons: Data from Maternal Mortality Review Committees, 2022. U.S. Department of Health and Human Services. <https://www.cdc.gov/maternal-mortality/php/data-research/mmrc/aian.html>

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National Indian Health Board. Women's Health and Maternal Mortality Review Resources. <https://www.nihb.org/category/body-mind-spirit/woman-health/>

The 19th. (2026). Native Americans Face Higher Rates of Pregnancy-Related Deaths; Arizona's AI/AN Maternal Mortality Review Efforts. <https://19thnews.org/2026/01/native-americans-pregnancy-related-deaths/>



NIHB will continue to create spaces and platforms for Tribal Leaders to shape the changes needed to address preventable maternal mortality. **Specifically, our focus will be on:**

- Engaging with Tribal Leaders directly to explore barriers that their respective communities face when working with their State's MMRC;
- Convening monthly Maternal Health calls beginning in Fall 2026;
- Maintaining a network of Indigenous MMRC advocates, trained professionals, and MMRC members; and
- Providing Technical Assistance to Tribal leaders navigating engaging with their State's MMRC.

If you are curious about any aspect of our Maternal Health work, or would like to know how you can engage, please contact our Maternal Health team at maternal-health@nihb.org.

As Tribes, organizations, Birthworkers, and allies continue efforts on Indigenous Birthworker workforce development, expanding culturally grounded behavioral health services, and developing Tribally-led maternal mortality review processes, we can build systems that do more than review maternal deaths. We can build systems rooted in Indigenous values, cultural teachings, and self-determination that ensure AI/AN mothers, babies, and families not only survive, but thrive.

PREVENTION STARTS YOUNG

STORY COURTESY OF ATHENA ARCHULETA

Breaking Cycles of Violence in Indigenous Communities

WHEN PEOPLE THINK of relationships, they often think of the connection between two people. However, healthy relationships with others begins with the relationship we have with ourselves. Self-respect, confidence, and a sense of belonging are often developed early in life and shape how people interact with family members, friends, and future partners. Effective domestic violence prevention involves strengthening protective factors that help young people develop healthy relationships, communicate effectively, and recognize their own worth before violence can ever take root.

For many Native youth, this sense of self is deeply reinforced by culture, language, community, and the land. In efforts to prevent domestic violence and promote healthy relationships, it is important to recognize the role that early intervention and cultural engagement can play in strengthening Native youth and their communities. Healthy relationship education is not limited to domestic partnerships; it also includes teaching youth how to communicate effectively, engage in respectful conflict resolutions, set boundaries, and recognize their own value.

CONTINUED ON PAGE 38



In the Southwest, programs such as those offered by the Pueblo of Tesuque provide opportunities for youth to engage in cultural activities while building relationships founded on respect, responsibility, and community values. During one three-week summer program, middle and high school students participated in daily activities led by traditional teachers and community mentors. Youth learned how to make clay pottery, bead bracelets, sew traditional clothing, and speak the Tewa language. Beyond learning these technical skills, participants explored the cultural meaning of these practices and the responsibility



LEFT Youth and mentors learn about the importance of corn in agriculture and its role in Pueblo life.

complishments of their ancestors. These experiences helped connect youth to a larger story of survival and perseverance, strengthening a sense of pride in who they are and where they come from.

In addition to healthy relationships, many Native youth develop their tie with the land. Traditional teachings regularly emphasize respect, stewardship, and reciprocity. Learning these values can help youth understand that

healthy relationships are built not on control or harm, but on responsibility, respect, and care.

By the end of the program, strong connections had formed between youth

participants, mentors, and traditional teachers. As trust developed, barriers of disconnection began to break down, forming an environment where young people felt more comfortable asking questions, finding guidance, and seeking support. Together, these relationships illustrate how safe, encouraging environments strengthen a young person's sense of belonging and model positive relationships they carry into adulthood.

Youth who have exposure to their culture, trusted mentors, and helpful community members also have more opportunities to learn healthy communication and

In the Southwest, programs such as those offered by the Pueblo of Tesuque provide opportunities for youth to engage in cultural activities.

to carry them forward for future generations, reinforcing both identity and shared community stewardship.

Young adult mentors also played an important role in the program by providing guidance, encouragement, and positive leadership examples. Through these relationships, youth experienced environments built on respect, communication, and support, which are qualities that form the foundation of strong relationships throughout life.

Students also visited Chaco Canyon and Mesa Verde, where they learned about the history, resilience, and ac-

PHOTOS BY ATHENA ARCHULETA

emotional management skills. These experiences help create a bedrock for relationships based on respect rather than control, fear, or violence.

Innovative domestic violence prevention approaches, like those demonstrated by the Pueblo of Tesuque, create opportunities to replace cycles of violence with cycles of resilience, connection, and care. In many Indigenous communities, where wisdom and responsibility are shared across generations, this intergenerational approach reinforces the idea that prevention is a collective effort that extends beyond a single moment in time.



ABOVE Students showcase beaded bracelets they created during the three-week program.

BELOW Participants visit Chaco Canyon and Mesa Verde, engaging in intergenerational learning while exploring the history, resilience, and cultural meaning of their ancestors.



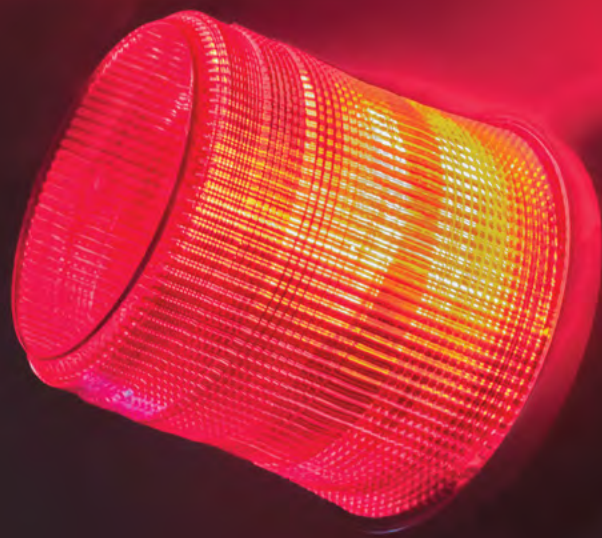
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STRENGTHENING TRIBAL PREPAREDNESS

THROUGH PHEP PLANNING

Effective preparedness planning empowers Tribal communities to respond quickly and effectively to public emergencies, ranging from infectious disease outbreaks to natural disasters and environmental hazards.





LEFT The CDC has identified 15 core capabilities that public health programs should develop and maintain. Tribes can adapt this framework based on their Tribal governance, cultural practices, and community priorities.

The Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) program provides guidance and funding to support readiness across the nation. Within this framework, the CDC identified fifteen (15) core capabilities that public health programs should develop and maintain, including:

- **Community Preparedness**
- **Community Recovery**
- **Emergency Operations Coordination**
- **Emergency Public Information and Warning**
- **Fatality Management**
- **Information Sharing**
- **Mass Care**
- **Medical Countermeasure Distribution and Dispensing**
- **Medical Materiel Management and Distribution**
- **Medical Surge**
- **Nonpharmaceutical Interventions**
- **Public Health Laboratory Testing**
- **Public Health Surveillance and Epidemiological Investigation**
- **Responder Safety and Health**
- **Volunteer Management**

Together, these capabilities form a national framework for planning, response, and recovery.

A Framework for Action – Designed for Flexibility and Tribal Sovereignty

Tribes can adapt this framework based on their Tribal governance, cultural practices, and community priorities. Programs should incorporate traditional knowledge, local leadership, and community strengths throughout the planning process. These tools and checklists support planning that is culturally appropriate and grounded in self-determination.

The National Indian Health Board (NIHB) in collaboration with a Tribal steering committee consisting of experts in Tribal health and environmental matters, has developed a Tribal Response Readiness Checklist. This tool condenses the 15 PHEP components into six planning areas:

1. PLANNING & LEADERSHIP

In small programs, this may mean one staff member wearing multiple roles, co-training, or partnering with neighboring Tribes to share resources and expertise.

2. RISK AWARENESS

Identify hazards specific to your community, such as seasonal floods or remote access challenges. Review past emergencies and consider vulnerable populations, including elders and those in rural, remote areas.

3. WRITTEN PLANS

Develop or update emergency response procedures, ensuring roles, contacts, and communication strategies reflect local realities—for example, incorporating community radio or Indigenous communication channels.

4. RESPONSE PROCEDURES

Ensure staff understand how to report emergencies and follow clear, step-by-step operational protocols. Even in small teams, assigning defined roles helps maintain clarity during a response.

5. TRAINING & EXERCISES

Conduct regular drills, such as tabletop exercises with key staff or community leaders, to build confidence and identify gaps.

6. PLAN MAINTENANCE

Review and revise plan regularly, incorporating lessons learned from drills, real incidents, and community feedback.

Tribal programs may have varying capacity due to staffing limitations, shared regional support, or seasonal and informal roles. Programs can use and adapt this checklist to meet different conditions.

Alignment to National Standards

The six checklist areas correspond to and simplify the 15 CDC PHEP capabilities, allowing programs to meet national standards while adapting implementation to local governance, culture, and community needs.

A Call to Action

Preparedness is an ongoing journey rooted in community strength and sovereignty.

This framework is flexible; adapt it to your needs. Build capacity over time and draw on local knowledge to strengthen every step of planning and response.

Tribal Response Readiness Checklist

A Planning Tool for Tribal Emergency Preparedness

THIS TOOL HELPS TRIBAL PROGRAMS apply national preparedness guidance in ways that reflect their community, governance, and priorities. It translates national frameworks, including the CDC Public Health Emergency Preparedness (PHEP) capabilities and Response Readiness Framework (RRF), into practical steps that support a flexible, self-determined approach to strengthening emergency preparedness. Programs may begin with 2-3 priority areas and expand over time.

NOTE: Tribal programs may have varying capacity due to staffing limitations, shared regional support, or seasonal and informal roles. This checklist is designed to be flexible and adaptable to those conditions.

PROGRAM INFORMATION

TRIBE/ORGANIZATION _____

PROGRAM _____

DATE COMPLETED _____

1

PLANNING AND LEADERSHIP

- ☐ Identify program leads (environmental, health, emergency management)
- ☐ Identify key partners (clinic, utilities, federal/state partners, local emergency managers)
- ☐ Assign a planning lead
- ☐ Schedule planning meetings

In smaller programs, one person may hold multiple roles or partner with neighboring Tribes to share capacity.

2

RISK AWARENESS

- ☐ Identify major hazards affecting your community
 - ☐ Water contamination
 - ☐ Wildfire smoke
 - ☐ Flooding
 - ☐ Hazardous materials
 - ☐ Severe weather
- ☐ Review previous emergencies and lessons learned
- ☐ Identify vulnerable populations (elders, remote/rural communities)

Tribal Response Readiness Checklist

3

WHAT MATTERS MOST

- ☐ Define what must be protected
 - ☐ Community health
 - ☐ Drinking water
 - ☐ Environmental resources
- ☐ Identify response priorities
- ☐ Identify decision-makers and authorities

4

WRITTEN PLANS & RESPONSE PROCEDURES

- ☐ Develop or update a written response plan
- ☐ Define roles and responsibilities
- ☐ Create emergency contact lists
- ☐ Write step-by-step response procedures
- ☐ Identify required resources and equipment
- ☐ Establish communication procedures (e.g., community radio, local channels)
- ☐ Include procedures for communicating health risks to the community
- ☐ Identify external support (federal/state/Tribal partners)
- ☐ Coordinate with local clinics or healthcare providers

5

TRAINING & EXERCISES

- ☐ Train staff on response procedures and responsibilities
- ☐ Engage community partners and leadership in planning and review
- ☐ Conduct tabletop exercises or practice the drills to test response procedures

6

PLAN MAINTENANCE

- ☐ Update contact lists regularly
- ☐ Review and update plans on an annual basis and after incidents
- ☐ Incorporate lessons learned from real events into plan improvements

7

OVERALL READINESS LEVEL

- | | | |
|---|--|--|
| ☐ BEGINNING
Planning has not started | ☐ DEVELOPING
Some plans exist but require updates and/or training | ☐ READY
Plans are in place, test, and staff are trained |
|---|--|--|

Regional Meeting Worksheet

(For use during Tribal workshops or technical assistance sessions)

PART ONE

CURRENT SITUATION

What hazards affect your community most?

1. _____
2. _____
3. _____

PART TWO

CURRENT PLANS

Do you currently have written procedures for:

- | | |
|---|--|
| ☐ Environmental emergencies | ☐ Water contamination response |
| ☐ Communication with community members | ☐ Coordination with Tribal leadership |

If yes, what documents exist?

PART THREE

GAPS IDENTIFIED AND NEXT STEPS

What areas need improvement?

- | | | |
|---|--|--|
| ☐ Roles and responsibilities | ☐ Staff training | ☐ Response procedures |
| ☐ Emergency contact lists | ☐ Communication plans | |

NOTES

SDPI: A Proven Investment in Tribal Health

ESTABLISHED BY CONGRESS in 1997, the Special Diabetes Program for Indians (SDPI) has become one of the most effective federal public health initiatives in the United States. Developed in response to the disproportionately high rates of Type 2 diabetes among American Indians and Alaska Natives (AI/ANs), the program was designed with a unique structure that prioritizes Tribal leadership and community-based solutions. Rather than applying a one-size-fits-all model, SDPI empowers Tribes to design and implement programs that reflect their cultures, traditions, and specific health needs. Today, SDPI reaches approximately 780,000 AI/AN individuals through 302 programs operating across 35 states, making it a cornerstone of diabetes care in Indian Country.

The success of SDPI over nearly three decades has been both measurable and transformative. Through culturally informed prevention and treatment strategies, the program has achieved a 54% reduction in end-stage renal disease among AI/AN people with diabetes, along with an 84% reduction in hospitalizations due to uncontrolled diabetes. These outcomes not only demonstrate improved quality of life for individuals but also reflect significant cost savings for the broader healthcare system. Even amid years of stagnant funding, SDPI has continued to deliver strong results, reinforcing its reputation as a model for effective public health intervention. Its emphasis on local control and culturally competent care has proven especially critical in addressing chronic disease disparities and advancing long-term health equity.

Recent federal action has reaffirmed the importance of this program. Earlier this year, the SDPI program received a long-awaited funding increase. Congress provided an additional \$41 million, bringing total funding to \$200 million for Fiscal Year 2026. This increase fulfills a long-standing goal for Tribal leaders, healthcare providers, and advocates who have consistently pushed for funding that better reflects the program's scale and impact.

The increase to \$200 million annually represents a

direct recognition of SDPI's proven effectiveness and its essential role in addressing health disparities in Indian Country. With enhanced resources, SDPI programs are better positioned to expand outreach, strengthen prevention initiatives, and improve access to care in underserved communities. The funding boost also signals growing bipartisan support for the program, and highlights the federal government's trust and treaty responsibilities.

***SDPI is one of
the U.S.'s most
effective federal
public health
initiatives***



Looking ahead, sustained and reliable support for SDPI remains critical. While the recent funding increase is a major step forward, diabetes remains a serious and ongoing challenge for many AI/AN communities. Maintaining and building upon the progress achieved through SDPI will require long-term funding stability that allows programs to retain skilled staff, invest in infrastructure, and implement innovative approaches to care. Ultimately, SDPI stands as a powerful example of how targeted, culturally grounded public health programs deliver lasting results. Its success demonstrates that when our people are empowered to lead, and resources align with community priorities, meaningful health improvements follow. Continued investment in SDPI is not only a commitment to improving outcomes for, but it is also a reaffirmation of the principles of equity, self-determination, and effective public health policy.

SDPI OUTCOMES IN INDIAN COUNTRY

National Indian Health Board



There are 302 SDPI program sites across 35 states that **serve more than 780,000 American Indians and Alaska Natives**



Decrease in diabetes-related deaths



Decline in end stage renal disease



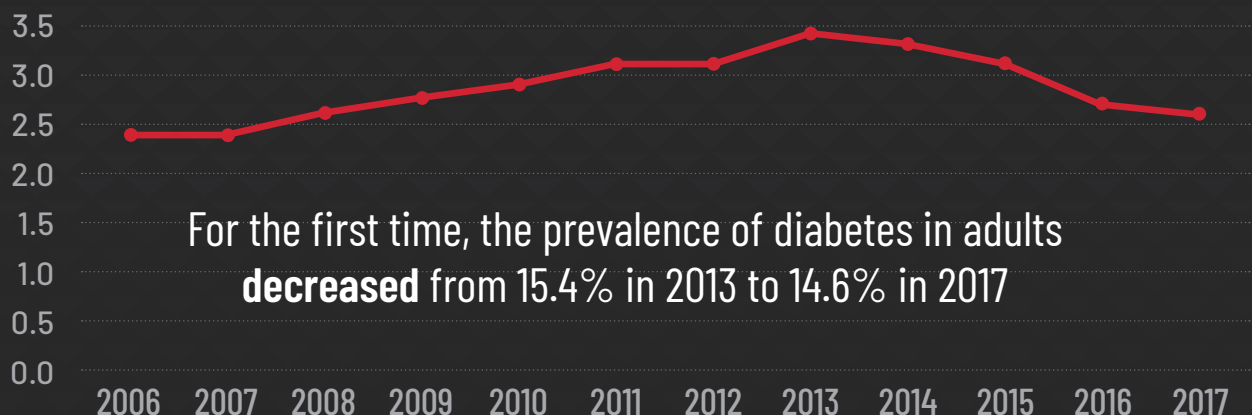
Drop in diabetic kidney failure



Reduction in hospitalizations for uncontrolled diabetes

The reduction in end stage renal disease has led to an estimated **\$439.5 million dollars in accumulated savings** to the Medicare program, **40% of which can be attributed to SDPI**

Adult Diabetes Prevalence



National
Indian Health
Board



NIHB.ORG

SOVEREIGNTY. **STRENGTH.** **HEALTH.**