



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.

Birth Data Quality Workgroup

The Birth Data Quality Workgroup (BDQW) works 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 to join. The next BDQW will meet on October 6, 2022, at 2 p.m. Eastern.

September VSCP Directors Webinar

NAPHSIS invites you to the monthly VSCP Project Directors Webinar on the second Wednesday of each month at 2pm Eastern. The September call will have presentations from NCHS on Suicide Mortality during Covid-19 and Changes in Home Births. [Register](#) to join us on September 14, 2022, at 2 p.m. Eastern.

Field Services Special Interest Group

If you work in field services or would like to hear what other jurisdictions are doing in their quality assurance program, please join us! Past topics have included data sharing, the IJE, informant's entitlements, Model Law, home births, and more. The next Field Services Interest Group will meet on September 27, 2022, at 3 p.m. Eastern. Email hq@naphsis.org to join the monthly call.

Systems Special Interest Group

Discuss and share how your vital records systems respond to ongoing developments in the vital records world. Topics include FHIR, special characters in names, interoperability, and streamlining the data lifecycle. The next Systems Special Interest Group will meet on September 29, 2022, at 3 p.m. Eastern. Email systems@naphsis.org to join the monthly call.

Systems & Data Quality Workshop Recap August 1-2, 2022

The 2022 Systems and Data Quality workshop was a collaboration between NAPHSIS, and the Division of Vital Statistics within the National Center for Health

Statistics (NCHS) designed for jurisdictional staff involved in systems, data quality, and modernization efforts. Hosted in Bozeman, Montana, the two-day workshop brought together 36 participants from 19 jurisdictions.

Several jurisdictions presented how they use their systems to improve data quality, garnering interest, and ideas from attendees. Additionally, the workshop included many roundtable discussions, allowing participants to share their thoughts on various topics. Discussion ranged from jurisdictions' challenges and successes with modernization, how their systems helped improve data quality, where participants think the vital records community is headed and what is needed to improve functionality, processes, and infrastructure.

NCHS staff presented updates on their systems and data quality tools, along with their FHIR modernization efforts, emphasizing the NVSS Community of Practice and the ELC Cooperative Agreement. NAPHSIS Systems staff shared an overview of activities, including the latest update on FHIR modernization work, an overview of the Community Open-Source System Repository (COSY), and an IT road-mapping overview.

This workshop was the first of its kind offered by NAPHSIS and NCHS. Feedback received throughout the workshop attested to the relevancy and timeliness of the subject matter.

Out of State Cause of Death Codes

As a reminder DACEB can return ICD-10 codes for out of state resident deaths. To provide the out of state data, the requesting jurisdiction must send a flat file containing:

- Position 1 - 2: Jurisdiction of Occurrence code
- Position 3: blank
- Position 4 - 9: Certificate number - assigned by jurisdiction of occurrence
- Position 10: blank
- Position 11 - 16: Certificate number the residence jurisdiction would like assigned (OPTIONAL)

Please submit the request to Demetria ikk7@cdc.gov and cc Cherie gix4@cdc.gov and Adrienne alm5@cdc.gov. Additional information about this type of request can be found on the VSCP website.

2021 Mortality-Medical file

DACEB closed the demographic file and **paused processing of 2021 medical for approximately two months**. During this period, we will be undergoing a significant quality review and correction process to ensure any needed corrections are consistent between our database and the final, published file. During this period, you will receive any coding corrections to your 2021 records, per usual, and those files are designated with an “E/M” in the file name. Any new 2021 medical files your jurisdiction sends will be held in a queue. As soon as processing is resumed, the queued files will be coded in the order in which they were received and returned to your jurisdiction. If you have additional questions about the medical pause, please contact Matt at yku6@cdc.gov.

VIEWES II - Resource to Improve Cause of Death Reporting

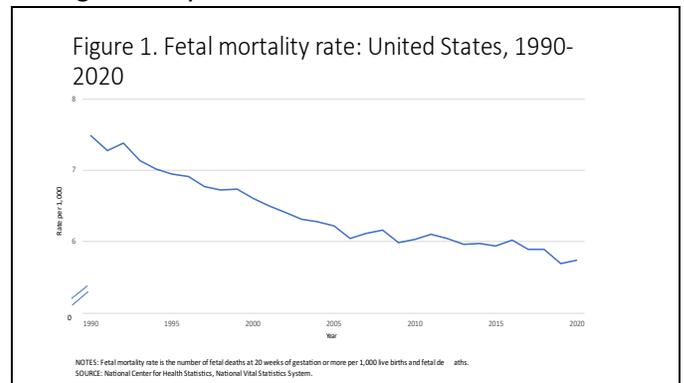
As jurisdictions continue to look at tools and methods to improve the quality of death reporting, one tool that is available is the Validation and Interactive Edits Web Service (VIEWESII). VIEWES is an application running on a web connected computer that allows Electronic Death Registration Systems to validate the entered cause-of-death in real time. With the implementation of VIEWES, jurisdictions can improve the quality of cause of death reporting, possibly limit the need for manual coding, and minimize queries from NCHS. If your jurisdiction is interested in learning more about VIEWES, please contact VIEWESHelp@cdc.gov.

Notable Publications/Data Briefs

Fetal Mortality in the United States, 2020

This report was released August 4th and can be found at this [link](#). It describes trends in fetal mortality as well as 2020 data by maternal race and Hispanic origin, age, tobacco use during pregnancy, state of residence, plurality, sex, gestational age, birthweight, and selected causes of death. As shown in the figure 1, the 2020 US fetal mortality rate was 5.74 fetal deaths at 20 weeks of

gestation or more per 1,000 live births and fetal deaths, not significantly different from the 2019 rate of 5.70.

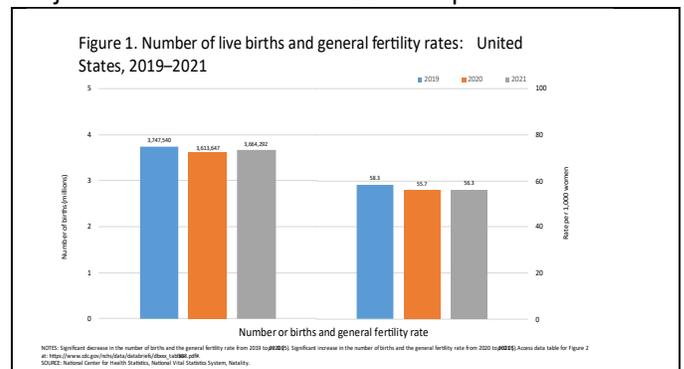


Maternal and Infant Characteristics and Outcomes Among Women with Confirmed or Presumed COVID-19 During Pregnancy: 14 states and DC

This report was released August 11th and can be found at this [link](#). It describes characteristics and pregnancy outcomes among mothers with and without confirmed or presumed COVID-19 during pregnancy by maternal age, educational attainment, race and Hispanic origin, and source of payment for the delivery for a 14-state (Alabama, Alaska, Arkansas, California, Idaho, Maine, Maryland, New Hampshire, North Dakota, Ohio, Oklahoma, Oregon, Tennessee, and West Virginia) and DC reporting area between April 2020 and April 2022. Other notable results can be found within the report.

Births in the United States, 2021

This NCHS Data Brief was released August 29th and can be found at this [link](#). It describes changes (as shown below) from 2019 and 2020 and 2020 to 2021 in the number of births, general fertility rates, age-specific birth rates, vaginal births after cesarean delivery (VBAC) and preterm births rates. The report is released in conjunction with the final 2021 birth public use file.



Quarterly Provisional Estimates of Infant Mortality, 2019-Quarter 4 2021

These quarterly provisional estimates were released August 29th and can be found at this [link](#). It shows trends in 12-month ending infant mortality rates by quarter by age of death (neonatal, postneonatal) and for the top five causes of infant death (congenital malformations, short gestation/low birthweight, SIDS, unintentional injury, maternal complications) from Q1 of 2019 through Q4 of 2021.

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 working in the modernization space to

come together on topics of mutual interest.

Success Through Meaningful Collaborations and Partnerships

- Modernization of the National Vital Statistics System is a sizeable undertaking. Everyone's modernization efforts can be more effectively achieved and further sustained by optimizing the utilization of resources, maintaining of a system-wide baseline of knowledge, and avoiding duplicative effort and silo-ing. Here are some examples of ways the NVSS Modernization COP is collaborating and building a successful partnership with the Epidemiology and Laboratory Capacity (ELC) Monitoring Program and other CDC modernization efforts as evidenced by the following activities:
 - **Invitations to the Community and Sharing Expertise:** The NVSS Modernization COP invited the ELC Program office to make two detailed presentations at COP meetings in July and August of 2022. The presentations highlighted REDCap and the nuts and bolts of the ELC CoAg. These topics were selected based on the feedback provided by jurisdictions at the NAPHSIS Annual meeting and the COP Steering committee meetings
 - **Participating in Meetings Together:** The NVSS Modernization COP and many of the jurisdictional Tier 3 points of contact participated in joint Q4 monitoring calls, covering Vital Records and Tier 3

activities as a Q4 Special Topic. This collaboration has resulted in the development and updating of the NVSS modernization dashboard, which is already starting to serve as an informative point of reference regarding modernization efforts in jurisdictions.

- The NVSS COP continues to align its efforts with the larger CDC modernization initiative by having **regular touch points with the Public Health FHIR Implementation Collaborative (PHFIC)** (<https://sites.mitre.org/phfic/>). The PHFIC is a FHIR related activity supporting CDC's Data Modernization Initiative (DMI). It focuses on building a community that provides public health practitioners a forum for real world FHIR testing and peer to peer testing. They provide training and technical assistance to state and local health departments working on strengthening their systems using FHIR. All jurisdictions working on modernization efforts using FHIR are welcome to join the PHFIC. For more information go to <https://sites.mitre.org/phfic/>.
- **Integration of Forms and Reporting Processes:** There are plans to continue strengthening collaborations between the NVSS modernization effort and the ELC program by discussing how best to conduct Q1 (year 2) calls in a way that integrate the work across the three tiers. These discussions involve including the Vitals-related measures in other parts of the monitoring system and forms.

States and jurisdictions are also encouraged to continue to build and bolster successful collaborations and partnerships within their state health department offices. You can do this by familiarizing yourself with the points of contact and reports in REDCap for the ELC program, getting to know your Tier 1, 2, and 3 colleagues, participating in upcoming ELC program quarterly update meetings, and even hosting meetings of the Tier 1, 2, and 3 POCs to share information and optimize resources.

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.

Vital Staff Spotlights

Audrey Marrocco has retired from her position as State Registrar and VSCP Project Director in Pennsylvania.

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