

# Why the black-white infant mortality gap exists and how to eradicate it

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The infant mortality rate (IMR) is a key national indicator of population health. Despite technological advances in medicine, the IMR in the United States is high relative to other developed countries—particularly for black infants.

A new co-released report from the Samuel DuBois Cook Center on Social Equity at Duke University and the Insight Center for Community Economic Development provides an overview of the social determinants that contribute to racial disparities in IMR.

Fighting at Birth: Eradicating the Black-White Infant Mortality Gap proposes policies and programs that prioritize healthy maternal and child outcomes for black women because of their greater susceptibility to racism and discrimination to eliminate the gap.

In 2013, the white IMR in the United States was five per 1000 live births—resembling economically advanced nations like New Zealand. In contrast, the black IMR was 11.2 per 1000 live births—a rate closer to that of lower-income nations like Thailand, Romania and Grenada.

By providing adequate support for programs and advocacy groups that focus on black women's perinatal and postpartum needs, the life expectancy of black [infants](#) would increase substantially and directly benefit thousands of American families.

The authors note, for example, that not only does the black-white

disparity for [infant mortality](#) exist at all educational levels, it is greatest for black mothers who earn a master's degree or higher. Further, the IMR is highest for black women with a doctorate or professional degree.

The report asserts that the differential preterm birth outcomes should be analyzed beyond the premise that this health discrepancy is one that exists because of differences in genes or behavior.

"People tend to overlook the fact that racial discrimination has played a major role in the IMR gap between white and black infants," said Keisha L. Bentley-Edwards, co-author of the report. Bentley-Edwards is assistant professor of general internal medicine and director of the Samuel DuBois Cook Center's Health Equity Working Group at Duke.

"Particularly for black women, despite age, educational attainment and socioeconomic status, the exposure to racial inequities and injustices throughout their life directly impact their birth outcome," Bentley-Edwards said.

Because [black women](#) experience the highest infant mortality rates among any racial or ethnic group in the United States, the authors stress that to decrease the IMR, long-standing factors that promote these disparities must be addressed directly.

"It is estimated that the black IMR has been roughly twice that of the white IMR for over 35 years. It's time for policymakers to develop strategies that effectively reduce infant mortality—the price for stagnation is too high for black infants," said Imari Z. Smith, graduate research assistant at the Samuel DuBois Cook Center on Social Equity at Duke.

There is a common perception that [racial disparities](#) in IMR are driven primarily by risky behaviors such as drinking alcohol, using illicit drugs

and smoking cigarettes. However, the best available evidence does not support this assertion and illustrates that systemic barriers to positive birth outcomes warrant further investigation.

Indeed, unhealthy behaviors are directly correlated with an increased possibility of infant mortality and morbidity. However, the authors stress the importance of recognizing that the greater vulnerability of black infants cannot be explained by these factors alone.

"To address the root cause of the black IMR and the systemic racial inequities that impact black families, we must execute policies that support equal opportunity and serve to support mothers, especially black mothers," said Anne Price, president of the Insight Center for Community Economic Development. "It's time we take action and fight for the youngest in our country."

**More information:** Fighting at Birth: Eradicating the Black-White Infant Mortality Gap: [socialequity.duke.edu/sites/so ... tMortality-March2018%20FINAL.pdf](https://socialequity.duke.edu/sites/so...tMortality-March2018%20FINAL.pdf)

Provided by Duke University

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