



## Cooperative Agreement Corner



Our Cooperative Agreement with the National Association for Public Health Statistics and Information Systems (NAPHSIS) supports several resources available to jurisdictions. See below for a couple of resources recently made available!

### Data Visualization Webinar

As part of NAPHSIS' summer webinars and in partnership with NCHS for the VSI Cooperative Agreement, a Data Visualization Training was given by Excella on June 15<sup>th</sup>. The webinar attracted more than 120 attendees and presented the fundamental principles of data visualization and how to communicate data effectively, using examples of reporting from COVID-19. Anyone wanting copies of the slides can contact NAPHSIS at [hq@naphsis.org](mailto:hq@naphsis.org). A question and answer session/office hour with Excella will be scheduled mid-August. NAPHSIS will provide details at a later date.

### VRHS Accreditation Series

In October 2019 NAPHSIS began a series of webinars that discussed the 7 VRHS Accreditation topics, as well as, the steps to follow for accreditation. These webinars were well attended – combined attendance reports show that 72% of jurisdictions attended at least one of the webinars. A short evaluation survey was conducted at the conclusion of each webinar, finding that 90% of respondents reported that the information was useful to their jurisdiction, with the remaining 10% selecting “neutral.” Anyone wanting copies of the webinar recordings can contact NAPHSIS at [hq@naphsis.org](mailto:hq@naphsis.org). NAPHSIS will have a new webinar series on Accreditation starting this fall.

### 2020 Mortality Completeness

Traditionally, DACEB measures each jurisdiction's file completeness level by comparing year-to-date record counts to the previous closed year's total counts. Because of the significant impact of COVID-19 on many jurisdictions, this method is not accurate for measuring mortality completeness for 2020. In July, we began adjusting 2020 mortality target volumes for some jurisdictions based on excess deaths already reported. These new targets will be used in the Performance Reports and VSCP Status Reports that we distribute by email, as

well as other reports measuring completeness found on the VSCP Website.

We will continue to make monthly adjustments to 2020 mortality target volumes, as needed, to account for any additional deaths reported, until we ask for final certificate numbers in Spring 2021.

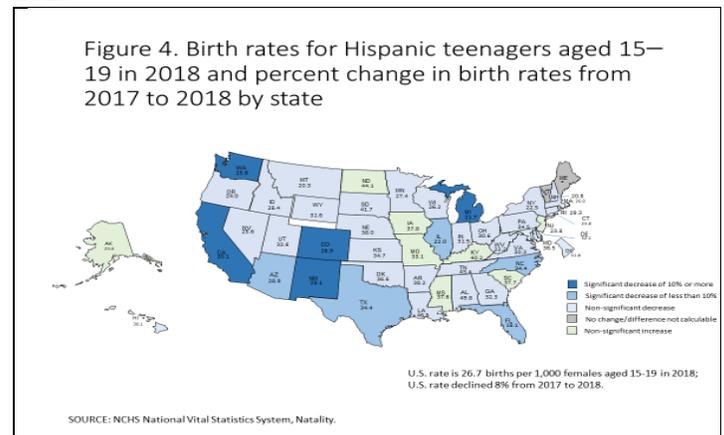
If you have questions about changes to your target volume, please contact your assigned Statistician or Vital Statistics Specialist

### Neonatal Abstinence Syndrome -- Review of Expanded Birth Reporting:

The Birth Data Quality Workgroup completed its review of Neonatal Abstinence Syndrome (NAS). The goal of the review was to assess the feasibility and value of expanding the collection of NAS birth certificate data among the jurisdictions (four states currently collect information on NAS). Thanks to extensive collaboration among the four NAS reporting states, the Workgroup compiled descriptive statistics on NAS from birth certificate data and fielded validity studies directly comparing birth data with other data sources. After much review and deliberation, the group concluded that current evidence does not conclusively support expanded collection of NAS data on state birth certificates. In consultation with medical experts, the Workgroup also developed a standard NAS definition for use in birth reporting for both clinical and non-clinical hospital staff. This definition, and a summary of the conclusions and recommendations, will be available on the NCHS and NAPHSIS websites later this summer.

### Notable Publications/Data Briefs

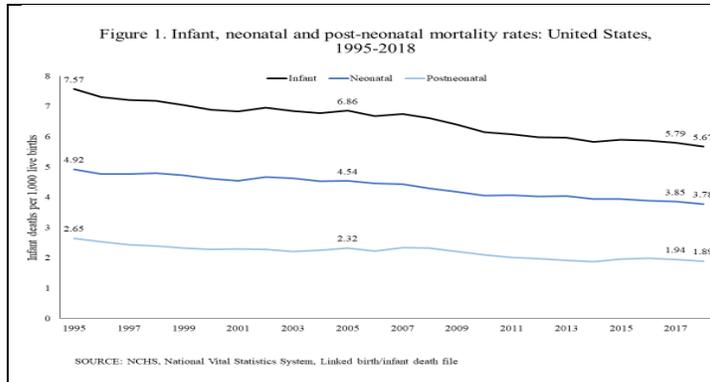
#### State Teen Birth Rates by Race and Hispanic origin, 2017-2018



This recent report on teen birth rates was released July 10, 2020 and can be found at this [link](#). It shows the U.S. birth rate in 2018 for Hispanic females aged 15–19 was 26.7 births per 1000

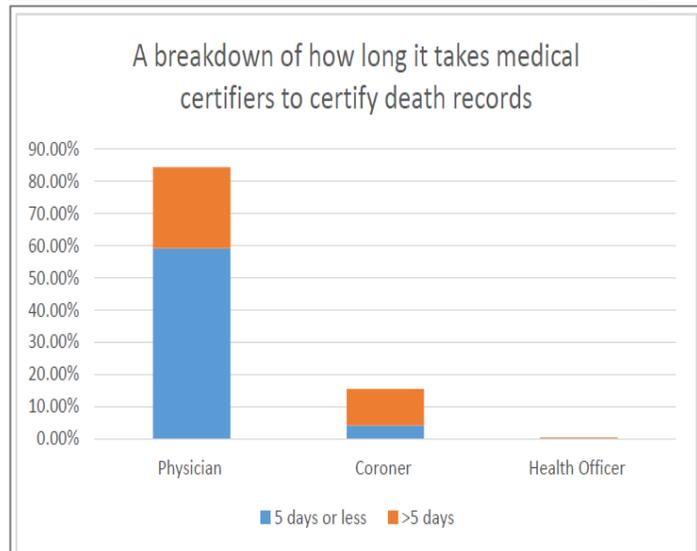
Hispanic females. This rate declined 8% from 2017 to 2018. In 2018, birth rates by state for Hispanic teenagers ranged from 18.1 in Florida to 49.8 in Alabama. The magnitude of changes between 2017 and 2018 varied by state overall and for each race and Hispanic-origin group. Other notable results for teen birth rates by race and Hispanic origin for 2017 and 2018 can be found within the report.

### Infant Mortality in the United States: Data from the Period Linked Birth/Infant Death Data File



This recent report on infant mortality was released July 16, 2020 and can be found at this [link](#). It shows the U.S. infant mortality rate was 5.67 infant deaths per 1,000 live births, an historic low for the nation. The U.S. infant mortality rate has trended downward since 1995 (the first year the period linked birth/infant death file was available), and has declined 17% since 2005, the most recent high (6.86). Other notable trends for infant mortality in 2018 can be found within the report.

### Indiana Charts a Different Course for Death Data



Indiana's data dashboard revealed how many coroners and physicians were taking longer than 5 days to certify death records.

Faced with the growing epidemic of drug overdose deaths, Indiana needed faster data to help get a clearer picture of the crisis. After joining an NCHS-led [project to modernize death reporting](#), they did what most states do first: look for better technology. A more modern electronic death reporting system

(EDRS) would solve a lot of the problems around reporting overdose deaths. However, when their plans for the new EDRS unexpectedly fell through, Indiana had to go "old school" and figure out how to move the data faster using resources they already had.

Fortunately, one of Indiana's resources was a small team of data analysts stationed within the vital records office. Tapping into their expertise, the team began to pull information about their death reporting processes into a new "data dashboard." The dashboard helped find bottlenecks that were slowing down reporting at every level – from how quickly doctors and medical examiners filled out death certificates to how often the state submitted data to NCHS. Today, this unique, analysis-based dashboard has become an integral part of Indiana's process for making decisions that make data better.



Contributing to the story and pictured above from left to right are Caron Peper and Rachel Ragland, both with the Indiana State Department of Health.

See the full story: [Charting a Different Course for Death Data](#)

### State and Jurisdiction Input Goes Here!!

Have a topic to share with the monthly newsletter audience? We want to hear from you and feature your segments! Please send us your initiatives from the broader community, questions, or lessons learned. Send it to **George Tolson** at [gct1@cdc.gov](mailto:gct1@cdc.gov) today!

### Vitals Staff Spotlights

Jurisdictions may add as many names as they would like to our NCHS Newsletter mailing list! Just send a note to **George Tolson** at [gct1@cdc.gov](mailto:gct1@cdc.gov) today.

**Catherine de la Cruz Durán** has departed her position as VSCP Project Director in Puerto Rico.

**Lisa Walker** has retired from her position as State Registrar and VSCP Project Director in Wisconsin.

**Charles Warzecha** was appointed Interim State Registrar in Wisconsin.

**Lynette Childs** was appointed VSCP Project Director in Wisconsin.

**Click [here](#) for previous newsletter issues!**