

A Review of Aboriginal Infant Mortality Rates in Canada: Striking and Persistent Aboriginal/Non-Aboriginal Inequities

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ABSTRACT

Objective: The Joint Working Group on First Nations, Indian, Inuit, and Métis Infant Mortality of the Canadian Perinatal Surveillance System is a collaboration of national Aboriginal organizations and federal and provincial/territorial stakeholders. Our objective was to better understand what is currently known about Aboriginal infant mortality rates (IMR) in Canada.

Methods: As part of a larger international systematic review of Indigenous IMR calculation, we searched the published literature for original research regarding the calculation of First Nations, Inuit, and Métis infant mortality rates at the national and provincial/territorial level.

Synthesis: We identified major deficiencies in the coverage and quality of infant mortality data for Aboriginal populations in Canada. The review of provincial and territorial reporting of infant mortality for Aboriginal populations revealed substantial provincial and territorial variation in the way that birth and death data were collected. With respect to coverage, high-quality IMRs were available only for Status Indians and communities with a high proportion of Inuit residents. No rates were available for Métis or non-Status Indians.

Conclusion: Striking and persistent disparities persist in the IMRs for Status Indians and in communities with a high proportion of Inuit residents, compared to the general Canadian population. There is an urgent need to work in partnership with First Nations, Indian, Inuit, and Métis stakeholder groups to improve the quality and coverage of Aboriginal IMR information and to acquire information that would help to better understand and address the underlying causes of disparities in infant mortality between the Aboriginal and non-Aboriginal population in Canada.

Key words: First Nations; Indian, North American; Inuit; Metis; infant mortality

La traduction du résumé se trouve à la fin de l'article.

Can J Public Health 2010;101(2):143-48.

Infant mortality is the single most comprehensive indicator of the level of health in a society, providing an important measure of the well-being of infants, children and their families. This is recognized internationally by its inclusion in Millennium Development Goal 4, Indicator 14.¹ The infant mortality rate (IMR) is defined as the number of infants who die during their first year after birth for every thousand live births within a certain population.

The rate of infant mortality varies by age of death and underlying cause. Generally, those infant deaths that occur during the neonatal period (from birth to less than 28 days) are associated with factors such as access to obstetric and neonatal care, while those in the postneonatal period (from 28 days to one year after birth) are more likely to reflect social and environmental factors.² Consequently, disparities in infant mortality across ethnic groups and socio-economic classes tend to be more strongly evident in rates of postneonatal infant mortality.²⁻⁵

According to Section 35 of the 1982 Constitution Act, the Aboriginal peoples of Canada include Indian, Inuit and Métis peoples. The federal government further classifies Indian people according to whether or not they are registered under the Indian Act. Those registered under the Indian Act are referred to as Status Indians, and those who are not registered are referred to as non-Status Indians. The Indian Act specifies that tracts of land or Indian Reserves are to be set aside for Status Indians. Collectively, communities of Status Indians living on Indian Reserves prefer to self-identify as

First Nations. Individually, Indian people will often self-identify according to their cultural linguistic grouping (i.e., Cree, Haida, Innu, Ojibway, Mi'kmaq, Mohawk) and some will prefer to self-identify using the term First Nations. In our efforts to be inclusive of all Aboriginal peoples as well as respectful and historically accurate, we use the terms First Nations (Status Indians living on-reserve), Status Indians living off-reserve, non-Status Indians, Inuit,

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Acknowledgements: We acknowledge the input provided by members of the Fetal and Infant Health Study group of the Canadian Perinatal Surveillance System. In particular, the authors thank Dr. Zhong Cheng Luo and Dr. Michael Kramer for their review and comments on this statement, and Ms. Elizabeth Uleryk, Chief Librarian, The Hospital for Sick Children, Toronto, ON for performing the literature searches for this review.

Conflict of Interest: None to declare.

Table 1. Definitions Used in This Review

First Nations	This is the preferred term for communities of Aboriginal peoples who are recognized as having Status under the Indian Act and who live on Indian reserves.
Status Indian living off-reserve	Refers to persons recognized as having Status under the Indian Act who live off-reserve.
Non-Status Indians	Refers to persons who self-identify as Indian or First Nations or by their cultural-linguistic group (i.e., Cree, Haida, Innu, Ojibway, Mi'kmaq, Mohawk) who are not recognized as having Status under the Indian Act.
Inuit	Persons who self-identify as Inuit.
Métis	Persons who self-identify as Métis or who have Métis ancestry.
Aboriginal	Draws on Section 35(2) of the Canadian Constitution and includes First Nations (Status Indians on-reserve), Status Indians off-reserve, non-Status Indians, Inuit, and Métis.

and Métis in this review (Table 1) unless we are citing directly from a reference, in which case we may default to the original terms used in the reference.

In 2004, the overall IMR in Canada was 5.1 per 1,000 live births, with rates for neonatal and postneonatal death of 3.7 and 1.3 per 1,000 live births, respectively.⁶ There are documented differences in IMR among subpopulations in Canada.⁷ In the case of Aboriginal populations in Canada, deficiencies in the quality of IMR data complicate accurate reporting of IMRs for these populations.^{6,8}

This article summarizes the results of a review of IMR data for First Nations, Indian, Inuit, and Métis populations in Canada that was conducted by the Joint Working Group on First Nations, Indian, Inuit, and Métis Infant Mortality. The primary purpose of this review was to determine the most contemporary and accurate IMRs for First Nations, Indian, Inuit, and Métis populations in Canada at the national and provincial/territorial level, with a particular focus on evaluating the quality and coverage of available data.

The Joint Working Group on First Nations, Indian, Inuit, and Métis Infant Mortality

The primary goal of the Joint Working Group on First Nations, Indian, Inuit, and Métis Infant Mortality is to improve the accuracy, reliability, coverage, and appropriateness of First Nations, Indian, Inuit, and Métis IMR data. We understand that improvement to First Nations, Indian, Inuit, and Métis IMR data can be accomplished only through partnerships with First Nations, Indian, Inuit and Métis governing and representative organizations. We are a collaboration of national Aboriginal organizations and federal and provincial/territorial stakeholders. Our membership includes: Congress of Aboriginal Peoples; Inuit Tapiriit Kanatami; Métis National Council; Native Women’s Association of Canada; Canadian Perinatal Surveillance System - Public Health Agency of Canada; Health Information, Analysis and Research Division - First Nations and Inuit Health Branch; Vital Statistics Council of Canada; and Statistics Canada.

METHODS

As part of a larger international systematic review of Indigenous IMR calculation, we collaborated with an experienced medical librarian to systematically search the published literature for original research regarding the calculation of First Nations, Inuit, and Métis infant mortality rates. We comprehensively searched MEDLINE, EMBASE, and CINAHL databases up to June 2009, with no lower limit on year of publication. In addition, our search strategy included a review of personal files and documents in the library of First Nations and Inuit Health Branch, Health Canada. Included in our sources was a report that reviewed current calculation and reporting of First Nations, Indian, Inuit, and Métis IMRs in each

province and territory of Canada.⁹ Briefly, in this report, key contacts in each provincial and territorial health department and in the regional offices of First Nations and Inuit Health Branch were contacted and asked to complete a questionnaire describing their current processes for the collection of data, data linkages, and adjustment procedures used in the calculation of IMRs for the general population, First Nations, Indian, Inuit and Métis in their jurisdictions. Follow-up telephone interviews were conducted to clarify submissions and jurisdictional summary information was reviewed by informants for verification of accuracy.

For each study we reviewed that reported an Aboriginal-specific IMR, we considered the Aboriginal subpopulation; the contributing datasets; the method used to identify the Aboriginal subpopulation in the datasets; and the method by which the IMR was calculated. In cases where the method of calculation was not well described, we attempted to contact the primary author for further clarification. As a group, we reached consensus regarding which rates to include based on clear identification of one or more Aboriginal populations; reliability of Aboriginal identifier(s); consistency of numerator and denominator data; power of the dataset; and cohort versus cross-sectional method. We included only national and provincial/territorial-level data, as smaller geographic regions present challenges in the reliability of data due to the small number of infant deaths. In general, a cohort method, whereby the numerator of infant deaths is linked to a denominator calendar year cohort of births, was preferred as this method strengthens accurate Aboriginal identification in the numerator by drawing on both birth and death certificate ethnic flags for each included death. The cross-sectional IMR, using unlinked calendar-year infant deaths in the numerator and live births in the denominator, is generally less rigorous with respect to accurate Aboriginal ethnic identification of deceased infants as it commonly draws only on death certificate data for this information. This is potentially problematic as missing even a small number of Aboriginal infant deaths from the numerator can have a large impact on the IMR and produce falsely low rates.⁹

RESULTS

The international systematic literature review of Indigenous perinatal and infant mortality rates identified 126 publication abstracts that potentially reported Indigenous perinatal and/or infant mortality rates. Upon full review of these publications, there were seven that included a primary description of an infant mortality rate for one or more Aboriginal peoples in Canada at the national and/or provincial/territorial level.¹⁰⁻¹⁶ There was one additional federal government surveillance report that also included a national First Nations infant mortality rate.¹⁷ Of these documents, two were excluded because of problems with the reliability of the Aboriginal

Table 2. Summary of Provincial and Territorial Methodologies Used to Determine the Infant Mortality Rate for Aboriginal Populations in Canada³

Province or Territory	Identification of Aboriginal Status in Vital Statistics Records		Methodology for Calculating Infant Mortality Rates
	Births	Deaths	
British Columbia	Yes	Yes	<ul style="list-style-type: none"> • Self-identification of Aboriginal ancestry on vital statistics records, with secondary area to enter registration number for Status Indians. • File linkage system using birth and death registrations, and the Indian Status Verification File (SVF) from First Nations and Inuit Health Branch. • Can only reliably identify First Nations (Status Indians on-reserve) and Status Indians living off-reserve.
Alberta	No	No	<ul style="list-style-type: none"> • Determination of Aboriginal ancestry through linkage of vital statistics files to the Alberta Region Non-Insured Health Benefits Status Verification File and with First Nations (Status Indians on-reserve) community reports. • Reporting restricted to First Nations (Status Indians on-reserve) and Status Indians living off-reserve. • Likely that events are under-reported, since only infant records are linked (i.e., no search for the corresponding parent's records) and infants may not be registered in the databases used to identify Status Indians.
Saskatchewan	Yes	Yes	<ul style="list-style-type: none"> • Determination of Aboriginal ancestry through linkage of vital statistics files to the Status Verification System (SVS) (for infants and both parents, and without restriction by region). • Verification process with First Nations (Status Indians on-reserve) communities. • Reporting restricted to Status Indians.
Manitoba	Yes	Yes	<ul style="list-style-type: none"> • Multiple methods used. • Voluntary questions on First Nations and Indian status (band name and treaty number) on birth and death registrations. • Paper-based birth and death reporting from First Nations (Status Indians on-reserve) communities. • Notices from Manitoba Health when parents of newborns are registered with Manitoba Health as First Nations (coverage is about 65%). • Manual verification of births and deaths captured by Manitoba health or vital statistics with the status verification file. • Reporting restricted to First Nations (Status Indians living on-reserve) and Status Indians living off-reserve.
Ontario	No	No	<ul style="list-style-type: none"> • No information about Aboriginal ethnicity on birth or death registrations. • File linkages are not used. • Relies on First Nations (Status Indians on-reserve) community-based reporting of events, without secondary verification using other data sources. • Likely that events are significantly under-reported.
Quebec	No	No	<ul style="list-style-type: none"> • No information about Aboriginal ethnicity on birth or death registrations; however, there is a question on "mother tongue" of the mother and father that will identify some individuals who speak an Aboriginal language. • File linkages are not used. • Relies on reporting of events for First Nations (Status Indians on-reserve) only, without secondary verification using other data sources. • Likely that events are significantly under-reported.
New Brunswick	Yes	Yes	<ul style="list-style-type: none"> • Self-identification of Aboriginal ethnicity on vital statistics records (Status Indian only), but these data are not shared with federal agencies for reporting purposes and no file linkage arrangements are in place. • Relies primarily on First Nations (Status Indians on-reserve) community reporting of events, without secondary verification using other data sources. • Reporting restricted to Status Indians, primarily on-reserve. • Events are likely under-reported.
Nova Scotia; Prince Edward Island; Newfoundland & Labrador	No	No	<ul style="list-style-type: none"> • No information about Aboriginal ethnicity on birth or death registrations in these three Atlantic provinces. • First Nations and Inuit Health (FNIH) Atlantic Region is reliant primarily on First Nations (Status Indians on-reserve) community-based reporting of events, without secondary verification using other data sources. • Inuit births and deaths are supposed to be submitted to the FNIH regional office; however, the number of reports are very low and are likely a severe underestimate of events.
Yukon	Yes	Yes	<ul style="list-style-type: none"> • Collect information regarding Aboriginal ethnicity on birth and death registration forms, including information on Métis and Inuit as well as First Nations/Indian; however, there is no linkage with other sources for supplementation or verification of data. • Reporting of infant mortality rates for Métis has not been done in the past due to concerns with small numbers and data quality.
Northwest Territories	Yes	Yes	<ul style="list-style-type: none"> • Collect information regarding Aboriginal ethnicity on birth and death registration forms, including information on Métis and Inuit as well as First Nations/Indian; however, there is no linkage with other sources for supplementation or verification of data. • Limited reporting of Aboriginal-specific infant mortality rates due to concerns with small numbers and data quality.
Nunavut	Yes	Yes	<ul style="list-style-type: none"> • Collect information regarding Aboriginal ethnicity on birth and death registration forms, including information on Métis and Inuit as well as First Nations/Indian; however, there is no linkage with other sources for supplementation or verification of data.

identifier and/or deficiencies in the method of infant mortality rate calculation.^{16,17}

We identified major deficiencies in the coverage and quality of IMR data for Aboriginal populations in Canada at the national and provincial/territorial level. The review of provincial and territorial reporting of IMR for Aboriginal populations revealed substantial provincial/territorial variation in the way that birth and death data were collected (Table 2).⁹ With respect to coverage, high-quality IMRs were available only for some provincial/territorial subgroups

of First Nations (Status Indians living on-reserve) and Status Indians living off-reserve and communities with a high proportion of Inuit residents. No rates were available for Métis or non-Status Indians. Included rates are summarized below.

First Nations (Status Indians living on-reserve) and Status Indians living off-reserve

Health and Welfare Canada reported an averaged IMR for First Nations families "served and registered with the federal govern-

ment" (Status Indians on-reserve) for the years 1976-1980 of 29.0 deaths per 1,000 live births, a rate over twice that for Canada overall during the same time period.¹⁰ Averaged neonatal and postneonatal IMRs for the same group of First Nations over the same time period were 12.3 and 16.7 deaths per 1,000 live births, respectively. Compared to the rates for Canada overall during this time period, the First Nations neonatal IMR was 1.5 times higher and the First Nations postneonatal IMR was over 4 times higher. Another study conducted around the same time investigated infant mortality for First Nations (Status Indians on-reserve) in Quebec, Ontario, Manitoba, Saskatchewan and Alberta.¹¹ Morrison et al. used vital statistics data from Statistics Canada with geographic codes to identify live births and infant deaths for the on-reserve population and found a similar IMR of approximately 29 deaths per 1,000 live births in 1976.¹¹ The distribution of infant deaths in the neonatal and postneonatal periods was also similar to the Health and Welfare Canada report,¹⁰ with approximately 11 deaths per 1,000 live births occurring in the neonatal period and 18 deaths per 1,000 live births occurring in the postneonatal period.

Since that time, in provinces/territories for which we have good quality data, IMRs for First Nations (Status Indians on-reserve) appear to have decreased in absolute terms but remain approximately twice as high as the Canadian IMR (which has also decreased). The distribution of this inequity between First Nations and Canadian IMRs continues to be more heavily weighted to the postneonatal period. Additionally, there are now IMR data for Status Indians living off-reserve which demonstrate that these populations experience disparities in birth outcomes that are similar to First Nations (Status Indians on-reserve). For example, a birth cohort study conducted using British Columbia vital statistics data from 1981 to 2000 found that the overall infant mortality rates were at least twice as high for infants born to parents who were First Nations (Status Indians on-reserve), off-reserve Status Indians or who self-identified as 'Aboriginal'* compared to 'non-First Nations'† infants. Specifically IMRs were 2.3 times higher for infants born to parents living in rural areas and 2.1 times higher for infants born to parents living in urban areas.¹² The First Nations/off-reserve Status Indian versus 'non-First Nations' comparative risk of neonatal death was slightly higher in rural (1.5) compared to urban areas (1.3), while for postneonatal death, the relative risk was 3.6 for First Nations/off-reserve Status Indians versus 'non-First Nations' in both rural and urban areas.

In Manitoba, a birth cohort study conducted using vital statistics data from 1991 to 2000 found that the IMR for First Nations (Status Indians on-reserve) and for off-reserve Status Indian persons self-identifying on birth and/or infant death registrations as First Nations with status was just under twice that of the 'non-First Nations' population†. Specifically, the IMR for First Nations (Status Indians on-reserve) and off-reserve Status Indians was 10.2 deaths per 1,000 live births – 1.9 times the 'non-First Nations' IMR of 5.4 per 1,000. The rate disparity was most marked for postneonatal deaths, with the rate for First Nations (Status Indians on-reserve) and off-reserve Status Indians more than three times that of the 'non-First Nations' (6.1 per 1,000 compared to 1.7 per 1,000).¹³

* In this study, 'Aboriginal' refers to persons who checked the self-report field on the infant birth and/or death certificate, with a secondary area to enter an Indian Status number if 'yes'.

† The 'non-First Nations' population would have included non-status Indians, Inuit, and Métis.

These two provincial studies do not inform us about IMRs for First Nations (Status Indians on-reserve) and off-reserve Status Indians living in other parts of the country or for non-Status Indians. Additional provincial/territorial rates for First Nations (Status Indians on-reserve) and off-reserve Status Indians that have been produced in past reports¹⁷ are unreliable, owing to variations in the calculation methods and poor quality data.^{8,9} Given the variations in provincial/territorial IMRs for the general Canadian population, as well as variations in First Nations (Status Indians on-reserve) and off-reserve status Indian population demographics and program/service access across Canada, these two provincial rates alert us to persistent disparities in First Nations (Status Indians on-reserve) and off-reserve Status Indian infant health compared to the general Canadian population; however, they are not adequate proxies for provincial and territory-specific rates.

Non-Status Indians

The absence of any IMRs for non-Status Indians remains a major problem. There were 1,205,505 individuals reporting single or mixed Indian ancestry in the 2006 census^{18,19} and approximately 50% of this group did not self-identify as Status. The census socio-demographic profile suggests that the non-Status Indian population is at risk of disproportionate infant mortality and morbidity.¹⁹

Inuit

The only birth cohort linkage study examining Inuit infant mortality reported an IMR of 23.1 deaths per 1,000 live births among infants in Quebec whose mothers identified an Inuit-language mother tongue on the birth registration for the years 1995-1997. Inuit-language mother tongue is a fairly reliable proxy for Inuit ethnicity in Quebec, as approximately 86% of the population self-identifying as Inuit on the 2006 census indicated an Inuit language as their mother tongue. The IMR of 23.1 deaths per 1,000 live births was over four times the IMR for French mother-tongue infants in Quebec (4.4 per 1,000 over the same period).¹⁴ The risk of postneonatal mortality for Inuit mother-tongue infants compared to French mother-tongue infants was significantly higher (adjusted odds ratio, 5.4). A more recent study, which included all residents of every community in the four Inuit land claim settlement territories, found that while IMRs in communities with a high proportion of Inuit residents have improved over time, they remain four times the overall Canadian IMR.¹⁶ Owing to the lack of Inuit identifiers in the vital registration system, this study relied on abridged life tables created with census and vital statistics data for all residents of any census subdivision in which 33% or more of the population was Inuit. Eighty percent of the persons included in the study using this method were Inuit. The IMR for these communities with a high proportion of Inuit residents decreased from 25.6 deaths per 1,000 live births for 1989-1993 to 21.9 for 1994-1998 and 18.5 for 1999-2003. These rates remain four times the overall Canadian rate, which fell during the period of the study. Neonatal and postneonatal mortality rates were not reported in this study.

Métis

No information is currently available on IMRs for Métis populations in Canada. Métis currently account for 33% of the total Aboriginal identity population in Canada and number just under 400,000 persons by identity.²⁰ The census socio-demographic pro-

file of this population strongly suggests a population at risk for high infant mortality and morbidity.

DISCUSSION

The calculation of accurate IMRs for Aboriginal populations in Canada is complicated by the lack of uniform and consistently available information regarding First Nations, Indian, Inuit, and Métis identity in Canadian birth and death registration databases.^{8,9} Our efforts at systematic review of the existing literature were limited by the paucity of publications in this area. There is a pressing need for more scholarly work, including the call for a more standardized approach to the collection of First Nations, Indian, Inuit and Métis birth and death data in the provinces and territories, particularly for non-Status Indians and Métis.

An additional challenge is the late or non-registration of births or infant deaths, particularly for those infants born at the borderline of viability (extremely preterm and/or extremely low birth weight).^{6,9,14} Data from Quebec point towards under-reporting of neonatal deaths for births at <28 weeks in gestational age or <1000 grams in birth weight for the 'North American Indian' mother-tongue population compared to the French mother-tongue population.¹⁴ If this under-registration of Aboriginal compared to non-Aboriginal births at the borderline of viability occurs in other provinces/territories, it means that the IMRs we have included in this review may be underestimates.

Notwithstanding the major gaps in the quality and coverage of IMR data for First Nations, Indians, Inuit, and Métis in Canada, the available information demonstrates persistent and sizeable disparities. First Nations (Status Indians on-reserve), Status Indians living off-reserve and Inuit IMRs ranged from 1.7 to over 4 times the overall Canadian and/or non-Aboriginal rates. These findings contradict recent publications which cite IMRs in the First Nations population of 6.2 and 6.4 deaths per 1,000 live births in 2000 respectively,^{21,22} and contribute to the consensus that these rates are underestimates.^{6,8} Upon examination of the limited data regarding the distribution of IMR across the neonatal and postneonatal periods, it appears that the disparities in IMRs for First Nations (Status Indians on-reserve), Status Indians living off-reserve, and Inuit compared to Canadians/non-Aboriginals are most striking for the postneonatal period. Elevations in postneonatal infant mortality have been classically attributed to infant health, including congenital conditions, sudden infant death syndrome, and infections. There is some evidence that all of these infant health issues are disproportionately experienced by subpopulations of First Nations (Status Indians on-reserve), Status Indians living off-reserve, and Inuit in Canada.^{12-14,23,24}

Similar disparities persist between Indigenous compared to non-Indigenous IMRs in Australia, New Zealand and the United States.²⁵⁻²⁷ In the United States, disparities in the postneonatal death rates between American Indians and Alaska Natives and Whites have continued despite absolute improvements in participation by American Indians and Alaska Natives in adequacy of prenatal care.²⁷

There is an urgent need to improve not only the quality and coverage of First Nations, Inuit, and Métis IMR information, but also information that would help to better understand and address the underlying causes of disparities in infant mortality. This includes assessment of First Nations (Status Indians on-reserve), Indian, Inuit, and Métis maternal health, infant health, access to care, quality of care, socio-economic determinants, and public health practices. The

disparities in postneonatal Aboriginal/non-Aboriginal IMR indicate that perhaps the priority should be on infant health factors. There is good evidence that Aboriginal children and their families in Canada do not enjoy the same relatively high quality of life enjoyed by the majority of Canadians, but rather are challenged by poverty, food insecurity, inadequate employment, and inadequate housing.²³ In addition, available data indicate that Aboriginal infants suffer disproportionately from congenital anomalies,^{13,24} respiratory tract infection^{12-14,23} and SIDS.^{12-14,23} Finally, Aboriginal women are more likely to have to travel away from home for maternity care²⁸ and Aboriginal children under the age of six years are less likely to access medical care compared to non-Aboriginal Canadians.²³

In keeping with the clearly articulated policies of Aboriginal stakeholders regarding the need for Aboriginal leadership in the governance and management of Aboriginal health data,⁸ improving Aboriginal infant and perinatal health outcomes requires ongoing partnerships between First Nations, Indian, Inuit, and Métis organizations and health and public health stakeholders at the national, provincial-territorial, and regional levels. These partnerships are critical to both health assessment and response in the form of effective programs and policies to reduce infant mortality for First Nations, Indian, Inuit and Métis. Specific recommendations for action include:

- The development of improved and standardized infant mortality surveillance systems that accurately and uniformly identify First Nations (Status Indians living on-reserve), Indians (Status Indians living off-reserve and non-Status Indians), Inuit, and Métis and are built in partnership with national and regional Aboriginal organizations.
- Policies and programs that reduce Aboriginal/non-Aboriginal disparities in the social determinants of health including poverty, employment, education, food security and housing.
- Policies and programs that focus on the upstream, tailored prevention of congenital anomalies, SIDS, and infant respiratory tract infection in First Nations, Indian, Inuit, and Métis communities.
- The reduction of the barriers to accessing high-quality primary and tertiary care for First Nations, Indian, Inuit, and Métis infants with respiratory tract infections.
- Enhancements to maternity care for First Nations, Indian, Inuit, and Métis women and their families, including prenatal care, access to midwifery services, birth services that are close to home, and postnatal services.

CONCLUSION

Our review of the most accurate available First Nations, Indian, Inuit, and Métis IMR data reveals striking and persistent disparities in the IMRs for First Nations (Status Indians on-reserve), Status Indians living off-reserve, and Inuit-inhabited areas, compared to the general Canadian population. In addition, we identify significant deficiencies in the coverage and quality of infant mortality data for First Nations (Status Indians on-reserve), Indian, Inuit, and Métis populations. The resulting lack of reliable data on this important indicator impedes the efforts of public health workers to identify and respond to conditions leading to First Nations, Indian, Inuit and Métis infant illness and death.

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Received: July 27, 2009

Accepted: December 1, 2009

RÉSUMÉ

Objectif : Le Groupe de travail conjoint sur la mortalité infantile chez les Premières nations, les Inuits et les Métis du Système canadien de surveillance périnatale regroupe des représentants d'organismes autochtones et des intervenants fédéraux, provinciaux et territoriaux. Notre objectif était de mieux comprendre les données existantes sur les taux de mortalité infantile (TMI) des Autochtones au Canada.

Méthode : Dans le cadre d'un examen systématique à l'échelle internationale du calcul des TMI chez les peuples autochtones, nous avons cherché dans la documentation publiée des recherches originales sur le calcul de ces taux chez les Premières nations, les Inuits et les Métis à l'échelle nationale, provinciale et territoriale.

Synthèse : Nous avons cerné d'importantes lacunes dans la couverture et la qualité des données sur la mortalité infantile chez les peuples autochtones du Canada. L'examen des cas de mortalité infantile chez les Autochtones déclarés par les provinces et les territoires a révélé des différences importantes dans la façon dont les provinces et les territoires recueillent les données sur les naissances et les décès. En ce qui concerne la couverture, les seuls TMI de grande qualité visaient les Indiens inscrits et les communautés comptant une grande proportion d'Inuits. Il n'y avait aucun taux pour les Métis et les Indiens non inscrits.

Conclusion : Par rapport à l'ensemble de la population canadienne, des inégalités frappantes persistent dans les TMI chez les Indiens inscrits et les communautés comptant une grande proportion d'Inuits. Il est urgent de travailler en partenariat avec des groupes d'intervenants des Premières nations et d'intervenants inuits et métis afin d'améliorer la qualité et la couverture des données des TMI chez les Autochtones et d'obtenir des renseignements qui permettraient de mieux comprendre les causes des écarts dans les TMI entre les Autochtones et les non Autochtones au Canada et de s'y attaquer.

Mots clés : Premières nations; population d'origine amérindienne; Inuits; Métis; mortalité infantile