

Infant Mortality:

Racial and Regional Disparities

Infant mortality is an important measure of maternal and child health status, as well as a broader indicator of a society's health and well-being. In the United States infant mortality rates have held stubbornly at about 7 percent for the last 10 years. This statistic, however, masks significant racial and regional disparities.

African-American babies are nearly 2.5 times more likely than white babies to die before reaching their first birthday. While infant mortality rates have dropped dramatically for both African-American and white babies over the last several decades, racial disparities in infant outcomes have actually increased since 1950 (Singh and Yu 1995). In recent years, improvements in infant health have stalled for most racial and ethnic groups, and Asian Americans and some geographic regions have actually seen reversals of prior progress.

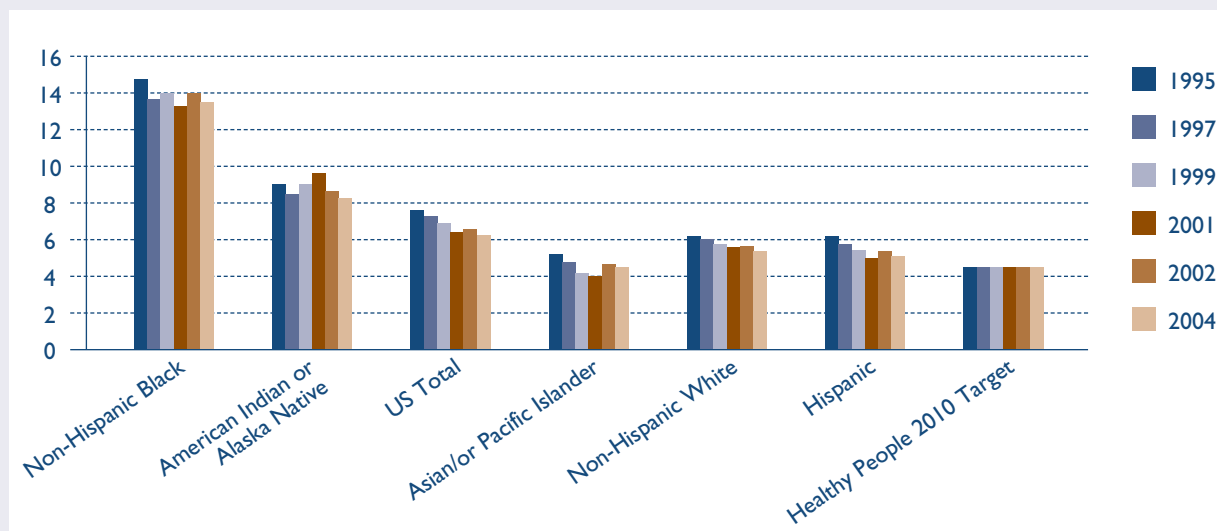
Regional variation in infant mortality is significant. Many of the states with the highest infant mortality rates are clustered in the southeastern United States. Recently several of these states have experienced a slight, but worrisome, rise in infant mortality. While African Americans represent a relatively large proportion of the population in the southeast, the level of racial disparity in infant mortality within these states is often less pronounced than that observed nationwide.

As the problem of infant mortality illustrates, we have much to do to achieve Healthy People 2010's goal of eliminating health disparities. Over the next three years, Grantmakers In Health will host an initiative to identify strategies to eliminate racial and ethnic health disparities in health status and care. It will address disparities across the lifespan, including infant mortality, maternal and child health issues, and chronic disease.

Infant mortality is driven by a range of interrelated causal factors. The influence of poverty, prematurity, birth weight, health behaviors, and age of mother and access to prenatal care are well established. However, the interplay between these factors and the "upstream" conditions that increase these risks are less fully understood. The impact and relative significance of these risk factors vary across communities and for individual women.

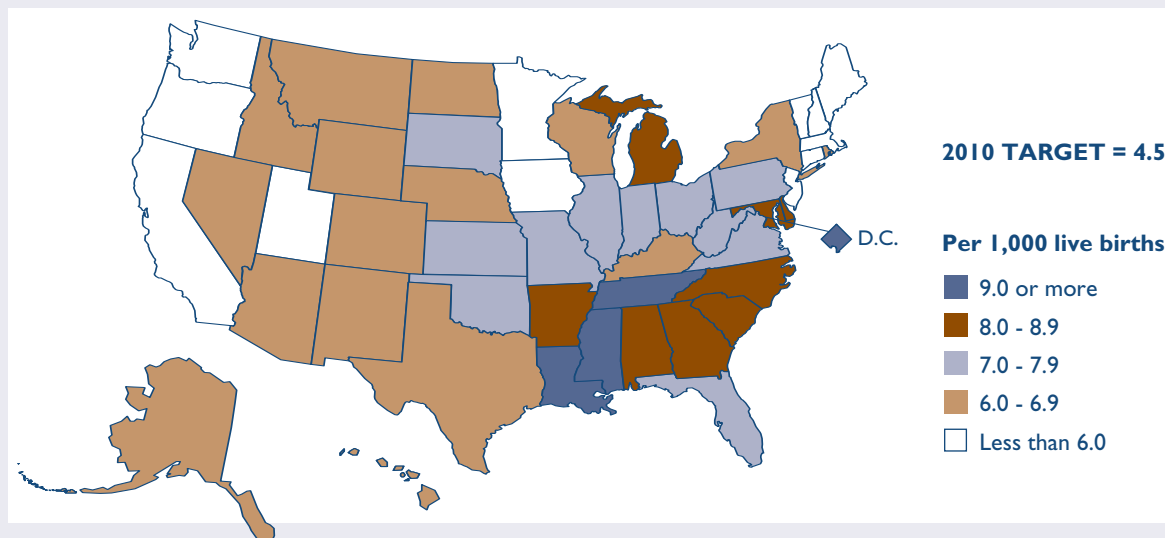
Despite these complexities, comprehensive investigations of individual cases of infant death conducted by local public health agencies have identified a number of common concerns (McCloskey et al. 1999). Most infants who die before their

INFANT MORTALITY BY RACE 1995 – 2004



Source: van Dyck 2008

INFANT MORTALITY RATE BY STATE, 2002 – 2004



Source: van Dyck 2008

first birthday are born to mothers with significant prepregnancy health risks, such as prior histories of preterm delivery or vaginal infections. These women frequently face serious discontinuities in health care services with primary care often absent between pregnancies. Even when identified in a clinical setting, the social needs of these high-risk women are not typically addressed and patient-provider communication is generally lacking. Histories of sexual and other types of physical abuse are also common.

Health foundations have long played an important role in both improving women's access to prenatal and preconception care and enhancing the quality of those health care services. Increasingly health philanthropies are also beginning to address the underlying social and environmental determinants of health that may influence the need for specialized obstetric services. In light of the range of public sector programs and funding streams that focus on maternal and child health, philanthropic efforts frequently strive to focus on work that stimulates innovation and catalyzes system change.

For example, the Healthcare Georgia Foundation recently awarded \$60,000 to the *Family Connection Partnership*, a public-private collaborative that provides technical assistance, research, and evaluation support to assist communities in improving conditions for children and their families. The grant will support the *Family Connection Partnership* in its efforts to document and disseminate effective approaches to reducing the incidence of low birth weight. This work will feed into a national compendium of evidence-based practices being compiled by the RAND Corporation.

The W.K. Kellogg Foundation has recently provided CityMatCH, the Association of Maternal and Child Health Programs (AMCHP), and the National Healthy Start

Association (NHSA) a \$400,000, two-year grant to create the *Partnership to Eliminate Disparities in Infant Mortality*. The project focuses on decreasing racial disparities in infant mortality in U.S. urban areas. A major component of this work will be the establishment of a multicity Action Learning Collaborative in the fall of 2008. Action Learning Collaborative teams will have the opportunity to network across state lines, strategize to break down barriers in addressing infant mortality disparities, and design new and innovative solutions tailored to their individual communities. State/local teams will be selected based upon their need to address disparities in infant mortality; their ability to create a multidisciplinary team inclusive of a CityMatCH, AMCHP, and NHSA member representative; and a show of community commitment and support (including travel sponsorship for at least one team member). Applications from candidate collaboratives will be solicited in August 2008.

SOURCES

McCloskey, Lois, Alonzo L. Plough, Karen L. Power, et al., "A Community-Wide Infant Mortality Review: Findings and Implications," *Public Health Reports* 114: 166-177, March/April 1999.

Singh, Gopal K., and Stella M. Yu, "Infant Mortality in the United States: Trends, Differentials, and Projections, 1950 through 2010," *American Journal of Public Health* 85(7): 957-967, July 1995.

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