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Ethical Issues in Public Health  
**Session 8: Reducing the Burden of Infant Mortality**

The Maternal and Child Health (MCH) Block Grant Program provides federal funding to states that wish to implement or maintain programs that improve the health of pregnant women, mothers, infants, children, and children with special needs. States are allowed great flexibility in using the funds to address individual state priorities.

An unexpected surplus in funds this year has allowed the Maternal and Child Health Bureau (MCHB) to create a small supplemental grant for states that wish to address the problem of infant mortality.

States A & B represent two states in the U.S. that are applying for this competitive grant. The table below contains comparison data on infant mortality in the U.S. overall, and in states A & B:

**Infant Mortality Rates (per 1,000)**

MEASURE	STATE A	STATE B	U.S. OVERALL
White Infant Mortality	7.9 (T-1 <sup>st</sup> )	7.9 (T-1 <sup>st</sup> )	5.7
Black Infant Mortality	14.8 (T-17 <sup>th</sup> )	16.9 (9 <sup>th</sup> )	14.1
Overall	9.2 (4 <sup>th</sup> )	8.5 (9 <sup>th</sup> )	6.9

State A will use the grant money to develop a program for the specific purpose of reducing its black infant mortality rate. State A explains in its grant application that:

The disparity between the rates of black infant deaths and white infant deaths has remained about the same for the last ten years. The state's 'City Match Data Institute' team has identified extremely low birth weight and prematurity as the chief direct causes. The state is also considering stress and racism as factors that underlie the problem since both [state] and national data show that educated black women and those that have accessed care early are still in more danger of losing their infants than white women.

State B is will use the money to develop a program addressing the problem of infant mortality in general (i.e., not targeted to a specific population of infants). The state explains in its application that:

The overall goal of the [program] is to provide information to be used in reducing infant morbidity and mortality by identifying maternal behaviors (e.g. entry into prenatal care) during pregnancy and early infancy that are opportunities for change.

State B has a significantly larger population than state A. However, the black population in state B makes up a much smaller proportion of state B's population. As such, the black population in state A is roughly the same size as the black population in state B.

A group of researchers responsible for reviewing and rating these two state applications for the grant have called you, an ethicist with experience in health policy, to assist them in their deliberations. Some of the reviewers favor state A's proposal because they believe that it has a great potential for reducing the disparity between white and black infant mortality rates in state A.

Other reviewers claim that while state B's proposal may not have as great a potential to reduce the disparity between the black and white infants in state B, this proposal has the potential to affect a significantly larger number of lives than state A's proposal.

Discuss the ethics of these two different approaches to addressing infant mortality. Tell the reviewers whether or not on ethical grounds:

- 1) State A's proposal should be prioritized over State B's
- 2) State B's proposal should be prioritized over State A's
- 3) There is no difference between the proposals

Justify your recommendation.