American Indian Infant Health Initiative (AIIHI)

Patricia Lavalas-Howe , R.N. MSN
Nurse Consultant III
Indian Health Program

DHCS
California Department of
HealthCareServices

The American Indian Infant Health Initiative (AIIHI)

- Funded in 1995 to address relatively poor maternal child health profile of high-risk American Indian families.

- Home visitation program targeting:
  - high-risk pregnant American Indian women
  - at risk American Indian families with children ages zero to five.

The American Indian Infant Health Initiative (AIIHI)

- AIIHI annually receives $424,000 federal Title V funding through an interagency agreement with the California Department of Public Health (CDPH), Maternal Child Adolescent Health (MCAH) program and the Department of Health Care Services (DHCS), Indian Health Program (IHP).

The goals of the AIIHI are:

- To identify high risk pregnancies and parenting challenges for American Indian women and families
- To assist parents in meeting the challenges of parenting through resources that acknowledge and respect American Indian culture and traditions
- To promote optimal child growth and development

The goals of the AIIHI are:

- To promote trust between the AIIHI staff and parents, to encourage positive parent-child interaction, and improve parenting skills
- To decrease infant mortality rates and teen pregnancy rates
- To decrease late entry into prenatal care

AIIHI to 5 Counties:

- AIIHI is administered in five counties with the highest rates of poor Indian Maternal, Child Health outcomes*
- Five counties include: Humboldt, San Bernardino, Riverside, Sacramento, and San Diego.
  - Encompassing 20% of CA's AI population

*According to State data

Healthy Families America Home Visitation Model

- AIIHI is based on a modified version of the national home visitation model, Healthy Families America (HFA).
- It focuses on:
  - the establishment of pre and post pregnancy medical care in the homes
  - completed well-child visits
  - building parenting skills
  - appropriate use of health and social services to to improve outcomes for the family

AIIHI Implementation:

- Local native Community Health Representatives (CHRs) receive supervision from Public Health Nurses (PHNs).
- Most CHRs are American Indian community members who have earned the respect of the community.
- Some of the PHNs are American Indians. PHNs meet weekly with CHRs, monitor family progress, counsel, and maintain the SOW.

Community Health Representatives

- They visit the homes of clients and provide basic health education, support, and referral services.
- AIIHI personnel are trained in conducting family based assessments and are provided tools for basic health education.
  - Educational materials developed with funding from the California Endowment are used in the AIIHI program.
  - They are culturally appropriate booklets
  - Were developed and adapted with guidance from American Indian community members including program participants, American Indian nurses, and American Indian physicians.

AIIHI Data

- Demographic Data is collected and a Maternal Child Risk Profile is completed when a file is started on a family. A score determines family eligibility.

- The program targets high-risk families with a history of child abuse or neglect, family violence, drug and alcohol abuse, maternal history of mental illness or developmental delays, sexual abuse, limited social support, or a teen facing an unplanned pregnancy.

- Quarterly reports submitted to the State IHP monitors child development checks, frequency of home visits, referrals, family goals, progress of goals, and family education.

AMERICAN INDIAN INFANT HEALTH INITIATIVE (AIIHI)
DATABASE FORM

FSW/CHR complete within first quarter of service and submit with an initial Quarterly Progress Report (DHCS 4496).

Enrollment date (mm/dd/yy)

Client/Mother (MOB) Data

MOB ID number | MOB date of birth | Age

American Indian ☐ Yes ☐ No | Education–highest grade completed | Still in school ☐ Yes ☐ No

Marital status ☐ Single ☐ Married ☐ Divorced ☐ Separated | Gravida (including the current pregnancy) | Para

Currently pregnant ☐ Yes ☐ No If yes, complete the following: | EDC (mm/dd/yy) | Date of first prenatal visit (mm/dd/yy) | Trimester: First Second Third

Recently gave birth ☐ Yes ☐ No If yes, complete the following: | Date of birth | Birth weight child #1 lbs. oz. | Birth weight child #2 lbs. oz.

Type of birth ☐ Singleton ☐ Multiple | Gestation ☐ Preterm (-37 weeks) ☐ Full term (38-42 weeks) ☐ Post term (43+ weeks)

Birth Complications *(Check all that apply.)*

Mother
- ☐ None
- ☐ Medical (including C-section)
- ☐ Drug/alcohol use-related
- ☐ Infections
- ☐ Other (explain): _____

Child #1
- ☐ None
- ☐ Medical
- ☐ Drug/alcohol exposure
- ☐ Developmental
- ☐ Other (explain): _____

Child #2
- ☐ None
- ☐ Medical
- ☐ Drug/alcohol exposure
- ☐ Developmental
- ☐ Other (explain): _____

Living with *(check all that apply)*:
☐ Alone ☐ Father of baby (FOB) ☐ Parent(s)/extended family ☐ Friend(s)
☐ Spouse/Partner (other than FOB) ☐ Other (explain): _____

Number in household

Source of income *(check all that apply)*:
☐ Employment ☐ TANF ☐ Father of baby (FOB)
☐ Parent(s)/extended family ☐ Other (explain): _____

Has child(ren) under age 5 (NOT including the newborn described above) ☐ Yes ☐ No If yes, complete the following: | How many? | How old?

Father (FOB) Data

American Indian ☐ Yes ☐ No ☐ Unknown | Date of birth (mm/dd/yy) | Age | If DOB is unknown, enter estimated age | Involved with pregnancy/child ☐ Yes ☐ No ☐ Unknown

Assessments (Maternal/Child Risk Profile)

☐ Not done *(If checked, submit the results in following quarter.)*

Client/MOB Psychosocial Risk Factors *(Check all reported and/or observed risks.)*

☐ None identified
☐ * 1. Substance abuse or positive toxicity: ☐ with *OR* ☐ without treatment (explain): _____
☐ * 2. Maternal Hx of mental illness or developmental delay (parent)
☐ * 3. Maternal Hx of child abuse, rape, molestation, or incest (as a victim)
☐ * 4. Age <18 years or >40 years
☐ 5. Single, separated (legal or geographical), divorced
☐ 6. Self or partner unemployed or seasonal employment
☐ 7. Education <12th grade or illiterate (English or other language)
☐ 8. Inadequate income (<200% FPL or on Medi-Cal)
☐ 9. Unstable housing (homeless, frequent moves, overcrowded, multifamily)
☐ 10. No telephone or message only
☐ 11. Lack of transportation/public transport or dependent on others
☐ 12. First-time mother
☐ 13. Late (after third trimester), inadequate/sporadic, or no prenatal care
☐ 14. Hx of therapeutic abortion (actual or contemplated) or multiple miscarriages
☐ 15. Depression or suicidal ideation (past or present)
☐ 16. Child(ren) in foster home placement (past or present) or CPS involvement
☐ 17. Hx of domestic/family violence or rape/sexual assault (as a victim)
☐ 18. Other (e.g., no support system/person, unplanned pregnancy, unrealistic expectation of child development) (explain): _____

* Each of factors 1-4 is worth 10 points each.
Each of factors 5-18 is worth 1 point.
Refer client to AIIHI if she: (1) score ≥ 10 or higher; or (2) scores 5-9 with significant medical risk(s) (see "Medical Risk Factors" on the following page.

Score

AMERICAN INDIAN INFANT HEALTH INITIATIVE (AIIHI)
QUARTERLY PROGRESS REPORT

CHR/FSW complete this form every quarter.

Clinic name

Year	Quarter ending
	☐ March 31 ☐ June 30 ☐ September 30 ☐ December 31

Client/Mother (MOB) Data

MOB ID number	MOB date of birth (mm/dd/yy)

Assessments

Client/MOB New Risk Factors *(Check if any new or additional risk factors have been identified since previous encounter.)*

☐ None identified
☐ 1. Substance abuse or positive toxicity ☐ with OR ☐ without treatment (explain): _____
☐ 2. Maternal Hx of mental illness or developmental delay (parent)
☐ 3. Maternal Hx of child abuse, rape, molestation, or incest (as a victim)
☐ 4. Age <18 years or >40 years
☐ 5. Single, separated (legal or geographical), divorced
☐ 6. Self or partner unemployed or seasonal employment
☐ 7. Education <12th grade or illiterate (English or other language)
☐ 8. Inadequate income (<200% FPL or on Medi-Cal)
☐ 9. Unstable housing (homeless, frequent moves, overcrowded, multifamily)
☐ 10. No telephone or message only
☐ 11. Lack of transportation/public transport or dependent on others
☐ 12. First-time mother
☐ 13. Late (after third trimester), inadequate/sporadic, or no prenatal care
☐ 14. Hx of therapeutic abortion (actual or contemplated) or multiple miscarriages
☐ 15. Depression or suicidal ideation (past or present)
☐ 16. Child(ren) in foster home placement (past or present) or CPS involvement
☐ 17. Hx of domestic/family violence or rape/sexual assault (as a victim)
☐ 18. Other (e.g., new pregnancy, no support system/person, unplanned pregnancy, unrealistic expectation of child development) (explain): _____
☐ 19. No changes this quarter

Child(ren) Developmental Assessments *(Complete only if new assessments were made.)*

Denver Developmental Test:

☐ Normal ☐ Delayed—(Date (mm/dd/yy): _____) ☐ Not done

Ages and Stages Questionnaire (ASQ):

☐ Normal ☐ Delayed—(Date (mm/dd/yy): _____) ☐ Not done

AIIHI Workbook Developmental Assessment:

☐ Normal ☐ Delayed—(Date (mm/dd/yy): _____)

Visits

Scheduled frequency of visits:

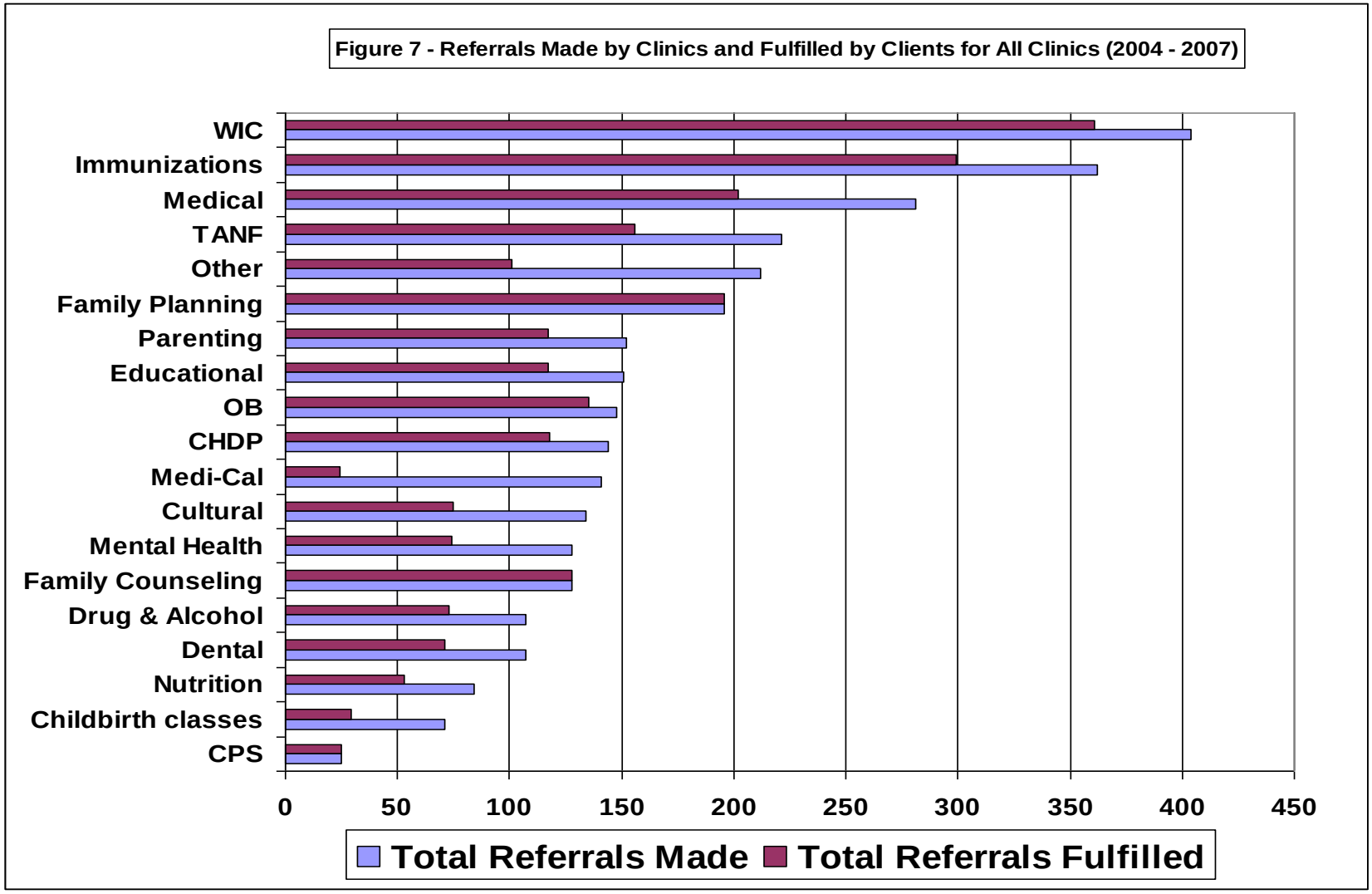
☐ Weekly ☐ Biweekly ☐ Monthly ☐ Quarterly ☐ Other

Actual number of home visits	Number of unsuccessful home visit attempts	Number of phone counseling

If no contact was made, indicate the reason (check all that apply):

☐ Client did not want visit ☐ Could not locate client ☐ FOB/family member objected
☐ Other (explain): _____

Referrals (2004 – 2007)



Key Accomplishments in 2004 – 2007*

- AIIHI families enrolled in this program had a 73.7% first trimester entry into prenatal care.

- AIIHI data indicates births to AIIHI teen mothers continued a decline from 2004 to 2007.
  - 52 births among AIIHI teens in 2004 compared to 8 in 2007.

*Information complied by Delight Satter, Director, American Indian Research Program, UCLA Center for Health Policy Research , Source: AIIHI Quarterly Reports and California Health Interview Survey (CHIS) 2005

Key Accomplishments in 2004 – 2007*

- During 2004 through 2007, 616 families received a total of 3,196 referrals.
  - AIIHI participants followed up on 2,354 or 74% of these referrals.
  - Top 4 Referrals made: Women, Infant and Children (WIC), Immunization services, Medi-Cal, and Temporary Assistance to Needy Families (TANF)
  - Data also reveals that the American Indian community under utilizes needed resources such as WIC, USDA, and tribal TANF.

*Information complied by Delight Satter, Director, American Indian Research Program, UCLA Center for Health Policy Research , Source: AIIHI Quarterly Reports and California Health Interview Survey (CHIS) 2005

Key Accomplishments in 2004 – 2007*

- During 2004 the State Office of Rural Health funded the reprint of the AIIHI “Family Guide”.
- Revised AIIHI Database & Quarterly Report forms allowed AIIHI staff to track referrals, determine outcomes, & monitor family progress.

*Information complied by Delight Satter, Director, American Indian Research Program, UCLA Center for Health Policy Research , Source: AIIHI Quarterly Reports and California Health Interview Survey (CHIS) 2005

Future Goals

PATIENT HEALTH QUESTIONNAIRE – 9 (PHQ-9)				
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "✔" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
FOR OFFICE CODING 0 + _____ + _____ + _____ =Total Score: _____				
If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?				
Not difficult at all ☐	Somewhat Difficult ☐	Very difficult ☐	Extremely difficult ☐	

*

Each item is scored from 1-5. Thus, scores for this inventory range from 4-20. A score of greater than 10 is considered positive. Follow AIIHI protocol for a positive screen.

"HITS" A domestic violence screening tool for use in the community					
HITS Tool for Intimate Partner Violence Screening: Please read each of the following activities and fill in circle that best indicates the frequency with which you partner acts in the way depicted.					
How often does your partner?	Never	Rarely	Sometimes	Fairly often	Frequently
1. Physically hurt you					
2. Insult or talk down to you					
3. Threaten you with harm					
4. Scream or cuss at you					
	1	2	3	4	5

The AUDIT-C is a 3 question screen that can help identify patients with alcohol misuse. The AUDIT-C is scored on a scale of 0-12 points (scores of 0 reflect no alcohol use in the past year). In men, a score of 4 points or more is considered positive for alcohol misuse; in women, a score of 3 points or more is considered positive. Generally, the higher the AUDIT-C score, the more likely it is that the patient's drinking is affecting his/her health and safety. The VA's performance measure requires <u>brief counseling</u> for alcohol use for any patient who scores 5 points or more on the AUDIT-C.

The AUDIT-C questions are:

Q#1: How often did you have a drink containing alcohol in the past year?

- ❑ **Never (0 points)***
- ❑ **Monthly or less (1 point)**
- ❑ **Two to four times a month (2 points)**
- ❑ **Two to three times per week (3 points)**
- ❑ **Four or more times a week (4 points)**

Q#2: How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

- ❑ **0 drinks (0 points)***
- ❑ **1 or 2 (0 points)**
- ❑ **3 or 4 (1 point)**
- ❑ **5 or 6 (2 points)**
- ❑ **7 to 9 (3 points)**
- ❑ **10 or more (4 points)**

Q#3: How often did you have six or more drinks on one occasion in the past year?

- ❑ **Never (0 points)**
- ❑ **Less than monthly (1 point)**
- ❑ **Monthly (2 points)**
- ❑ **Weekly (3 points)**
- ❑ **Daily or almost daily (4 points)**

Contact Information

Patricia Lavalas-Howe R.N., MSN
Nurse Consultant III
Department of Health Care Services
Indian Health Program
P.O. Box 997413, M.S. 8502
Sacramento, CA 95899-7413
Phone: (916) 449-5763
Email: Patricia.Lavalas-Howe@dhcs.ca.gov