

The President's Party and Infant Health in The United States

Florencia Torche and Tamkinat Rauf



"Trump & Biden" by ekaden is licensed under CC BY-SA 2.0. To view a copy of this license, visit <https://creativecommons.org/licenses/by-sa/2.0/?ref=openverse>

Even in the presence of stable institutions and absent any major political upheavals, changes in the political party at the helm of power have had substantial consequences for infant health, particularly for African American infants, over the past 50 years.

The beginning of the twenty-first century has been marked by relatively poor health outcomes and wide health disparities in the United States. For example, in spite of greater per capita spending on health care for children, the country has worse infant health outcomes than other affluent countries. This 'infant health deficit' is to a large extent a reflection of wide racial and socioeconomic disparities, with African American and low-income infants experiencing very poor outcomes. These patterns are of concern because infant health is a crucial indicator of current and future population health and well-being. Measures such as preterm and small for gestational age birth are important determinants of infant mortality, morbidity, and developmental difficulties, educational attainment and economic wellbeing over the life course.

Previous research demonstrates that poor infant health outcomes are shaped by social stressors and poverty. It is also well-known that policies that move the needle on these factors, like the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the Earned Income Tax Credit (EITC) and the Aid to Families with Dependent Children (AFDC), can support infant health, especially among disadvantaged populations.

However, less attention has been paid to the broader political ideologies that provide impetus to such policies. In Torche and Rauf (2021), we examine the role that one salient political factor—the political party of the president—may have played in shaping infant health between 1971 and 2018 in the United States. We ask: Does it matter for the health of newborns whether a Republican or a Democratic president is in office during the mother's pregnancy? We focus on the political party of the executive because presidents have substantial actual and symbolic power: Presidents propose the national budget, can unilaterally set public policy through executive orders, appoint heads of key offices, and have the power to veto congressional initiatives. As importantly, presidents also have immense symbolic authority. Presidential rhetoric shapes public opinion, social norms, and the boundaries of national identity.

After a short lived post-War bipartisan consensus, the two main political parties have developed increasingly distinct ideological orientations and policy positions. The Republican party has more strongly favored private enterprise and economic elites, whereas the Democratic party has supported greater government intervention for poverty alleviation and a stronger attention to racial justice.

How could the political party of the president shape infant health? Several pathways of influence are plausible, including policies that impact economic well-being, racial inequality and access to healthcare, as well as the president's influence on public opinion, collective values, and the extent to which different groups are symbolically

incorporated or excluded. In turn, these factors shape individual level determinants of health such as maternal stress and anxiety, nutrition, and access to prenatal care.

The main finding is that infant health improves during Democratic administrations. This effect is not an artifact of the economic cycle, and it persists after accounting for demographic and economic trends. The effect of Democratic presidents is substantial in terms of the population affected, resulting in thousands fewer preterm and small-for-gestational-age births. These effects materialize about two years after a democratic president takes office and persist until the end of the party's term in power, allaying concerns that factors predating the election may have contributed to these improvements. Given the large costs of poor birth outcomes for families and the economy in the United States—both immediately after birth, over the individual life course, and even across generations—these effects have implications spanning decades.

Another key finding of this research is that Democratic presidencies have stronger beneficial effects for Black infants than White infants. However, there is no evidence of a tradeoff in which Black health improves at the expense of White losses. Rather, all infants gain during Democratic administrations, but Black infants gain more. This finding is particularly important given the wide and persistent racial disparities in infant health in the United States. In 2020 the preterm birth rate was 9.1 percent for non-Hispanic White infants but 14.4 percent for non-Hispanic Black infants according to CDC's National Vital Statistics System (<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm>).

The main limitation of this analysis is the reduced ability to identify causal mechanisms for the observed effect. We looked at the possible mediating role of several factors including measures of economic inequality, specific social and health policies, minimum wage, poverty rate, and sentiments elicited by the president's rhetoric as expressed in the State of the Union Address. These variables appear not to account for the benefits of Democratic administration (with the partial exception of the poverty rate) and this statistical analysis does not provide a conclusive answer about the factors mediating the beneficial impact of Democratic presidents. However, controlling for putative mediators is a limited strategy to capture causal processes. More important, many mechanisms linking political ideology in power to infant health are notoriously difficult to measure. This is particularly the case of non-monetary mechanisms such as exclusionary rhetoric not expressed in formal speeches, changes in bureaucratic processes, and reallocation of resources within the same category. Finally, these mechanisms may change over time and interact in complex ways difficult to gauge by a variables-based analysis.

In spite of these limitations, a key contribution of this study is in demonstrating that even in the presence of stable institutions and absent any major political upheavals, changes in the political party at the helm of power have had substantial consequences for infant health, particularly for African American infants, over the past 50 years. Unless there are momentous shifts in the political agendas of the two parties or substantial political realignments, there is little reason to expect a change in these patterns in the near future. This research provides evidence that at least with regards to infant health, a more progressive policy (and possibly rhetorical) agenda serves to improve population well-being and reduce racial and class-based inequalities. We hope that this research helps inform policy agendas at both sides of the political aisle. While citizens obviously make their decisions about which party to vote for and whether to vote at all based on multiple and complex factors, the findings of this research bring into greater focus the well-being and equity implications of political agendas in our everyday political conversations, reminding us all that a key purpose of the political enterprise is to foster a society where all can thrive.

CONTACT

Florencia Torche, Department of Sociology, School of Humanities and Sciences, Stanford University
torche@stanford.edu

Tamkinat S. Rauf, Department of Sociology, School of Humanities and Sciences, Stanford University
tamkinat@stanford.edu



References

Torche F, Rauf T. The Political Context and Infant Health in the United States. *American Sociological Review*. 2021;86(3):377-405. doi:10.1177/00031224211000710