Introduce yourself.

Thank the birth clerks for their efforts in entering the birth data.

BC information in the confidential section is used to assess the health status of the mother and infant. Accurate and complete data is needed to identify health problems and disparities so that public resources can focus on improving outcomes.

Missing or incomplete values can distort birth statistics and limit the usefulness of the data.
There is a copy of this table included with the handouts.

This table shows the unknown, withheld or incomplete value trends for 14 BC items from 2010 through 2015. These items are tracked by the National Center for Health Statistics with the exception of Date Last Prenatal Visit which was dropped by NCHS this year because of inconsistent data entry nation wide.

NCHS sets a percentile goal for each item based on national reporting from the previous year. The current goal is in the last column of the table. Note this goal is only available in this table. You may want to refer to these NCHS goals later to compare how your facility or LRD are currently doing. The AVSS report to do this will be described later in my presentation.

The entries with the yellow highlighting show an improvement from the previous year. As you can see 9 items show an improvement from last year and 5 items show a decline in complete reporting. Good job improving those 9 items!

When we compare the year 2015 column with the NCHS goal there are 7 items NCHS wants us to improve reporting and 6 where me meet or exceed the goal. The 7 items needing improvement are presented graphically on the next set of slides. The most concerning items are the first three rows of the table. Especially as they are all trending worse in the last two years.
Slide 3-4 Mother’s Hispanic, Race

Here is a graphical version of the table for the Mother Hispanic row. The graph shows CA trending the wrong direction over time. Unknown and Withheld values are increasing. I don’t know if this is because this is a ‘self-reported’ item by the parent or if it is due to data entry problems. The importance of collecting this item is displayed during AVSS data entry prior to prompting for the Hispanic status: THIS INFORMATION IS EXTREMELY VALUABLE IN PRODUCING DATA FOR VARIOUS POPULATION GROUPS.... HISPANIC ORIGIN AND RACE ARE IMPORTANT VARIABLES IN PREPARING POPULATION ESTIMATES AND IN PLANNING, DEVELOPING AND EVALUATING THE EFFECTIVENESS OF HEALTH PROGRAMS.
Slide 5 – Mother’s Education

Race, Hispanic and Education are important demographic items used to determine if public outreach is necessary. If we don’t have complete reporting we cannot justify the need.
These slides show an improvement in CA reporting. We are not quite reaching the NCHS goal, but if the trend continues this should happen very soon. We are less than ½ of a percent from meeting the NCHS Standard!
Less than 1% from meeting the NCHS Standard.
½ of a percent from meeting the Standard!
We are only 1/10 of a percent from meeting the NCHS Standard on Mother’s Height!
The other items show that we are exceeding the NCHS goals – GOOD WORK! For example, Date LMP began, Number of Prenatal Care Visits, Mother’s Weight at delivery show excellent improvement over all six years. Some of these improvements may be due to the efforts of Perinatal Regional project who will be presenting a little later.

Your handouts have a set of tables showing how each hospital did on these 14 items for 2015 along with the State averages. If your facility met the State average for all 14 items an award will be presented a little later. If your facility is not meeting the State average improvement and/or staff training may be necessary. Feel free to contact the AVSS Help Desk if you want help.
AVSS users can produce their statistics on these 14 items by running an AVSS report. Hospital users will only be able to see their data – LRD users will see the data for each hospital in their jurisdiction. The report can be run for any time period that AVSS or Site of Care was used for data entry. A copy of these instructions are in your handouts.

(Go over the slide.) Here is where the table showing NCHS goals and the State averages may be useful to see how you are doing.

I should add here that there are quite of number of ‘canned’ reports available for hospitals and LRDs. Feel free to go over the list of available reports at the REP. REPORT prompt. Hospital specific canned reports all begin with #H. Just enter ‘#H’ at the prompt and AVSS will show you the list of what is available. You will need to know your hospital code to run most of these reports. Your hospital code is shown on the Unknown tables and is the last three digits of the code printed in Box A on every AVSS generated birth certificate. Likewise, LRD occurrence reports all begin with #C (enter #C at the prompt to see the list) and LRD residence reports begin with #R. Note that AVSS only reports on records you have been allowed to access. That is a hospital user will only be able to see their own statistics regardless of which report is run. LRD users would need access to reallocated records to see the full output of a residence report. Call the AVSS help desk if you have questions of problems.
Second only to the hospital verification letter, one of the most used AVSS reports generated at the hospital is the Social Security Letter. This should be given to the parent before leaving the hospital if they have requested a SSN for their child. To produce the letter the AVSS user would choose option 3 or 4 for the English and Spanish versions. Options 1 and 2 are for older records when you are printing a letter for a child that has already been registered by the LRD. Since this record has been registered you will need to search for the record using the child’s name and date of birth. Whenever searching by name I recommend only using a portion of the name, e.g. first three letters of the last name, first couple of the first, don’t specify a middle name and enter the birthdate when prompted. There will be a slide of an example letter later.
Note that there are two questions about issuing a card. First - Do you want a card issued and then second - whether the SSA can share it with the State. The second question is important. If a parent does not receive a requested card and contacts the State about the status of their request the State will only have issuance information if the second question is answered “Yes.” The State would know the date a number was issued and where the card was sent to. If the second question is “No”, all the State can say is whether the request was sent to the SSA.

Parents can ask the status of their request by calling Pat Stewart at 916-552-8222. Her contact number is also on a later slide and in your handouts.

Here is the confirmation and information about issuing a SSA card from AVSS to be given to the parent which we generated in the previous slide. You will only be able to run this report when the SSA has been requested, the residence or mailing address is in the US and the child has been named.
Here is a mockup of what Pat will see when she looks up a record at the State. (Note the highlights)

If there is no response value the parent will need to contact the SSA in person.

Having the status of the request and date assigned can be helpful for parents when dealing with the SSA to get a replacement card. Check out the SSA website to see exactly what documents you need to bring to SSA.
Here are some helpful websites.
The AVSS website also has lots of other information including copies of the Medical Data Supplemental Worksheet in case you need more copies. There is also one included in your folder.

NCHS website contains a Guide to Completing Birth Certificates
Peter and I can answer technical questions.

Patricia and Andrea can answer questions about completing and registering birth certificates or can connect you with the appropriate parties depending on your question. They can also ascertain the status of Social Security requests. Birth and Marriage registration can answer policy questions.

Thanks again for your hard work!

Questions?