

Insights

How Sharing Data Can Help Cities and States Reduce Infant Mortality

Data sharing is one of the most significant barriers between city and state health departments when it comes to reducing infant mortality. States and cities accumulate a great deal of data at various levels on birth outcomes and maternal care, but they don't always make it readily available to each other.

"In some instances, states are hesitant to share data because of privacy concerns, or they aren't sure whether the data can actually be used by cities at the local level," says Monica Beltran, MPH, senior public health project coordinator at CityMatCH, a membership organization for urban maternal and child MCH professionals. The mission of CityMatCH is to strengthen public health leaders and organizations to promote equity and improve the health of urban women, families, and communities. "Cities don't always have the capacity to use the data either; infrastructural issues act as roadblocks."

States across the country participating in the Collaborative Improvement and Innovation Network to Reduce Infant Mortality ([Infant Mortality CoIIN](#)) are using data to inform efforts to reduce infant mortality and improve birth outcomes. CityMatCH, a partner on this project, is helping to encourage city and state governments to try more collaborative approaches to using data to support the goals of IM CoIIN.

"Ohio is a great example where the state partnered with the cities to work through local analysis together and present the findings at a local level to gather community feedback," says Beltran. "The most important element here was respect."

Respect through transparency

Assumptions about state and city health departments often prevent functional communication about infant mortality data and its associated risk factors. Whether it's perceptions about capacity to use the data or concerns about data limitations, city and state agencies need to work past their biases in order to collaborate fully.

"State and city departments sometimes have different assumptions about each other, and those become barriers to using data," says Beltran. "States can encourage local agencies to complement new data and help interpret their own data. Local communities, not just the health departments, can add to the story and create a fuller picture. For example, they might say, 'This

outcome happened because these local factors exist.”

One of the keys to this work is realizing that all partners want to achieve the same goals: to reduce infant mortality and improve health outcomes for mothers and babies. States and local groups that work together to analyze data to address specific trends can better identify opportunities to improve care systems, says NICHQ’s Associate Director of Applied Research and Evaluation Sabrina Selk, ScD.

“We worked in a community where most of the births occur in hospitals not offering contraception,” Beltran shared as an example. “When we showed them the data about birth spacing and that mothers were having babies too close together, they were skeptical about bringing this up to the larger community. But, because we were transparent with the data and respectful of the community’s culture, we were able to initiate the first community-wide discussion about contraception and how it could affect birth outcomes.”

This a model for collaboration in infant mortality and public health as a whole: starting a respectful conversation to open a wider discussion that can lead to substantive improvement and change.

In the end, data should do most of the talking. Observations and trends of influences on health outcomes and risk factors tell a story and indicate where improvements are possible. State and city health departments aren’t the only ones who can benefit from this mindset; everyone who contributes to the reduction of infant mortality can share their data to better collaborate on new solutions and changes.