



# Child Mortality in British Columbia

## 2016

Prepared by the Child Death Review Unit of the British Columbia Coroners Service

BC Coroners Service  
Ministry of Public Safety and Solicitor General

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# INTRODUCTION

## ABOUT THE CHILD DEATH REVIEW UNIT

By law, every child's death in British Columbia is reported to the Coroners Service, an agency within the Ministry of Public Safety and Solicitor General. Once the coroner's investigation is concluded, all deaths are additionally reviewed by the Coroners Service Child Death Review Unit (CDRU). Under the *Coroners Act (2007)*, the CDRU has a legislated mandate to 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 in the public interest. In fulfilling its mandate the CDRU 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 293 deaths of children occurring in British Columbia during 2016. This report consists primarily of descriptive data intended to characterize child mortality in British Columbia through demographics, causes and circumstances surrounding the death of these children.

This report summarizes recommendations distributed by the BCCS in 2016, but does not formulate new recommendations pertaining to policy, practices and services. Those will be included in future CDRU special reports, which will provide in depth discussion and analysis of specific causes of infant and child death.

### *Key terms*

The *Coroners Act* defines a **child** as a person under the age of 19 years. In some contexts, child mortality may be used to refer to deaths of infants and children under the age of five. For the purposes of this report, child mortality refers to the deaths of children under the age of 19, and 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.

## ***Limitations and confidentiality***

Examining individual causes of child mortality in a given year in B.C. often involves analyzing and reporting on a relatively small number of events, which can present challenges both in protecting privacy and ensuring data accuracy. Under the *Coroners Act* and *Freedom of Information and Protection of Privacy Act*, provisions are made that allow the BC Coroners Service to disclose information to meet its legislative mandate and support the findings and recommendations generated by the review process. The BC Coroners Service is sensitive to the privacy of the children and families that we serve and proceeds with caution when reporting case review findings. Efforts have been made throughout the report to mitigate risks associated with analyzing and reporting on small case numbers, including collapsing data categories. In general, statistical results based on a small number of cases should be interpreted with caution given the potential for random variation.

Small discrepancies in mortality counts and rates may be evident between BCCS mortality data and that of BC Vital Statistics. This discrepancy is 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 72 cases were still under investigation at the time of writing.

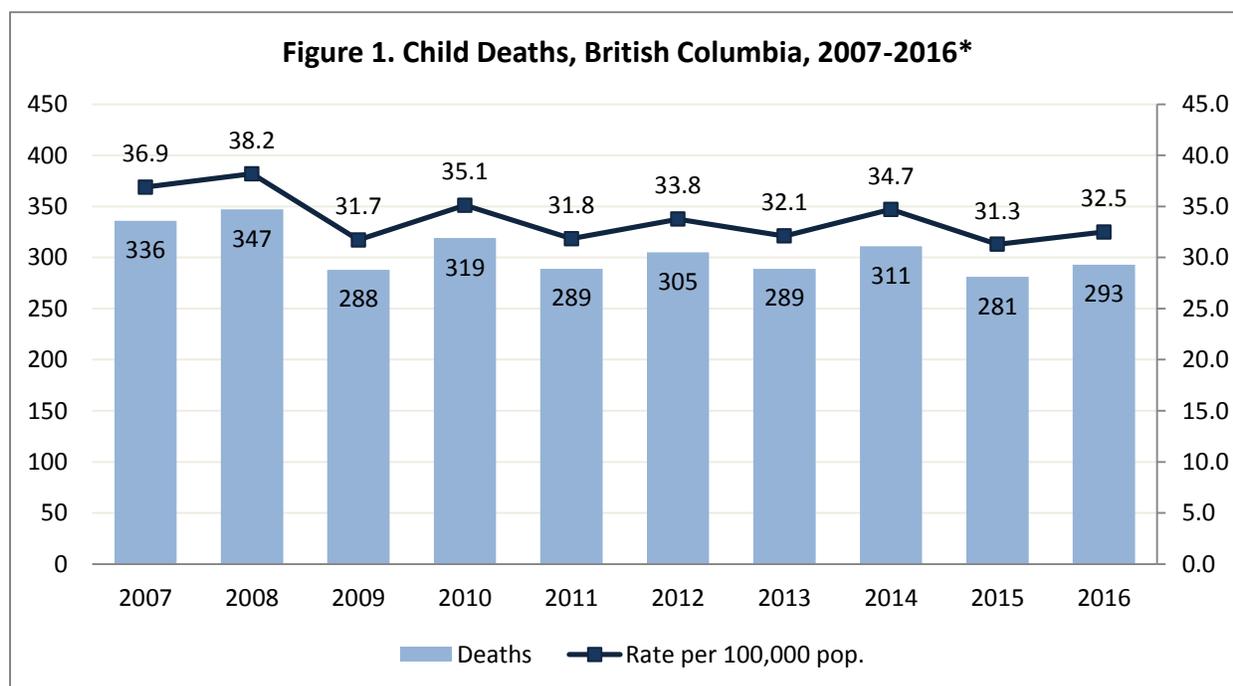
Of note, there are slight variations between BC Coroners Service regions and the regional boundaries applied by other agencies in the province, including the Regional Health Authorities and the Ministry of Children and Family Development. A map and description of the BCCS regional boundaries is provided in Appendix A.

In this report mortality data is presented based on health authority boundaries in order to improve the use of BCCS findings for planning or delivering health services.

# OVERVIEW OF CHILD MORTALITY IN BRITISH COLUMBIA

Although tragic and devastating to the families, friends and communities, children’s deaths are a relatively rare event in British Columbia, especially beyond infancy. There were an estimated 902,455 children age 0-18 living in British Columbia in 2016, and 293 child deaths, a rate of death of 32.5 children per 100,000 population.

In September of 2007, a revision to the Coroners Act specified that all child deaths must be reported to the BCCS. As a result of this legislative change, a greater number of child deaths are investigated each year, beginning 2008, than in previous years. This increase is primarily in natural deaths. As the BCCS did not investigate all child deaths in BC until 2008, Figure 1 (below) uses British Columbia Vital Statistics Agency counts for child deaths by year for 2007. BC Vital Statistics data and BCCS data are not directly comparable due to coding differences between the two agencies and the time delay involved in reconciling any changes between preliminary and final certifications of death.



\* This figure presents BC Vital Statistics Agency death data.

Identifying how children die each year in British Columbia provides valuable information on overall child mortality, and looking at child deaths in terms of specific causes and ages is particularly important when looking at any future preventative opportunities.

Patterns of mortality change from birth to adolescence. Children may experience changing risk exposure as they move through different ages and stages of development, resulting in a shift of leading causes of mortality from primarily biological conditions to predominantly injury causes. This is reflected

in Table 1 which lists the three most common causes of death within the different age groups identified in this report for 2016.

**TABLE 1**

Leading causes of child death by age group, 0-18 years, BC, 2016					
Rank	Under 1 year	1-4 years	5-9 years	10-14 years	15-18 years
1	Perinatal causes	Injuries	Cancers	Injuries	Unintentional injuries
2	Congenital and chromosomal anomalies, metabolic disorders	Congenital, chromosomal, or metabolic disorders	Injuries/ Congenital, chromosomal, or metabolic disorders	Cancers	Suicide
3	Sudden infant deaths of undetermined cause	Cancer	Other	Congenital, chromosomal, or metabolic disorders/ Neurological Disorders	Cancer/ Congenital, chromosomal, or metabolic disorders

\* A forward slash ("/") indicates that there were the same number of deaths for each cause of death

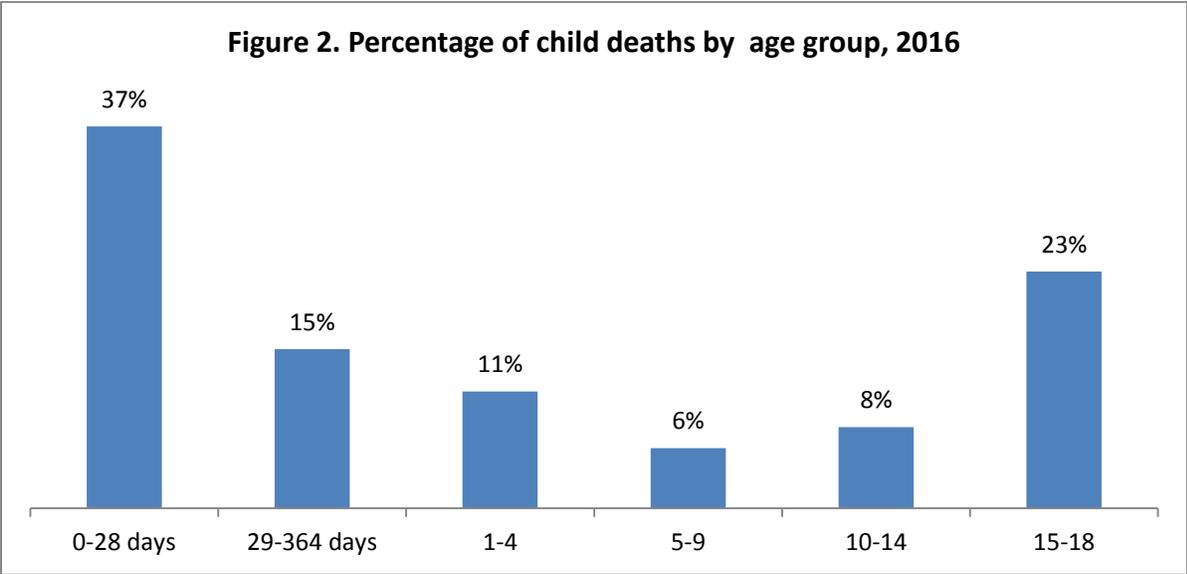
In general, children are most vulnerable to illness or death during the neonatal period of infancy (Table 2). Following the neonatal period, mortality rates decline and remain lower throughout early childhood. Mortality rates increase once again as children approach adolescence, when injuries take over as the leading cause of child death.

**TABLE 2**

Child deaths by age group, 2016		
Age Group	Deaths	Death Rate*
0-28 days	108	242.1
29-365 days	45	100.8
1-4 years	33	18.2
5-9 years	17	7.3
10-14 years	23	9.9
15-18 years	67	31.7
<b>Total</b>	<b>293</b>	<b>32.5</b>

\* Death rate is per 100,000 live births for children less than 1 year, and per 100,000 population for children aged 1 to 18 years.

Overall, the greatest percentage of child deaths in 2016 were infants less than 29 days (37%), followed by children 15 to 18 years of age (23%) and infants 29 to 364 days (15%) (Figure 2).



**Health Authority differences in child mortality in 2016**

In 2016, Fraser Health Authority had the highest percentage of child deaths (37%) in the province. Interior Health Authority and Northern Health Authority had the highest child mortality rates (41.4 and 38.1 respectively per 100,000 population) (Table 3).

**TABLE 3**

Child Deaths by Health Authority of Residence, 2016			
Region	Deaths	%	Rate per 100,000 pop.
Fraser	108	37%	28.3
Vancouver Coastal	51	17%	27.0
Interior	55	19%	41.4
Island	47	16%	35.4
Northern	25	9%	38.1
Lived outside BC	7	2%	n/a
<b>Total</b>	<b>293</b>	<b>100%</b>	<b>32.5</b>

## **BC Coroners Service Categorization of Deaths**

The BC Coroners Service categorizes child deaths into three main cause groups:

### **Group One: Natural Causes**

Natural deaths refer to fatalities primarily caused by an internal disease process, such as an underlying medical condition or acquired illness, or from complications of the condition or treatment. In cases of natural death, the child is generally under the care of a physician and death is often expected. Occasionally, natural death is sudden and unexpected due to a previously undiagnosed medical condition or sudden unexpected deterioration.

### **Group Two: Injury Causes**

Injury deaths include fatalities caused by damage to the body from external forces as well as when vital elements such as heat or oxygen are denied. Injury deaths are generally classified as **unintentional** (not purposely inflicted, such as death due to a motor vehicle crash), or as **intentional** (purposely inflicted by self or others, such as death due to suicide or homicide).

### **Group Three: Undetermined Causes**

Undetermined causes include deaths that (because of insufficient evidence or inability to otherwise determine) cannot be reasonably categorized as natural or injury deaths. This includes some sudden infant deaths and fatalities due to other unknown or undetermined causes.

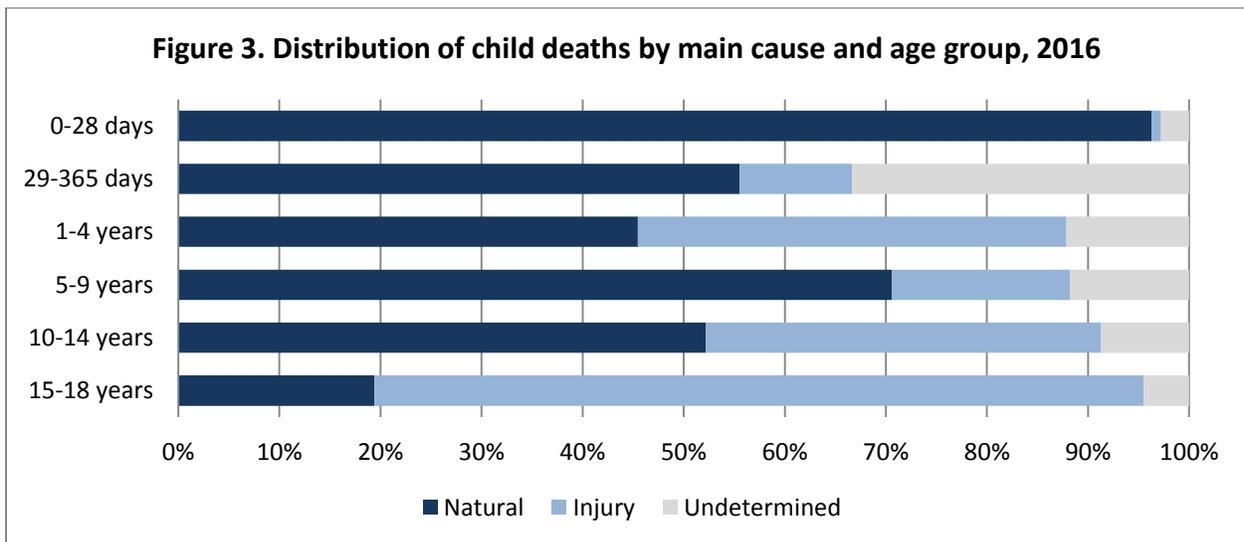
More natural deaths in childhood occur in hospital and health care facilities in larger, urban cities. In contrast, injury deaths occur throughout the province, on road systems, outdoors and in home settings, with emergency medical transport to regional or urban centers for care. Undetermined deaths more commonly occur in the child's home.

Table 4 shows that overall, natural causes of death comprise the greatest proportion of deaths involving children (62%) and that most of the natural deaths occur in the first 28 days of life (57%). Injury deaths comprise the second greatest proportion of deaths involving children (29%) and most injury deaths occur in young people ages 15 to 18 (60%). Undetermined causes of death occur most often with infants (57%).

**TABLE 4**

Child deaths by main cause and age group, 2016				
Age Group	Natural	Injury	Undetermined	Total
0-28 days	104	1	3	108
29-364 days	25	5	15	45
1-4 years	15	14	4	33
5-9 years	12	3	2	17
10-14 years	12	9	2	23
15-18 years	13	51	3	67
Total	181	83	29	293

Figure 3 shows that the cause of death varies considerably within different age groups.



# SECTION TWO

## CHARACTERISTICS OF CHILD DEATHS

### DEATHS UNDER 12 MONTHS OF AGE

**Number of deaths:** 153 (93 Females, 60 Males)    **Mortality Rate:** 3.4/1,000 live births

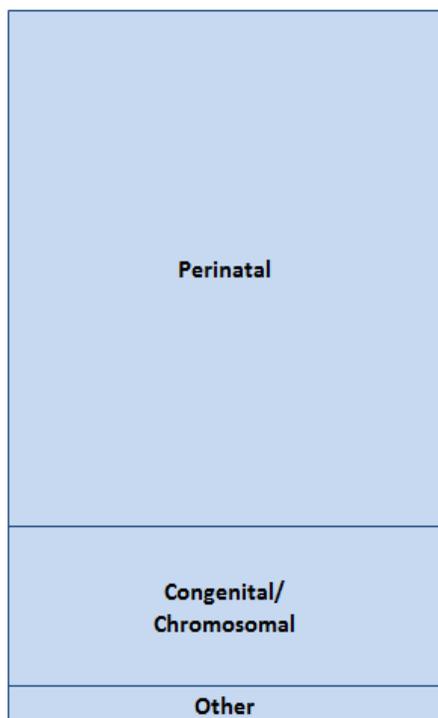
British Columbia had one of the lowest infant mortality rates in Canada (3.4 deaths per 1,000 live births vs. the Canadian average of 4.8 deaths per 1,000 live births for 2012).

In 2016, 71% of the infants that died before one year of age died in the first month of life (the neonatal period) (Figure 4). This group will be considered separately (below) from infants aged 29-364 days.

#### Neonates (0-28 days)

**Number of deaths:** 108 (67 Females, 41 Males)    **Mortality Rate:** 2.4/1,000 live births

#### Leading Causes of Death:



The majority (94%) of deaths of infants in their first month were caused by prematurity, perinatal complications or congenital, genetic, metabolic or chromosomal anomalies.

- 61% were born extremely preterm (28 weeks or less)
- 14% were born preterm (29-37 weeks) and
- 25% were born at term (38-40+ weeks)

More female infants (n=67) died than males (n=41) (62% and 38% respectively).

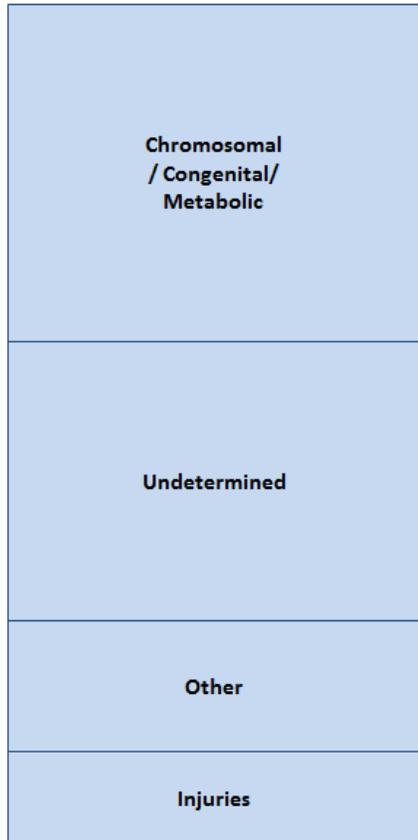
Maternal or pregnancy-related factors influence infant mortality risk. Complications during pregnancy such as preterm labour, premature rupture of membranes, infection, or incompetent cervix, were present for 65% of the infants who died of natural causes.

Congenital and chromosomal conditions and then 'other' causes (accidental or undetermined causes) contribute to the remaining deaths in early infancy.

## Infants aged 29-364 days

**Number of deaths:** 45 (26 Females and 19 Males) **Mortality Rate:** 1.0/1,000 live births

### Leading Causes of Death:



In 2016, there were 45 infants who died between one month and one year of age.

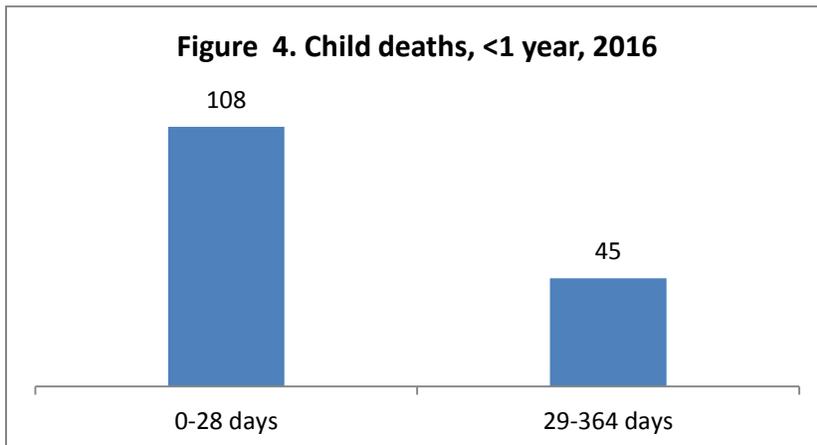
More deaths (55%, n=25) were due to natural causes. Chromosomal/congenital anomalies, endocrine or metabolic disorders (n=18) were attributed to 40% of the infant deaths.

There were 15 infant deaths (33%) that were classified as undetermined deaths. These deaths occurred during sleep and the cause of death has not yet been determined. Other infant deaths (16%) were due to infections/sepsis, or respiratory conditions. For this age group, injuries resulted in 11% of infant deaths.

More female infants died than male infants (58% and 42% respectively).

- 13% were born extremely preterm (28 weeks or less)
- 44% were born preterm (29-37 weeks) and
- 42% were born at term (38-40+ weeks)

### Age:



# DEATHS BETWEEN 1 AND 4 YEARS OF AGE

**Number of deaths:** 33 (15 Females and 18 Males)    **Death Rate:** 18.2/100,000 population

## Leading Causes of Death:

Injuries
Cancer
Chromosomal/ Congenital/ Metabolic
Undetermined
Other

Natural causes accounted for 45% (n=15) of all deaths in this age group. Childhood cancers (40%), then chromosomal/ congenital anomalies and metabolic disorders (27%), then diseases of the nervous system (20%), and infections (13%) were the leading causes for natural deaths in this age group.

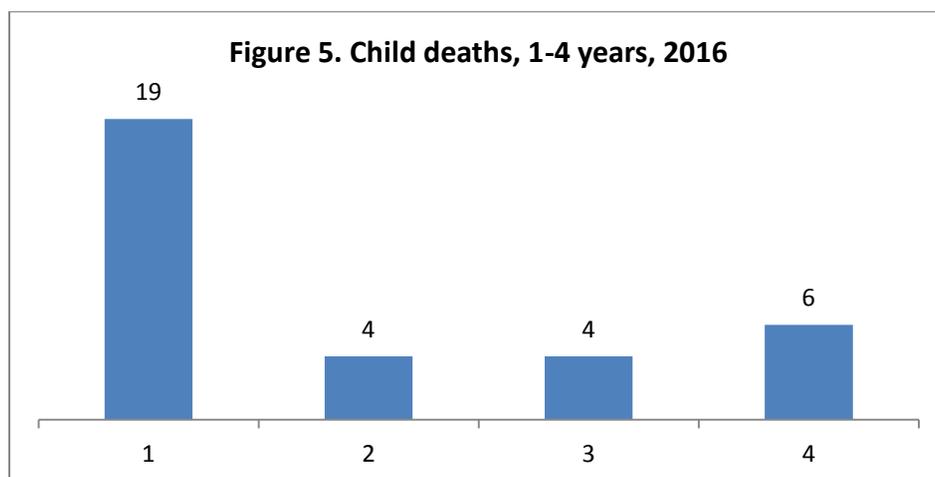
In 2016, injuries accounted for 42% (n=14) of the deaths for children between the ages of 1 and 4 years. These preventable deaths were due to drive over events by a motor vehicles, drownings, falls, poisoning and homicide.

There were 4 deaths where the cause of death remains undetermined.

More male children died than females (54% compared to 45% respectively).

Figure 5 shows that the number of deaths at each age within this age group.

## Age:



# DEATHS BETWEEN 5 AND 9 YEARS OF AGE

**Number of deaths:** 17 (10 Females and 7 Males)    **Death Rate:** 7.3/100,000 population

## Leading Causes of Death:

Cancer
Injuries
Chromosomal/ Congenital/ Metabolic
Other

In 2016, 17 children age 5 to 9 years died in BC. For this age group, most deaths (n=12) were due to natural causes.

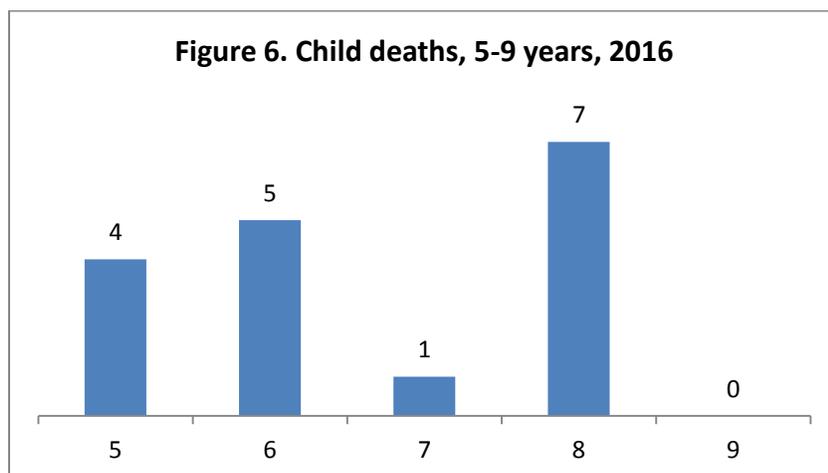
Cancer was the leading cause of natural deaths for this age group, accounting for 47% of all deaths among 5 to 9 year old children. Chromosomal/congenital anomalies accounted for 18% of all deaths in this age group. Other conditions such as infections or undetermined causes were responsible for 18% of deaths.

Injuries accounted for 18% of all deaths. These were primarily due to motor vehicle crashes and drowning.

More female children died than male children (59% and 41% respectively).

Figure 6 shows that the number of deaths across the 5 to 9 year old age group.

## Age:



## DEATHS BETWEEN 10 AND 14 YEARS OF AGE

**Number of deaths:** 23 (10 Females and 13 Males)    **Death Rate:** 9.9/100,000 population

### Leading Causes of Death:

<b>Injuries</b>
<b>Cancer</b>
<b>Chromosomal/ Congenital/ Metabolic</b>
<b>Neurological Disorders</b>
<b>Other</b>

In 2016, natural deaths resulted in 52% (n=12) of deaths in this age group. Natural deaths were attributed to cancer, congenital, chromosomal conditions, neurological and infection.

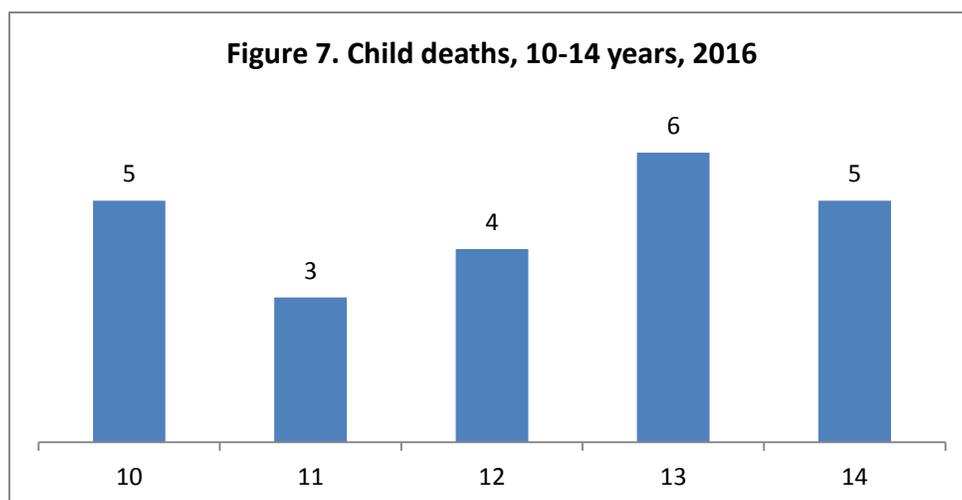
Injuries (intentional and unintentional) accounted for approximately 39% (n=9) of all deaths. For this age group there were 5 deaths by suicide and one homicide. Drownings and a motorized vehicle crash also resulted in injury deaths.

There were 2 deaths where the cause of death remains undetermined.

In this age group, more males died than females (57% and 43% respectively).

Figure 7 shows that the number of deaths across the 10 to 14 year old age group. Although the number of deaths varies by age there is no discernible pattern.

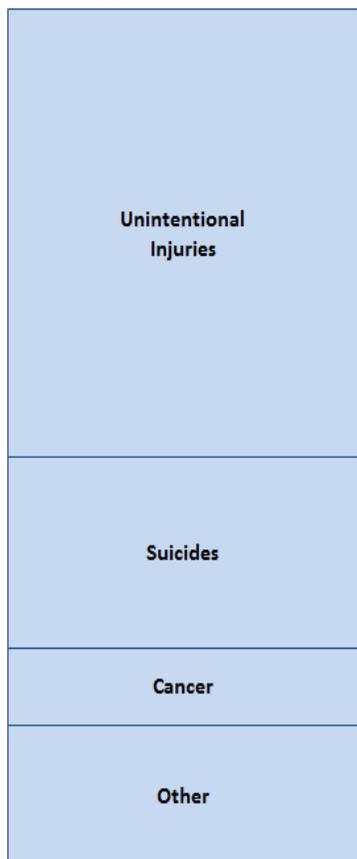
### Age:



## DEATHS BETWEEN 15 AND 18 YEARS OF AGE

**Number of deaths:** 67 (21 Females and 46 Males)    **Death Rate:** 31.7/100,000 population

### Leading Causes of Death:



Among youth aged 15 to 18 years, the leading cause of death in 2016 were injuries. Collectively, injuries (intentional and unintentional) accounted for 76% of all deaths for this age group.

Unintentional injuries accounted for 52% of all deaths in this age group (n=35). Motorized vehicle crashes (n=20) resulted in the greatest number of unintentional deaths. Accidental poisoning by alcohol or illicit drug overdoses (n=11), drowning, and traumatic injuries were other causes.

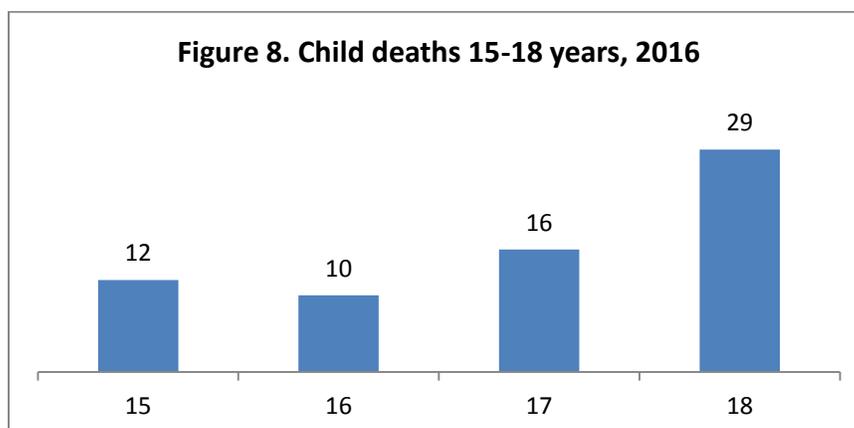
Suicides (n=15) accounted for 22% of all deaths in this age group. More males died of suicide than females (87% versus 13% respectively).

Natural deaths (n=13) accounted for 19% of deaths in this age group. Cancers, neurological or chronic conditions including congenital and chromosomal disorders were listed as causes for natural deaths.

In 2016, 3 deaths were classified as undetermined, and one death was due to homicide.

Among all 15 to 18 year old youth, 69% of the deaths were males and 31% were females. More deaths within this age group occurred at ages 17 and 18 in 2016 (Figure 8).

### Age:



# CHILD DEATHS BY CAUSE:

## NATURAL DEATHS

**Number of deaths:** 181 (101 Females and 80 Males)

### Leading Causes of Natural Death:

Perinatal
Chromosomal/ Congenital/ Metabolic
Cancers
Other

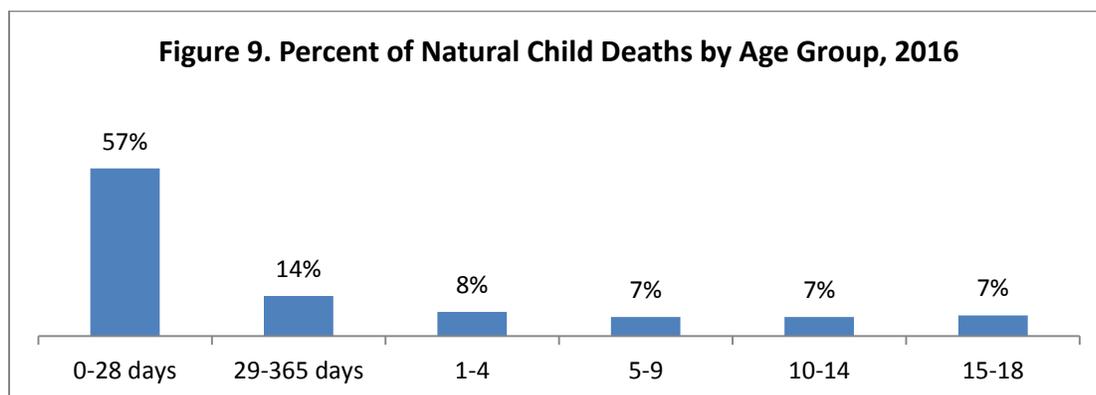
In 2016, 181 (62%) of the 293 child deaths that occurred in B.C. were due to natural causes. Over half (57%) of natural deaths in 2016 involved infants who died in the first month of life.

In 2016, leading causes of natural death include conditions originating in the perinatal period (n=81, 45%), as well as congenital, genetic, metabolic and chromosomal abnormalities (n=50, 28%), and cancers (n=24, 13%). Other conditions such as infections/sepsis or diseases of the nervous system accounted for 25 (14%) deaths. These leading causes of natural child death in 2016 are consistent with longitudinal patterns observed in British Columbia since 2000.

In 2016, more female children (56%) died of natural causes than male children (44%).

As figure 9 demonstrates, 71% of the children who died of natural causes in 2016 were under the age of one, with the majority of natural deaths occurring in the first month of life.

### Age:



# INJURY RELATED DEATHS

**Number of deaths:** 83 (32 Females and 51 Males)

## Leading Causes of Injury Related Death:

<b>Motor Vehicle Related</b>	<p>In 2016, 83 (28%) of the 293 child deaths that occurred in BC were injury related. It is well established that older children experience higher injury mortality and hospitalization rates than younger age groups, attributable to increased exposure and experimentation as children progress through different stages of development.</p> <p>Motorized vehicle crashes continue to be the leading cause of injury related death for children 0-18 years in B.C., followed by suicide and then unintentional overdoses. Motorized vehicle incidents accounted for 31% (n=26) of all injury related child deaths in 2016. Of these deaths, 73% (n=20) involved youth aged 15 to 18.</p>
<b>Suicide</b>	<p>The second leading cause of injury related death was suicide (n=20, 24%). In 2016, more suicides were males; a rate three times higher than females.</p>
<b>Overdose</b>	<p>In BC, unintentional overdose deaths have increased significantly. In 2016 eleven youth died of unintentional illicit drug overdoses. All illicit drug overdose deaths had fentanyl present.</p>
<b>Drowning</b>	
<b>Other</b>	<p>In 2016 there were 4 deaths caused by homicide. Homicide is defined as a death due to injury intentionally inflicted by action of another person. Homicide is a neutral term that does not imply fault or blame.</p>

More male children (60%) died of injuries than female children (40%).

## ***Health Authority rates of fatal injuries***

The highest injury mortality rates among children in 2016 were observed in the Northern Health Authority, Island Health Authority and Interior Health Authority. These were above the provincial rate of 9.2 deaths per 100,000 population (table 5).

**TABLE 5**

<b>Injury deaths by Health Authority of residence, 2016</b>			
<b>Region</b>	<b>Deaths</b>	<b>%</b>	<b>Rate per 100,000 pop.</b>
Fraser	26	31%	6.8
Vancouver Coastal	7	8%	3.7
Interior	15	18%	11.3
Island	18	22%	13.5
Northern	11	13%	16.8
Lived outside BC	6	7%	n/a
<b>Total</b>	<b>83</b>	<b>100%</b>	<b>9.2</b>

# UNDETERMINED DEATHS

**Number of deaths:** 29 (16 Females and 13 Males)

## Leading Causes of Undetermined Death:

<p><b>Sudden Death in Infancy</b></p>	<p>In 2016, 29 (9%) of the 293 child deaths occurring in British Columbia were due to undetermined causes. 62% (n=18) of undetermined deaths were characterized as sudden death in infants. At the time of this report all 18 undetermined infant death are still under investigation.</p> <p>Primarily healthy infants under one year of age died suddenly and unexpectedly in circumstances related to sleep. These deaths are investigated by an examination of the scene of death, review of medical and social records, and a complete autopsy. There are typically no causal findings on autopsy in cases of sudden infant death, although scene and social investigation may identify factors that are known to increase an infant’s risk of death. Sudden infant deaths typically reach their highest level at two to four months of age and begin to decrease further after six months. British Columbia has established safe sleep guidelines for infants which can be accessed at <a href="http://www.perinatalervicesbc.ca/NR/rdonlyres/D799441C-3E00-49EE-BDF7-2A3196B971F0/0/HPGuidelinesSafeSleep1.pdf">http://www.perinatalervicesbc.ca/NR/rdonlyres/D799441C-3E00-49EE-BDF7-2A3196B971F0/0/HPGuidelinesSafeSleep1.pdf</a></p>
<p><b>Other</b></p>	<p>In 2016, more female infants (n=10) died unexpectedly during sleep than male infants (n=8).</p> <p>To address preventable risk factors and improve knowledge about infant safe sleep environments, the BCCS worked with provincial partners to update safe sleep resources for parents and caregivers.</p> <p>Deaths may be classified as undetermined beyond infancy. For these deaths, the cause may be known but the intention remains unclear (e.g. accidental death versus suicide or accidental versus natural or homicide).</p>

At the time of this report there are 11 deaths among children older than one year of age classified as undetermined. Of these, 5 undetermined deaths are among children and youth age 10 to 18 years, and 6 deaths were among children age one to nine years.

## CHILDREN RECEIVING SERVICES FROM THE MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT

Approximately 35% of children who died in 2016 were in receipt of services from the Ministry of Children and Family Development (Table 6). Many of these 103 children were medically fragile children supported through the province's child and youth special needs programs and services.

Of the 103 children receiving services from MCFD, 56 (54%) died of natural causes, 18 (17%) died of unintentional injuries, 9 (9%) died by suicide, two (2%) died by homicide, and 18 (17%) died of undetermined causes. Six children were in care of MCFD at the time of their death.

**TABLE 6**

Child deaths by type of MCFD service received at time of death, 2016	
Type of MCFD service	Number of Deaths
Child/Youth Special Needs	47
Family Services/Child Protection	48
Child in Care	6
Child Youth Mental Health	11

*\* A total of 103 children were in receipt of services from the Ministry of Children and Family Development (MCFD) at the time of their death. The total does not equate to 103 as some children were in receipt of more than one type of service.*

# SECTION THREE

## CHILD DEATH REVIEW PANEL

In 2016, the BC Coroners Service in partnership with the First Nations Health Authority convened a death review panel to address First Nations youth and young adult injury related deaths.

Injuries are one of the leading causes of death among First Nations people. Although the reasons First Nations youth and young adults die are similar to their non-First Nations peers, there are continuing disparities in injury and mortality rates for First Nations young people.

A death review panel is mandated\* to review and analyze the facts and circumstances of deaths to provide the Chief Coroner with advice on medical, legal, social welfare and other matters concerning public health and safety, and the prevention of deaths.

The Chair of the CDRU leads the child death review panel, whose membership includes professionals with expertise relating to children including: injury prevention, public health, medicine, law enforcement, emergency response, Aboriginal health, education, advocacy, academics and child welfare.

The panel resulted in 3 key recommendations to agencies and ministry partners to address the injury related deaths with the goal to prevent future deaths of First Nations youth and young adults (Table 7).

**Table 7**

<b>A Review of First Nations Injury Related Deaths (2011-2015)</b>	
<b>Recommendations</b>	
<p>Recommendation 1:</p> <p><i>Promote Connectedness to Peers, Family, Community and Culture.</i></p>	<p>By December 31, 2018, the First Nations Health Authority will:</p> <ul style="list-style-type: none"> <li>- Encourage communities accessing wellness grants to incorporate traditional healing and ensure that applicants consult and engage with First Nations youth as part of the community wellness grant process.</li> <li>- Facilitate at First Nations gatherings such as ‘Gathering our Voices’ and other community events eliciting youth views about how to increase connectedness, wellness and safety and resilience in their communities.</li> <li>- Partner with the BC Injury Research and Prevention Unit (BCIRPU) regarding a project whereby youth identify safe/unsafe places in their community.</li> </ul>
<p>Recommendation 2:</p> <p><i>Reduce Barriers and</i></p>	<p>By December 31, 2018, the First Nations Health Authority in partnership with relevant agencies will:</p> <ul style="list-style-type: none"> <li>- Review alcohol education and further develop First Nations harm</li> </ul>

\* Under the Coroners Act

<p><i>Increase Access to Services</i></p>	<p>reduction activities specific for alcohol.</p> <ul style="list-style-type: none"> <li>- Achieve the target for trauma informed care training for all FNHA staff.</li> <li>- Work with partners to increase access to culturally safe treatment services.</li> <li>- Continue to partner on overdose crises response.</li> </ul> <p>By December 31, 2018, the Ministry of Children and Family Development (MCFD) will:</p> <ul style="list-style-type: none"> <li>- Work with BC Housing to increase access to low barrier housing for First Nations young people.</li> <li>- Increase earlier and easier access to prevention focused mental health services.</li> </ul> <p>By March 31, 2018, the First Nations Education Steering Committee and the Ministry of Education will engage with First Nations youth on learning needs and what would improve connectedness to school.</p> <p>By December 31, 2018, the Ministry of Advanced Education, Skills and Training (AEST) in collaboration with First Nations youth will identify and address barriers for First Nations young people entry to post-secondary education.</p> <p>By December 31, 2018, the Ministry of Health, MCFD, and Education in collaboration with FNHA will develop a plan to deliver trauma informed training to staff working/delivering services to First Nations young people.</p>
<p>Recommendation 3: <i>Promote Cultural Safety and Humility and Trauma-Informed Care</i></p>	<p>By December 31, 2018, FNHA will collaborate with Ministry of Education and Ministry of Advanced Education, Skills and Training service partners to sign the Declaration of Commitment to advance cultural safety and humility within their organizations.</p> <p>By December 31, 2018, the FNHA will develop an injury surveillance and monitoring strategy.</p>
<p>Recommendation 4: <i>Elicit Feedback through Community Engagement</i></p>	<p>By March 31, 2018, the FNHA will complete a community engagement process to elicit feedback on how the broad recommendations can further be adopted within local community actions. An addendum will be created and added to the report with the community responses.</p>

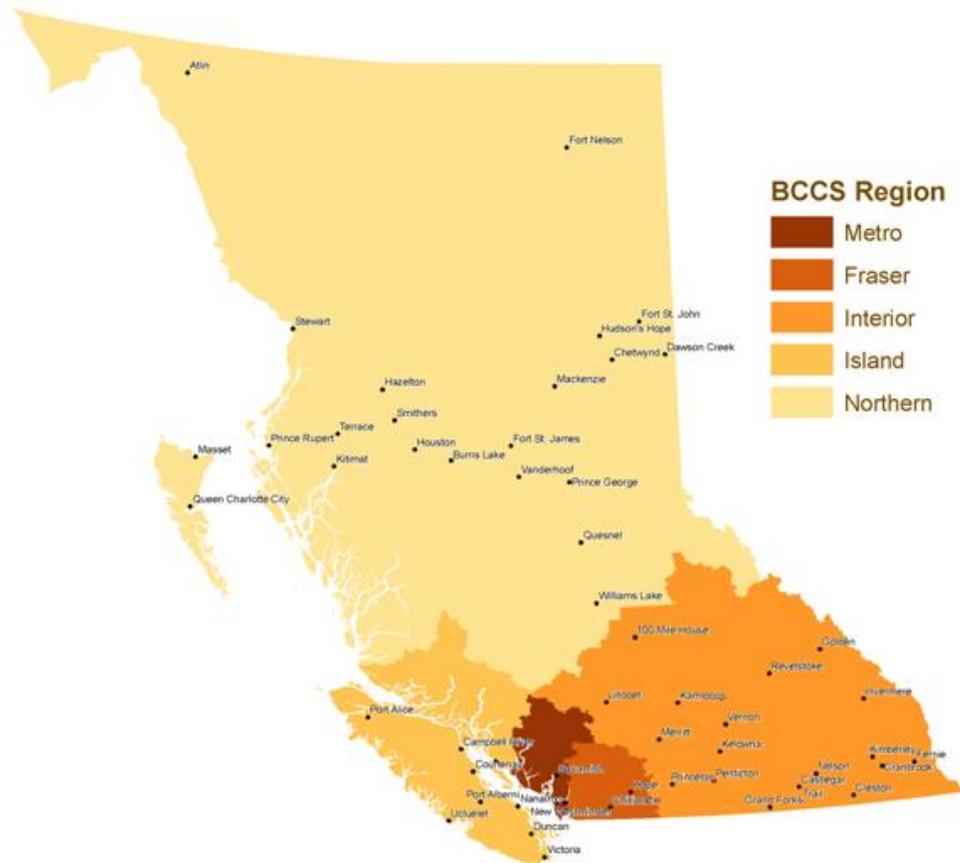
## RECOMMENDATIONS MADE BY LOCAL CORONERS/INQUEST

In addition to death review panels, Coroners may make recommendations related to any individual's death. In 2016 a total of 38 recommendations were distributed with respect to 22 children who died. Recommendations were made to 16 agencies or Ministries.

These Coroner recommendations encouraged the sharing of the summary findings for information and educational purposes and to support a review of services, policy development and practice.

# APPENDIX

## BC CORONERS SERVICE REGIONS



Northern Region: Includes the region north, east and west from 100 Mile House to all Provincial borders, and Haida Gwaii.

Metro Region: Sunshine Coast, Sea to Sky Corridor, North Shore, Vancouver, UBC, Burnaby, Richmond, and Delta.

Fraser Region: Includes Coquitlam and Surrey to the Coquihalla Highway summit, east to Manning Park and north to Jackass Mountain bordering Merritt.

Interior Region: Includes the region north to 100 Mile House and Blue River, east to the Alberta border, south to the USA border and west to the Manning Park gate, including Ashcroft, Lytton and Lillooet.

Island Region: All of Vancouver Island, the Gulf Islands, and Powell River.