

REQUEST FOR PROPOSAL (RFP)

1. Title

Regional Pilot Projects for First Nations, Indian, Inuit and Métis Infant Mortality Data Improvement

2. Scope

The Congress of Aboriginal Peoples (CAP), Inuit Tapiriit Kanatami (ITK), Métis National Council (MNC), Native Women's Association of Canada (NWAC), Canadian Perinatal Surveillance System (CPSS) – Public Health Agency of Canada (PHAC), Health Information, Analysis and Research Division (HIARD) – First Nations and Inuit Health Branch (FNIHB) Joint Working Group on Aboriginal Birth Outcomes (hereafter called the Joint Working Group), was formed in 2005 in response to shared concerns about the poor quality and/or absence of infant mortality data for First Nations, Indian, Inuit and Métis in Canada. There are several reasons to be concerned about higher infant mortality rates in Aboriginal communities. However, the lack of accurate, reliable and complete infant mortality data is a barrier to understanding the situation and implementing effective public health action.

The membership of the Joint Working Group now consists of ITK, MNC, CAP, NWAC, PHAC, Health Canada, Statistics Canada and the Vital Statistics Council of Canada, as well as several medical practitioners and university-based researchers. The Joint Working Group keeps the Assembly of First Nations national office informed of its deliberations and activities.

The goal of the Joint Working Group is to improve the accuracy, reliability, coverage and appropriateness of First Nations, Indian, Inuit and Métis infant mortality data. The guiding principle of the Joint Working Group is that indigenous peoples have the right to be involved in the collection, analysis, dissemination and application of their health information.

In addition to activities at the national level, the Joint Working Group is seeking to support regional pilot projects that will potentially serve as models for other regions in Canada to advance the goal of improved First Nations, Indian, Inuit and Métis infant mortality data.

In 2008/09, the Joint Working Group conducted its first RFP for regional pilot projects. As a result of the RFP, two proposals were accepted through a peer-review process. In 2010/11, the Joint Working Group is looking to fund two additional projects, with a contribution of up to \$75,000 for each project. The accepted proposals for 2008/09 placed particular emphasis on improving First Nations infant mortality data. For the 2010/11 RFP, the Joint Working Group hopes to include projects that focus on Inuit or Métis infant mortality data improvement.

3. Objectives of the Regional Pilot Projects

- 3.1. To develop and/or strengthen mechanisms and processes for collaborative activity at the regional level to improve infant mortality data collection, analysis, management, distribution and governance for First Nations, Indian, Inuit and Métis populations.
- 3.2. To provide leadership by regional First Nations, Indian, Inuit, and/or Métis governing, representative or territorial organizations; and
- 3.3. To identify practices in regions/communities that can be adopted for use in other regions in Canada.

4. Background

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. IMR is a basic public health indicator; one of the most commonly used measures of health and development in a society. Differences among populations strongly suggest disparity and inequity in health and opportunity. Reliable information about infant mortality is needed to inform policy and program development as well as to evaluate policies aimed at improving service delivery and health status.

In 2005, the Canadian Perinatal Surveillance System (CPSS) Steering Committee communicated to First Nations and Inuit Health Branch, Health Canada, its concern that the published national IMR for First Nations communities (6.4 deaths per 1,000 live births for the year 2000) was an underestimate. This concern has led to the formation of the Joint Working Group, to address the major deficiencies in the coverage and quality of infant mortality data for Aboriginal populations in Canada.

To date, the Joint Working Group has:

- 1) made submissions to the Vital Statistics Council;
- 2) aligned its activities with Statistics Canada regarding their review of aboriginal identity questions for national surveys;
- 3) produced a report detailing provincial and territorial methods of registration and calculation of IMR; and,
- 4) developed a review of the status of First Nations, Indian, Inuit, and Métis infant mortality rates in Canada and prepared a submission to the Canadian Journal of Public Health.

Currently, the Joint Working Group is undertaking a systematic review of best practices in indigenous infant mortality data collection, analysis, management, dissemination and governance regionally, nationally, and internationally.

The Joint Working Group recognizes that there is not only one solution to the problem, and complementary approaches may be required. Parents' voluntary, self-identification as First Nations, Indian, Inuit or Métis on birth registrations would allow for enumeration of aboriginal births, which could then be linked to infant death files to identify First Nations, Indian, Inuit and Métis infant deaths. First Nations, Indian, Inuit and Métis member registries could be linked to birth and death databases for the same purpose. Each of these approaches has their challenges, and they need collaboration and commitment among aboriginal organizations and their constituencies, vital statistics agencies, health care providers and public health practitioners.

5. Pilot Project Requirements

To be considered eligible for funding, applicants must clearly demonstrate that they can meet the objectives of this RFP and identify how their proposal will address the project requirements identified below. In addition, applicants must provide all of the requested information indicated on the application form.

The applicant will provide evidence of:

- 5.1. Partnerships with key stakeholders, including but not limited to regional governing organizations for First Nations, Indian, Inuit and/or Métis;
- 5.2. Collaboration with relevant health officials;
- 5.3. Consultation with community Aboriginal groups (First Nations, Indian, Inuit, and/or Métis);

- 5.4. Identification of current methods for regional infant mortality data collection, analysis, management, dissemination and governance for First Nations, Indian, Inuit and Métis; and
- 5.5. Analysis of weaknesses in the current situation and recommendations for new, improved processes and mechanisms that emphasize collaboration and adhere to the principle of Aboriginal peoples' right to be involved in the collection and use of their health information.

6. Resources

- 6.1. The contribution will provide funds up to \$75,000.00 for each of two (2) pilot projects;
- 6.2. The call for applications will be disseminated through various National and Regional Aboriginal Organizations;
- 6.3. The applications will be reviewed by a subcommittee of the Joint Working Group;
- 6.4. A portion of the funding can pay for a full time equivalent (FTE) staff member to coordinate activities; and
- 6.5. The remainder of the funding can be allotted for such items as meetings and associated travel costs, administrative materials and supplies.

7. Proposal Review Criteria

The research team must show evidence of:

- 7.1. Leadership by a regional Aboriginal (First Nations, Indian, Inuit, and/or Métis) organization;
- 7.2. Involvement of key regional stakeholders; and
- 7.3. Knowledge of public health surveillance practices.

8. Submission Criteria

Final review of requirements

Deadline for submission: May 14, 2010 by 1700 hours EST.

Proposal submitted to:

Cassandra Lei
First Nations and Inuit Health Branch, Health Canada
Jeanne Mance Building, AL1919C
200 Eglantine Dr, Tunney's Pasture
Ottawa, ON K1A 0K9

9. Other documentation

Applicants CV

Relevant terms and glossaries

Acronyms