

AHS Report on Performance FY 2018-19

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, 2018-19



Provincial

Perinatal Mortality Rate by Population

Population	2013	2014	2015	2016	2017	2018	Trend	2017-18 Target
First Nations	9.46	10.50	10.69	9.64	8.38	8.66	N/A	AHS' focus is to reduce gap between First Nations and Non-First Nations
Non-First Nations	4.98	5.69	5.30	4.62	5.50	5.41	N/A	
Difference (Rate Gap)	4.48	4.81	5.39	5.02	2.88	3.25	↓	

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 30, 2019

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.

Improve Patient and Population Health Outcomes

Objective 6: Improving the health outcomes of Indigenous Peoples 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 Indigenous communities, the AHS Wisdom Council, 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.

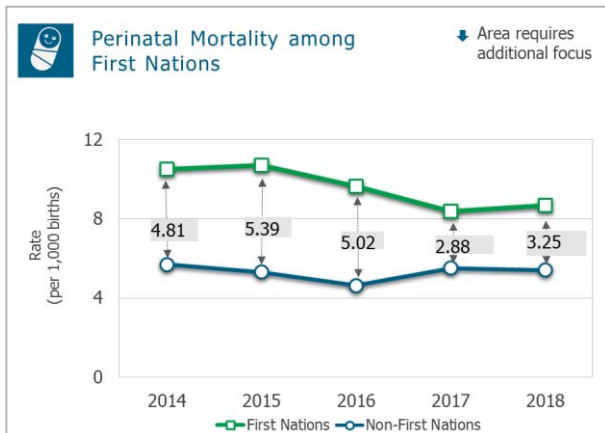
UNDERSTANDING THE MEASURE

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 the 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 First Nations and Inuit 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 Métis residents.

HOW WE ARE DOING



As demonstrated in the graph, results for 2018 indicate that AHS slightly deteriorated in reducing the gap since 2017. AHS collaborates with many partners and must consider multiple factors to improve this indicator. However, AHS reduced the gap in perinatal mortality between First Nations and Non-First Nations by 35% from 2016. Addressing social determinants of health will influence this measure but change will take time.

WHAT WE ARE DOING

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

- **Midwifery** privileges have been established at Four Directions Indigenous Midwifery Services which supports access to obstetrical services for Indigenous, vulnerable and rural populations. In 2018-19, nearly 4,000 courses of care were supported by midwives in Alberta, an increase of 400 from the previous year.
- **Merck for Mothers** uses community-based ways to enhance the support of pregnant Indigenous women to overcome barriers to prenatal care:
 - In Central Zone, Maskwacis initiated a project that focuses on building resilience, promoting positive images of the community, 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 in its first year.
 - In inner-city Edmonton, Pregnancy Pathways 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 12 clients and 10 babies so far.
 - 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. A second family wellness camp is scheduled for summer 2019.

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

- Community engagement sessions continue with Indigenous groups to support the enhancement of programs at the **Indigenous Wellness Clinic** in Edmonton and the **Elbow River Healing Lodge** in Calgary. Both sites have embedded the Indigenous Integrated Primary Care standards into practice. The importance of these standards are to ensure clients are receiving the best possible care and health outcomes and to improve continuity of care between urban and rural centres.

AHS is developing a provincial Indigenous Health Strategy and some zones have already begun engaging with Indigenous 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, with a grant from Alberta Innovates, to co-design 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.

AHS' Screening Programs, in partnership with primary care providers and other partners, support Albertans' participation in cancer screening initiatives.

- The **First Nations Cancer Prevention and Screening Practices** program supports Indigenous 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 and evaluate their actions. In 2018-19, an Alberta First Nations Sustainability Model for Cancer Prevention was complete and an evaluation toolkit is now in development.
- 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.
- **Screen Test Mobile Mammography Services** offered screening mammography services to almost 15,000 women in 122 communities, including 20 First Nations communities and six Métis settlements in 2018-19.
- In 2018, 2.5 million **Cancer Screening Status Reports** were loaded onto Netcare. These new reports provide primary care providers quick and easy to access to their patients' cancer screening status. The report indicates, at a glance, if a patient is due for breast, colorectal, and/or cervical cancer screening or follow-up in a format that is clear and easy to use.

The Maternal Newborn Child & Youth (MNCY) Strategic Clinical Network (SCN) supports the improvement of the health of women and children through various initiatives. Some initiatives include:

- The **Early Hearing Detection and Intervention (EHDI)** program offers newborn hearing screening in 13 neonatal intensive care units, 18 birthing hospitals, and 33 community sites. In addition, eight new diagnostic assessment centres have been established to accept referrals from hearing screening tests. The program regularly monitors performance and quality.
- A new **antenatal care pathway** was implemented and is now available as a resource for all physicians and midwives who provide pregnancy care in the province. The pathway supports rural communities by providing clinicians with up to date information, standards of care, decision making tools, and quick access to Alberta based resources and supports.
- Work is underway to develop an acute care **neonatal abstinence syndrome (NAS) pathway**, with stakeholder input, to support babies of mothers who have been using opioids and other drugs.
- The **newborn pathway** supports the early identification of jaundice and management of risks for the vulnerable newborn population by utilizing learning modules for full implementation. The initiative will be further supported in Connect Care by order sets and clinical documentation. This work is led by the Maternal, Newborn, Child and Youth Strategic Clinical Network™.

Initiatives that support the health of other vulnerable populations include:

- The **Safe Healthy Environments (SHE)** program is aimed at reducing homelessness and providing outreach and support through a multidisciplinary approach to community housing strategies. In 2018-19, Community Paramedics joined the team to fill a gap for clients who are not attached to a primary care physician.
- The **Government Assisted Refugee Program** has seen great success with a high rate of new immigrants already attached to a local primary care provider.
- The **District Police and Crisis Team** provides clinical assessment and interventions for vulnerable individuals presenting to police with addiction and mental health concerns. A community paramedic was added to the team in 2018-19.

Engagement and Cultural Sensitivity

As of March 31, 2019, 30% of AHS staff have completed the required cultural sensitivity training (increasing from 4% last year). AHS approved recommendations on a three-year phased training approach for two required learnings: Indigenous Peoples in Alberta: Introduction course and the Indigenous Awareness and Sensitivity certificate program. Additionally, Zones are embedding traditional learning practices such as blanket exercises, smudging, and sweats.