DataSpeak
Vitally Important: Improving the Timeliness of Vital Statistics to Advance MCH
April 30, 2015
Today’s Presenters

- **Patricia W. Potrzebowski, PhD**, Executive Director of the National Association for Public Health Statistics and Information Systems, will present on the importance and need for improving timeliness of vital records data. Dr. Potrzebowski will review a number of efforts underway to make vital statistics more current and thus more useful for public health program purposes.

- **Glenn Copeland, MBA**, State Registrar for the Michigan Department of Community Health, will present a summary of the work being done to provide more timely data on infant mortality in Michigan in order to better inform programs working to improve outcomes, with a focus on the Collaborative Improvement & Innovation Network (COIIN) to Reduce Infant Mortality.

- **John Paulson**, Data Center Supervisor at the Bureau of Vital Statistics, Ohio Department of Health, will discuss how Ohio compiles, augments, and uses the data in its public health data warehouse with a focus on using the State and Territorial Exchange of Vital Events (STEVE) System.
Previous Events

2014

• Effects of the Built Environment on Maternal and Child Health

2013

• Measuring the Return on Investment in Maternal and Child Health Programs
• Findings from the 2011-2012 National Survey of Children's Health
• From Theory to Data to Practice – Practical Applications of the Life Course Approach
Vital for a Reason

#Vital4AReason

Patricia W. Potrzebowski, Ph.D.
Executive Director

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Vital Records Represent People: Permanent Legal Records of Life Events

Birth
Death
Fetal Death
Marriage
Divorce

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Major Uses of Vital Records

Legal/administrative

Public health statistics
Vital Records Improvements Require Resources

MORE
BETTER
FASTER

Strategies for Improving the Timeliness of Vital Statistics

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APRIL 2013

• Access to data (More)
  STEVE
• Data quality (Better)
  Feedback to data sources
  Training data providers
• Timeliness (Faster)
  Fully electronic systems
  Physician adoption of EDRS
  Provisional vital statistics
Introducing STEVE

• State and Territorial Exchange of Vital Events
• Point-to-Point messaging system
• All 50 states, DC, NYC, and 4 of 5 territories
• Secure exchange of vital records between jurisdictions and to NCHS
• Offers “mailboxes” for data partners to receive files
# Electronic Death Registration Systems, by Jurisdiction

<table>
<thead>
<tr>
<th>AK</th>
<th>WA</th>
<th>ID</th>
<th>MT</th>
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<td>AL</td>
<td>GA</td>
<td>SC</td>
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</tr>
</tbody>
</table>

- **IN PRODUCTION (45)**
- **IN DEVELOPMENT (3)**
- **PLANNING/REQUIREMENTS STAGE (1)**
- **USING STEVE-ER FOR DEATH DATA ENTRY (2)**

* Received SSA Funding; # In Production/No SSN Verification
CDC Surveillance Strategy

Performance Objective:
By 2016, 80% of death reports occurring in at least 25 states will be transmitted electronically to public health within 1 day of registration and to CDC/NCHS (i.e., cause of death) within 10 days of the event.
Provisional Infant Death Data
Recent Experiences and Accomplishments in Michigan

Glenn Copeland, State Registrar and Director
Division for Vital Records and Health Statistics
Michigan Department of Health and Human Services
Michigan’s Status Quo in 2013

• Files finalized in June
• Statistics developed and released in August
• Timeliness took several hits
  • Vital records forms revisions
  • Debugging new birth and death systems
  • Automated systems initially trapped data
• Files and data release pushed into fall
  • 9 months from year end
  • Birth cohort infant death files delayed as well
    • trailed out to 20 months from birth year.
Impetus for Change

• Governor’s score cards
  • Using national estimates based on projections
  • Strong interest in more timely data
  • Key health priority
    • Infant mortality reduction/disparity reduction

• CoIN
  • HRSA funds to support comprehensive efforts
  • Builds on multiple public and private investments
  • Expects timely data on progress
  • MCH program sees as key opportunity
    • Addresses program goals and compliments Michigan approach
# Measures Sought by COILN

<table>
<thead>
<tr>
<th>CoILN-Wide Aims</th>
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<tbody>
<tr>
<td>Decrease Infant Mortality Rate</td>
</tr>
<tr>
<td>Decrease Neonatal Mortality Rate</td>
</tr>
<tr>
<td>Decrease Postneonatal Mortality Rate</td>
</tr>
<tr>
<td>Decrease Preterm-related mortality rate</td>
</tr>
<tr>
<td>Decrease SUID mortality rate</td>
</tr>
<tr>
<td>Decrease Preterm birth</td>
</tr>
</tbody>
</table>

*Data source: Provisional state vital statistics data reported quarterly (rolling averages)*
What does timely data look like?

• Minimal needs
  • Rapid estimates of infant mortality
    • numbers and rates
  • Data by county/local health department
  • Need information by race/ethnicity

• Additional information
  • Information on birth characteristics
    • Birth weight, gestational age, prenatal care, maternal age
    • Requires linked birth and death files
  • Cause of death information
Existing Barriers

• Delays associated with paper filings
• Inability to extract death data from new EDR
  • Delays birth/death matching
  • Slows location of infant deaths
• Lack of timely interstate exchange
  • STEVE implementation is pending
• Problems with cause of death
  • Assignment errors and delays through NCHS

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How to Get from *Here* to *There*

- Birth system is very reliable and timely
  - Files nearly complete within 60 days
  - Data very clean
  - Lacking only out of state resident deliveries
- SUID Surveillance
  - Already manually locating all infant deaths
- EDR continues to accelerate data
  - Reducing paper filings
- Trained nosologist on staff
Percent of Michigan Hospital Births Reported Electronically by Birth Year

Year of Birth


Percent of All Hospital Deliveries

0 10 20 30 40 50 60 70 80 90 100

13.8 39.6 48.2 54.9 69.0 76.4 81.4 84.0 90.4 98.2 98.5 100
Potential for 80% in 7 days

Timeline to Birth Data Availability by Birth Year

Currently 90% at 4 weeks
### Average Timeliness in Days

**Paper vs. EDR**

<table>
<thead>
<tr>
<th>Year</th>
<th>Paper</th>
<th>EDR</th>
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</thead>
<tbody>
<tr>
<td>2013</td>
<td>178 days</td>
<td>6.1 days</td>
</tr>
<tr>
<td>2013</td>
<td>134 days</td>
<td>5.9 days</td>
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</tbody>
</table>
Death system use graph

Percent of Michigan Registrations through EDR by Year

Death Year

Percent

2010 2011 2012 2013 2014
Approach

• Leverage birth data
  • Estimate out of state resident delivery numbers
    • Use prior year(s) data
  • Get denominator data in 70 days by county

• Use brute force on infant deaths
  • Route infant deaths for manual coding/keying
    • Capture subset of death data to meet specific needs
    • Add manually coded cause of death
  • Estimate out of state resident deaths
    • Use prior year(s) data
Status

• State/County infant mortality rates for 2013
  • Released in April 2014
  • Released data through March 2014 in June
  • Significant issues with first attempt
  • Planning to develop a time series approach
    • Predict completeness more accurately
    • Identify irregularities more easily

• 2014 Data release in 2 weeks
Aims going forward

• Preparing for quarterly release of fresh data
  • Data would be out at 90 day intervals
  • Plan to provide 12 month cumulative figures
  • State and county level data

• Plan to provide more detail at 120 days
  • Birth characteristics for the death cohort
  • Death characteristics data
    • Age at death numbers and rates
    • Rates by birth weight/prematurity
    • Cause of death – focus on key conditions

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Summary

• You don’t need a final file
  • If you can just focus
    • Isolate what pieces of information are critical
    • Don’t need to wait on the last variable in the last record
      • You can provide decision support much sooner
  • Leverage what you have in place as best you can
    • Introduces error and a grain of salt
    • Much more valuable to be close than to be precise

• Potential for greater efficiencies are there
Vitally Important: Improving the Timeliness of Vital Statistics to Advance MCH: Ohio

April 30, 2015

John Paulson
Ohio Department of Health
Bureau of Vital Statistics
Objectives

• Brief overview of VS data collection system in Ohio
• Explain how Ohio collates VS data and transforms it into useful public health data
• Describe our data warehouse where we display and disseminate the VS data to public health and other users
VS Data Flow: From Event to Use

1. Event occurs (birth, death)
2. Data is entered by provider
3. Entered data collated in VS agency
4. Data augmented, transformed
5. Data provided to users
6. Public health program uses data
**VS event to public health time lags**

<table>
<thead>
<tr>
<th>Type of event</th>
<th>Faster</th>
<th>Slower</th>
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<tbody>
<tr>
<td>Births occurring in OH</td>
<td>Quickest to completion</td>
<td></td>
</tr>
<tr>
<td>Deaths occurring in OH</td>
<td></td>
<td>Several paper processes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wait for cause of death codes</td>
</tr>
<tr>
<td>Fetal deaths occurring in OH</td>
<td></td>
<td>Completely via paper copy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wait for cause of death codes</td>
</tr>
<tr>
<td>OH resident events that occurred outside OH</td>
<td>States who are sending data via STEVE</td>
<td>States not yet on STEVE</td>
</tr>
</tbody>
</table>
VS Processing Example: Deaths

Death occurs → Potential delay points → Physician/Coroner Enter cause → Paper DC → OH VS enters causes → Ohio VS → Mail → Paper DC → NCHS codes cause of death → Data available for use

Funeral Director enters demographics, prints DC to paper (sometimes Coroner)
States can share resident VS records with other states via STEVE

State records

STEVE

Filter configured to jurisdiction’s specifications for data exchange

National Association for Public Health Statistics and Informatics
STEVE dissemination of VS data to public health programs

- Child Health Registries/Surveillance
- Infant/Child Death Reviews
- Child Support Enforcement
- Healthy Start Programs
- Disease Registries
- State Eligibility Programs
- PRAMS
- NVDRS
- Voter Registration
Ohio Public Health Data Warehouse
Why We Built it

• Our partners needed timely data delivered on demand (no wait)
• We needed to automate statistical file processing/delivery (free up staff time)
• We needed a stable single portal through which to disseminate health statistics
There are over 100 Ohio birthing hospitals
Data Warehouse Data Sourcing

Hospitals key births and Corrections here

Electronic Birth registration system

Built for data submission by many users, but not so great for analysis

STEVE and other sources of out of state records

Warehouse staging area (nightly copy)

Geocoding, Data transformation, New variables

Built for analysis

Users obtain reports, charts, maps and data sets here
Data Augmentations/Transformations: Examples

• Geocode residence, location of death, location of injury
• Supplement the very rich multi-race data with a single race view
• Group deaths into meaningful cause categories based on ICD-10 codes
• Augment with indicators: e.g., LBW/VLBW, Neonate/Postneonate, induced births w/o medical indications
Features of Ohio’s Public Health Data Warehouse

• Public version (no authorization required)
• Secure version (requires user-specific authorization by data steward, and adherence to disclosure limitation policies)
• Development supported by various funds, including SSDI
• One warehouse for multiple public health datasets
  – Data stewards control access to each dataset
  – Cross-fertilization of datasets is possible (e.g., births + deaths to get infant mortality dataset)
The Ohio Public Health Information Warehouse application stores large volumes of public health data to support ongoing activities such as surveillance, investigations, assessments, grant writing, and evaluations. The application improves the efficiency and quality of ODH's dissemination practices; facilitates the availability of "raw data extracts" and creates timely decision support and analytic tools (i.e., geo-spatial, etc.).

Citation:
Please use the following citation in any publication or release which uses or references data from the Warehouse: "These data were provided by the Ohio Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions".

Data Sets:
Two types of data sets are available. Downloads are open-format data sets presented in CSV, XML or other downloadable formats. Interactive data sets can be manipulated on the web. You may search by keyword, category, data source and date published. New data sets are being added regularly.

Select one or more filter criteria (optional) or browse the list of data feeds below.
Choosing more than one filter criteria will result in an "AND" operator being applied to the search terms.
Data sets currently offered in secure warehouse

<table>
<thead>
<tr>
<th>NAME</th>
<th>TYPE</th>
<th>CATEGORY</th>
<th>DATA SOURCE</th>
<th>LAST UPDATED</th>
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<td>Birth Data</td>
<td>Vital Statistics</td>
<td>02/02/2015</td>
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<tr>
<td>Ohio Occurrence Live Births (2006-Present)</td>
<td>Birth Data</td>
<td>Vital Statistics</td>
<td>02/02/2015</td>
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<tr>
<td>Restricted Access Ohio Resident Live Births (2006-Present)</td>
<td>Birth Data</td>
<td>Vital Statistics</td>
<td>02/02/2015</td>
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<tr>
<td>Cancer De-Identified Incidence Data (1996-Present)</td>
<td>Cancer Data</td>
<td>Chronic Diseases</td>
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<td>Cancer Identified Incidence Data (1996-Present)</td>
<td>Cancer Data</td>
<td>Chronic Diseases</td>
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<td>Mortality</td>
<td>Death Data</td>
<td>Vital Statistics</td>
<td>01/20/2015</td>
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<td>Behavioral Risk Factor Surveillance System (BRFSS) 2000-2012</td>
<td>Risk Factors</td>
<td>BRFSS</td>
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</tbody>
</table>

Secure Ohio Public Health Information Warehouse
Version 1.1
Ohio Public Health Information Warehouse

1.3 million birth records

Functionality offered

<table>
<thead>
<tr>
<th>Birth Year</th>
<th>Birth Month</th>
<th>Residence County</th>
<th>Sex</th>
<th>Mother's Race Category</th>
<th>Mother's Ethnicity</th>
<th>Mother's Education</th>
<th>Mother's Age</th>
<th>Mother's Age Group</th>
<th>Birth Weight</th>
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<td>2015</td>
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<td>Allen</td>
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<td>01</td>
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<td>30 to 34</td>
<td>3980g</td>
<td>Cleveland</td>
</tr>
</tbody>
</table>
Use filters to narrow down data

This query returns 133 births with mother’s age of 15-17 so far in 2015

Data Feed: https://odhgateway.odh.ohio.gov/EDWS/Feeds/Birth/v1/BirthData/OhioLiveBirths?filter=(BirthYear eq 2015) and (MothersAgeGroupCode eq '2')

Download .csv file
## Ohio Resident Live Births (2006-Present)

### Data Feed
- **Url**: [https://odhgateway.odh.ohio.gov/EDWS/Feeds/Birth/v1/BirthData/OHioliveBirths](https://odhgateway.odh.ohio.gov/EDWS/Feeds/Birth/v1/BirthData/OHioliveBirths)

### Table: Birth Data (2006-present)

<table>
<thead>
<tr>
<th>Birth Year</th>
<th>Birth Month</th>
<th>Residence County</th>
<th>Sex</th>
<th>Mother's Race Category</th>
<th>Mother's Ethnicity</th>
<th>Mothers Education</th>
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<tr>
<td>2006</td>
<td>01</td>
<td>Stark</td>
<td>Female</td>
<td>African American (Black)</td>
<td>Non-Hispanic</td>
<td>Some college credit, no degree</td>
<td>24</td>
<td>20 to 24</td>
<td>3827g</td>
<td>Canton</td>
</tr>
<tr>
<td>2006</td>
<td>01</td>
<td>Stark</td>
<td>Female</td>
<td>White</td>
<td>Non-Hispanic</td>
<td>Some college credit, no degree</td>
<td>28</td>
<td>25 to 29</td>
<td>2968g</td>
<td>Other</td>
</tr>
<tr>
<td>2006</td>
<td>01</td>
<td>Montgomery</td>
<td>Female</td>
<td>African American (Black)</td>
<td>Non-Hispanic</td>
<td>Bachelor's degree</td>
<td>35</td>
<td>35 to 39</td>
<td>3525g</td>
<td>Other</td>
</tr>
</tbody>
</table>
Download Tab in Warehouse

Ohio Resident Live Births (2006-Present)
Category: Birth Data
Latest Update: 2/2/2015
Description: Ohio Resident Live Births (2006-present)
Contact Email: John.Paulson@odh.ohio.gov

Downloads...
- Documentation
- File Layouts
- Data Files

<table>
<thead>
<tr>
<th>Data Files</th>
<th>Download</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Statistical File - 2006</td>
<td>Download</td>
</tr>
<tr>
<td>Birth Statistical File - 2007</td>
<td>Download</td>
</tr>
<tr>
<td>Birth Statistical File - 2008</td>
<td>Download</td>
</tr>
<tr>
<td>Birth Statistical File - 2009</td>
<td>Download</td>
</tr>
<tr>
<td>Birth Statistical File - 2010</td>
<td>Download</td>
</tr>
<tr>
<td>Birth Statistical File - 2011</td>
<td>Download</td>
</tr>
<tr>
<td>Birth Statistical File - 2012</td>
<td>Download</td>
</tr>
<tr>
<td>Birth Statistical File - 2013 (Preliminary)</td>
<td>Download</td>
</tr>
<tr>
<td>Birth Statistical File - 2014 (Preliminary)</td>
<td>Download</td>
</tr>
<tr>
<td>Birth Statistical File - 2015 (Preliminary)</td>
<td>Download</td>
</tr>
</tbody>
</table>

10 annual birth download files offered.
# Custom Report

## by Low Birth Weight, Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Low birth weight (&lt;2500g)</th>
<th>Normal birth weight (2500g+)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Birth Count</td>
<td>Birth Count %</td>
<td>Birth Count</td>
</tr>
<tr>
<td>2006</td>
<td>13,190</td>
<td>8.8</td>
<td>137,112</td>
</tr>
<tr>
<td>2007</td>
<td>13,167</td>
<td>8.7</td>
<td>137,400</td>
</tr>
<tr>
<td>2008</td>
<td>12,757</td>
<td>8.6</td>
<td>135,616</td>
</tr>
<tr>
<td>2009</td>
<td>12,330</td>
<td>8.5</td>
<td>132,055</td>
</tr>
<tr>
<td>2010</td>
<td>11,878</td>
<td>8.6</td>
<td>126,989</td>
</tr>
<tr>
<td>2011</td>
<td>11,855</td>
<td>8.6</td>
<td>125,499</td>
</tr>
<tr>
<td>2012</td>
<td>11,805</td>
<td>8.6</td>
<td>126,004</td>
</tr>
<tr>
<td>2013</td>
<td>11,550</td>
<td>8.5</td>
<td>124,761</td>
</tr>
<tr>
<td>2014</td>
<td>11,388</td>
<td>8.4</td>
<td>123,693</td>
</tr>
<tr>
<td>Total</td>
<td>109,960</td>
<td>8.6</td>
<td>1,169,209</td>
</tr>
</tbody>
</table>

Excludes 2326 Birth Count records with unknown/missing data.

** Indicates preliminary data that may change.

Ohio Department of Health Center for Public Health Statistics and Informatics Report compiled in secure OPHIN on 2/2/2015 5:09 PM.

Re-release of tabulations disclosing identifiable birth data is prohibited.

Asterisk indicates data are preliminary
Example of birth data use: Ohio Perinatal Quality Collaborative
Unintentional Injury Deaths in Ohio Among 0 to 14-year-olds
Ohio Provisional 2014 VS Data

Number of deaths

Your more recent data may not be complete in preliminary files
A data warehouse containing three primary datasets:

1. Births From IPHIS
2. Deaths From EDRS
3. Fetal Deaths Keyed from paper

Plus “added value” modules based on these three primary sources:

1. Infant Mortality, traditional method
2. Infant Mortality, linked birth/death method
3. Perinatal mortality
Questions?

- John Paulson
- Ohio Department of Health
- Bureau of Vital Statistics
- John.paulson@odh.ohio.gov
- 614-644-8507
Thank You

Please offer feedback on this Vital Statistics DataSpeak program

The link will open in a new window.

Additional questions?

dataspeak@altarum.org