



Data not reported quarterly.
Only annual provincial results available and reported on following
pages.

Objective 6: Improve the health outcomes of indigenous people in areas where AHS has influence.

WHY THIS IS IMPORTANT

Alberta's Indigenous peoples, many of whom live in rural and remote areas of our province, have poorer health than most Albertans. AHS is building a better understanding of how historical effects and cultural care differences impact these outcomes. AHS working together with the AHS Wisdom Council, Indigenous communities, provincial and federal government, we will adapt services to better meet the health needs of Indigenous peoples.

AHS PERFORMANCE MEASURE: Perinatal mortality among First Nations

Perinatal mortality among First Nations is defined as the number of stillbirths (at 28 or more weeks gestation) plus the number of infants dying under seven days of age divided by the sum of the number of live births plus the number of stillbirths of 28 or more weeks gestation for a given calendar year; multiplied by 1,000. (This measure does not include all indigenous populations).

UNDERSTANDING THE MEASURE

The focus for 2017-18 is on women's health, going forward working with our Indigenous communities to identify health trends will help AHS better understand and more accurately respond to the complexity of Indigenous peoples health needs.

This indicator provides important information on the health status of First Nations pregnant women, new mothers and newborns.

Higher rates indicate that a greater percentage of total births are resulting in a stillbirth or a death in the first days of life. Monitoring this rate helps AHS develop and adapt population health initiatives and services to better meet the health needs of Indigenous people and reduce the health gap between Indigenous peoples and other Albertans.

HOW WE ARE DOING

Perinatal mortality is reported on an annual basis.

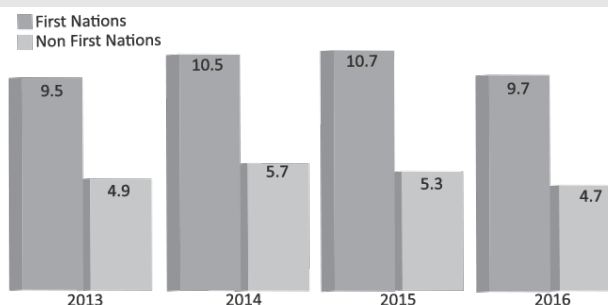
Perinatal mortality is a performance indicator and there is no target identified. However, this indicator allows us to see Alberta's performance on reducing disparity between First Nations and non-First Nations populations.

AHS' long term focus is to reduce the gap between First Nations and Non First Nations populations. This will take significant collaboration with the AHS Wisdom Council, Indigenous communities, provincial and federal government, to better meet the health needs of Indigenous peoples.

The lower the number the better.

Perinatal mortality among First Nations

This is a performance indicator. No target.



Source: Alberta Vital Statistics and Alberta First Nations Registry

WHAT WE ARE DOING

Community engagement sessions were held with Treaty 8 First Nations, Health Co-Management, Yellowhead Tribal Council, Kee Tas Kee Now Tribal Council, Blood Tribe, Stoney Nation, Siksika, Western Cree Tribal Council, and Métis Nation of Alberta to support the enhancement of the Indigenous Health Program, Indigenous Wellness Clinic (IWC) in Edmonton and Elbow River Healing Lodge (ERHL) in Calgary, Primary Care Centres.

Indigenous Peoples Day/Week Celebrations were held across the province (ERHL, IWC, Chinook, Wetaskiwin, Red Deer, Rocky Mountain House and Royal Alexandra Hospital).

Work continues to promote the Alternate Relationship Plan to provide physician services and increase access to primary care in First Nations and Métis communities.

Early engagement continues on the High Prairie Hospital project to improve cultural safety for First Nation, Métis and Inuit patients, families and communities.

Eight Métis Tri-Settlement partners participated in a workshop to support the adapted 'Readiness Resource' for Indigenous prevention and screening action planning.

Ten First Nation Elders participated in a 'Best Messaging' event to determine resources, audience, format, and messages required to promote screening and behavior change in First Nation communities.

Six Indigenous communities received prevention/ screening services as a result of North Zone's strategic action plan.

AHS leadership are encouraged to complete cultural competency training sessions to gain better awareness on how to appropriately provide care to patients and families.

Objective 6: Improve the health outcomes of indigenous people in areas where AHS has influence (Continued)

Q1 actions related to Truth & Reconciliation Commission and United Nations Declaration on the Rights of Indigenous Peoples include:

- Two Listening Day sessions were held. An Indigenous reconciliation session planned for fall 2017.
- Inclusion of questions on the Tuberculosis Services Interview Guide created by Indigenous members as well as a question on equity/ equality.
- Development of a Sexually Transmitted Infection Blood & Body Fluid Infection Operational Strategy in collaboration with Indigenous stakeholders.
- Working with Alberta Health and First Nations Inuit Health Branch (FNIHB) to harmonize childhood immunization processes between Indigenous and non-Indigenous communities.

Engagement activities are underway to support the development of midwifery care service models for Indigenous and vulnerable populations. Midwifery privileges are in place at the Elbow River Healing Lodge.

The Merck for Mothers initiative improves maternal health of Indigenous women in Maskwacis, Inner City Edmonton (Pregnancy Pathways initiative) and Little Red River Cree.

AHS supports improvement of women's health; maternal, infant, child and youth health; and, the health of the vulnerable and those in need or expressing need. Examples of initiatives include:

- Early Hearing Detection and Intervention Project (EHDI) has been implemented in four neonatal intensive care units. EHDI offers screening to newborns for hearing prior to discharge.
- Work is underway to develop the antenatal care pathway to support the maternity services corridors of care initiative.
- Recruitment is underway to support MyCHILD Alberta to increase data capacity to improve outcomes and optimize public sector policies for women and children.
- The Police and Crisis Team (PACT) program in the Calgary Zone provides clinical assessment/ interventions for vulnerable individuals presenting to police with addiction and mental health concerns. In Q1, there were 62 referrals to the program, 15 new enrollments, 57 existing registrants and 18 discharges.

- In addition, the newly implemented PACT program in Medicine Hat in the South Zone began providing interventions and support for vulnerable individuals with addiction and mental health concerns in contact with police.