

International Indigenous Infant Mortality Collaboration: developing a process for the accurate comparison of Indigenous infant mortality across colonized countries.

What?

This initiative will provide the first opportunity for transparent 'community to community' data comparisons of infant mortality within selected regions in colonized countries. It will use data describing cause-specific mortality of Indigenous infants and children from communities selected from four colonized countries – Australia, Canada, New Zealand and the United States of America.

The results of this project will address for the first time the question of why genetically diverse and geographically dispersed Indigenous groups suffer from similar health outcomes despite little medical reason. The results will also allow us to accurately compare these disparities and measure the disadvantage within the context of each of the environments.

How?

Each of the collaborating communities will be responsible for providing complete and accurate mortality information describing their Indigenous population groups, and the context within which to interpret specific variables.

The collaborating partners will collectively determine a study framework including governance protocols, population inclusions and exclusions, years of study, variables, indicators and analyses. Each of the partners will locally collect, analyze and interpret data in line with the agreed framework. Cross-boundary results will be collectively analyzed and the collaboration will produce a report and papers.

Why?

Currently, there is no mechanism with which to accurately compare the rates and causes of infant and child mortality between Indigenous communities of colonized countries.

Infant and early childhood mortality statistics are important indicators of a population's health status and progress. Trends in mortality and related statistics demonstrate the changing health status of a population. An accurate picture of mortality informs a society of its social progress at a national and/or community level. This is particularly important given that many causes of infant and childhood mortality such as infections are preventable. In addition, low birth weight and preterm birth can be partially prevented with good health care and antenatal interventions.

Despite wide acknowledgment of significant disparities in health outcomes between Indigenous and non-Indigenous children worldwide, specific data describing Indigenous children are lacking. Thus, we are unable to report with any certainty whether initiatives and commitment of resources to 'close the gap' are having any effect. Further, we are unable to provide accurate comparisons between colonized countries or indeed between communities both within countries and between countries.

Community involvement

The collaborative communities each have a representative member or team involved in the project. Members of the collaboration will seek approval to participate from their respective communities, abiding by local protocols regarding permissions, ethical clearances and Indigenous leadership.



Start and completion dates

March 2008 to 2013.

Benefits to community

An analysis of national health information gives a powerful insight into the ongoing legacy of colonization on the Indigenous peoples of Australia, New Zealand, Canada and the United States of America.

With accurate, complete and reliable, data we can know whether we are closing the gap on Indigenous disadvantage, whether government investment is having the desired impact.

Researchers

Associate Professor Jane Freemantle, Principal Research Fellow, and Research Assistant, Ms Tessa Cutler

Partners

Edith Cowan University, Australia (Daniel McAullay)
Oremda VicHealth Koori Health Unit/Victorian Aboriginal Health Service (Joanne Luke)
Manitoba Centre for Health Policy (Patricia Martens)
Manitoba Métis Federation (Judith Barlett, Julianne Sanguins)
Assembly of Manitoba Chiefs (Kathi-Avery Kinew, Leona Star, Wanda Phillips-Beck)
Alaska Native Tribal Health Consortium (Ellen Provost, Peter Holck)
University of Victoria BC (Laura Arbour, Sorcha Collins)
Indian Health Service (JoAnne Pappalardo)

So far

- Ethics approvals have been received. A data dictionary has been developed. Governance protocols debated and confirmed. A framework for the analysis has been developed. Validation of Indigenous identification has been completed by the AMC and MMF. Four face-to-face meetings have been undertaken and tri-monthly telephone linkups achieved. Each collaborating community have collected and analyzed their own data in accordance with the governance and framework agreed upon. The data have been compared and presented at the 5th International Meeting on Indigenous Child Health.

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