



## Cooperative Agreement Corner



Our Cooperative Agreement with the National Association for Public Health Statistics and Information Systems (NAPHSIS) supports several trainings throughout the year. NAPHSIS and NCHS hosted the Vital Records and Their Administration: Statistics and Data Quality training from August 3-5, 2020 as a virtual training. NAPHSIS received an overwhelming response to this course that included 107 applications, but enrollment was capped to keep the number small enough to encourage participation. The course included speakers from NCHS, NAPHSIS and the Department of State's Passport Office. The training was targeted for staff new to vital records and health statistics and included topics on operations, data sharing and data quality. The next Vital Records and Their Administration course will be held in Spring 2021. Details will be made available later this year. Thank you to speakers and all who participated!

The Jurisdictional Database available on the NAPHSIS website was recently updated with new and useful information on jurisdiction operations, systems and more in a new format. Please contact [hq@naphsis.org](mailto:hq@naphsis.org) for access to this helpful resource.

NAPHSIS continues to host monthly special interest groups for jurisdiction staff to share and learn from one another on different topics. In August, NAPHSIS hosted special interest groups focusing on **Field Services** and **IT Systems**.

Please email [hq@naphsis.org](mailto:hq@naphsis.org) if you are interested in joining future interest group discussions.

## Reminder: 2019 Mortality Review Process

Thanks to the efforts of DACEB staff and jurisdiction staff for sending in updates and corrections to your 2019 mortality files, DACEB closed the national file July 28<sup>th</sup>. We wanted to

remind you that we have **paused processing for all 2019 cause of death files. This pause should last about eight weeks.** During this period, we will be undergoing a significant quality review and correction process to ensure any needed corrections between our database and the final published file are consistent. During this period, you will receive any coding corrections to your 2019 records, per usual. As soon as processing is resumed, queued files will be coded in the order in which they were received and returned back to your jurisdiction. We understand that these files are time sensitive to each of your jurisdictions; however, we want to ensure the national file is of the highest quality. This process will not impact processing of 2020 files.

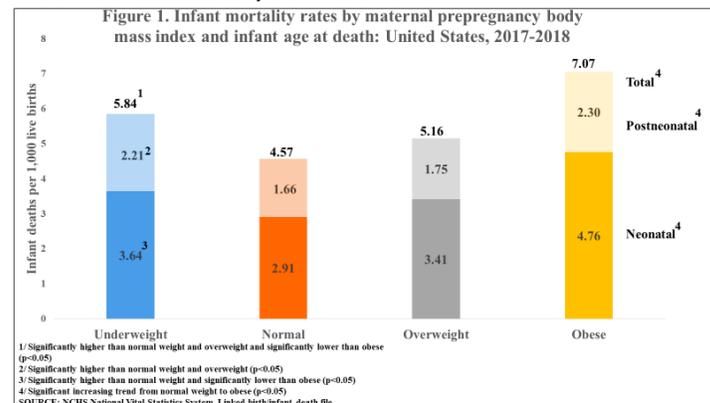
## Invoicing for 2019 data

Now that the 2019 data files are complete, we would like to remind each jurisdiction to submit invoices for any outstanding funds for the 2019 VSCP and 2019 NDI contracts. If you have any questions concerning invoices, please contact your assigned Vital Statistics Specialist.

**New NVSS COVID-19 FAQs as of 08/20**  
**NCHS has added an FAQs page about deaths due to COVID-19**  
 See <https://www.cdc.gov/nchs/covid19/faq.htm>

## Notable Publications/Data Briefs

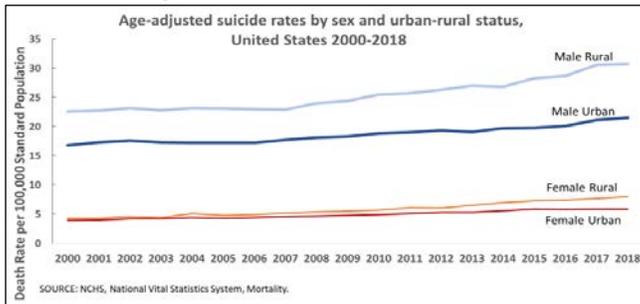
### Infant Mortality by Maternal Prepregnancy Body Mass Index: United States, 2017–2018



This recent report was released August 21, 2020 and can be found at this [link](#). It shows that total infant, neonatal, and postneonatal mortality rates were lowest for infants of women who were normal weight prepregnancy, and then rose with increasing prepregnancy body mass index. For infants of women who were underweight prepregnancy, rates

were generally higher than infants of women who were normal or overweight, but lower than infants born to women with obesity. Other notable results can be found within the report.

### Urban–rural Differences in Suicide Rates, by Sex and Three Leading Methods: United States, 2000–2018



This recent report was released August 19, 2020 and can be found at this [link](#). It shows that rural suicide rates for males remained stable from 2000 to 2007, then increased 34% from 2007 (22.9 per 100,000) through 2018 (30.7). Urban suicide rates for males increased 17% between 2006 (17.2) and 2016 (20.1) and did not change significantly through 2018 (21.5). For females, rural suicide rates nearly doubled over the 2000 through 2018 period (from 4.2 to 8.0), whereas urban suicide rates for females increased 51% from 2000 through 2015 (from 3.9 to 5.9). Other notable results can be found within the report.

### How Maryland Makes Modernization Work... for Everyone



As Maryland has modernized their death reporting, they've learned that big change doesn't come just from getting a new system or making a new law – although both of those things can be useful. Meaningful change can only come when people on the ground have what they need to make it work.

When Maryland switched from paper-based to electronic systems, they made it a priority to listen to those who use the systems every day – doctors, medical facilities, funeral directors – and then to modify the technology to make it easier for them to use. Today, with nearly everyone using electronic systems, Maryland's death data is not only faster, but also higher quality. For example, an electronic validation system (VIEWS II) is catching more errors, geocoding is

becoming more possible, and a new database is improving statistical analyses on cause-of-death information.

These changes have made Maryland better at handling evolving threats like the drug overdose epidemic and COVID-19. Their next step is to make death reporting fully interoperable with other systems, such as electronic health records, using HL7's Fast Healthcare Interoperability Resources (FHIR). NCHS is connecting a broad community of states and IT experts to [innovate around these new challenges](#).

See the full story: [Making Modernization Work... for Everyone](#).

### 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.

**Wanda Llovet-Diaz** was appointed Acting VSCP Project Director in Puerto Rico.

**Mark Kassouf** departed his position as VSCP Project Director in New Mexico.

**Renee Valencia** was appointed VSCP Project Director in New Mexico.

**Robert Lee** departed his position as VSCP Project Director in North Carolina.

**ClarLynda Williams-Devane** was appointed VSCP Project Director in North Carolina.

**Gary L. Thompson** (former State Registrar and VSCP Project Director in West Virginia) retired from his position as Interim Deputy Commissioner for Health Improvement in West Virginia.

**Matthew Wickert** was appointed VSCP Project Director in West Virginia.

**Frank Caniglia** retired from his position as VSCP Project Director in Pennsylvania.

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