Why was this study conducted?
In the United States, the Black infant mortality rate is more than twice the rate of other racial groups. Prior research into understanding this disparity has focused on individual-level determinants. However, a macro lens provides insight into how structural racism, which is characterized by inequality between racial groups in educational attainment, median household income, employment, incarceration, and juvenile custody, has implications on the rate of infant mortality for Black women compared to non-Hispanic White women in the United States.

What was the purpose of this study?
The purpose of this study was to explore the extent to which racial inequities in societal conditions at the state level are associated with the racial inequities in infant mortality at the state level.

How was this study conducted?
This study was conducted by examining the associations between state-level indicators of structural racism and infant mortality rates among children born to Black and non-Hispanic White women in the United States. Overall and race-specific infant mortality rates were calculated using nationally linked infant live birth and death records from 2010 to 2013. Structural racism was calculated as a ratio of black to white population for each indicator at the state level.
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What are the main results?
We found that when compared across all states, the Black infant mortality was higher than non-Hispanic Whites. **Black infant mortality rates were significantly associated with total population median household income.** As the total median household increased by $12,461 in a state, the black mortality rate decreased by **17%**. Black infant mortality was also significantly associated with unemployment, whereas an increase in unemployment rates among the Black population was associated with an increase in Black infant mortality rates. Black infant mortality was lower in states where a greater proportion of the Black population had college education, employment in a professional or managerial position, and a higher median household income. Interestingly, while there was no relationship between juvenile custody on infant mortality for Black women, there was a positive association for non-Hispanic White women.

What do these findings mean?
These findings suggest **structural racism perpetuated on the state-level is associated with the Black infant mortality rate.**

What are the strengths and limitations of the study?
A strength of this study is the use of claims data because it provides an objective measure of the use and provision of LARCs over time. A limitation of the study is that we were unable to account for factors that influence LARC uptake not included in claims, such as LARC insertion trainings or contraceptive counseling practices.

How can these results be used to improve the health of women and their families?
Alongside encouragement of patient-centered comprehensive counseling, efforts to improve equitable access for women seeking family planning services should consider removing provider-level barriers, such as low reimbursement rates.