



VSCP Annual Meeting Participation

Participation at this year's first virtual VSCP annual meeting was outstanding and included a total of 160 participants, with 53 out of 57 jurisdictions represented. Topics covered were the 2022 VSCP contract, Special Projects, 2019 file status, trends in state file sending throughout the COVID-19 pandemic, and methods used to estimate excess mortality. The slides and lag information were distributed on June 12. If you need additional copies, please contact Karen Knight at ylp2@cdc.gov.

For those jurisdictions that did not attend, please reach out to your assigned Vital Statistics Specialist to schedule a meeting.

Cooperative Agreement Corner

Our Cooperative Agreement with the National Association for Public Health Statistics and Information Systems (NAPHSIS) supports several trainings throughout the year. See below for some upcoming virtual training opportunities!

Fetal Death Webinar Series: Data Quality Issues for Fetal Death

Wednesday, July 15 @ 3pm Eastern

[Click here to register.](#)

Vital Records and Their Administration: Statistics and Data Quality Course

August 3-5 - Virtual, 12-5pm Eastern



NAPHSIS is planning to hold the Vital Records and Their Administration: Statistics and Data Quality course on August 3 – 5, 2020. This course is designed to provide an

overview to new staff with a focus on statistics and data quality. Staff who are new to our area of public health should strongly consider attending. Even staff who have been working in vital records and vital statistics for several years can benefit from a refresher on these important fundamentals, provided they have not attended this course in the recent past, as limited spots are available. Please complete the application using the link below to indicate your interest. The deadline for applications is July 8th.

[Click here to apply for the course.](#)

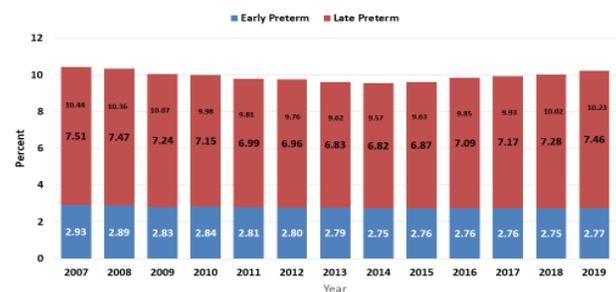
Did you know?



During the last several months, many healthcare providers have increased their use of telehealth services due to the COVID-19 pandemic. A number of jurisdictions have asked whether telehealth visits count in their reporting of prenatal care visits on the birth certificate. The answer is **yes!** Please count all prenatal care visits, whether conducted in person or virtually by a health care provider.

2019 Provisional Birth Data

Figure 1. Total, late and early preterm birth rates: United States, final 2007-2018 and provisional 2019



NOTES: Gestational age is based on the obstetric estimate of gestation. Preterm is <37 completed weeks; late preterm is 34-36 completed weeks and early preterm is less than 34 completed weeks of gestation. Source: NCHS, National Vital Statistics System, Natality

Births: Provisional Data for 2019 was released May 20th and can be found at this [link](#). The report, based on 99.96% of all 2019 births, found continued declines in fertility rates, teen childbearing, cesarean delivery and an increase in the preterm birth rate. Report findings were covered by the Wall Street Journal, NBC Today Show, and the Associated Press. The Quarterly Provisional Estimates for the fourth quarter of 2019 were also released May 20th.

[2018 Linked Birth and Infant Death Data](#)

The 2018 period/2017 cohort public use files were released in May. The new file structure for linked birth and death data contains period data and also allows users to create cohort files, substantially improving the timeliness of the linked cohort files. For more information contact Joyce Martin at jcm9@cdc.gov.

[Maternal COVID-19 and Birth Reporting](#)

Reminder – we are now collecting information on maternal COVID-19 status during pregnancy. If you are not already, please consider capturing maternal COVID-19 information through the birth reporting process. We have a unique opportunity to make a critical contribution toward understanding the impact of COVID-19 on pregnancy. For more information contact Joyce Martin at jcm9@cdc.gov.

[State and Jurisdiction Corner](#)

[Interoperability Begins with People](#)



Ms. Rhonda Smith, Health Informatics Specialist from the District of Columbia Vital Records Division, has been leading efforts to modernize death data across their jurisdiction – a process she says began with forging better personal connections. “You can build a new tool that will get your data faster from point A to point B, but if you haven’t also connected the people who are using that data, you won’t get very far. When it comes to making death data interoperable, we think about making better connections between systems. But in focusing on the technology, we sometimes undervalue the connections we need to make between *people*,” says Rhonda in a [newly released blog post](#).

To help make these connections, Rhonda and her colleagues have been taking part in [an NCHS-led community](#) to improve the interoperability of drug death data. The community offers a place where people working on the same challenges can find each other, share ideas, and apply technologies that will get us nearer to real-time information on opioids, suicide, cancer, and all causes of death. “Many states are working on the same things we’re trying to do in DC,” Rhonda notes. “None of us operates in a bubble.”

Read [Interoperability Begins with People](#) to learn more about this “people first” approach and why it matters to all of vital statistics.



Rhonda Smith, Health Informatics Specialist, DC Vital Records Division

[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 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 today.

Elizabeth (Lou) Saadi retired from her position as State Registrar in Kansas.

Kay Haug was appointed State Registrar in Kansas.

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