



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 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.

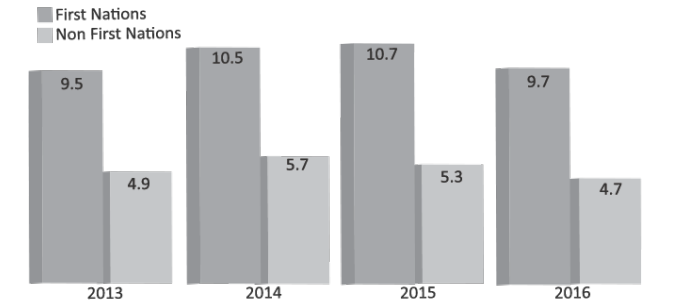
Monitoring this rate helps AHS develop and adapt population health initiatives and services to better meet the health needs of Indigenous people and reduce the health gap between Indigenous peoples and other Albertans.

The lower the number the better. AHS also works to reduce the gap between First Nations and non-First Nations populations. This measure does not include all Indigenous populations, such as our Inuit and Metis residents.

**HOW WE ARE DOING**

*Perinatal mortality is reported on an annual basis pending the availability of the most recent census data (2016). It is a performance indicator rather than a performance measure, and therefore no target is identified.*

**Perinatal mortality among First Nations (per 1,000 births)**  
This is a performance indicator. No target.



Source: Alberta Vital Statistics and Alberta First Nations Registry

**WHAT WE ARE DOING**

Perinatal Mortality

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

Midwifery privileges are in place at the Elbow River Healing Lodge to support access to obstetrical services for Indigenous, vulnerable and rural populations. The program will be evaluated by the end of 2017. Further work is underway to identify opportunities for community engagement, education and growth of services.

Work is underway to develop the antenatal care pathway to support the maternity services corridors of care initiative.

Work continues to finalize the North Zone Maternal Infant Strategic Plan.

South Zone has begun to identify strategies to address the incidence of *Neonatal Abstinence Syndrome* (NAS) for Indigenous and non-Indigenous babies born at Chinook Regional Hospital. Work will include bringing together acute care, addictions and mental health, public health, home visitation and, potentially, outside agencies including Indigenous health agencies.

AHS supports improvement of all women’s health; maternal, infant, child and youth health; including Indigenous and vulnerable populations. Examples of initiatives include:

- Recruitment is underway to support *MyCHILD Alberta* to increase data capacity to improve outcomes and optimize public sector policies for women and children.
- Edmonton Zone has received 223 Government Assisted Refugees of which 196 are attached to a primary care provider as of August 31, 2017.
- A multi-program North Zone Early Childhood Taskforce is developing a collaborative plan to improve early childhood intervention services.

### Engagement and Cultural Competency

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, Metis Settlement General 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. Two leadership working groups were created within the Enoch Cree Nation.

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.

Two Listening Day sessions have been held. An Indigenous reconciliation session is planned for fall 2017 to support recommendations from the Truth & Reconciliation Commission and United Nations Declaration on the Rights of Indigenous Peoples.

AHS leadership are encouraged to complete cultural competency training sessions to gain better awareness on how to appropriately provide care to patients and families. To date, 49% (n=79) of senior leaders have completed Indigenous Awareness and Sensitivity and 17% (n=33) have completed the Indigenous People in Alberta Introduction. A "Truth Always" Senior Leaders session occurred in October 2017 to provide leaders information on Indigenous awareness.

### Program Development

AHS is working with Indigenous communities to improve prevention and screening. The Alberta Cancer Prevention Legacy Fund (ACPLF) is continuing to work with Indigenous partners to promote prevention and screening initiatives aimed at improving health outcomes

of Indigenous people. Examples of ACPLF projects and the progress made in Q2 include:

- *First Nations (FN) Cancer Prevention and Screening Practices* project supports FN communities to develop, implement and evaluate comprehensive prevention and screening plans. Community assessments were completed in three FN communities (Peerless Trout, Maskwacis, and Blood Tribe). A partnership satisfaction survey showed that all partners and team members are confident that the project has strengthened relationships with FN partners and helped increase awareness of community cancer prevention and screening needs.
- *Alberta Healthy Communities Approach (AHCA)* project supports communities to plan, implement and evaluate comprehensive prevention and screening interventions. Two Métis Settlements (Peavine and Gift Lake) launched the project in Q2. These Métis Settlements will join the 16 Alberta communities already implementing AHCA.
- *Alberta Screening and Prevention (ASaP)* project adapts the ASaP program to better meet the needs of primary care settings that primarily serve Indigenous patients. The Elbow River Healing Lodge expanded their implementation of ASaP (from documentation of height, weight and diabetes screening) by adding new processes to document offers of breast, cervical and colorectal cancer screening in their electronic medical record.
- *Zone Comprehensive Prevention and Screening Approach* project is piloting a framework for a zone-level comprehensive prevention and screening approach. North Zone is improving access to prevention and screening in hard to reach and underserved communities. In Q2, one Métis Settlement (Gift Lake) and two First Nations communities (Little Red River Cree Nation, Peerless Trout) received prevention and or screening supports. Five communities (High Level, La Crete, Ft. Vermillion, Peace River, and High Prairie) in local geographic areas where more than 10% of the population self-identified as Indigenous received prevention and screening supports.

The *Police and Crisis Team (PACT)* program provides clinical assessment and interventions for vulnerable individuals presenting to police with addiction and mental health concerns. In Q2, there were 95 referrals, 26 new enrollments, 65 existing registrants and 12 discharges in the Calgary Zone. In addition, the newly implemented PACT program in Medicine Hat began providing interventions and support.