

Indigenous Maternal Health for Veterans

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Director

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ARIZONA ADVISORY
COUNCIL ON INDIAN
HEALTH CARE

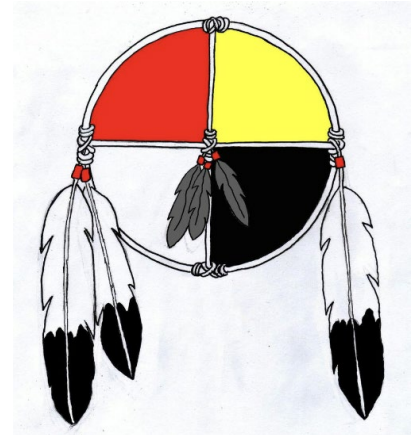


Education is the
kindling of a flame,
not the filling
of a vessel.

Socrates

Objectives

- Understand factors driving disparities in Maternal Health
- Understand key factors impacting Indigenous Maternal Health
- Discuss challenges and opportunities for improvement in Indigenous Maternal Health for Veterans





Arizona Advisory Council on Indian Health

- Established by A.R.S. 36-2902.01: “...***to give tribal governments, tribal organizations and urban Indian health care organizations in this state, representation in shaping Medicaid and health care policies and laws that impact the populations they serve.***”
- Advisory Board representing Arizona tribes
- A.R.S. 36-2902.02 (f) permits AACIHC to apply for and seek grant opportunities and employ grant-funded staff
- Website: <https://aacihc.az.gov>

AACIHC Mission and Vision

Mission Statement

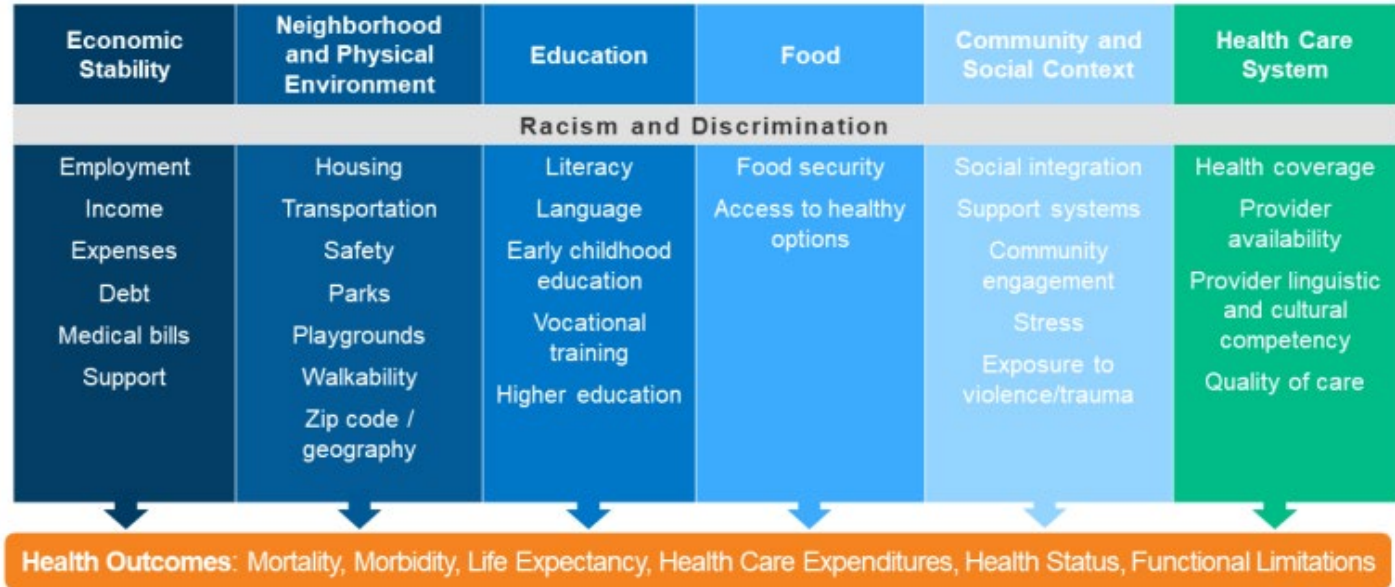
The mission of the AACIHC is to serve as a resource for all Tribal governments and the State of Arizona by *supporting* prevention, training, education, workforce development, policy and legislation to meet the unique health care needs of American Indian and Alaska Native (AI/AN) populations in Arizona. We seek to educate and advocate for improved health outcomes.

Vision Statement

The AACIHC strives to be recognized as a *trusted* resource on health equity for all Tribal Nations and American Indian/Alaska Native (AI/AN) communities throughout Arizona.

Factors Driving Disparities in Maternal Health

Social and Economic Factors Drive Health Outcomes



Racial Disparities in Maternal and Infant Health: An Overview. Accessed at: <https://www.kff.org/report-section/racial-disparities-in-maternal-and-infant-health-an-overview-issue-brief/>

KFF

Impact of COVID-19 Pandemic on Maternal Health

- Pregnant individuals at a heightened risk of more severe symptoms than non-pregnant individuals.
- Severe increases in clinically relevant anxiety and depression:
 - Fear of vertical transmission of the virus
 - Limited accessibility of antenatal care resources
 - Lack of social support
 - Social distancing and isolation/quarantine procedures
 - Postponement of many non “essential” health services
- Strained healthcare infrastructure: Prenatal care visits decreased.
- Women were more likely to lose their income than men, and working mothers struggled with increased childcare demands.

Historical Trauma

- The cumulative, multigenerational, collective experience of emotional and psychological injury among tribal nations and their descendants.
- Traumatic events of colonization:
 - Forced relocation: to distant lands and reservations
 - Genocide: wars and massacres
 - Abduction of youth to more than 350 government-funded boarding schools

SAMHSA. *Understanding Historical Trauma and Resilience When Responding to an Event in Indian Country*. Accessed at: <https://store.samhsa.gov/sites/default/files/pep22-01-01-005.pdf>

Impact of Historical Trauma

- Breakdown of traditional American Indian culture and language
- Alcohol and substance misuses
- Depression, anxiety and suicidality
- Child physical/sexual abuse and neglect
- Domestic violence
- Posttraumatic stress disorder
- General loss of meaning and sense of hope
- Internalized oppression and self-hatred
- Health related conditions: obesity, diabetes, coronary heart disease heart disease, cancer

SAMHSA. *Understanding Historical Trauma and Resilience When Responding to an Event in Indian Country*. Accessed at:

<https://store.samhsa.gov/sites/default/files/pep22-01-01-005.pdf>

Key Factors Impacting Indigenous Maternal Health

Indian Health Services:

- Insufficient funding for the Indian Health Service results in inadequate facilities, limited access to specialists, and overall poor quality of care.

Geographic barriers:

- Remote areas with limited access to prenatal appointments.

Historical trauma and mistrust:

- Past policies like forced sterilization and cultural assimilation have created distrust resulting in reluctance to seek care.

Cultural competency:

- Lack of culturally sensitive healthcare providers can further hinder access to appropriate care during pregnancy and childbirth.

Medicaid expansion:

- Medicaid expansion can improve access to healthcare for some Native American women, but gaps still exist due to varying eligibility criteria and geographic limitations.

NIH. National Library of Medicine. The maternal health of American Indian and Alaska Native people: a scoping review. Accessed at:

<https://pmc.ncbi.nlm.nih.gov/articles/PMC9875554/#:~:text=Finally%2C%20AI%2FAN%20people%20are,2020%3B%20Petersen%202019>





Indian Health Service System: I/T/U

Indian Health Services (I)

- Federal facilities consisting of hospitals and clinics.
- Funded at 50% of need for adequate care.
- 12 Regional Offices

Tribal (T)

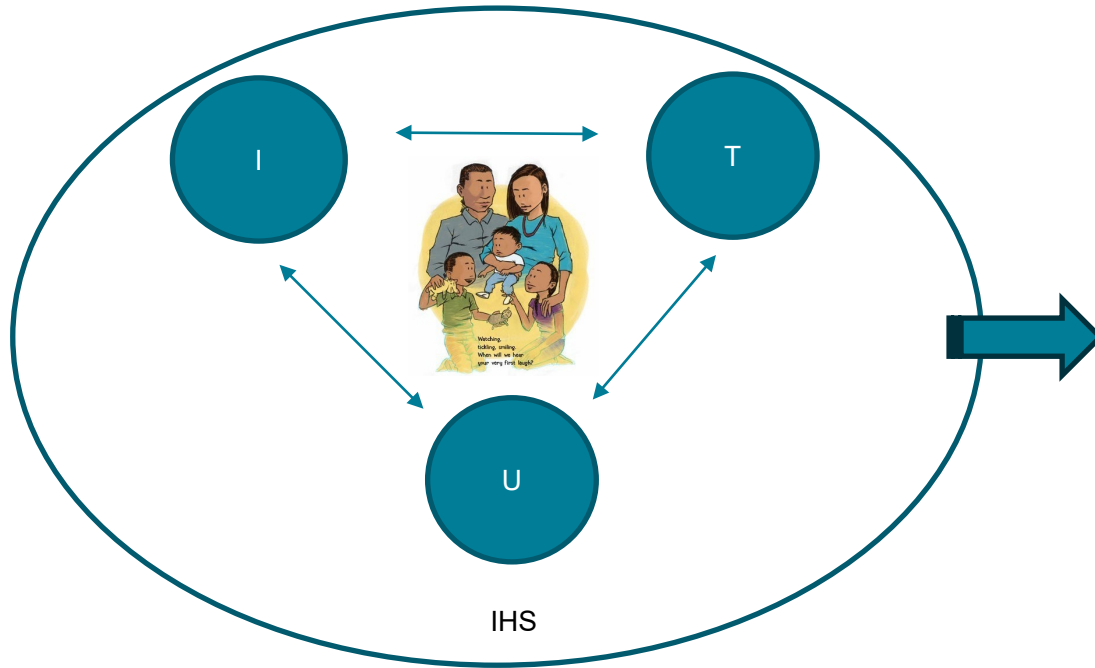
- Compact or Contract to provide health services
- Specialty care through Purchased/ Referred Care dollars for “life or limb”

Urban Indian Health Programs (U)

- Receive approximately 1% of IHS Budget and only one line item
- 3 levels of programs: Comprehensive, Limited, and Outreach and Referral
- Wide variability of services



I/T/U System of care



Private Health System

- Medicare
- Medicaid
- Private Insurance
- Self Pay
- Purchased and Referred Care (PRC)
- Catastrophic Health Emergency Fund (CHEF)

Native American Women Veterans

- March 2024 – Honoring of Native American Women Veterans
- Native American Women first joined the U.S. Military during WWII
- Native American Women Veterans represent approximately 11.3% of all women Veterans
 - A higher percentage than women in all other demographics

Women's History Month: Honoring Native American Women Veterans. Accessed at: <https://www.va.gov/tomah-health-care/stories/womens-history-month-honoring-native-american-women-veterans/>





Indian Health Service (IHS) Maternal Healthcare

- Women's Primary Care
 - Gynecologic examinations
 - Family planning and contraceptive services
 - Mammograms and ultrasounds
 - Mental health care
- Maternal Health
 - Prenatal education and screening
 - Specialty consults/referrals – High risk pregnancy
 - Labor and delivery – postpartum care
 - Newborn care
- Care Coordination
 - Access to other healthcare and community resources

VA Maternal Healthcare

- Women's Primary Care
 - Gynecologic examinations
 - Family planning and contraceptive services
 - Mammograms and ultrasounds
 - Lifestyle wellness and Mental health care
- Maternal Health
 - Prenatal education and screening
 - Genetic testing and specialty consults (high risk pregnancy)
 - Labor and delivery – postpartum care
 - Newborn care (7 days)
- Care Coordination
 - Access to other healthcare and community resources



Memorandum of Agreement – VA and IHS

The IHS and VA collaborate to improve the health status of American Indian and Alaska Native (AI/AN) veterans.

October 2010: an MOU between VA and IHS was renewed and signed to establish coordination, collaboration, and resource-sharing between VA and IHS.

December 2012: VA and IHS signed a reimbursement agreement allowing VA to financially compensate IHS for direct health care provided to AI/AN veterans that are part of the VA's system of patient enrollment.

VA reimbursement includes direct care service provided in the medial benefits package available to veterans, including inpatient hospital, outpatient hospital and clinic, ambulatory surgical, and outpatient pharmacy services.

The IHS reimbursement agreement serves as a template for the VA to enter in similar partnerships with tribally managed facilities.

Indian Health Service. VA IHS MOU. Accessed at:
<https://www.ihs.gov/vaihsmou/>



Female Veteran Health Issues

- **Mental health issues:** Depression, anxiety, posttraumatic stress disorder (PTSD), eating disorders, and reproductive (gynecologic) health conditions
- **Physical health issues:** Hypertension, elevated cholesterol, cancer and back pain. Military related injuries
- **Substance use disorders:** Alcohol misuse and substance use disorder
- **Spiritual/cultural isolation:** loss of belonging
- **Other issues:** Sexual harassment and assault, bullying, discriminatory behavior and lack of recognition

U.S. Department of Veteran's Affairs. Office of Research and Development.
Overview of VA research on Women's Health. Accessed at:
https://www.research.va.gov/topics/womens_health.cfm

EQUITABLE MATERNAL HEALTHCARE SYSTEM

- A system of maternal care with ***integrated services*** providing care before the pregnancy, management of labor and delivery, postpartum and neonatal care.
 - “Meaningful” Access to care
 - Identify risks early
 - Linkages to appropriate level of care – interdisciplinary
 - Continuity and comprehensiveness of care
 - Training in the SDOH and Cultural Humility
 - Promote efficient use of resources
 - *Create functional partnerships: non-IHS system hospitals, private practice groups, academic health centers*
 - *Telehealth services*

Guidelines for Perinatal Care. Accessed at:

<https://www.acog.org/clinical-information/physician-faqs/-/media/3a22e153b67446a6b31fb051e469187c.ashx>

Native American Perception of Care



"[Her doctor] did not know how to heal an illness, only how to cut it out...more to herself...she added, He [doctor] did not know my clan, my family, my history. How could [the doctor] know how to heal me?"

- Cherokee Chief Wilma Mankiller

Chíokoe (Thank you)...



*“Let us put our minds together
to see what we can build for our
children”* - Chief Sitting Bull
(Hunkpapa Lakota, Leader and
Healer)

