

Alinea Stevens, MD MPH
Medical Director & Physician



CHAPA-DE
INDIAN HEALTH

*Passionate People.
Compassionate Care.*

AGENDA

About Us & History

Maternal Child Health
Program Structure

Barriers to Care

Local Partnerships

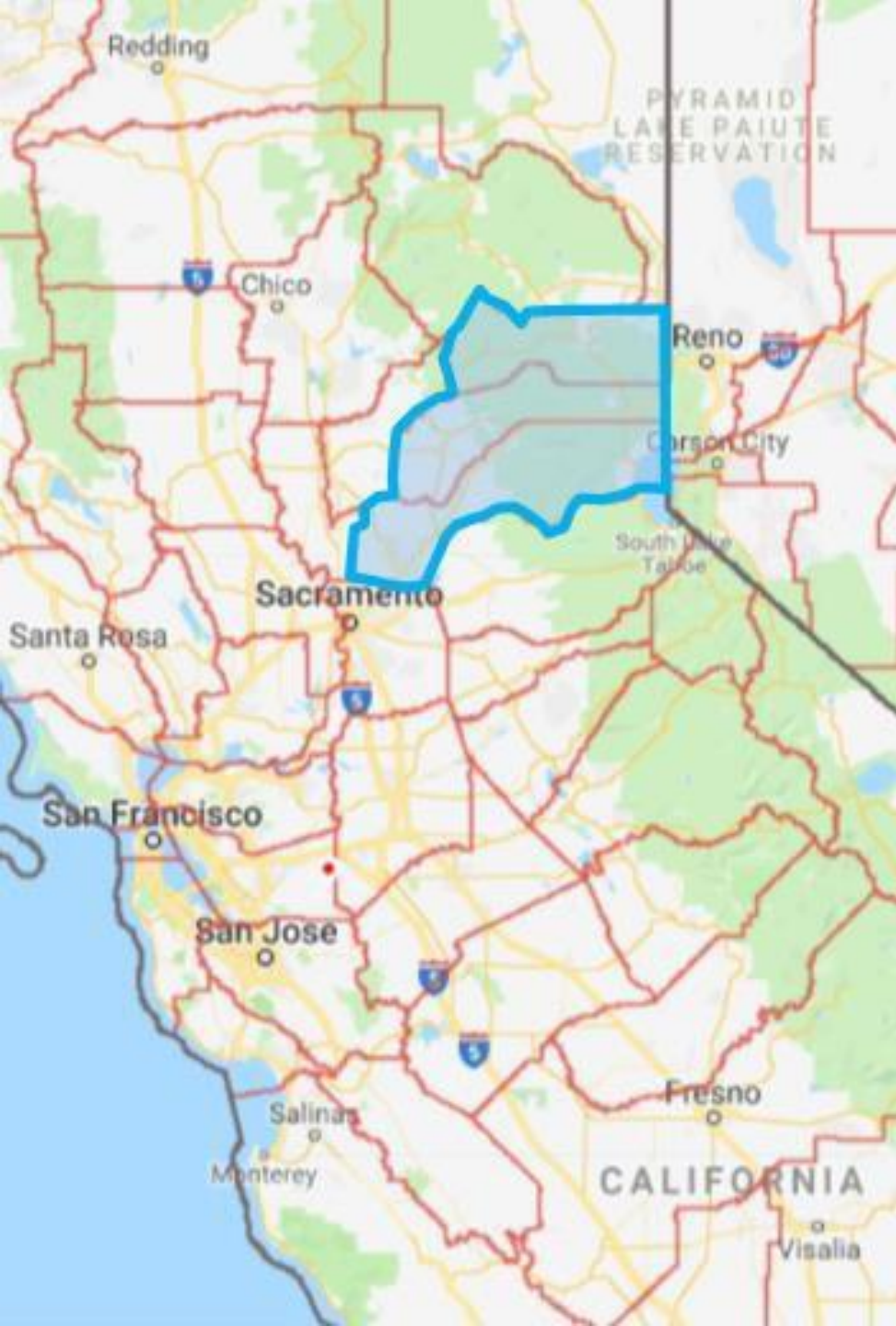
Areas for Growth



Our Mission



To advance the health and well-being of American Indians and low income individuals living in our communities by providing convenient access to high quality, compassionate care.



Chapa-De Indian Health Program, Inc.

- » **Established in 1974**
- » **IHS Title V Program**
- » **Healthcare Facilities**
 - **Auburn**
 - **Grass Valley**
 - **Rocklin** (*coming soon!*)

Sponsoring Tribe



Chapa-De by the Numbers

Patients

AIAN Patients	5,300 (337 Tribes)
Total Patients	22,000
Annual Visits	115,000

Insurance Coverage

Medi-Cal	63%
Medicare	16%
Uninsured	14%
Private Insurance	7%

✓ **\$40 Million Annual
Operating Budget**

✓ **265 Employees**

✓ **40 Providers**

*Recent research
data shows
persistent OB
health disparities*



MMWR CDC: *Vital Signs*: Maternity Care Experiences — United States, April 2023

Summary

What is already known about this topic?

Maternal deaths increased in the United States during 2018–2021, with documented racial disparities. Respectful maternity care (e.g., preventing mistreatment, communicating effectively, and providing care equitably) can be integrated into strategies that aim to improve quality of care and reduce pregnancy-related deaths.

What is added by this report?

Approximately one in five mothers overall, and approximately 30% of Black, Hispanic, and multiracial mothers reported mistreatment (e.g., violations of physical privacy or verbal abuse) during maternity care. Approximately 40% of Black, Hispanic, and multiracial mothers reported discrimination during maternity care, and 45% of all mothers reported holding back from asking questions or discussing concerns with their provider.

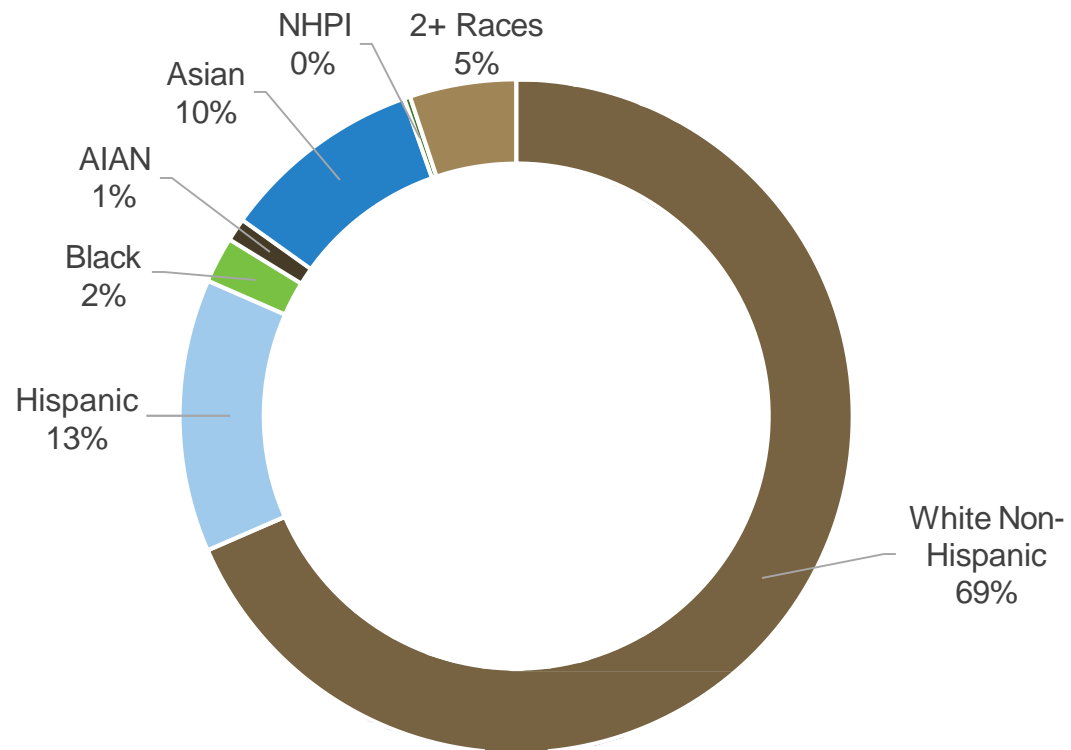
What are the implications for public health practice?

Approaches to improving respectful maternity care include multilevel interventions involving health systems, providers, patients, and communities.

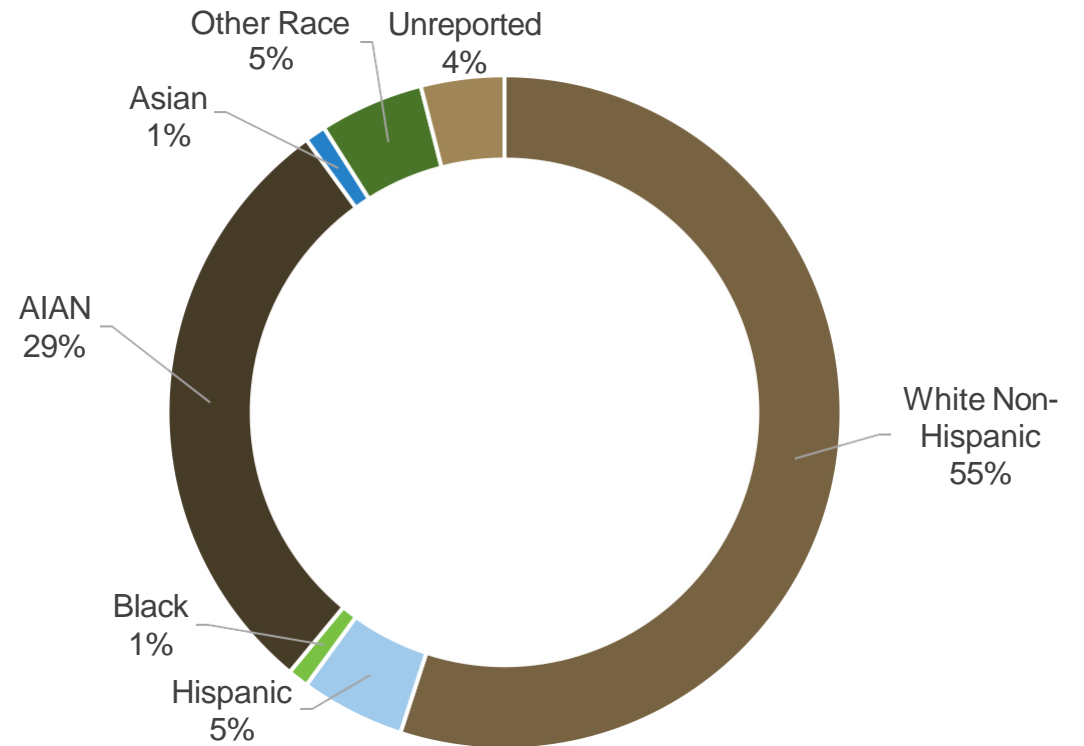
- [Vital Signs: Maternity Care Experiences — United States, April 2023 | MMWR \(cdc.gov\)](https://www.cdc.gov/mmwr/preview/mmwrhtml/000000a0.htm)
- [New March of Dimes Research Shows Access to Maternity Care Worsening for Millions of Women in the U.S. | March of Dimes](https://www.marchofdimes.org/newsroom/news-releases/new-march-of-dimes-research-shows-access-to-maternity-care-worsening-for-millions-of-women-in-the-u-s/)

Race & Ethnicity

PLACER COUNTY



CHAPA-DE PATIENTS



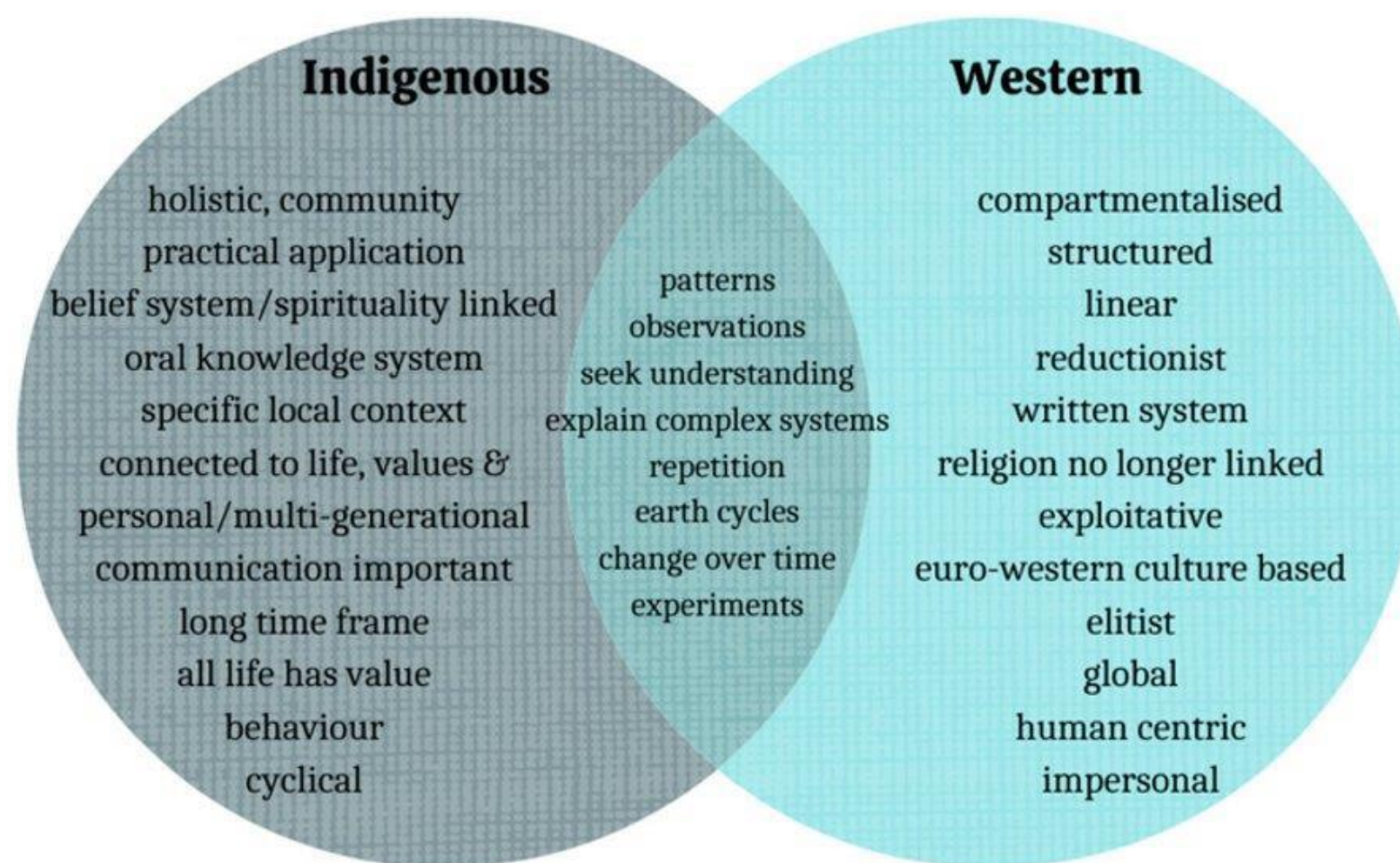


Fig. 2 Comparisons of Indigenous and Western Worldviews. Whilst these systems are different, there are many similarities between the different versions of information sharing



Public Health



Primary Care



Community



Community Oriented Primary Care

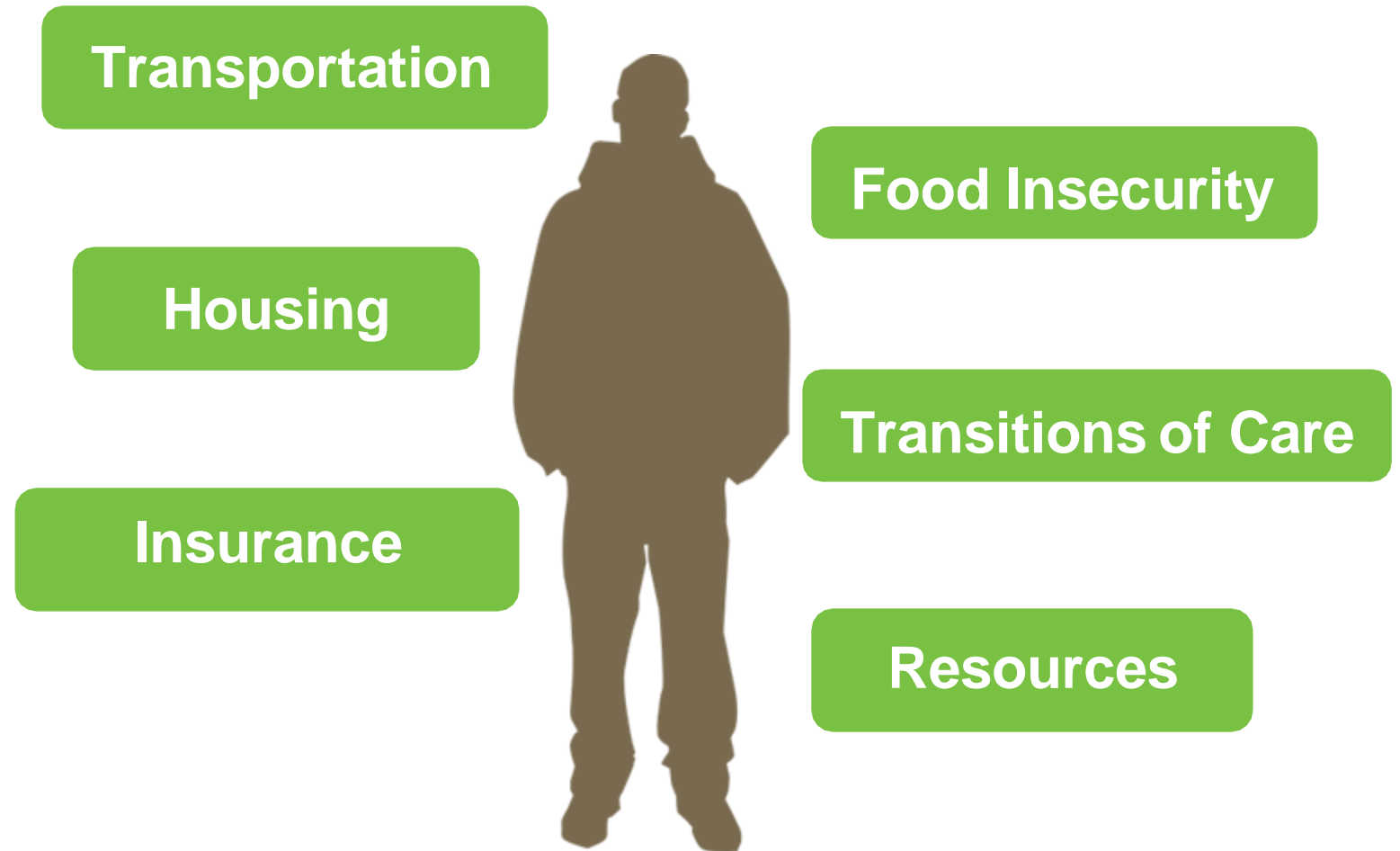
Caring for the Whole Person

Beyond the Clinic

What is keeping our
patients from reaching
their health care goals?



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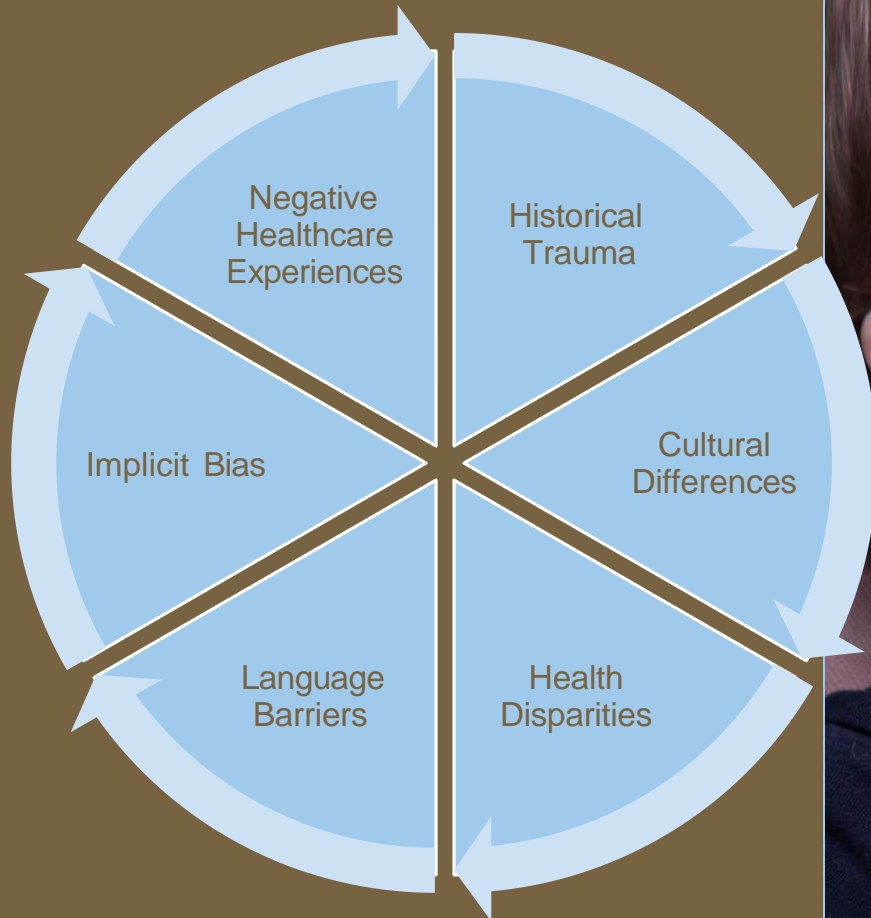


Medicare	Medi-Cal	Community Supports
Child Care	Health System Navigation	State and Federal Benefits
Enhanced Care Management	In-Home Care	Transportation Support



Caring for the patient who
is not in the exam room

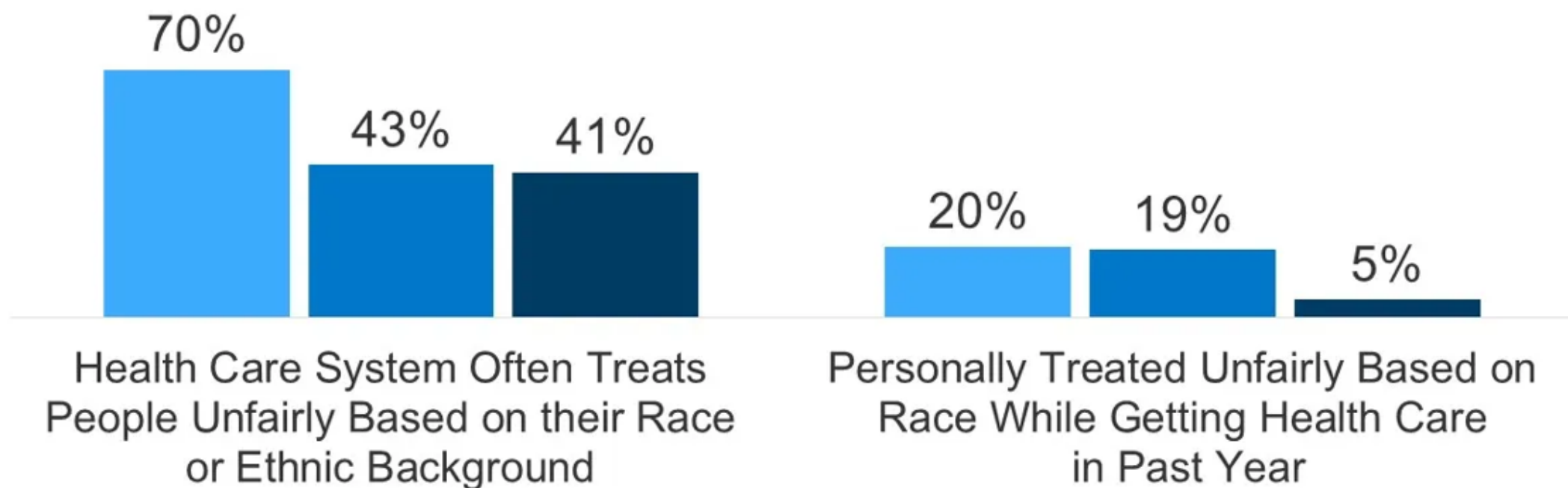
Historical and current disparities can lead to distrust



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Percent of Adults Reporting Perceptions of and Experiences with Unfair Treatment in Health Care

■ Black ■ Hispanic ■ White



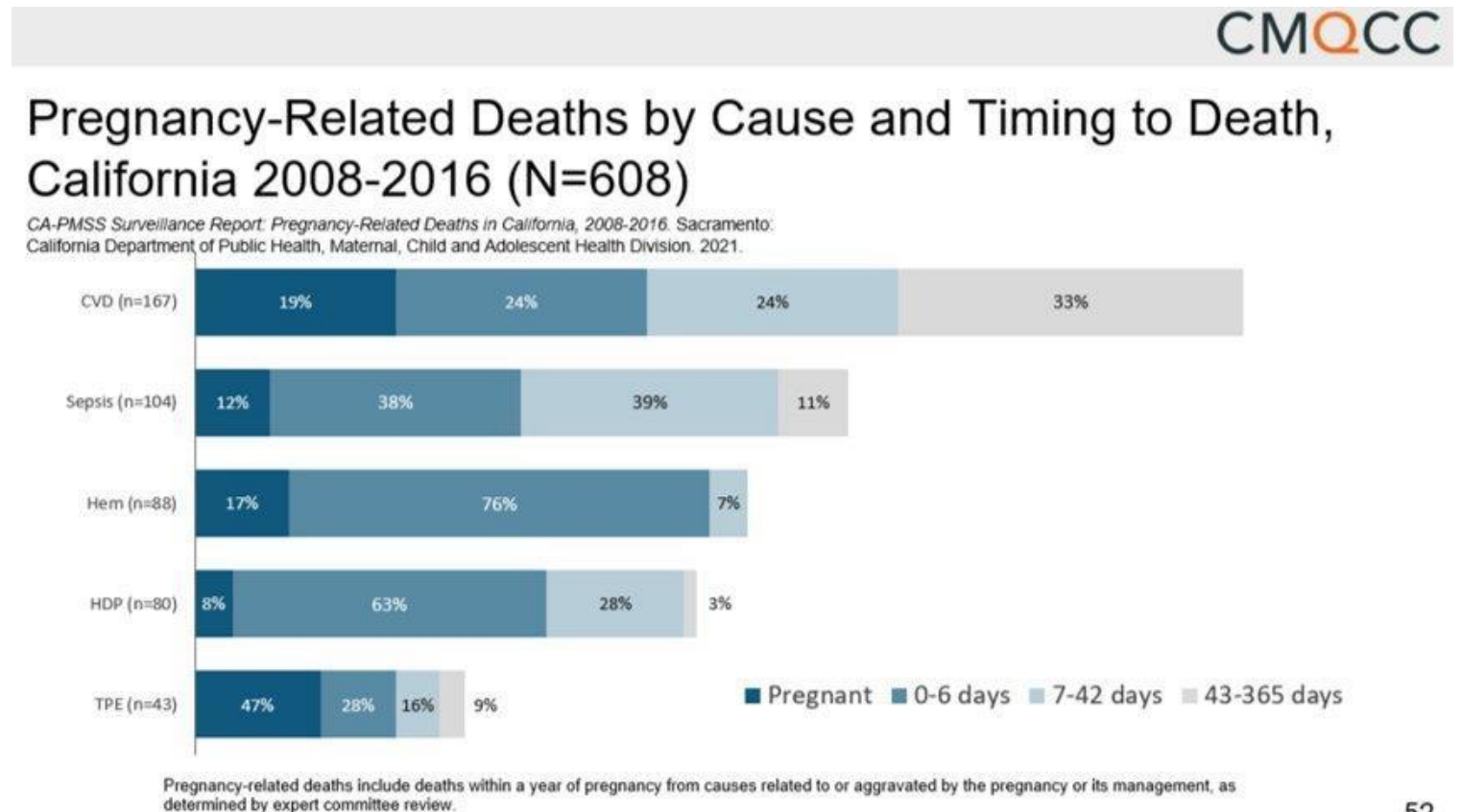
Health Disparities for American Indians

- American Indian/Alaska Natives have almost twice the infant mortality rate as non-Hispanic whites.
- American Indian/Alaska Native infants are 2.7 times more likely than non-Hispanic white infants to die from accidental deaths before the age of one year.
- American Indian/Alaska Native infants are 50 percent more likely to die from complications related to low birthweight as compared to non-Hispanic white infants.
- In 2019, American Indian/Alaska Native mothers were almost three times as likely to receive late or no prenatal care as compared to non-Hispanic white mothers.



Pregnancy Related Causes of Death

1. Hemorrhage
2. Infection
3. Amniotic fluid embolism
4. Thrombotic pulmonary or other embolism
5. Hypertensive disorders of pregnancy
6. Anesthesia complications
7. Cerebrovascular accidents
8. Cardiomyopathy



Hemorrhage and Hypertensive Disorders

- In PMSS data (2007–2016), hemorrhage (19.7%) and hypertensive disorders of pregnancy (12.8%) accounted for a significantly higher proportion of AI/AN than white pregnancy-related maternal mortality ($p < 0.05$), higher than all other racial/ethnic groups.
- White rates of pregnancy-related maternal mortality for these conditions were 9.1% and 6.7%, respectively.³



Maternal Child Health County Indicators

MCH indicator	Placer County	Nevada County	State of CA
Breastfeeding rates	82% in-hospital exclusive breastfeeding and 38% exclusive breastfeeding 3 months postpartum	89% in-hospital exclusive breastfeeding	69% in-hospital exclusive breastfeeding and 27% exclusive breastfeeding 3 months postpartum
Access to early prenatal care	87% of pregnant women accessed prenatal care in first trimester	81% of pregnant women accessed prenatal care in first trimester	86% of pregnant women accessed prenatal care in first trimester
Infant mortality rate	4.3 deaths per 1,000 live births	4.5 deaths per 1,000 live births	4.7 deaths per 1,000 live births
Low birth weight rate	5.7% of live births	5.8% of live births	6.8% of live births
Teen birth rate	6.6 live births per 1,000 females aged 15-19 years old	13.9 live births per 1,000 females aged 15-19 years old	24.1 live births per 1,000 females aged 15-19 years old

Prenatal Program Led by Primary Care

Family Medicine Physician provides prenatal and WCC

Consultation with MFM if high risk

Case Conferences with OB delivering physician monthly to help with transitions of care

Review of cases to improve quality of care provided

RN Case Management for high risk patients, NSTs

MA and perinatal assistant that helps with tracking of labs, DI, help with transitions of care pre and post delivery





Barriers to Maternal Child Health Care

- » Access to specialty care (especially for Direct only patients) > Tribal FQHC network may help
- » Services outside our four walls for those without insurance
- » Patient Care Coordinators assist with finding resources and applying for insurance
 - Transportation
 - Child-Care
 - Language services at outside facilities

Maternal Child Health Program with focus on Prevention and Screening

Obesity/
Nutrition

Hypertension
and diabetes
screening early

Intimate Partner
Violence
screening and
assistance

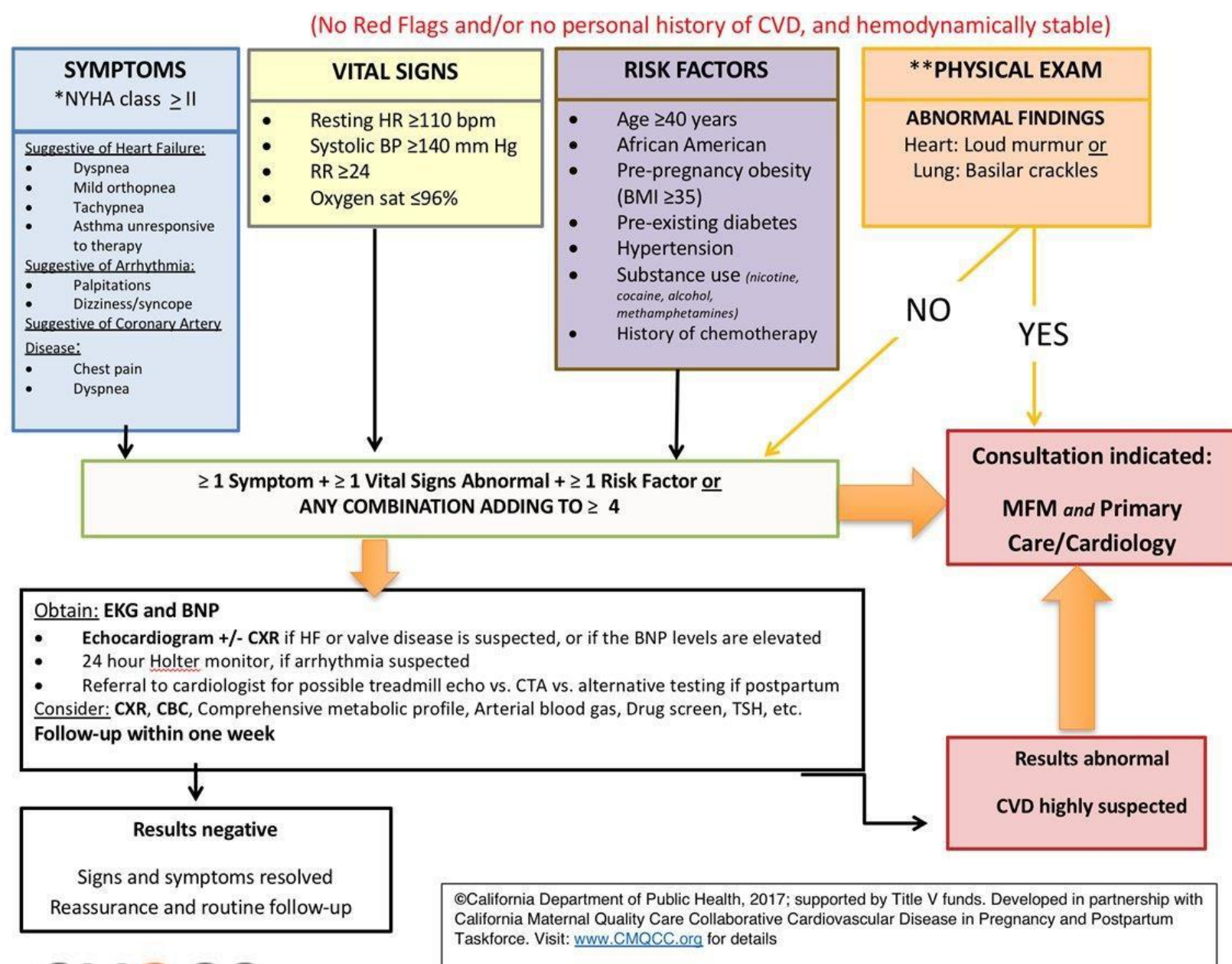
Substance use
screening and
support

ACEs and
Trauma
informed care
approaches

Culturally
appropriate care

Cardiomyopathy

In PMSS data (2007–2016) cardiomyopathy accounted for 14.5% of AI/AN pregnancy-related maternal mortality, representing a greater proportionate cause of death than any other racial/ethnic group



***Comprehensive
Perinatal
Services
Program***

CPSP SERVICE COMPONENTS



Obstetric



Nutrition



Health Education



Psychosocial



Sherri Mac Millan
*Lifestyle Coach/Nutrition
Specialist*

Chapa-De Indian Health Diabetes Program

Currently all patient appointments are available in
person, phone, and/ or zoom



Loretta Moore, RN,
CDCES
Diabetes Case Manager



Kristen Bradley, MS, RD,
CDCES
Certified Diabetes Educator



Brenda Homan, RN, MSN
*Diabetes Nurse Case
Manager*



Cheyenne Mulder
Registered Dietitian



Jay Sanchez, CPT
Lifestyle Coach



Viola Lopez -Salinas
Program Assistant



Jovita McGhee
Program Assistant



Lisa Lenz, BSN, RN, CDCES
*Diabetes Nurse Case
Manager*



Diabetes in Pregnancy

Sweet Success

Barriers with getting to sweet success: In house care with MFM consultation and DM Team co-management with policy and procedures in place

NSTs in house twice a week with Perinatal RN

Case Management with Perinatal RN

Baseline Labs done in house to improve compliance

Dental Program

- » Full scope general dentistry
- » 2 Locations
- » 28 Operatories
- » 11 Dentists
- » 6 Hygienists
- » Plus Endodontics & Orthodontics



Homicide & Intimate Partner Violence

Homicide remains a leading cause of pregnancy-associated injury deaths in the United States.^{22,26,35} Disparate numbers of missing and murdered Indigenous women³⁷ suggest that homicide may be responsible for more pregnancy-associated AI/AN deaths than has been recognized to date.

An intimate partner conflict potentially contributed to 54.3% of pregnancy-associated suicides.²⁶



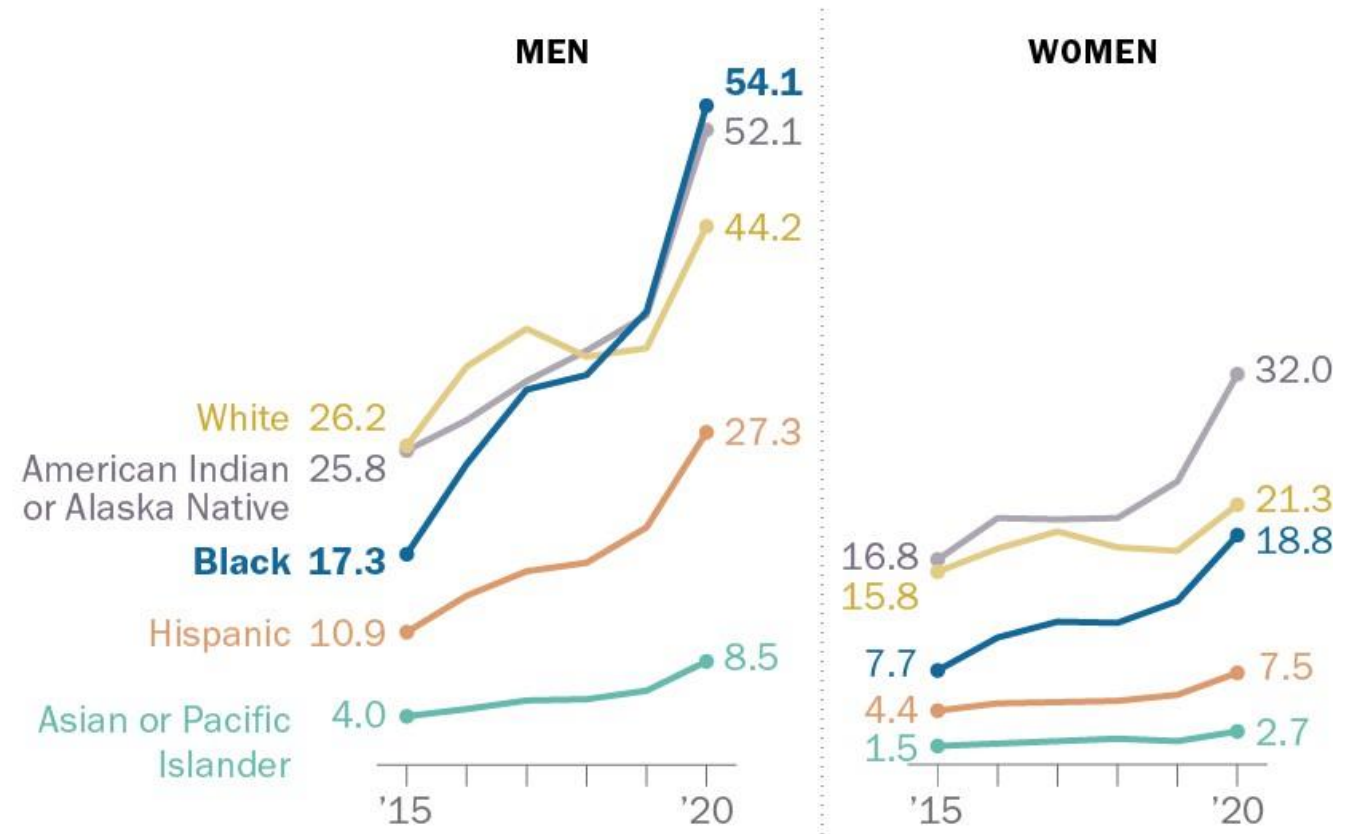
Opioid Epidemic

Fentanyl overdose and overdose death rates are alarming.

Nevada county has the second highest death rate from fentanyl overdose in the state of California.

Chapa-De offers SUD treatment and harm reduction Education.

U.S. drug overdose death rate per 100,000 people, by race and ethnicity (age-adjusted)



Note: All racial categories include people of one race, as well as those who are multiracial. For those who are multiracial, the CDC selects a single race to allow for consistent comparisons. All racial groups refer to non-Hispanic members of those groups, while Hispanics are of any race.

Source: Centers for Disease Control and Prevention.

PEW RESEARCH CENTER

Outpatient Treatment of Substance Use Disorder

Treatment of substance use disorder with medication assisted treatment

Referral for those patients that need hospital treatment or residential

Counseling provided

Red Road to Wellbriety Group

Community Partnerships with Jails, ER, residential facilities, harm reduction coalitions

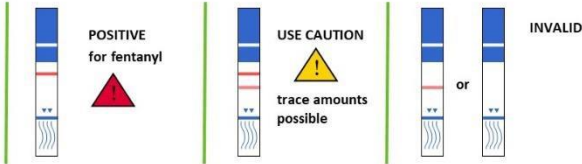


Fentanyl Is In Pills/Drugs

Percocet, Xanax, Oxycodone, Heroin, Meth, PCP, Crack, Cocaine, Kratom, K2, Marijuana, and others

FREE test strips!

Test strips will show if fentanyl is in it. Take some below for yourself or a loved one.



STAY SAFE:



Carry Naloxone
(Narcan)



Go Slow



Don't Use Alone

Ask for Naloxone (the opioid overdose reversal drug) in our pharmacy or from your medical provider.



Harm Reduction Approaches

- Free fentanyl test strips are available in patient restrooms and at our front desks
- Naloxone is available in our pharmacy and our SUD team distributes for free to patients and community members
- Community outreach with tribe and tribal schools

Types of trauma



© Lewis-O'Connor, A. 2015 © Rittenberg, E. 2015 © Grossman, S. 2015. Updated 2018.

Trauma Informed Care Training for All Staff



Evaluation of organizational structure for Trauma Informed Care

All staff Training around Trauma informed Care

All staff training on native principles of healing

Whole person care approach to care

CARE Workshop

MI Training for Clinicians

Core Value: *Build Trust*



CHAPA-DE
INDIAN HEALTH



Thank you for choosing Chapa-De to be your healthcare provider.

We look forward to supporting you to have a healthy family and healthy baby! Please keep this guide. It has important phone numbers that you will want during your baby's first year. It also has important information to help make sure your baby is meeting their developmental milestones, information on when to seek medical attention, and resources for feeding and growth as well as mental health after delivery.

With warmest regards,
The Chapa-De Indian Health Team

Pediatric RN Care Coordinator:

Auburn: (530) 887-2800 ext. 2954
Grass Calley: (530) 477-8545 ext. 1719

Well Child Check and Immunization Appointments

Auburn: (530) 887-2800
Grass Calley: (530) 477-8545

 chapa-de.org

Your Guide to

Baby's First Year





Nevada County - Public Health
Maternal Child Adolescent Health Program

Did you know?! One in three women experience significant symptoms of anxiety or depression during or after pregnancy.

The #1 medical complication related to childbearing is perinatal mood and anxiety disorders.

Resources are available in Nevada County including in-home cognitive behavioral therapy.

For information visit:

www.nevadacountyca.gov/3546/maternal



Placer County

Health and Human Services Public Health
Nursing Visitation Program

11572 B Avenue

Auburn, CA 95603 (800) 829-7199

.....fax (530) 889-7160

Monday - Friday: 8:00 am - 5:00 pm

placer.ca.gov





- Youth Programs
- Cultural Education
- Behavioral Health
- Family Wellness

Sierra Native Alliance

Preserving the Health of Native Families, Cultures and Environments.

Program Partnership: R2R

Chapa-De in
partnership with:
Sierra Native Alliance,
Placer First5, Granite
Wellness, and
KidsFirst



FIRST5
PLACER CHILDREN + FAMILIES
COMMISSION

ROAD TO RESILIENCE

A program for mothers with current or a history of substance use, or who have given birth to a substance-exposed infant.

We partner with parents to:

- ✓ Achieve a healthy pregnancy
- ✓ Welcome a thriving baby
- ✓ Receive no cost, ongoing support

Program services include:

- » Basic needs support
- » Community supports
- » Early dental screenings
- » Medical care
- » Early childhood literacy programs
- » Parenting support and classes
- » Substance use support services
- » Mental health services

For more information, contact:

Sabrina Dean

Associate Manager, Programs

916-270-4949

SDean@Placercoe.org

first5placer.org



<https://www.first5placer.org/road-to-resilience>

Areas for Growth

- » Offering lactation and birthing classes (restarting due to pandemic)
- » At home RN Visits
- » Contracting with doulas in our community
- » Learning more about the John Hopkins Spirit Program
- » Centering pregnancy groups

