



American Indian / Alaskan Native Maternal Health Initiatives

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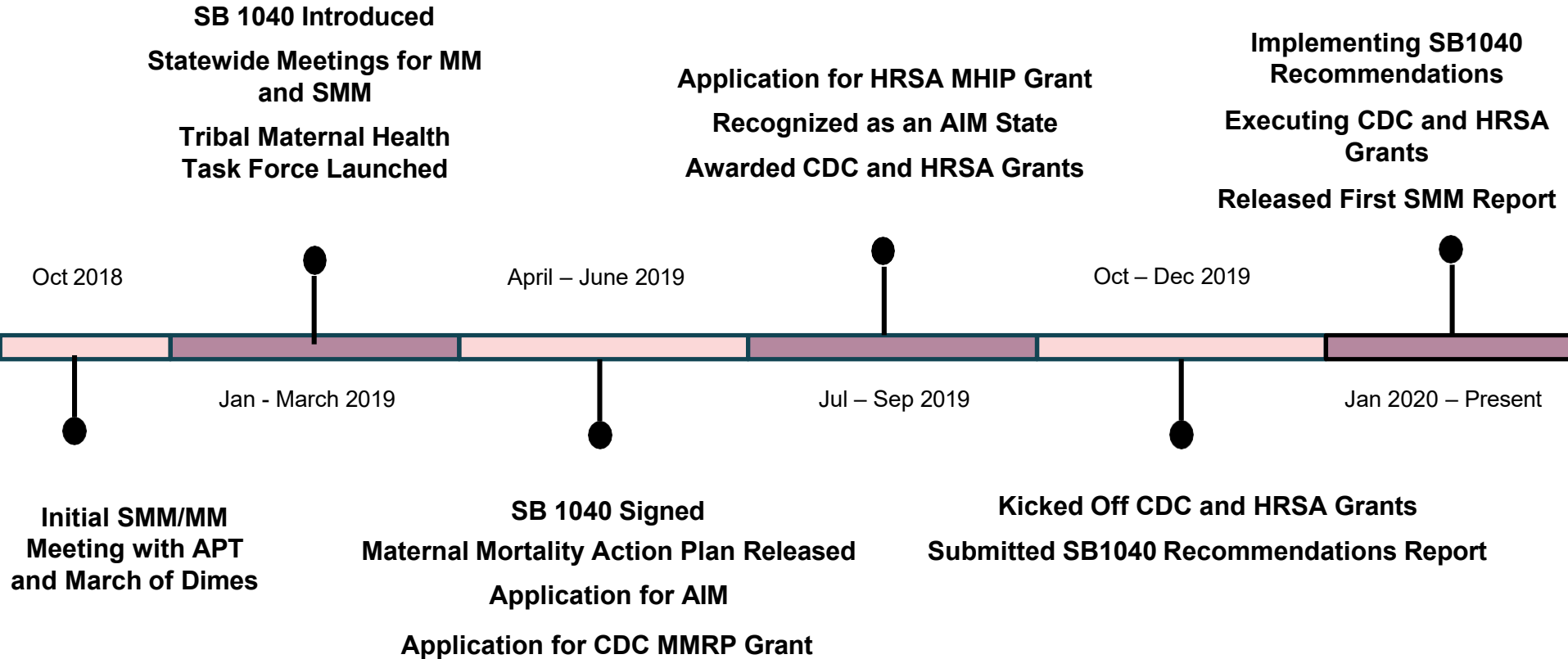
Maternal Health Innovation
Program Manager



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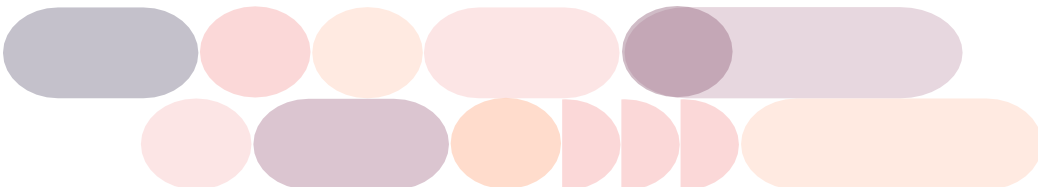
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Maternal Health Activities at ADHS



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Why improve maternal health outcomes in AI/AN communities?



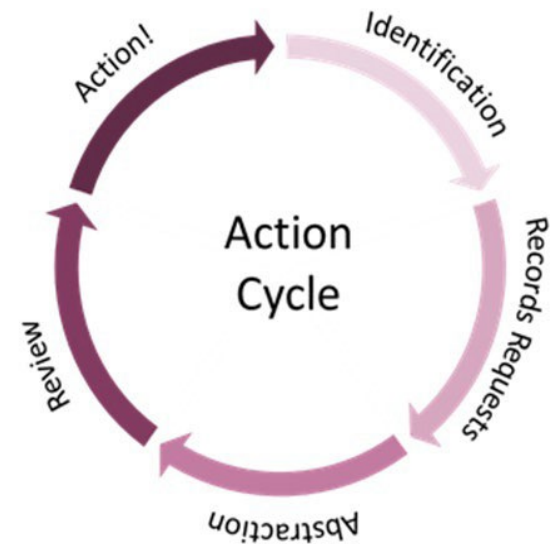
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MMRP Review Process

For every death, the MMRC aims to answer the following questions:

- Was the death pregnancy-related?
- What was the underlying cause of death?
- Was the death preventable?
- What are the contributing factors to the death?
- What specific and feasible actions might have changed the course of events (e.g., recommendations)?

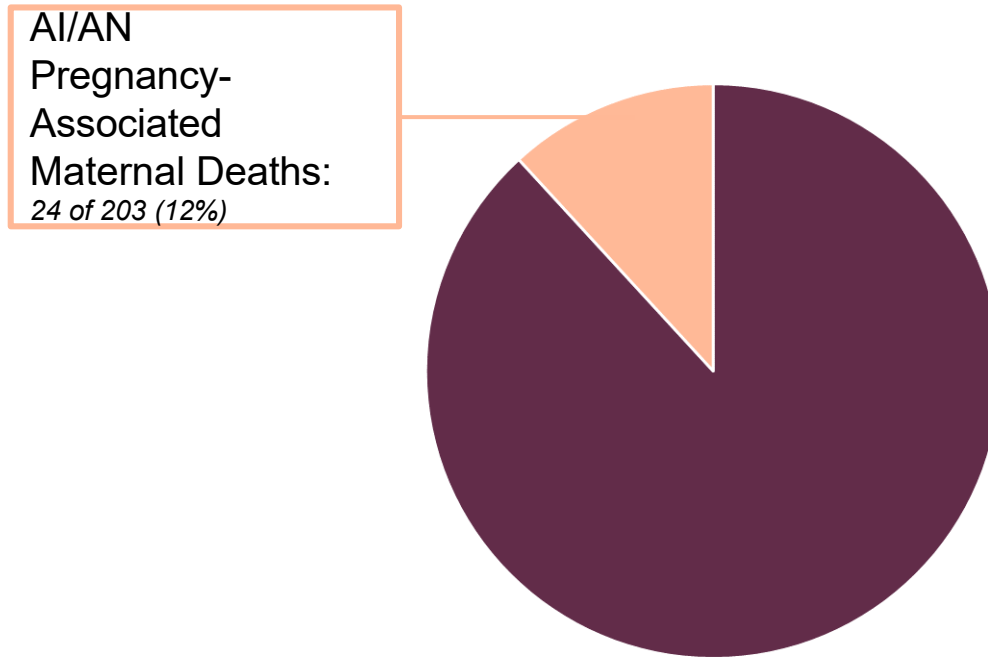


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AI/AN Women accounted for 12% of all Pregnancy-Associated Maternal Deaths

2016-2018 Deaths in Arizona of Women 15-49 Years Old with a Pregnancy in the Previous 365 Days



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The Majority of Pregnancy-Associated Maternal Deaths in Arizona are Preventable

2016-2018 Deaths in Arizona of Women 15-49 Years Old with a Pregnancy in the Previous 365 Days

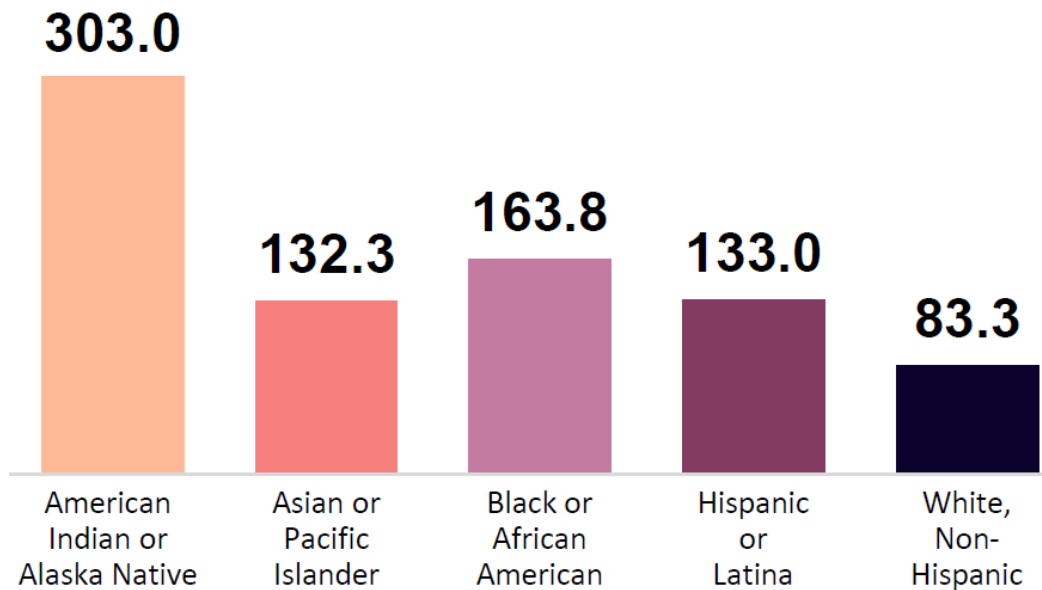


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AI/AN women experienced the highest rates of Severe Maternal Morbidity:

Rates per 10,000 Arizona resident delivery hospitalizations



119.4 SMM Rate for All Arizona
per 10,000 Arizona Resident Delivery Hospitalizations, 2016-2019



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Severe Maternal Morbidity Among AI/AN Women

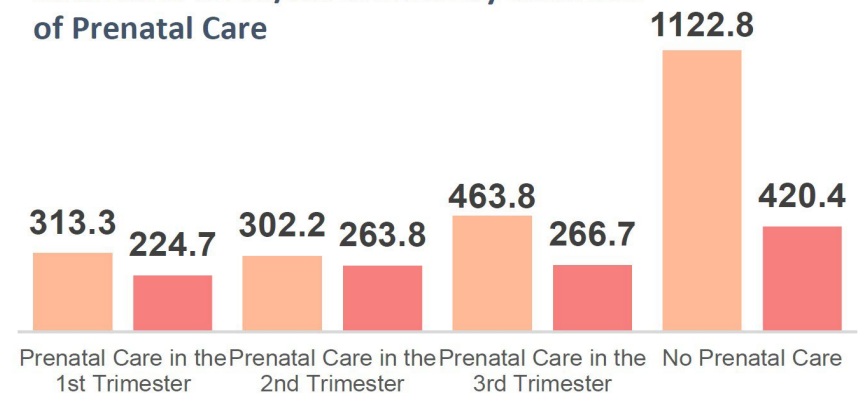
Rates per 10,000 Arizona resident American Indian or Alaska Native delivery hospitalizations

SMM by Place of Residence



SMM Rate by Initiation of Prenatal Care

SMM Rate for AI/AN Women by Initiation of Prenatal Care



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Improving maternal health outcomes in AI/AN communities

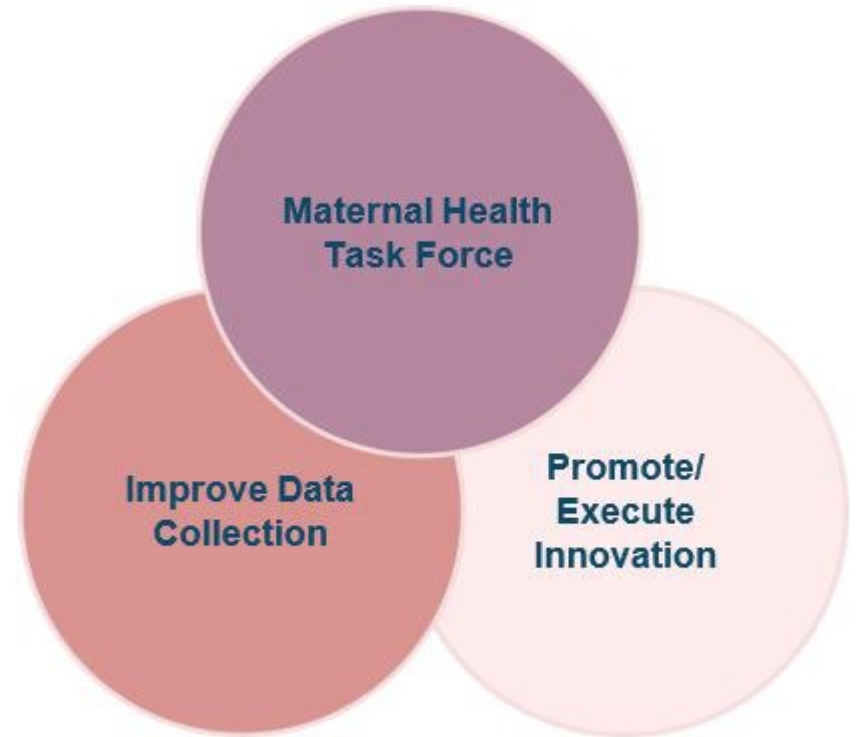


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Maternal Health and Tribal Communities

- Establish a state-focused Tribal Maternal Health Task Force to create and implement a strategic plan
- Improve the collection, analysis, and application of state-level data on maternal mortality and SMM
- Promote & execute innovation in Maternal Health

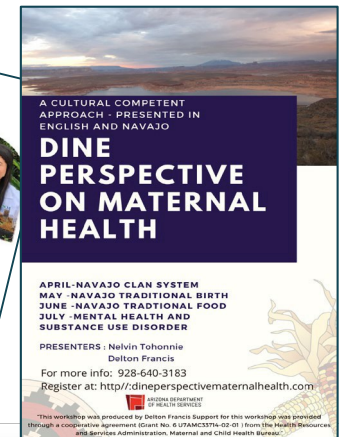


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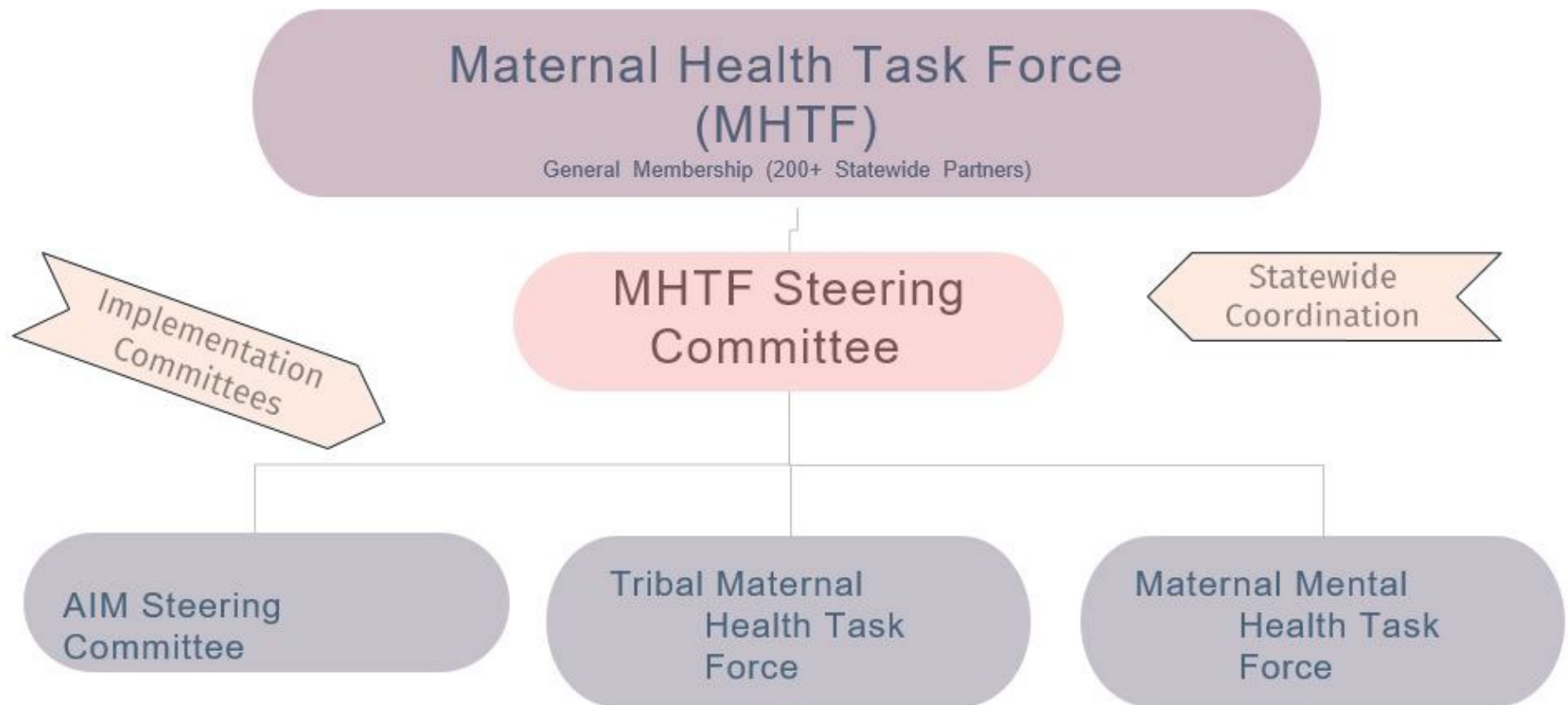
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Maternal Health and Family Wellness from an Indigenous Perspective

- Over 120 sessions both in-person and virtual
 - Indigenous Breastfeeding Counselor Course
 - Indigenous Doula trainings
 - Culturally competent approaches to maternal health
 - Traditional birth education, It Takes a Village, etc.



Mental Health Task Force



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Tribal Maternal Health Task Force Priority Areas

**Improve Access to & Early
Participation in Prenatal Care**

**Increase Patient and Provider
Awareness of Chronic Disease and
Associated Perinatal Risks**

**Improve Access to Behavioral
Health Resources, Substance Use
Treatment, Breastfeeding Support
and Oral Health**

**Build Capacity among Tribal
Leaders and Non-Tribal Public
Health work to Improve AI/AN
Surveillance data with Tribes, IHS,
State Registries, and Tribal
Epidemiology Centers**



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Gap Groups

COVID-19
Vaccines
During
Pregnancy &
Breastfeeding

Oral
Health
During
Pregnancy

American
Indian/Alaskan
Natives in
Urban Arizona



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Arizona Partners



Photo credit: Billings
Gazette



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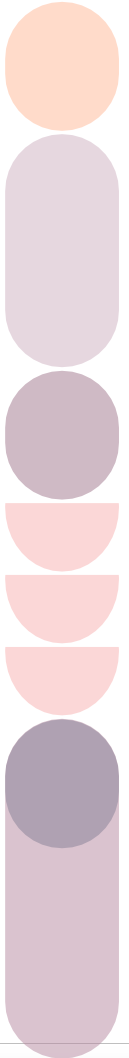
Partners

- Inter Tribal Council of Arizona
- Dine College
- Navajo Nation Department of Health
- Navajo Breastfeeding Coalition
- Hopi Behavioral Health
- Coconino County Health & Human Services
- Fort Mojave Indian Health
- Native Health
- White Mountain Behavioral Health
- First Things First
- Tuba City Regional Health Care
- Winslow Indian Health
- Salt River Indian Community
- White Mountain Regional Medical Center
- Arizona Advisory Council of Indian Health
- Hualapai Tribe
- Tohono O'odham
- Gila River Health Care
- Colorado River Indian Tribe
- San Carlos Apache Healthcare Corporation
- Pascua Yaqui Tribe
- John Hopkins
- Dine Doula Collective

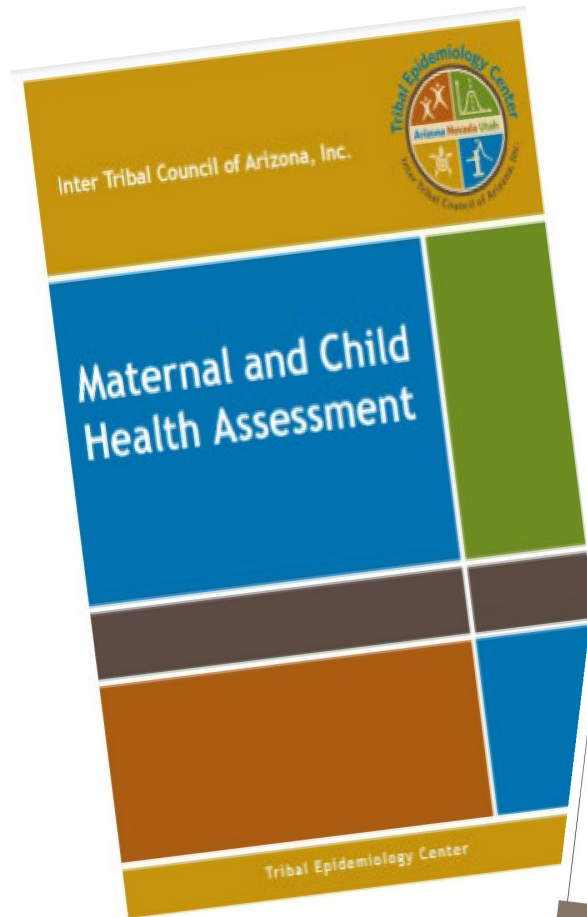


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2020 Navajo Nation & Inter Tribal Council of Arizona Maternal Child Health Needs Assessments



- Identify Arizona's maternal and child health needs for the American Indian and Alaska Native population within Arizona.



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Maternal Health in Arizona's Tribal Nations



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Maternal Child Health Pamphlets and Graphics

NAVAJO MATERNAL HEALTH WEBINAR

AUGUST 30, 2022
9AM-3PM MDT

REGISTER AT THIS LINK:
[HTTPS://FORMS.GLE/SWO3GNH8MUJNWUL4A](https://forms.gle/SWO3GNH8MUJNWUL4A)



SPECIAL PRESENTATIONS BY:

Nicolle Gonzales - Midwife & Director of Changing Woman Initiative

Amanda Singer- Lactation Counselor, Diné Doula & Director of Diné Nation Breastfeeding Coalition

Jolene Holgate - Cofounder and Task Force Member, Missing & Murdered Diné Relatives

Panel session - Sharing of birthing experiences

First 10 mothers/birthing people to register will receive a postpartum package!

CONTACT INFO:

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Navajo Nation
HEALTHY K'É

Maternal and Child Health



Supported by Diné College, Northern Arizona University and Arizona Department of Health Services






RANKED FINALIZED PRIORITIES

BASED ON SECONDARY QUANTITATIVE DATA

PERINATAL / INFANT

1. Mortality (Sudden Unexpected Infant Death Syndrome, Shaken Baby Syndrome)
2. Preterm birth, low birth weight
3. Breastfeeding duration
4. Birth defects
5. Oral health
6. Large infant gestational size

CHILD

1. Mortality (unintentional injuries, violence, falls)
2. Substance use (tobacco, alcohol, marijuana)
3. Oral health

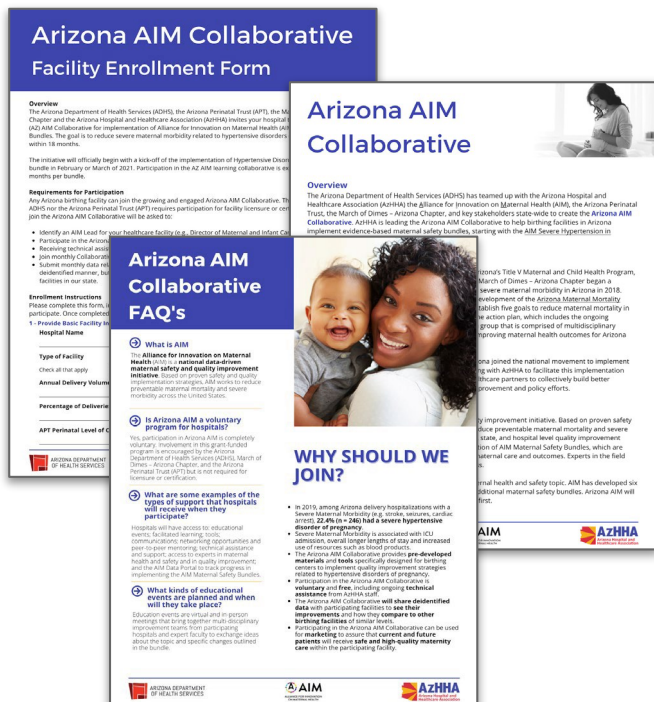
ADOLESCENT

1. Mental health (ACEs)
2. Alcohol use
3. Nutrition
4. Sexual risk behavior-Coming of age health education
5. Tobacco use
6. Family composition, displacement & homelessness
7. Marijuana use
8. Cognitive disabilities
9. Sex trafficking & sexual violence
10. Dating violence
11. Cyber bullying

MATERNAL

1. Prenatal care in the 1st trimester (family planning education)
2. Adequate prenatal care
3. Maternal mortality
4. Breastfeeding duration
5. Drug use
6. Diabetes
7. Obesity
8. Oral health

Arizona AIM Collaborative



The image shows a multi-page document titled "Arizona AIM Collaborative Facility Enrollment Form". The top page has a blue header with the title. Below the header, there is an "Overview" section, a "Requirements for Participation" section, and an "Enrollment Instructions" section. The second page is titled "Arizona AIM Collaborative FAQ's" and contains several questions and answers. The third page is titled "WHY SHOULD WE JOIN?" and contains a list of reasons. The document includes logos for the Arizona Department of Health Services, AIM, and AZHHA.

Arizona AIM Collaborative Facility Enrollment Form

Overview

The Arizona Department of Health Services (ADHS), the Arizona Perinatal Trust (APT), the March of Dimes, and the Arizona Hospital and Healthcare Association (AZHHA) invite your hospital to join the Arizona AIM Collaborative for implementation of Alliance for Innovation on Maternal Health (AIM) Bundles. The goal is to reduce severe maternal morbidity related to hypertensive disorders within 18 months.

The initiative will officially begin with a kick-off of the implementation of Hypertensive Disorders bundle in February or March of 2021. Participation in the AZ AIM learning collaborative is 40 months per bundle.

Requirements for Participation

Any Arizona birthing facility can join the growing and engaged Arizona AIM Collaborative. The ADHS and the Arizona Perinatal Trust (APT) requires participation for facility licensure or on join the Arizona AIM Collaborative will be asked for:

- Identify an AIM Lead for your healthcare facility (e.g., Director of Maternal and Infant Care)
- Participate in the Arizona AIM Collaborative
- Receiving technical assistance
- Join monthly Collaborative
- Submit monthly data in a deidentified manner, by the deadline in our state

Enrollment Instructions

Please complete this form, and participate. Once completed:

- Provide Basic Facility Information

Arizona AIM Collaborative FAQ's

1. What is AIM?

The Alliance for Innovation on Maternal Health (AIM) is a national initiative to improve maternal safety and quality improvement. It is a collaborative effort of the medical, nursing, and public health communities to reduce preventable maternal mortality and severe morbidity across the United States.

2. Is Arizona AIM a voluntary program for hospitals?

Yes, participation in Arizona AIM is completely voluntary. Involvement in this grant-funded program is encouraged by the Arizona Department of Health Services (ADHS), March of Dimes, Arizona Chapter, and the Arizona Perinatal Trust (APT) but is not required for licensure or accreditation.

3. What are some examples of the types of support that hospitals will receive when they participate?

Hospitals will have access to educational events, facilitated learning tools, communication, reducing expenses and peer-to-peer mentoring, technical assistance and support, access to experts in maternal health and safety and in quality improvement, and the AIM Case Report Card program to monitor and improve maternal safety bundles.

4. What kinds of educational events are planned and when will they take place?

Education events are virtual and in person. Examples include: live together, multi-disciplinary improvement teams from participating hospitals and expert faculty to track progress about the topic and specific changes outlined in the bundle.

Arizona AIM Collaborative

Overview

The Arizona Department of Health Services (ADHS) has teamed up with the Arizona Hospital and Healthcare Association (AZHHA) (the Alliance for Innovation on Maternal Health AIM), the Arizona Perinatal Trust, the March of Dimes - Arizona Chapter, and key stakeholders state wide to create the Arizona AIM Collaborative. AZHHA is leading the Arizona AIM Collaborative to help birthing facilities in Arizona implement evidence-based maternal safety bundles, starting with the AIM Severe Hypertension in Pregnancy bundle.

March of Dimes - Arizona Chapter began a severe maternal morbidity in Arizona in 2018. Development of the Arizona Maternal Mortality Review (AMMR) and the Arizona Maternal Mortality Review (AMMR) establish five goals to reduce maternal mortality in the state, which includes the ongoing development of a group that is comprised of multidisciplinary professionals working to improve maternal health outcomes for Arizona.

Arizona joined the national movement to implement the AIM Severe Hypertension bundle in 2018. Partnering with AZHHA to facilitate this implementation, these partners to collectively build better prevention and policy efforts.

By improvement initiative. Based on proven safety science, the AIM Severe Hypertension bundle aims to reduce preventable maternal mortality and severe morbidity, and hospital level quality improvement. The bundle includes the following goals: 1. Reduce the rate of severe maternal morbidity (SMM) associated with ICU admission, overall longer lengths of stay and increased use of resources such as blood products. 2. Reduce the rate of severe maternal morbidity (SMM) associated with ICU admission, overall longer lengths of stay and increased use of resources such as blood products. 3. The Arizona AIM Collaborative provides pre-developed materials and tools specifically designed for birthing centers to implement quality improvement strategies related to severe maternal morbidity (SMM) and the AIM Severe Hypertension bundle in Arizona.

Participation in the Arizona AIM Collaborative is voluntary and free, including ongoing technical assistance from AZHHA staff.

- The Arizona AIM Collaborative will share deidentified data with participating facilities to see their improvements and how they compare to other birthing facilities of similar level.
- Participating in the Arizona AIM Collaborative can be used for marketing to ensure that current and future patients will receive safe and high-quality maternity care within the participating facility.

WHY SHOULD WE JOIN?

- In 2019, among Arizona delivery hospitalizations with a severe maternal morbidity (e.g., stroke, sepsis, cardiac arrest, 22.9% in 2019) had a severe hypertension.
- Severe Maternal Morbidity is associated with ICU admission, overall longer lengths of stay and increased use of resources such as blood products.
- The Arizona AIM Collaborative provides pre-developed materials and tools specifically designed for birthing centers to implement quality improvement strategies related to severe maternal morbidity (SMM) and the AIM Severe Hypertension bundle in Arizona.
- Participation in the Arizona AIM Collaborative is voluntary and free, including ongoing technical assistance from AZHHA staff.
- The Arizona AIM Collaborative will share deidentified data with participating facilities to see their improvements and how they compare to other birthing facilities of similar level.
- Participating in the Arizona AIM Collaborative can be used for marketing to ensure that current and future patients will receive safe and high-quality maternity care within the participating facility.

Arizona Department of Health Services

AIM

AZHHA

Tribal Hospitals Implementing

- Tuba City Regional Health Care Corporation
- Whiteriver USPHS Indian Hospital

Tribal Hospitals to be Recruited

- Chinle Comprehensive Health Care



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Recommendations



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Foundational Principles and Expectations

- Community - Driven Solutions
- Translations are important.
 - Consult Tribe. Get approval before use
 - Establish process for approval
- Use Practice Based or Community Driven and Culturally Humility language
 - Evidence base for the effectiveness of the programs/initiatives within indigenous communities is very scarce or non-existent
- Work in partnership with Tribal Communities
 - *Ask* about implementing certain activities or initiatives
 - The Tribe(s) should be made to feel comfortable/able to reject these ideas if they do not fit within their plan for funding
- Inclusion of a Tribal Liaison is highly encouraged at the inception assisting with strengthening partnership with sovereign nations



Radical Transparency & Trusting Partnership

- Remember the history of the relationship between the US government and tribal nations has been a history of broken promises, lies, and manipulation
- Tread softly. Be humble and LISTEN. Ask questions/seek clarification
- Say what you will do & do what you say
- Make sure you have all the right people in the room for conversations
- Provide stable/reliable guidance, funding, and payment
- Be Patient!



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Professional Development

- Trusted health professionals that align services with cultural values
 - Grassroot BIPOC birthworkers
 - Community based direct service providers
 - Recruit BIPOC/Indigenous providers
- Compassionate care from providers
 - Cultural Education to Medical Staff
- Customer Service and Implicit Bias Training for Clinic and Hospital Staff
- Assistance for Trainings



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Access to Care

- Promotion of High Risk Perinatal Program and consultation line for Maternal Fetal Medicine Specialist
- Accessible and high-quality medical care and coverage
 - More time with patient and provider
- Mobile Clinics
- Advocate to reopen the OB unit at Phoenix Indian Medical Center
- Engage family in PNC. Doula, and home visits
- Opportunities for engagement and access to traditional/cultural practices



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Integrated, Coordinated Systems of Care

- Traditional Practices and cultural values incorporated in the healthcare system
- Opportunities for engagement and access to traditional/cultural practices
- Identify safe, sustainable, accessible and affordable
 - child care options
 - transportations options
- Engage family in PNC. Doula, and home visits
- Healthcare system needs to build trust with community



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Awareness

- Awareness Campaign for Rural Communities
 - Consistent and culturally appropriate
 - Joint physician & Tribal member PSAs
 - Prenatal Care
 - Education on Chronic Disease and Associate Perinatal Risks
 - Understanding impact of unmanaged Chronic Disease during pregnancy
- Increase preconception and prenatal education before, during & after pregnancy
- Reduce stigma around Substance Abuse
- Normalize Mental Health
- Education to advocating for appropriate and adequate health care services



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Community Unity

- Community empowerment that can lead to positive system changes
- Community engagement of grandmothers/Support Circle in education messaging
- Listening sessions from both patients and providers on knowledge and beliefs regarding chronic disease and perinatal risks



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Data Surveillance

- Identify Data Sovereignty Champions
- Honor Data Sovereignty Principles
- Developing questions or standards to capture Indigenous determinants of Health - Holistic Approach
- Surveillance Data 101 training for local or rural organizations that collect AI/AN
- Increasing awareness and knowledge of what data is collected



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Thank you for your continued participation!

Please contact if you have any questions:

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