

A Comparison of Infant Mortality Between Democratic and Republican States in the US

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Examining infant mortality rates in the United States, particularly in the context of state governmental alignment, presents a complex interplay of socioeconomic, political, and healthcare-related factors. Several studies illustrate how various determinants, including economic disparities, access to healthcare, and legislative frameworks, impact infant mortality outcomes in Democratic and Republican States. This difference is salient not only in numerical values but also in the nuanced understanding of underlying causes.

Infant mortality rates in Democratic states have often been hypothesized to be lower due to more comprehensive healthcare programs and better maternal health services. However, the study by Matsuura indicates that while democratic governance can enhance public health outcomes, it does not establish a direct correlation with reduced infant mortality rates [1]. This theoretical framework suggests that health outcomes may improve in a political structure that favors participation and accountability due to better resource allocation and access to health information.

When analyzing state-level data from both Democratic and Republican jurisdictions, disparities in health indicators, particularly concerning maternal health, become evident. For instance, Raymond, *et al.* highlight that income inequality among counties in Florida correlates with increased infant mortality rates [2]. This underscores the importance of socioeconomic status as a determinant of health, suggesting that states with progressive social policies might mitigate the negative impacts of income inequality more effectively.

Race and ethnicity introduce another layer of complexity to this discussion. Research indicates significant racial disparities in infant mortality, with Black infants showing higher mortality rates than their white counterparts [3]. This aligns with broader findings that systemic inequalities driven by historical and contemporary socio-political factors affect health outcomes. In states striving to address these disparities through inclusive healthcare policies—often found in more Democratic-leaning regions—the consequences for marginalized communities tend to be better compared to those in Republican states, where such measures may be less robust.

The implications of healthcare accessibility are crucial as well. Lau, *et al.* discuss the relationships between birth weight and infant mortality, emphasizing that socioeconomically disadvantaged groups typically face higher instances of low birth weight due to inadequate prenatal care [4]. States that do not expand Medicaid under federally supported programs—often Republican-led states—tend to exhibit higher rates of uninsured pregnant women, exacerbating disparities in birth outcomes and, subsequently, infant mortality.

The role of healthcare systems in shaping infant mortality outcomes is further illustrated in the disparities highlighted in the research conducted by Ely and Driscoll. This research emphasized how systemic factors in different states correlate with their respective infant mortality rates [5]. Here, the differential investment in healthcare infrastructure and preventative health measures reflects political orientations, suggesting that Democrats may prioritize public health to support better outcomes in infant mortality.

Research indicates that societal factors-including public trust in government and the extent of democratic engagement-can influence health variables such as infant mortality [6]. Political stability and effectiveness are often more substantial in states with democratic governance, potentially leading to more favorable health outcomes.

Nevertheless, the upward trends in infant mortality rates observed during critical periods, such as the COVID-19 pandemic, have raised alarms regardless of party alignment. Tang, *et al.*'s analysis illustrated significant differences in the handling of public health policies between states led by Democratic and Republican governors, potentially leading to divergent outcomes in population health [7]. Such discrepancies accentuate the importance of how political leadership shapes healthcare delivery and public health responses.

The association between democratic governance and health is further evidenced through international comparisons, where countries exhibiting democratic ideals often report lower infant mortality than autocratic regimes. This juxtaposition when assessing U.S. states suggests that while certain Democratic states may resemble such a model through more equitable health policies, Republican states may operate under frameworks that do not prioritize infant health comprehensively.

Continuing to unpack these themes enhances our understanding of the intricate dynamics. Studies indicate that public health campaigns and educational programs can significantly influence maternal and infant health outcomes, which are more prevalent in certain political contexts. Places endowed with robust coalitions focused on maternal and child health services often found in Democratic states contrast starkly with areas where such advocacy is less prioritized.

Additionally, the spatial distribution of healthcare accessibility reveals how geographical disparities reflect governmental policies. Research indicates that rural and lower-income communities-often situated in Republican-leaning states-encounter systemic barriers to accessing necessary maternal care, further complicating their already disadvantaged positions [8]. This underscores the critical intersection of geography, income, and governmental action in fueling ongoing inequities in health outcomes.

The investigation of infant mortality rates across the partisan divide in the United States elucidates a complex interplay of social, economic, and political determinants. Democratic-leaning states tend to implement health policies prioritizing maternal and infant health more vigorously. Conversely, the systemic challenges faced by Republican states-including issues such as income inequality, healthcare accessibility, and racial disparities-often result in poorer health outcomes, revealing the multifaceted nature of this public health crisis. The elucidated disparities call for an urgent, coherent policy response to bridge these gaps and mitigate the challenges political affiliations present on health outcomes.

Bibliography

1. Matsuura H. "Exploring the association between the constitutional right to health and reproductive health outcomes in 157 countries". *Sexual and Reproductive Health Matters* 27.1 (2019): 1599653.
2. Raymond T., *et al.* "Evaluating the prevalence of maternal health indicators on infant mortality rates in Florida". *Cureus* 16.6 (2024): e63539.
3. Holland MA., *et al.* "Racial and ethnic disparities in infant mortality in North Carolina, 2008-2009". *North Carolina Medical Journal* 77.6 (2016): 373-377.
4. Lau C., *et al.* "Extremely low birth weight and infant mortality rates in the United States". *Pediatrics* 131.5 (2013): 855-860.
5. Ely DM and Driscoll AK. "Infant mortality in the United States, 2020: data from the period linked birth/infant death file". *National Vital Statistics Reports* 71.5 (2022): 1-18.

6. Bellinger N. "Democracy and infant mortality within India: from whether to why". *European Political Science Review* 10.1 (2016): 3-28.
7. Tang W., *et al.* "A comparison study of COVID-19 outbreaks in the United States between states with republican and democratic governors". *International Journal of Infection Control* 17 (2021).
8. Singh GK and Yu SM. "Infant mortality in the United States, 1915-2017: Large social inequalities have persisted for over a century". *International Journal of Maternal and Child Health and AIDS (IJMA)* 8.1 (2019): 19-31.

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