Division of Vital Statistics | Newsletter

May 2023

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.

PHAB VRHS Accreditation Training

NAPHSIS and the Public Health Accreditation Board (PHAB) are offering the annual VRHS Accreditation Applicant training session in person on June 25, 2023, from 1-5 p.m. Central time in conjunction with NAPHSIS Annual Meeting. This training is a required step in the accreditation process. Accreditation Coordinators from VRHS Units that plan to apply for VRHS accreditation between July 15, 2023, and July 15, 2024, will need to attend applicant training before they can pursue accreditation. In addition to registering for the 2023 NAPHSIS conference, attendees should click here to register for the PHAB training.

June VSCP Directors Webinar

The VSCP Project Directors Webinar occurs on the second Wednesday of each month at 2 p.m. Eastern. As a reminder: the VSCP contract requires an in-person meeting once per calendar year with VSCP Project Directors. This year's in-person meeting requirement is being waived and attendance at the June VSCP Project Directors webinar will fulfill each jurisdiction's contractual obligation. Attendance will be documented and registration for this webinar is required. You can forward this invitation to others in your office who might be interested, however, you cannot forward your approved registration, as each attendee must register separately. Register to join us on June 14, 2023, at 2 p. m. Eastern.

NAPHSIS Annual Meeting

The NAPHSIS Annual Meeting will be June 26-28 in Milwaukee, WI. Attendees will learn about products and technology to improve vital records and health statistics functions. The meeting offers informative sessions led by industry experts, an exhibits expo, and networking activities with peers. The Annual Meeting will help you develop connections and learn the latest in the world of vital records and health statistics that you can immediately bring back to your jurisdiction. Registration is now open.

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 July 25th at 2 p.m. Eastern. Email hq@naphsis.org to join the monthly call.

New Fetal Death Subgroup

The Birth Data Quality Workgroup has formed a new subgroup with the goal of establishing best practices for the accurate and timely reporting of fetal deaths. Please join us for the second meeting of the group on July 13th at 1:00.

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 next Systems Special Interest Group will meet on July 27th at 3 p.m. Eastern. Email systems@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 processing	September 28, 2023

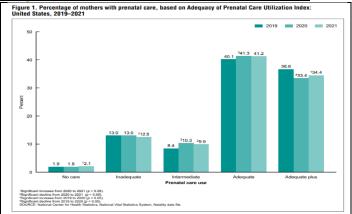
2022 Fetal Death File

(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.

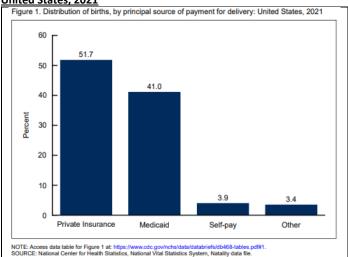
Notable Publications/Data Briefs

Changes in Prenatal Care Utilization: United States, 2019-2021



This report was released May 4, 2023, and can be found at the link. It describes changes in prenatal care utilization in the United States before and during the COVID-19 pandemic by month of birth and race and Hispanic origin of the mother. As shown in Figure 1 above, the percentage of mothers with no prenatal care or inadequate prenatal care was unchanged from 2019 to 2020 but the percentage with intermediate care rose 23% and the percentage with adequate plus care declined by 9%. From 2020 to 2021, the percentage of mothers with no care rose from 1.9% to 2.1% but intermediate care declined 4% and adequate plus care rose 3%. Changes in intermediate and adequate plus care between 2019 and 2020 were primarily the result of declines in the number of prenatal visits and not changes in the timing of care. Other notable results can be found within the report.

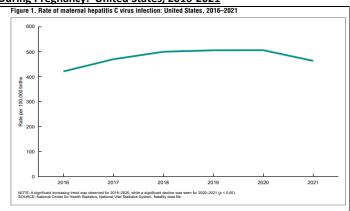
<u>Characteristics of Mothers by Source of Payment for the Delivery:</u> <u>United States, 2021</u>



This report was released May 25, 2023, and can be found at this <u>link</u>. It describes the principal source of payment for the delivery in 2021 overall and by maternal race and Hispanic origin, age, and education. More than one-half of mothers who gave birth in 2021 (51.7%) were covered by private insurance as the source of payment for the delivery,

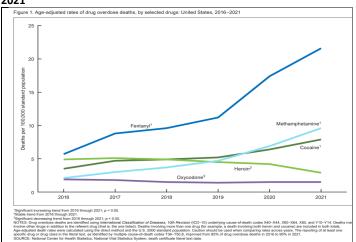
while 41.0% used Medicaid, 3.4% used other types of coverage, and 3.9% as self-pay. At least one-half of American Indian or Alaska Native non-Hispanic, Asian non-Hispanic, Native Hawaiian or Other Pacific Islander Non-Hispanic, and White non-Hispanic mothers were covered by private insurance, while at least one-half of Black non-Hispanic and Hispanic mothers used Medicaid. Mothers under age 25 were more likely to be covered by Medicaid, while mothers aged 25 and over were more likely to use private insurance. Mothers with lower levels of educational attainment were more likely to be covered by Medicaid or to self-pay than mothers with higher educational attainment. Other notable results can be found within the report.

<u>Trends and Characteristics in Maternal Hepatitis C Infection Rates</u> <u>During Pregnancy: United States, 2016-2021</u>



This report was released April 11, 2023, and can be found at this link. It presents data on trends for hepatitis C virus infection among mothers giving birth in the United States from 2016 through 2021. The overall rate of hepatitis C infection rose 20% from 2016 to 2020 (from 421.4 to 506.5 per 100,000 births), and then declined 8% from 2020 to 2021 (463.7). Hepatitis C infection rates increased from 2016-2020 for mothers aged 25 and older, all maternal race and Hispanic origin groups (the increase for non-Hispanic Asian was not significant), all maternal educational attainment categories, for mothers who smoked cigarettes during pregnancy and those who did not, all prenatal care categories, and all source of payment groups (the increase for "other" was not significant). From 2020 to 2021, rates decreased or were unchanged for all characteristics. Other notable results can be found within the report.

Estimates of Drug Overdose Deaths Involving Fentanyl, Methamphetamine, Cocaine, Heroin, and Oxycodone: United States, 2021



This newsletter is a publication of the NVSS, intended to enhance the community of vital records and vital statistics practice, to provide useful information for vital statistics and vital records professionals, and to inform the broader community of interested stakeholders.

This report was released May 3, 2023, and can be found at this <u>link</u>. It shows that from 2016 through 2021, age-adjusted drug overdose death rates involving fentanyl, methamphetamine, and cocaine increased, while drug overdose death rates involving oxycodone decreased. Fentanyl was also the most frequent opioid or stimulant drug involved in drug overdose deaths for the race and Hispanic-origin groups analyzed. Other notable results can be found within the report.

Provisional Mortality Data — United States, 2022

This report was released May 5, 2023, and can be found at this link. It shows that for 2022, approximately 3,273,705 deaths occurred in the US. The estimated 2022 age-adjusted death rate decreased by 5.3%, from 879.7 per 100,000 persons in 2021 to 832.8. COVID-19 was reported as the underlying cause or a contributing cause in an estimated 244,986 (7.5%) of those deaths (61.3 deaths per 100,000). Other notable results can be found within the report.

COVID-19 Mortality Update — United States, 2022

Characteristic	2020		
otal		2021	2022
Total	384,536 (93.2)	462,193 (115.6)	244,986 (61.3)
ge group, yrs			
<1	52 (1.4)	167 (4.7)	231 (6.5)
-4	25 (0.2)	66 (0.4)	152 (1.0)
5-14	68 (0.2)	185 (0.4)	203 (0.5)
5-24	612 (1.4)	1,652 (3.8)	641 (1.5)
25-34	2,609 (5.7)	7,033 (15.5)	2,376 (5.2)
35-44	6,756 (16.0)	17,412 (40.1)	5,183 (11.9)
15-54	18,250 (45.2)	39,360 (96.7)	12,169 (29.9)
55-64	45,377 (107.0)	79,199 (185.0)	30,526 (71.3)
55-74	82,055 (252.1)	111,412 (330.9)	53,228 (158.1)
75-84	106.020 (644.4)	110,536 (682.1)	67,116 (414.1)

This report was released in May 5, 2023, and can be found at this link. It shows that in 2022, COVID-19 was the underlying (primary) or contributing cause in the chain of events leading to 244,986 deaths that occurred in the United States. During 2021–2022, the estimated ageadjusted COVID-19—associated death rate decreased 47%, from 115.6 to 61.3 per 100,000 persons. COVID-19 death rates were highest among persons aged ≥85 years, npon-Hispanic American Indian or Alaska Native (AI/AN) populations, and males. Other notable results can be found within the report.

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 II of the NVSS CoP Jurisdictional Outreach effort began in April 2023 and is making great progress. Phase II consists of

efforts to increase formal participation in testing the interoperability between NCHS and EDRS using FHIR among jurisdictions. Jurisdictions

who attend 1:1 TA calls with NCHS can use that time to ask questions directly of technical partners, and communicate testing learnings, barriers and needs. These have been great for facilitating bidirectional communication about of testing-related progress. The NVSS CoP is proud to report that since outreach efforts began, three new jurisdictions have participated in testing for the first time (as testers or observers) and two others who were previously observers have signed up to participate as testers for the first time!

The next NCHS organized testing event will occur on June 12-13, 2023. The testing event will follow a similar plan to the February 2023 testing event and full details are available on the NVSS SharePoint site (All Things Connectathon Folder). The deadline to sign up for participation in the June testing event has passed, but future 2023 testing events will take place Sep 24-25 and Dec 4-5. Any questions about testing events can be sent to the NVSS Modernization mailbox (nvssmodernization@cdc.gov).

We are excited to introduce the **New NVSS CoP QR code!** Moving forward, you'll see it on things like the NVSS Modernization Website and NVSS Modernization mailbox correspondence. We also encourage the community to save it to their phone or other smart devices. If you are at a conference, etc. you can feel free share the QR code with others to showcase information about the community. Try it now! Scan the QR code using your smart device!:



On May 24, the ELC hosted a **Data Modernization 2 COVID Award Webinar** focusing on the Tier 1, 2, and 3 requirements and activities for the recently released *Data Modernization 2* COVID Award and including a short Q&A. The webinar addressed DMI 2 COVID funds for the 3 Tiers of Accelerating Data Modernization: DMI, eCR and NVSS. Questions not addressed during the Q&A will be included in a follow up FAQ document. The recorded video presentation has been uploaded to the NVSS Modernization CoP SharePoint site at this link: 2023-05-24 ELC Data Modernization 2-Webinar Recording.mp4 (Click Meeting Proceeds, ELC Program Orientations, Webinars, and All-Hands). The slides and presentation are also available via ELC CAMP: https://camp.cdc.gov/s/article/Data-Modernization-2-Webinar-May-24-2023. General questions related to the ELC presentation and Data Modernization 2 COVID Award Guidance may be directed to edx@cdc.gov.

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.**

Patricia Piecuch departed her position as State Registrar and VSCP Project Director in New Hampshire.

Kristin Kenniston was appointed State Registrar and VSCP Project Director in New Hampshire.

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