



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.

Field Services and Data Quality Workshop

NAPHSIS and the Division of Vital Statistics within the National Center for Health Statistics will host a virtual Field Services and Data Quality Workshop in August. This workshop is intended for field services staff, statistical staff involved in identifying data quality issues, staff who conduct quality queries and any others interested in data quality of birth, death, and fetal death events. We encourage jurisdictions to take advantage of this opportunity! Click here to review the [at-a-glance agenda](#). There is no cost to attend this workshop. Please register [here](#).

Systems Special Interest Group

Past topics have included electronic signatures for vital records documents, out of state records, e-certification and more. The next Systems Special Interest Group Call will be taking place on July 27th at 3 p.m. ET. Email us at hq@naphsis.org to join.

Field Services Special Interest Group

Past topics have included mother/parent worksheets, working with the funeral director

community, retention schedules and more. The next Field Services Interest Group Call will be taking place on July 29th at 3 p.m. ET. Email us at hq@naphsis.org to join.

VRHS PHAB Applicant Training

If your jurisdiction plans to apply for Vital Records Health Statistics (VRHS) Accreditation between July 15, 2021 and July 15, 2022 you are required to attend the virtual training that will be held on July 15, 2021 from 1:00-5:00 p.m. ET. Submit one registration form per attendee. Please note, the training is limited to 25 participants. For more information click [here](#).

VSCP Annual Meeting Participation

Participation at this year's virtual VSCP annual meeting was outstanding and included a total of 167 participants and all 57 jurisdictions were represented! Topics included trends in VSCP performance, 2020 mortality file closure processes and preparation for the 2022 VSCP contract. The meeting materials were distributed on June 11. If you need additional copies, please contact Karen Knight at ylp2@cdc.gov.



For the month of June, we invite you to review the new and improved Tools and Technologies page on the NVSS Modernization Website ([NVSS - Modernization - Tools and Technologies \(cdc.gov\)](#)). This page 'refresh' includes updated reference links and definitions as well as the launch of the NVSS Modernization Tool Kit. This Tool Kit is designed to organize tools and resources based on key themes tailored around areas that

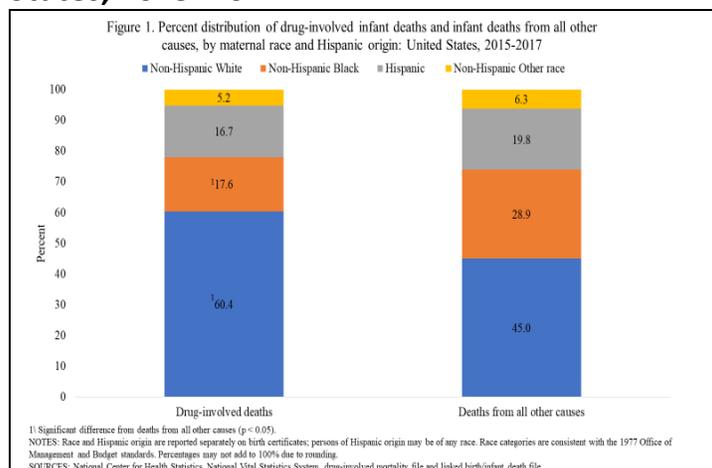
the community has expressed interest in. For example, under Relevant background, there is a document titled Training Resources which highlights a number of training opportunities ranging from interoperability, FHIR, and informatics. There is also a section describing how to carry out a process analysis which is an important first step to introducing FHIR based interoperability.

The tool kit will continue to grow and evolve based on community needs. We hope you find it useful. Please reach out and let us know how it can be improved or if you have topics or resources that would be good to add

(NVSSmodernization@cdc.gov)

Notable Publications/Data Briefs

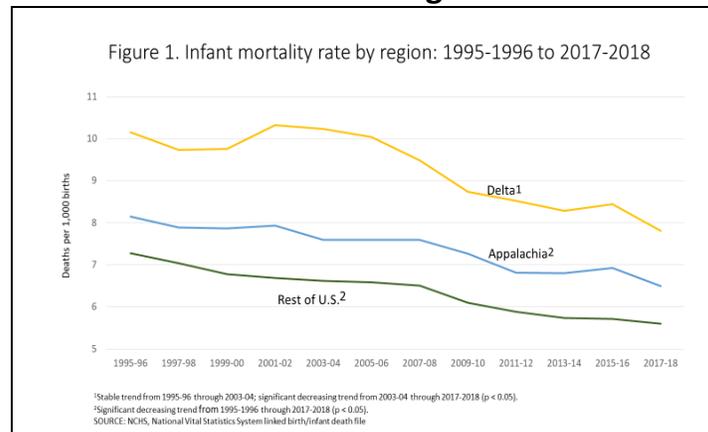
Drug-involved Infant Deaths in the United States, 2015–2017



This report was released June 3, 2021 and can be found at this [link](#). It describes drug-involved infant deaths in the United States for 2015–2017 by type of drug involved and selected maternal and infant characteristics. Deaths are grouped according to whether drugs were the underlying or a contributing cause of death. Data are from the 2015–2017 National Vital Statistics drug-involved mortality files and the 2015–2017 period linked birth/infant death files. From 2015 through 2017, 442 of the 68,609 total infant deaths (0.64%) in the United States had drug involvement. The drugs most frequently mentioned were methamphetamine, opioids, cocaine, opioid

treatment drugs such as methadone or naloxone, and cannabis or cannabinoids. Mothers of infants who died of drug-involved causes were more likely to be non-Hispanic white, aged 35–39, have a high school degree or less, use Medicaid as the source of payment for delivery, and receive late or no prenatal care compared with mothers of infants who died of all other causes.

Declines in Infant Mortality in Appalachia and the Delta: 1995–1996 Through 2017–2018



This report was released May 26th, 2021 and can be found at this [link](#). Using the linked birth and infant death files, this report compares trends in infant mortality rates in Appalachia and the Delta with the rest of the United States and assesses the role of maternal demographic changes in these rates between 1995–1996 and 2017–2018. From 1995–1996 through 2017–2018, Appalachia and the Delta consistently had higher infant mortality rates than the rest of the United States. Rates declined 20% in Appalachia and 23% in both the Delta and the rest of the United States from 1995–1996 through 2017–2018. Changes in maternal age distributions accounted for about one-fifth of the decline in infant mortality rates in all three regions; changes in maternal age-specific infant mortality rates accounted for the balance of the decline.

Vital Staff Spotlights

Denise Gonyer was appointed State Registrar and VSCP Project Director in New Hampshire.

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