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Budget and the VSCP

The Federal Government is on a Continuing Resolution (CR) for this fiscal year (FY08) which means that we can not make any major new purchases. We have been in this situation for the last several years and do not expect to have an impact on the VSCP at least in the first months of the fiscal year. It is expected that Congress will send forth its appropriations bill for our Department (HHS) to the President in the next few weeks and the White House has stated that unless major changes are made, the President will most likely veto the bill which may mean an extended negotiation process. Regardless of the outcome, if the DVS budget does not change from last year, then we will be able to purchase a little less than 10 months of data. Since we did not have funds to purchase the last month of this fiscal year's data, this means that we would be purchasing September 2007 - mid June 2008 data. If this were to happen then it is our intention to pay for the 3+ months (mid June -September 2008) out of our next fiscal year's budget (FY09). I will keep you informed as soon as I hear anything specific concerning the budget situation.

New NAPHSIS Cooperative Agreement

The CDC/NCHS Division of Vital Statistics (DVS) awarded a new cooperative agreement (CA) to NAPHSIS effective September 1, 2007. Titled the **State Vital Statistics Improvement Program**, the goal of this CA is to enhance the business procedures and practices of vital statistics programs and their ability to

provide timely, high quality and comparable data to NCHS. **The funds come from NDI receipts which have accumulated over many years and in excess of the NDI payments to States.** Funding for the first year is \$609,180 and is renewable based on the availability of excess NDI receipts and NAPHSIS performance.

The specific goals of this CA are to assist states in: 1) Implementing the 2003 birth certificates; 2) re-engineering of their birth, death, and fetal death systems; 3) Identifying and implementing cost-effective business practices and procedures; 4) Improving the quality and timeliness of birth, death and fetal death data for public health surveillance and research; and 5) Improving their ability to meet the needs of citizens for certificates and of Federal agencies for electronic verifications of birth and death records.

Among the array of collaborative activities planned, NAPHSIS and DVS will partner to:

- Provide technical assistance to states on the implementation of the 2003 certificates, business process improvements, re-engineering of state systems, PHIN compliancy, and management skills enhancement.
- Develop a consensus training plan with the goal of implementing the priority program(s) in Year #2 of this CA.
- Develop consensus performance measures for states, with the goal of assessing states on these measures in Year #2.
- Develop a security program and assist states in implementing this program.
- Encourage new and existing vendors to use national standards, requirements, and guidelines with their systems.
- Develop and pilot test the STEVE system.
- Develop a national approved HL-7 messaging standard for births and deaths.
- Review and improve the birth certificate regulations when published.

We are excited about this new comprehensive program. Questions concerning this CA should be directed to Delton Atkinson, who is the Project Director.

National Academies Workshop on Vital Statistics

There will be a one day workshop on January 15, 2008 sponsored by the National Academies concerning Vital Statistics. The workshop has come about because of widespread interest in the current uses and future needs of vital statistics for the United States. I believe this is a unique opportunity to demonstrate the broad usage of vital statistics and future challenges. When the agenda is firm, I will send you a copy.

HR 3192

HR 3192, a bill that is intended to reduce the need for abortions, includes a provision to authorize state grant programs for pregnant women who are the victims of domestic violence. To apply for a grant, a state would be required to document on death certificates whether female homicide victims are pregnant. **There has been no action as yet on this bill.** Of course, the 2003 standard death certificate has an item that documents whether a female decedent was pregnant or not.

Vital Statistics: Measurement and Current Analytic Issues

The Division of Vital Statistics course, "Vital Statistics: Measurement and Current Analytic Issues," was held September 17-21 in Silver Spring, Maryland. Ken Kochanek coordinated the course. Joyce Martin was the co-coordinator and Brady Hamilton helped with organizing the class. The course was completely redesigned this year, focused on the needs and interests of state vital statistics staff with previous college-level course work in statistics. A more basic version of this course had been offered in the past, most recently 6 years ago. We were delighted to have 21 registrants for the course, representing 15 registration areas. Course attendees included statisticians and registrars, as well as new DVS staff members. The course covered a wide array of topics with 14 DVS analysts discussing the U.S. Vital Statistics System, electronic registration of vital events, cause of death classification, automation and data collection systems, special topics in mortality (multiple causes of death, comparability, ranking of causes of death, SuperMICAR literals) and natality (prenatal care, cesarean delivery, preterm births, low birthweight, perinatal and fetal deaths) analysis, life tables, issues related to data quality, implementing the new certificates, racial and ethnic classification including multiple race, standardization of rates, small numbers, availability of vital statistics data, and issues of privacy and confidentiality. The training was well received by all participants and evaluations were very positive.

Statistics: Cause-of-death Classification, Coding, and Analysis -- ICD-10 Course for Statisticians

The Division of Vital Statistics (DVS) course, "Cause-of-death Classification, Coding, and Analysis -- ICD-10 Course for Statisticians" was held in October 2-4 in Portland, Oregon. This course was coordinated by Ari Miniño and Donna Hoyert. Judy Barnes, of DVS/OD, and Joyce Grant-Worley and Jennifer Woodward of the Oregon Department of Human Services provided logistical support and arrangements. The course was designed to satisfy the needs of statisticians who wish to become acquainted with cause-of-death classification and with coding medical data using the Tenth Revision of the International Classification of Diseases (ICD-10). Special attention was given to the principles used to assign the correct codes for diseases and external causes of injury, and the role that modern automated systems play in processing cause-of-death information. The instructors also discussed issues that affect the analysis of cause-of-death data, in particular multiple-cause data, comparability across

revisions of the ICD, and recent changes that are being incrementally introduced by implementation of the newly-revised version of the U.S. Standard Certificate of Death. A total of 27 participants attended this course. Mostly, these participants were staff of Oregon's Office of the Registrar / Center for Health Statistics, but there were several representatives from neighboring states (California, Colorado, Washington) as well as some local county staff.

DVS Releases Perinatal Mortality Data on VitalStats

DVS has just launched a new perinatal mortality section of *VitalStats*, the division's interactive online data access tool. The perinatal mortality data currently includes a collection of pre-built trend tables based on Linked birth/infant death data from 1995-2004, and fetal death data files for 2003 and 2004. With the exception of one table specifically designed to show infant mortality rates by State, the new pre-built tables all shown national data. The fetal death files are offered in two varieties: one with a full range of public use variables at the state level, the other with county level detail (population over 250,000 only), but a more limited set of variables. These tables and files join a growing collection of birth tables and files available on *VitalStats*. All tables, regardless of whether they are built by the user from the data files or pre-built, are fully interactive. Users can utilize *VitalStats'* interactive capabilities including mapping and graphing for basic analysis, or they can export table data to Excel for more sophisticated analysis. *VitalStats* can be accessed at <http://www.cdc.gov/nchs/VitalStats.htm>.

2008 VSCP Meeting

As you know, the 2008 VSCP Project Directors' Meeting will be held in Raleigh, NC in early spring next year. The dates and location are not finalized yet, but we are getting ready to begin working on the program. We welcome NAPHSIS input, and would like state representation on the program committee. Please contact Rajesh Virkar (RVirkar@cdc.gov or 919.541.2180) if you would like to participate on the program committee, or have ideas for topics.

DVS Initiates Project to Analyze and Evaluate Cause-of-Fetal-Death Data

DVS is beginning a project to analyze and evaluate the quality of cause-of-fetal-death data. Recently, there has been increasing interest in fetal mortality as a public health issue, and both the National Institute of Child Health and Human Development (NICHD), and CDC have initiated major research efforts aimed at understanding the causes of fetal death. The focus of the DVS research project will be on understanding the causes of fetal death and on improving data quality. The format of cause-of-fetal-death item changed substantially between the 1989 and 2003 Revisions of the U.S. Standard Report of Fetal Death Thus, another focus of our research will be to see if the use of the revised item improves data quality. DVS analysts Donna Hoyert and Marian MacDorman are working with Laura Polakowski, a pediatrician and EIS officer in the Office of Analysis and Epidemiology, NCHS, on this project. We will be presenting some preliminary results from this research at an upcoming NICHD Conference entitled: "Stillbirth

Classification System: Developing an International Consensus for Research," October 22-24, 2007, at NIH in Bethesda, Maryland.

***New Research from DVS Analysts
Special Journal Issue Published Based on DVS Co-sponsored Workshop
on Gestational Age***

A supplemental issue to *Pediatric and Perinatal Epidemiology* was just published in September that includes the results of a March 2005 workshop on the measurement of gestational age. The workshop was co-sponsored by DVS and CDC's Division of Reproductive Health. The workshop focused on the challenges to conducting research and surveillance using gestational age estimates from US vital statistics. The special issue includes these articles by RSB analysts Joyce Martin and Sharon Kirmeyer: "United States vital statistics and the measurement of gestational age" (J Martin); and "Trends and differentials in higher-birthweight infants at 28-31 weeks of gestation, by race and Hispanic origin, United States, 1990-2002" (S Kirmeyer and J Martin).

DVS Reports on Mortality

The long-awaited report "Deaths: Final data for 2004" was published August 21. This report presents final 2004 data on U.S. deaths, death rates, life expectancy, infant and maternal mortality and trends by selected characteristics such as age, sex, Hispanic origin, race, marital status, educational attainment, injury at work, state of residence and cause of death. The report can be found at: http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_19.pdf.

Preliminary mortality data for 2005 were published September 12 in *Health E-Stats*. The report can be found at: <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/prelimdeaths05/prelimdeaths05.htm>. This report presents preliminary data on deaths, death rates, life expectancy, leading causes of death and infant mortality. Beginning with 2005 deaths and 2006 births, preliminary vital statistics data will no longer be published in the National Vital Statistics Reports. Instead these data will be published online in Health E-Stats (<http://www.cdc.gov/nchs/products/pubs/pubd/hestats/hestats.htm>).

VSCP File Receipt Status (as of September 21, 2007)

2005 Births - The final file is now being processed by DVS programming staff and analyzed by subject matter staff.

2005 Demographic Deaths, Medical Deaths - The final files are now being processed by DVS programming staff and analyzed by subject matter staff. You should have received the final 2005 linked birth/infant death reject listing from DAEB by August 31. We requested a short turnaround of the reject listings so your cooperation is appreciated.

2005 Fetal Deaths - We have received 2005 fetal death data from all 57 (including 11 revisers) registration areas and expect to release the final files to Hyattsville in mid-September.

2006 Births - We have received 2006 birth data from all 57 (including 20 revisers) registration areas. The closeout process for individual state files is now underway. We ask for your cooperation in our pursuit of your final update file transmissions for 2006 to resolve all problems identified by DAEB staff. Complete and updated 2006 files should have been received by July 31.

2006 Demographic Deaths - We have received 2006 demographic death data from all 57 (including 23 revisers) registration areas. There are still 3 areas (CA, NJ, and NV) that are below the desired preliminary file threshold of 75% completeness. Complete and updated 2006 files should have been received by July 31.

2006 Medical Deaths - We have received 2006 medical death data from all 57 registration areas. Complete and updated 2006 files should have been received by July 31.

2006 Fetal Deaths - We have received 2006 fetal death data from 55 (all except NV and PA) registration areas including 15 revisers.

2007 Births - We have already received 2007 birth data from 54 registration areas. As of August 31, we should have received at least 6 months of 2007 birth data from each area.

2007 Demographic Deaths - We have already received 2007 demographic death data from 50 registration areas. As of August 31, we should have received almost 6 months of 2007 demographic death data from each area.

2007 Medical Deaths - We have received 2007 medical death data from 45 registration areas. As of August 31, we should have received almost 6 months of 2007 medical death data from each area.

2007 Fetal Deaths - We have received 2007 fetal death data from 31 registration areas.

Coming DVS Attractions

Our annual report on fetal mortality, "Fetal and Perinatal Mortality, United States, 2004" will be published in our *National Vital Statistics Reports* series on October 11, 2007, and will be available on the NCHS website at www.cdc.gov/nchs. This report is co-authored by Marian MacDorman, Martha Munson, and Sharon Kirmeyer.

We will be publishing the annual report on final birth data for 2005 in November. The report, "Births: Final Data for 2005," includes extensive tables and charts and explanatory text on the demographic and maternal and infant health characteristics of births in 2005. US and state-specific data are presented.

We expect to publish our initial report on 2006 births, "Births: Preliminary Data for 2006," later this fall. The report will be based on a very large sample of birth data received from the states.

New State Registrar's Corner

Primary contacts in DVS include:

Charles J. Rothwell, M.S., M.B.A.
Director, DVS
Room 7311
301 458-4468
CRothwell@cdc.gov

James A. Weed, Ph.D.
Deputy Director, DVS
Room 7313
301-458-4561
JWeed@cdc.gov

(VSCP contractual and demographic file issues)

Rajesh Virkar, M.S.
Chief, Data Acquisition and Evaluation Branch (DAEB), DVS
919-541-2180
RVirkar@cdc.gov

(Medical cause of death file issues)

Donna Glenn
Chief, Mortality Medical Classification Branch (MMCB), DVS
919 541-0999
DEGlenn@cdc.gov

(Intelligence reform legislation and vital registration issues)

Delton Atkinson, M.P.H., P.M.P.
Team Leader, Registration Methods Staff (RMS), DVS
Room 7315
301 458-4467
DAtkinson@cdc.gov

(Vital registration training)

Julia L. Kowaleski
Statistician, Registration Methods Staff (RMS), DVS
Room 7317
301-458-4323
JKowaleski@cdc.gov

(Natality, linked file, fetal death, and NSFG issues)

Stephanie Ventura, M.A.
Chief, Reproductive Statistics Branch (RSB), DVS
Room 7418
301-458-4547
SVentura@cdc.gov

(Mortality issues)

Robert N. Anderson, Ph.D.
Chief, Mortality Statistics Branch (MSB), DVS
Room 7331
301-458-4073
RNAnderson@cdc.gov

(IT Issues)

Nicholas F. Pace
Chief, Systems Programming and
Statistical Resources Branch (SPSRB) DVS
Room 7429
301-458-4410
NPace@cdc.gov

(National Death Index issues)

Robert Bilgrad, M.A., M.P.H.
Room 7321
301-458-4444
RBilgrad@cdc.gov

(Natality and fetal death specifics)

Joyce Martin, M.P.H.
Lead Statistician, Birth and Infant Health Staff, RSB, DVS
Room 7415
301-458-4362
JAMartin@cdc.gov

(Linked file specifics)

TJ Mathews, M.S.
Statistician, Birth and Infant Health Staff, RSB, DVS
Room 7423
301-458-4363
TMathews@cdc.gov

(National Survey of Family Growth specifics)

Bill Mosher, Ph.D.
Team Leader, Family Growth Survey Staff, RSB, DVS
Room 7421
301-458-4385
WMosher@cdc.gov