



**VSCP Contract Market Research: Your Input Needed Before April 10!**

The March 11 VSCP call to discuss the 2022 VSCP contract was well attended, with 45 of the 57 jurisdictions present. Many thanks to those who prepared and participated on that call. Proposed changes included some reduction of work, change in the timeliness lag definition for all events, transmission of additional fields to aid both jurisdictions and the national system, and a modification to the data linkage policy. We very much need all jurisdictions’ feedback on the potential changes to the 2022 VSCP contract to be assured all will be ready to sign the new contract by the end of 2021. If you have feedback on the proposed changes or missed the webinar and need more information, please contact Chrissy Jarman at [ckj1@cdc.gov](mailto:ckj1@cdc.gov) and Karen Knight at [ylp2@cdc.gov](mailto:ylp2@cdc.gov). The deadline for feedback is **April 10, 2020**.

**VSCP Annual Meeting Plans: Going Virtual!**

The VSCP contract requires an in-person annual meeting with VSCP Project Directors. For the last few years, this meeting has been incorporated into the NAPHSIS annual meeting in June. Due to the evolving COVID-19 pandemic, as is the case with many jurisdictions, all non-essential CDC travel, including conferences, has been suspended. Considering these circumstances, the in-person requirement will be waived in 2020. In lieu of an in-person meeting, jurisdictions will be required to participate in a conference call or webinar to meet the contractual requirement. The call is expected to be held in June and at a minimum, provide an overview of the results and conclusion of our 2022 VSCP Contract market research. Details about the virtual meeting will be shared as they become available.

For those jurisdictions that would like a more thorough discussion of their performance, we would be happy to work with you. These discussions might be especially helpful for relatively new staff and those facing specific challenges. Please contact your assigned Vital Statistics Specialist to set up a mutually convenient time.

**Cooperative Agreement Corner**

Our Cooperative Agreement with the National Association for Public Health Statistics and Information Systems (NAPHSIS) supports several training opportunities for jurisdictions throughout the year. The Vital Records and their Administration course is very popular every year, and this year was no exception. At the course held in Salt Lake City, Utah, there were 46 attendees, representing 18 jurisdictions. The focus of this training included an overview of vital records and vital statistics, NAPHSIS and NCHS’s work with the jurisdictions, including the VSCP contract, and administrative aspects of vital records work. Instructors included Shae Sutton and Caprice Edwards

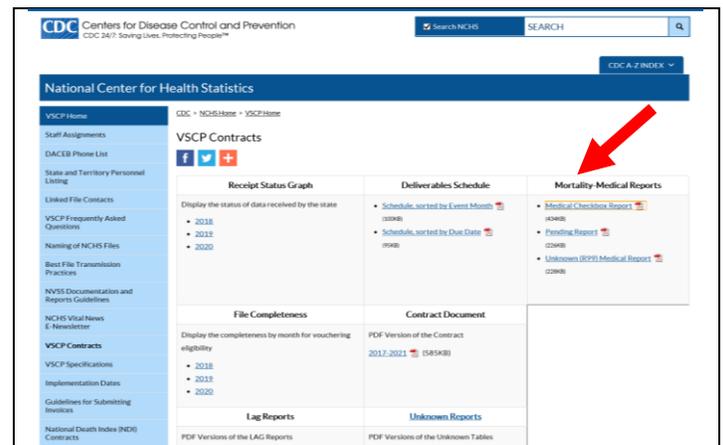
from NAPHSIS, George Tolson and Matthew Rowe from NCHS and Tatum Hernandez from the New Orleans Passport Center.

**Important Reminder**

The first in a series of three webinars on fetal death, “Importance, History, and Reporting” has been rescheduled to April 29th at 3:00 est. The second webinar on assessing and improving the quality of fetal death reporting will be held on July 15. The date for the third webinar on the cause of fetal death will be announced soon. These webinars are being developed via a collaboration between NAPHSIS and NCHS. If you would like to register, contact [hq@naphsis.org](mailto:hq@naphsis.org).

**Mortality-Medical New Reports**

To provide another way of improving the quality of cause of death data, NCHS has added three new medical reports to the VSCP website. These reports will be updated on Wednesdays of each week and posted on the VSCP website under the link [Contract Information/VSCP Contracts](#). The previous year’s information is based on the data collected at the time of the statistical file closure.



- **Mortality-Medical Pending Manner or Cause of Death** – This report calculates the percent and count of pending manner of death or pending cause of death for each jurisdiction. It provides information on the current rate of pending records, a look back at previous years’ pending rates, as well as a comparison of rates across jurisdictions.
- **Mortality-Medical Unknown Underlying Cause of Death (R99)** – This report calculates the percent and count of records with unknown/ill-defined underlying cause of death (records coded to ICD-10 code R99) for each jurisdiction. The number of R99 records includes pending records. This report will provide an overall view of the current rate of unknown cause of death, previous years’ unknown rates, as well as a comparison of rates across jurisdictions.

- **Mortality-Medical Checkbox Report**

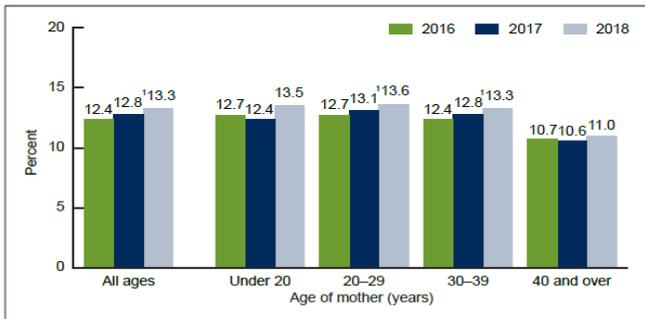
– This report provides the percentage of unknown and blank medical checkbox responses. This report is helpful in identifying large increases in unknown or blank responses over time, which can be indicative of system or reporting errors.

**Notable Publications**

**NCHS Data Brief “Recent Trends in Vaginal Birth After Cesarean Delivery: United States, 2016-2018”**

The data brief, “Recent Trends in Vaginal Birth After Cesarean Delivery: United States, 2016-2018” was released March 5, 2020. It can be found at this [link](#). The brief highlights recent increases in vaginal birth after cesarean delivery (VBAC). This is the first report looking at detailed trends in VBAC since national data once again became available in 2016. From 2016 through 2018, the VBAC rate increased from 12.4% of women with a previous cesarean delivery to 13.3%. VBAC rates increased for women in their 20s and 30s, for most race and Hispanic origin groups, in 17 states, and for all gestational ages of 38 or more weeks.

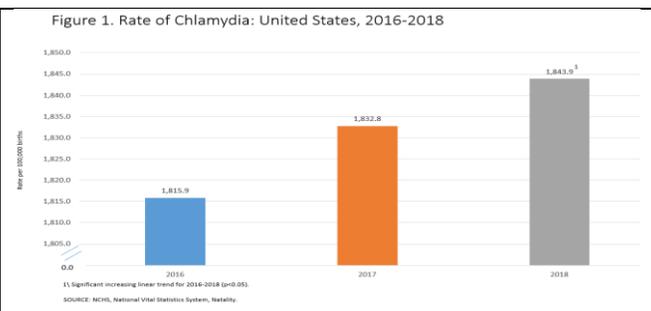
Figure 1. Rates of vaginal birth after cesarean delivery, by age of mother: United States, 2016–2018



<sup>1</sup>Significant increasing trend ( $p < 0.05$ ).  
 NOTES: Vaginal birth after cesarean delivery rate is the number of births to women having a vaginal delivery per 100 births to women with a previous cesarean delivery. Access data table for Figure 1 at: [https://www.cdc.gov/nchs/data/databriefs/db359\\_tables-508.pdf](https://www.cdc.gov/nchs/data/databriefs/db359_tables-508.pdf).  
 SOURCE: NCHS, National Vital Statistics System, Natality.

**National Vital Statistics Report “Trends and Characteristics of Sexually Transmitted Infections During Pregnancy: United States, 2016–2018”**

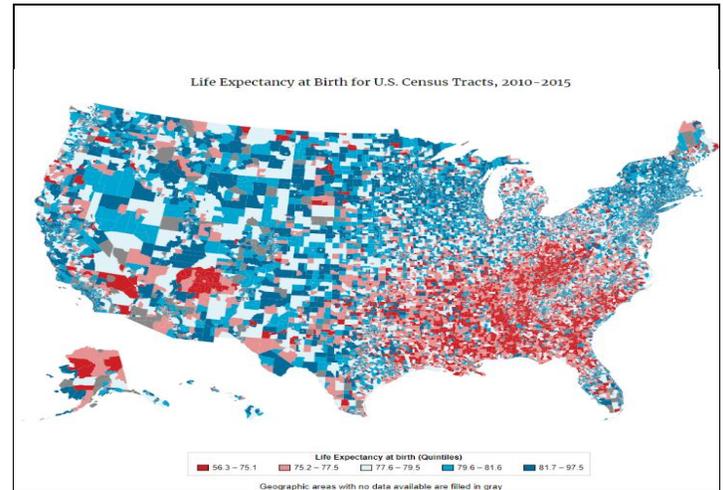
The report, “Trends and Characteristics of Sexually Transmitted Infections During Pregnancy: United States, 2016–2018” was released March 26, 2020. It can be found at this [link](#). The report examines recent trends for 2016 through 2018 for three sexually transmitted infections--chlamydia, gonorrhea, and syphilis--reported among women giving birth in the United States. In addition, the report found that rates for each of the STIs, chlamydia, gonorrhea, and syphilis, increased from 2016 through 2018 and were highest for non-Hispanic black women, women who smoked during pregnancy, women who received late or no prenatal care, and women for whom Medicaid was the principal source of payment for the delivery.



<sup>1</sup> Significant increasing linear trend for 2016–2018 ( $p < 0.05$ ).  
 SOURCE: NCHS, National Vital Statistics System, Natality.

**A New View of Life Expectancy**

Do you know what the life expectancy is where you live? A first-of-its-kind, [interactive map](#) lets you explore detailed life expectancy estimates for nearly 70,000 individual census tracts across the United States.



The map offers [new insights](#) into information that matters deeply to public health. “Seeing tens of thousands of estimates take form visually conveys their meaning in ways impossible to do otherwise,” says Elizabeth Arias, Director of the US Life Table Program in NCHS’ Division of Vital Statistics (DVS).

The data come from the U.S. Small-area Life Expectancy Estimates Project (USALEEP), which is a collaboration among NCHS, the National Association for Public Health Statistics and Information Systems, and the Robert Wood Johnson Foundation. “This project helped us get better death data at a local level,” notes DVS Deputy Director Paul Sutton. “Vital records are unique in their ability to give us this information.”

- Read the full story: [A New View of Life Expectancy](#)
- [Explore the map: NCHS Life Expectancy Data Visualization](#)

**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.

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