# Reducing Disparities in Infant Mortality Rates for African American Women in the United States Through Medicaid Expansion and Medicaid Sponsored Programs

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## Introduction

Infant mortality rate (IMR), defined as the number of infant deaths (age 1 or younger) per 1000 live births, is a key metric of a nation's health and wellbeing[1]. The United States lags behind other developed countries in this measure, ranking 33rd out of 36 Organization for Economic Cooperation and Development (OECD) countries – one of the highest rates of IMR in the developed world[2]. A primary reason behind this high IMR is racial disparities; namely, African Americans have a disproportionately high IMR of 11.4 deaths per 1000 live births – more than twice the number of white Americans' IMR (4.9 per 1000 live births)[1]. These racial disparities significantly increase the overall U.S. IMR, and thus it is of the utmost importance to reduce these disparities in order to improve the IMR and health of the United States as a whole. Furthermore, there is an important social justice aspect to reducing IMR disparities, as it is vital to help these African American communities that face the health consequences resulting from disparities.

Medicaid is the United States' joint federal and local program to provide free/low-cost insurance to low-income families, children, and pregnant women. This program, and health insurance coverage in general, is associated with better health outcomes and improved self-reported health status[3]. Thus, it follows that Medicaid may also impact IMR positively by reducing health disparities between black and white women in this arena.

The purpose of this policy brief is to discuss current research surrounding Medicaid and IMR for African American women in the United States, with a focus on ways in which Medicaid has accomplished/has the potential to accomplish reductions in disparities in IMR. A policy recommendation based on current literature will also be discussed in order to improve disparities in IMR across the US through Medicaid.

## Background

As mentioned previously, African Americans have a disproportionately high IMR as compared to other racial groups, including whites, American Indians/Alaska Natives, Hispanics, and Asians[1]. Part of this high IMR is explained by risk factors such as low socioeconomic status (SES). However, some factors that affect African Americans potentially more than other racial groups are also at play here – namely, the effects of years of systematic racism and lack of access to important prenatal care[1].

Systematic racism causes chronic stress on the body that manifests in various ways, such as poorer health outcomes. Targeting this would require essentially re-socializing the US and tearing down systemic discrimination. This brief instead focuses on

access to prenatal care, and healthcare in general, for African Americans through Medicaid as a way to reduce health disparities in IMR.

## Research Findings

Overall, the research relating to Medicaid and its impact on IMR shows that Medicaid is generally beneficial for reducing IMR, especially in African Americans and low socioeconomic status (SES) populations. Thus, Medicaid contributes to reducing disparities in IMR by decreasing the IMR for disadvantaged groups.

For example, Guillory et al. (2003) studied IMR in a rural county of South Carolina, and found that African Americans on Medicaid gave birth to fewer preterm infants and experienced a lower IMR than did non-Medicaid African American mothers[4]. Hence, the racial disparities were lessened among those with Medicaid.

This result is not just specific to rural South Carolina – Bhatt et al. (2018) found a similar pattern across the United States. They examined IMR in Medicaid expansion states, i.e. states that expanded Medicaid to include people at or below 138% of the Federal Poverty Line (FPL), versus non-Medicaid expansion states, and stratified the data by race. The study found that there was a 14.5% IMR decline for African Americans in Medicaid expansion states – more than twice the decline experienced by African Americans in non-expansion states[5]. This corroborates the fact that Medicaid seems to play a role in reducing IMR disparities by significantly reducing IMR for African Americans.

Further research has shown that Medicaid itself may not be the direct cause of reduced IMR disparities, but the various services and programs that come with Medicaid. For example, Meghea et al. (2015) found that a Medicaid program in Michigan, the Maternal Infant Health Program (MIHP), reduced odds of death in the first year of life significantly for African American babies, as well as infants from other racial minority groups[6]. The MIHP is a pre- and post-natal home visitation program. Similarly, Baldwin et al. (2011) compared the state of Washington, which has Medicaid-sponsored prenatal services, with Colorado, a control state, and found a significant decrease in low birthweight rate among African Americans, which is a strong factor for infant mortality[7]. Buescher et al. (1991) compared North Carolina women on Medicaid who received maternal care coordination services with those who did not, and found that care coordination services reduced both low birthweight rate and IMR[8]. Finally, Moss et al. (1998) examined participation in the Special Supplemental Nutrition Program for Women, Infants, and Children and Medicaid coverage across the US and found that the risk of endogenous and exogenous deaths were higher in mothers and infants who did not participate in either program[9].

Overall, current research shows that not only is Medicaid itself beneficial for reducing health disparities, but so are the many programs and benefits associated with Medicaid. As described previously, it is known that access to prenatal care is an important cause of racial disparities in IMR – thus, states with Medicaid expansion and maternal care programs significantly reduce IMR among African Americans, and thus reduce IMR disparities.

However, there are not many current policy efforts to reduce IMR disparities through

Medicaid, as not much policy is aimed at IMR specifically. The closest policies that currently exist are at the state level, with some states choosing to both expand Medicaid coverage and provide maternal pre- and post-natal programs for recipients. However, both expansion and such programs are passed on a state level and are not uniform across the United States, which thus does not reduce disparities across the US as a whole, but rather specific pockets of states. Thus, policy is necessary to not only expand Medicaid across the board, but also implement pre- and post-natal programs in order to reduce health disparities in IMR.

## Policy Recommendations

Based on a thorough literature review, it seems the best policy option for reducing IMR disparities in African Americans through Medicaid is twofold:

1. Expand Medicaid coverage in all states, so people across the U.S. have equal coverage and access to care
2. Offer specific maternal pre- and post-natal programs through Medicaid and automatically enroll all women

The first step is necessary because, as shown by the Bhatt et al. (2018) paper, African American women have significant reductions in IMR in expansion states as compared to those in non-expansion states[5]. Hence, expanding Medicaid coverage in all states will reduce IMR for African American women across the country, thus reducing disparities.

The second step is also necessary because research has shown that Medicaid coverage is more effective at reducing IMR when paired with various maternal and neonatal specific programs, as African Americans generally lack access to these programs. An example of an effective program includes home visits for African American women to counsel them before pregnancy and support them after the birthing process. Additionally, prenatal appointments, e.g. as tested in the state of Washington by Baldwin et al. (2011), that include nutritional advice and psychosocial counseling have been shown to be effective at reducing IMR[7].

Thus, policy that includes both of these aspects will be most effective at reducing health disparities in the form of IMR for African Americans through Medicaid.

The implications of this topic and policy brief are huge – reducing IMR disparities can significantly improve the health of the US as a whole and in comparison to other developed nations, as well as create social justice by ensuring African American mothers and babies are just as healthy as other racial groups.

## Links to Additional Resources

- Medicaid website: https://www.medicaid.gov/
- The World Bank Infant Mortality Rate: https://data.worldbank.org/indicator/SP.DYN.IMRT.IN
- National Institutes of Health: What Causes Infant Mortality: https://www.nichd.nih.gov/health/topics/infant-mortality/topicinfo/causes
- National Institutes of Health: Are There Ways to Reduce The Risk of Infant Mortality: https://www.nichd.nih.gov/health/topics/infant-mortality/topicinfo/reduce-risk

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