



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.

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 our Inuit and Métis residents.

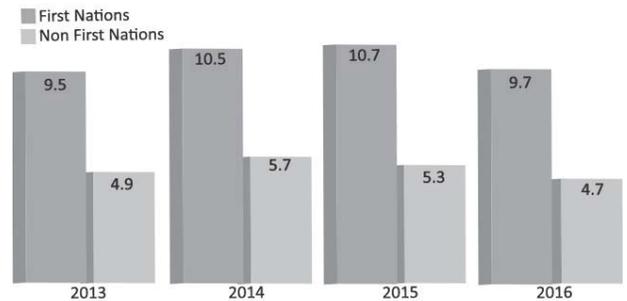
HOW WE ARE DOING

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

AHS' focus is to reduce the health gap between First Nations and non-First Nations.

Perinatal mortality among First Nations (per 1,000 births)

This is a performance indicator. No target. AHS' focus is to reduce gap between First Nations and non-First Nations.



Source: Alberta Vital Statistics and Alberta First Nations Registry

WHAT WE ARE DOING

Perinatal Mortality

Merck for Mothers uses community-based ways to enhance the support of pregnant Indigenous women to overcome barriers to prenatal care. There are three initiatives in unique communities across Alberta:

- The Maskwacis project focuses on building resilience, promoting positive images of the community, celebrating birth and sharing Indigenous knowledge on pregnancy. The community is developing a photo voice approach within maternity wards and clinics in Ponoka, Wetaskiwin and Red Deer as well as a video on motherhood and parenting. This work also includes enhancement of nurse skillset at Maskwacis Health Services for pregnant and post-partum women.
- Work continues in inner-city Edmonton on the Pregnancy Pathways initiative that will provide safe housing and support services for pregnant Indigenous homeless women.
- The Little Red River project in the North Zone is providing a community-based support model that will add to maternal health resources, engage women early in pregnancy, raise awareness related to healthy pregnancies, enhance prenatal education, strengthen collaborations, and post-natal follow-up care, and facilitate health promotion activities. Engagement with the community has been re-established and progress is underway.

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

Work is underway to develop an antenatal care pathway to support the maternity services corridors of care initiative so that expectant mothers can access evidence-based consistent antenatal care.

Work continues to finalize the **North Zone Maternal Infant Strategic Plan** which includes objectives to improve pregnancy/infant health outcomes for Indigenous populations.

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. NAS is a group of problems that occur in a newborn who was exposed to addictive opiate drugs while in the mother's womb. Work will include bringing together acute care, addictions and mental health, public health, home visitation and, potentially, outside agencies including Indigenous health agencies.

Engagement and Cultural Competency

AHS supports growth and development of the Indigenous Health Program, Indigenous Wellness Clinic Program in Edmonton and Elbow River Healing Lodge in Calgary. There are also monthly engagement sessions with urban Indigenous community partners in Lethbridge and Cultural Safety groups in the Central Zone.

South Zone leadership meets quarterly with the health departments for the Kainai and Piikani Nations to discuss common areas for community health services, continuing care, and acute care.

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.

A Truth and Reconciliation planning team is developing a plan to support recommendations from the **Truth & Reconciliation Commission and United Nations Declaration on the Rights of Indigenous Peoples**. The PPIH SCN Indigenous Health committee is working with the planning team to identify actions for AHS through engagement with Indigenous peoples and communities.

AHS leadership are encouraged to complete cultural competency training sessions to gain better awareness on how to appropriately provide care to patients and families. The percent of senior leaders who have completed the **Indigenous Awareness and Sensitivity** training increased from 43% in Q2 to 48% in Q3.

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.

Program Development

AHS and the Alberta Cancer Prevention Legacy Fund are 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 include:

- **First Nations Cancer Prevention and Screening Practices** supports First Nations communities to develop, implement and evaluate comprehensive prevention and screening plans. Community assessments were completed in three First Nations communities (Peerless Trout, Maskwacis, and Blood Tribe) in Q2. In Q3, all three communities identified prevention and screening priorities to implement in their communities.
- **Alberta Healthy Communities Approach (AHCA)** supports communities to plan, implement and evaluate comprehensive prevention and screening interventions. Three Métis Settlements (East Prairie, Peavine and Gift Lake) have joined the 16 Alberta communities implementing the AHCA.
- **Alberta Screening and Prevention (ASaP)** focuses on meeting the needs of primary care settings that serve Indigenous patients. The Elbow River Healing Lodge continues to implement and evaluate its new documentation processes for height, weight, diabetes and breast, cervical and colorectal cancer screening in their electronic medical record.
- **Zone Comprehensive Prevention and Screening Approach** is piloting a framework for a zone-level comprehensive prevention and screening approach. Two Métis Settlements (Gift Lake and Peavine) and one First Nation community (Sucker Creek) received prevention and/or screening supports. One non-Indigenous community (High Prairie) located in local geographic areas where more than 10% of the population self-identified as Indigenous received prevention and/or screening supports.