



## Cooperative Agreement Corner



Our Cooperative Agreement with the National Association for Public Health Statistics and Information Systems (NAPHSIS) supports activities for jurisdictions. Upcoming opportunities are provided below.

### Field Services Special Interest Group

What questions do you have regarding field services and data quality? Want to hear about best practices in training your providers? Do you need guidance on quality assurance programs? If so, the Field Services Interest Group monthly meetings can be a great resource. Hear from jurisdictions sharing their experiences and lessons learned in dealing with their internal and external partners on various field services, data quality improvement and training topics. The next Field Services Interest Group meeting will be held on November 28, 2023, at 3 p.m. Eastern. Email [hq@naphsis.org](mailto:hq@naphsis.org) to join the monthly calls.

### Field Services & Data Quality Workshop Recap

The 2023 Field Services and Data Quality workshop was held in Boise, Idaho in August. There were 51 members from 23 jurisdictions in attendance and they learned, shared and networked while having fun in the "Gem State". NAPHSIS and NCHS staff facilitated and contributed to discussions related to birth, death and fetal death data quality, as well as field services activities. Several jurisdictional members presented on topics related to their data quality activities, policies, procedures and systems. Thanks to all who participated!

### Systems Special Interest Group

Come ask your technical peers about how they grapple with adjusting their vital records systems to meet the needs of vital records, data partners, and interoperability with other systems. The Systems Special Interest Group will meet on October 26, 2023, and November 30, 2023, at 3 p.m. Eastern. Email [systems@naphsis.org](mailto:systems@naphsis.org) to join the monthly calls.

### The Birth Data Quality Workgroup and Fetal Death Subgroup

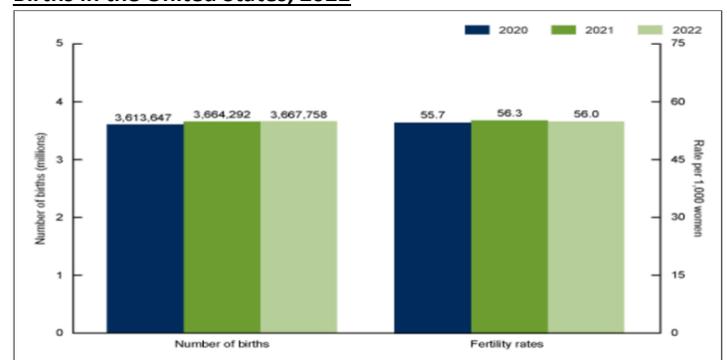
Collaborate with colleagues to assess and improve the quality of vital statistics birth and fetal death data, focusing on improving data at the source (i.e., at the hospital). Email [hq@naphsis.org](mailto:hq@naphsis.org) to join. The Birth Data Quality and Fetal Death groups alternate meetings on the first Thursday of the month at 2 p.m. Eastern.

## Invoicing for 2021 Data

Thank you for all your efforts in completing the 2022 data files. Now that the 2022 data files from the jurisdictions are complete, jurisdictions may submit invoices for any outstanding funds for the 2022 VSCP and 2022 NDI contracts and for any prior year outstanding funds. This includes the Industry and Occupation special project and the Geocoding special project. If you have any questions concerning invoices, please contact your assigned Vital Statistics Specialist.

## Notable Publications/Data Briefs

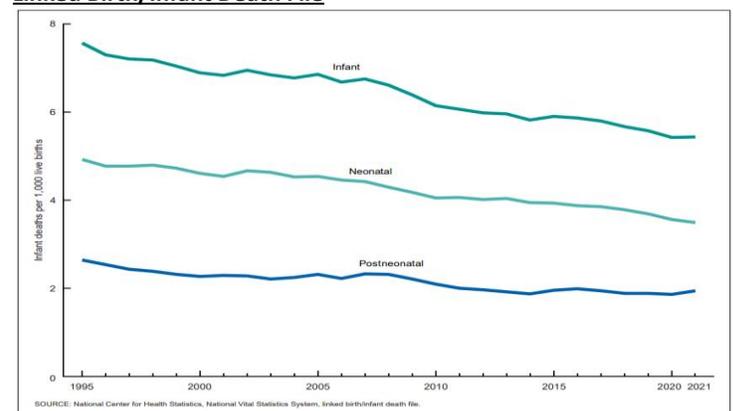
### Births in the United States, 2022



NOTES: The number of births and the general fertility rate increased significantly from 2020 to 2021 ( $p < 0.05$ ). The general fertility rate decreased significantly from 2021 to 2022 ( $p < 0.05$ ).  
SOURCE: National Center for Health Statistics, National Vital Statistics System, Natality data file.

This NCHS Data Brief was released August 7<sup>th</sup> and can be found at this [link](#). It accompanies the release of the final 2022 natality public-use data file and presents final birth data for 2022. The number of births was essentially unchanged between 2021 and 2022 but the general fertility rate rose 1%.

### Infant Mortality in the United States, 2021: Data from the Period Linked Birth/Infant Death File

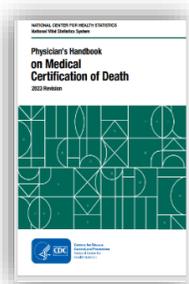


This report was released September 12<sup>th</sup> and can be found at this [link](#). It presents final data from the linked birth/infant death file. A total of 19,928 infant deaths were reported in the United States in 2021, up 2%

from 2020. The U.S. infant mortality rate was 5.44 infant deaths per 1,000 live births, essentially unchanged from the rate of 5.42 in 2020. Mortality rates increased for infants of Asian non-Hispanic women and declined for infants of Dominican women in 2021; changes in rates for the other race and Hispanic-origin groups were not significant.

### **Physician's Handbook on Medical Certification of Death**

A new, updated version of the *Physician's Handbook on Medical Certification of Death* was released September 11<sup>th</sup> and is available at this [link](#).



The handbook is designed to familiarize physicians, other medical certifiers, medical students, and others with the vital registration system in the United States and to provide instructions for completing the cause-of-death section of death certificates. The new version of the handbook includes updated data; example certifications reflecting electronic death registration; specific guidance on the certificate of deaths related to drugs, dementia, and diabetes; and an Alzheimer disease case history and example certification.

an observer or tester are encouraged to email the NVSS CoP mailbox ([nvssmodernization@cdc.gov](mailto:nvssmodernization@cdc.gov)).

The NVSS Modernization CoP continues to work toward the collaborative goal that 75% of jurisdictions complete FHIR Certification by the end of 2024. With this in mind, it is important for jurisdictions to remember that **precertification and certification** are mandatory steps in the NVSS Certification Pathway. On September 18, NCHS published the Mortality FHIR Pre-Certification Guidance documents for jurisdictions to use for completing the pre-certification process. The documents, including an FAQ on the IJE to FHIR Transition, are available on the CoP SharePoint site. Staff from the Data Acquisition, Classification, and Evaluation Branch (DACEB) reviewed the newly published Mortality FHIR Pre-Certification Guidance document at the September 20<sup>th</sup> NVSS Modernization CoP Main Meeting. The meeting recording and minutes are also available on the CoP SharePoint site. Currently, 37 jurisdictions have signed up for certification, a notable accomplishment. We strongly urge any jurisdiction that still needs to be added to a certification cohort to contact [nvssmodernization@cdc.gov](mailto:nvssmodernization@cdc.gov) to be added to the list.

As an essential reminder, certification will require jurisdictions to demonstrate that FHIR data submissions match IJE data submissions and that the jurisdiction can submit large amounts of FHIR data. Once jurisdictions are certified, and in production with FHIR, NCHS will send FHIR messages with the coded resource as a single record response.

Special thanks to technical partners CTE, MITRE, NAPHSIS, and Ruvos, for their ongoing collaboration in the modernization efforts. Their valuable contributions have been instrumental in the success of our recurring collaborations and organized testing events.

### **Vital 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).

Larry Stribling was appointed State Registrar in Indiana.

Alpa Mistry departed her position as State Registrar in Indiana.

Elizabeth Villamil-Cummings was appointed State Registrar and VSCP Project Director in New York State.

Ursula Bauer departed her position as State Registrar and VSCP Project Director in New York State.

### **Vital Statistics Modernization Community of Practice**

#### **The Vital Statistics Modernization Community of Practice (NVSS COP)**

is a shared space for learning and innovation and provides a forum for jurisdictions and their partners to collaborate in the modernization space.



Phase III of the NVSS Modernization outreach effort officially began in August 2023 and concluded in September 2023. During the final stages of Phase III, three out of seven non-participating jurisdictions converted from non-participants to testing observers for the September Testing Event.

**The next formal NCHS-organized testing event** is scheduled for December 4<sup>th</sup> -5<sup>th</sup>, 2023. Any jurisdictions interested in participating as

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