

Child Mortality in British Columbia 2017-2021

Child Death Review Unit, BC Coroners Service

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BRITISH
COLUMBIA

Coroners Service

Introduction

About the Child Death Review Unit

By law, every child's death in British Columbia must be reported to the BC Coroners Service, an agency within the Ministry of Public Safety and Solicitor General.

As part of its mandate under the Coroners Act (2007), the Coroners Service must review, on an individual or aggregate basis, the facts and circumstances of child deaths in British Columbia for the purposes of discovering and monitoring trends in child deaths and determining whether further evaluation of the deaths of children is necessary or desirable, or in the public interest. In fulfilling its mandate, the Coroners Service reviews child deaths considering the impact of public health and safety and how to prevent similar child deaths in the future.

About This Report

Purpose

This report presents findings of the 1,479 deaths of children that occurred in British Columbia during the five-year period between January 1, 2017, to December 31, 2021. It primarily consists of descriptive data that is intended to characterize child mortality in B.C. through the demographics, causes and circumstances surrounding the deaths.

Key Terms

The Coroners Act defines a child as a person under the age of 19 years. Children have been grouped by their age at the time of death as follows:

- Neonate (0-28 days);
- Infant (29 to 365 days);
- 1-4 years;
- 5-9 years;
- 10-14 years; and
- 15-18 years.

Data Sources

Multiple data sources were used for this review. Sources are described as follows:

- **All Cases** – Includes all child deaths in BC that occurred between January 1, 2017 and December 31, 2021, inclusive.
- **Protocol Questions (2017-2021)** – For all child deaths, coroners complete an additional set of questions, called protocol data, that provide more insight into the circumstances surrounding the death.
- **Linked Data Cohort** – BC Vital Statistics provided linked data for all child deaths January 1, 2017 and December 31, 2021, inclusive.

Data Limitations and Confidentiality

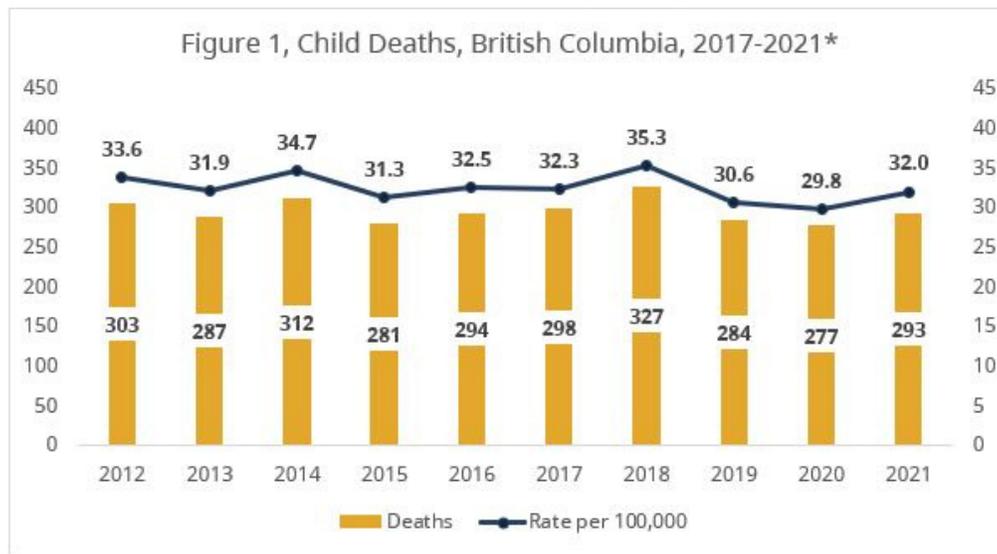
The BC Coroners Service operates in a live database environment. Data contained within this review includes open and closed Coroners Service case files as of July 31, 2022. It also includes analysis of investigative notes, toxicology results, medical records and other documents collected, and completed protocols questions and coroner investigations. Some investigations remain open and are therefore subject to reclassification.

Provisions under the *Coroners Act* and the *Freedom of Information and Protection of Privacy Act (FOIPPA)** allow the Coroners Service to disclose information to meet its legislative mandate and support the findings and recommendations generated through the review process. For the purposes of this report, information is presented in aggregate. Details that could identify decedents have been omitted to respect the privacy of both the children and youth who died and their families.

Small discrepancies in mortality counts between Coroners Service mortality data and BC Vital Statistics data may exist. These discrepancies are attributable to coding differences between the two agencies and the time delay involved in reconciling any changes between preliminary and final certifications of death. Small discrepancies could also arise with future reports, as 210 cases are still under investigation at the time of writing.

*-*Freedom of Information and Protection of Privacy Act (FOIPPA)* provides access to records and information created and compiled by the public bodies of B.C.

Part 1: Overview of Child Mortality in British Columbia

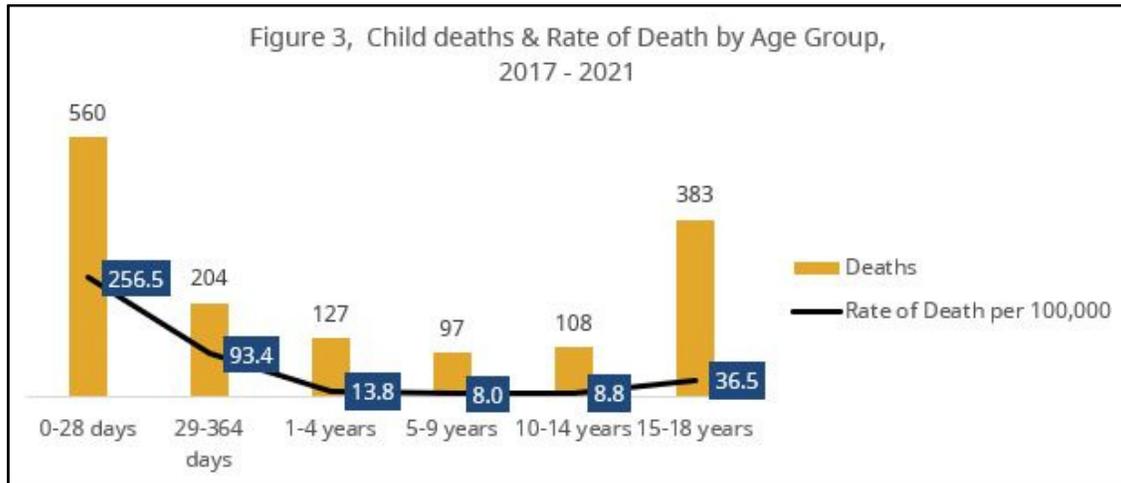


Patterns of mortality change from birth through adolescence. Children experience changing risk exposure as they move through different ages and stages of development, resulting in a corresponding shift in the leading causes of mortality from primarily biological conditions for newborns to predominantly injury-based for teenagers.

Table 2. Total Child Deaths by Age Group, 2017-2021

Year	0-28 Days	29-364 Days	1-4 Years	5-9 Years	10-14 Years	15-18 Years
2017	93	47	31	26	18	83
2018	135	41	28	19	28	76
2019	110	34	26	18	21	75
2020	111	42	22	19	14	69
2021	111	40	20	15	27	80
Total	560	204	127	97	108	383

Rates of death for each age group of the review period are summarized below. The highest rate of death is among neonates (children under one month), followed by infants under one year and youth aged 15-18 years. Children aged 5-9 years have the lowest rate of death among all age groups.



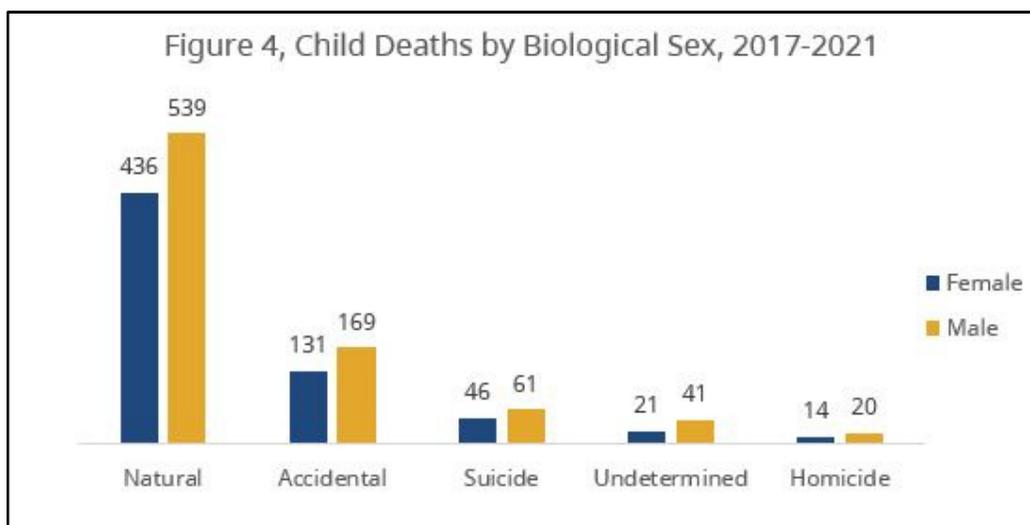
Note: Rate of death is calculated per 100,000 live births for children under 1 year, and per 100,000 population for children aged 1 to 18 years (BC Vital Stats: Population estimates & projections for British Columbia).

Causes of Death

For the review period, more than half (52%) of child deaths involved infants under one year of age. Natural disease is the leading cause of death among infants and children up to 14 years. For adolescents between 15 and 18 years, Injury-related deaths are the leading cause of death with mortality rates also increasing for this age group.

Biological Sex

More deaths occurred among male children and youth (56%) than females (44%) across all classifications.



Deaths by Health Authority of Residence

The largest number of child deaths were reported in the Fraser Health Authority (580), followed by Vancouver Coastal (262), Island (239), Interior (237), and Northern (129), and out of province (31).

Figure 5. Child Deaths by Health Authority of Residence, 2017-2021

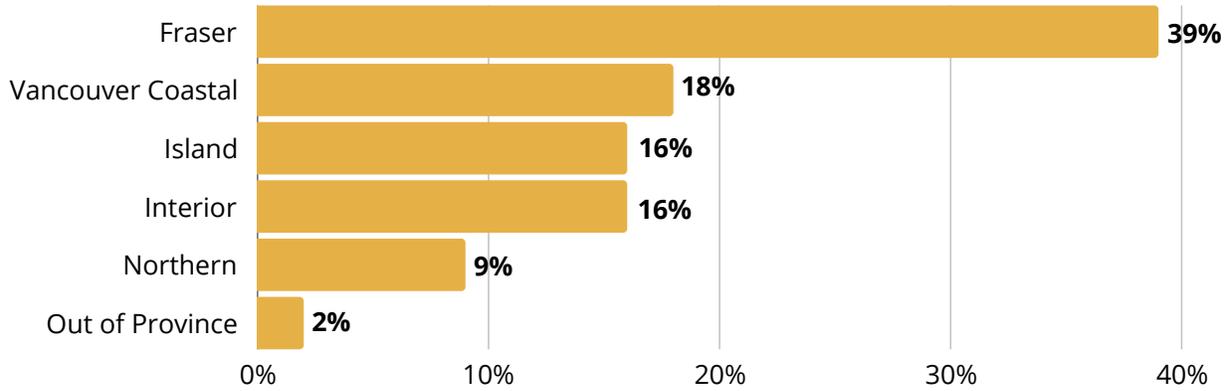
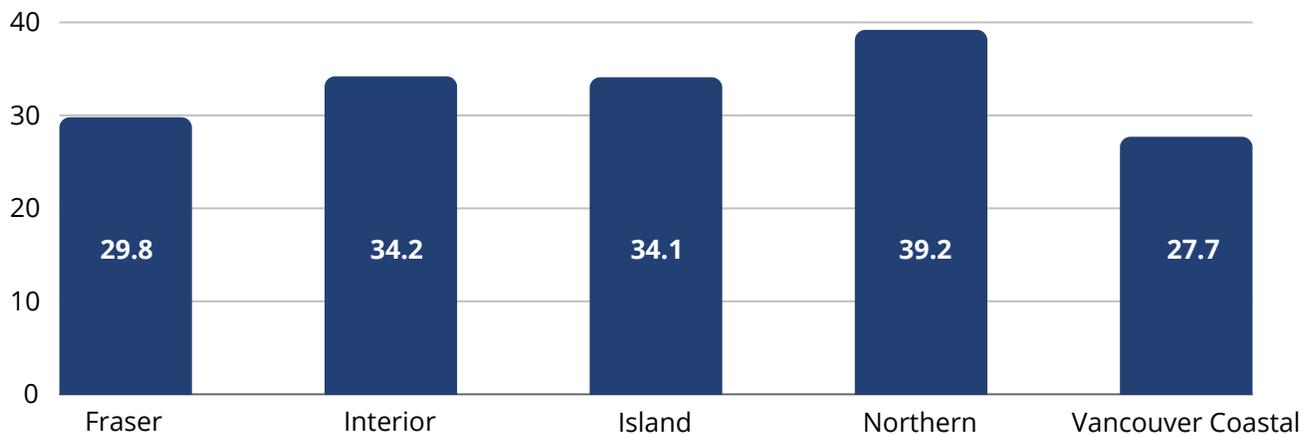


Figure 6 shows the average child mortality rate for the review period for each Health Authority of residence based on deaths per 100,000 population calculated using data from the [BC Vital Stats population estimates & projections for British Columbia](#). The highest rates of death were in Northern Health, followed by Interior Health and Island Health.

Figure 6. Rates of Child Death by Health Authority of Residence (per 100,000), 2017-2021



Categorization of Deaths

The BC Coroners Service reviews and classifies deaths in accordance with the five manners of death identified by [Statistics Canada \(2015\)](#).

1. **Natural:** A death where a disease initiates the chain of events ending in death.
2. **Accidental:** A death where an injury initiates the chain of events ending in death.
3. **Suicide:** A death where a self-inflicted injury initiates the chain of events ending in death and where the decedent intends to cause their own death.
4. **Homicide:** A death due to injury intentionally inflicted by the action of another person. Homicide is a neutral term that does not imply fault or blame.
5. **Undetermined:** A death where investigation is unable to attribute one of the previous manners is categorized as undetermined. Note that in such instances, the cause of death may be known.

The Coroners Service uses these classifications to categorize child deaths into three main groups:

Group One: Natural Causes

Natural deaths are fatalities caused by an internal disease process, such as an underlying medical condition or acquired illness, or from complications of the condition or treatment. With natural deaths, the child is generally under the care of a physician and the cause of death may be expected or, occasionally, sudden and unexpected due to a previously undiagnosed medical condition or an unanticipated deterioration.

Group Two: Injury Causes

Injury deaths include fatalities caused by damage to the body from external forces, as well as circumstances where vital elements such as heat or oxygen are denied. Injury deaths are generally classified as either accidental or non-accidental.

- **Accidental deaths** are deaths in which injuries are not purposely inflicted, including those resulting from motor vehicle incidents and drug toxicity.
- **Non-accidental deaths** result from injuries purposely inflicted by self or others, including:
 - Suicide; and
 - Homicide.

Group Three: Undetermined Causes

Undetermined deaths include those that due to insufficient evidence or inability to otherwise determine cannot be reasonably categorized as natural or injury-related. This includes some infant sleeping deaths in which the cause of death cannot be confirmed. Table 7 identifies total deaths by cause of death categorization type.

Table 7. Child Deaths by Main Cause and Age Group, 2017-2021

Age Group	Natural	Injury	Undetermined	Total
0-28 days	545	4	11	650
29-364 days	153	29	22	204
1-4 years	76	44	7	127
5-9 years	61	34	2	97
10-14 years	54	45	9	108
15-18 years	87	285	11	383
Total	975	437	62	1479

Part Two: Child Deaths by Cause

A review of case information identifies the three most common causes of natural, accidental and non-accidental, and injury-related deaths occurring within different age groups identified within this report.

Table 8. Leading Causes of Child Death by Age Group, 2017-2021

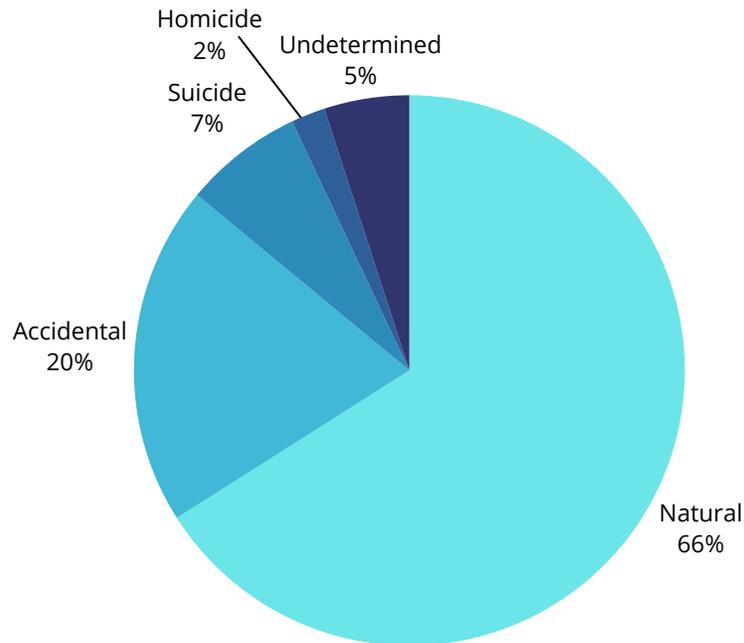
Rank	Under 1 Year	1-4 Years	5-9 Years	10-14 Years	15-18 Years
1	Preterm and Perinatal Causes	Congenital and Chromosomal Anomalies/ Metabolic Disorders	Cancers	Accidental Injuries	Unregulated Drug Toxicity
2	Congenital and Chromosomal Anomalies/ Metabolic Disorders	Accidental Injuries	Accidental Injuries	Cancers	Suicide
3	Disease and Infection	Disease and Infection	Disease and Infection	Congenital and Chromosomal Anomalies/ Metabolic Disorders	Motor Vehicle Incidents

Natural Deaths

Total Number of Deaths: 975

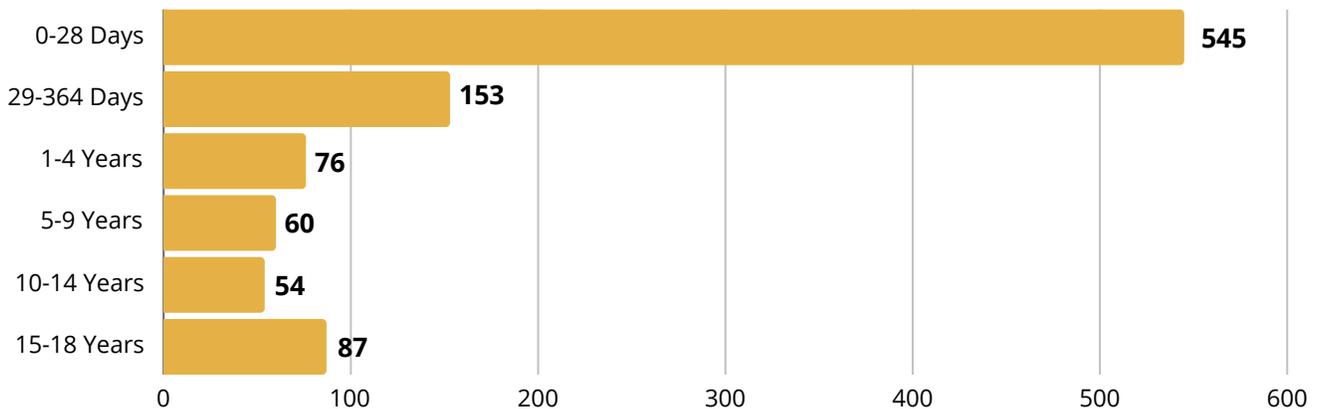
Leading Causes of Death: About two-thirds (66%) of the 1,479 total deaths that occurred during the review period were due to natural causes.

Figure 9. Cause of Child Death by Classification, 2017-2021



In about half (52%) of all deaths classified as natural, the decedent was an infant under one year of age.

Figure 10. Natural Deaths by Age Group, 2017-2021



The leading causes of natural death, including preterm and perinatal causes, congenital anomalies, metabolic, neurological, and chromosomal disorders, and childhood cancers, are reviewed in greater detail in Section 3.

Injury-Related Deaths

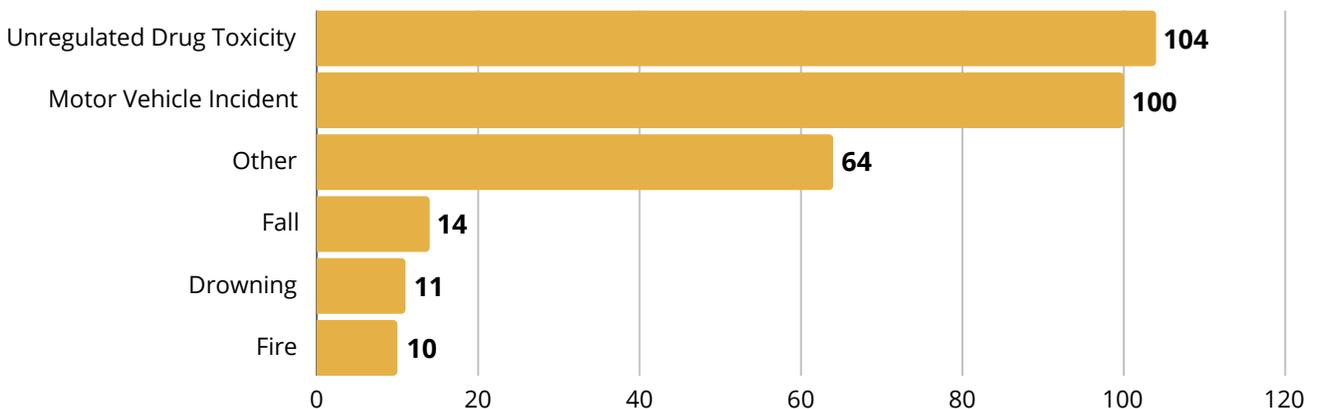
Total Number of Deaths: 437

Deaths from injury were the cause of 30% of the 1,479 deaths reviewed.

- Accidental injury was the cause of about two-thirds (68%) of total injury-related deaths.
- Non-accidental injury, including suicide and homicide, caused just under one-third (32%) of injury-related deaths.
- About two-thirds (65%) of injury-related deaths involved youth aged 15-18 years.

<p>Accidental Injury: Unregulated Drug Toxicity</p>	<ul style="list-style-type: none"> • Unregulated drug toxicity was the leading cause of all accidental injury-related child death. <ul style="list-style-type: none"> ◦ 87% of unregulated drug toxicity child deaths involved youth aged 15 to 18 years. ◦ More drug toxicity deaths occurred among males (54%) than females (46%).
<p>Accidental Injury: Motor Vehicle Incidents (MVI)</p>	<ul style="list-style-type: none"> • Death involving an MVI was the second leading cause of accidental injury-related child deaths. <ul style="list-style-type: none"> ◦ 61% of MVIs involved youth aged 15 to 18 years. ◦ Just under two-thirds (64) of MVI deaths involved male youths.
<p>Accidental Injury: Other Causes</p>	<ul style="list-style-type: none"> • Other causes of accidental injury-related child deaths include falls from height, drowning, burns and/or smoke inhalation.

Figure 11. Accidental Injury-Related Causes of Death, 2017-2021



Unregulated Drug Deaths

The BC Coroners Service (2022) completed a five-year review of all unregulated drug toxicity deaths that occurred in B.C. between 2017 and 2021. During this time period, deaths among youth that were caused by unregulated drug toxicity more than tripled from the previous five year period.

The rate of unregulated drug-related youth death increased from a 5-year average rate of 0.7 per 100,000 between 2012 and 2016, to an average rate of 2.24 per 100,000 for 2017-2021.

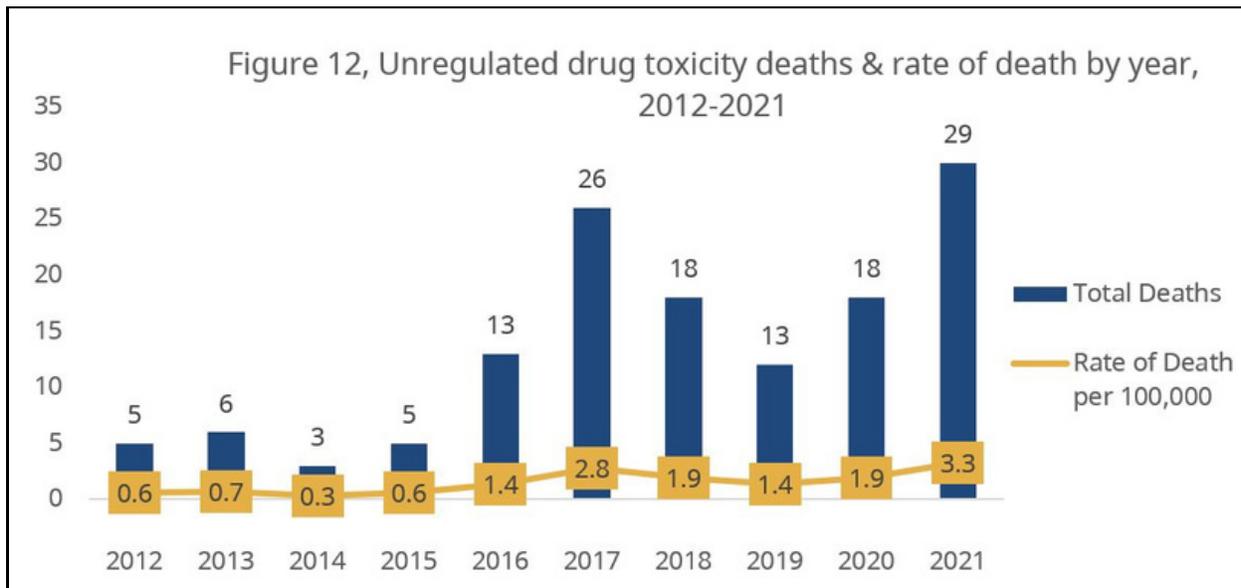
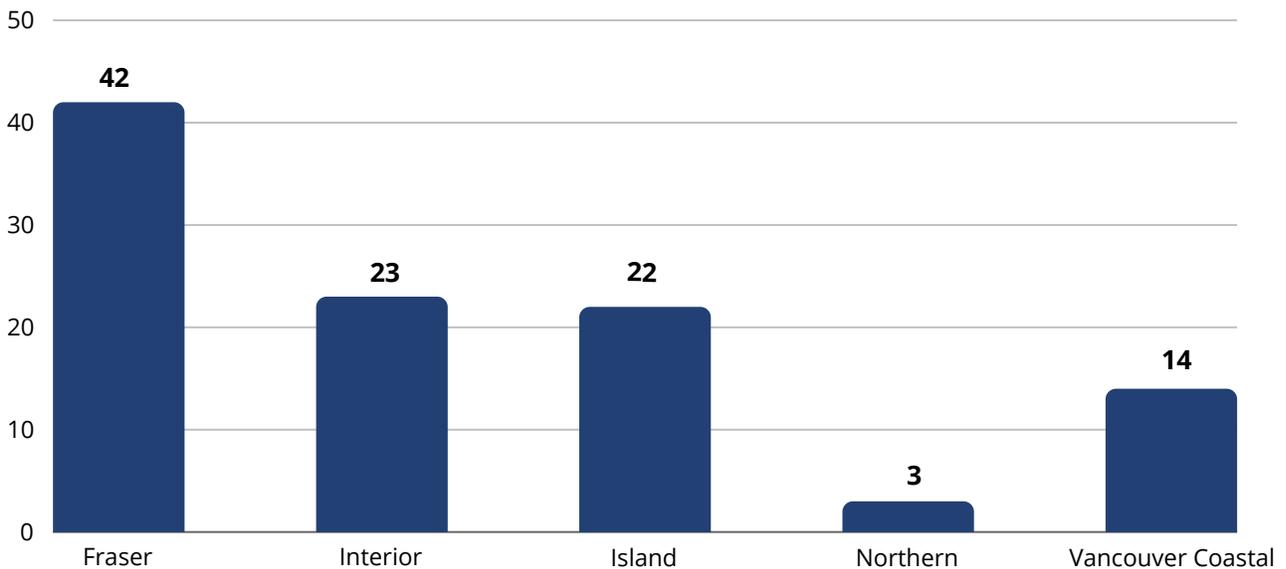
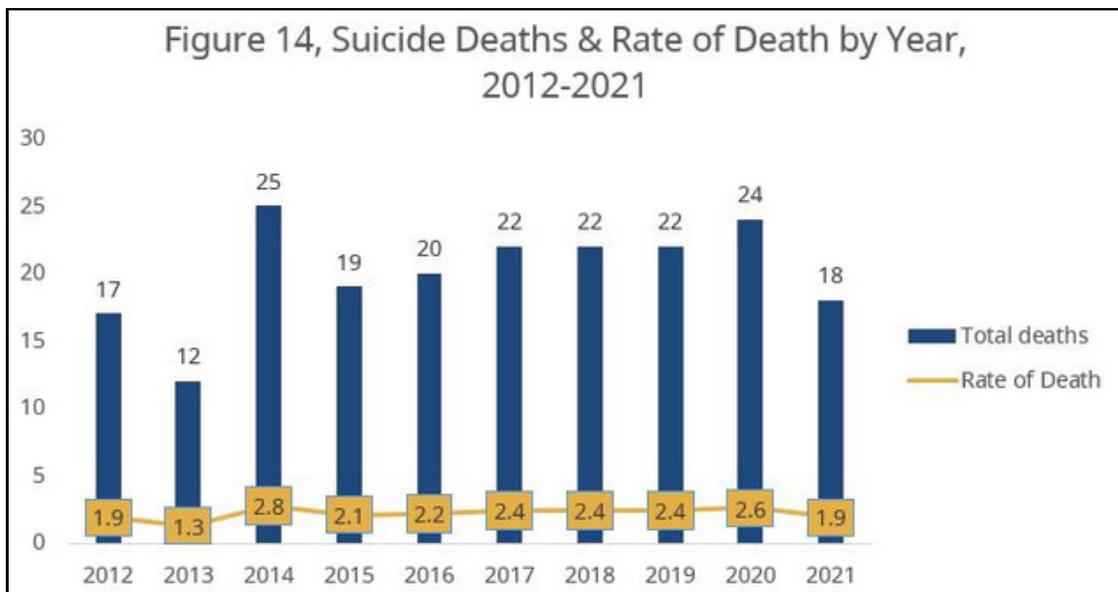


Figure 13. Youth Drug Toxicity Deaths by Resident Health Authority, 2017-2021



<p>Non-Accidental Injury: Suicide</p>	<ul style="list-style-type: none"> • Suicide was the leading cause of non-accidental child death and was a co-leading cause of all injury-related deaths. <ul style="list-style-type: none"> ◦ 85% of child deaths by suicide involved youth aged 15 to 18 years. ◦ More deaths occurred among males (62%) than females (38%). ◦ Nearly two-thirds of all suicide deaths were caused by asphyxiation due to ligature strangulation.
<p>Non-Accidental Injury: Homicide</p>	<ul style="list-style-type: none"> • 8% of injury-related deaths were by homicide. <ul style="list-style-type: none"> ◦ About half of homicides involved youth aged 15 to 18 years, with more deaths among males than females.

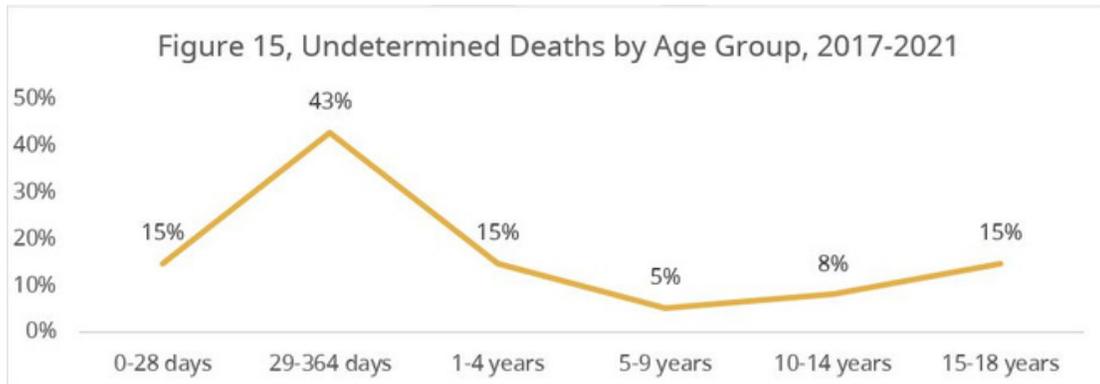


In 2019 the BC Coroners Service completed a five year review (2013 to 2018) on youth suicide. The review included several recommendations aimed at preventing future deaths, including adding mental health wellness to the educational curriculum and expanding mental health services to non-urban areas of the province.

Undetermined Causes of Death

Total Number of Deaths: 62

About 4% of all child deaths in the review period were classified as Undetermined. It is worth noting that about one third of these deaths remain open, and are therefore subject to reclassification as investigations are completed and causes of death are determined.



Infant Deaths

Infants are the age group in which the Undetermined classification is most frequently applied. In instances where otherwise healthy infants under one year of age die suddenly and unexpectedly, often in circumstances related to sleep, risk factors associated with sleep are examined. Co-sleeping, sleep position, sleep surface and sleep environment are some of the risk factors known to cause or contribute to infant deaths.

In June 2012, The BC Coroners Service joined with the majority of Canadian chief coroners and chief medical examiners in agreeing to adopt the classification “Undetermined” to describe unexpected infant deaths where no cause is identified following complete autopsy, examination of the death scene, and review of the clinical history.

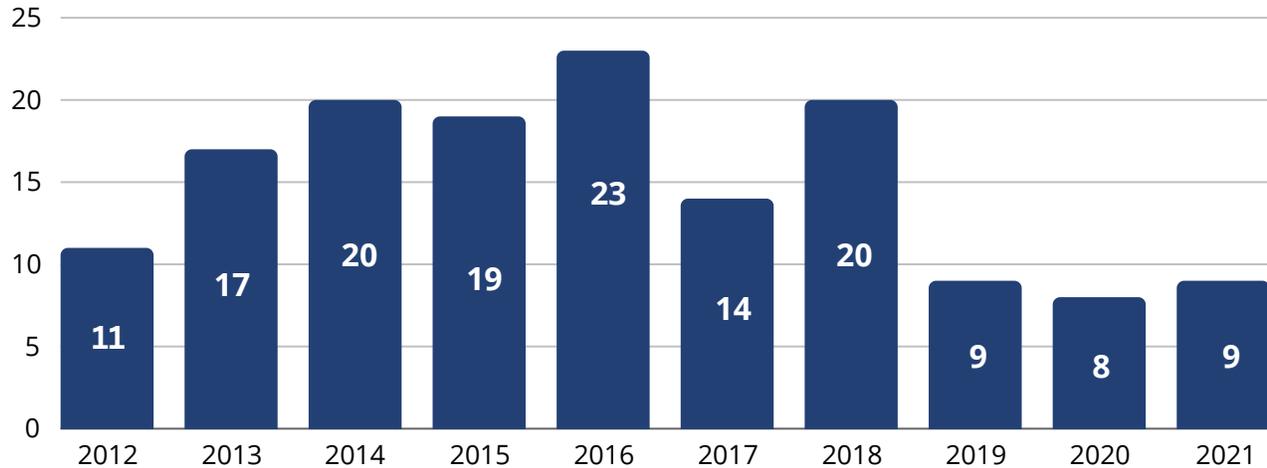
There was agreement that terms such as Sudden Infant Death Syndrome, Sudden Unexpected Infant Death and Sudden Unexplained Death in Infancy had a tendency to create confusion rather than clarity, as they are all reflections of an undetermined cause of death. Further that this terminology is not useful in understanding the risk factors and preventative measures associated with infant sleeping death ([BC Coroners Service, 2019](#)).

To address preventable risk factors and improve knowledge about infant safe sleep environments, the Coroners Service works with provincial partners to update safe sleep resources for parents and caregivers. [Perinatal Services BC \(2022\)](#), part of the Provincial Health Services Authority (PHSA), provides safer infant sleep practice resources. PHSA and others continue to use SIDS/SUDI/SUID terminology while recognizing the Coroners Service’s shift to the terminology “undetermined”.

Sleep Environment

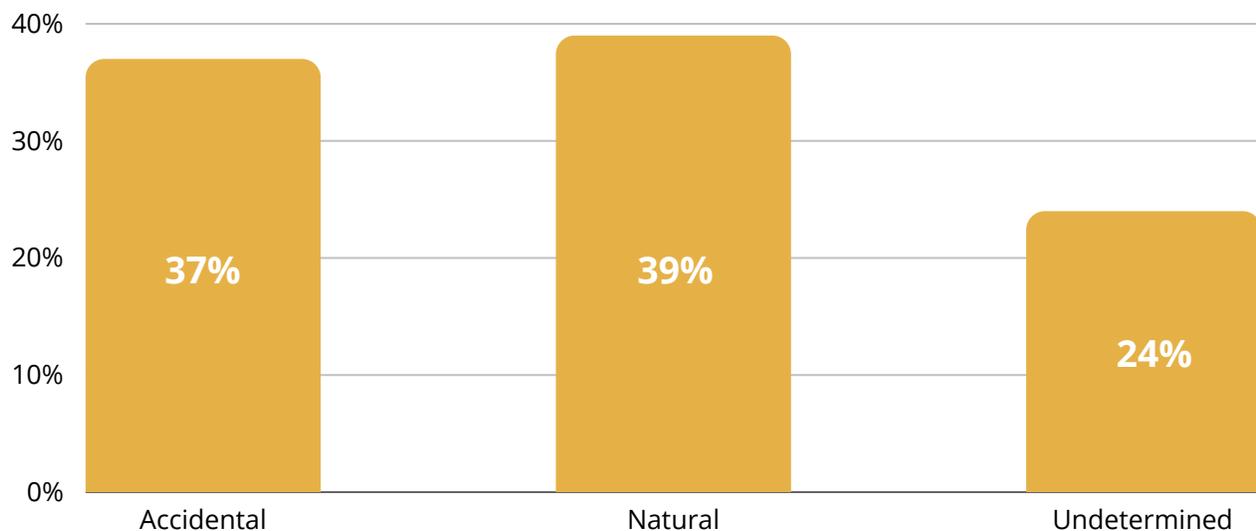
Child deaths with identified sleep environment and/or co-sleeping risks decreased during the current review period (60 deaths from 2017 to 2021) as compared with the previous five-year period (90 deaths between 2012 and 2016).

Figure 16. Child Deaths with Sleep Environment and Co-Sleeping Risks Identified, 2012-2021



While it is important to identify sleep environment and co-sleeping as preventable risks, these factors do not necessarily contribute to the cause or classification of death.

Figure 17. Classification of Infant Deaths Involving Sleep-Related Risk Factors, 2017-2021



Part Three: Characteristics of Child Deaths

Deaths of Children Under 12 Months of Age

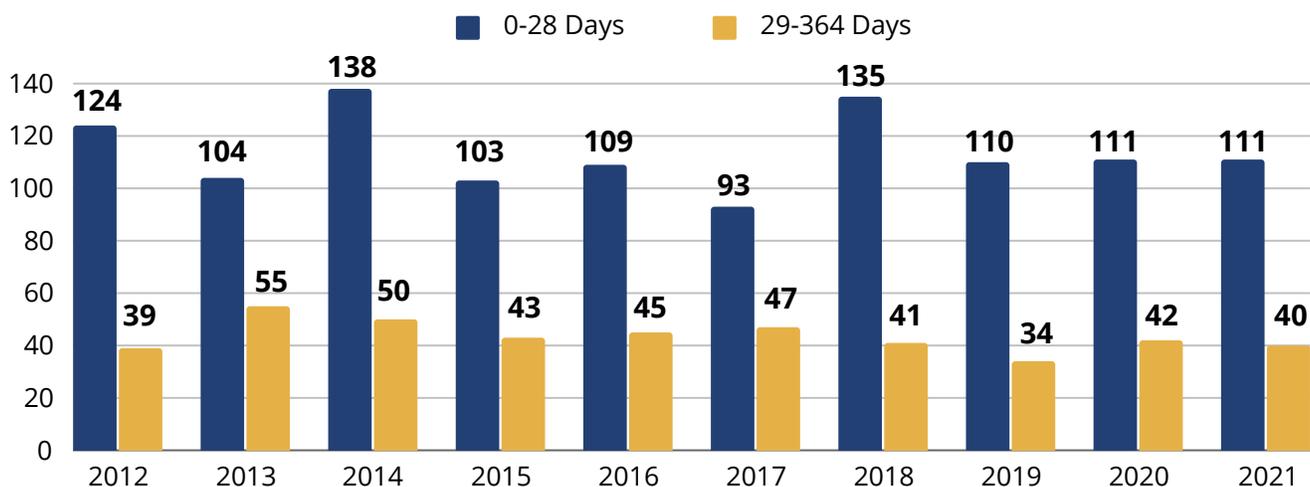
Total Number of Deaths, 2017-2021: 764

Table 18. Infant Deaths Under One Year by Health Authority of Residence, 2012-2021

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Fraser	66	63	64	55	61	53	66	60	71	67
Interior	25	17	22	28	23	25	26	21	12	26
Island	13	34	35	18	25	21	30	23	21	23
Northern	20	18	30	19	12	7	17	11	12	10
Vancouver Coastal	36	26	35	24	33	28	36	27	34	25
Out of Province	3	1	2	2	0	6	1	2	3	0
Total	163	159	188	146	154	140	176	144	153	151

During the review period, nearly three-quarters (73%) of all infant deaths occurred within the first month of life (the neonatal period). Given the higher mortality numbers, neonates are considered separately from infants aged 29-364 days.

Figure 19. Child Deaths Under One Year, 2012-2021



Neonates (0-28 Days)

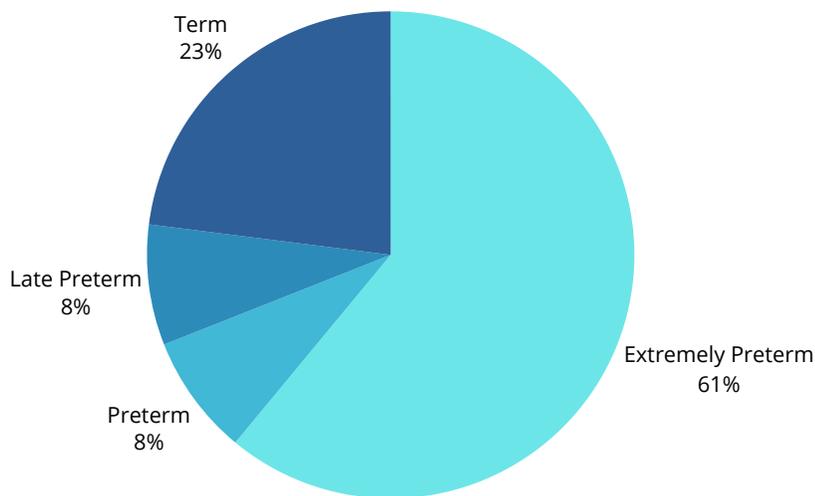
Total Number of Deaths, 2017-2021: 560

Leading Causes of Death:

Natural disease was identified as the cause of 97% of neonatal deaths. Natural disease causes include prematurity, perinatal complications, infection and disease, congenital anomalies, and genetic, metabolic, and chromosomal disorders. The [World Health Organization \(2023\)](#) defines prematurity (preterm) as babies born alive before 37 weeks of pregnancy. There are sub-categories of preterm birth, based on gestational age: extremely preterm (less than 28 weeks), preterm (28 to 32 weeks), late preterm (33 to 36 weeks) and term (37 to 41 weeks).

More than three-quarters (77%) of neonatal deaths were born preterm.

Figure 20. Neonate Death by Gestational Age, 2017-2021



Preterm and Perinatal Complications	<ul style="list-style-type: none"> Preterm births and perinatal complications were the leading cause of death for this age group, accounting for 78% of all deaths (this includes preterm births; complications of pregnancy, labour, and delivery; birth trauma; other disorders; and infections related to the perinatal period).
Congenital and Chromosomal Anomalies/ Metabolic Disorders	<ul style="list-style-type: none"> 19% of deaths were from congenital and chromosomal anomalies, endocrine and metabolic disorders.
Accidental Injuries and Undetermined Causes	<ul style="list-style-type: none"> 3% of deaths were from accidental injuries and undetermined causes.

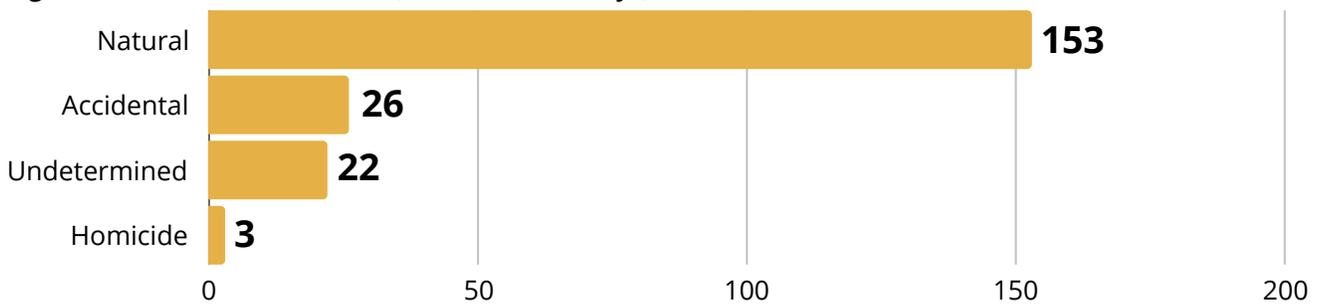
Stillbirths

Stillbirth is defined by [Health Link BC](#) as “a fetal death at a gestational age of 20 weeks or more and no signs of life (i.e., no heartbeat or breathing).” **There is no requirement that stillbirths be reported to BC Coroners Service, nor is there jurisdiction for the Coroners Service to investigate stillbirths.**

Infants (29-364 Days)

Total Number of Deaths, 2017-2021: 204

Figure 21. Classification of Death, Infants 29-364 Days, 2017-2021



Disease and Infection	<ul style="list-style-type: none"> Disease and infections caused 31% of deaths.
Congenital and Chromosomal Anomalies/ Metabolic Disorders	<ul style="list-style-type: none"> 27% of deaths were from congenital and chromosomal anomalies, endocrine and metabolic disorders.
Preterm & Perinatal Causes	<ul style="list-style-type: none"> 17% of deaths were from complications of preterm deliveries and perinatal causes.
Accidental Injuries	<ul style="list-style-type: none"> 13% of deaths were from accidental injuries. <ul style="list-style-type: none"> About half of accidental deaths involved a sleep environment risk factor as cause.
Undetermined Causes and Homicides	<ul style="list-style-type: none"> 11% of deaths were caused by undetermined sources of injury or disease. 1% of deaths were due to homicide.

Deaths of Children Between 1 and 4 Years

Total Number of Deaths, 2017-2021: 127

Figure 22. Child Deaths, Children 1-4 Years, 2012-2021

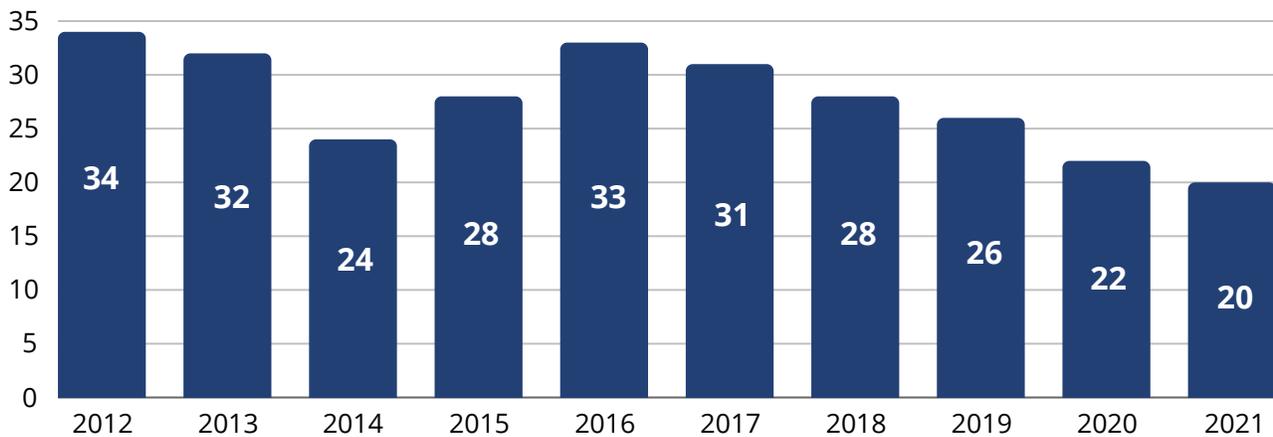
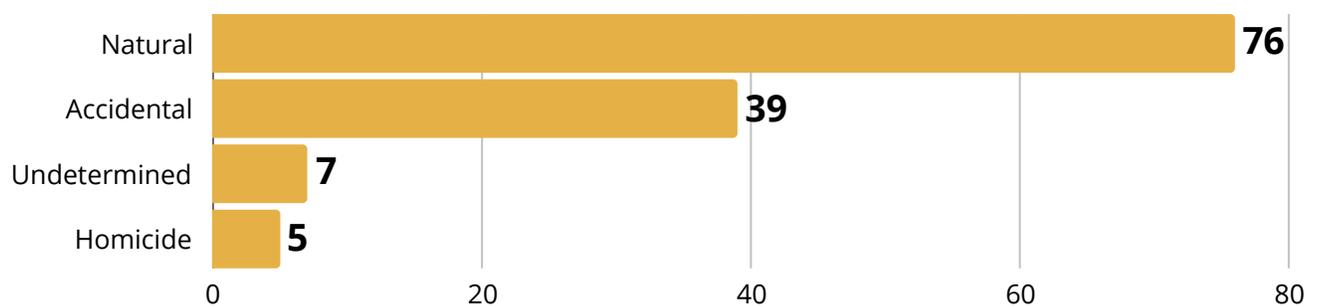


Figure 23. Classification of Death, Children 1-4 Years, 2017-2021



Natural Causes	<ul style="list-style-type: none"> 60% of deaths were from natural causes, including: <ul style="list-style-type: none"> Congenital and chromosomal anomalies, endocrine and metabolic disorders caused 24% of deaths; Disease and infections caused 22% of deaths; and Cancers caused 13% of deaths.
Accidental Injuries	<ul style="list-style-type: none"> 31% of deaths were from accidental injuries. <ul style="list-style-type: none"> Most accidental deaths resulted from injuries caused by motor vehicle incidents (MVI), followed by injuries from falls, drowning, and fires.
Undetermined Causes and Homicides	<ul style="list-style-type: none"> 5% of deaths were caused by undetermined sources of injury and disease. 4% of deaths were classified as homicides.

Deaths of Children Between 5 and 9 Years

Total Number of Deaths, 2017-2021: 97

Figure 24. Child Deaths, Children 5-9 Years, 2012-2021

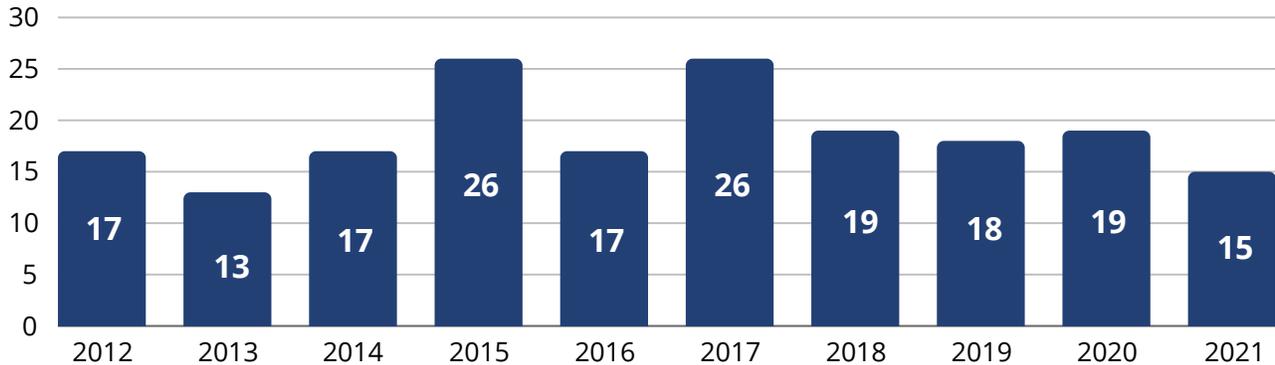
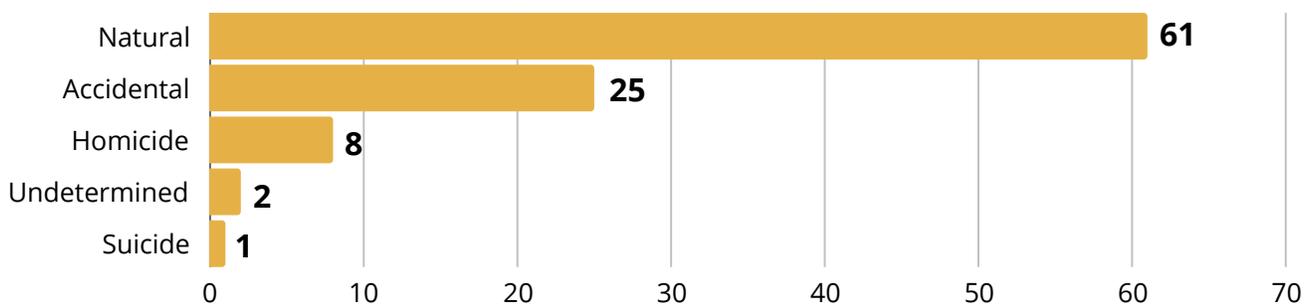


Figure 25. Classification of Death, Children 5-9 Years, 2017-2021



Cancers	<ul style="list-style-type: none"> Cancers were the cause of 30% of deaths.
Accidental Injuries	<ul style="list-style-type: none"> 25% of deaths were from accidental injuries. Most accidental deaths resulted from injuries caused by motor vehicle incidents (MVI), followed by injuries drowning, falls from height and smoke inhalation.
Disease and Infection	<ul style="list-style-type: none"> 18% of deaths were from disease and infection.
Congenital and Chromosomal Anomalies/ Metabolic Disorders	<ul style="list-style-type: none"> 14% of deaths were from congenital and chromosomal anomalies, endocrine and metabolic disorders.
Undetermined Causes, Homicides and Suicides	<ul style="list-style-type: none"> 8% of deaths were classified as homicides. 4% of deaths were from undetermined injuries and disease (many of these investigations remain open). 1% of deaths were the result of suicide.

Deaths of Children Between 10 and 14 Years

Total Number of Deaths, 2017-2021: 108

Figure 26. Child Deaths, Children 10-14 Years, 2012-2021

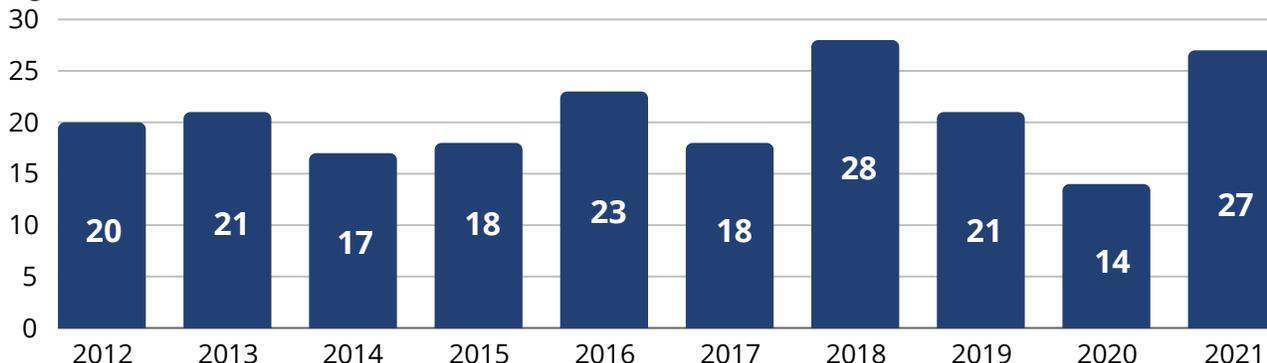
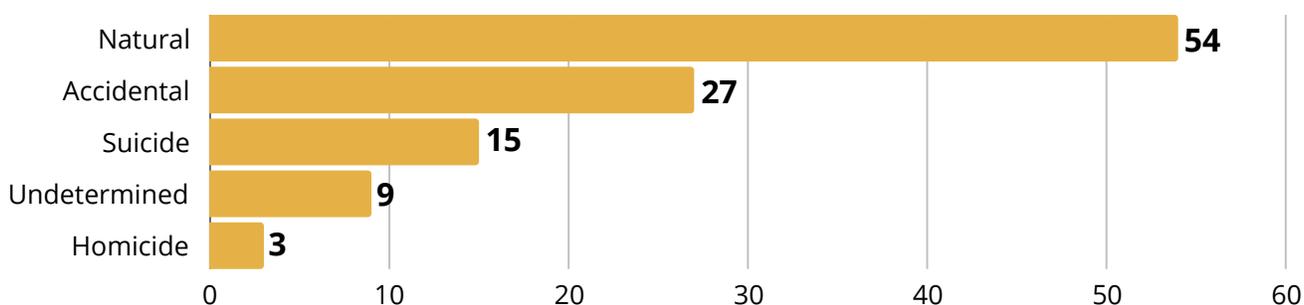


Figure 27. Classification of Death, Children 10-14 Years, 2017-2021



Accidental Injuries	<ul style="list-style-type: none"> Accidental injuries were the cause of 25% of deaths. <ul style="list-style-type: none"> Injuries from motor vehicle incidents were the leading accidental cause, followed by injuries from falls from height, drowning, and unregulated drug toxicity.
Cancers	<ul style="list-style-type: none"> 19% of deaths were from cancers
Congenital and Chromosomal Anomalies/ Metabolic Disorders	<ul style="list-style-type: none"> 17% of deaths were from congenital and chromosomal anomalies, endocrine and metabolic disorders.
Disease and Infection	<ul style="list-style-type: none"> 15% of deaths were from disease and infection.
Suicides	<ul style="list-style-type: none"> 14% of deaths were by suicide.
Undetermined Causes and Homicides	<ul style="list-style-type: none"> 7% of deaths were undetermined. (Two-thirds of undermined deaths remain under investigation). 3% of deaths were by homicide.

Deaths of Children Between 15 and 18 Years

Total Number of Deaths, 2017-2021: 383

Figure 28. Child Deaths, Children 15-18 Years, 2012-2021

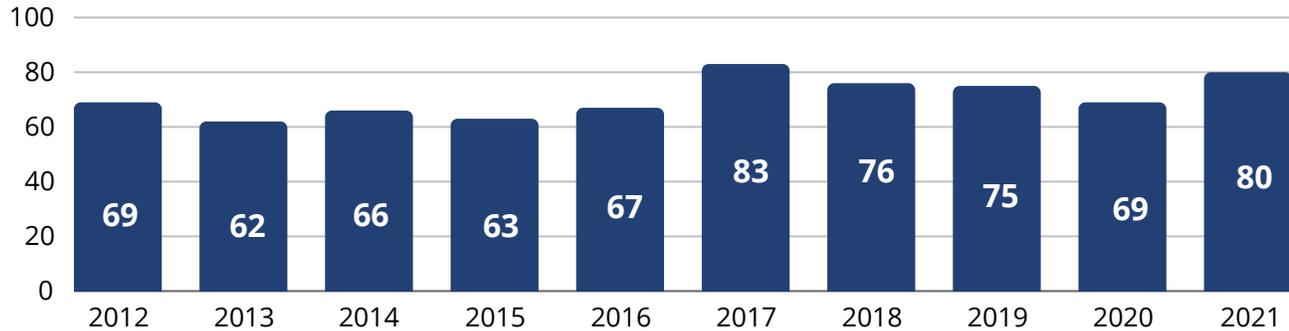
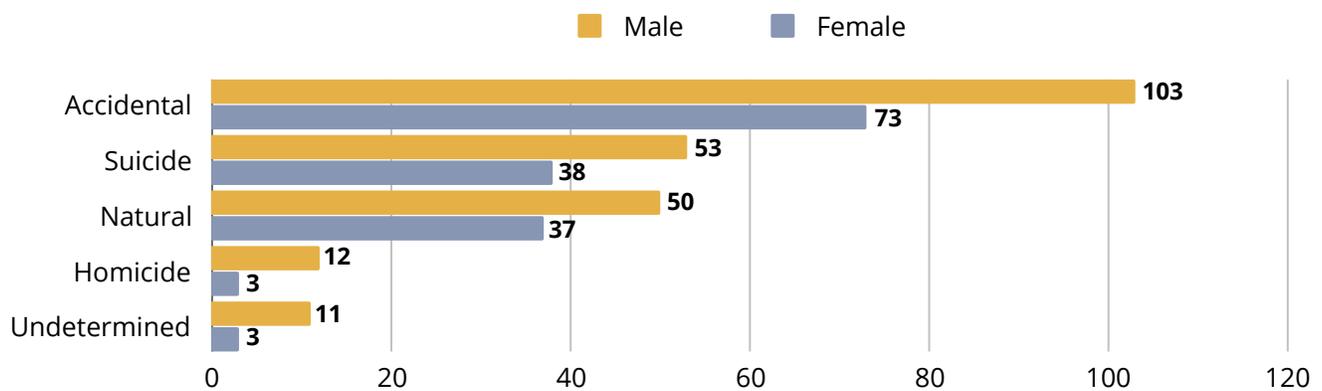


Figure 29. Classification of Death, Children 15-18 Years, 2017-2021



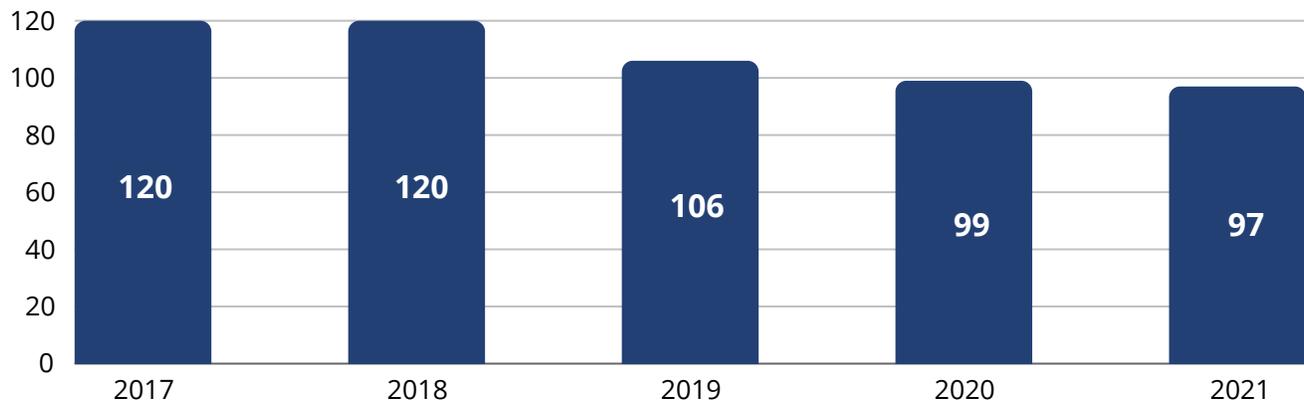
Unregulated Drug Toxicity	<ul style="list-style-type: none"> Unregulated drug toxicity caused of 24% of deaths. <ul style="list-style-type: none"> More males (54%) died from unregulated drug toxicity than females (46%).
Suicides	<ul style="list-style-type: none"> Suicide caused 24% of deaths. <ul style="list-style-type: none"> Males accounted for 60% of deaths by suicide.
Motor Vehicle Incidents	<ul style="list-style-type: none"> 17% of deaths resulted from motor vehicle incidents. <ul style="list-style-type: none"> This includes as a driver, passenger, or pedestrian.
Natural Disease	<ul style="list-style-type: none"> 8% of deaths were from cancers. 6% of deaths were from congenital and chromosomal anomalies, endocrine and metabolic disorders. 7% of deaths were from other natural disease and infections.
Other Accidental, Homicides and Undetermined Causes	<ul style="list-style-type: none"> 5% of deaths were from other accidental injuries (ie. drowning, falls, burns or smoke inhalation). 4% of deaths were by homicide. 4% of deaths were from undetermined sources of injury or disease.

Part Four: Ministry of Children and Family Development (MCFD)

Children Receiving Services from MCFD

Just over one-third (37%) of all children and youth who died between 2017 to 2021 were in receipt of services from the Ministry of Children and Family Development (MCFD) at the time of, or within the year preceding their death.

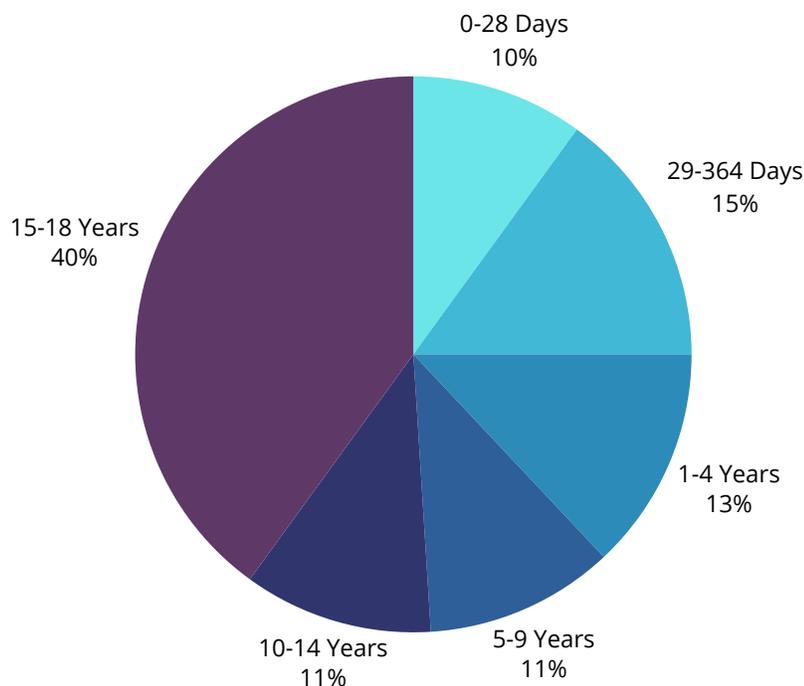
Figure 30. Deaths of Children/Youth in Receipt of MCFD Services, 2017-2021



About half (54%) of the 542 children and youth who died while in receipt of, or within a year after receiving services from MCFD between 2017 and 2021, died from natural causes. Many of these children and youth were referred for services and benefits on the basis of diagnosed health conditions.

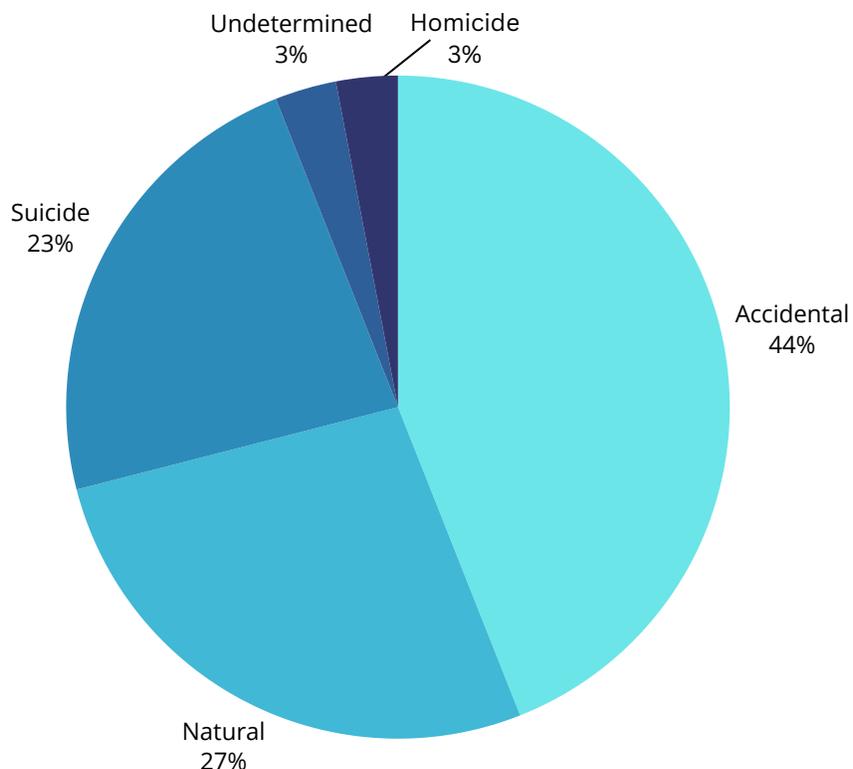
One quarter of children and youth died from accidental injuries while 10% of deaths were by suicide, 4% of deaths were by homicide, and 6% of deaths were from undetermined causes.

Figure 31. Deaths by age Group of Children/Youth in Receipt of MCFD Services, 2017-2021



MCFD-involved youth aged 15 to 18 years were the age demographic that experienced the most deaths. Within that age group, more than half (53%) of accidental deaths were caused by unregulated drug toxicity.

Figure 32. Classification of Deaths of Youth 15-18 Years in Receipt of MCFD Services, 2017-2021



Consistent with previously issued reports, The Office of the Representative for Children and Youth (2023) found an “extraordinarily high prevalence of mental health diagnoses amongst children in care,” and that the province has not implemented targeted, effective mental health intervention services.

The Representative further noted that barriers in accessing services are much higher for children with neurodevelopmental conditions such as autism spectrum disorder (ASD), fetal alcohol spectrum disorder (FASD), and intellectual disabilities (ID).

Part Five: Indigenous (First Nations, Métis and Inuit) Children and Youth

Indigenous ethnicity data is not currently uniformly collected for all child deaths. It is fully acknowledged that the collection of Indigenous health and mortality data is essential to addressing existing health inequities experienced by Indigenous people, which reflects continuing structural and systemic disadvantages created through the history of colonization.

The commitment to creating necessary systemic change is situated in the context of reconciliation between Indigenous and non-Indigenous peoples in B.C. and Canada, which was affirmed when the provincial government passed the *Declaration on the Rights of Indigenous Peoples Act (DRIPA)* in November 2019. Upholding the Indigenous right to health is the foundation for addressing discrimination and racism against Indigenous peoples in B.C.'s health care system (First Nations Health Authority, First Nations Health Council, First Nations Health Director's Association (2021).

The BC Coroners Service previously partnered with the First Nations Health Authority (2017) to review First Nations youth and young adult injury deaths from 2010 to 2015. A key finding was that the reasons that First Nations young people die are similar to their non-First Nations peers; however, the mortality rate for First Nations youth and young adults is almost two times the rate of non-First Nations.

Indigenous self-determination within health and social care means identifying and implementing Indigenous understandings of health with full access to culturally appropriate health care services, as identified within the Anti-Racism, Cultural Safety & Humility Framework (2021).

Further, Indigenous data sovereignty is recognized as meaning that Indigenous Nations have the right to own, control, access, and steward data about their communities, lands, and culture. Information management and data collection strategies must align with the practices and culture of the Indigenous Nation, community or Peoples who are represented in the data.

Appendix A: Glossary

Aggregate: Presentation of individual findings as a collective sum.

BCCS Classifications of Death:

- **Accidental:** Death due to unintentional or unexpected injuries and includes complications reasonably attributed to the accident.
- **Homicide:** Death due to an injury intentionally inflicted by action of another person. Homicide is a neutral term that does not imply fault or blame.
- **Natural:** Death resulting from a disease of the body and not resulting secondarily from injuries or abnormal environmental factors.
- **Undetermined:** Death that (because of insufficient evidence or inability to otherwise determine) cannot be reasonably categorized as natural, accidental or homicide deaths. This includes some sudden infant deaths due to unknown or undetermined causes.

Open Investigation: Circumstances of the death are still under investigation and/or awaiting additional information such as medical records, post-mortem testing results, or toxicological findings that will support the completion of a Coroners Report.

Completed Investigation: The investigation of the death has been completed. Post-mortem testing is complete, and results finalized. A Coroner's Report is released.

Children and Youth: Persons who are age 19 or younger.

Chromosomal Disorders: These disorders, or anomalies, can either be numerical abnormalities or structural abnormalities. The former occurs when a person has one or more extra copies of a chromosome, or a missing one. The latter arises when part of a chromosome is abnormal. For example, part or most of the chromosome incorrectly links with another chromosome, or parts of the chromosome is missing. Chromosome abnormalities can present well before birth; they can cause death to an embryo or fetus before conception. Genetic or chromosomal abnormalities are diagnosed through a blood sample analysis. Disorders relating to chromosome abnormalities.

Congenital Anomaly: A congenital anomaly is a condition that results from an abnormality of structure, function, or metabolism in one or more parts of the body and has the potential to seriously affect health, development or function.

Co-sleeping: A sleeping arrangement in which a newborn or infant shares the same sleep surface as an adult or older sibling.

Drugs: A common term used for prescription, unregulated and psychoactive substances that alter brain functioning. For this purposes of this report, this terms excludes alcohol, which is referred to separately.

Genetic Disorders: A disease that is caused by a change, or mutation, in an individual's DNA sequence. There are many types, including single-gene, multifactorial and chromosomal disorders.

Health Authority: The five regional health authorities in British Columbia govern, plan and deliver health-care services within their geographic areas. They are responsible for: identifying population health needs, planning appropriate programs and services, ensuring programs and services are properly funded and managed, and meeting performance objectives..

Unregulated Drugs Inclusion Criteria: The unregulated drug overdose category includes the following:

- Illicit or “street” drugs (controlled and illegal drugs: heroin, cocaine, MDMA, methamphetamine, unregulated fentanyl etc.).
- Medications not prescribed to the decedent but obtained/purchased on the street, from unknown means or where origin of drug not known.
- Combinations of the above with prescribed medications.

Infant: The death of a baby between 28 and 364 days of life, also called (post-neonatal).

Investigation: For the purposes of this review, the gathering of information by a coroner under Part 2 of the *Coroners Act*, respecting the facts and circumstances related to a death.

Investigative Protocol: An assessment tool used by coroners to document relevant investigative findings about a decedent’s health, social and environment which assists in the classification of death or identifies prevention opportunities.

Metabolic Disorder: Includes conditions that cause problems with how the body uses food to make and store energy including when the digestive system can't break down the food correctly. That can result in the body having too much or too little of certain substances, such as amino acids, phenylalanine and blood sugar, which can lead to health problems.

Neonate: Also called a newborn. The neonatal period is the first 4 weeks of a child's life. It is a time when changes are very rapid.

Sudden infant Death Syndrome (SIDS): Often used to describe the death of an infant under one year of age that is sudden and unexpected and without a clear cause. Not used as a cause or classification of death by the BC Coroners Service.

Sudden Unexpected Deaths in Infancy (SUDI): Often used to describe the death of an infant under one year of age that is sudden, unexpected and unexplained, and where external risk factors are present and may or may not have contributed to the death. Not used as a cause or classification of death by the BC Coroners Service.