

DEFINITION: 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 (under 7 days of age).

WHY THIS IS IMPORTANT: AHS' focus is to reduce the health gap between First Nations and non-First Nations. This indicator provides important information on the health status of First Nations pregnant women, new mothers, and newborns. 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. This measure does not include Métis residents.

Perinatal Mortality Rate Gap, 2018



Provincial

Perinatal Mortality Rate by Population

Population	2013	2014	2015	2016	2017	2018	Trend	2018-19 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	
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 people.

AHS’ focus is to reduce the health gap between First Nations and non-First Nations. The lower the number the better. This measure does not include Métis or Inuit residents.

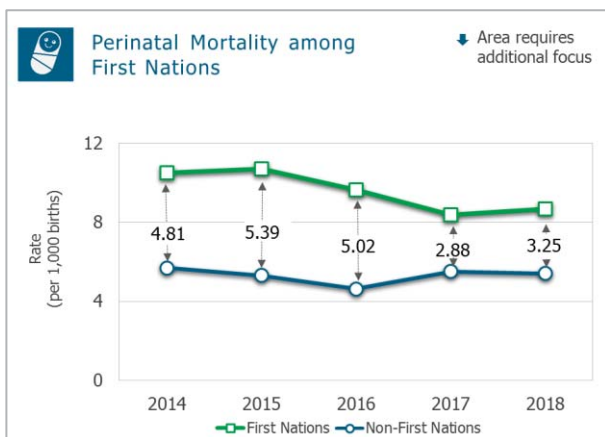
HOW WE ARE DOING

2018 results indicate that the perinatal mortality gap deteriorated slightly from the 2017 rate. 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 in Calgary Zone which supports access to obstetrical services for Indigenous, vulnerable, and rural populations through outreach programs that provide awareness and education on maternity care. Alternative funding models have been implemented to support innovation and full scope of practice for midwives to provide the best possible care to patients in rural and Northern areas.
- **Merck for Mothers** uses community-based programming to enhance the supports available to pregnant Indigenous women to overcome barriers to prenatal care:
 - In Central Zone, Maskwacis has an established community garden that, now in its third year, has expanded plantings to include fruit trees and flowers. Community harvesting took place in Q2 and cooking and celebration events are being planned. The development of a strengths-based and culturally appropriate education program for pregnant women and healthcare providers highlights strengths of the community and promotes resiliency. An Elders Wisdom video and a series of images and stories are near completion.
 - In inner-city Edmonton, Pregnancy Pathways provide safe housing and support services for pregnant Indigenous homeless women. Most clients self-identify as Indigenous and are given opportunities to attend pow-wows, meet with Elders, attend traditional women’s teachings, and utilize a traditional mossbag and swing for carrying the baby in a comfortable and respectful way. As of Q2, the program has 19 clients and 14 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. In Q2, community relationships continued to be strengthened through teepee teachings and a maternity mentoring program.



Source: Alberta Vital Statistics and Alberta First Nations Registry
 Note: This measure is reported annually due to data availability.

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

- Program enhancements continue at the **Indigenous Wellness Clinic** in Edmonton. Departments at the Royal Alexandra Hospital (RAH) met in Q2 to improve partnerships, cultural safety, and capacity among the departments to improve patient care, health outcomes, and the experience of Indigenous women.
- Improvements are also being made at the **Elbow River Healing Lodge** in Calgary. An assessment of patient flow commenced in Q2 to identify processes and tasks that could be completed more efficiently. The assessment includes patient feedback and improvement ideas.
- The Indigenous Wellness Clinic and the Elbow River Healing Lodge have embedded **Indigenous Integrated Primary Care standards** into practice which ensure clients are receiving the best possible care to improve health outcomes and improve continuity of care between urban and rural centres.

AHS continued developing a provincial **Indigenous Health Strategy and Action Plan** which will provide AHS with a mandate for the development of processes, accountabilities, and an organizational culture to support the achievement of health equity for Indigenous peoples in Alberta.

- South Zone has begun developing an Indigenous patient navigation model (Four Winds Project), 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. More than 200 ideas and potential solutions were generated at the first stakeholder session in Q2.
- In Calgary Zone, a work plan was developed in partnership with Alberta Health, the Federal Government, and the Stoney Nakoda Tsuut'ina Tribal Council. Implementation planning commenced in Q2.
- In Central Zone, an engagement framework is in development. Engagement sessions with Indigenous communities will be the first step to joint priority setting and action planning. Traditional ceremonies, blanket exercises, and implicit bias education sessions are already occurring across the Zone.
- In Edmonton Zone, an engagement framework is in the early stages of development. The framework will aim to provide accessible, culturally appropriate, and safe health services for Indigenous peoples across the Zone and will be created in partnership with Indigenous peoples, communities, and key stakeholders (including the AHS Wisdom Council).
- In North Zone, an engagement framework is in development. Community profiles have been completed for seven First

Nations communities and one Métis Settlement. Community profiles are co-developed and provide an overview of key leaders, characteristics, traditions, and services available in each community to promote understanding, communication, consistency, knowledge, and engagement for health service providers and the communities. Engagement has been initiated for the new Grande Prairie Regional Hospital Project.

The **First Nations Cancer Prevention and Screening Practices** program supports Indigenous communities to develop, implement, and evaluate comprehensive prevention and screening plans. In Q2, three pilot communities continued implementing initiatives like home visits to increase cancer prevention and screening awareness in Kainai Nation, distributing bags of fruit to children in Maskwacis First Nation, and building awareness among school aged child about healthy eating.

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

- The **antenatal care 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.
- An acute care **neonatal abstinence syndrome (NAS) pathway** is in the final stages of development. The pathway supports babies of mothers who have been using opioids and other drugs. A final review of the pathway commenced in Q2.

Initiatives that support the health of other vulnerable populations include:

- Using a multidisciplinary approach to community housing strategies, the **Safe Healthy Environments (SHE)** team provides outreach and support to reduce homelessness. In Q2, the team responded to rental housing complaints regarding pest infestations, squalor conditions, and emergency exit concerns.
- The **Government Assisted Refugee Program** in Edmonton Zone has seen great success with a high rate of new immigrants attached to a local primary care provider. As of Q2YTD, 336 clients have been seen by the program and 207 attended first appointments with their family physician.
- The **District Police and Crisis Team** in Calgary Zone provides clinical assessment and intervention for vulnerable individuals presenting to police with addiction and mental health concerns. As of Q2YTD, 48 new clients have engaged in the service.

All AHS staff are required to complete cultural sensitivity training. As of Q2YTD, 41% of staff have completed the basic training (increasing from 6.8% in the same period last year) and 54% of leaders and first responders have completed the more in-depth certificate program.