

Study shows rising child mortality in the US has the most impact on Black and Native American youth

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Researchers at Virginia Commonwealth University and Children's Hospital of Richmond at VCU are shedding new light on how the



increasing rate of child mortality in the United States has disproportionately affected certain racial and ethnic groups.

Their previous <u>research</u> found that child and adolescent mortality rates in the United States rose by 18.3% between 2019 and 2021, the largest such increase in at least half a century.

In their <u>latest study</u>, published May 4 in the *Journal of the American Medical Association (JAMA)*, their analysis revealed that Black and Native American (American Indian and Alaska Native) youth died at significantly higher rates than white youth—primarily due to deaths from injuries—and the gap is widening.

Death rates among young Americans had been in decline for decades thanks to breakthroughs in medicine and expanded access to health care. However, these gains in <u>public health</u> have since been eclipsed by the rise of injury-related fatalities, including homicide, drug overdoses, motor vehicle accidents and suicide.

"Once you start looking at these trends with a magnifying glass, it becomes clear that mortality rates are not consistent across all racial and ethnic groups," said Elizabeth Wolf, M.D., an associate professor in the VCU School of Medicine's Department of Pediatrics, a pediatrician at Children's Hospital of Richmond at VCU and lead author of the study.

"While we saw that the overall pediatric all-cause mortality rate in the United States began to increase around 2020 and 2021, for Native American, Black and Hispanic populations, pediatric mortality rates began increasing as early as 2014."

"Our earlier research on pediatric mortality revealed a great tragedy in that injury-related deaths are reversing the progress we've made in pediatric care. This latest study uncovers another layer of tragedy in that



injury-related deaths are also reversing our progress in closing <u>racial</u> <u>disparities</u> in mortality," added Steven Woolf, M.D., director emeritus of the VCU Center on Society and Health and a professor in the VCU School of Medicine's Department of Family Medicine.

Wolf and Woolf are part of a research team that reviewed more than 20 years of death certificate data from the Centers for Disease Control and Prevention to assess how the risk of death at ages 1 to 19 differed by race and ethnicity.

The data showed that differences in pediatric mortality rates between racial and ethnic groups were improving until 2013. However, in more recent years, the disparities in death rates have widened, especially for Black and Native American populations.

Between 2014 and 2020, mortality rates increased by 36.7% in Black youth and 22.3% in Native American youth while increasing 4.7% in white youth.

This shift was primarily driven by disparities in injury-related deaths, according to the analysis. Between 2016 and 2020, nearly 13 in every 100,000 Black youth died by homicide, which is more than 10 times higher than the rate among white youth. During the same period, about 11 in every 100,000 Native American youth died by suicide, more than two times higher than the rate among white youth.

The data also revealed that many of the recorded deaths caused by homicide and suicide involved firearms. Between 2016 and 2020, about 13 in 100,000 Black youth and 7 in 100,000 Native American youth died from gun-related injuries. These mortality rates were four and two times higher than among white youth, respectively.

The data also showed that firearm fatalities have become more frequent



over time for both groups. Between 2013 and 2020, the risk of death from gun violence increased by 108% among Black youth and 124% among Native American youth.

The observed disparities are not limited to deaths from injuries, as they also are seen in deaths from diseases such as asthma, influenza and heart failure. About 1 in every 100,000 Black youth died from asthma, nearly eight times higher than the rate among white youth.

Additionally, 1 in every 100,000 Native American youth died from pneumonia and influenza, more than three times higher than the rate among white youth.

Wolf and Woolf said a number of factors are potentially linked to the country's rise in pediatric mortality and the associated disparities across racial and ethnic groups. For example, the racial imbalance seen in suicide rates may be due in part to differences in poverty levels, childhood experiences and access to <u>mental health services</u>.

On the other hand, the racial inequities in death from asthma could be tied to differences in exposure to <u>tobacco smoke</u> and other air pollutants, as well as unequal access to asthma medications.

The researchers also stressed that the various conditions contributing to the widening racial gaps in child death ultimately reflect the legacy of systemic racism in the United States.

"At the end of the day, the history of systemic racism in this country lies at the root of this tragedy by creating gaps in the social, economic and environmental conditions in which children are being raised," Woolf said.

"Addressing these systemic factors is essential for mitigating the



disproportionate risks of injury and disease experienced by children of color."

According to the researchers, the most effective way to reverse the country's pediatric mortality trends is through bold policy actions. For instance, they noted the importance of enacting sensible gun policies to prevent child access to firearms, as well as providing better access to behavioral health services to address the current mental health crisis affecting children and adolescents.

"As doctors, we tend to first focus on the health care system, but many of the issues driving these spikes in mortality cannot simply be treated at a hospital or clinic—such as a person's income level, education and environment," Wolf said.

"We need to look beyond the sphere of health care and into the sphere of public policy."

"There are many clear policy recommendations on how to save the lives of our children," Woolf added. "We just need to act on it."

More information: Elizabeth R. Wolf et al, Racial and Ethnic Disparities in All-Cause and Cause-Specific Mortality Among US Youth, *JAMA* (2024). <u>DOI: 10.1001/jama.2024.3908</u>

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