



Weekly Checkup

Refocusing on the Drivers of Black Infant Mortality

JOHN WALKER, PARTH DAHIMA | SEPTEMBER 20, 2024

In August 2020, a collection of researchers from several highly regarded academic programs, including George Mason University’s School of Business, University of Minnesota’s School of Public Health and its Carlson School of Management, and Harvard University’s School of Business, examined 1.8 million hospital births in the state of Florida between 1992 and 2015 and **published what they claimed to be a significant link between newborn-physician racial concordance and the mortality of Black infants**. Following its release, this research gained considerable **media attention** and was subsequently highlighted in U.S. Supreme Court Justice Ketanji Brown Jackson’s **dissent** in *Students for Fair Admissions v. Harvard* in 2023, in which the Court **held that** race-based affirmative action programs in college admission processes violate the Equal Protection Clause of the 14th Amendment.

The issue of disproportionately higher infant mortality among Black infants is of crucial importance. Notably new research published this week by two researchers associated with the National Bureau of Economic Research, the Manhattan Institute, and Harvard University’s Kennedy School largely **disputes the previously asserted “significant link” between newborn-physician racial concordance and Black infant mortality**. Let’s review both studies to understand why this previous finding is coming under fire and what we might learn from it.

In the 2020 study, researchers set out to identify why there continued to be a drastic difference between the mortality rates of Black and White infants. Using the difference in mortality as a starting block, researchers constructed a model to test for “Black-White newborn mortality risk [differences] depending on physician race.” Using data from Florida’s Agency for Healthcare Administration (AHCA) from 1992 to 2015, and controlling for insurance providers and 65 of the most prevalent comorbidities, researchers reported two major findings. First, using a simplified version of their model without controls, researchers found that “under the care of White physicians, Black newborns experience triple the in-hospital mortality rate of White infants,” as well as that “Concordance appears to bring little benefit for White newborns but more than halves the penalty experienced by Black newborns.” Second, after retesting the study with the full model, the researchers reported that “the mortality penalty for Black newborns is 39% lower under the care of Black physicians than White physicians.” **Researchers then concluded that these findings “provide evidence that the Black-White newborn mortality gap is smaller when Black doctors provide care for Black newborns than when White doctors do,”** but also cautioned that “physician performance varies widely among physicians of both races, suggesting that exclusively selecting on physician race is not an effective solution to mortality concerns.”

The researchers of the 2024 study sought to test the validity of the 2020 study’s findings. **Using the same data from the AHCA, researchers then replicated the original study but, of note, also controlled for low birth weight, a key determinant of neonatal mortality, which the 2020 study did not do**. Using this altered model, the researchers noted:

It turns out that a disproportionately large number of Black newborns with very low birth weights are attended by White physicians. We show that once we control for the impact of very low birth weights on mortality, the estimate of the racial concordance effect is substantially weakened and becomes statistically insignificant in models that account for other factors that determine newborn mortality... Our results raise questions about the role played by physician-patient racial matching in determining Black neonatal mortality and suggest that the key to narrowing the Black-White gap may continue to lie in reducing the incidence of such low birth weights among Black newborns.

The 2020 study grabbed headlines by pointing to White–Black racial issues as a significant factor in Black infant death. **The 2024 study sheds light on at least one more concrete variable in the data, highlighting the importance of avoiding overgeneralizations of complex health issues when there may be other factors at play. Clearly, further study about birth weights and comorbidities for black infants is needed in order to improve racial disparity in outcomes.**

INCREASE PROJECTED FOR ANTIMICROBIAL RESISTANCE RELATED DEATHS

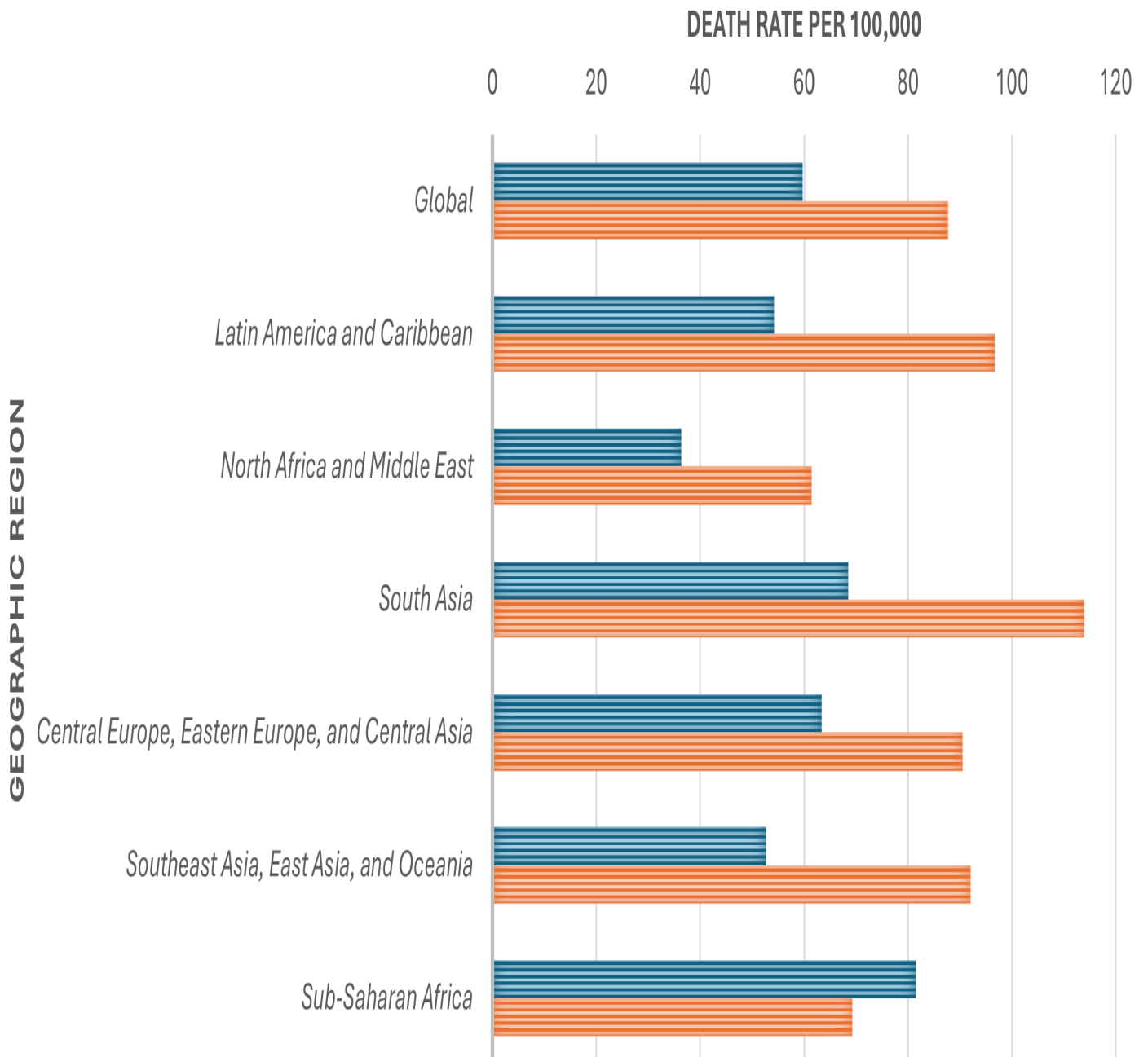
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A recent [study](#) by medical journal The Lancet projected more than 39 million deaths by 2050 as a result of antimicrobial resistance (AMR). Data demonstrate that, should no action be taken against AMR, nearly 2 million global deaths will result in 2050 alone. While data collected from 1990–2021 show a decrease in AMR-associated death rates in most geographic regions, these data project a sharp increase in death rates going forward.

The graph below depicts 2021 and 2050 (projected) death rates per 100,000 by region. For most regions, a clear increase is projected, ranging from 20–50 percent from 2021–2050. The notable exception, however, is Sub-Saharan Africa, which is expected to see a roughly 15-percent decrease in AMR-related deaths.

DEATHS ATTRIBUTABLE TO AMR: 2021 AND 2050

■ Death Rate 2021 ■ Death Rate 2050



Sources:

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