

# Montana Office of Vital Records Newsletter

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## Assigning Race on Birth and Death Certificates

Beginning with the 2000 Census, individuals were allowed to choose more than one race category to reflect how they identify themselves. By 2003, Vital Records systems nationwide had incorporated the multiple race recording option.

The current Montana Birth Certificate allows both parents to choose one or more race(s) that reflect what they consider themselves to be. By convention, the infant is assigned to the same race(s) as the mother. Hospital and midwife center staff who are responsible for registering a birth consult with parents in completing the demographic portion of the birth certificate, including race.

The person responsible for filing a Montana Death Certificate asks an informant to indicate one or more race(s) that reflect what the decedent considered him- or herself to be. The informant is usually a relative or friend of the decedent but occasionally there may be no one available who is aware of the decedent's self-identification. In a mobile society, some people may die far from family, and their friends may never have discussed their racial identification with them. For American Indians especially this can sometimes lead to misclassification and consequently the underestimation of American Indian mortality. This problem is less severe in small communities where most people know each other, and more severe in urban areas where people may live in greater social isolation.

The option of listing more than one race on birth and death certificates raises the question of how we count people in order to create statistical summaries of our data. If someone lists both American Indian and White on their form, do we count that person as one half an American Indian and one half a White person? Or do we count them twice, once as American Indian and once as White? Or do we do something else? In fact, we do something else.

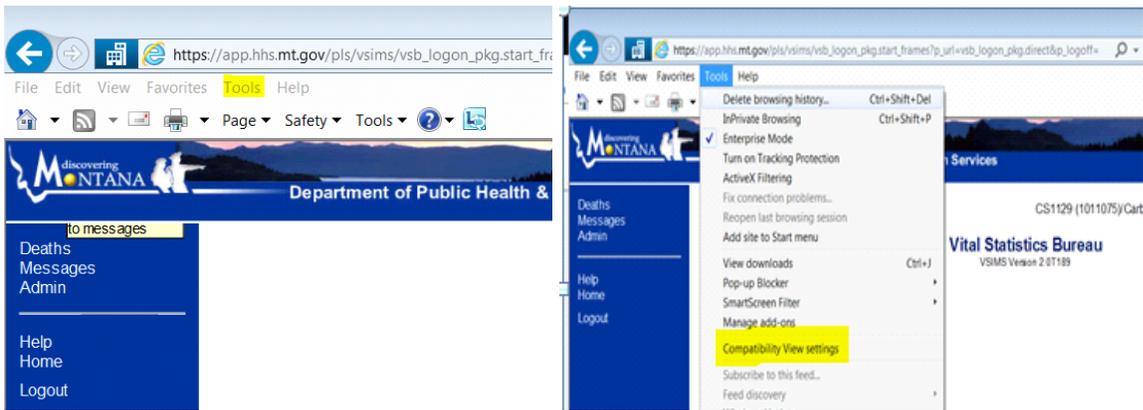
States send their birth and death records to the National Center for Health Statistics, which uses a computer program to create a single race value for each birth, death, and each person in the census files. In this way, each person is counted once, as a whole person with a single racial classification, for statistical purposes.

# Troubleshooting Tips for VSIMS

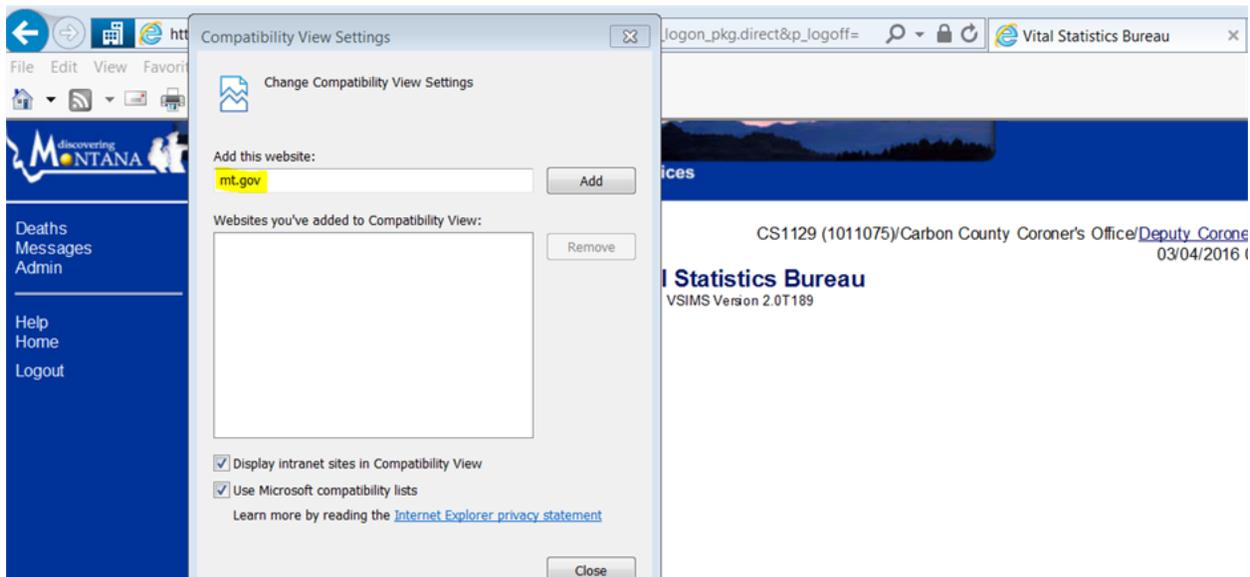
You can download the latest version of the Online Death Amendment Manual, Troubleshooting Tips, and VSIMS Password Change from the FORMS page at [www.dphhs.mt.gov/vitalrecords](http://www.dphhs.mt.gov/vitalrecords).

Click on **FORMS** on the left side of the screen and look for Online Death Amendment Manual. If you are signed into the system and aren't able to click on the **BIRTHS/DEATHS** link on the left or if you see "Webpage Cannot be Displayed," it could be a compatibility problem. Another sign of a compatibility problem is a yellow box preventing you from clicking on the **BIRTHS/DEATHS** link. These may occur if you have updated your Internet Explorer version to Internet Explorer 11. You can go to the **FORMS** page on the website and there will be a **Troubleshooting Tips** link.

A possible fix to the issue would be to start by going to **Tools** on the Menu Bar. Then click on **Compatibility View Settings**



Then type in **mt.gov** in the top box and click on the **Add** button to add it to the bottom box. Then click the **Close** button.



## Live Training and Videos to be Available on LYNC

The Office of Vital Records has recently completed training for every Clerk and Recorder Office in the state. We started the process by reaching out to all the offices to have conversations about their training needs. The trainings included an orientation and basic steps for new employees, such as “How to Log In to VSIMS” and “How to Enter Certificates,” and refresher materials for continuing staff.

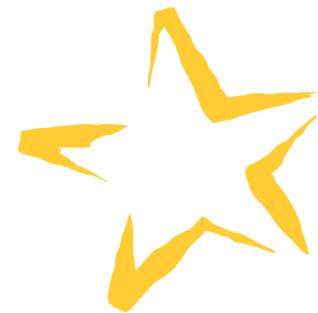
Training was delivered through the LYNC system to make it as easy as possible for all offices and employees to participate. The LYNC system is very user friendly and similar to WEBEX. We are also moving forward with the production of a video series so everyone will be able to access the trainings at their own convenience.

We are not forgetting Funeral Homes, Coroners, Hospitals, and Midwives. Live LYNC trainings and eventually a video library are in the works for all these partners. This is a big project because of the number and diversity of these VSIMS users.

Finally, we are in the process of putting together an electronic survey for Funeral Homes and Hospitals to learn how they experience our customer service, because we have not forgotten that you as well as the public are our customers. We hope that you all will complete the survey, especially the comments sections about your suggestions for ways to simplify the vital registration processes.

## Birth Registration Gold Star for Excellence Recipients

The state average for on-time registration in the fourth quarter of 2015 was 91%. The following facilities received birth registration Gold Stars for Excellence for the fourth quarter: 91% or more of their births were registered within 10 days.



\* Indicates 100% on-time filing.

Anaconda Community Hospital  
 Barrett Hospital \*  
 Billings Clinic  
 Bozeman Deaconess Hospital  
 Cabinet Peaks Medical Center \*  
 Central Montana Hospital \*  
 Clark Fork Valley Hospital \*  
 Frances Mahon Deaconess \*  
 Glendive Medical Center \*  
 Great Falls Family Birth Center \*  
 Holy Rosary Healthcare \*

Kalispell Regional Medical Center  
 Marcus Daly Memorial Hospital  
 Marias Medical Center \*  
 Missoula Birth Center \*  
 Missoula Community Medical Center  
 North Valley Hospital \*  
 Northern Montana Hospital  
 St. James Healthcare  
 St. Joseph Hospital \*  
 St. Luke Community Hospital \*  
 St. Vincent Healthcare

## Racial Disparities Between American Indian and White Residents

Many programs in the Department of Public Health and Human Services rely on Vital Statistics data to describe the health disparities between American Indian and White residents in Montana. From birth certificates, we know that American Indian mothers have more risk factors for poor pregnancy outcomes than White mothers, including entering prenatal care after the first trimester; smoking and using alcohol in pregnancy; and teen pregnancy. These are reflected in higher rates of premature birth, low birth weight, and infant mortality among American Indian babies.

American Indian residents die an average of 15 years younger than White residents. This is true for both men and women, although women tend to live about 5 years longer than men in both races. The age-adjusted mortality rate is almost twice as high among American Indians than among Whites. Among chronic conditions, heart disease and respiratory disease mortality rates are about twice as high among American Indians than among Whites and the injury mortality rate is nearly three times higher among American Indians.

We must take advantage of other data sources such as the Behavioral Risk Factor Surveillance System and other surveys to identify many risk factors that could be the focus of health interventions. These include screening and control of high blood pressure and cholesterol; cancer screening; seat belt use; driving under the influence; and diet and physical activity.

Vital Records are the fundamental source of key data to focus public health actions on disparities between the races.

