

AFRICAN AMERICAN INFANT MORTALITY

Joint Center's Health Policy Institute -- Infant Mortality Commission

I. BACKGROUND

- The United States overall infant mortality rate is high in comparison with other major industrialized nations
 - **In 2004, the U.S. infant death rate ranked 29th against selected countries**, including: Hong Kong, Sweden, Singapore, Japan, Finland, Spain, Norway, France, Austria, Czech Republic, Germany, Denmark, Switzerland, Italy, N. Ireland, Belgium, Netherlands, Australia, Portugal, Ireland, England & Wales, Scotland, Canada, Israel, Greece, New Zealand and Cuba.
 - The U.S. overall rate is at least 25 percentage points higher than that found in the European Union
 - Alarming, the overall U.S. infant death rate also increased between 2001 and 2002 while decreases in other years were minimal
- More alarming still is the huge disparity between infant death rates for Blacks and Whites in this country
 - Nationwide, **infant death rates are 2.5 times as high for African American babies** than for white babies
 - **This black/white disparity in infant death rates has either held steady or widened since 1980**
 - In a number of states, especially those **in the Southeast, the gap between black and white infant death rates continues to widen**
 - Moreover, in states like Mississippi the disparity between black and white infant mortality rates has recently skyrocketed
- To investigate these disturbing trends, **in 2005 the Joint Center's Health Policy Institute (HPI) established an Infant Mortality Commission**
 - This **"Courage to Love: Infant Mortality Commission"** was co-chaired by Drs. Ronald David and Barbara Nelson and operated in partnership with the University of California's Los Angeles (UCLA) School of Public Affairs
 - The Commission also worked in tandem with the University of Michigan's NIH Roadmap Disparities Center
- Rather than view the growing disparity between African American and White infant deaths rates as solely a medical problem, the **Commission focused on examining the social determinants – economic, environmental, behavioral and community conditions – that serve as root causes**
 - Analysis of the social determinants behind higher Black infant mortality rates can also point the way towards effective remedies and solutions

- Dr. Ronald David described this concept as the “context of *relationality*”
 - Whereas toxic environments produce the *toxic relationships* responsible for stress, illnesses and infant deaths, *nurturing relationships* promote health, well-being, and healthy infant development and outcomes
 - **Relationships** can be examined on a number of levels, including **interpersonal, institutional and societal**
- Clearly, the institution of slavery in the U.S. represented the most toxic context of relationality and even after its abolition, resulted in century-long practices of racial hatred, brutality, and segregation
 - Even after the successes of the Civil Rights movement in the 1960’s, the ugly legacy of **racial discrimination and injustice in this country persists in the form of the disparities between Black and white infant death rates as well as other health, education, employment and wealth disparities**
- The Commission published a series of key papers designed to analyze critical issues related to infant mortality, including:
 - *Inequality Matters: Infant Mortality in the Global Village* by Dr. Ronald David (M.D.)
 - *Maternal Nutrition and Infant Mortality in the Context of Relationality* by Dr. Michael C. Lu (M.D.) and Jessica S. Lu
 - *African American Women and Breastfeeding* by Dr. Barbara L. Philipp (M.D.) and Sheina Jean-Marie
 - *Race, Stress, and Social Support: Addressing the Crisis in Black Infant Mortality* by Dr. Fleda Mask Jackson (Ph.D.)
 - *Authentic Voices in Infant Mortality: A View from Below* by Dr. Arlene Katz (Ed.D) and Dr. Kenneth Fox (M.D.)
 - Forthcoming: *The Courage to Love: Implications for Care, Research, and Public Policy to Reduce Infant Mortality* by Dr. Ronald David (M.D.)

II. MAJOR FINDINGS AND POLICY SOLUTIONS

a. MATERNAL NUTRITION

- **Poor maternal nutrition** is linked to such leading causes of infant mortality as:
 - Preterm birth;
 - Fetal growth restriction;

- Birth defects; and
- Maternal pregnancy complications
- **Fewer than 40 percent of low-income African American women are at an ideal weight when they become pregnant**
- Some **44 percent of low-income African American women who become pregnant are anemic**, a rate higher than for any other racial or ethnic group
- **3 out of every 4 pregnant African American women do NOT meet** their recommended daily allowances (**RDA**) **for calcium, magnesium, zinc and vitamin E**
- **1 out of every 3 pregnant African American women do NOT meet** the **RDA for iron and folate**
- In one study of poor pregnant women in North Carolina, 37 percent of black women were food insecure (which means nutritionally adequate food was not available)
 - This compares to 19 percent of white women who were food insecure
 - Thus, **poor black pregnant women in North Carolina were more than twice as likely to be food insecure** as their white counterparts
- Poor maternal nutrition usually follows a **lifelong pattern of poor nutrition**
 - By the time a woman starts prenatal care, giving her a vitamin or an iron pill may be too little – too late
 - A woman’s nutritional status must be improved BEFORE she becomes pregnant
 - This represents a real challenge in **black low-income neighborhoods**, where there usually are:
 - **More liquor stores than grocery stores**
 - **Fewer quality foods** available for purchase
 - **15-20% higher prices** for all food
 - **More fast food restaurants than healthy alternatives**
- **Dangerous patterns for pregnant women** such as **fasting, fast food consumption and pica** (craving for non-foods such as clay or chalk) are **particularly common among African Americans**

b. BREASTFEEDING

- **African American women breastfeed at rates lower than any other racial or ethnic group**

- **A study of pregnant African American women in Baltimore** found that the **baby's father** and the **baby's grandmother** had the **most influence on a mother's decision to breastfeed or not**
 - Other factors influencing a mother's decision NOT to breastfeed included concerns about returning to work and failure to receive encouragement from a doctor, nurse or breastfeeding consultant
- The **African-American Breastfeeding Alliance, Inc.** (AABA) is the only nonprofit whose **sole purpose is to educate African American women and their families** about breastfeeding by:
 - Highlighting the real benefits breastfeeding gives to the infant and mother
 - Offering ongoing support to African American mothers who decide to breastfeed
 - Working jointly with other supportive groups such as La Leche League and the Academy of Breastfeeding Medicine

c. STRESSORS of RACE AND GENDER

- **College-educated African American women are nearly twice as likely to deliver preterm and low birthweight babies** than similarly situated White, Hispanic or Asian-American women
 - Moreover, birth outcomes of these highly educated African American females – premature and low birthweight – resemble those of non-educated, uninsured, and unemployed white women
- Recent scientific research is focusing on the **physiological effects of chronic and prolonged stress associated with inequality and injustice**, such as:
 - Compromised immune systems
 - Hormonal disruptions
 - Vascular impairments
- Research by Dr. James Collins at Northwestern University has uncovered a clear **connection between perceptions of exposure to racial discrimination during pregnancy and the birth of very low birthweight babies to African American women (low-income)**
- Research by Dr. Fleda Mask Jackson of Emory University has likewise uncovered **significant linkages between the stress of gendered racism, anger, and anxiety**
 - **Anger and anxiety** are **causal factors for hypertension, diabetes and obesity – ALL** of which **are risks for poor birth outcomes**

- Dr. Jackson’s *study of African American women in Atlanta* also indicated *specific manifestations of depression* resulting from racial, cultural and gender experiences
 - *Pregnant African American women* in this study *expressed fears about the racism that would be directed at their children*
 - Moreover, 42 percent of all African American women in the study (whether they had children or not) agreed to this survey statement: “I have to deal with racism directed at my children”

- Dr Jackson’s research supports several *key policy recommendations*, including
 - **Expanding funding for the health care of pregnant women and their babies**
 - **Establishing comprehensive prenatal care services across ALL income categories that address the psychosocial needs AND medical needs of pregnant women**
 - **Providing essential funding for research and interventions that are culturally sensitive, race- and gender-specific, and especially designed to respond to the current infant mortality crisis**
 - Such research and intervention efforts need to be community-based and include a focus on the experiences of expectant fathers
 - **Supporting community-based initiatives and programs already designed to monitor and promote positive pregnancy outcomes** (such as the National Friendly Access Program and national Healthy Start projects)
 - **Investigating the conditions that have produced the disparity between black and white infant death rates as a civil rights issue**