

**AHS Report on Performance
FY 2017-18**

**PERINATAL MORTALITY RATE
AMONG FIRST NATIONS**

Number of stillbirths (at 28 or more weeks gestation) plus the number of infants dying under 7 days of age divided by the sum of the number of live births for a given calendar year; multiplied by 1,000.

Perinatal Mortality Rate Gap, 2017-18



Provincial

Perinatal Mortality Rate by Population

Population	2013	2014	2015	2016	2017	Trend	2017-18 Target
First Nations	9.47	10.52	10.73	9.65	8.40	N/A	AHS' focus is to reduce gap between First Nations and Non First Nations
Non-First Nations	4.98	5.69	5.30	4.71	5.50	N/A	
Rate Gap	4.49	4.83	5.43	4.94	2.90	↑	

Trend Legend: ☆Target Achieved ↑Improvement ⇔Stable: ≤3% relative change compared to the same period last year ↓Area requires additional focus

Source: Alberta Health, as of April 22, 2018

Improving the health outcomes of Indigenous Peoples in areas where AHS has influence.

Alberta's Indigenous Peoples, many of whom live in rural and remote areas of our province, have poorer health than non-Indigenous Albertans. AHS is building a better understanding of how historical effects and cultural care differences impact these outcomes.

Working together with the AHS Wisdom Council, Indigenous communities and government, Indigenous health services are delivered throughout the province with the goal of providing an effective, patient-centred approach to improving care to First Nations, Métis and Inuit Peoples and communities.

Engagement and Cultural Sensitivity

Community engagement sessions were held with Indigenous groups in Alberta to support the enhancement of the Indigenous Health Program, the Indigenous Wellness Clinic in Edmonton and the Elbow River Healing Lodge in Calgary.

Recruitment of teams is underway to focus on process improvement strategies on the High Prairie Health Complex project to improve cultural safety for First Nations, Métis and Inuit patients, families and communities.

As of March 31, 2018, 31 physicians in three urban settings and 11 communities are part of the Alternate Relationship Plan which provides physician services and increases access to primary care in First Nations and Métis communities.

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

In 2017-18, 37 per cent of senior leaders completed the Indigenous Awareness and Sensitivity training and 20 per cent completed the Indigenous Peoples in Alberta Introduction. Additional curriculum on Indigenous Peoples and history was also developed for new employee orientation.

AHS is promoting the implementation of the Truth and Reconciliation Commission Calls to Action and United Nations Declaration on the Rights of Indigenous Peoples across AHS. Approximately 225 AHS senior leaders attended the Truth Always session in October 2017 and participated in a blanket ceremony that helped create awareness about Canadian history from an Indigenous perspective. In addition, four listening day sessions were held.

Program Development

AHS and the Alberta Cancer Prevention Legacy Fund (ACPLF) continue to work together with Indigenous partners to promote prevention and screening initiatives for Indigenous Peoples.

- ❖ The First Nations Cancer Prevention and Screening Practices Project, the Alberta First Nations Information Governance Centre and the ACPLF are supporting First Nations communities to develop, implement and evaluate comprehensive prevention and screening plans. Three communities (Peerless Trout, Maskwacis, and Blood Tribe) are working on actions to improve cancer prevention awareness and screening. Evaluation results indicate that all partners and team members are confident the approach has strengthened relationships.
- ❖ Alberta Healthy Communities Approach (AHCA) supports communities to plan, implement and evaluate comprehensive prevention and screening interventions. To date, three Métis Settlements have joined the 16 Alberta communities already implementing AHCA. The ACPLF is working with Alberta's Métis Tri-Settlements to pilot the community assessment and planning tools for culturally appropriate and safe application. All Tri-Settlements are also working collaboratively through the creation of a community wellness team that delivers training and provides new opportunities to share knowledge and learnings.
- ❖ With support from the ACPLF and Toward Optimized Practice, the Elbow River Healing Lodge has successfully implemented an adapted version of the Alberta Screening and Prevention (ASaP) Program. Improvements were demonstrated including increased cancer screening rates for colorectal cancer (42 per cent), mammography (16 per cent) and Pap tests (6 per cent). Plans are in place to expand ASaP to three additional sites in 2018.

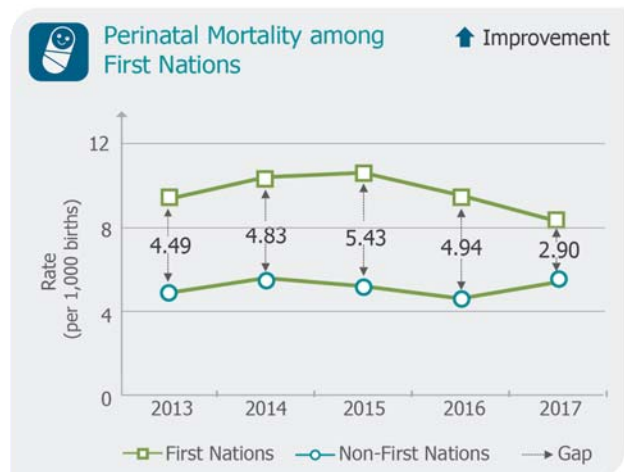
- ❖ Zone Comprehensive Prevention and Screening Approach is piloting a framework to reduce cancer risks and promote health across the North Zone. Central to the coordinated approach is mobile outreach to remote and isolated communities to bring prevention and screening services to the communities, as well as to strengthen health promotion and prevention in culturally safe ways. As a result, 10 community outreach visits were provided to Indigenous and non-Indigenous communities where more than 10 per cent of the population self-identified as Indigenous in the North Zone.

AHS also supports improvement of women’s health and of maternal, infant, child and youth health including Indigenous Peoples and vulnerable populations.

- ❖ Normal Postpartum and Newborn Clinical Pathway was implemented at 47 out of 50 acute care hospitals in Alberta that provide obstetrical services.
- ❖ Police and Crisis Team (PACT) program provides clinical assessment and interventions for vulnerable individuals presenting to police with addiction and mental health concerns.
- ❖ AHS is supporting the design and implementation of MyCHILD Alberta to increase data capacity to improve outcomes and optimize public sector policies for women and children.

MEASURING OUR PROGRESS

PERINATAL MORTALITY AMONG FIRST NATIONS is the number of perinatal deaths per 1,000 total births among First Nations. A perinatal death is a fetal death (stillbirth) or an early neonatal death. This indicator provides important information on the health status of First Nations pregnant women, new mothers and newborns and enables AHS to develop and adapt population health initiatives and services. The measure does not include all Indigenous populations, such as Inuit and Métis residents.



Source: Alberta Vital Statistics and Alberta First Nations Registry

As demonstrated in the graph, results for 2017 indicate that AHS is reducing the gap in perinatal mortality among First Nations compared to Non-First Nations from 4.94 deaths in 2016 to 2.90 deaths (per 1,000 births) in 2017.

Examples of projects that support improving perinatal mortality among First Nations:

- ❖ Merck for Mothers uses community-based ways to enhance the support of pregnant Indigenous women to overcome barriers to prenatal care. Three initiatives are underway: Maskwacis in the Central Zone focuses on building resilience, promoting positive images of the community, celebrating birth and sharing Indigenous knowledge on pregnancy; Pregnancy Pathways in Inner City Edmonton provides safe housing and support services for pregnant Indigenous homeless women; and Little Red River Cree in the North Zone provides a community-based support model for maternal health.
- ❖ The development of an antenatal care pathway is underway to support the maternity services corridors of care initiative so expectant mothers can access evidence-based consistent antenatal care across the province.
- ❖ Work continues to support development of midwifery care service models for Indigenous and vulnerable populations through community and stakeholder engagement.
- ❖ The establishment of midwifery privileges at the Elbow River Healing Lodge in Calgary supports access to obstetrical services for Indigenous, vulnerable and rural populations.