

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.

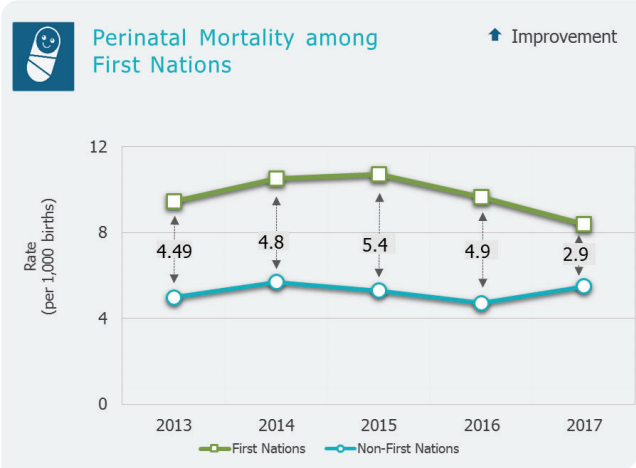
It allows us to see Alberta’s performance on reducing disparity between First Nations and non-First Nations populations.

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 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 (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. In addition, ERHL continues to provide maternal and child health support to the Stoney/Nakoda nation.
- **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 the community garden which has become a positive and inclusive space that community members are proud of. The garden provides moms access to fresh produce.
 - The inner-city Edmonton’s Pregnancy Pathways initiative provides safe housing and support services for pregnant Indigenous homeless women. Services are now being offered 24/7. Some service offerings are culturally relevant and include traditional sweat ceremonies, powwows and medicine picking.

- North Zone's Little Red River project provides a community-based support model for maternal health resources and engages women early in pregnancy. A cultural camp took place in July with 241 community members in attendance.
- All AHS staff are encouraged to complete cultural sensitivity training. In Q2 2018-19, 6.8% of staff have completed this training (increased from 5.2% in Q1 2018-19). Leaders and first responders are required to complete a more in-depth certificate program.

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 drafted for Maskwacis, Stony Nakoda (Big Horn) and O'Chiese to inform current state and provide cultural context and engagement channels.
 - As a part of the Calgary Zone Indigenous Health Action Plan engagement process, representatives from AHS met with a group of elders from the Eden Valley Nation for a traditional meal.
 - South Zone continues to recruit Indigenous representatives for advisory groups. In Q2, two Indigenous patient advisors were added to the AMH team and one was added to the South East rural quality council.
- 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, more than 90% of stakeholders who attended community events reported that the session increased their awareness of actions to lower cancer risk.

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)** will be expanded to all birthing hospitals. As of Q2, 18 out of 21 birthing hospitals have implemented EHDI.
- A **Safe Healthy Environments** program survey was completed in Q2 to assess the current level of involvement in situations that support vulnerable individuals in obtaining safe and healthy housing. The **Brooks Safe Housing Project** in South Zone aims to reduce health equity gaps through proactive inspections and targeted education delivery for tenants and landlords. In Q2, 60 pro-active rental housing inspections and 21 re-inspections were conducted.
- A new **antenatal care pathway** was developed to identify and manage modifiable risk factors early in pregnancy. A pilot is underway at 11 physician and midwife clinics from urban and rural settings across all five zones. The pathway supports rural and community corridors of care for obstetrics.
- All refugees who arrived in Q2 from the **Government Assisted Refugee Program** in the Edmonton Zone were attached to a primary care provider. In addition, 66 previously arrived refugees were connected with a family doctor via the program.
- **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.