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 plus the number of stillbirths of 28 or more weeks gestation 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(s): Alberta Health, as of April 22, 2018
Note: Perinatal mortality is reported on an annual basis pending the availability of the most recent census data (2017). It is a performance indicator rather than a performance measure, and therefore no target is identified.

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 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 provincial and federal governments, we will adapt services to better meet the health needs of Indigenous peoples.

AHS PERFORMANCE MEASURE

Perinatal Mortality among First Nations is defined as 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.

UNDERSTANDING THE MEASURE

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

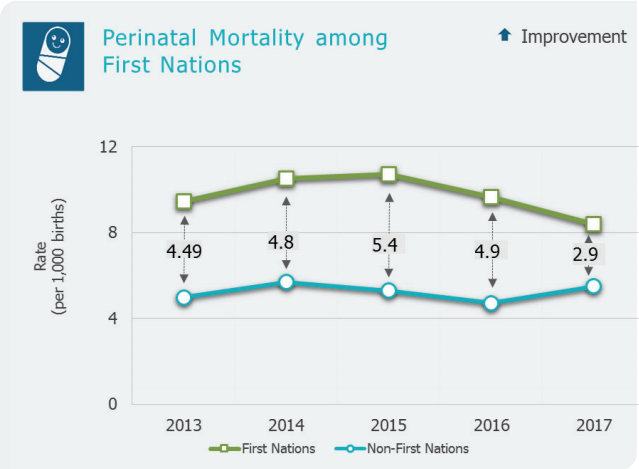
It allows us to see Alberta's performance on reducing disparity between First Nations and non-First Nations populations.

Monitoring this rate helps AHS develop and adapt population health initiatives and services to better meet the health needs of Indigenous people.

The lower the number the better. AHS' focus is to reduce the health gap between First Nations and non-First Nations. This measure does not include all Indigenous populations, such as Inuit and Métis residents.

HOW WE ARE DOING

Perinatal mortality is reported on an annual basis pending the availability of the most recent census data (2017). It is a performance indicator rather than a performance measure. AHS' focus is to reduce the health gap between First Nations and non-First Nations.



Source: Alberta Vital Statistics and Alberta First Nations Registry

WHAT WE ARE DOING

The following are examples of zone initiatives to improve maternal health of Indigenous women:

- In the Calgary Zone, midwifery privileges are in place at the **Elbow River Healing Lodge (ERHL)** to support access to obstetrical services for Indigenous, vulnerable and rural populations.
- **Merck for Mothers** supports pregnant Indigenous women to overcome barriers to prenatal care. There are three initiatives in communities across Alberta:
  - In Central Zone, Maskwacis initiated a project focused on celebrating birth and sharing Indigenous knowledge on pregnancy. A number of planting, harvesting and cooking events have taken place at a community garden which yielded twice the quantity of food than its first year. The garden provides moms with access to fresh produce.
  - The inner-city Edmonton's Pregnancy Pathways initiative provides safe housing and support services for pregnant Indigenous homeless women. Wrap-around services are now being offered 24/7 and include traditional sweat ceremonies, powwows and medicine picking. The program has 11 clients and nine babies.
- North Zone's Little Red River Cree Nation implemented projects that provide a community-based support model for maternal health resources and engages women early in pregnancy. Plans to expand the family wellness camp are underway.

All AHS staff are required to complete cultural sensitivity training. As of Q3 YTD 2018-19, 17.8% of staff have completed this training (increasing from 6.8% in Q2 2018-19). Leaders and first responders are required to complete a more in-depth certificate program. Zones are also embedding traditional learning practices such as blanket exercises, smudging and sweats.

AHS is working with Indigenous leaders, government communities and related agencies to improve access to health care services:

- The **Indigenous Wellness Clinic** in the Edmonton Zone and the **Elbow River Healing Lodge** in the Calgary Zone are planning a partnership with the University of Alberta's Occupational Therapy program to initiate a practicum option through their Indigenous stream. These sites embed the Indigenous Integrated Primary Care standards into practice and performance.
- Zones are engaging with First Nation communities to develop **Indigenous Health Action Plans**.
    - In Central Zone, community profiles are being finalized for Maskwacis, Stoney Nakoda (Big Horn) and O'Chiese to inform current state and provide cultural context and engagement channels.
    - In Calgary Zone, monthly meetings have been organized with Indigenous health leaders from Siksika Nation, Stoney Nakoda and Tsuu T'ina tribal councils.
    - South Zone has begun developing an Indigenous patient navigation model. Late in Q3, South Zone and the Population, Public and Indigenous Health SCN were notified they were awarded a three-year $1.4 million research grant from Alberta Innovates to co-design, with the local indigenous communities, and evaluate a navigation service to support indigenous patients and families. The service is intended to reduce some of the health inequities experienced by people from indigenous communities in the South Zone. It is hoped that this model could be adapted for other Zones.
- Zones are involved in various provincial (e.g., Combatting Racism) and local committees to identify and remove barriers to health services, and improve communication with communities.

AHS and the **Alberta Cancer Prevention Legacy Fund** continue to work with Indigenous partners to promote prevention and screening initiatives aimed at improving health outcomes of Indigenous people.

- **First Nations Cancer Prevention and Screening Practices** supports First Nations communities to develop, implement and evaluate comprehensive prevention and screening plans. Three First Nations communities (Peerless Trout First Nation, Blood Tribe and Maskwacis) continue to implement their plans and work is underway to support communities to develop their outcome evaluations.
- Communities are taking action to improve cancer screening, increase opportunities for physical activity and build individual awareness of actions that can be taken to prevent cancer. For example, picnic areas and walking paths are under construction and wellness events including community feasts and sweats are being facilitated in numerous communities.

AHS supports the improvement of the health of women and children as well as the health of the vulnerable.

- **Early Hearing Detection and Intervention** (EHDI) was successfully implemented province-wide in Q3. Hearing screening is now offered in 13 NICUS, 18 birthing hospitals and 31 community sites.
- The **Safe Healthy Environments** (SHE) program is involved with the Hoarding and Outreach Management Education Team in Lethbridge. The team's work is aimed at reducing homelessness, providing outreach, and support through a multidisciplinary approach to a community housing strategy. Most recently, the AHS Community Paramedics joined the team to fill a gap for clients who are not attached to a primary care physician.
- A new **antenatal care pathway** was developed to identify and manage modifiable risk factors early in pregnancy. The 11-site pilot was completed in all zones in Q3. The pathway supports rural and community corridors of care for obstetrics and is in a review phase with stakeholders and physicians.
- Work is underway to develop an acute care **Neonatal abstinence syndrome (NAS)** pathway to support babies of mothers who have been using opioids and other drugs.
- Development continues in the **newborn pathway** to support early identification of hyperbilirubinemia (jaundice) and management of risk for this vulnerable population. This work is led by the Maternal, Newborn, Child and Youth Strategic Clinical Network.
- 61 of 68 refugees who arrived in Q3 from the **Government Assisted Refugee Program** in the Edmonton Zone were attached to a primary care provider. In addition, 52 other refugees were self-referred to non-PCN physicians.
- **District Police and Crisis Team** in the Calgary Zone provides clinical assessment/interventions for vulnerable individuals presenting to police with addiction and mental health concerns. Uptake continues and a community paramedic is now stationed in a central location.