

# Advancing Health Equity:

Insights from RAPID and NBCDI's  
Vision for Black Families



**NBCDI**  
National Black Child  
Development Institute

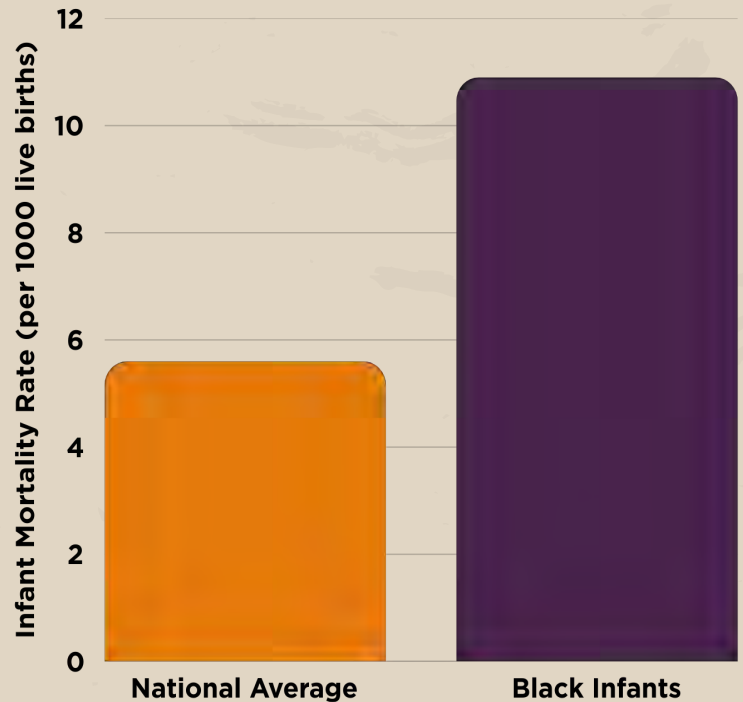
By: Leah Hairston, MSSW  
Editors: Alycia Hardy and Kim Keating

**Black Infant &  
Maternal Health**  
TASK FORCE



# The United States of America (USA) remains one of the most **dangerous countries** to give birth.

Despite a national healthcare expenditure of **\$4.9 trillion in 2023**<sup>1</sup>, birthing people in the USA are **10 times** more likely to die of childbirth-related complications than people in equally resourced nations. When viewed through a racialized lens, Black women are disproportionately more likely to die from childbirth-related complications than their white, Latinx or Asian counterparts. This disparity also extends to infants: while the national infant mortality rate in the USA is **5.6 deaths per 1000** live births, the rate for Black babies was nearly double at **10.9 deaths per 1000** live births in 2022. Preterm birth and low birth weight remain two of the top contributing factors to infant mortality, only surpassed by birth defects.<sup>2</sup>



<sup>1</sup>Centers for Medicare & Medicaid Services. (n.d.). National health expenditure data: Historical. U.S. Department of Health & Human Services. <https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/historical>



Across the public health landscape, it is well-established that racism is a social determinant of health, one of several non-medical factors that impact a person's health. It perpetuates disparities and threatens health equity. Experiences of racism in healthcare settings have been documented throughout history, yet only recently have those experiences begun to influence policy and systemic change for the protection of Black people and other historically marginalized communities.<sup>3</sup>

**For over 50 years, The National Black Child Development Institute (NBCDI) has championed the rights and well-being of Black children and their families.** Our work is guided by the Eight Essential Outcomes for Black Child Development, a framework that recognizes the first eight years of life as the most critical and foundational developmental period for children.

One of these Eight Essential Outcomes is that

## “Every Black child is born at a healthy weight.”

Preterm birth and low birth weight remain two of the top contributing factors to infant mortality, only surpassed by birth defects.<sup>4</sup> A healthy birth weight, considered between 5.5 and 8.5 lbs, is a key marker of health and higher quality of life through adulthood.<sup>5</sup> Research links infant and childhood health directly to educational and financial achievements in adulthood.<sup>6</sup> It shows that **children from families with more financial burdens also have increased risk of poor health and educational outcomes as they mature.** Given these disparities and their potential to impact generational health, we must have a clear understanding of what contributes to the disparities. Only then, can we create equitable and effective solutions.<sup>7</sup>

**The RAPID Survey Project**, based at Stanford University’s Center on Early Childhood, is working to identify and understand inequities in maternal and infant health through rigorous data collection to develop data-informed policies. Their most recent findings explored the experiences of parents of various racial backgrounds who faced racism during pregnancy and birth between May 2021 and June 2023.<sup>8</sup>

NBCDI applauds RAPID’s commitment to examining how racism distinctly shapes the pregnancy and birth experiences of Black people. Only by thoroughly interrogating the ways racism perpetuates the disparities Black families face while pregnant or giving birth will we be able to adequately address the repercussions on infants, seen in the disparate infant mortality rates. This report examines RAPID’s pivotal research, the broader implications for Black birthing people and their babies, and how NBCDI is expanding on this research in revolutionary ways to drive systemic change.





# RAPID'S Research

## Overview of RAPID's Work

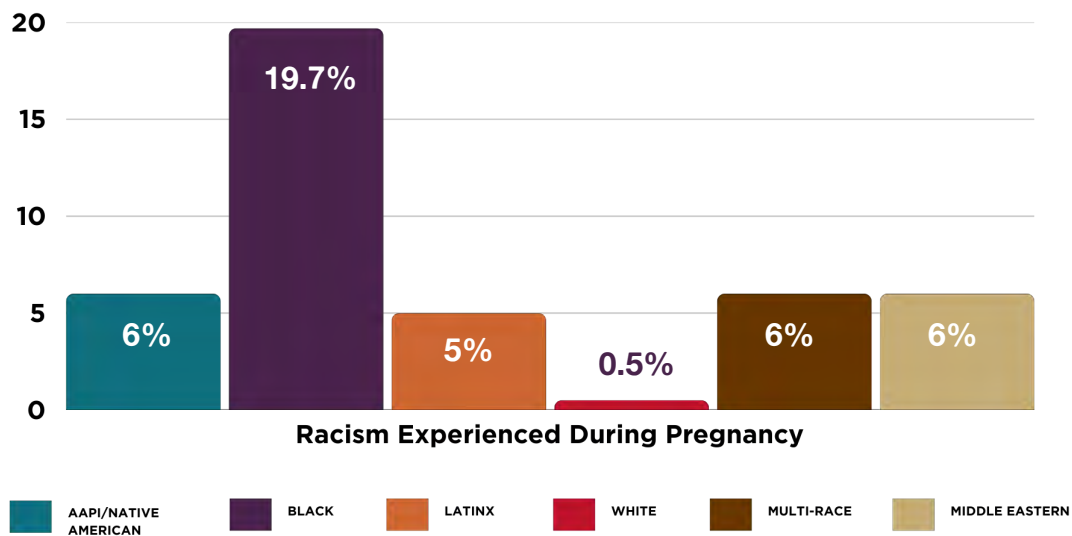
**RAPID** collects data through ongoing national and place-based surveys to assess the needs, health promoting behaviors, and well-being of young children and their caregivers. Their work spans research, policy, and practice, all aimed at fostering environments where young children can thrive. A key focus of their research is analyzing the impact of racism on well-being.

Between May 2021 and June 2023, RAPID surveyed 1,001 pregnant and postpartum parents to assess their experiences including how those experiences were shaped by racism. They found that pregnant parents across racial and ethnic groups faced difficulties accessing prenatal healthcare and services.<sup>9</sup> These parents faced not only racist experiences but also the compounding impact of the COVID-19 pandemic which exacerbated existing racial disparities in healthcare. These disparate outcomes are due in major part to systemic barriers.<sup>10</sup>



RAPID researchers identified distinct disparities in pregnancy, labor, and delivery experiences. Their findings revealed that nearly 20% of Black parents reported experiencing racism during pregnancy—a rate disproportionately higher than other racial groups. In comparison, approximately 5% of Latinx and 6% of pregnant parents of Asian, Middle Eastern, Native, or Pacific Islander descent reported experiencing racism, while only 0.5% of white pregnant parents did. When examining labor and delivery experiences, Black parents were twice as likely as other racial groups to report experiencing racism.

## PERCENTAGE OF PARENTS REPORTING RACISM DURING PREGNANCY



Socioeconomic status was another contributing factor. RAPID’s survey data found that parents with income below 200% of the federal poverty level (FPL) reported a greater likelihood of experiencing racism, with Black parents making up over 25% of the respondents in this category. The overrepresentation of Black parents in this income bracket reflects deeply rooted systemic inequities in income and employment—a continued legacy of decades of discriminatory hiring practices, exploitation, and occupational segregation.<sup>11</sup>

When we recognize the disparities in patients’ care during pregnancy and birth, it aligns with both the 20+ years of data and the

personal stories birthing parents have shared. A qualitative component of RAPID’s research captured testimonials that highlight how racism manifests in clinical settings. One parent shared:

**“An older midwife denied my experiences, constantly dismissing my symptoms with, ‘No,’ or ‘That’s not what you feel,’ and frequent ‘you people’ phrases.”**

This dismissal of symptoms and denial of experiences perpetuates distrust with providers and can deter parents from seeking healthcare support.

Another participant noted:

**“My baby is biracial and once the baby was born and they [the healthcare provider] realized that, my level of care changed significantly.”**

This dramatic shift in the quality of care provided to this family is not only dangerous physically but also speaks to the roles of subconscious beliefs and perspectives that can negatively influence healthcare interactions. These testimonials illustrate how racial trauma manifests in clinical settings, leading to mistrust and avoidance of essential prenatal and postpartum care.

**After reviewing quantitative and qualitative data, RAPID researchers concluded that racism continues as a persistent health threat and contributes significantly to disparities in maternal and infant care, especially for Black pregnant people.** RAPID’s findings reiterate that the impacts of structural racism and pervasive anti-Black biases and racism, the unique way Black people experience racism, are deadly threats to the health and well-being of Black parents.

## Broader Implications for Black Birthing People and Their Babies

The National Center for Posttraumatic Stress Disorder recognizes racial trauma as “the emotional impact of stress related to racism, racial discrimination, and race-related stressors.”<sup>12</sup> Stressors can include “stereotypes, hurtful comments, and barriers to advancement.” They can stem from a specific incident — such the ones shared by parents in the RAPID studies. However, racial trauma can also be “the ongoing, harmful emotional impact of racial discrimination that builds up over time.”<sup>13</sup>

Research has long established that racism negatively impacts maternal health and contributes to poor infant health outcomes.<sup>14</sup> In fact, studies indicate that a person’s genetic makeup changes due to shifts in stress hormones. Since a birthing parent’s health directly affects their child’s health, these changes directly impact both the health of the individual and their unborn children. Racism and racial trauma both increase stress hormones, triggering biological changes that affect both baby and parent.<sup>16</sup> Thus, the compounded impact of anti-Black racial trauma contributes to disproportionate adverse birth outcomes for Black babies, including preterm birth and low birth weight, creating long-term intergenerational harm.

**Intergenerational trauma, also known as transgenerational trauma,** is the psychological or emotional trauma a group of people experiences “that affects the health and well-being of individuals of successive generations.”<sup>17</sup> The effects of anti-Black racism are clearly contributing factors to both racial and subsequent intergenerational trauma. Additionally, they are contributing factors to poor health outcomes for Black women, Black birthing people, and their babies.

Given that anti-Black racism contributes directly to the disparities in Black maternal and infant health outcomes, it is imperative to address racism as a root cause of health disparities. It also begs the question: **Which aspects of anti-Black racism are direct contributing factors to low birth weight disparities?** Investigating this question and addressing the root causes is not only a moral imperative, but an urgent public policy priority. **Black maternal and infant health disparities are a public health crisis that demand immediate action.**



# NBCDI's Leadership in Advancing Equity

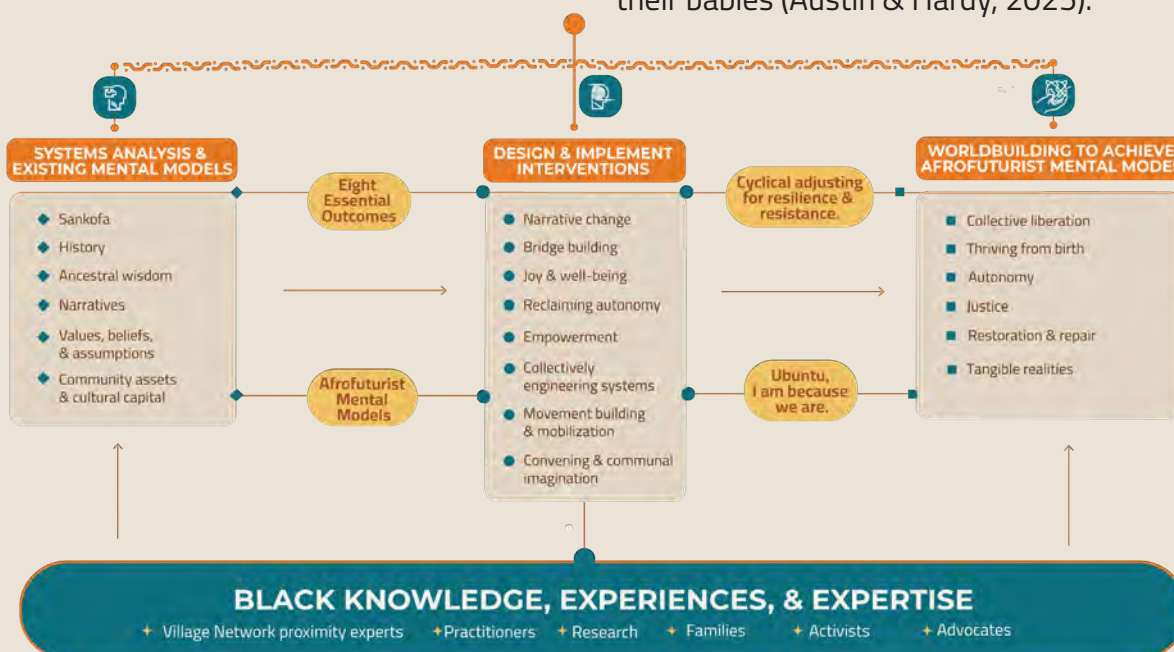
Our work at NBCDI is guided by our Eight Essential Outcomes for Black Child Development framework, which recognizes that the first eight years of a child's life are the foundational period of brain, self-identity, social, emotional, behavioral, and health development.

Yet during this time, Black children are subjected to anti-Black racism, whether directly or through their birthing parents. We hold firmly that Black maternal and Black infant health disparities are connected. In a reclamation of the wellness and well-being of Black children, and centering the lived experiences of Black women, birthing people, and their partners, we are launching the **Black Infant and Maternal Health Task Force**. It will uplift our first of Eight Essential Outcomes: **That every Black child is born at a healthy weight.**

## Black Infant and Maternal Health Task Force

The Task Force will conduct a nationwide study that will exclusively focus on the unknown comorbidities and ecological factors that account for the disparate phenomenon of low birth weight among Black babies. The study will also address the linkages between anxiety, depression, stress, weathering, and Black maternal birth outcomes. A core principle for this Task Force is centering the voices and experiences of community members who have direct lived exposure to the disparities we are addressing in the design and implementation of the national study. Once research is completed, NBCDI will use it to develop actionable federal, state, and local policy solutions and health interventions that can shift practice, reform systems, and improve outcomes for all Black birthing people and their babies.

Our work is grounded in an understanding of racial and intergenerational trauma, community assets and cultural capital, the intersections of maternal and infant health, our Black Child Development Framework, and Afrofuturism. Key to this model and our framework is the Afrofuturist Systems Design Process, through which we will collectively build the necessary systems to support the health, well-being, and autonomy of Black women, birthing people, and their babies (Austin & Hardy, 2025).



# Role of Afrofuturism

Afrofuturism is the lens through which, “we envision a future which affirms Black identity and agency as necessary, not detrimental, to the liberated futures of Black communities.” It recognizes that systemic changes that align with the liberated future of Black people require the collective insights of the Black community. NBCDI is “anchored in our communal imagining to conceive and build a world that can maintain the necessary systems that will foster the liberation, health, and thriving of Black people” (Austin & Hardy, 2025). This communal vision clarifies how to engage in systems change that recognizes individual “variables and components of a system, how they interact, and how the impacts of those interactions can be compounded on individuals and groups.”

## Changing Mental Models

Grounded in systems theory and systems thinking, our approach recognizes how mental models are foundational to the institutions and structures that shape health outcomes. Mental models are the deeply held assumptions, values, and beliefs of people that are at the root of all systems. Mental models are based on individual and collective perceptions about people, what they need and deserve, and how public resources are used to meet those needs through structures and institutions.

Mental models influence the way individuals and communities experience all aspects of life, including healthcare. Therefore, we must have “an interconnected context for problem-solving” because people are inextricably impacted by the broader institutions, structures, processes and mindsets around them (Austin & Hardy, 2025).

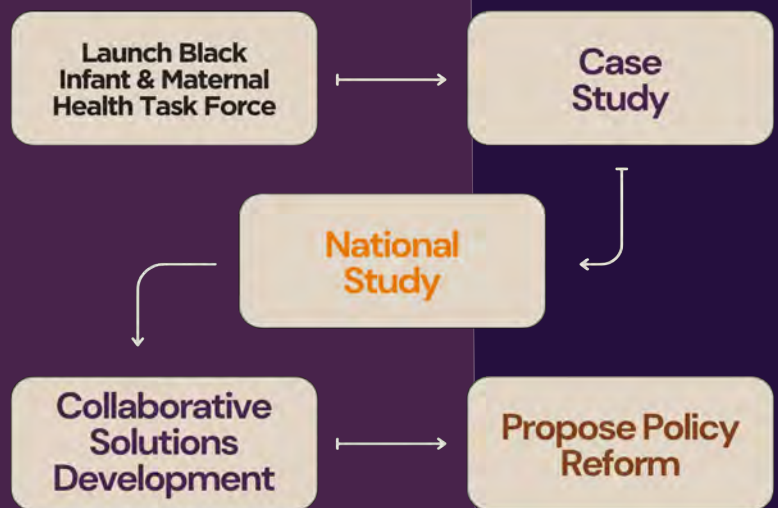
As we deploy the Afrofuturist Systems Design Process through the Black Infant and Maternal Health Task Force, we can begin to move beyond theory and thinking within the existing system and towards building new transformative systems while also meeting immediate needs. NBCDI is not only identifying disparities but also the cultural capital, knowledge, and wisdom of Black communities to collectively build solutions alongside Black researchers and advocates and all individuals who are committed to centering the health and well-being of Black birthing people and their babies.



# Moving Forward Together

NBCDI is grateful for partners like Stanford's Early Childhood Center, whose research continues to elevate the deeply embedded inequities in maternal and infant health that Black communities experience. This work is critical, however, research must be turned into actionable changes in policy and practice. NBCDI will translate the Task Force research findings into systems interventions to advance change that moves us towards new systems.

Our next steps include launching the Black Infant and Maternal Health Task Force, designing a case study using the Afrofuturist Systems Design Process, and building a data-driven policy agenda. These efforts will shape federal, state, and local policies to advance health equity. This is how we will ensure every Black child is born at a healthy weight.



## We call on healthcare providers, policymakers, community organizations, and advocates to take action:

- Engage with NBCDI's research and policy initiatives.
- Support evidence-based solutions that address racism in maternal and infant healthcare.
- Invest in Black-led maternal health organizations and community-driven programs.
- Advocate for policies that dismantle structural racism in perinatal and infant healthcare.

This work requires collective imagining and collective action. By working together, we can ensure that Black birthing people receive the equitable care they deserve, free of racial trauma, and that Black babies enter the world with the healthiest start possible.

# Conclusion

The fight for maternal and infant health equity is far from over. Anti-Black racism remains a pervasive force that threatens the health and well-being of Black birthing people and their babies. The disparities we see today are not inevitable—they are the result of systemic injustices and intentional policy choices that can and must be addressed.

RAPID's research continues to illuminate the realities that pregnant and postpartum families face. NBCDI is committed to transforming these insights into tangible, lasting change.

**Through policy advocacy, community engagement, movement building, and Afrofuturism that creates new transformative systems, we are shaping a future where every Black child is born at a healthy weight—ensuring a lifetime of opportunity and well-being.**





## End Notes

<sup>1</sup>**Centers for Medicare & Medicaid Services. (n.d.).** National health expenditure data: Historical. U.S. Department of Health & Human Services. <https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/historical>

<sup>2</sup>**Centers for Disease Control and Prevention. (n.d.).** Infant mortality. U.S. Department of Health & Human Services. <https://www.cdc.gov/maternal-infant-health/infant-mortality/index.html>

<sup>3</sup>**Centers for Disease Control and Prevention. (2024).** Racial and ethnic disparities in social determinants of health among adults—United States, 2022. Morbidity and Mortality Weekly Report, 73(9), 237–243. <https://www.cdc.gov/mmwr/volumes/73/wr/mm7309a3.htm>

<sup>4</sup>**Centers for Disease Control and Prevention. (n.d.).** Infant mortality. U.S. Department of Health & Human Services. <https://www.cdc.gov/maternal-infant-health/infant-mortality/index.html>

<sup>5</sup>**Bohingamu Mudiyansele, S., Wanniarachchi, S., Angeles, M. R., Majmudar, I., Marembo, M., Tan, E. J., Price, A., Watts, J. J., & Gold, L. (2024).** The impact of maternal health on child's health outcomes during the first five years of child's life in countries with health systems similar to Australia: A systematic review. PLOS ONE, 19(3), Article e0295295. <https://doi.org/10.1371/journal.pone.0295295>

<sup>6</sup>**Liu, H. (2019, August). Destined to be divergent:** Birth weight and intragenerational income mobility. Paper presented at the Annual Meeting of the American Sociological Association, New York, NY.

<sup>7</sup>**Bohingamu Mudiyansele, S., Wanniarachchi, S., Angeles, M. R., Majmudar, I., Marembo, M., Tan, E. J., Price, A., Watts, J. J., & Gold, L. (2024).** The impact of maternal health on child's health outcomes during the first five years of child's life in countries with health systems similar to Australia: A systematic review. PLOS ONE, 19(3), Article e0295295. <https://doi.org/10.1371/journal.pone.0295295>

### <sup>8</sup>**Need to confirm with RAPID Team**

<sup>9</sup>**Rapid Survey Project. (2024, February 19).** Expectant parents faced prenatal care challenges over the last few years. <https://rapidsurveyproject.com/article/expectant-parents-faced-prenatal-care-challenges-over-the-last-few-years/>

<sup>10</sup>**Neal, R. D., & Buckley, J. P. (2021).** Improving maternal health in the United States: A review of evidence on the role of prenatal care in reducing disparities in birth outcomes. Journal of Health Disparities Research and Practice, 14(4), 51-65. <https://doi.org/10.1007/s10544-021-00450-3>

<sup>11</sup>**American Progress, Center for. (2021, January 27).** Systematic inequality and economic opportunity. Center for American Progress. <https://www.americanprogress.org/article/systematic-inequality-economic-opportunity/>

<sup>12</sup>**U.S. Department of Veterans Affairs. (n.d.).** Racial trauma. National Center for PTSD. [https://www.ptsd.va.gov/understand/types/racial\\_trauma.asp](https://www.ptsd.va.gov/understand/types/racial_trauma.asp)

<sup>13</sup>**U.S. Department of Veterans Affairs. (n.d.).** Racial trauma. National Center for PTSD. [https://www.ptsd.va.gov/understand/types/racial\\_trauma.asp](https://www.ptsd.va.gov/understand/types/racial_trauma.asp)

<sup>14</sup>**Collins, J. W., David, R. J., Handler, A., Wall, S., & Andes, S. (2004).** Very low birthweight in african american infants: the role of maternal exposure to interpersonal racial discrimination. American Journal of Public Health, 94(12), 2132-2138. <https://doi.org/10.2105/ajph.94.12.2132>

<sup>15</sup>**Gonzalez, H. M., Tarraf, W., Whitfield, K. E., & Vega, W. A. (2004).** The epidemiology of major depression and ethnicity in the United States. American Journal of Public Health, 94(12), 2132–2136. <https://doi.org/10.2105/AJPH.94.12.2132>

<sup>16</sup>**Kaplan, G. A., & Roberts, B. A. (2020).** Socioeconomic determinants of health in the United States: A multilevel analysis of income inequality and health. Social Science & Medicine, 258, 113136. <https://doi.org/10.1016/j.socscimed.2020.113136>