



Vitals Data at the National Academies Meeting

The National Academies of Sciences, Engineering, and Medicine *Committee on Best Practices in Assessing Mortality and Significant Morbidity Following Large-Scale Disasters* hosted a public workshop in August in DC. This was the first public meeting of a National Academies committee tasked to assess how mortality and morbidity data is collected and shared following large-scale disasters. The committee heard from state, local, tribal, and territorial public health agencies.



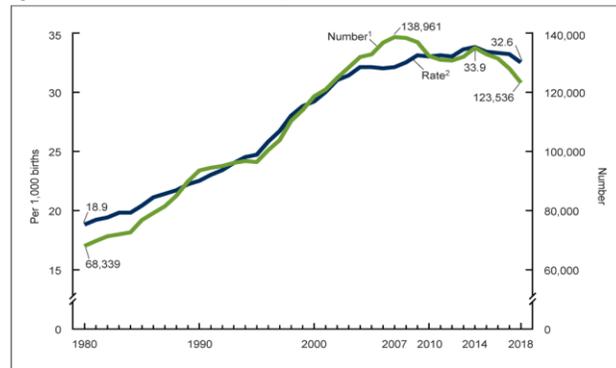
“Improved timeliness in general will translate into improved timeliness during times of crisis or disaster,” said Dr. Steve Schwartz, Division of Vital Statistics (DVS) Director, a panelist for Session 6, “Looking Forward – Best Practices and Tools for Assessing and Using Morbidity and Mortality Data During the Inter-Disaster Period.” You can view his presentation [here](#). Other representatives from the vitals community presented to the committee, including [Ken Jones](#), [Kelly Baker](#), [Tara Das](#), and [Devin George](#) (Florida, Oklahoma, Texas, and Louisiana State Registrars, respectively). [Chesley Richards](#), CDC’s Deputy Director of Public Health Science and Surveillance, presented during a session focused on current capacities, and [Charlie Rothwell](#), retired NCHS Director, moderated a session focused on Florida’s assessment system. The committee’s report will recommend improvements to data collection and sharing practices, focusing on those applicable to public health and disaster response professionals.

Notable Publications/Data Briefs

In October 2019, The National Center for Health Statistics data brief on Twin Births in the United States, 2014–2018 was released and can be found at this link. This data brief notes that following more than three decades of increases, the twin birth rate declined 4% during 2014–2018, to the lowest rate in more than a decade, 32.6 twins per 1,000 total births in 2018. It is important to track twin birth rates as twins are at greater risk than singletons for poor outcomes, including preterm birth and neonatal morbidity and mortality. Questions regarding this data brief should go to Joyce Martin

(JAMartin@cdc.gov) or Michelle Osterman (MOsterman@cdc.gov) at NCHS, DVS, Reproductive Statistics Branch.

Figure 1. Number and rate of twin births: United States, 1980–2018



¹Significant increasing trend for 1980–2007 ($p < 0.05$); significant decreasing trend for 2007–2018 ($p < 0.05$).
²Significant increasing trend for 1980–2014 ($p < 0.05$); significant decreasing trend for 2014–2018 ($p < 0.05$).
 NOTE: Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/tables/nvss/vitweb001_1_tables-508.pdf.
 SOURCE: NCHS, National Vital Statistics System, Natality.

Innovations

The California Department of Public Health, Center for Health Statistics and Informatics (CHSI) staff, in collaboration with staff from the Injury and Violence Prevention Branch (IVPB) has engaged coroners and medical examiners in California to gain a better understanding of the technical infrastructure and barriers that impact more timely death reporting.



Pictured from left to right are: Julie Cross-Riedel, Ellen Badley, and Steve Wirtz, all from the California Department of Public Health.

CDPH staff and the consultants hosted three in-person stakeholder workgroups, and one webinar with California coroners and medical examiners. The purpose of the workgroups and the webinar was to collect and document barriers, both human and technological, and discuss potential strategies that may alleviate these barriers to improve the timeliness and quality of drug information reported on death certificates. Representatives from 34 of California’s 58 county coroner/medical examiner offices (87 percent of coroner certified death registrations in the state) participated. Preliminary findings from these forums were presented to

attendees at the California State Coroner's Association (CSCA) Board meeting in September, in order to seek validation of the issues and strategies identified. This process has identified the following top five (5) barriers to timely death reporting: (1) Finding next of kin; (2) Doctors hesitant to certify a death; (3) Registration of death with unknown information (4) Financial responsibility for family when claiming the body; and (5) Toxicology test delays and getting a pathologist to review the results timely.

Additionally, IVPB staff hosted an exhibitor table, where CDPH staff promoted the NCHS's guidance document, "A Reference Guide for Completing the Death Certificate for Drug Toxicity Deaths" and the NCHS mobile application for certifying cause of death. CDPH will be documenting the barriers, strategies and recommendations from these stakeholder meetings into a report as a deliverable to NCHS early next year.

We want to hear from you and feature your segments! Please send us your initiatives from the broader community, questions, or lessons learned. **Have a topic to share with the monthly newsletter audience?** Send it to George Tolson at gct1@cdc.gov today!

Improving Cause of Death Reporting – Focus on R99

Causes of death resulting in an ICD-10 code of R99 add little to no information about the true cause. Reducing these records can be an important data quality improvement activity. Records coded to R99 also include those that are "Pending investigation," which are eventually amended and, in most cases, will be assigned a valid cause of death.

As of September 30, NCHS had received over 3,000 2019 mortality records with a Cause of Death coded to R99. Most of the records were reported as some form of "Natural Causes," and the top 5 variations reported were:

1. Natural Causes
2. Presumed Natural Causes
3. Undetermined Natural Causes
4. Unknown Natural Causes
5. Unspecified Natural Causes

A specific cause may be more difficult to ascertain for older decedents as there could be multiple co-morbidities. What is more concerning is that "Natural Causes" has been reported for a deceased as young as 13 years old. The National Vital Statistics System Website has [Training and Instructional Materials](#) (including online training, mobile apps and guidance and tools) that can be used to address cause of death reporting with certifiers in your jurisdiction.

Year 3 NAPHSIS Cooperative Agreement New Activity: Your Participation is Important!

The third year of the current Vital Statistics Improvement Cooperative Agreement with NAPHSIS began September 1. Activities funded for year 3 include continued support of the

Birth Data Quality Workgroup, Mortality Data Quality Workgroup, Vital Records Accreditation, and Jurisdiction Mentoring and Training. In addition, two supplemental activities were funded for Year 3: Promotion of the VSCP Special Projects with jurisdictions to collect address data, and **a quality assurance assessment at the jurisdiction level.**

While the Vital Statistics Cooperative Program (VSCP) contract includes a requirement for a quality assurance program, the specific capacities and activities by jurisdiction are unknown. The results of this assessment may help explain some of the variation in data quality and lay the groundwork in the development of quality assurance best practices. NAPHSIS intends to complete the assessment in three phases: (1) an initial survey; (2) a focus group, and (3) a follow-up survey with refined questions. **The first survey is expected to be released in late November.** Please be on the lookout for the e-mail announcing the survey and ensure appropriate staff in your jurisdiction complete it. The more complete and specific your answers, the more useful the results!

Vitals Staff Spotlights

The Global Civil Registration and Vital Statistics (CRVS) Team attended the 5th Biannual Conference of African Ministers Responsible for CRVS in Lusaka, Zambia October 14-18. The Conference provided strategic and policy guidance on pathways toward holistic, innovative, and integrated CRVS and digital identity management systems in order to close the identity gap in Africa and contribute to the achievement of CRVS-related Sustainable Development Goals. The 5th Conference (COM-5) included discussions on new and emerging initiatives that rely on functioning and efficient CRVS systems and offered opportunities to connect with CRVS partners in Africa, to share relevant updates, and to coordinate work and opportunities.

Olga Joos, Global CRVS Team member, coordinated two panel sessions, "Assessing and strengthening medicolegal death investigation systems to improve accuracy and completeness of vital statistics" and "Pathways to obtaining good-quality cause-of-death information in Africa," in collaboration with Bloomberg Data for Health (D4H) Initiative partners WHO and Vital Strategies. The team also visited the Department of National Registration, Passport and Citizenship, the Zambian Medical Association, and the University Teaching Hospital, agencies involved in CRVS improvement efforts supported by the D4H Initiative, with lead technical assistance provided by Global CRVS Team member Brian Munkombwe. Questions about Global CRVS can be sent to Erin Nichols at eknichols@cdc.gov.

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.

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