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 August 4, 2022, at 2 p.m. Eastern.

Mortality Data Quality Workgroup
The Mortality Data Quality Workgroup (MDQW) works to identify high-priority death data quality issues, metrics, and strategies to improve data quality. Email hq@naphsis.org to join. The MDQW will meet on August 8, 2022, at 1 p.m. Eastern.

August VSCP Directors Webinar
NAPHSIS invites you to the monthly VSCP Project Directors Webinar on the second Wednesday of each month at 2 p.m. Eastern. The August call will have a presentation from Mississippi on their EDRS system and a presentation from NCHS discussing changes in 2021 births by month. Register to join us on August 10, 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 IEJ, informants entitlements, Model Law, home births, and more. The next Field Services Interest Group will meet on August 23, 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 August 25, 2022, at 3 p.m. Eastern. Email systems@naphsis.org to join the monthly call.

Notable Publications/Data Briefs
Maternal characteristics and infant outcomes of women born in and outside the United States: United States, 2020
This NCHS Chart Book was released June 2022 and can be found at this link. It describes and compares maternal characteristics and infant outcomes by maternal place of birth (that is, whether the mother was born in the United States or in regions, subregions, and selected countries outside the United States) among births occurring in 2020. As shown in Figure 2, in 2020, 21.9% of women who gave birth in the United States were born outside the United States. Women born in Latin America accounted for 12.0% of all women giving birth and more than one-half (54.9%) of women born outside the United States; those born in Asia accounted for 5.9% of all U.S. births and 27.2% of women born outside the United States.

Trends and Characteristics in Gestational Diabetes: United States, 2016-2020
This report was released July 2022 and can be found at this link. It presents trends in rates of gestational diabetes (GDM) from 2016 to 2020 by maternal race and Hispanic origin, and by age, body mass index (BMI), state of residence, and plurality. As shown in Figure 1, the GDM was 7.8 per 100 births in 2020, an increase of 30% from 2016. Increases occurred each year 2016 to 2020, with a larger annual percent change from 2019 to 2020 (13%) compared with the average annual percent change from 2016 to 2019 (5%); GDM rates rose overall and for nearly every characteristic analyzed.
Birth eLearning Course Newly Updated
This free online course - Applying Best Practices for Reporting Medical and Health Information on Birth Certificates - was developed to improve the quality of the medical and health data collected on birth certificates and fetal death reports. This course provides free continuing medical education credits. Please also see tools to help you plan your implementation of this course with your jurisdiction’s hospitals. Find the course on the CDC website with other helpful resources.

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.

In response to the community’s feedback during the NAPHSIS meeting in June 2022, and the ongoing input received from the NVSS COP Steering Committee regarding emerging needs in the modernization space, the NVSS COP has summarized a curated list of useful resources:

1. The value-add of FHIR in NVSS Modernization: This is a brief write-up that describes the benefits of moving to FHIR in the vital records space, with a focus on the downstream workflow (EDRS to NCHS). This resource is available on the NVSS COP SharePoint site under the “Reference Materials” link.

2. The Data Modernization Initiative Planning Toolkit - PHII: Developed by the Public Health Informatics Institute, supports ELC CoAg recipients in planning data modernization ventures at health departments. It is not an implementation plan, as each jurisdiction’s data modernization projects will differ. Instead, it is a guide to build leadership and partner buy-in for data modernization work, and to assist health departments in developing plans that prioritize data modernization activities.

3. The Public Health FHIR Implementation Collaborative is a FHIR®-related activity supporting CDC’s Data Modernization Initiative (DMI) Home - PHFIC (mitre.org). PHFIC’s purpose is to empower public health by building a community that will provide a public health practitioner forum for real-world FHIR®-testing and peer-to-peer learning. The PHFIC provides the support needed for public health practitioners to get started and succeed with FHIR by organizing training workshops and other events. Sign up for the Public Health FHIR® Implementation Collaborative (PHFIC) (office.com)

4. Announcing a new resource for public health! The Public Health Interoperability Training Catalog is a free catalog of training resources on general and public health interoperability. Explore the catalog here: https://publichealthinteroperability.org/

5. Training in the use of RedCAP for quarterly reporting under the ELC Cooperative Agreement. A detailed demonstration was provided at the NVSS COP Main Meeting in July 2022. Recording available on the NVSS COP SharePoint Site under Meeting Proceeds>Meeting>July 20, 2022

6. An Overview of the ELC Cooperative Agreements and opportunities for VROs to create better synergies with Tier I and Tier II funded activities in their respective states – This is a planned topic for the NVSS COP Main Meeting on August 17, 2022. Stay tuned!

7. On August 25th (2:00 to 5:00 pm ET), the NVSS COP has organized a Virtual FHIR Fundamentals Training Course geared towards VRO programmatic staff. This is in response to requests from the Community for foundational training in FHIR. This training will be conducted by HL7 FHIR training staff, funded by NCHS, and will be at no cost to jurisdictions other than their time. Each jurisdiction is invited to select up to two (2) people to attend this training. While the training is geared toward non-technical program staff who make decisions about their DMI initiatives for the jurisdictional vital records office, jurisdictions can choose to have technical people attend as well.

Special thanks to our presenters during the July 2022 NVSS Modernization Main COP meeting:
1. Health Information Systems Capacity & Data Modernization Initiative, Josue Toledo, Ariel Kay, and Chidera Anugwom, CDC ELC HIS Monitoring Team
2. Round Robin Presentation. Carolyn Pettit, Management Analyst III/VSCP Director, Delaware Department of Health

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 today.

Vital Staff Spotlights
Yvette Gauthier was appointed State Registrar and VSCP Project Director in Connecticut.

Elizabeth Frugale departed her position as State Registrar and VSCP Project Director in Connecticut.

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