



## 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.

### September VSCP Directors Webinar

The VSCP Project Directors Webinar occurs on the second Wednesday of each month at 2 p.m. Eastern. [Register to join](#) us on September 13, 2023, at 2 p. m. Eastern for the next VSCP Director’s Webinar. Topics for this webinar will be shared at a later date.

### 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 will meet on September 26, 2023, at 3 p.m. Eastern and again on October 24, 2023 at 3 p.m. Eastern. Email [hq@naphsis.org](mailto:hq@naphsis.org) to join the monthly call.

### 2022 Data Year Close-Out

The following table includes the 2022 contract closeout and draft 2022 file release dates. Note that to include a jurisdiction’s most current information in the file release, all corrections and final file deliverables are due no later than the target dates listed. The target dates are highlighted in red, as are the contract closeout dates and the dates for final updates. The dates for final updates are subject to change and may be earlier, depending on the quality of the national file.

### 2022 Death File

(States) Contract closeout for 2022 deaths	May 1, 2023
(States) Last date 2022 death file updates accepted	June 29, 2023
(DACEB) Pause medical processing for data quality review	July 27, 2023
(DACEB) Release final 2022 file to Hyattsville and resume medical	September 28, 2023

### 2022 Fetal Death File

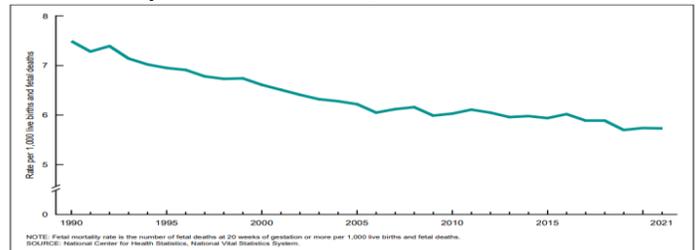
(States) Contract closeout for 2022 fetal deaths	May 1, 2023
(States) Last date 2022 fetal death file updates accepted	July 27, 2023
(DACEB) Release final 2022 fetal death file to Hyattsville	August 24, 2023

As the 2022 files are closed, jurisdictions are encouraged to contact their assigned Data Acquisition, Classification and Evaluation Branch (DACEB) staff with any questions or feedback on the file closeout process.

## Notable Publications/Data Briefs

### Fetal Mortality: United States, 2021

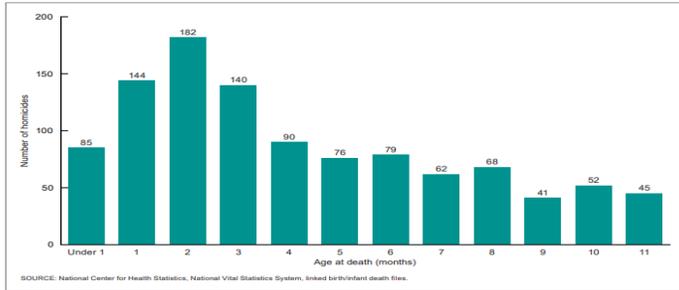
#### Fetal mortality rate: United States, 1990–2021



This report was released July 26<sup>th</sup> and can be found at this [link](#). It presents final 2021 fetal mortality data. A total of 21,105 fetal deaths at 20 weeks of gestation or more were reported in the United States in 2021. In 2021, the U.S. fetal mortality rate was 5.73 fetal deaths at 20 weeks of gestation or more per 1,000 live births and fetal deaths, which was not significantly different from the rate of 5.74 in 2020. The fetal mortality rate in 2021 for deaths occurring at 20–27 weeks of gestation was 2.95, essentially unchanged from 2020 (2.97). For deaths occurring at 28 weeks of gestation or more, the rate in 2021 (2.80) was not significantly different from 2020 (2.78). In 2021, the fetal mortality rate ranged from 3.94 for Asian women to 9.89 for Black women.

## Homicides among Infants in the United States, 2017-2020

### Number of homicides among infants, by age in months at time of death: United States, 2017–2020



This report was released on July 26<sup>th</sup> and can be found at this [link](#). It describes homicide rates among infants (under age 1 year) by selected maternal, pregnancy-related, and infant characteristics. A total of 1,067 homicides occurred among infants in the United States from 2017 through 2020, an average of 267 per year. More than one-half of all infant homicides occurred among infants aged 3 months and under. Homicide rates were higher among infants born to mothers who were young, had multiple previous live births, were Black non-Hispanic, were born in the United States, had lower levels of education, lived in rural areas, had no prenatal care, and delivered outside of a hospital. Rates were also higher for infants who were part of a multiple-gestation pregnancy, were born preterm or low birthweight, or were admitted to a neonatal intensive care unit.

## 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 CoP Jurisdictional Outreach** effort will begin soon and consists of efforts to increase formal testing participation among jurisdictions. The NVSS CoP is proud of all the great progress that has been made during phase II and is excited for continued engagement as we transition into the next phase.

In June, NVSS CoP members were able to attend the **Annual NAPHSIS meeting** in Milwaukee, Wisconsin, which included a **FHIR-Side Chat** that provided the opportunity for jurisdictions to discuss certain issues they have faced on their journey to FHIR modernization. A few takeaways from the FHIR-Side chat included the following:

1. There are many ways jurisdictions can sustain FHIR beyond the ELC funding rounds. The purpose of ELC funding is to help the vital records offices transition their baseline infrastructure, which will minimize overall costs.

When jurisdictions modernize their workflows, they will improve their overall efficiency. Jurisdictions that transition to FHIR also gain efficiencies from interoperability within and outside the vital records space.

2. Jurisdictions have many ways they can take advantage of the new ELC funding such as finishing their VRDR IG, BFDR IG, and/or the numerous optional activities they can choose from.
3. NCHS has set a goal for 75% of all jurisdictions to be certified for VRDR by the end of 2024, however NCHS does not anticipate beginning BFDR certification until early 2025.
4. Once jurisdictions are certified and in production with FHIR, NCHS will send FHIR messages with the coded resource as a single record response, not a batch.

**The next formal NCHS-organized testing events** will occur on September 25<sup>th</sup>-26<sup>th</sup>, 2023, and December 4<sup>th</sup>-5<sup>th</sup>, 2023. Any jurisdictions interested in participating as an observer or tester are encouraged to email the NVSS CoP mailbox ([nvssmodernization@cdc.gov](mailto:nvssmodernization@cdc.gov)).

As the NVSS Modernization CoP continues to assist jurisdictions with their readiness for production with FHIR, **precertification and certification** are mandatory steps in the NVSS Certification Pathway. We encourage all jurisdictions who have not signed up to please send an email to [nvssmodernization@cdc.gov](mailto:nvssmodernization@cdc.gov) to request that your jurisdiction be added to the list. As a reminder, certification will require jurisdictions to demonstrate that FHIR data submissions match IJE data submissions and that the jurisdiction is able to submit large amounts of FHIR data.

Jurisdictions are encouraged to continue informal testing using their API access between events, to continue to post questions to Zulip for technical assistance, and to attend our weekly CoP Office Hours.

## Vital Staff Spotlights

**Steven Schwartz** is on detail within the National Center for Health Statistics Office of the Director.

**Paul Sutton** is the Acting Director for the Division of Vital Statistics and Acting Branch Chief of the Data Acquisition, Classification and Evaluation Branch.

**Isabelle Horon** is the Acting Deputy Director for the Division of Vital Statistics.

**Bob Anderson** is the Acting Branch Chief of the Reproductive Statistics Branch.

[Click here for previous newsletter issues](#)