

# 2025

## AMERICAN INDIAN HEALTH COMMISSION



MATERNAL, INFANT, CHILD, ADOLESCENT AMERICAN INDIAN AND ALASKA  
NATIVE PRIMARY, SECONDARY, AND TERTIARY PREVENTION  
RECOMMENDATIONS  
ATTACHMENT A

The table reflects MICAH participant comments. Most of the language are in participant's own words, in hope of keeping the spirit of their comments present.

**“We need to heal the root of the problem.”**

**“...people choose vices as a way of coping.”**

**“We learn to grieve people who are still “with us” and those that aren’t.**

**“...Grief is too much in our community.”**

Prepared by: Cindy Gamble, MPH and JanMarie Ward, MPA

TABLE II MICAH PRIMARY, SECONDARY, AND TERTIARY PREVENTION RECOMMENDATIONS		
1A: What are important issues around maternal and women's health in your community?		
1B: What support is needed to help meet the maternal and women's health care needs in your community?		
<p>The major themes and issues around maternal and women's health expressed by participants include the following:</p> <p>Need for Indigenous healers and Indigenous systems of care</p> <p>Need access to culturally appropriate, compassionate, and non-judgmental care including specialty care. It is important for people to feel trusted and to trust and be comfortable with providers; this requires enough providers for all</p> <p>Need access to culturally relevant, compassionate and non-judgmental mental health, behavioral health, substance use disorder and Medications for Opioid Use Disorder<sup>1</sup> (MOUD) services, including access to traditional teachings about mental health</p> <p>Need for supportive resources</p>		
1. RECOMMENDATIONS		
PRIMARY PREVENTION	SECONDARY PREVENTION	TERTIARY PREVENTION
<p>Increase the number of providers at each clinic; ensure providers understand our history, are non-judgmental and show care and understanding</p> <p>Increase the number of Indigenous Birth Centers</p> <p>Increase availability of Indigenous and other provider types for women's health: doctors, midwives, tribal doulas, nurses</p> <p>Provide more supportive policies for pregnant and breastfeeding women who work, including family leave</p> <p>Provide more educational opportunities in the community such as: Native parenting classes, Childbirth education classes, Newborn care and postpartum preparedness classes, Lactation support</p> <p>Increase community support groups</p> <p>Increase housing for families or single mothers</p> <p>Increase services and opportunities for dads</p>	<p>Request that all services requested are available in their community</p> <p>Increase access to health care for high-risk pregnancy</p> <p>Increase availability of specialty care</p> <p>Increase access to care for women's health, postpartum care, menopause</p> <p>Increase access to mental health counseling for women, including postpartum depression</p> <p>Increase access to recovery support services around substance abuse</p> <p>Provide Postpartum depression outreach awareness</p> <p>Increase transportation options</p> <p>Provide Fentanyl exposure education</p> <p>Coordination between programs that serve AIAN people</p>	<p>Need a compassionate care model and other inpatient options for Pregnant and Postpartum Women who are misusing substances</p> <p>Increase inpatient treatment placements for pregnant women</p> <p>Increase availability of transitional housing for clean and sober living for families</p> <p>Increase access to detox centers</p> <p>Provide more Narcan</p>

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(The table reflects MICA participant comments. Most of the language are in participant's own words, in hope of keeping the spirit of their comments present.)

Start an Indian grandmother outreach program – send grandmothers into the home Increase Mental health advocacy Increase Resources for nutritious foods		
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**Question 2A: What are important issues around perinatal and infant health in your community?**

**Question 2B: What support is needed to help meet the perinatal and infant health care needs in your community?**

The major themes and issues around perinatal and infant health expressed by participants include the following:

The need for Indigenous providers and trusted, non- judgmental providers

The need for Indigenous Mental Health Providers offering Culturally Focused Care

The need for trusted supports

The need for education

## 2. RECOMMENDATIONS

PRIMARY PREVENTION	SECONDARY PREVENTION	TERTIARY PREVENTION
Increase access to funding for home birthing and indigenous birth support Increase availability of Indigenous and other provider types for perinatal and infant health: doctors, midwives, tribal doulas, nurses, nutritionists Increase access to providers who specialize in pregnancy and infant health Provide services to support new parents to be capable and confident Educate about reproductive rights Provide drug and substance abuse awareness for all ages Increase knowledge about teen pregnancy	Having access to providers that provide education and support when there is a health care concern Provide lactation support Increase availability of indigenous and other provider types for women's health: doctors, midwives, tribal doulas, nurses Provide robust support services such as diapers, clothing, food, etc Provide an automatic support package for new parents Work to de-stigmatize postpartum depression; make it easy to access help	No Comments

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Provide education on requested topics: Infant feeding Childbirth education Education of drug exposure Understand personal and relationship changes during pregnancy and postpartum Provide family leave to allow new birthing parents to nurture their baby and heal their body Form a Native support group for all ages		
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### Question 3A: What are important issues around child health in your community?

### Question 3B: What support is needed to help meet the children's health care needs in your community?

The major themes and issues around child health expressed by participants include the following:

Need for on time, immediate access to services for physical, mental, and emotional health for children, including dental health

Need to keep children safe: at home, in their public and community environment, at school, and online

A lack of understanding and support regarding the trauma children face in their everyday lives. A lack of support and intervention results in labeling and a missed opportunity to change a child's trajectory

Concerns about the impacts of substance misuse and generational trauma in the daily lives of children

Concern about too many children in foster care; sometimes systems are not a safe place, so parents don't ask for help and give up, so children stay in the system

Need for community-based supports, including cultural and social activities for all age groups

## 3. RECOMMENDATIONS

PRIMARY PREVENTION	SECONDARY PREVENTION	TERTIARY PREVENTION
Healthy food classes Support services to afford healthy foods, access to healthy foods, learning to harvest/gather traditional foods, free school lunch Better access to prenatal care Continued funding for home visiting Create more physical activities, physical education	Need to change the culture of how we provide services. Policies and procedures need to serve the community. Need to have policies and procedures to ensure children have short, urgent situations stay in foster care. Need to create safe places and safe services where patients can access care and not feel	Occupational therapy access for play therapy More doctors for children with (special) needs and with birth defects Grief counseling for children losing parents

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<p>Need trauma informed, patient centered, child centered medical health, behavioral health and social service policies, procedures, practices and actions which result in healthy and confident children, parents and families</p> <p>More access to doctors/pediatricians and other specialists; doctors need to be educated on Indigenous medicine teachings; have a virtual option</p> <p>Paid family leave</p> <p>Teaching families how to advocate for themselves and their children</p> <p>Transportation support</p> <p>Clean water dispensers</p> <p>Education classes on a variety of topics important to the community, including topics for children to be involved in, ie, parenting classes (year-round), age-appropriate teachings, healthy habits</p> <p>Home visiting</p> <p>Affordable activities, Boys and Girls Club, summer camps</p> <p>Cultural activities</p> <p>Mentors, Big Brothers, and Big Sisters</p> <p>Safe Spaces</p> <p>Well child check up at the daycare, health support</p> <p>Affordable childcare</p> <p>One person focused on education, outreach, awareness 0-5, 6-12, and 13+</p> <p>Support them (children) in all areas and make things easier; listen to the advocates for children when it comes to their health, well-being or development; specific programs for children; more youth cultural/culture programs; trained culturally attuned specialists to talk with children</p>	<p>judged or threatened. To have the confidence that they can access an advocate who will see their point of view, be on their side, and move forward through the system with them</p> <p>Education of historical trauma, generational trauma and the impact on parenting</p> <p>Financial support for basic needs clothes, shoes, nutritious foods</p> <p>Tutoring help—knowledge is power</p> <p>OB/GYN on staff at clinic</p> <p>Education about bullying</p> <p>Ensure perinatal health</p> <p>Support for parents to stay home with sick kids; paid leave time</p> <p>Need advocates for children at school who are having a hard time</p> <p>Education around decolonized parenting techniques</p> <p>Need childcare for women while at appointments</p> <p>To get help for kids in needs classes to be aware how they cope</p> <p>Programs that keep kids in contact with incarcerated parents</p> <p>Creating a safe place for parents who have lost custody of their child(ren) to ask for help and reunify their family</p> <p>Mandatory mental health for children in foster care/relative placement</p> <p>Social emotional development/support without fear of having your child labeled as a “behavioral problem child”</p> <p>More information for preventative care for</p>	
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	juvenile related diseases Keep funding positions in communities where people talk to kids and families about mental health and counseling; more education on mental health services	
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**4A: What are the important issues around adolescent health in your community?**

**4B: What support is needed to help meet adolescent health care needs in your community?**

The major themes and issues around adolescent health care needs expressed by participants include the following:

Lack of education for adolescents and families of what adolescent minds and bodies are going through and not knowing how to express themselves

Need on-call Mental Health services in our community to provide full spectrum adolescent mental health care, from personal growth to substance misuse prevention to depression and suicidal ideation screening, prevention and treatment.

Adolescents need support for issues such as emotional support, confidence building, skill building, to respect and accept their own bodies, minds, ideas and values

Adolescents need community-based supports in order to be more involved in sports/school, cultural, and social activities

**4. RECOMMENDATIONS**

**PRIMARY PREVENTION**

Let them feel heard; Every physical symptom diagnosed as anxiety—teenagers want to speak up about issues  
Show them patience and kindness, lift their head with positivity, Encouragement  
Youth Health Board in our community  
Mentorship programs; Big Brothers/Big Sisters; More 1 on 1 positive adult experiences  
Education classes on suggested topics: Meditation; Leadership Skills; REAL LIFE skills. Money, resume, interview, personal care, home care, health care, vehicle care, etc. All of the things you'll need to learn to lead your own life responsibly; More cultural teachings; Parenting education for raising teens – positive supports – trust your teens; Substance Abuse ED – Behavioral

**SECONDARY PREVENTION**

Mental health therapist available to support in a discreet manner; discuss depression, suicidal ideation); mental health providers, men/women providers, younger, would be great if they're Native, would be easier to open up about mental health issues with adolescents; access to mental health help/grief and loss/family counseling; more mental health counseling - at Tribes for youth (school counselors may not have enough time); On call mental health that's in our community (not just a 1-800 number)  
Mental health, generational trauma—BODY KEEPS THE SCORE!  
Need a means of communication for kids to stay

**TERTIARY PREVENTION**

Programs for kids who are dealing with abuse/substance abuse  
Treatment

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<p>Health Program outreach to engage child and family; Plant Medicine; Healthy Diet; Sex Ed Having healthy people to help guide you and explain more clearly to the youth. Emotional support Access to birth control Access to food (at least 2 meals/day); Kids food bank Clothing bank; hygiene products; Kids donation box of sorts for trendy clothes and shoes Community centers or some kind of 'safe place' kids can go to Ceremony coming of age; Teaching youth through their transitions into womanhood or manhood in a traditional way to reconnect them to their cultural traditions Prevention of vaping – enforcement of vaping by teens (in school)</p>	<p>in contact with support system/mental health professionals Need health care for addicted youth Safe House for Kids Give them some sort of incentive to get them to come in and be seen Have doctors who have patience for teens and not call them overweight Narcan Education Foster care children – lack of cultural traditions and knowledge when placed in non-native homes Chemical dependency and mental health. Treatment and detox as needed. Narcan Is handed out to anyone who wants. Classes are taught on how to give Narcan also Actually, enforcing zero tolerance bullying within the school systems for the bullying and supporting the victims rather than reprimanding the victims when they react. Hold parents accountable for the acting of their children Wrap around services</p>	
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5A: What are important issues around children with special health care needs in your community? 5B: What support is needed to help meet children with special health care needs in your community?		
<p>The major themes around children with special health care needs expressed by participants included the following:</p> <p>Lack of knowledge around special health care needs children:</p> <p>Parents don't know what resources are available; Providers/clinics don't have information</p> <p>Lack of correct terminology</p> <p>Lack of community understanding</p> <p>Tribes and families are not connected to CSHCN resources</p> <p>Autism concerns: diagnosis, treatments, resources</p> <p>Lack of money and resources for CSHCN</p> <p>Concerns about school support</p>		
5. RECOMMENDATIONS		
PRIMARY PREVENTION	SECONDARY PREVENTION	TERTIARY PREVENTION
<p>Need education and training around the needs of special needs children and their families for the community, the clinic and the school; Education on how to support people on a community level; Celebrating differences; to teach braille and American Sign Language</p> <p>More funding and programs</p> <p>More hands-on programs and/or doctors that specialize in each child's needs!! More awareness for other children to help everyone be confident</p> <p>Need play groups for children where childcare is available and parents can network and connect with others who understand</p> <p>Importance of having the support of other women, older women that have experience in dealing with the health and education systems; can provide important guidance to the younger one with children with special needs; women's circle, woman of all ages, teen to grandmas, group meeting at least once a month to check, learning from each other, with a good meal, with childcare provided</p> <p>Family night, HeadStart, doctor and dentist come and show kids different options. Sensory options. Many</p>	<p>Need more services and resources for children and youth with special health needs</p> <p>Need specialists willing to help parents</p> <p>Life support for parents with children/adult children with special needs; Respite care for parents of kids with special needs. They are tired and the work they do on a daily basis is hard to sustain without a mental break; Support for parents/caregivers. Training, understanding, funding</p> <p>Home Visits</p> <p>More therapists willing to offer speech OT and other therapies for people/kids that can really benefit from them, here within the Tribe</p> <p>Support group for caretakers; Adult/parent support to support their children</p> <p>Research focused education on high needs (autism).... But also another spectrum focused on low-needs autism</p> <p>Daycares and Community Centers set up for special needs children and with staff educated on</p>	<p>Need wrap around care</p> <p>Providers need training and practice with special needs issues: cleft palate; autism</p> <p>Specialized person assigned to each individual child; Tribal specific staff that are point of contact, coordinate, know some of the specialty care needs (feeding tube, accommodations)</p> <p>Sensory tools. Self-regulation tools – how to emotionally regulate, recognize feelings</p> <p>Weighted blankets, movement encouragement, occupational therapy access (play therapy)</p>

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options	<p>special needs</p> <p>People need to understand more about autism</p> <p>Tribal special needs school education on different disabilities</p> <p>Safe places for children and youth with special health care needs; (Prevent) Bad things happening with a non-verbal child</p> <p>Working with child care services, hiring on a contract with individuals that have already been vetted with background checks, etc.</p>	
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**6A: The impacts of the opioid/fentanyl epidemic are hitting Tribal and Urban Indian communities in our state hard. What are the specific impacts of this epidemic on women, infants, children and adolescents in your community?**

**6B: What support is needed to help address the impacts of the opioid/fentanyl epidemic on women, infants, children, and adolescents?**

The major themes around specific impacts of the opioid/fentanyl epidemic on women, infants, children and adolescents expressed by participants included the following:

Concerns about generational cycles of addiction. ("In a vicious cycle of addicted parents/families, the children end up so broken, may pick up the addiction too.")

Concerns that services and response are not meeting the needs

Concerns about the initial and long-term health of babies born to mothers who are using substances. Premature babies. NICU Stays, born addicted, Children w/emotional and learning differences. Birth defect/complications, abandonment, mental health damages. Kids being born addicted. No one wants to watch them, lack of support for addicted babies and families

Concerns about the long-term impacts of parents using substances, on children born exposed to substances, and broken families in the community: broken homes/families, shame and stigma, normalization of drug use, higher ACE's numbers, more at risk youth, loss of family members

Concerns about infants, children and adolescents living in homes where drugs are actively being used and observing traumatic events.

Being unaware of exposure to trauma and being unable to label what/how they are feeling, conflicts with expectations around school—attendance, homework, and behavior

Lack of research translates into lack of understanding of the immediate and long-term impacts resulting in a lack of funding and resources to address all of the issues

## 6. RECOMMENDATIONS

PRIMARY PREVENTION	SECOND PREVENTION	TERTIARY PREVENTION
	<p>Cultural healing</p> <p>Spirituality, traditional practices</p>	<p>Extended treatment for moms and kids</p> <p>Need follow up care after illness</p>

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	<p>Need more education for community members available, so that addicts are not stigmatized and treated different</p> <p>Outreach to help individuals get services to help them with recovery, transportation, and information about available services</p> <p>Need Medication/clinic 24/7</p> <p>Child care for those willing to seek help, but don't have support for children</p> <p>Counselors that know the real signs and effects of addiction and how to stop it or help slow the impacted!</p> <p>Prevent children from being born addicted</p> <p>More open-door help for addicts to show up for guidance or treatment</p> <p>Normalize talking about/through it</p> <p>Support for a broken family for the kids, help and classes for the parents to teach them Healthy co-parenting</p> <p>One counselor focused on opioid clients - with a person who focuses on intervention in community</p> <p>More homelessness support programs that include the entire family/co-parenting</p> <p>Need to offer mental health support and financial support</p> <p>Offer support for healing: housing, childcare, mental health services</p>	<p>Need mental health issues being dealt with</p> <p>Wrap around services</p> <p>Follow children of exposure to ensure support and understand long term effects</p> <p>Provide ongoing support for caregivers – training/childcare/respite</p> <p>Children's therapy, OT/mental health, etc</p> <p>Need support and outreach, and long-term support for recovery; Openness to addicts in recovery. Empathy. Less judgement and stigma</p> <p>Need more sober homes for mothers away from downtown</p> <p>We need to heal the root of the problem, People choose vices as a way of coping, We learn to grieve people who are still "with us" and those that aren't. We become desensitized to death. Grief is too much in our community – support groups for adolescent children and mothers</p> <p>Learning about impacts these drugs have on babies born addicted for families, what are the long-term effects of babies born addicted</p> <p>Narcan classes and free access to Narcan</p>
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<sup>i</sup> <https://www.hca.wa.gov> – Medications for Opioid Use Disorder is an approach to Opioid use treatment that uses FDA approved medications as the treatment for people diagnosed with Opioid use disorder.