

UNDERSTANDING RACIAL DIFFERENCES IN INFANT MORTALITY

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Since the middle 1980s, social and medical scientists have given considerable attention to the fact in the face of dramatic overall declines in infant mortality, the ratio of the black infant mortality rate to the white infant mortality has been increasing. With the black rate approximately 2.4 times the white rate, reducing the disparity has become a principal object of the Race and Health Initiative of the Department of Health and Human Services, as well a substantial number of other public and private programs. We can expect substantial resources to be devoted to such programs in the years to come. It would therefore be useful to carefully review the methods being used to appraise the severity of the disparities and the progress in reducing them. There are questions about the value of some of those methods.

It is long been recognized that income is highly correlated with health status. In light of that correlation, consider the things we might learn from the patterns of racial disparities reflected in income data. Blacks are more likely to be poor than whites. In 1990, blacks were 3.0 times as likely as whites to fall below the poverty line (31.9 percent for blacks compared with 10.7 percent for whites). And, as is almost invariably the case when one group is more likely to experience some condition than another group, the racial disparity in rates of being very poor is even greater than the racial disparity in being poor. In 1990, blacks were 3.8 times as likely as whites to fall below 50 percent of the poverty line

(14.4 percent for blacks compared with 3.8 percent for whites).

Suppose then that programs were implemented that allowed everyone with incomes between the poverty line and 50 percent of the poverty line to escape poverty. The ratio of the black poverty rate to that of the white poverty rate would increase substantially. Corollaries to that increase are that blacks would experience a lower proportionate decline in their poverty rates than whites and that blacks would comprise a larger proportion of the poor than they did before the decline in poverty. The direction of these patterns often would obtain even if the programs had been particularly directed toward blacks, for example, where the program had enabled all blacks between the poverty line and 50 percent of the poverty line to escape poverty while only 90 percent of whites with such incomes did.

Anyone inclined to believe that increases in the black-white poverty ratio in times of declining poverty reflect some true decline in the relative well being of blacks compared with whites should merely examine the opposite outcome—the avoidance of poverty. For a change that allowed everyone with incomes above 50 percent of the poverty line to escape poverty would causes the black rate of avoiding poverty to rise from 76 percent of the white rate (68.1 over 89.3) to 89 percent of the white rate (85.6 over 96.2). Thus, the sizes of disparities in experiencing a condition and in avoiding the condition move in

opposite directions when the overall prevalence of the condition declines.

The same tendencies should operate with regard to mortality. As advances in medical science and improvements in the delivery of health care increasingly restrict mortality and morbidity to the most-susceptible elements of the population, they also increasingly restrict these conditions to an even more disproportionately minority segment of the population. The consequences will tend to be an increase in racial disparities as measured in terms of ratios of experiencing these conditions. This can occur even when programs for reducing the conditions are specifically directed to minority issues. On the other hand, as with rates of avoiding poverty, disparities in survival rates will tend to decline. Indeed, much of the time over the last two decades, as racial disparities in infant mortality rates reached all time highs almost on a yearly basis, racial disparities in infant survival rates reached all time lows.

In any event, whether or not these tendencies operates in every case, they must be taken into account in appraising progress in reducing the disparity between the health of black and white infants. For a fuller discussion of the implications of these tendencies in evaluating health, disparities--including reasons why black-white infant mortality ratios will tend to be greater (and disparities in infant survival rates will tend to be smaller) at higher socioeconomic levels, as well as why eventual reductions in infant mortality ratios must be regarded with caution, see my "Race and Mortality" in the Jan.-Feb 2000 issue of Society (available on the Internet from Northern Light).