



Improving the Coordination of Fatality Review Programs with American Indian and Alaska Native Communities

National Center Guidance Report

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Introduction

Infant and child fatality review teams meet in over 2,000 communities in all 50 states, D.C., some Native American tribes, and several U.S. territories to better count, classify, and investigate deaths; improve agency systems; and prevent the deaths of infants and children. These multi-disciplinary team reviews provide opportunities for communities and states to better understand the risk and protective factors contributing to their child deaths. Fatality review teams also identify disparities in communities experiencing higher rates of infant and child deaths. These disparities occur in American Indian/Alaska Native (AI/AN) populations that experience higher child death rates than the overall U.S. population. Native American child deaths occur in every state, but relatively few Native communities have their own local infant/child fatality review processes.

Currently, there are several models for tribal engagement in child fatality review. More state and/or local programs are working to improve collaboration with tribes.

DEVELOPING THIS GUIDANCE

This guidance was developed to improve the identification and review of Native American child deaths using a health equity framework and honoring the sovereignty of tribes. Ultimately, it is critical that Native voices be included in reviews, data collection, and development and implementation of recommendations.



The goal of this guidance is that readers should gain a deeper understanding of the following:

- The meaning of tribal sovereignty.*
- The current and historical relationships of Native American tribes to federal, state, and local communities.*
- Data and disparities related to American Indian/Alaska Native (AI/AN) child health and safety.*
- The role of tribal, federal, state, and local agencies in Native American child health, injury prevention, child maltreatment, and fatalities.*
- The importance of Native voices on local and state fatality review teams when reviewing deaths of Native children.*
- Opportunities and challenges to improve the coordination between state and local fatality review teams and tribes.*

A Brief Overview of Tribal Nations

American Indians and Alaska Natives (AI/AN) are members of the original Indigenous peoples of North America, with millions of people living throughout North America long before white settlers arrived on the continent.

American Indian and Alaska Natives and their governments have inherent rights and a political relationship with the United States government that is not based on race or ethnicity, but rather from their roots as Indigenous people. They are uniquely citizens of three sovereigns: their tribe, the state in which they reside, and the United States (U.S.).



There are 573 federally-recognized sovereign tribal nations (depending on location, known also as tribes, nations, bands, pueblos, communities, and Native villages), each with its own unique traditions, history, language and culture. Each of these tribal nations also have a formal nation-to-nation relationship with the U.S. government. These tribal nations are located across 35 states, with 229 located in Alaska alone.¹ This guidance will use the term tribe to refer to an independent sovereign Indian nation.

In the 2010 Census, 2.9 million people, or 0.9 percent of the U.S. population, identified as American Indian or Alaska Native. An additional 5.2 million identified as AI/AN in combination with other races.² Approximately one million AI/AN people live on the 334 federal- and state-

1 (National Congress of American Indians, 2019)

2 (U.S. Census, 2011)

recognized American Indian trust lands or reservations. Reservations were originally parcels of land that tribes tried to keep after surrendering larger parcels of land in peace treaties with the U.S. government, calling these holdings “reservations.” The term is still in use today, even though many tribes were later forcibly relocated to other lands to which they have no historical connections. Nearly two-thirds of original reservation land (90 million acres) was given to non-Indian settlers as a result of the General Allotment Act of 1887.³ The new government-determined reservations were often in areas away from fertile land, population centers, water supplies and other vital resources, compounding economic challenges with geographic isolation. Today, one or more specific tribes can reside within one reservation, for example the Eastern Shoshone and the Northern Arapaho share the Wind River Reservation in Wyoming. The Navajo Nation is the largest reservation in the U.S. - in fact it is larger than nine U.S. states. Oklahoma is unique in that the state has the largest per capita population of American Indians in the U.S., but there are no reservations. Instead Oklahoma has trust lands and every tribe has a headquarters and a tribal complex on these lands; however, not every tribal member lives on Trust land nor within a reasonable distance from their Tribal headquarters. There are 38 federally recognized tribes living in Oklahoma. In Alaska, Native Alaskans do not live on reservations but in towns and isolated villages throughout the state, many only accessible by air. Approximately 71% of American Indians and Alaska Natives live in urban areas, and not on tribal lands.⁴

NON-TRIBAL COMMUNITIES

It is important to the review process that teams be aware that they may have AI/AN child deaths in non-tribal land communities and that special efforts should be made to include AI/AN participants in the review for these cases as well, and to apply a health equity lens in developing prevention strategies for these deaths.

Tribes are sovereign nations, meaning they possess the powers of self-government.

Hundreds of treaties, along with the Supreme Court, Presidents, and Congress, have repeatedly affirmed that tribal nations retain their inherent powers of self-government. Tribes maintain a fundamental contract with the United States for self-governance: Article 1, Section 8 of the United States Constitution states, “Congress shall have the power to...regulate commerce with foreign nations, and among the several states, and with the Indian tribes.”⁵

3 National Congress of American Indians (2015). Tribal Nations and the United States: An Introduction. Available at: http://www.ncai.org/resources/ncai_publications/tribal-nations-and-the-united-states-an-introduction.

4 Urban Indian Health Institute (2020). Urban Indian Health Report Data Dashboard. <https://www.uihi.org/urban-indian-health/data-dashboard/>.

5 (XIII)



Tribes are very much like federal or state governments in that they can pass laws, regulate power and energy, create treaties, and maintain their own judicial systems.

Federal Indian law creates a trust responsibility or obligation of the federal government to protect tribal self-governance, tribal lands, assets, resources, and treaty rights, and to carry out the directions of federal statutes and court cases.

Tribes cannot be regulated by state governments, but they can develop agreements with states for commerce, services and support. The federal government can also enact laws to give states certain jurisdictional authority. Public Law 280 gave six states extensive criminal and civil jurisdiction over tribes in lieu of the federal government.⁶ These states are Alaska, California, Minnesota, Nebraska, Oregon and Wisconsin.

DIFFERENTIATING TRIBAL NATIONS

Although the 567 tribal nations are often discussed as one entity—Native Americans—it is important to realize that the tribes can be very different from each other.

⁶ (Jerry Gardener and Ada Pecos Melton)

Lisa Rhoades, the State Coordinator of Child Death Review in Oklahoma and a member of the Kiowa Tribe, states that: “Although you may think of American Indians as one people, historically we were never a unified group. Across America we have different creation stories, histories, cultures, beliefs, customs, spiritual practices and political structures. The biggest mistake you can make in beginning to work with American Indians is assuming that if you understand one tribe you understand all of us.”

RESOURCES:

- [*Tribal Nations and the United States: An Introduction*](https://bit.ly/2Qunv5h) (URL: <https://bit.ly/2Qunv5h>)
Borrowed from the National Congress of American Indians.
- [*Federal and State Recognized Tribes*](https://bit.ly/398PxtS) (URL: <https://bit.ly/398PxtS>)
State-by-state listing of Indian tribes or groups that are federally recognized and eligible for funding and services from the Bureau of Indian Affairs. (2020)
- [*American Indian Tribal Directory*](https://bit.ly/3fkm2IY) (URL: <https://bit.ly/3fkm2IY>)
Listing of all tribal directories with addresses and contact names.
- [*Map of all U.S. Indian Reservations*](https://on.doi.gov/37pUzTx) (URL: <https://on.doi.gov/37pUzTx>)
Indian lands of federally recognized tribes of the United States. Borrowed from the Bureau of Indian Affairs. Department of the Interior. Office of Trust Services. (2016)
- [*Public Law 280*](https://bit.ly/2AXzjrX) (URL: <https://bit.ly/2AXzjrX>)
Public Law 83-280 (commonly referred to as Public Law 280 or PL 280) was a transfer of legal authority (jurisdiction) from the federal government to state governments which significantly changed the division of legal authority among tribal, federal, and state governments.

American Indian and Alaska Native Health Status

The Indian Health Service reports “The American Indian and Alaska Native people have long experienced poorer health status when compared with other Americans. Lower life expectancy and the disproportionate disease burden exist perhaps because of inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences. These are broad quality-of-life issues rooted in economic adversity and poor social conditions.”⁸ These disparities are most certainly correlated with AI/NA experiences with multi-level, intergenerational historical trauma by whites that forced Indians out of their cultural identities including tribal annihilations, dislocation, forced integration to white culture, forced removal of children to boarding schools beginning in the late 1800s, and decimation of tribal languages.

Indian Child Health, Injury, Safety, and Fatalities: Persistent Disparities

The population of Indian Country is much younger than most of the U.S.: 36% of AI/AN people are under the age of 18 compared to 21.7% of the U.S. population. Yet, there are significant barriers to obtaining accurate data on American Indian child births, fatalities, injuries, and health outcomes. Most birth and death data are provided through state counts.

It is believed that there is often misreporting and underreporting of AI/AN status in both birth and death certificates, especially in urban areas and rural areas distant from AI/AN reservations.⁷

Rarely are specific tribal identities identified in state vital records, although Oklahoma does include specific tribal affiliation on its death certificates.

There are also noted economic and health disparities. In the 2010 census, 28.4 percent of AI/AN individuals lived below the poverty level compared to 11.3 percent for the nation. Roughly 27.8 percent of AI/AN children under age 18 live in poverty versus 19.5 percent of children in the total U.S. population. The median family income was \$43,635 compared to \$50,046. Although relevant research is limited, it is believed that AI/AN children have two to three times more adverse childhood experiences (ACES) than non-Hispanic white children.⁹

7 Disparities in Life Expectancy (January 2015). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4245288/>.

8 Indian Health Service. (April 2018). Disparities Fact Sheet. Published online at: <https://www.ihs.gov/newsroom/factsheets/disparities/>.

9 Kenney, MK and Singh, G. (July 2016). Adverse Childhood Experiences among American Indian/Alaska Native Children: The 2011-2012 National Survey of Children's Health. Scientifica. Published online doi: [10.1155/2016/7424239](https://doi.org/10.1155/2016/7424239).

- Despite improvements in Indian child health status over the decades, the AI/AN infant mortality rate in 2017 of 9.2 deaths/100,000 births is approximately 1.6 times that of the U.S. all-races population.¹⁰***

The leading cause of mortality for AI/AN infants under the age of 1 year is congenital abnormalities followed by low birth weight, unintentional injuries and Sudden Infant Death Syndrome (SIDS).

- The 2017 Indian Health Service injury report found that AI/AN infant's die from all types of injuries combined at a rate that is 2.1 times that of the U.S. all races population.¹¹***

Leading injury-related causes of AI/AN infant deaths include accidental suffocation and strangulation in bed, motor vehicle crashes, and homicide.

- Injuries are a significant problem for AI/AN children; they remain the leading cause of death of children ages 1-18.***

AI/AN children have disproportionately higher rates of unintentional injury and suicide mortality.

- The leading cause of death for AI/AN children ages 1-4 is unintentional injuries, 46 percent occurring by motor vehicle.***

Unintentional injuries were also the leading cause of death for children aged 5 to 14 years, representing 39 percent of all deaths in this age group. Suicide is the second leading cause for children aged 5 to 14, accounting for 10 percent of all deaths in this age group.

10 US Centers for Disease control and Prevention (2019). Infant Mortality Statistics from the 2017 Period Linked Birth/Infant Death Data Set. National Vital Statistics Reports. Table 2. https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_10-508.pdf.

11 U.S. Department of Health and Human Services, Indian Health Service Office of Public Health Support, Division of Program Statistics and Office of Environmental Health and Engineering Division of Environmental Health Services, Injury Prevention Program (2017). Indian Health Focus: Injuries 2017 edition.



The leading cause of death among AI/AN young people aged 15-24 years is also unintentional injuries at 49 percent of all deaths. Of those, 68 percent were motor vehicle-related fatalities. The rate of motor vehicle-related fatalities is 3.2 times that of the U.S. all-races population and 2.9 times that of the U.S. white population.

Suicide rates are very high in young AI/AN adults, more than four times the suicide rate of both the all-races population or U.S. white populations in this age group.

Child maltreatment rates and child maltreatment fatality data are only available from information provided to the federal government from states. There is no provision in federal child abuse funding to support tribes in collecting or submitting this data. Jurisdictional issues related to maltreatment reporting within tribes is a major barrier to understanding the true scope of maltreatment in AI/AN communities. State reports to the National Child Abuse and Neglect Data System are limited with small numbers.

PERSISTENT DISPARITIES

Persistent disparities paired with data that often fails to identify tribal affiliation means that not only do AI/AN communities experience disproportionate preventable fatalities, but the lack of information is a detriment to informing AI/AN fatality prevention efforts at the tribal, community, or state level.

For example, in 2018 the rate of maltreatment fatalities was 1.0/100,000 for AI/AN children compared to 1.94 for white children.¹² Given the small numbers, it is impossible to identify trends.

UNIQUE STRENGTHS

Despite all this, there are also unique strengths associated with AI/AN people based on ancient ingrained ethics of reciprocity between people, and between people and the land. These include deep understanding and respect for histories, strong community and family cohesion, respect for and care of the lands, strong spiritual underpinnings, revitalization of language and ceremonies, respect for the wisdom of elders, and a belief that children are the responsibility of not only the family but of the tribe.

RESOURCES:

- *Trends in Indian Health (2014 Edition)* (URL: <https://bit.ly/2J7WWi9>)
Borrowed from the U.S. Department of Health and Human Services. Indian Health Service Office of Public Health Support. Division of Program Statistics. (2014)
- *Indian Health Focus: Injuries (2017 Edition)* (URL: <https://bit.ly/2UFVpq1>)
Borrowed from the U.S. Department of Health and Human Services. Indian Health Service Office of Public Health Support. Division of Program Statistics and Office of Environmental Health and Engineering. Division of Environmental Health Services. Injury Prevention Program. (2017)

¹² U.S. Department of Health and Human Services, Administration for Children and Families Administration on Children, Youth and Families Children's Bureau. (2018). Child Maltreatment 2018. <https://www.acf.hhs.gov/cb/resource/child-maltreatment-2018>.

Key Roles & Responsibilities of Agencies Working with Tribal Communities

This section provides a brief overview of the patchwork of key agencies and their services relevant to child death review in Indian Country. To ensure that American Indian and Alaska Native voices are included in fatality review, there are key organizations and agencies that work with tribes or have authority over specific services and programs that should be included.

POTENTIAL COMPLICATIONS

There may also be many complications in engaging with organizations and in accessing case records due to multiple layers of rules governing data sharing.

Authority and responsibility for AI/AN child health and safety and the type of services available and access to records depends on many factors including:

- The legal AI/AN status of the child, family, and potential perpetrators in deaths due to child abuse and neglect or homicide*
- Whether the child, their family, and potential perpetrators reside on or off a reservation or Trust land*
- The location of the incident*
- If the tribe operates independently of certain federal systems*
- If the tribe is subject to P.L. 280, the act that gives a state, rather than the U.S. government, authority over some areas of tribal governance*

Because of the nature of governance, jurisdictional issues can become very complicated across tribal, federal, state, and county authorities. Each tribe develops its own interagency agreements with non-tribal entities.



In many cases, most federal authority is operationalized through the Bureau of Indian Affairs (BIA).

The BIA was originally established in 1824 to manage tribal lands and treaties between the U.S. and tribes. Today, the BIA works to help tribes with self-governance while maintaining the responsibilities under the federal-tribal trust and government-to-government relationships. Currently, many tribes operate child welfare, education, and other human services such as financial and housing assistance under the auspices of the BIA's Office of Indian Services. The BIA Office of Justice Services directly operates or funds law enforcement, tribal courts, and detention facilities on federal Indian lands. State and local services can also be provided on tribal lands through memoranda of understanding (MOUs). Finally, many tribes operate their own services, programs and administrative systems.

As you begin your work to improve coordination you should spend time understanding the various agencies and the patchwork of jurisdictional boundaries in your area. The following provides a summary of the most typical array of child health and safety-related services throughout Indian Country.

There are robust maternal, child, and adolescent health services and health education services and programs available to tribal members. Indian Health Services (IHS) is a federal agency that provides health care in 36 states to approximately 2.2 million Native Americans.

The IHS supports 26 hospitals, 59 health centers, and 32 health stations. There are also 33 urban Indian health projects that supplement these facilities with a variety of health and referral services. Many tribes may operate their own health systems independent of IHS, with many having Tribal Contract or Compact Health Centers (also called a 638 contract or compact) operated by tribes or tribal organizations and Urban Indian Health Centers. These are operated under the Indian Self-Determination Act which gives tribes the option to assume IHS program funds and manage them to best fit the needs of their tribal communities. Tribes participating in 638 contracts negotiate with the IHS and take on full funding, control, and accountability for those programs, services, functions, and activities, or portions thereof, that a tribe chooses to assume. In most Indian health care settings, health services include comprehensive medical and mental health services, including maternal and child health services. Tribal members may also elect to obtain health services from other private or public entities and often county or city health services are available to Native citizens.

Additionally, IHS collaborates with the federal Health Resources and Services Administration (HRSA) to support tribal organizations with key priorities which include:¹³

- Increased Urban Indian Health participation in the Health Center Program***
- Improve usage of Health Professional Shortage Area designation to tribal populations***
- Support the workforce through health professionals programs and the National Health Service Corps***
- Enhance participation in the HRSA competitive grants process***
- Provide greater technical assistance from HRSA regional offices***

¹³ <https://www.hrsa.gov/about/organization/bureaus/ohe/populations/aian.html>



Learn more about [IHS and HRSA's collaboration to support tribes](https://bit.ly/2XTjThk) (URL: <https://bit.ly/2XTjThk>).

IHS also funds injury prevention programs for many tribes. Their areas of focus for children include suicide prevention and motor vehicle crash prevention.

There are [12 tribal epidemiology centers located throughout the U.S.](https://bit.ly/2Auu9ns)¹⁴ (URL: <https://bit.ly/2Auu9ns>). These centers provide requested technical assistance to Indian tribes in the development of local health service priorities and incidence and prevalence rates of disease, injury, and other illness in the community. Some larger tribes also have their own epidemiology departments.

14 (<https://tribalepicenters.org/>)

2

Child Welfare Services

Child welfare services can be provided by tribes, BIA, or state/county governments.

These services may include child protection services, foster care, adoption, and judicial oversight of child welfare cases. They all must operate under the auspices of the federal Indian Child Welfare Act, more commonly known as ICWA. The purpose of ICWA is "...to protect the best interest of Indian Children and to promote the stability and security of Indian tribes and families by the establishment of minimum Federal standards for the removal of Indian children and placement of such children in homes which will reflect the unique values of Indian culture..." (25 U.S. C. 1902). ICWA guidance governs states regarding the handling of child abuse and neglect and adoption cases involving Native children and sets minimum standards for the handling of these cases. ICWA governs state child custody proceedings in multiple ways, including: (1) recognizing tribal jurisdiction over decisions for their community's children; (2) establishing minimum federal standards for the removal of Indian children from their families; (3) establishing preferences for placement of Indian children with extended family or other tribal families; and (4) instituting protections to ensure that birth parents' voluntary relinquishments of their children are truly voluntary.

When an Indian child is neglected or abused, the court or the tribal code can permit a law enforcement officer or social worker to take emergency custody of the child to protect the child. These removals are generally followed by a petition to the tribal court for an emergency placement. If the emergency persists and the child protection program feels more services are needed, it can file a dependency and neglect petition which must be proven by the tribe by clear and convincing evidence in most tribal courts. Court jurisdiction for child protection and custody hearings of Indian children usually occur in tribal courts, many under direction of the BIA.¹⁵ Again, ICWA requires tribes to make active efforts to keep children with family or tribal members. Most tribal child welfare programs have their own record keeping systems and are not required to report their child welfare data to the National Child Abuse and Neglect Reporting System.

3

Education Services

There are a mix of educational agencies depending on jurisdictional boundaries and geographical restrictions.

Tribes may have federally-funded, BIA-operated schools, use county or local school districts, use private (often religious-affiliated) schools and/or support their own tribal schools. Because of this mix, data sharing can be complicated and subject to different rules across systems.

¹⁵ Child Welfare Information Gateway (2020). Jurisdictional, Legal, and Judicial Issues Affecting American Indian Children and Families. <https://www.childwelfare.gov/topics/systemwide/diverse-populations/americanindian/legal/>.



Important ICWA provisions:

- For Indian children, states must use and document active efforts to prevent the breakup of the family. Before ordering an involuntary foster care placement or termination of parental rights (TPR), the court must conclude that active efforts have been made to prevent the breakup of the Indian family and those efforts have been unsuccessful.
- An emergency removal under state law may be done to prevent “imminent physical damage or harm” to the child, but it must be terminated immediately when the removal or placement is no longer necessary. It cannot last more than 30 days unless the court makes certain determinations.
- Whether a child is considered an "Indian child" is not determined by factors outside the statutory definition, such as: participation of the parents or the Indian child in tribal activities; relationship between the Indian child and his or her parents; whether the parent ever had custody of the child, or the Indian child’s blood quantum.
- Active efforts are affirmative, thorough, and timely efforts intended primarily to maintain or reunite an Indian child with his or her family.
- The court will apply the placement preferences in any pre-adoptive, adoptive, or foster care placement of an Indian child.

4

Law Enforcement and Death Investigation

There are at least three layers of law enforcement on tribal lands.

Child deaths occurring on Indian lands may also be investigated by law enforcement. Most tribes with lands have Indian tribal police. These agents are peace officers hired by tribes which have a constitutional government on reservations or Trust land. The Bureau of Indian Affairs Police, or BIA Police, is the law enforcement arm of the United States BIA and polices Indian tribes and reservations that do not have their own police force, and/or oversees other tribal police organizations. The Federal Bureau of Investigations (FBI) is responsible for investigating the most serious crimes for about 200 Indian reservations, including murders, child abuse, assaults, and drug trafficking. Nationwide, the FBI has investigative responsibilities in Indian Country. Many tribes have agreements to utilize county or state coroners or medical examiners to conduct forensic investigations to determine cause and manner of death. For AI/AN children that may reside on, but die off tribal lands, it is highly likely that jurisdictional issues restrict tribal law enforcement or death investigators from investigating those death events. Regardless of death location, death certificates are always filed in the state jurisdiction within which tribal lands are located or border. This can create challenges when reservations border multiple states. Unfortunately, death certificates for Indian children rarely list tribal affiliation even though they may list race as American Indian or Alaska Native. Tribal agencies also do not routinely receive the death certificates of their tribal members back from states.

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Court Services

More than half of all federally-recognized tribes have their own court systems with authority over civil and criminal matters organized under Title 25 of the Code of Federal Regulations.¹⁶

They often have at least one level of appellate review and/or use regional inter-tribal appellate courts. An important exception is the states subject to Public Health Law 280 (AK, CA, MN, NE, OR, WI).¹⁷ In these six states, the state courts prosecute all persons, Indian and non-Indian, who commit crimes on Indian reservations and handle all civil disputes as well. Tribes often have their own constitutions and laws, known as common laws. Tribal justice systems also

¹⁶ Available electronically: <https://bit.ly/2IZ2GLI>.

¹⁷ <https://www.acf.hhs.gov/ana/resource/american-indians-and-alaska-natives-public-law-280-tribes>

often have alternative, traditional forums for resolving crimes and other disputes. These are sometimes called Peacemaker Circles, sentencing circles, or Healing-to-Wellness Courts.

“Suicide rates are very high in young AI/AN adults, more than four times the suicide rate of both the all-races population or U.S. white populations in this age group.”¹⁸

As mentioned previously, court jurisdiction becomes very complex when it comes to matters affecting Indian persons and Indian country. Tribal jurisdiction sometimes overlaps with state or federal jurisdiction and is sometimes supplanted by them via statute. Jurisdiction also varies by the individual plot of land involved within tribal borders, as well as by the Indian status of the persons involved.

RESOURCES:

- [Indian Health Service](https://bit.ly/3fjQ3Zj) (URL: <https://bit.ly/3fjQ3Zj>)
- [Tribal Epidemiology Centers](https://bit.ly/37r2KyY) (URL: <https://bit.ly/37r2KyY>)
- [Bureau of Indian Affairs](https://on.doi.gov/2AsTldS) (URL: <https://on.doi.gov/2AsTldS>)
- [Resource for working with American Indian children and Families](https://bit.ly/2J2MGYB) (URL: <https://bit.ly/2J2MGYB>)
- [ICWA](https://on.doi.gov/2MUp0HW) (URL: <https://on.doi.gov/2MUp0HW>)
- [Tribal Courts](https://bit.ly/2UEyACV) (URL: <https://bit.ly/2UEyACV>)

Common American Indian Beliefs on Death and Traditional Mourning Practices

Native American beliefs are deeply rooted in culture and history, and spirituality is often an integral part of daily life.

There is not really such a thing as an organized Native American religion in the way that Christianity or Islam are institutionalized religions, even though many American Indians are Christians or members of other religious groups. Historically, spiritual teachings were never written down, only passed on from generation to generation through oral teachings. Native American death rituals vary widely according to different tribal traditions, though they may share some common beliefs. It is important that the review process in or of an AI/NA community recognizes, respects, and honors local beliefs and rituals.

Some examples of these include:

The Spirit of a Person

One common aspect is the concept that the spirit of a person lives on after their physical death and journeys into the afterlife, although oftentimes there is no tribal concept of heaven and hell. For some tribes, their funeral rituals reflect this. For example, some burn the possessions of the person who had died so that their spirit cannot return. In many American

SPEAKING OF THE DECEASED

In many American Indian cultures, the names of the deceased are not spoken, or the deceased may be spoken about in an indirect way that does not use their name in the belief that it would call back their spirit from the afterlife.

Indian cultures, the names of the deceased are not spoken, or the deceased may be spoken about in an indirect way that does not use their name in the belief that it would call back their spirit from the afterlife. Among the Navajo, the name of the deceased is traditionally not mentioned for one year following death. After that year, the name of the deceased is rarely mentioned. The Navajo also believe that sudden and violent deaths cause bad spirits, or Chindi, to haunt the bereaved family. In this case, certain rituals are especially important.



The Death of a Child

Often the death of a child may have its own specific rituals. In the Ojibwa (Chippewa) tribes, a doll would be made from the dead child's hair. The mother would carry it with her for a year, symbolizing the grief she is carrying.

Preparing the Body

Some tribes may also have a specific time deadline to prepare the body for funeral and to get the loved one buried or the requirement that the loved one is not to be left alone until final disposition occurs.

Improving Death Review for American Indian Children

This section is written to help existing local and state teams be successful in improving the coordination of their reviews with tribes and uses tribe in the singular, but here may be more than one tribe actively engaged in fatality review. If you plan on establishing an independent, tribal-specific review team, the same principles apply. In preparation for this section, four fatality review champions who have successfully been working with tribes were interviewed. These champions are:



Thomas Cody

Navajo Tribe | Director of Indian Child Welfare for Casey Family Programs

Mr. Cody spent 2019 on a special project to build more child death review programs on tribal lands while on special assignment to IHS. Mr. Cody played a very key role while working for the Navajo Nation in establishing the first child death review team on tribal lands.



Tammy Matt

Salish Tribe | Public Health Nurse for Tribal Health on the Flathead Reservation

The Flathead Reservation includes the Confederated bands of the Salish, Kootenai, and Pend d'Oreille (Ponderay) tribes in Montana. Ms. Matt coordinates the Lake County CDR team in collaboration with someone from county-level public health. Almost all deaths in this jurisdiction are of Indian children and this team is an excellent example of how working across tribal and county jurisdictions can be successful.



Lisa Rhoades

Kiowa Tribe | Oklahoma State Coordinator for Child Death Review

Ms. Rhoades has managed regional teams and a state CDR board for 20 years. The Oklahoma teams review a high number of Indian deaths and have tribal members serving on regional teams.



Kari Tutwiler

Montana State Coordinator for Fetal, Infant, Child and Maternal Mortality Review

Ms. Tutwiler manages a network of 31 teams incorporating 52 counties throughout Montana, almost all of them very rural, some encompassing large swaths of reservation lands with multiple counties reviewing a high percentage of Indian child deaths. Ms. Tutwiler understands many of the challenges of and is committed to improving the success of her public health nurse coordinators in working with Indian country.





CONSIDER THE FOLLOWING STEPS WHEN WORKING TO **ENGAGE TRIBES**

Learn about your tribal community(s).

The preceding section of this guidance provided an overview of Indian tribal health services that can be used as a framework for learning how tribes are organized. Learn as much as possible about the tribes' history, governance, agencies, etc. as you begin to engage with tribal members. Offer to meet and visit people in their communities. Remember, no two tribes are the same. According to Thomas Cody: "It is really important that you learn about the differences between the tribal, political, and human service structures, as they can be very different and not always work in synch with each other - especially when tribal, state, county, and federal jurisdictional authority overlap."

Take time to understand Indian child mortality and injury data.

Conduct an analysis of morbidity and mortality data to understand the scope of adverse Indian child events. It will be hard to ascertain tribal affiliation through vital records. Seek out data from state and local vital records and other sources such as tribal epidemiology programs. Sometimes medical examiners or coroners also keep records that can describe tribal affiliation in addition to the race filed on death certificates. For example, one of the reasons the Navajo Nation decided to create their own team is that they reviewed state death and review data and realized almost all their child deaths were being reviewed by adjacent state review teams and that the Navajo Nation was not learning anything about the reviews, even having limited knowledge that these deaths were even occurring to Navajo children.

Find and partner with a champion in the tribe.

Thomas Cody believes that this is the most critical step for a creating collaboration. He says it's important that the champion is a tribal member, respected by leadership and knowledgeable about the different systems. He also advises, "Don't assume tribes will do active outreach to you - they may very well not even know your review exists. Reach out to a champion and invite them to participate in your review process and be persistent." When the National Center was working with IHS to build CDR with the Navajo Nation, Thomas was the champion. Not only did he help the planners understand Navajo traditions around child deaths, but he set up meetings with key leaders, hosted the elders' meeting, met with agency leaders, hosted a first review meeting, and worked to change tribal policy to allow the process to move forward. A champion can also serve as a co-coordinator of a state/local team. In Montana, one county team is led by an Indian public health nurse, another county is co-led by county and tribal health, and most teams work to engage Native health professional leaders.

Obtain approval from tribal leadership.

It is very important that tribal leadership is aware of and approves of tribal participation in fatality reviews. Although the process for obtaining approval can be slow, it is a vital step in ensuring long term success. "You must work until the review process fully honors the tribes' values and wisdom, for in the end, the children's stories and reviews belong rightfully to the tribe itself. We should be humbled and honored to have an uninvited look into their personal lives and not take that access for granted. The same could be said for all the children whose stories become known to us," Lisa Rhoades shared. The tribal fatality review champion can help identify both the political and traditional tribal authority that needs to approve fatality review. For example, there may be both an elected tribal council and president as well as an elder leadership council. Both groups must approve of fatality review before moving ahead. Thomas Cody reiterates the significance of elders' approval. "It is important to include elders - they have a lot of influence and, oftentimes, power. Some elders are appointed to an elder council by the president, some are selected by council. Elders can help you understand tribal history, customs, practices, and their approval of your work can go a long way to being successful. They are the tribe's wisdom. They can help you with your approach, framework, and prevention." When Mr. Cody was building the Navajo Nation's CDR team, he readily obtained approval from the Tribal Council. But more importantly, it was a separate meeting with the elder council, at a three-hour drive from the Tribe's headquarters, that led to the most important buy-in for the process. During that meeting, the elders offered insight into the challenges of conducting reviews in a culture that does not discuss their dead and suggested ways to move forward with a focus on keeping children alive. Before moving ahead with a team or including tribal members on your team, schedule a presentation to tribal leadership and/or the tribal council. Be prepared to share child injury and mortality data, discuss the review process and ensure there is support and approval for their programs and staff to participate in reviews.

□ **Include tribal members on your team and throughout the review process.**

A relevant and long-held public health maxim states, “Nothing about us, without us.” One of the white county health nurses in Montana reported to Kari Tutwiler, “You know, with all of the historical trauma faced by Indians in our community - it’s no mystery that we can’t get records. Our tribe doesn’t want their struggles or dirty laundry reviewed by a group of mostly non-Indians.”

Anytime deaths of Indian children are reviewed, Indian voices should be at the review table.

The descriptions provided in the previous sections are to help you identify which agencies and persons to include. But to fully include the voices of the community, it’s important to reach out to the full complement of tribal services related to children. Seek input from others beyond the traditional groups of public health, social services, education, and law enforcement in fatality review. Tribal elder and youth programs, WIC, Head Start, Healthy Start, and other maternal and child health programs have deep reach in working with Indian families.



Mr. Cody suggests you also include Indian youth, “Youth development is a very active and important strategy in Indian country and their voice should be represented on the team, especially considering the high numbers of youth injuries and suicides in Indian Country.”

In Montana, Kari Tutwiler said meeting logistics have been a barrier to participation from Native team members. “A number of my county team coordinators were frustrated that tribal representatives were not attending the county-based CDR meetings. One team coordinator finally moved some of the meeting locations much closer to the tribe. She also reached out and offered to drive the tribal nurse to the meeting, and now they go out for lunch afterwards.” Her advice suggests the

importance of trying to organize and hold some of your meetings in or closer to tribal communities. The Fremont County CDR team in Wyoming had a long-established practice of alternating bi-monthly meetings between the town of Riverton and the Wind River Reservation. This plan led to much-improved participation from both communities and opened doors for tribal members to become more engaged in prevention activities.

Tammy Matt suggested that it is important to be wary of other issues that have no relevance to CDR but can poison relationships in ways that are far beyond a team's control and can often be traced back to historical mistreatment of American Indians/ Alaska Natives. For example, in her community there had been a bitter dispute for water rights between the county and reservation which created deep resentments across many county and tribal agencies, making it more difficult to share information and work together on prevention for a time.

Identify Indian child deaths and obtain case information.

This can be one of the most challenging parts of improving case reviews of AI/AN children. Case history and information on the child and family can be very hard to obtain, especially if the child lives on a tribal land. Lisa Rhoades said in Oklahoma she utilizes a variety of records to determine if the child is a member of a tribe. Sometimes only one record mentions the child is Indian, so she may try to get both birth and death records from the state to match them. Obtaining records from tribal government can be very difficult due to the long-standing mistrust between state governments and tribes.

Ms. Matt shared that: "My county CDR team has a written agreement, or memorandum of understanding, between tribal health and county CDR to share information. The hardest information for me to get is Indian child welfare case information but I also sit on the Flathead Reservation's Foster Care Committee, so I've built those relationships up. I'm the go-between for getting information. But an MOU also really helps."

Educate your state team on Indian child health, injuries, and fatalities, and work to have local reviews.

Lisa Rhoades' advice is to bring the local perspective to your state team: "I find local review teams are much more in tune with Indian issues of the tribes in their geographical review area. This is likely due to the fact they live closer and have more opportunities to interact/interface than state-level folks. They will be able to offer perspectives that are really important in understanding how to respond to Indian child deaths including: the definition of family and the role of the extended family and their many connections to the child, how that family functions in the community, different child care practices, different context of community—and often tribes are already engaged in prevention work that state and county agencies know nothing about."

Learn about and honor tribes' practices around grief, and ensure bereavement support for families is part of the review.

For team members who do not share the same cultural or tribal background as the families they are serving, it may be helpful to learn about the traditional beliefs and mourning practices among those families. A local community member, elder, or local Native health board member may be able to provide information about community practices. For some families, traditional ceremonies or other traditional mourning practices may be an essential step in the grieving and healing process. For others, these traditions may be less important. Listening to, and being respectful of, the family's beliefs and coping strategies is critically important to avoid causing emotional harm to an already grieving family. Tammy Matt highlighted that this is important, not only from a bereavement perspective, but as it related to death investigation as well: "We have learned how important it is for even our police officers and death investigators to be open to differences in culture. We found local police need to understand how to handle death events while respecting our tribal beliefs and be sensitive and open to things that might at first seem different and suspicious. You really can't teach it, but experience and an open mind can get you far in helping families and finding justice."

Make prevention recommendations relevant to Indian Country.

Thomas Cody emphasizes, "Even if you are a local or state team that reviewed Indian child deaths, your team recommendations need to be very relevant to tribal practices, behaviors, culture and laws/regulations. My experience is that state and local CDR teams reviewing Indian deaths monopolize the discussion around prevention and do not defer to tribes or offer assistance in planning tribal interventions. And all too often I have seen local teams do reviews of Indian children and never share even their findings or recommendations with local tribes in the Indian community."

Kari Tutwiler believes that local CDR teams and staff should always engage with tribes having already recruited Indians as team members when Indian child deaths are reviewed: "It may take more time, but recommendations that impact Indian children should always be developed and preferably led by Indian team members then shared appropriately with tribal communities." Kari described one local county fatality review team that proposed safe sleep messaging to a tribe following several reviews. That meeting was the first review for a tribal representative whose response was, "Oh my... I need to be a part of this group. They had good intentions, but their approach was not culturally relevant to my tribe and no one will accept the messaging as it is being planned." Tammy Matt's CDR team ensures that most of their prevention recommendations are submitted for approval to both the county as well as the tribal council.

It is ideal that if a state or county team is conducting reviews of Native deaths, that data on those deaths be provided to tribal organizations to equip them to make data-informed prevention recommendations for their own communities.



□ Engage with tribal leaders and elders in developing prevention recommendations.

Gather ideas and wisdom from the elders, who know the community better than anyone else. Elders play a critical role in developing outreach strategies for the community, especially for those members who are hard to reach. Elders can advise on how to improve services, family supports, and systems improvements. Tammy Matt said this is especially important in looking at youth deaths because a lot of youth are deeply tied to their elders, many having grown up in their homes. She described that: “My team engaged with elders to be more proactive in talking with youth about positive living in the context of suicide prevention.” A CDC-funded project from several years ago had very good success working with elders to promote safe infant sleep by teaching young mothers their long-time cultural practices such as using cradle boards. Throughout the U.S. some tribes engage elders in teaching young mothers and fathers the building and use of traditional cradle boards as a prevention effort for safe infant sleep.



Ms. Matt described their safe sleep prevention planning efforts: “We made sure to look at parenting practices on infant sleep from an Indian perspective. Many Indian families sleep all together in one room, so telling parents not to bed share was not going to be a convincing message. But you can change the narrative to how best to keep baby safe. We are so used to always being told what is wrong with us rather than what is right with us. We wanted to emphasize the good. So, we now have a person teaching parents how to make and safely use traditional cradle boards for safe infant sleep. It’s so much more positive and doesn’t trigger all that historical trauma.”

Conclusion

As fatality review teams and coordinators undertake the important work of partnering with sovereign tribes in their jurisdictions, they should do so with humility, learning everything they can about the tribes with which they're partnering. Without a firm grasp of the current and historical relationships the tribes have had to federal, state, and local communities and governments, it is difficult to fully appreciate the disparate outcomes AI/AN communities face or understand the root causes and inequities that drive poor health outcomes. Further, to aid in both case review and effective prevention efforts, teams must build partnerships with the agencies that provide services to Native American communities, always including and prioritizing input from Native American participants in the fatality review context. State and local fatality review teams can support increased safety and wellbeing of Native American children through effective partnership and mutual respect with AI/AN communities.

View the [National Center Toolkit on Health Equity in Reviews](https://bit.ly/2UykOlP) (URL: <https://bit.ly/2UykOlP>). A PowerPoint presentation is also available that communities can use and adapt to their individual needs when educating fatality review team members, partners, and the greater community on racial inequities.

Final Words from Tammy Matt of the Salish-Kootenai Tribes:

"I am a nurse with Indian health but we have a really good relationship with county health. We share roles and we work really, really hard to provide a unified message on prevention too. It's so much easier to work together than to be at odds in our prevention work. Our team members across county and tribal lines always emphasize to each other the importance of working together to prevent these deaths."



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