



A call for epidemiology and thanatology to address the dying, death, and grief pipeline among Blacks in the United States

Sharon D. Jones-Eversley & Johnny Rice II

To cite this article: Sharon D. Jones-Eversley & Johnny Rice II (2020): A call for epidemiology and thanatology to address the dying, death, and grief pipeline among Blacks in the United States, *Death Studies*, DOI: [10.1080/07481187.2020.1721618](https://doi.org/10.1080/07481187.2020.1721618)

To link to this article: <https://doi.org/10.1080/07481187.2020.1721618>



Published online: 06 Feb 2020.



Submit your article to this journal [↗](#)



View related articles [↗](#)



View Crossmark data [↗](#)

A call for epidemiology and thanatology to address the dying, death, and grief pipeline among Blacks in the United States

Sharon D. Jones-Eversley^a  and Johnny Rice II^b 

^aDepartment of Family Studies and Community Development, Towson University, Towson, Maryland, USA; ^bDepartment of Criminal Justice and Law Enforcement, Coppin State University, Baltimore, Maryland, USA

ABSTRACT

Dying, death, and grief are significant events that impact individuals, families, and communities. In the United States, Blacks historically have higher morbidity and mortality rates than other racial-ethnic groups. While death is a normal and natural phase of the life-course process, high incidents of infant mortality, premature death, and preventable death are not. The disproportionate burden of dying, death and grief among Blacks have detrimental consequences which demand interdisciplinary interventions from public health and death study researchers. This manuscript explores dying, death and grief from three distinct fields of study: (1) *epidemiology of death*, (2) *social epidemiology of death*, and (3) *thanatology*.

The scientific departmentalization of dying, death and grief

Too often, researchers, clinicians and practitioners study dying, death, and grief within their isolated professional fields. The departmentalization of dying, death and grief exploration limits the cross-pollination of knowledge that can be gained from the lifespan experience no human is exempted from encountering (Walter & McCoyd, 2009). The silo research and dissected application approaches to dying, death, and grief contradict the sequencing pathology of dying, death, and grief. Dying precedes death (Aiken, 2001; Umberson, 2017). The dying status occurs when an individual's declining health or sudden precipitating deadly event or injury leads to the reduction or cessation of vital functioning (Glaser & Strauss, 2017; Riley, 1983). Death is an irreversible process of cessation in the final stage of life (Davis, 1997; Friloux, 1975).

Death is prior to grief. Grief is the emotions of intense sorrow stemming from a loss (Brinkmann & Kofod, 2018). The structural reactions to death (e.g., emotional, cognitive, physiological, behavioral, spiritual, social, and familial) are what constitutes grief (Attig, 2004; Shapiro, 1994). In order to conduct a macro-level assessment of dying, death, and grief among Blacks, and its implications to researchers, clinicians and practitioners, three fields of study are

explored: epidemiology of death (e.g., occurrence of death), social epidemiology of death (e.g., social distribution and social determinants of death) and thanatology (e.g., effects of death and dying).

While thanatology has been a notable interdisciplinary population-based science of death in the Western society since the 1950s, many persons are unfamiliar with the term, science, or discipline (Bean, 1964; Fonseca & Testoni, 2012; Kübler-Ross, 1969). Originating from the term *Thanatos*, meaning Greek God of death, thanatology studies the social and emotional reactions to dying, death, death denial, death acceptance, mourning, burial preferences, funeral services and the clinical and post-loss needs of those affected or traumatized by their loss (Beilin, 1982; Bluestein, 1975; Wolfe & Jordan, 2000; Worden, 2018).

Epidemiology is a subsection of public health that examines the distribution and determinants of disease in populations (World Health Organization, 2019a). The epidemiology of death is the analysis of the incidences and types of death within a defined population (Kuller, Cooper, & Perper, 1972). Whereas, social epidemiology of death is a population-based assessment of the social structural factors (i.e., race, age, social-economic status, policy, etc.) that influence the distribution and determinants of disease and death (Berkman & Kawachi, 2000; Krieger & Davey Smith,

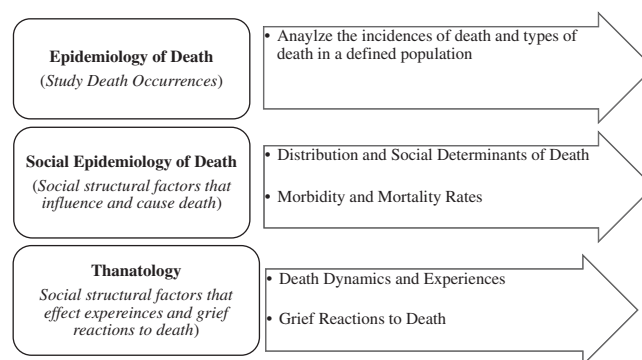


Figure 1. Epidemiology, social epidemiology and thanatology exploration of death. The interconnection of three scientific fields that study death occurrences, causes, and effects is shown.

2004). Sequential to dying and death would be Thanatology, the study of death and dying that evaluates the emotional, behavioral, familial and social aspects of dying and death (Bugen, 1981; Riley, 1983).

The burden of disease and death among Blacks in the United States

In the United States, Blacks die sicker and younger than other racial and ethnic groups (Nickitas, 2018; Wilson, 2019). Disproportionately, Black families experience high dying-death-grief exposures (e.g., morbidities and mortalities), and that translates into significant interactions with palliative care, funeral homes, and bereavement services (Crawley et al., 2000; Umberson et al., 2017). The alarming death disparities (e.g., preventable variances in death) and heightened death and grief needs of Blacks justify the exploration of their: (1) high morbidity and mortality rates, (2) death dynamics and experiences, and (3) grief reactions to death. Figure 1 highlights the death, dying, and grief roles of the epidemiology of death, social epidemiology of death, and thanatology that could aid researchers, clinicians and practitioners to collaboratively: (1) address death disparities among Blacks, (2) reduce gender-specific leading causes of death among Blacks, and (3) develop and offer culturally-sensitive grief-bereavement wellness resources to help Blacks navigate through their death, and grief experiences (Reed, 2003; Williams & Cooper, 2019).

Epidemiology of death among Blacks

Even though there has been a 25% decrease in deaths among Blacks during 1999–2015, this subpopulation continues to die sicker and younger than other Americans (Center for Disease Control & Prevention, 2019a). According to the National Vital Statistics Report, in 2015 the five leading causes of death for

Blacks were heart disease, cancer, stroke, unintentional injuries, and diabetes (Murphy, Xu, Kochanek, Curtin, & Arias, 2017). In 2018, the life expectancy at birth for Americans is 78.6 years. However, compared to other racial-ethnic groups (Asian Americans: 86.5 years, Latino: 81.8 years and White: 78.5 years), Blacks' life expectancy at birth (74.8 years) is the lowest (Center for Disease Control & Prevention, 2019b; Kaiser Family Foundation, 2009).

When Blacks' infant mortality rates are examined, the mortality rates divulge an even more dire depiction of death occurrences among them. In 2017, the infant mortality rates were (e.g., Black: 11.0, White: 4.7, and Other Races: 5.8, Office of Minority Health, 2019). Death disparities are not only found among Black infants, but the dying, death and grief pipeline extends to Black mothers as well. Black mothers experience higher maternal mortality rates than other racial and ethnic groups (Howland et al., 2019; Leonard, Main, Scott, Profit, & Carmichael, 2019). Maternal mortality is the death of the mother due to complications of pregnancy or childbirth within 6 weeks after giving birth (World Health Organization, 2019b). The likelihood of Black mothers dying at pregnancy or childbirth is 3 to 4 times higher than white mothers. (Howell, 2018; Metcalfe, Wick, & Ronksley, 2018). Considering Blacks makeup 13.4% of the US population, their compromising health statuses, high mortality rates, and short life expectancies compared to other racial and ethnic groups are unacceptable for a developing country (Census Bureau, 2019a; Census Bureau, 2019c). Their death disparities ethically reveal the inequalities and inequities that exist in healthcare systems (Cunningham et al., 2017; Howland et al., 2019) (Table 1).

Once the causes of death and mortality and life expectancy rates are stratified by gender, the data outcomes expose the immense dying, death and grief vulnerabilities that threaten the health, wellness, life, and

Table 1. Five leading causes of death of Blacks by gender in 2015.

	All Blacks	Black females	Black males
1.	Heart disease, 23.4% ^a	Heart disease, 22.3% ^b	Heart disease, 23.9% ^b
2.	Cancer, 21.3% ^a	Cancer, 21.1% ^b	Cancer, 21.4% ^b
3.	Stroke, 5.6% ^a	Chronic lower respiratory disease, 6.2% ^b	Unintentional injuries, 6.5% ^b
4.	Unintentional injuries, 5.5% ^a	Stroke, 6.1% ^b	Stroke, 4.9% ^b
5.	Diabetes, 5.6% ^a	Alzheimer disease, 5.7% ^b	Homicide, 4.9% ^b

The percentages of the leading causes of death in 2015 of all Blacks by gender.

Sources: ^aCDC National Vital Statistics Report, https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_06.pdf; ^bCDC Leading Causes of Death in Males and Females <https://www.cdc.gov/healthequity/lcod/index.htm>

Table 2. Number of death and death rates of African Americans by gender in 2015.

	All Blacks number of deaths (death rate per 100,000)	Black females number of deaths (death rate per 100,000)	Black males number of deaths (death rate per 100,000)
1.	All Black deaths	315,254 (754.6)	161,850 (704.3)
	Life expectancy at birth	74.8 years	71.5 year
2.	Heart disease	74,093 (193.2)	35,455 (122.8)
3.	Cancer	68,523 (164.0)	33,736 (154.0)
4.	Stroke	17,760 (42.5)	9,798 (45.0)
5.	Unintentional injuries	15,366 (36.8)	4,850 (22.3)
6.	Diabetes	13,693 (32.8)	6,889 (31.6)
7.	Homicide by assault	9,038 (21.6)	1,129 (5.2)
8.	Homicide by firearm	7,515 (18.0)	698 (3.2)
9.	Alzheimer disease	8,072 (19.3)	5,918 (27.2)
10.	Chronic lower respiratory	10,327 (24.7)	5,091 (23.4)

The number deaths and death rates in 2015 of all Blacks by gender.

Source: CDC <https://stacks.cdc.gov/view/cdc/50011>

the generational progress and well-being of Black families and communities. In particular, the National Vital Statistics Reports' death rates (per 100,000) confirm that the greatest dying, death and grief threats to Blacks are heart disease (193.2), cancer (164.0), stroke (42.5), diabetes (32.8) and chronic lower respiratory disease (24.7), (Murphy et al., 2017). The major health concerns for Black females are Alzheimer's disease (27.2), (Matthews et al., 2019). For Black males, unintentional injuries (52.6), homicide-assault (39.6) and homicide-firearm (34.1) are their greatest death and grief threats (Murphy et al., 2017). Additionally, the 6-year life expectancy variance between Black females and males forecast familial and social implications for accessibility and utilization of death and grief services. For the poor, single-headed households and widows, research studies have found high incidents of depression, economic instability and mortality risks for the Black bereaved families (Bergman, Haley & Small, 2010; Rogers, 1992; Sullivan & Fenelon, 2013).

Within 1-year timeframe, a total of 631,508 African Americans died, a level of chronic death exposure that equates or exceeds the total populations of residents in each of the following five major municipalities in the United States: Louisville, KY; Las Vegas, NV; Baltimore, MD; Milwaukee, WI and Tucson, AZ (Census Bureau, 2019b). The following interdisciplinary research, clinical, and practice example describes how collaborative efforts of epidemiology and thanatology could address and

mitigate the dying, death and grief pipeline plaguing many Blacks (Table 2).

An interdisciplinary hypothetical response to Blacks' dying, death and grief pipeline

Black deaths through the exploration of social epidemiology

Hypothetically, if within 1 year, the constant deaths in any of the noted municipalities occurred, the mass deaths would be characterized as the prevalence of a *persistent epidemic* in that geographic region (Barthélemy, Barrat, Pastor-Satorras, & Vespignani, 2005). Similar to an infectious outbreak of Ebola, a national public health surveillance team would be expeditiously deployed to investigate and stop the spread of the deadly disease to ensure the health and safety of the population (Manderson & Aaby, 1992).

However, if public health *persistent epidemic* protocols also included the deployment of social epidemiologists, they would specifically target the social demographics (i.e., age, race, gender, etc.) and social structural factors (i.e., racism, healthcare insurance status, prior morbidity trends, income inequality, low education, poverty, low social support, etc.) contributing to the patterns of death in the geographic region (Galea, Tracy, Hoggatt, DiMaggio, & Karpati, 2011). Their field research and surveillance observations would highlight the need for the

development of effective outreach and engagement strategies to prevent further injury, disease, and death in the geographic region (Choi, 2012; Patton & Glymour, 2013).

Specifically, in the case of the 631,508 Black deaths, the social epidemiologists would: (1) investigate the social structural causes that influence the distribution and determinants of disease and death, (2) research the patterns of social determinants of health and death to identify the societal causations of the area-level deaths, (3) use the research outcomes to develop and recommend immediate and long-term programming and policies to reverse the high morbidity and mortality rates, and (4) implement protocols to prevent the determinants of death from causing further deaths. Considering that the leading causes of death for Blacks are either chronic diseases or deadly events that can be prevented or better managed through structural interventions and early detection, collaboration with the epidemiology of death and thanatology would be a promising approach to mitigate their disturbing dying, death and grief pipeline (Bauer, Briss, Goodman, & Bowman, 2014; Vernick et al., 2003).

Black deaths and grief through the exploration of thanatology

As an interdisciplinary science of death and grief, thanatology researchers, clinicians and practitioners are from a diverse range of fields (i.e., religion, forensics, mortuary science, psychology, social work, nursing, music, etc., see Anderson, Biro, & Pettitt, 2018; Balk, Wogrin, Thornton, & Meagher, 2007; Cox, 2007; Fonseca & Testoni, 2012). Thanatology assesses demographics and factors of death and grief prior to and after death occurrences (Chapple et al., 2017). Both the research and applied components of thanatology comprise aspects of palliative care, death reactions and funeral and bereavement practices (Balk et al., 2007). And while death and dying are universal concepts, there are variances in the individual, familial, social and cultural reactions and effects to death (Kastenbaum, 1988).

In response to the 631,508 Black deaths, the collaborative efforts of thanatologists and social epidemiologists would provide mortality surveillances and biological, sociological and behavioral interventions to mitigate the dying, death and grief pipeline. For instance, while the social epidemiologist would study the structural factors and causation of the Black deaths, thanatologists would offer the bereaved region with evidence-based dying-death assessments, grief

interventions as well as biological, social and cultural implications of palliative care, mortuary science and burial considerations (Anderson, 2016; Ellis, 1992; Goodhead, 2019; Shimane, 2018). Additionally, bereavement counseling, therapy for depression, post-traumatic stress disorder (PTSD), and traumatic grief would be examples of possible therapeutic interventions, services, and resources that thanatologists may offer Blacks impacted by the dying, death and grief pipeline in their geographic region (Simpson, 1997).

Unfortunately, the cultural death reactions of Blacks are not well researched in thanatology studies (Umberson, 2017). Yet, the few thanatological research on Blacks' death reactions and bereavement practices confirm that Blacks experience more complicated and traumatic forms of grief (Goldsmith, Morrison, Vanderwerker, & Prigerson, 2008; Laurie & Neimeyer, 2008). Also, the research found that Black Americans have fiscal challenges in paying for palliative care, funerals, cremations, memorials and bereavement services (Dillon & Basu, 2016; Khalfanti-Cox, 2011; Rosenblatt & Wallace, 2005). Particularly, after the high profile deaths of young Black males while in police custody, there was an influx of crowdfunding and social media campaigns from Blacks soliciting fiscal assistance to bury, cremate or memorialize their loved ones (Kneese, 2018). Also, Blacks, experience physical (i.e., heart diseases, diabetes, stroke, etc.) and mental health (i.e., depression, post-traumatic disorder, etc.) challenges during the death and grief processes (Burke, Neimeyer, & McDevitt-Murphy, 2010; Umberson et al., 2017). The chronic death exposures and preventable death events among Blacks warrant that their death and grief experiences become a research priority for the field of thanatology.

Recommendations for epidemiology, social epidemiology and thanatology

Epidemiologists and thanatologists should *work collectively together to identify and expand areas of collaboration and opportunity* to reverse negative outcomes amongst Blacks, a sub-populations with low life expectancy, high mortality rates, and complex grief reactions. The epidemiology of death is a methodological framework to study Blacks' dying, death and grief pipeline across the lifespan (Cunningham et al., 2017). Social epidemiology of death can be useful in understanding social structural factors and distributions and determinants of Black deaths (Jones-Eversley & Dean, 2018). Likewise, thanatology can

provide a framework across the study fields to recognize the cultural uniqueness and complexity of dying, death, and grief among Blacks (Laurie & Neimeyer, 2008).

Implications for public health & death studies

For some bereaved survivors, unaddressed and unhealthy responses to grief incite new health risks or exacerbate existing physical and mental health challenges (Stroebe, Schut, & Stroebe, 2007). In cases of chronic diseases, depression, complicated grief and traumatic grief, deaths have often befallen bereaved survivors (Calhoun, Selby, & Abernathy, 1984; Kaltman & Bonanno, 2003). Little research has been undertaken on deaths among Black bereaved survivors (Sharpe, Joe, & Taylor, 2013). For both public health and death studies, preventing bereaved survivors' deaths is a mutual objective to dismantle the dying, death, and grief pipeline (Tal et al., 2016).

Hence, more robust empirical research across fields is essential to better understanding dying, death and grief within a research and practice-based continuum. The separation of the epidemiology of death, social epidemiology, and thanatology in examining dying, death and grief reflect a missed opportunity to explore the Black dying, death and grief pipeline. Collaboration allows for the cross-exchange of ideas and information on dying, death, and grief that can complement each respective field and expand the knowledge base across related disciplines.

Also, more cross-disciplinary academic requirements and training opportunities between epidemiology and thanatology would further strengthen the quality of evidence-based and experience-based professional services offered to individuals and families (Bryant, 2003; Howarth & Leaman, 2001). Additionally, the cross-disciplinary academics and training may establish a fortified continuum of dying, death and grief services and resources as well as solutions to dismantle and minimize the adverse aspects of dying, death and grief experienced by many Blacks (Barrett & Heller, 2002). The joint academic offerings (e.g., certificate, bachelor, and master) of combined epidemiology and thanatology programs may be a revolutionary, yet practical response in regard to the demands of dying, death and grief of Blacks and other marginalized populations experiencing low life expectancies and high mortality rates (Cappiello & Troyer, 1979; Ellis, 1992).

Conclusions

It is vital that the dying, death and grief pipeline be examined from a prevention-based framework so that proven interventions, best practices and science from the fields of *Epidemiology*, *Social Epidemiology* and *Thanatology* can be shared, effectively leveraged and applied at all levels (e.g., primary, secondary and tertiary) in response to dying death and grief, particularly amongst Blacks. Researchers, clinicians, and practitioners can combine expertise, resources, and techniques across fields to address a range of contributing factors to this problem on a macro and micro level (e.g., reduction of infant mortality amongst Black women and firearm deaths amongst Black men). The adverse social and social structural conditions that contribute to the premature and preventable deaths among Blacks, reduce their quality of life and create a burden on systems (i.e., health, healthcare) globally, within communities, families and individuals (Solberg, Norheim, & Barra, 2018). It is envisioned that the collaboration amongst the fields of study will expand understanding of dying death and grief and amplify a call to action. Lastly, such partnerships and collaboration can generate new knowledge that is beneficial to solution-focused policies, programming and practice in public health, death studies, and other interdisciplinary-related fields.

ORCID

Sharon D. Jones-Eversley  <http://orcid.org/0000-0002-0681-2267>

Johnny Rice  <http://orcid.org/0000-0002-8275-4978>

References

- Aiken, L. R. (2001). *Dying, death, and bereavement* (4th ed.). Mahwah, NJ: Lawrence Erlbaum Associates.
- Anderson, J. R. (2016). Comparative thanatology. *Current Biology*, 26(13), 553–556. doi:10.1016/j.cub.2015.11.010
- Anderson, J. R., Biro, D., & Pettitt, P. (2018). Evolutionary thanatology. *Philosophical transactions of the Royal Society of London. Series B, Biological sciences*, 373(1754). doi:10.1098/rstb.2017.0262
- Attig, T. (2004). Meanings of death seen through the lens of grieving. *Death Studies*, 28(4), 341–360. doi:10.1080/07481180490432333
- Balk, D., Wogrin, C., Thornton, G., & Meagher, D. (Eds.). (2007). *Handbook of thanatology: The essential body of knowledge for the study of death, dying and bereavement*. Northbrook, IL: Association for Death Education and Counseling.
- Barrett, R. K., & Heller, K. S. (2002). Death and dying in the black experience. *Journal of Palliative Medicine*, 5(5), 793–799. doi:10.1089/109662102320880714

- Barthélemy, M., Barrat, A., Pastor-Satorras, R., & Vespignani, A. (2005). Dynamical patterns of epidemic outbreaks in complex heterogeneous networks. *Journal of Theoretical Biology*, 235(2), 275–288. doi:10.1016/j.jtbi.2005.01.011
- Bauer, U. E., Briss, P. A., Goodman, R. A., & Bowman, B. A. (2014). Prevention of chronic disease in the 21st century: Elimination of the leading preventable causes of premature death and disability in the USA. *The Lancet*, 384(9937), 45–52. doi:10.1016/S0140-6736(14)60648-6
- Bean, W. B. (1964). The evil eye thanatology and other essays. *Archives of Internal Medicine*, 113(2), 300. doi:10.1001/archinte.1964.00280080136028
- Beilin, R. (1982). Social functions of denial of death. *OMEGA-Journal of Death and Dying*, 12(1), 25–35. doi:10.2190/YYHN-7PFE-6BN0-XCVD
- Bergman, E. J., Haley, W. E., & Small, B. J. (2010). The role of grief, anxiety, and depressive symptoms in the use of bereavement services. *Death Studies*, 34(5), 441–458. doi:10.1080/07481181003697746
- Berkman, L. F. & Kawachi I. (2000). A historical framework for social epidemiology: Social determinants of population health. In: L. F. Berkman & I. Kawachi, (Eds.), *Social Epidemiology*. New York, NY: Oxford University Press.
- Bluestein, V. W. (1975). Death-related experiences, attitudes, and feelings reported by thanatology students and a national sample. *OMEGA-Journal of Death and Dying*, 6(3), 207–218. doi:10.2190/2B1E-8G24-K5J8-6EF2
- Brinkmann, S., & Kofod, E. H. (2018). Grief as an extended emotion. *Culture & Psychology*, 24(2), 160–173. doi:10.1177/1354067X17723328
- Bryant C. (Ed.) (2003). *Handbook of Death and Dying* (Vol. 1). Thousand Oaks, CA: SAGE Publications.
- Bugen, L. A. (1981). Coping: Effects of death education. *Omega-Journal of Death and Dying*, 11(2), 175–183. doi:10.2190/JQPA-QFHW-VQ7A-MCAK
- Burke, L. A., Neimeyer, R. A., & McDevitt-Murphy, M. E. (2010). African American homicide bereavement: Aspects of social support that predict complicated grief, PTSD, and depression. *OMEGA-Journal of Death and Dying*, 61(1), 1–24. doi:10.2190/OM.61.1.a
- Calhoun, L. G., Selby, J. W., & Abernathy, C. B. (1984). Suicidal death: Social reactions to bereaved survivors. *The Journal of Psychology*, 116(2), 255–261. doi:10.1080/00223980.1984.9923645
- Cappiello, L. A., & Troyer, R. E. (1979). A study of the role of health educators in teaching about death and dying. *Journal of School Health*, 49(7), 397–399. doi:10.1111/j.1746-1561.1979.tb08103.x
- Census Bureau. (2019a). *The Black population 2010: Census briefs 2010*. Retrieved from <https://www.census.gov/prod/cen2010/briefs/c2010br-06.pdf>
- Census Bureau. (2019b). *Town and city population totals: 2010–2017*. Retrieved from <https://www.census.gov/data/tables/2017/demo/popest/total-cities-and-towns.html>
- Center for Disease Control and Prevention. (2019a). *National Vital Statistics Report*. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_06.pdf
- Center for Disease Control and Prevention. (2019b). *Leading causes of death in males and females, United States*. Retrieved from <https://www.cdc.gov/healthequity/lcod/index.htm>
- Center for Disease Control and Prevention. (2019c). *Quick facts, United States*. Retrieved from <https://www.census.gov/quickfacts/fact/table/US/IPE120218>
- Chapple, H. S., Bouton, B. L., Chow, A. Y., Gilbert, K. R., Kosminsky, P., Moore, J., & Whiting, P. P. (2017). The body of knowledge in thanatology: An outline. *Death Studies*, 41(2), 118–125. doi:10.1080/07481187.2016.1231000
- Choi, B. C. (2012). The past, present, and future of public health surveillance. *Scientifica*, 2012, 875253. doi:10.6064/2012/875253
- Cox, G. R. (2007). Religion, spirituality, and traumatic death. In D. Balk, C. Wogrin, G. Thornton, & D. Meagher (Eds.), *Handbook of thanatology: The essential body of knowledge for the study of death, dying, and bereavement* (pp. 263–268). Northbrook, IL: Association for Death Education and Counseling.
- Crawley, L., Payne, R., Bolden, J., Payne, T., Washington, P., & Williams, S. (2000). Palliative and end-of-life care in the African American community. *The Journal of the American Medical Association*, 284(19), 2518–2521. doi:10.1001/jama.284.19.2518
- Cunningham, T. J., Croft, J. B., Liu, Y., Lu, H., Eke, P. I., & Giles, W. H. (2017). Vital signs: Racial disparities in age-specific mortality among blacks or African Americans—United States, 1999–2015. *Morbidity and Mortality Weekly Report*, 66(17), 444–456. doi:10.15585/mmwr.mm6617e1
- Davis, G. G. (1997). Mind your manners: Part I: History of death certification and manner of death classification. *The American Journal of Forensic Medicine and Pathology*, 18(3), 219–223. doi:10.1097/00000433-199709000-00001
- Dillon, P. J., & Basu, A. (2016). Toward eliminating hospice enrollment disparities among African Americans: A qualitative study. *Journal of Health Care for the Poor and Underserved*, 27(1), 219–237. doi:10.1353/hpu.2016.0014
- Ellis, R. R. (1992). Educational needs in thanatology. *Loss, Grief & Care*, 6(1), 25–35.
- Fonseca, L. M., & Testoni, I. (2012). The emergence of thanatology and current practice in death education. *OMEGA-Journal of Death and Dying*, 64(2), 157–169. doi:10.2190/OM.64.2.d
- Friloux, C. A. (1975). Death, when does it occur? *Baylor Law Review*, 27(1), 10.
- Galea, S., Tracy, M., Hoggatt, K. J., DiMaggio, C., & Karpati, A. (2011). Estimated deaths attributable to social factors in the United States. *American Journal of Public Health*, 101(8), 1456–1465. doi:10.2105/AJPH.2010.300086
- Glaser, B. G., & Strauss, A. L. (2017). *Awareness of dying*. New York, NY: Routledge.
- Goldsmith, B., Morrison, R. S., Vanderwerker, L. C., & Prigerson, H. G. (2008). Elevated rates of prolonged grief disorder in African Americans. *Death Studies*, 32(4), 352–365. doi:10.1080/07481180801929012
- Goodhead, A. F. (2019) Hospices as facilitators of memorialisation, *Mortality*, 25(1), 25–47. doi:10.1080/13576275.2019.1573217
- Howarth G. & Leaman O. (Eds.). (2001). *Encyclopedia of Death and Dying*. New York, NY: Taylor & Francis.

- Howell, E. A. (2018). Reducing disparities in severe maternal morbidity and mortality. *Clinical Obstetrics and Gynecology*, 61(2), 387–399. doi:10.1097/GRF.0000000000000349
- Howland, R. E., Angley, M., Won, S. H., Wilcox, W., Searing, H., Liu, S. Y., & Johansson, E. W. (2019). Determinants of severe maternal morbidity and its racial/ethnic disparities in New York city, 2008–2012. *Maternal and Child Health Journal*, 23(3), 346–355. doi:10.1007/s10995-018-2682-z.
- Jones-Eversley, S. D., & Dean, L. T. (2018). After 121 years, it's time to recognize WEB Du Bois as a founding father of social epidemiology. *The Journal of Negro Education*, 87(3), 230–245.
- Kaiser Family Foundation. (2019). *Life expectancy at birth (in years), by race/ethnicity in 2009*. Retrieved from <https://www.kff.org/other/state-indicator/life-expectancy-by-re/?currentTimeframe=0&print=true&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>
- Kaltman, S., & Bonanno, G. A. (2003). Trauma and bereavement: Examining the impact of sudden and violent deaths. *Journal of Anxiety Disorders*, 17(2), 131–147. doi:10.1016/S0887-6185(02)00184-6
- Kastenbaum, R. (1988). Theory, research, and application: Some critical issues for thanatology. *OMEGA-Journal of Death and Dying*, 18(4), 397–410. doi:10.2190/3Y8A-ACF4-1XT9-NLDD
- Khalfanti-Cox, L. (2011). *When a relative dies and you can't afford the funeral*. Retrieved from <https://www.blackenterprisepublishing.com/when-a-relative-dies-and-you-cant-afford-the-funeral/>
- Kneese, T. (2018). Mourning the commons: Circulating affect in crowd-funded funeral campaigns. *Social Media + Society*, 4(1), 1–12. doi:10.1177/2056305117743350
- Krieger, N., & Davey Smith, G. (2004). “Bodies count,” and body counts: Social epidemiology and embodying inequality. *Epidemiologic Reviews*, 26(1), 92–103. doi:10.1093/epirev/mxh009
- Kübler-Ross, E. (1969). *On death and dying*. New York, NY: Macmillan
- Kuller, L., Cooper, M., & Perper, J. (1972). Epidemiology of sudden death. *Archives of Internal Medicine*, 129(5), 714–719.
- Laurie, A., & Neimeyer, R. A. (2008). African Americans in bereavement: Grief as a function of ethnicity. *Omega-Journal of Death and Dying*, 57(2), 173–193. doi:10.2190/OM.57.2.d
- Leonard, S. A., Main, E. K., Scott, K. A., Profit, J., & Carmichael, S. L. (2019). Racial and ethnic disparities in severe maternal morbidity prevalence and trends. *Annals of Epidemiology*, 33, 30–36. doi:10.1016/j.annepidem.2019.02.007
- Manderson, L., & Aaby, P. (1992). An epidemic in the field? Rapid assessment procedures and health research. *Social Science & Medicine*, 35(7), 839–850. doi:10.1016/0277-9536(92)90098-B
- Matthews, K. A., Xu, W., Gaglioti, A. H., Holt, J. B., Croft, J. B., Mack, D., & McGuire, L. C. (2019). Racial and ethnic estimates of Alzheimer's disease and related dementias in the United States (2015–2060) in adults aged ≥ 65 years. *Alzheimer's & Dementia*, 15(1), 17–24. doi:10.1016/j.jalz.2018.06.3063
- Metcalfe, A., Wick, J., & Ronksley, P. (2018). Racial disparities in comorbidity and severe maternal morbidity/mortality in the United States: An analysis of temporal trends. *Acta Obstetrica et Gynecologica Scandinavica*, 97(1), 89–96. doi:10.1111/aogs.13245
- Murphy, S. L., Xu, J., Kochanek, K. D., Curtin, S. C., & Arias, E. (2017). Deaths: Final data for 2015. National vital statistics reports: From the Centers for Disease Control and Prevention, National Center for Health Statistics. *National Vital Statistics System*, 66(6), 1–75.
- Nickitas, D. M. (2018). A time to make America great: Address discrimination and life expectancy. *Nursing Economics*, 36(1), 5–7.
- Office of Minority Health. (2019). *Infant Mortality and African American*. Retrieved from <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=23>
- Patton, K. K., & Glymour, M. M. (2013). In anticipation of grief: Using insights from social epidemiology to improve quality of care. *Circulation*, 128(25), 2725–2728. doi:10.1161/CIRCULATIONAHA.113.006322
- Reed, K. S. (2003). Grief is more than tears. *Nursing Science Quarterly*, 16(1), 77–81. doi:10.1177/0894318402239070
- Riley, J. W. (1983). Dying and the meanings of death: Sociological inquiries. *Annual Review of Sociology*, 9(1), 191–216. doi:10.1146/annurev.so.09.080183.001203
- Rogers, R. G. (1992). Living and dying in the USA: Sociodemographic determinants of death among blacks and whites. *Demography*, 29(2), 287–303. doi:10.2307/2061732
- Rosenblatt, P. C. & Wallace, B. D. (2005). *African American grief*. New York, NY: Brunner-Routledge.
- Shapiro, E. R. (1994). *Grief as a family process: A developmental approach to clinical practice*. New York, NY: Guilford Press.
- Sharpe, T. L., Joe, S., & Taylor, K. C. (2013). Suicide and homicide bereavement among African Americans: Implications for survivor research and practice. *OMEGA-Journal of death and dying*, 66(2), 153–172. doi:10.2190/OM.66.2.d
- Shimane, K. (2018). Social bonds with the dead: How funerals transformed in the twentieth and twenty-first centuries. *Philosophical Transactions of the Royal Society B: Biological Sciences*. 373(1754), 1–7. doi:10.1098/rstb.2017.0274
- Simpson, M. A. (1997). Traumatic bereavements and death-related PTSD. In C. R. Figley, B. E. Bride, & N. Mazza (Eds.), *Death and trauma: The traumatology of grieving* (pp. 3–16). Washington, DC: Taylor & Francis.
- Solberg, C. T., Norheim, O. F., & Barra, M. (2018). The disvalue of death in the global burden of disease. *Journal of Medical Ethics*, 44(3), 192–198. doi:10.1136/medethics-2017-104365
- Stroebe, M., Schut, H., & Stroebe, W. (2007). Health outcomes of bereavement. *The Lancet*, 370(9603), 1960–1973. doi:10.1016/S0140-6736(07)61816-9
- Sullivan, A. R., & Felton, A. (2013). Patterns of widowhood mortality. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 69(1), 53–62. doi:10.1093/geronb/gbt079

- Tal, I., Mauro, C., Reynolds, C. F., Shear, M. K., Simon, N., Lebowitz, B., ... & Glorioso, D. (2016). Complicated grief after suicide bereavement and other causes of death. *Death studies, 41*(5), 267–275. doi:10.1080/07481187.2016.1265028
- Umberson, D. (2017). Black deaths matter: Race, relationship loss, and effects on survivors. *Journal of Health and Social Behavior, 58*(4), 405–420. doi:10.1177/0022146517739317
- Umberson, D., Olson, J. S., Crosnoe, R., Liu, H., Pudrovska, T., & Donnelly, R. (2017). Death of family members as an overlooked source of racial disadvantage in the United States. *Proceedings of the National Academy of Sciences, 114*(5), 915–920. doi:10.1073/pnas.1605599114
- Vernick, J. S., O'Brien, M., Hepburn, L. M., Johnson, S. B., Webster, D. W., & Hargarten, S. W. (2003). Unintentional and undetermined firearm related deaths: A preventable death analysis for three safety devices. *Injury Prevention, 9*(4), 307–311. doi:10.1136/ip.9.4.307
- Walter, C. A., & McCoyd, J. L. M. (2009). *Grief and loss across the lifespan: A biopsychosocial perspective*. New York, NY: Springer.
- Williams, D. R., & Cooper, L. A. (2019). Reducing racial inequities in health: Using what we already know to take action. *International Journal of Environmental Research and Public Health, 16*(4), 606. Retrieved from <https://www.mdpi.com/1660-4601/16/4/606/html> doi:10.3390/ijerph16040606
- Wilson, S. (2019). Racism is real. Racism is complicated. Racism is real complicated. *Family Medicine, 51*(1), 8–10. doi:10.22454/FamMed.2019.413518
- Wolfe, B., & Jordan, J. R. (2000). Ramblings from the trenches: A clinical perspective on thanatological research. *Death Studies, 24*, 569–584. doi:10.1080/07481180050132785
- Worden, J. W. (2018). *Grief counseling and grief therapy: A handbook for the mental health practitioner* (5th ed.). New York, NY: Springer Publishing Company.
- World Health Organization. (2019a). *Epidemiology*. Retrieved from <https://www.who.int/topics/epidemiology/en/>
- World Health Organization. (2019b). *Maternal mortality ratio (per 100 000 live births)*. Retrieved from <https://www.who.int/healthinfo/statistics/indmaternalmortality/en/>