

AMENDMENT NO. 2
DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS000255600005

The **DEPARTMENT OF STATE HEALTH SERVICES** (“DSHS”) and **TARRANT COUNTY PUBLIC HEALTH** (“TCPH” or “Contractor”), who are collectively referred to herein as the “Parties,” to that certain Center for Health Statistics (“CHS”) data release MOU, effective April 16, 2019, and denominated as DSHS Contract No. HHS000255600005 (the “MOU”), now desire to further amend the Contract.

WHEREAS, the Parties have chosen to exercise their option to extend the term of the MOU in accordance with Article II, Term of the MOU.

NOW, THEREFORE, the Parties hereby amend and modify the Contract as follows:

1. **ARTICLE II** of the MOU, **TERM OF THE MOU**, is hereby amended to reflect a termination date of August 31, 2028.
2. This Amendment shall be effective as of September 1, 2023.
3. Except as amended and modified by this Amendment, all terms and conditions of the MOU shall remain in full force and effect.
4. Any further revisions to the MOU shall be by written agreement of the Parties.

SIGNATURE PAGE FOLLOWS

SIGNATURE PAGE FOR AMENDMENT NO. 2
DSHS CONTRACT NO. HHS000255600005

DEPARTMENT OF STATE HEALTH SERVICES TARRANT COUNTY PUBLIC HEALTH

By: _____
Barbara Klein, JD, EMPL
Senior Advisor


By: _____
Tim O'Hare
County Judge
Tarrant County

Date of Signature: _____

Date of Signature: _____

TARRANT COUNTY PUBLIC HEALTH
REPRESENTATIVE

I have read this Amendment and understand
my obligations hereunder:

By:  _____
Micky Moerbe, MPH, CPH
Biostatistician
Tarrant County Public Health

06062023

APPROVED AS TO FORM:

Kimberly Colliet Wesley
Criminal District Attorney's Office*

*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead those parties should seek contract review from independent counsel.

Memorandum of Understanding
DEPARTMENT OF STATE HEALTH SERVICES
AND
TARRANT COUNTY PUBLIC HEALTH



This **Memorandum of Understanding** (“**MOU**”) is entered into between the **Department of State Health Services** (“**DSHS**”), **Center for Health Statistics and Tarrant County Public Health** (“**TCPH**”). **DSHS** and **TCPH** are each referred to herein as a “**Party**”, and collectively as the “**Parties.**”

Article I. PURPOSE OF THE MOU.

DSHS agrees to provide TCPH certain confidential data extracted from birth, death, and fetal death certificates which DSHS maintains. This is for the purpose of monitoring the health status of Tarrant County in order to identify health problems, to identify areas of concern/need, to develop initiatives to address these areas, and to measure the effectiveness of these initiatives on an ongoing and timely basis. The data will be used to assess and monitor vital event topics such as prematurity, fetal-infant mortality, teen births, leading causes of death, and specific causes of death (*e.g.* suicide, drug overdose, injury-related deaths, etc.), as well as selected risk factors associated with those outcomes. No personally identifiable or non-public data will be shared or released by TCPH.

Article II. TERM OF THE MOU.

Unless terminated as provided for in **Article VI(C)**, this MOU will become effective on the signature date of the latter of the Parties to sign this MOU, and end on **August 31, 2023**. The Parties may renew this MOU for one additional five-year term by executing a written amendment.

Article III. AUTHORITY

The Parties enter into this MOU under the authority of the following:

- A. *Texas Health and Safety Code*, Title 2, Chapter 121, Subchapter A & Subchapter B;
- B. *25 Texas Administrative Code* Sec. 181.1(21);
- C. *Texas Health and Safety Code*, Title 3, section 191.051;
- D. *Texas Health and Safety Code*, Title 2, section 81.103;
- E. *Texas Health and Safety Code*, Title 3, Chapter 192, Subchapter A, Sec. 192.002(b); and
- F. “Health Care Entity,” as defined in Title 3, Chapter 151 of the *Texas Occupations Code*.
TCPH meets the requirements of a “Health Care Entity” by the following:
 - 1. TCPH administers immunizations, delivers primary medical care and treatment for

individuals with sexually transmitted infections and tuberculosis, as well as offers clinical breast exams, Pap smears, and diagnostic services such as ultrasounds and biopsies associated with women's health services. TCPH employs over 100 people providing direct medical care including two physicians, two physician assistants, and two nurse practitioners.

2. The policy at TCPH is that all the Advanced Practice Providers meet with the Assistant Medical Director once a month and perform a chart review on at least five patients seen at the various clinics. Also, the Medical Director and Assistant Medical Director meet on a near weekly basis for discussion about patient care and/or other quality measures. The nursing staff and providers at the sexually transmitted disease ("STD") clinic meet on a daily basis to review nursing charts and those at the HIV clinic meet weekly.

Article IV. STATEMENT OF WORK

- A. As provided for in **Attachments B-D**, which are attached and incorporated as part of this MOU, DSHS will deliver to TCPH the birth, death, linked birth-infant death ("BID"), linked based on the year of birth), and fetal death files via secure website data exchange, according to the variables cited in **Attachments B-D** ("Confidential Data"). Due to the number of variables, the BID file may be split into multiple files to accommodate capacity as long as a common variable is identified in each file that links the birth data with that infant's death data. From death data for BID files, TCPH will not receive those death certificate items that are not populated on infants' death certificates.
- B. Data sent will be for vital events occurring during the years **2011** through **2023** or until the expiration of the MOU. The selection criteria are events among all residents of Tarrant County AND all events occurring in Tarrant County.
- C. Files containing the Confidential Data will be delivered to TCPH according to the following schedule:
 1. Finalized statistically-locked data files for years **2010** through **2015** will be provided within one month of the execution of this MOU. These files will consist of birth, death, fetal death, and linked BID data files.
 2. Subsequently, dynamic data files will be provided for events occurring during years **2016** through the current month and year. These data files will be provided within two months of execution of this MOU and will consist of events registered up to and beyond the yearly statistical cut-off point. Variables will consist of those cited in **Attachments B-D** which are available as dynamic data.
 3. Between March and May of each year, revised dynamic data files will be provided. These dynamic data files will consist of events registered up to and beyond the yearly statistical cut-off point. Variables will consist of those cited in **Attachments B-D** which are available as dynamic data. Within three months of receiving these revised dynamic data files, TCPH will destroy the previous dynamic data files provided.

On an annual basis, statistically-locked data files will be provided within one month of finalizing and geocoding these data files. Within three months of receiving these statistically-locked data analysis files, TCPH will destroy the dynamic data files that correspond to this year of event.

- D. Confidential Data shall not be used for any other purposes unless specifically approved in writing by DSHS and in compliance with TCPH's appropriate review. DSHS will provide its approval or denial in writing.
- E. The method of delivery of Confidential Data will be through the use of a secure file transfer protocol (SFTP) site whose internet address, log-in, and password identification will be sent by DSHS personnel to TCPH's Representative (as noted in **Section V**).

Article V. REPRESENTATIVES

The following will act as the Representative authorized to administer activities under this MOU on behalf of their respective Party.

TCPH	DSHS
Micky Moerbe 1101 S. Main Street, Room 2200 Fort Worth, TX 76104 Telephone: (817) 321-4877 Email: mmmoerbe@tarrantcounty.com	Stacie Flenoy 1100 W. 49th Street Mail Code 1990 Austin, Texas 78756 Telephone: (512) 776-2265 Email: stacie.flenoy@dshs.texas.gov

Article VI. GENERAL TERMS AND CONDITIONS

A. **Amendment**. This MOU may be modified only by written amendment signed by both Parties.

B. **Confidentiality**

1. TCPH personnel with direct access to Confidential Data provided by DSHS pursuant to this MOU must execute a Data Use Agreement attached to this MOU as **Attachment A** and comply with the HHS data use policy therein.
2. The Parties are required to comply with all applicable state and federal laws relating to the privacy and confidentiality of Confidential Data and records.
3. TCPH will maintain sufficient safeguards to prevent release or disclosure of any such confidential records or information obtained under this MOU to anyone other than individuals who are authorized by law to receive such records or information and who will protect the records or information from re-disclosure as required by law. Data will be housed in a secure location. The foregoing shall not apply to information that:
 - (i) is not disclosed in writing by DSHS or reduced to writing and marked confidential within thirty (30) days after disclosure; or
 - (ii) is already in TCPH possession at the time of disclosure as evidenced by written records in the possession of TCPH prior to such time; or

- (iii) is or later becomes part of the public domain through no fault of TCPH; or
- (iv) is received from a third party having no obligations of confidentiality to the Center for Health Statistics or DSHS; or
- (v) is independently developed by TCPH by its personnel having no access to the Confidential Data.

4. TCPH will use Confidential Data obtained under this MOU only for purposes as described in this MOU and as otherwise allowed by law.
5. Notwithstanding any provision relating to confidentiality, the confidential information held by DSHS may be disclosed to a third party pursuant to the Texas Public Information Act (Texas Government Code Chapter 552), or any open records decision or ruling by the Attorney General that such information constitutes public information, or as otherwise provided by law.
6. Any remaining Confidential Data provided by either Party as part of this MOU will be destroyed at the termination of the MOU.
7. Data no longer in use will be destroyed using software that renders these data unrecoverable.

C. Termination. Either Party may terminate this MOU without cause by giving thirty (30) days written notice of its intent to terminate to the non-terminating Party.

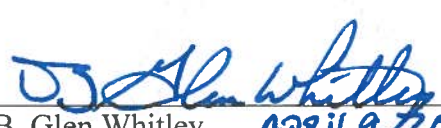
(SIGNATURE PAGE FOLLOWS)

By signing below, the Parties agree that this MOU constitutes the entire legal and binding agreement between them. The Parties acknowledge that they have read the MOU and agree to its terms, and that the persons whose signatures appear below have the authority to execute this MOU on behalf of their respective Party.

DEPARTMENT OF STATE HEALTH SERVICES


 4/16/19
Lara Lamprecht, DrPH
Assistant Deputy Commissioner

TARRANT COUNTY

 APRIL 9, 2019
B. Glen Whitley
County Judge
Tarrant County
Email:
countyjudgegrants@tarrantcounty.com

**TARRANT COUNTY PUBLIC HEALTH
REPRESENTATIVE**

I have read this MOU and understand
my obligations hereunder:


Micky Moerbe, MPH, CPH
Biostatistician
Tarrant County Public Health
Email: mmmoerbe@tarrantcounty.com
Telephone: (817) 321-4877

The following Attachments to this MOU are hereby incorporated as part of this MOU by reference:

- ATTACHMENT A - DATA USE AGREEMENT (DUA)**
- ATTACHMENT B - CHECKLIST FOR BIRTH CERTIFICATE DATA 2005 AND BEYOND**
- ATTACHMENT C - CHECKLIST FOR DEATH CERTIFICATE DATA 2006 AND BEYOND**
- ATTACHMENT D - CHECKLIST FOR FETAL DEATH CERTIFICATE DATA 2006 AND BEYOND**
- ATTACHMENT E - LIST OF INDIVIDUALS ACCESSING VITAL EVENTS DATA**

DSHS-CDA-KCW-PH-04022019

APPROVED AS TO FORM:


Criminal District Attorney's Office*

*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead those parties should seek contract review from independent counsel.

ATTACHMENT A
DATA USE AGREEMENT
TEXAS HEALTH AND HUMAN SERVICES
AND
TARRANT COUNTY PUBLIC HEALTH

This Data Use Agreement (“DUA”), effective as of the effective date of the MOU into which it is incorporated [**HHS Contract No. “Memorandum of Understanding”**], is entered into by and between the Health and Human Services Commission, (“HHSC”), and Tarrant County Public Health, a political subdivision of the State of Texas (“CONTRACTOR”).

ARTICLE 1.
PURPOSE; APPLICABILITY; ORDER OF PRECEDENCE

The purpose of this DUA is to facilitate creation, receipt, maintenance, use, disclosure or access to Confidential Information with CONTRACTOR, and describe CONTRACTOR’s rights and obligations with respect to the Confidential Information. **45 CFR 164.504(e)(1)-(3)**. This DUA also describes HHSC’s remedies in the event of CONTRACTOR’s noncompliance with its obligations under this DUA. This DUA applies to both Business Associates and contractors who are not Business Associates who create, receive, maintain, use, disclose or have access to Confidential Information on behalf of HHSC, its programs or clients as described in the Base Contract.

As of the Effective Date of this DUA, if any provision of the Base Contract, including any General Provisions or Uniform Terms and Conditions, conflicts with this DUA, this DUA controls.

ARTICLE 2.
DEFINITIONS

For the purposes of this DUA, capitalized, underlined terms have the meanings set forth in the following: **Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (42 U.S.C. §1320d, et seq.)** and regulations thereunder in **45 CFR Parts 160 and 164**, including all amendments, regulations and guidance issued thereafter; The Social Security Act, including Section 1137 (42 U.S.C. §§ 1320b-7), Title XVI of the Act; **The Privacy Act of 1974**, as amended by the **Computer Matching and Privacy Protection Act of 1988, 5 U.S.C. § 552a** and regulations and guidance thereunder; **Internal Revenue Code, Title 26** of the United States Code and regulations and publications adopted under that code, including **IRS Publication 1075; OMB Memorandum 07-18; Texas Business and Commerce Code Ch. 521; Texas Government Code, Ch. 552**, and **Texas Government Code §2054.1125**. In addition, the following terms in this DUA are defined as follows:

“**Authorized Purpose**” means the specific purpose or purposes described in the Statement of Work of the Base Contract for CONTRACTOR to fulfill its obligations under the Base Contract, or any other purpose expressly authorized by HHSC in writing in advance.

HHS Contract No.

“Authorized User” means a Person:

- (1) Who is authorized to create, receive, maintain, have access to, process, view, handle, examine, interpret, or analyze Confidential Information pursuant to this DUA;
- (2) For whom CONTRACTOR warrants and represents has a demonstrable need to create, receive, maintain, use, disclose or have access to the Confidential Information; and
- (3) Who has agreed in writing to be bound by the disclosure and use limitations pertaining to the Confidential Information as required by this DUA.

“Confidential Information” means any communication or record (whether oral, written, electronically stored or transmitted, or in any other form) provided to or made available to CONTRACTOR, or that CONTRACTOR may, for an Authorized Purpose, create, receive, maintain, use, disclose or have access to, that consists of or includes any or all of the following:

- (1) Client Information;
- (2) Protected Health Information in any form including without limitation, Electronic Protected Health Information or Unsecured Protected Health Information (herein “PHI”);
- (3) Sensitive Personal Information defined by Texas Business and Commerce Code Ch. 521;
- (4) Federal Tax Information;
- (5) Individually Identifiable Health Information as related to HIPAA, Texas HIPAA and Personal Identifying Information under the Texas Identity Theft Enforcement and Protection Act;
- (6) Social Security Administration Data, including, without limitation, Medicaid information;
- (7) All privileged work product;
- (8) All information designated as confidential under the constitution and laws of the State of Texas and of the United States, including the Texas Health & Safety Code and the Texas Public Information Act, Texas Government Code, Chapter 552.

“Legally Authorized Representative” of the Individual, as defined by Texas law, including as provided in 45 CFR 435.923 (Medicaid); 45 CFR 164.502(g)(1) (HIPAA); Tex. Occ. Code § 151.002(6); Tex. H. & S. Code §166.164; and Estates Code Ch. 752.

ARTICLE 3.

CONTRACTOR'S DUTIES REGARDING CONFIDENTIAL INFORMATION

3.01 Obligations of CONTRACTOR

HHS Data Use Agreement (modified v. 8.3) Local Health Departments October 21, 2015

CONTRACTOR agrees that:

- (A) CONTRACTOR will exercise reasonable care and no less than the same degree of care CONTRACTOR uses to protect its own confidential, proprietary and trade secret information to prevent any portion of the Confidential Information from being used in a manner that is not expressly an Authorized Purpose under this DUA or as Required by Law. **45 CFR 164.502(b)(1); 45 CFR 164.514(d)**
- (B) Except as Required by Law, CONTRACTOR will not disclose or allow access to any portion of the Confidential Information to any Person or other entity, other than Authorized User's Workforce or Subcontractors (as defined in **45 C.F.R. 160.103**) of CONTRACTOR who have completed training in confidentiality, privacy, security and the importance of promptly reporting any Event or Breach to CONTRACTOR's management, to carry out CONTRACTOR's obligations in connection with the Authorized Purpose.

HHSC, at its election, may assist CONTRACTOR in training and education on specific or unique HHSC processes, systems and/or requirements. CONTRACTOR will produce evidence of completed training to HHSC upon request. **45 C.F.R. 164.308(a)(5)(i); Texas Health & Safety Code §181.101**

- (C) CONTRACTOR will establish, implement and maintain appropriate sanctions against any member of its Workforce or Subcontractor who fails to comply with this DUA, the Base Contract or applicable law. CONTRACTOR will maintain evidence of sanctions and produce it to HHSC upon request. **45 C.F.R. 164.308(a)(1)(ii)(C); 164.530(e); 164.410(b); 164.530(b)(1)**
- (D) CONTRACTOR will not, except as otherwise permitted by this DUA, disclose or provide access to any Confidential Information on the basis that such act is Required by Law without notifying either HHSC or CONTRACTOR's own legal counsel to determine whether CONTRACTOR should object to the disclosure or access and seek appropriate relief. CONTRACTOR will maintain an accounting of all such requests for disclosure and responses and provide such accounting to HHSC within 48 hours of HHSC's request. **45 CFR 164.504(e)(2)(ii)(A)**
- (E) CONTRACTOR will not attempt to re-identify or further identify Confidential Information or De-identified Information, or attempt to contact any Individuals whose records are contained in the Confidential Information, except for an Authorized Purpose, without express written authorization from HHSC or as expressly permitted by the Base Contract. **45 CFR 164.502(d)(2)(i) and (ii)** CONTRACTOR will not engage in prohibited marketing or sale of Confidential Information. **45 CFR 164.501, 164.508(a)(3) and (4); Texas Health & Safety Code Ch. 181.002**
- (F) CONTRACTOR will not permit, or enter into any agreement with a Subcontractor to, create, receive, maintain, use, disclose, have access to or transmit Confidential Information to carry out CONTRACTOR's obligations in connection with the Authorized Purpose on behalf of CONTRACTOR, unless Subcontractor agrees to comply with all applicable laws, rules and

regulations. **45 CFR 164.502(e)(1)(ii); 164.504(e)(1)(i) and (2).**

- (G) CONTRACTOR is directly responsible for compliance with, and enforcement of, all conditions for creation, maintenance, use, disclosure, transmission and Destruction of Confidential Information and the acts or omissions of Subcontractors as may be reasonably necessary to prevent unauthorized use. **45 CFR 164.504(e)(5); 42 CFR 431.300, et seq.**
- (H) If CONTRACTOR maintains PHI in a Designated Record Set which is Confidential Information and subject to this Agreement, CONTRACTOR will make PHI available to HHSC in a Designated Record Set upon request. CONTRACTOR will provide PHI to an Individual, or Legally Authorized Representative of the Individual who is requesting PHI in compliance with the requirements of the HIPAA Privacy Regulations. CONTRACTOR will release PHI in accordance with the HIPAA Privacy Regulations upon receipt of a valid written authorization. CONTRACTOR will make other Confidential Information in CONTRACTOR's possession available pursuant to the requirements of HIPAA or other applicable law upon a determination of a Breach of Unsecured PHI as defined in HIPAA. CONTRACTOR will maintain an accounting of all such disclosures and provide it to HHSC within 48 hours of HHSC's request. **45 CFR 164.524and 164.504(e)(2)(ii)(E).**
- (I) If PHI is subject to this Agreement, CONTRACTOR will make PHI as required by HIPAA available to HHSC for review subsequent to CONTRACTOR's incorporation of any amendments requested pursuant to HIPAA. **45 CFR 164.504(e)(2)(ii)(E) and (F).**
- (J) If PHI is subject to this Agreement, CONTRACTOR will document and make available to HHSC the PHI required to provide access, an accounting of disclosures or amendment in compliance with the requirements of the **HIPAA Privacy Regulations. 45 CFR 164.504(e)(2)(ii)(G) and 164.528.**
- (K) If CONTRACTOR receives a request for access, amendment or accounting of PHI from an individual with a right of access to information subject to this DUA, it will respond to such request in compliance with the HIPAA Privacy Regulations. CONTRACTOR will maintain an accounting of all responses to requests for access to or amendment of PHI and provide it to HHSC within 48 hours of HHSC's request. **45 CFR 164.504(e)(2).**
- (L) CONTRACTOR will provide, and will cause its Subcontractors and agents to provide, to HHSC periodic written certifications of compliance with controls and provisions relating to information privacy, security and breach notification, including without limitation information related to data transfers and the handling and disposal of Confidential Information. **45 CFR 164.308; 164.530(c); 1 TAC 202.**
- (M) Except as otherwise limited by this DUA, the Base Contract, or law applicable to the Confidential Information, CONTRACTOR may use PHI for the proper management and administration of CONTRACTOR or to carry out CONTRACTOR's legal responsibilities. Except as otherwise limited by this DUA, the Base Contract, or law applicable to the Confidential Information, CONTRACTOR may disclose PHI for the proper management and administration of CONTRACTOR, or to carry out CONTRACTOR's legal responsibilities, if: **45 CFR**

164.504(e)(4)(A).

- (1) Disclosure is Required by Law, provided that CONTRACTOR complies with Section 3.01(D); or
- (2) CONTRACTOR obtains reasonable assurances from the person or entity to which the information is disclosed that the person or entity will:
 - (a) Maintain the confidentiality of the Confidential Information in accordance with this DUA;
 - (b) Use or further disclose the information only as Required by Law or for the Authorized Purpose for which it was disclosed to the Person; and
 - (c) Notify CONTRACTOR in accordance with Section 4.01 of any Event or Breach of Confidential Information of which the Person discovers or should have discovered with the exercise of reasonable diligence. **45 CFR 164.504(e)(4)(ii)(B).**
- (N) Except as otherwise limited by this DUA, CONTRACTOR will, if required by law and requested by HHSC, use commercially reasonable efforts to use PHI to provide data aggregation services to HHSC, as that term is defined in the **HIPAA, 45 C.F.R. §164.501** and permitted by **HIPAA. 45 CFR 164.504(e)(2)(i)(B)**
- (O) CONTRACTOR will, on the termination or expiration of this DUA or the Base Contract, at its expense, send to HHSC or Destroy, at HHSC's election and to the extent reasonably feasible and permissible by law, all Confidential Information received from HHSC or created or maintained by CONTRACTOR or any of CONTRACTOR's agents or Subcontractors on HHSC's behalf if that data contains Confidential Information. CONTRACTOR will certify in writing to HHSC that all the Confidential Information that has been created, received, maintained, used by or disclosed to CONTRACTOR, has been Destroyed or sent to HHSC, and that CONTRACTOR and its agents and Subcontractors have retained no copies thereof. Notwithstanding the foregoing, HHSC acknowledges and agrees that CONTRACTOR is not obligated to send to HHSC and/or Destroy any Confidential Information if federal law, state law, the Texas State Library and Archives Commission records retention schedule, and/or a litigation hold notice prohibit such delivery or Destruction. If such delivery or Destruction is not reasonably feasible, or is impermissible by law, CONTRACTOR will immediately notify HHSC of the reasons such delivery or Destruction is not feasible, and agree to extend indefinitely the protections of this DUA to the Confidential Information and limit its further uses and disclosures to the purposes that make the return delivery or Destruction of the Confidential Information not feasible for as long as CONTRACTOR maintains such Confidential Information. **45 CFR 164.504(e)(2)(ii)(J)**
- (P) CONTRACTOR will create, maintain, use, disclose, transmit or Destroy Confidential Information in a secure fashion that protects against any reasonably anticipated threats or hazards to the security or integrity of such information or unauthorized uses. **45 CFR 164.306; 164.530(c)**

- (Q) If CONTRACTOR accesses, transmits, stores, and/or maintains Confidential Information, CONTRACTOR will complete and return to HHSC at infosecurity@hhsc.state.tx.us the HHSC information security and privacy initial inquiry (SPI) at Attachment 1 . The SPI identifies basic privacy and security controls with which CONTRACTOR must comply to protect HHSC Confidential Information. CONTRACTOR will comply with periodic security controls compliance assessment and monitoring by HHSC as required by state and federal law, based on the type of Confidential Information CONTRACTOR creates, receives, maintains, uses, discloses or has access to and the Authorized Purpose and level of risk. CONTRACTOR's security controls will be based on the National Institute of Standards and Technology (NIST) Special Publication 800-53. CONTRACTOR will update its security controls assessment whenever there are significant changes in security controls for HHSC Confidential Information and will provide the updated document to HHSC. HHSC also reserves the right to request updates as needed to satisfy state and federal monitoring requirements. **45 CFR 164.306.**
- (R) CONTRACTOR will establish, implement and maintain reasonable procedural, administrative, physical and technical safeguards to preserve and maintain the confidentiality, integrity, and availability of the Confidential Information, and with respect to PHI, as described in the HIPAA Privacy and Security Regulations, or other applicable laws or regulations relating to Confidential Information, to prevent any unauthorized use or disclosure of Confidential Information as long as CONTRACTOR has such Confidential Information in its actual or constructive possession. **45 CFR 164.308 (administrative safeguards); 164.310 (physical safeguards); 164.312 (technical safeguards); 164.530(c)(privacy safeguards).**
- (S) CONTRACTOR will designate and identify, a Person or Persons, as Privacy Official **45 CFR 164.530(a)(1)** and Information Security Official, each of whom is authorized to act on behalf of CONTRACTOR and is responsible for the development and implementation of the privacy and security requirements in this DUA. CONTRACTOR will provide name and current address, phone number and e-mail address for such designated officials to HHSC upon execution of this DUA and prior to any change. If such persons fail to develop and implement the requirements of the DUA, CONTRACTOR will replace them upon HHSC request. **45 CFR 164.308(a)(2).**
- (T) CONTRACTOR represents and warrants that its Authorized Users each have a demonstrated need to know and have access to Confidential Information solely to the minimum extent necessary to accomplish the Authorized Purpose pursuant to this DUA and the Base Contract, and further, that each has agreed in writing to be bound by the disclosure and use limitations pertaining to the Confidential Information contained in this DUA. **45 CFR 164.502; 164.514(d).**
- (U) CONTRACTOR and its Subcontractors will maintain an updated, complete, accurate and numbered list of Authorized Users, their signatures, titles and the date they agreed to be bound by the terms of this DUA, at all times and supply it to HHSC, as directed, upon request.
- (V) CONTRACTOR will implement, update as necessary, and document reasonable and appropriate policies and procedures for privacy, security and Breach of Confidential Information and an incident response plan for an Event or Breach, to comply with the privacy, security and breach notice requirements of this DUA prior to conducting work under the Statement of Work. **45 CFR 164.308; 164.316; 164.514(d); 164.530(i)(1).**

- (W) CONTRACTOR will produce copies of its information security and privacy policies and procedures and records relating to the use or disclosure of Confidential Information received from, created by, or received, used or disclosed by CONTRACTOR for an Authorized Purpose for HHSC's review and approval within 30 days of execution of this DUA and upon request by HHSC the following business day or other agreed upon time frame. **45 CFR 164.308; 164.514(d).**
- (X) CONTRACTOR will make available to HHSC any information HHSC requires to fulfill HHSC's obligations to provide access to, or copies of, PHI in accordance with HIPAA and other applicable laws and regulations relating to Confidential Information. CONTRACTOR will provide such information in a time and manner reasonably agreed upon or as designated by the Secretary of the U.S. Department of Health and Human Services, or other federal or state law. **45 CFR 164.504(e)(2)(i)(I).**
- (Y) CONTRACTOR will only conduct secure transmissions of Confidential Information whether in paper, oral or electronic form, in accordance with applicable rules, regulations and laws. A secure transmission of electronic Confidential Information in motion includes, but is not limited to, Secure File Transfer Protocol (SFTP) or Encryption at an appropriate level. If required by rule, regulation or law, HHSC Confidential Information at rest requires Encryption unless there is other adequate administrative, technical, and physical security. All electronic data transfer and communications of Confidential Information will be through secure systems. Proof of system, media or device security and/or Encryption must be produced to HHSC no later than 48 hours after HHSC's written request in response to a compliance investigation, audit or the Discovery of an Event or Breach. Otherwise, requested production of such proof will be made as agreed upon by the parties. De-identification of HHSC Confidential Information is a means of security. With respect to de-identification of PHI, "secure" means de-identified according to HIPAA Privacy standards and regulatory guidance. **45 CFR 164.312; 164.530(d).**
- (Z) For each type of Confidential Information CONTRACTOR creates, receives, maintains, uses, discloses, has access to or transmits in the performance of the Statement of Work, CONTRACTOR will comply with the following laws rules and regulations, only to the extent applicable and required by law:
- **Title 1, Part 10, Chapter 202, Subchapter B, Texas Administrative Code;**
 - **The Privacy Act of 1974;**
 - **OMB Memorandum 07-16;**
 - **The Federal Information Security Management Act of 2002 (FISMA);**
 - **The Health Insurance Portability and Accountability Act of 1996 (HIPAA) as defined in the DUA;**
 - **Internal Revenue Publication 1075 – Tax Information Security Guidelines for Federal, State and Local Agencies;**

- **National Institute of Standards and Technology (NIST) Special Publication 800-66 Revision 1** – An Introductory Resource Guide for Implementing the Health Insurance Portability and Accountability Act (HIPAA) Security Rule;
- **NIST Special Publications 800-53 and 800-53A** – Recommended Security Controls for Federal Information Systems and Organizations, as currently revised;
- **NIST Special Publication 800-47** – Security Guide for Interconnecting Information Technology Systems;
- **NIST Special Publication 800-88**, Guidelines for Media Sanitization;\
- **NIST Special Publication 800-111**, Guide to Storage of Encryption Technologies for End User Devices containing PHI; and
- Any other State or Federal law, regulation, or administrative rule relating to the specific HHSC program area that CONTRACTOR supports on behalf of HHSC.

(AA) Notwithstanding anything to the contrary herein, CONTRACTOR will treat any Personal Identifying Information it creates, receives, maintains, uses, transmits, destroys and/or discloses in accordance with **Texas Business and Commerce Code, Chapter 521** and other applicable regulatory standards identified in Section 3.01(Z), and Individually Identifiable Health Information CONTRACTOR creates, receives, maintains, uses, transmits, destroys and/or discloses in accordance with HIPAA and other applicable regulatory standards identified in Section 3.01(Z).

ARTICLE 4.

BREACH NOTICE, REPORTING AND CORRECTION REQUIREMENTS

4.01 Breach or Event Notification to HHSC. 45 CFR 164.400-414.

- (A) CONTRACTOR will cooperate fully with HHSC in investigating, mitigating to the extent practicable and issuing notifications directed by HHSC, for any Event or Breach of Confidential Information to the extent and in the manner determined by HHSC.
- (B) CONTRACTOR'S obligation begins at the Discovery of an Event or Breach and continues as long as related activity continues, until all effects of the Event are mitigated to HHSC's reasonable satisfaction (the "incident response period"). **45 CFR 164.404.**
- (C) Breach Notice:
- (1) Initial Notice.

- (a) For federal information, including without limitation, Federal Tax Information, Social Security Administration Data, and Medicaid Client Information, within the first, consecutive clock hour of Discovery, and for all other types of Confidential Information not more than 24 hours after Discovery, or in a timeframe otherwise approved by HHSC in writing, initially report to HHSC's Privacy and Security Officers via email at: privacy@HHSC.state.tx.us and to the HHSC division responsible for this DUA; and **IRS Publication 1075; Privacy Act of 1974**, as amended by the **Computer Matching and Privacy Protection Act of 1988, 5 U.S.C. § 552a; OMB Memorandum 07-16** as cited in HHSC-CMS Contracts for information exchange.
 - (b) Report all information reasonably available to CONTRACTOR about the Event or Breach of the privacy or security of Confidential Information. **45 CFR 164.410.**
 - (c) Name, and provide contact information to HHSC for, CONTRACTOR's single point of contact who will communicate with HHSC both on and off business hours during the incident response period.
- (2) Formal Notice. No later than two business days after the Initial Notice above, provide formal notification to privacy@HHSC.state.tx.us and to the HHSC division responsible for this DUA, including all reasonably available information about the Event or Breach, and CONTRACTOR's investigation, including without limitation and to the extent available: **For (a) - (m) below: 45 CFR 164.400-414.**
- (a) The date the Event or Breach occurred;
 - (b) The date of CONTRACTOR's and, if applicable, Subcontractor's Discovery;
 - (c) A brief description of the Event or Breach; including how it occurred and who is responsible (or hypotheses, if not yet determined);
 - (d) A brief description of CONTRACTOR's investigation and the status of the investigation;
 - (e) A description of the types and amount of Confidential Information involved;
 - (f) Identification of and number of all Individuals reasonably believed to be affected, including first and last name of the Individual and if applicable the, Legally Authorized Representative, last known address, age, telephone number, and email address if it is a preferred contact method, to the extent known or can be reasonably determined by CONTRACTOR at that time;

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(g) CONTRACTOR's initial risk assessment of the Event or Breach demonstrating
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whether individual or other notices are required by applicable law or this DUA for HHSC approval, including an analysis of whether there is a low probability of compromise of the Confidential Information or whether any legal exceptions to notification apply;

- (h) CONTRACTOR's recommendation for HHSC's approval as to the steps Individuals and/or CONTRACTOR on behalf of Individuals, should take to protect the Individuals from potential harm, including without limitation CONTRACTOR's provision of notifications, credit protection, claims monitoring, and any specific protections for a Legally Authorized Representative to take on behalf of an Individual with special capacity or circumstances;
- (i) The steps CONTRACTOR has taken to mitigate the harm or potential harm caused (including without limitation the provision of sufficient resources to mitigate);
- (j) The steps CONTRACTOR has taken, or will take, to prevent or reduce the likelihood of recurrence of a similar Event or Breach;
- (k) Identify, describe or estimate the Persons, Workforce, Subcontractor, or Individuals and any law enforcement that may be involved in the Event or Breach;
- (l) A reasonable schedule for CONTRACTOR to provide regular updates during normal business hours to the foregoing in the future for response to the Event or Breach, but no less than every three (3) business days or as otherwise directed by HHSC, including information about risk estimations, reporting, notification, if any, mitigation, corrective action, root cause analysis and when such activities are expected to be completed; and
- (m) Any reasonably available, pertinent information, documents or reports related to an Event or Breach that HHSC requests following Discovery.

4.02 Investigation, Response and Mitigation. 45 CFR 164.308, 310 and 312; 64.530

- (A) CONTRACTOR will immediately conduct a full and complete investigation, respond to the Event or Breach, commit necessary and appropriate staff and resources to expeditiously respond, and report as required to and by HHSC for incident response purposes and for purposes of HHSC's compliance with report and notification requirements, to the reasonable satisfaction of HHSC.
- (B) CONTRACTOR will complete or participate in a risk assessment as directed by HHSC following an Event or Breach, and provide the final assessment, corrective actions and mitigations to HHSC for review and approval.

- (C) CONTRACTOR will fully cooperate with HHSC to respond to inquiries and/or proceedings by state and federal authorities, Persons and/or Individuals about the Event or Breach.
- (D) CONTRACTOR will fully cooperate with HHSC's efforts to seek appropriate injunctive relief or otherwise prevent or curtail such Event or Breach, or to recover or protect any Confidential Information, including complying with reasonable corrective action or measures, as specified by HHSC in a Corrective Action Plan if directed by HHSC under the Base Contract.

4.03 Breach Notification to Individuals and Reporting to Authorities. Tex. Bus. & Comm. Code §521.053; 45 CFR 164.404 (Individuals), 164.406 (Media); 164.408 (Authorities)

- (A) HHSC may direct CONTRACTOR to provide Breach notification to Individuals, regulators or third-parties, as specified by HHSC following a Breach.
- (B) CONTRACTOR shall give HHSC an opportunity to review and provide feedback to CONTRACTOR and to confirm that CONTRACTOR's notice meets all regulatory requirements regarding the time, manner and content of any notification to Individuals, regulators or third-parties, or any notice required by other state or federal authorities. HHSC shall have ten (10) business days to provide said feedback to CONTRACTOR. Notice letters will be in CONTRACTOR's name and on CONTRACTOR's letterhead, unless otherwise directed by HHSC, and will contain contact information, including the name and title of CONTRACTOR's representative, an email address and a toll-free telephone number, if required by applicable law, rule, or regulation, for the Individual to obtain additional information.
- (C) CONTRACTOR will provide HHSC with copies of distributed and approved communications.
- (D) CONTRACTOR will have the burden of demonstrating to the reasonable satisfaction of HHSC that any notification required by HHSC was timely made. If there are delays outside of CONTRACTOR's control, CONTRACTOR will provide written documentation of the reasons for the delay.
- (E) If HHSC delegates notice requirements to CONTRACTOR, HHSC shall, in the time and manner reasonably requested by CONTRACTOR, cooperate and assist with CONTRACTOR's information requests in order to make such notifications and reports.

**ARTICLE 5.
STATEMENT OF WORK**

“Statement of Work” means the services and deliverables to be performed or provided by HHS Data Use Agreement (modified v. 8.3) Local Health Departments October 21,2015

CONTRACTOR, or on behalf of CONTRACTOR by its Subcontractors or agents for HHSC that are described in detail in the Base Contract. The Statement of Work, including any future amendments thereto, is incorporated by reference in this DUA as if set out word-for-word herein.

ARTICLE 6. GENERAL PROVISIONS

6.01 Oversight of Confidential Information

CONTRACTOR acknowledges and agrees that HHSC is entitled to oversee and monitor CONTRACTOR's access to and creation, receipt, maintenance, use, disclosure of the Confidential Information to confirm that CONTRACTOR is in compliance with this DUA.

6.02 HHSC Commitment and Obligations

HHSC will not request CONTRACTOR to create, maintain, transmit, use or disclose PHI in any manner that would not be permissible under applicable law if done by HHSC.

6.03 HHSC Right to Inspection

At any time upon reasonable notice to CONTRACTOR, or if HHSC determines that CONTRACTOR has violated this DUA, HHSC, directly or through its agent, will have the right to inspect the facilities, systems, books and records of CONTRACTOR to monitor compliance with this DUA. For purposes of this subsection, HHSC's agent(s) include, without limitation, the HHSC Office of the Inspector General or the Office of the Attorney General of Texas, outside consultants or legal counsel or other designee.

6.04 Term; Termination of DUA; Survival

This DUA will be effective on the date on which CONTRACTOR executes the DUA, and will terminate upon termination of the Base Contract and as set forth herein. If the Base Contract is extended or amended, this DUA shall be extended or amended concurrent with such extension or amendment.

- (A) HHSC may immediately terminate this DUA and Base Contract upon a material violation of this DUA.
- (B) Termination or Expiration of this DUA will not relieve CONTRACTOR of its obligation to return or Destroy the Confidential Information as set forth in this DUA and to continue to safeguard the Confidential Information until such time as determined by HHSC.
- (C) If HHSC determines that CONTRACTOR has violated a material term of this DUA; HHSC may in its sole discretion:

- (1) Exercise any of its rights including but not limited to reports, access and

inspection under this DUA and/or the Base Contract; or

(2) Require CONTRACTOR to submit to a Corrective Action Plan, including a plan for monitoring and plan for reporting, as HHSC may determine necessary to maintain compliance with this DUA; or

(3) Provide CONTRACTOR with a reasonable period to cure the violation as determined by HHSC; or

(4) Terminate the DUA and Base Contract immediately, and seek relief in a court of competent jurisdiction in Texas.

Before exercising any of these options, HHSC will provide written notice to CONTRACTOR describing the violation, the requested corrective action CONTRACTOR may take to cure the alleged violation, and the action HHSC intends to take if the alleged violated is not timely cured by CONTRACTOR.

- (D) If neither termination nor cure is feasible, HHSC shall report the violation to the Secretary of the U.S. Department of Health and Human Services.
- (E) The duties of CONTRACTOR or its Subcontractor under this DUA survive the expiration or termination of this DUA until all the Confidential Information is Destroyed or returned to HHSC, as required by this DUA.

6.05 Governing Law, Venue and Litigation

- (A) The validity, construction and performance of this DUA and the legal relations among the Parties to this DUA will be governed by and construed in accordance with the laws of the State of Texas.
- (B) The Parties agree that the courts of Texas, will be the exclusive venue for any litigation, special proceeding or other proceeding as between the parties that may be brought, or arise out of, or in connection with, or by reason of this DUA.

6.06 Injunctive Relief

- (A) CONTRACTOR acknowledges and agrees that HHSC may suffer irreparable injury if CONTRACTOR or its Subcontractor fails to comply with any of the terms of this DUA with respect to the Confidential Information or a provision of HIPAA or other laws or regulations applicable to Confidential Information.
- (B) CONTRACTOR further agrees that monetary damages may be inadequate to compensate HHSC for CONTRACTOR's or its Subcontractor's failure to comply. Accordingly, CONTRACTOR agrees that HHSC will, in addition to any other remedies available to it at law or in equity, be entitled to seek injunctive relief without

posting a bond and without the necessity of demonstrating actual damages, to enforce the terms of this DUA.

6.07 Responsibility.

To the extent permitted by the Texas Constitution, laws and rules, and without waiving any immunities or defenses available to CONTRACTOR as a governmental entity, CONTRACTOR shall be solely responsible for its own acts and omissions and the acts and omissions of its employees, directors, officers, Subcontractors and agents. HHSC shall be solely responsible for its own acts and omissions.

6.08 Insurance

- (A) As a governmental entity, and in accordance with the limits of the Texas Tort Claims Act, Chapter 101 of the Texas Civil Practice and Remedies Code, CONTRACTOR either maintains commercial insurance or self-insures with policy limits in an amount sufficient to cover CONTRACTOR's liability arising under this DUA. CONTRACTOR will request that HHSC be named as an additional insured. HHSC reserves the right to consider alternative means for CONTRACTOR to satisfy CONTRACTOR's financial responsibility under this DUA. Nothing herein shall relieve CONTRACTOR of its financial obligations set forth in this DUA if CONTRACTOR fails to maintain insurance.
- (B) CONTRACTOR will provide HHSC with written proof that required insurance coverage is in effect, at the request of HHSC.

6.09 Fees and Costs

Except as otherwise specified in this DUA or the Base Contract, if any legal action or other proceeding is brought for the enforcement of this DUA, or because of an alleged dispute, contract violation, Event, Breach, default, misrepresentation, or injunctive action, in connection with any of the provisions of this DUA, each party will bear their own legal expenses and the other cost incurred in that action or proceeding.

6.10 Entirety of the Contract

This DUA is incorporated by reference into the Base Contract as an amendment thereto and, together with the Base Contract, constitutes the entire agreement between the parties. No change, waiver, or discharge of obligations arising under those documents will be valid unless in writing and executed by the party against whom such change, waiver, or discharge is sought to be enforced. If any provision of the Base Contract, including any General Provisions or Uniform Terms and Conditions, conflicts with this DUA, this DUA controls.

6.11 Automatic Amendment and Interpretation

If there is (i) a change in any law, regulation or rule, state or federal, applicable to HIPPA and/or Confidential Information, or (ii) any change in the judicial or administrative interpretation of any such law, regulation or rule,, upon the effective date of such change, this DUA shall be deemed to have been automatically amended, interpreted and read so that the obligations imposed on HHSC and/or CONTRACTOR remain in compliance with such changes. Any ambiguity in this DUA will be resolved in favor of a meaning that permits HHSC and CONTRACTOR to comply with HIPAA or any other law applicable to Confidential Information.

Attachment B

Checklist for Birth Certificate Data 2005 and beyond

Instructions:

1. Since these data are confidential, all requested certificate items need to have brief justifications according to your project aims.
2. If a certificate item is used for linkage, then state how and whether it will be removed from the resulting linked analysis file. If the certificate item will be retained in the linked analysis file, please also provide a brief justification according to your project aims.
3. For certain sensitive data elements, such as certificate number or residence address, consider alternative means of accomplishing your project aims while using less sensitive data. Examples include creating your own unique identifier instead of requesting the certificate number, and requesting geocoded census tracts instead of residence address.

I. Birth Certificate Items Available Electronically

✓	Item Number	Item Descriptor	Justification
<input type="checkbox"/>		Birth Number (Certificate Number)	
<input checked="" type="checkbox"/>		Child's Birth State	To identify Tarrant county, Texas occurrence
<input type="checkbox"/>	1.	Child's Name	
<input type="checkbox"/>		First	
<input type="checkbox"/>		Middle	
<input type="checkbox"/>		Last	
<input type="checkbox"/>		Suffix	
<input checked="" type="checkbox"/>	2.	Date of Birth (mm/dd/yyyy)	Allows to look at seasonal and environmental trends
<input checked="" type="checkbox"/>	3.	Sex	For analysis and stratification
<input checked="" type="checkbox"/>	4a.	Place of Birth – County	To identify Tarrant county occurrence and percent of population delivering elsewhere
<input checked="" type="checkbox"/>	4b.	City or Town	To identify Tarrant county occurrence and percent of population delivering elsewhere
<input checked="" type="checkbox"/>	5.	Time of Birth	To identify adverse outcomes by time of day
<input checked="" type="checkbox"/>		AM/PM	
<input checked="" type="checkbox"/>	6a.	Plurality - Single, Twin, Triplet, etc.	For analysis and stratification
<input checked="" type="checkbox"/>	6b.	If Plural Birth, Born, 1st, 2nd, 3rd, etc.	For analysis and stratification
<input checked="" type="checkbox"/>	7a.	Place of Birth: Clinic/Doctor's Office Licensed Birthing Center Hospital Home Birth (Planned to deliver at home? Yes/No) Other: Other (Specify) - <i>includes residential addresses for home births</i>	For analysis and stratification
<input type="checkbox"/>			
<input checked="" type="checkbox"/>	7b.	Name of Hospital or Birthing Center (<i>street address for not</i>	For care coordination services and to

		<i>institution)</i>	provide information to the hospitals themselves on their statistics
<input checked="" type="checkbox"/>	8b.	Attendant Type: MD, DO, CNM, Midwife, Other	For analysis and stratification
<input checked="" type="checkbox"/>		Other (Specify):	
	10.	Mother's Name Prior to First Marriage	
<input type="checkbox"/>		First	
<input type="checkbox"/>		Middle	
<input type="checkbox"/>		Last	
<input checked="" type="checkbox"/>	11	Date of Birth (mm/dd/yyyy)	QA to match with calculated variable Mother's Age
<input checked="" type="checkbox"/>	12	Birthplace (state, territory, or foreign country)	For natality, born country and outside of state, and planning purposes. For analysis and stratification
<input checked="" type="checkbox"/>	13a.	Residence State	QA File and to ensure numbers match our files. For analysis and stratification
<input checked="" type="checkbox"/>	13b.	County	QA File and to ensure numbers match our files. For analysis and stratification
<input checked="" type="checkbox"/>	13c.	City, Town or Location	QA File and to ensure numbers match our files. For analysis and stratification
<input checked="" type="checkbox"/>	13d.	Street Address or Rural Location	QA for geocoding and to crosscheck our geocodes. For analysis and stratification
<input type="checkbox"/>		Mother's residence apartment number	
<input checked="" type="checkbox"/>	13e.	Zip Code	For analysis and stratification
<input type="checkbox"/>	13f.	Inside City Limits (Yes/No)	
<input checked="" type="checkbox"/>	14.	Mother's Mailing Address	For analysis and to determine cohabitation
<input checked="" type="checkbox"/>		Mother's Mailing Apartment Number	For analysis and to determine cohabitation
<input checked="" type="checkbox"/>		Mother's Mailing City	For analysis and to determine cohabitation
<input checked="" type="checkbox"/>		Mother's Mailing State	For analysis and to determine cohabitation
<input checked="" type="checkbox"/>		Mother's Mailing Zip Code	For analysis and to determine cohabitation
<input checked="" type="checkbox"/>		Same as Residence, or:	For analysis and to determine cohabitation
	15.	Father Name	
<input type="checkbox"/>		First	
<input type="checkbox"/>		Middle	
<input type="checkbox"/>		Last	
<input type="checkbox"/>		Suffix	
<input checked="" type="checkbox"/>	16.	Date of Birth (mm/dd/yyyy)	QA to match with calculated variable Father's Age
<input checked="" type="checkbox"/>	17.	Birthplace (state, territory or foreign country)	For natality, born country and outside of state, and planning purposes. For analysis and stratification

Items 19 through 65 are confidential information for medical and public health use.
Tex. Health and Safety Code, Sec.192.002(b)

✓	Item Number	Item Descriptor	Justification
	19.	Mother's Current Legal Name	
<input type="checkbox"/>		First	

<input type="checkbox"/>		Middle	
<input type="checkbox"/>		Last	
<input checked="" type="checkbox"/>	22.	Mother Married (Yes/No)	For analysis and stratification
<input checked="" type="checkbox"/>	26	Father's Mailing Address	For analysis and to determine cohabitation
<input checked="" type="checkbox"/>		Father's Mailing Apartment Number	
<input checked="" type="checkbox"/>		Father's Mailing City	
<input checked="" type="checkbox"/>		Father's Mailing State	
<input checked="" type="checkbox"/>		Father's Mailing Zip Code	
<input checked="" type="checkbox"/>		Same as Mother	For analysis and to determine cohabitation
<input checked="" type="checkbox"/>	27.	Mother's Education	For analysis and stratification
		8th Grade or Less	
		9th - 12th Grade, No Diploma	
		High School Graduate or GED	
		Some College Credit, but No Degree	
		Associate Degree (e.g., AA, AS)	
		Bachelor's Degree (e.g., BA, AB, BS)	
		Master's Degree (e.g. MA, MS, MEng, Med, MSW, MBA)	
		Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD)	
	28.	Mother of Hispanic Origin?	
<input checked="" type="checkbox"/>		No, Not Spanish, Hispanic/Latina	For analysis and stratification
<input checked="" type="checkbox"/>		Yes, Mexican, Mexican American, Chicana	For analysis and stratification
<input checked="" type="checkbox"/>		Yes, Puerto Rican	For analysis and stratification
<input checked="" type="checkbox"/>		Yes, Cuban	For analysis and stratification
<input checked="" type="checkbox"/>		Yes, Other Spanish, Hispanic/Latina	For analysis and stratification
<input checked="" type="checkbox"/>		Yes, Other Spanish, Hispanic/Latina (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Mother of Hispanic Origin: Unknown	For analysis and stratification
	29.	Mother's Race	
<input checked="" type="checkbox"/>		White	For analysis and stratification
<input checked="" type="checkbox"/>		Black or African American	For analysis and stratification
<input checked="" type="checkbox"/>		American Indian or Alaska Native	For analysis and stratification
<input checked="" type="checkbox"/>		American Indian or Alaska Native (Name of the enrolled or principal tribe)	For analysis and stratification
<input checked="" type="checkbox"/>		Asian Indian	For analysis and stratification
<input checked="" type="checkbox"/>		Chinese	For analysis and stratification
<input checked="" type="checkbox"/>		Filipino	For analysis and stratification
<input checked="" type="checkbox"/>		Japanese	For analysis and stratification
<input checked="" type="checkbox"/>		Korean	For analysis and stratification
<input checked="" type="checkbox"/>		Vietnamese	For analysis and stratification
<input checked="" type="checkbox"/>		Other Asian	For analysis and stratification
<input checked="" type="checkbox"/>		Other Asian (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Native Hawaiian	For analysis and stratification
<input checked="" type="checkbox"/>		Guamanian or Chamorro	For analysis and stratification
<input checked="" type="checkbox"/>		Samoan	For analysis and stratification

<input checked="" type="checkbox"/>		Other Pacific Islander	For analysis and stratification
<input checked="" type="checkbox"/>		Other Pacific Islander (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Other	For analysis and stratification
<input checked="" type="checkbox"/>		Other (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Mother's Race: Unknown	For analysis and stratification
<input checked="" type="checkbox"/>	30.	Father's Education	For analysis and stratification
		8th Grade or Less	
		9th - 12th Grade, No Diploma	
		High School Graduate or GED	
		Some College Credit, but No Degree	
		Associate Degree (e.g., AA, AS)	
		Bachelor's Degree (e.g., BA, AB, BS)	
		Master's Degree (e.g. MA, MS, MEng, Med, MSW, MBA)	
		Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD)	
	31.	Father of Hispanic Origin?	
<input checked="" type="checkbox"/>		No, not Spanish, Hispanic/Latino	For analysis and stratification
<input checked="" type="checkbox"/>		Yes, Mexican, Mexican American, Chicana	For analysis and stratification
<input checked="" type="checkbox"/>		Yes, Puerto Rican	For analysis and stratification
<input checked="" type="checkbox"/>		Yes, Cuban	For analysis and stratification
<input checked="" type="checkbox"/>		Yes, Other Spanish, Hispanic/Latino	For analysis and stratification
<input checked="" type="checkbox"/>		Yes, Other Spanish, Hispanic/Latino (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Father of Hispanic Origin: Unknown	For analysis and stratification
	32.	Father's Race	
<input checked="" type="checkbox"/>		White	For analysis and stratification
<input checked="" type="checkbox"/>		Black or African American	For analysis and stratification
<input checked="" type="checkbox"/>		American Indian or Alaska Native	For analysis and stratification
<input checked="" type="checkbox"/>		American Indian or Alaska Native (Name of the enrolled or principal tribe)	For analysis and stratification
<input checked="" type="checkbox"/>		Asian Indian	For analysis and stratification
<input checked="" type="checkbox"/>		Chinese	For analysis and stratification
<input checked="" type="checkbox"/>		Filipino	For analysis and stratification
<input checked="" type="checkbox"/>		Japanese	For analysis and stratification
<input checked="" type="checkbox"/>		Korean	For analysis and stratification
<input checked="" type="checkbox"/>		Vietnamese	For analysis and stratification
<input checked="" type="checkbox"/>		Other Asian	For analysis and stratification
<input checked="" type="checkbox"/>		Other Asian (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Native Hawaiian	For analysis and stratification
<input checked="" type="checkbox"/>		Guamanian or Chamorro	For analysis and stratification
<input checked="" type="checkbox"/>		Samoan	For analysis and stratification
<input checked="" type="checkbox"/>		Other Pacific Islander	For analysis and stratification
<input checked="" type="checkbox"/>		Other Pacific Islander (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Other	For analysis and stratification
<input checked="" type="checkbox"/>		Other (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Father's Race: Unknown	For analysis and stratification

	33.	Mother	
<input checked="" type="checkbox"/>		Usual Occupation	For analysis and stratification
	34.	Father	
<input checked="" type="checkbox"/>		Usual Occupation	For analysis and stratification
	35.	Mother	
<input checked="" type="checkbox"/>		Type of Business/Industry	For analysis and stratification
	36.	Father	
<input checked="" type="checkbox"/>		Type of Business/Industry	For analysis and stratification
		Pregnancy History	
		PREVIOUS LIVE BIRTHS (Do not include this child)	
<input checked="" type="checkbox"/>	37a.	Now Living	For analysis and stratification and risk factor of this birth
		Number	
		None	
<input checked="" type="checkbox"/>	37b.	Now Dead	For analysis and stratification and risk factor of this birth
		Number	
		None	
<input checked="" type="checkbox"/>	37c.	Date of Last Live Birth (mm/yyyy)	For analysis and stratification and risk factor of this birth, and determine inter-conception time periods
<input checked="" type="checkbox"/>	37d.	OTHER PREGNANCY OUTCOMES	For analysis and stratification and risk factor of this birth
		Number	
		None	
<input checked="" type="checkbox"/>	37e.	Date Last Other Pregnancy Ended (mm/yyyy)	For analysis and stratification and risk factor of this birth, and determine inter-conception time periods
	38.	SOURCE OF PRENATAL CARE (check all that apply)	
<input checked="" type="checkbox"/>		Hospital Clinic	For analysis and stratification
<input checked="" type="checkbox"/>		Public Health Clinic	For analysis and stratification
<input checked="" type="checkbox"/>		Private Physician	For analysis and stratification
<input checked="" type="checkbox"/>		Midwife	For analysis and stratification
<input checked="" type="checkbox"/>		None	For analysis and stratification
<input checked="" type="checkbox"/>		Unknown	For analysis and stratification
<input checked="" type="checkbox"/>		Other	For analysis and stratification
<input checked="" type="checkbox"/>		Other (Specify)	For analysis and stratification, including further categorization of the Other field
<input checked="" type="checkbox"/>	39.	Mother's Medicaid Number	
<input checked="" type="checkbox"/>	40.	Mother's Prepregnancy Weight (pounds)	For analysis and stratification
<input checked="" type="checkbox"/>	41.	Mother's Weight at Delivery (pounds)	For analysis and stratification
<input checked="" type="checkbox"/>	42.	Mother's Height (feet/inches)	For analysis and stratification
<input checked="" type="checkbox"/>	43.	Date Last Normal Menses Began (mm/dd/yyyy)	For analysis and stratification, and QA for obstetrics

		PRENATAL CARE	
<input checked="" type="checkbox"/>		No Prenatal Care	
<input checked="" type="checkbox"/>	44a.	Date of First Visit (mm/dd/yyyy)	Helps with determining prenatal care visits, QA & how far into pregnancy last visit was in more detail than on a month-by-month basis.
<input checked="" type="checkbox"/>	44b.	Date of Last Visit (mm/dd/yyyy)	Helps with determining prenatal care visits, QA & how far into pregnancy last visit was in more detail than on a month-by-month basis.
<input checked="" type="checkbox"/>	44c.	Number of Prenatal Visits	For analysis and stratification, determine utilization of prenatal care
<input checked="" type="checkbox"/>	45.	Cigarette Smoking Before and During Pregnancy Average Number of Cigarettes or Packs of Cigarettes Smoked per Day	For analysis and stratification
		Three Months Before Pregnancy	
<input checked="" type="checkbox"/>		# of Cigarettes	For analysis and stratification
<input checked="" type="checkbox"/>		# of Packs	For analysis and stratification
		First Three Months of Pregnancy	
<input checked="" type="checkbox"/>		# of Cigarettes	For analysis and stratification
<input checked="" type="checkbox"/>		# of Packs	For analysis and stratification
		Second Three Months of Pregnancy	
<input checked="" type="checkbox"/>		# of Cigarettes	For analysis and stratification
<input checked="" type="checkbox"/>		# of Packs	For analysis and stratification
		Third Trimester of Pregnancy	
<input checked="" type="checkbox"/>		# of Cigarettes	For analysis and stratification
<input checked="" type="checkbox"/>		# of Packs	For analysis and stratification
<input checked="" type="checkbox"/>	46.	Principal Source of Payment for this Delivery	For analysis and stratification
		Private Insurance	
		Medicaid	
		Self-pay	
<input type="checkbox"/>		Other (Specify)	
<input checked="" type="checkbox"/>	47.	Did Mother get WIC Food for Herself During this Pregnancy? (Yes/No)	For analysis and stratification
<input checked="" type="checkbox"/>	48.	Mother Transferred for Maternal Medical or Fetus Indications for this Delivery? (Yes/No)	For analysis and stratification
<input type="checkbox"/>		If Yes, Enter the Name of Facility Mother Transferred From:	
	49.	Risk Factors in this Pregnancy (check all that apply)	
		Diabetes	
<input checked="" type="checkbox"/>		Prepregnancy (diagnosis prior to this pregnancy)	For analysis and stratification
<input checked="" type="checkbox"/>		Gestational (diagnosis in this pregnancy)	For analysis and stratification
		Hypertension	
<input checked="" type="checkbox"/>		Prepregnancy (chronic)	For analysis and stratification
<input checked="" type="checkbox"/>		Gestational (PIH preeclampsia)	For analysis and stratification
<input checked="" type="checkbox"/>		Eclampsia	For analysis and stratification

<input checked="" type="checkbox"/>		Previous Preterm Birth	For analysis and stratification
<input checked="" type="checkbox"/>		Other Previous Poor Pregnancy Outcome (includes perinatal death, small-for-gestational age/intrauterine growth restricted growth)	For analysis and stratification
<input checked="" type="checkbox"/>		Pregnancy Resulted from Infertility Treatment	For analysis and stratification
<input checked="" type="checkbox"/>		Fertility-enhancing Drugs, Artificial Insemination, or Intrauterine Insemination	For analysis and stratification
<input checked="" type="checkbox"/>		Assisted Reproductive Technology (e.g. IVF, GIFT)	For analysis and stratification
<input checked="" type="checkbox"/>		Mother had Previous Cesarean Delivery If yes, how many	For analysis and stratification
<input type="checkbox"/>		Antiretrovirals Administered During Pregnancy or at Delivery (Variables which provide or imply HIV or STD infection status cannot be provided to agencies outside of DSHS)	
<input checked="" type="checkbox"/>		None of the Above	For analysis and stratification
	50.	Infections Present and/or Treated During this Pregnancy (Variables which provide or imply HIV or STD infection status cannot be provided to agencies outside of DSHS)	
<input checked="" type="checkbox"/>		Gonorrhea	These data are used for work in control and treatment of communicable diseases and health conditions, as well as describing maternal risk factors during pregnancy.
<input checked="" type="checkbox"/>		Syphilis	These data are used for work in control and treatment of communicable diseases and health conditions, as well as describing maternal risk factors during pregnancy.
<input checked="" type="checkbox"/>		Chlamydia	These data are used for work in control and treatment of communicable diseases and health conditions, as well as describing maternal risk factors during pregnancy.
<input checked="" type="checkbox"/>		Hepatitis B	These data are used for work in control and treatment of communicable diseases and health conditions, as well as describing maternal risk factors during pregnancy.
<input checked="" type="checkbox"/>		Hepatitis C	These data are used for work in control and treatment of communicable diseases and health conditions, as well as describing maternal risk factors during pregnancy.
<input checked="" type="checkbox"/>		None of the Above	For analysis and stratification
<input checked="" type="checkbox"/>	51a.	HIV Test Done Prenatally (Yes/No) - available for 2011 onwards	For analysis and stratification
<input type="checkbox"/>		First Trimester	
<input type="checkbox"/>		Second Trimester	
<input type="checkbox"/>		Third Trimester	

<input type="checkbox"/>		Unknown	
<input type="checkbox"/>		None	
<input checked="" type="checkbox"/>	51b.	HIV Test Done at Delivery (Yes/No)	For analysis and stratification
<input checked="" type="checkbox"/>		Infant Tested for HIV at Birth (Yes/No) - <i>available for 2011 onwards</i>	For analysis and stratification
	52.	Obstetric Procedures	
<input checked="" type="checkbox"/>		Cervical Cerclage	For analysis and stratification
<input checked="" type="checkbox"/>		Tocolysis	For analysis and stratification
<input checked="" type="checkbox"/>		External Cephalic Version:	
<input checked="" type="checkbox"/>		Successful	For analysis and stratification
<input checked="" type="checkbox"/>		Failed	For analysis and stratification
<input checked="" type="checkbox"/>		None of the Above	For analysis and stratification
	53.	Onset of Labor	
<input checked="" type="checkbox"/>		Premature Rupture of the Membranes (prolonged ≥ 12 hrs.)	For analysis and stratification
<input checked="" type="checkbox"/>		Precipitous Labor (< 3 hrs.)	For analysis and stratification
<input checked="" type="checkbox"/>		Prolonged Labor (≥ 20 hrs.)	For analysis and stratification
<input checked="" type="checkbox"/>		None of the Above	For analysis and stratification
	54.	Characteristics of Labor and Delivery	
<input checked="" type="checkbox"/>		Induction of Labor	For analysis and stratification
<input checked="" type="checkbox"/>		Augmentation of Labor	For analysis and stratification
<input checked="" type="checkbox"/>		Non-Vertex of Labor	For analysis and stratification
<input checked="" type="checkbox"/>		Steroids (glucocorticoids) for Fetal Lung Maturation Received by the Mother Prior to Delivery	For analysis and stratification
<input checked="" type="checkbox"/>		Antibiotics Received by the Mother During Labor	For analysis and stratification
<input checked="" type="checkbox"/>		Chorioamnionitis or Maternal Temperature $\geq 38^{\circ}\text{C}$ (100.4°F)	For analysis and stratification
<input checked="" type="checkbox"/>		Moderate/Heavy Meconium Staining of the Amniotic Fluid	For analysis and stratification
<input checked="" type="checkbox"/>		Fetal Intolerance of Labor Such That One or More of the Following Actions was Taken: In-Utero Resuscitative Measures, Further Fetal Assessment or Operative Delivery	For analysis and stratification
<input checked="" type="checkbox"/>		Epidural or Spinal Anesthesia During Labor	For analysis and stratification
<input checked="" type="checkbox"/>		None of the Above	For analysis and stratification
	55.	Method of Delivery	
<input checked="" type="checkbox"/>	55a.	Was Delivery with Forceps Attempted but Unsuccessful? (Yes/No)	For analysis and stratification
<input checked="" type="checkbox"/>	55b.	Was Delivery with Vacuum Extraction Attempted but Unsuccessful? (Yes/No)	For analysis and stratification
<input checked="" type="checkbox"/>	55c.	Fetal Presentation at Birth	For analysis and stratification
		Cephalic	
		Breech	
		Other	
<input checked="" type="checkbox"/>	55d.	Final Route and Method of Delivery (check one)	For analysis and stratification
		Vaginal/Spontaneous	
		Vaginal/Forceps	
		Vaginal/Vacuum	

<input checked="" type="checkbox"/>		Cesarean If Cesarean, was a Trial of Labor Attempted: (Yes/No)	For analysis and stratification
	56.	Maternal Morbidity - Complications Associated with Labor and Delivery (Check All That Apply)	
<input checked="" type="checkbox"/>		Maternal Transfusion	For analysis and stratification
<input checked="" type="checkbox"/>		Third or Fourth Degree Perineal Laceration	For analysis and stratification
<input checked="" type="checkbox"/>		Ruptured Uterus	For analysis and stratification
<input checked="" type="checkbox"/>		Unplanned Hysterectomy	For analysis and stratification
<input checked="" type="checkbox"/>		Admission to Intensive Care Unit	For analysis and stratification
<input checked="" type="checkbox"/>		Unplanned Operating Room Procedure Following Delivery	For analysis and stratification
<input checked="" type="checkbox"/>		None of the Above	For analysis and stratification
		Newborn Information	
<input checked="" type="checkbox"/>	57.	Hepatitis B Immunization Given? (Yes/No)	For analysis and stratification
	58.	Birthweight (G or LB. OZ.)	
<input checked="" type="checkbox"/>		G	For analysis and stratification
<input checked="" type="checkbox"/>		LB	For analysis and stratification
<input checked="" type="checkbox"/>		OZ	For analysis and stratification
<input checked="" type="checkbox"/>	59.	Obstetric Estimate of Gestation (completed weeks)	For analysis and stratification
<input checked="" type="checkbox"/>	60a.	Apgar Score at 5 Minutes	For analysis and stratification
<input checked="" type="checkbox"/>	60b.	If 5 Minute Score is Less Than 6, Apgar Score at 10 Minutes	For analysis and stratification
<input checked="" type="checkbox"/>	61.	Is the Infant Living at the Time of the Report? (Yes/No)	For analysis and stratification
<input checked="" type="checkbox"/>	62.	Is the Infant Being Breastfed at the Time of Discharge?	For analysis and stratification
		Yes	
		No	
		Infant Transferred, Status Unknown	
	63.	Abnormal Conditions of the Newborn (check all that apply)	
<input checked="" type="checkbox"/>		Assisted Ventilation Required Immediately Following Delivery	For analysis and stratification
<input checked="" type="checkbox"/>		Assisted Ventilation Required for More Than 6 Hours	For analysis and stratification
<input checked="" type="checkbox"/>		NICU Admission	For analysis and stratification
<input checked="" type="checkbox"/>		Newborn Given Surfactant Replacement Therapy	For analysis and stratification
<input checked="" type="checkbox"/>		Antibiotics Received by the Newborn for Suspected Neonatal Sepsis	For analysis and stratification
<input checked="" type="checkbox"/>		Seizure or Serious Neurologic Dysfunction	For analysis and stratification
<input checked="" type="checkbox"/>		Significant Birth Injury (Skeletal Fracture(s), Peripheral Nerve Injury, and/or Soft Tissue/Solid Organ Hemorrhage Which Requires Intervention)	For analysis and stratification
<input checked="" type="checkbox"/>		None of the Above	For analysis and stratification
	64.	Congenital Anomalies of the Newborn (check all that apply)	
<input checked="" type="checkbox"/>		Anencephaly	For analysis and stratification
<input checked="" type="checkbox"/>		Meningomyelocele/Spina Bifida	For analysis and stratification
<input checked="" type="checkbox"/>		Cyanotic Congenital Heart Disease	For analysis and stratification
<input checked="" type="checkbox"/>		Congenital Diaphragmatic Hernia	For analysis and stratification

<input checked="" type="checkbox"/>		Omphalocele	For analysis and stratification
<input checked="" type="checkbox"/>		Gastroschisis	For analysis and stratification
<input checked="" type="checkbox"/>		Limb Reduction Defect (excluding congenital amputation and dwarfing syndromes)	For analysis and stratification
<input checked="" type="checkbox"/>		Cleft Lip With or Without Cleft Palate	For analysis and stratification
<input checked="" type="checkbox"/>		Cleft Palate Alone	For analysis and stratification
<input checked="" type="checkbox"/>		Down Syndrome	For analysis and stratification
<input checked="" type="checkbox"/>		Karyotype Confirmed	For analysis and stratification
<input checked="" type="checkbox"/>		Karyotype Pending	For analysis and stratification
<input checked="" type="checkbox"/>		Suspected Chromosomal Disorder	For analysis and stratification
<input checked="" type="checkbox"/>		Karyotype Confirmed	For analysis and stratification
<input checked="" type="checkbox"/>		Karyotype Pending	For analysis and stratification
<input checked="" type="checkbox"/>		Hypospadias	For analysis and stratification
<input checked="" type="checkbox"/>		None of the Anomalies Listed Above	For analysis and stratification
<input checked="" type="checkbox"/>	65.	Was Infant Transferred Within 24 Hours of Delivery? (Yes/No)	For analysis and stratification
<input type="checkbox"/>		If Yes, Name of Facility Infant Transferred to:	

II. Variables Calculated Based on the Certificate Information

<input checked="" type="checkbox"/>	Item Number	Item Descriptor	Justification
<input checked="" type="checkbox"/>		Father's Age	QA against the full date, for analysis and stratification
<input checked="" type="checkbox"/>		Mother's Age	QA against the full date, for analysis and stratification
<input checked="" type="checkbox"/>		Mother's Combined Race / Ethnicity	For Analysis and Stratification
<input checked="" type="checkbox"/>		Mother's Bridged Race Code (<i>determined by NCHS</i>)	For Analysis and Stratification. Has more detail than the other
<input checked="" type="checkbox"/>		Father's Bridged Race Code (<i>determined by NCHS</i>)	For Analysis and Stratification. Has more detail than the other
<input checked="" type="checkbox"/>		Birth Weight Group	For Analysis and Stratification.
<input type="checkbox"/>		Birth Weight Calculated in Grams	
<input type="checkbox"/>		Birth Weight Priority	
<input checked="" type="checkbox"/>		Calculated Gestation or Length of Pregnancy	For analysis and stratification
<input type="checkbox"/>		Month Prenatal Care Began	
<input checked="" type="checkbox"/>		Number of Live Births at this Delivery	For analysis and stratification
<input checked="" type="checkbox"/>		Longitude (<i>based on mother's street address</i>)	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		Latitude (<i>based on mother's street address</i>)	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		GIS Match Code	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		GIS Location Code	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		Geocoding Accuracy	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		GIS Mother's Residence County Name (from 2014 data on)	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		GIS Mother's Residence County FIPS Code (from 2014 data on)	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		Zip Code Tabulation Area (ZCTA) (from 2013 data on)	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		1990 Census Tract (<i>based on mother's street address</i>)	For analysis and stratification
<input checked="" type="checkbox"/>		2000 Census Tract (<i>based on mother's street address</i>)	For analysis and stratification

<input checked="" type="checkbox"/>	2010 Census Tract (<i>based on mother's street address</i>) - from 2010 data	For analysis and stratification
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Last updated: March 20, 2018

Attachment C

Checklist for Death Certificate Data 2006 and beyond

Instructions:

1. Since these data are confidential, all requested certificate items need to have brief justifications according to your project aims.
2. If a certificate item is used for linkage, then state how and whether it will be removed from the resulting linked analysis file. If the certificate item will be retained in the linked analysis file, please also provide a brief justification according to your project aims.
3. For certain sensitive data elements, such as certificate number or residence address, consider alternative means of accomplishing your project aims while using less sensitive data. Examples include creating your own unique identifier instead of requesting the certificate number, and requesting geocoded census tracts instead of residence address.

I. Death Certificate Items

✓	Item Number	Item Descriptor	Justification
<input type="checkbox"/>	n/a	State File Number (Certificate Number)	
<input checked="" type="checkbox"/>	n/a	State of Death	For analysis and stratification.
<input type="checkbox"/>	1.	Legal Name of Deceased:	
<input type="checkbox"/>		First	
<input type="checkbox"/>		Middle	
<input type="checkbox"/>		Last	
<input type="checkbox"/>		Maiden	
<input type="checkbox"/>		Suffix	
<input type="checkbox"/>	1.	Deceased AKA's if any:	
<input type="checkbox"/>		First	
<input type="checkbox"/>		Middle	
<input type="checkbox"/>		Last	
<input checked="" type="checkbox"/>	2.	Date of Death	QA on the age variable, and to assess seasonal differences
<input checked="" type="checkbox"/>		Date of Death Type (Actual, Presumed, Estimated, Found)	
<input checked="" type="checkbox"/>	3.	Sex	For analysis and stratification.
<input checked="" type="checkbox"/>	4.	Date of Birth	QA on the age variables.
<input checked="" type="checkbox"/>	5.	Age - Last Birthday	To assess age of infants, neonates, etc.
<input checked="" type="checkbox"/>		Age – kind of units (years, months, weeks, days, hours, minutes)	To assess age of infants, neonates, etc.
<input checked="" type="checkbox"/>	6.	Birthplace -City State or Foreign Country	For analysis and stratification.
<input checked="" type="checkbox"/>	8.	Marital Status at Time of Death	For analysis and stratification.
<input type="checkbox"/>	9.	Surviving Spouse (If wife, give name prior to first marriage):	
<input type="checkbox"/>		First	
<input type="checkbox"/>		Middle	
<input type="checkbox"/>		Last	
<input type="checkbox"/>		Suffix	
<input type="checkbox"/>	10a.	Residence Street Address	

✓	Item Number	Item Descriptor	Justification
<input type="checkbox"/>	10b.	Apt No	
<input checked="" type="checkbox"/>	10c.	City or Town of Residence	For analysis and stratification.
<input checked="" type="checkbox"/>	10d.	County of Residence	For analysis and stratification.
<input checked="" type="checkbox"/>	10e.	State of Residence	For analysis and stratification.
<input checked="" type="checkbox"/>	10f.	Zip Code	For analysis and stratification.
<input type="checkbox"/>		Zip Code Extension	
<input type="checkbox"/>	10g.	Inside City Limits?	
<input type="checkbox"/>	11.	Father's Name:	
<input type="checkbox"/>		First	
<input type="checkbox"/>		Middle	
<input type="checkbox"/>		Last	
<input type="checkbox"/>		Suffix	
<input type="checkbox"/>	12.	Mother's Name Prior to First Marriage:	
<input type="checkbox"/>		First	
<input type="checkbox"/>		Middle	
<input type="checkbox"/>		Last	
<input type="checkbox"/>		Suffix	
<input checked="" type="checkbox"/>	13.	Place of Death: _____ If Death Occurred in a Hospital: Inpatient If Death Occurred in a Hospital: ER/Outpatient If Death Occurred in a Hospital: DOA If Death Occurred Somewhere Other Than a Hospital: Hospice Facility If Death Occurred Somewhere Other Than a Hospital: Nursing Home (<i>Includes LTC</i>) If Death Occurred Somewhere Other Than a Hospital: Decedent's Home Other Other (Specify)	For analysis and stratification. _____
<input checked="" type="checkbox"/>	14.	County of Death	For analysis and stratification.
<input checked="" type="checkbox"/>	15.	City/Town of Death (If outside city limits give precinct no)	For analysis and stratification.
<input checked="" type="checkbox"/>		Street Address	For analysis, stratification, mapping, and trend analyses to identify fatal injury hot spots
<input type="checkbox"/>		Zip Code	For analysis, stratification, mapping, and trend analyses to identify fatal injury hot spots
<input type="checkbox"/>		Zip Code Extension	
<input type="checkbox"/>	16.	Facility Name (If not institution give street address)	
<input type="checkbox"/>	17.	Informant's Name &	To determine who is reporting these deaths, how they're identified.
<input checked="" type="checkbox"/>		Relationship to Deceased	
<input type="checkbox"/>	18.	Mailing Address of Informant:	
<input type="checkbox"/>		Street	
<input type="checkbox"/>		Number	
<input type="checkbox"/>		City	
<input type="checkbox"/>		State	
<input type="checkbox"/>		Zip Code	

✓	Item Number	Item Descriptor	Justification
<input type="checkbox"/>		Zip Code Extension	
<input checked="" type="checkbox"/>	19.	Method of Disposition: Burial Cremation Donation Entombment Removal From State Other Other (Specify)	For analysis and stratification.
<input type="checkbox"/>	20.	License Number of Funeral Director or Person Acting As Such	
<input type="checkbox"/>	21.	Section Block Lot Space Unknown	
<input type="checkbox"/>	22.	Place of Disposition (Name of cemetery, crematory, other place)	
<input type="checkbox"/>	23.	Location of Disposition: City, Town State	
<input type="checkbox"/>	24.	Name of Funeral Facility	
<input type="checkbox"/>	25.	Complete Address of Funeral Facility: Street Number City State Zip Code Zip Code Extension	
<input checked="" type="checkbox"/>	26.	Certifier: Certifying Physician Medical Examiner Justice of the Peace	For analysis and stratification.
<input checked="" type="checkbox"/>	28.	Date Certified (Mo/Day/Yr)	To look at gaps in certification periods
<input type="checkbox"/>	29.	Certifier's License Number	
<input checked="" type="checkbox"/>	30.	Time of Death Time of Death Type (Actual, Presumed, Estimated, Found)	For analysis and stratification of the event
<input type="checkbox"/>	31.	Certifier's Address: Street and Number City State Zip Code Zip Code Extension	

✓	Item Number	Item Descriptor	Justification
<input checked="" type="checkbox"/>	32.	Title of Certifier	Helps better describe the certifier type/position
	33.	Chain of Events –Diseases, Injuries or Complications – That Directly Caused the Death: <i>(if you want to order ICD-10 codes, check with the Section II of this checklist)</i> :	
<input checked="" type="checkbox"/>	33. Part	Cause of Death A (Immediate Cause) – <i>certifier's text</i>	For analysis and stratification.
<input type="checkbox"/>	1a.	Approximate Interval: Onset to death	
<input checked="" type="checkbox"/>	33. Part	Cause of Death B - <i>certifier's text</i>	For analysis and stratification.
<input type="checkbox"/>	1b.	Approximate Interval: Onset to death	
<input checked="" type="checkbox"/>	33. Part	Cause of Death C - <i>certifier's text</i>	For analysis and stratification.
<input type="checkbox"/>	1c.	Approximate Interval: Onset to death	
<input checked="" type="checkbox"/>	33. Part	Cause of Death D - <i>certifier's text</i>	For analysis and stratification.
<input type="checkbox"/>	1d.	Approximate Interval: Onset to death	
<input checked="" type="checkbox"/>	33. Part	Other Significant Conditions Contributing to Death but not Resulting in the Underlying Cause Given in Part 1.	For analysis and stratification.
<input checked="" type="checkbox"/>	34.	Was an Autopsy Performed?	For analysis and stratification.
<input checked="" type="checkbox"/>	35.	Were Autopsy Findings Available to Complete the Cause of Death?	For analysis and stratification.
<input checked="" type="checkbox"/>	36.	Manner of Death	For analysis and stratification.
<input checked="" type="checkbox"/>	37.	Did Tobacco Contribute to Death?	For analysis and stratification.
<input checked="" type="checkbox"/>	38.	If Female: Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year	For analysis and stratification.
<input checked="" type="checkbox"/>	39.	If Transportation Injury, Specify: Driver/Operator Passenger Pedestrian Other Other (Specify)	For analysis and stratification.
<input checked="" type="checkbox"/>	40a.	Date of Injury (Mo/Day/Yr)	For analysis and stratification, events of injury and to identify if MVAs are happening at peak traffic periods.
<input checked="" type="checkbox"/>	40b.	Time of Injury	For analysis and stratification, events of injury and to identify if MVAs are happening at peak traffic periods.
<input checked="" type="checkbox"/>	40c.	Injury at Work?	For analysis and stratification, especially of work-place injuries.
<input checked="" type="checkbox"/>	40d.	Place of Injury (e.g. Decedent's home; construction site, restaurant, wooded area)	For analysis and stratification, to help categorize and describe injury related deaths.
	40e.	Location:	For analysis and stratification.

✓	Item Number	Item Descriptor	Justification
<input checked="" type="checkbox"/>		Street	
<input type="checkbox"/>		Number	
<input checked="" type="checkbox"/>		City	
<input checked="" type="checkbox"/>		State	
<input checked="" type="checkbox"/>		Zip Code	
<input checked="" type="checkbox"/>	40f.	County of Injury	For analysis and stratification.
<input checked="" type="checkbox"/>	41.	Describe How Injury Occurred	For analysis and stratification.
<input checked="" type="checkbox"/>	43.	Decedent's Education	For analysis and stratification.
<input checked="" type="checkbox"/>	44.	Decedent of Hispanic Origin?	For analysis and stratification.
<input checked="" type="checkbox"/>		No, Not Spanish, Hispanic/Latino	For analysis and stratification.
<input checked="" type="checkbox"/>		Yes, Mexican, Mexican American, Chicano	For analysis and stratification.
<input checked="" type="checkbox"/>		Yes, Puerto Rican	For analysis and stratification.
<input checked="" type="checkbox"/>		Yes, Cuban	For analysis and stratification.
<input checked="" type="checkbox"/>		Yes, Other Spanish/Hispanic/Latino	For analysis and stratification.
<input checked="" type="checkbox"/>		Specify	For analysis and stratification.
<input checked="" type="checkbox"/>	45.	Decedent's Race (2006 revision allows informants to select one or more races to indicate what the decedent considered himself or herself to be):	For analysis and stratification.
<input checked="" type="checkbox"/>		White	For analysis and stratification.
<input checked="" type="checkbox"/>		Black or African American	For analysis and stratification.
<input checked="" type="checkbox"/>		American Indian or Alaska Native Name of the enrolled or principal tribe	For analysis and stratification.
<input checked="" type="checkbox"/>		Asian Indian	For analysis and stratification.
<input checked="" type="checkbox"/>		Chinese	For analysis and stratification.
<input checked="" type="checkbox"/>		Filipino	For analysis and stratification.
<input checked="" type="checkbox"/>		Japanese	For analysis and stratification.
<input checked="" type="checkbox"/>		Korean	For analysis and stratification.
<input checked="" type="checkbox"/>		Vietnamese	For analysis and stratification.
<input checked="" type="checkbox"/>		Other Asian	For analysis and stratification.
<input checked="" type="checkbox"/>		Other Asian (Specify)	For analysis and stratification.
<input checked="" type="checkbox"/>		Native Hawaiian	For analysis and stratification.
<input checked="" type="checkbox"/>		Guamanian or Chamorro	For analysis and stratification.
<input checked="" type="checkbox"/>		Samoan	For analysis and stratification.
<input checked="" type="checkbox"/>		Other Pacific Islander	For analysis and stratification.
<input checked="" type="checkbox"/>		Other Pacific Islander (Specify)	For analysis and stratification.
<input checked="" type="checkbox"/>		Other	For analysis and stratification.
<input checked="" type="checkbox"/>		Other (Specify)	For analysis and stratification.
<input checked="" type="checkbox"/>	46.	Ever in U.S. Armed Forces?	For analysis and stratification.
<input checked="" type="checkbox"/>	47.	Ever a Peace Officer in This State?	For analysis and stratification.
<input checked="" type="checkbox"/>	48.	Decedent's Usual Occupation (Indicate type of work done during most of working life).	For analysis and stratification.
<input checked="" type="checkbox"/>	49.	Decedent's Type of Business/Industry	For analysis and stratification.

✓	Item Number	Item Descriptor	Justification
<input checked="" type="checkbox"/>	n/a	If Deceased Served in U.S. Armed Forces, Fill Out the Following: Is the deceased reported to have been in such service?	For analysis and stratification.
<input checked="" type="checkbox"/>		Name of organization in which service was rendered?	
<input type="checkbox"/>		Serial number of discharge papers or adjusted service certificate?	
<input type="checkbox"/>		Name of next of kin or of next friend?	
<input type="checkbox"/>		Post Office Address?	

II. Other Variables Calculated Based on the Death Certificate Items

✓	Item Number	Item Descriptor	
<input checked="" type="checkbox"/>		Record Type (<i>Identified, Un-identified, Out of State, Catastrophic</i>)	For analysis and stratification.
<input checked="" type="checkbox"/>		Age Group	For analysis and stratification.
<input type="checkbox"/>		Additional Funeral Home	
<input checked="" type="checkbox"/>		Causes of Death (multiple, including underlying) – <i>ICD-10 codes</i>	For analysis and stratification.
<input checked="" type="checkbox"/>		Underlying Cause of Death – <i>ICD-10 codes</i>	For analysis and stratification.
<input checked="" type="checkbox"/>		CDC 113 Selected Causes of Death (ICD-10)	For analysis and stratification.
<input checked="" type="checkbox"/>		CDC 130 Selected Causes of Infant Death (ICD-10)	For analysis and stratification.
<input checked="" type="checkbox"/>		Was Death a Result of an Injury?	For analysis and stratification.
<input checked="" type="checkbox"/>		Decedent's Bridged Race Code (<i>determined by NCHS</i>)	For Analysis and Stratification. Has more detail than the other
<input checked="" type="checkbox"/>		Decedent's Race/Ethnicity (<i>based on the TSDC method</i>)	For analysis and stratification.
<input checked="" type="checkbox"/>		Decedent's Spanish/Hispanic/Latino Origin Unknown	For analysis and stratification.
<input checked="" type="checkbox"/>		Decedent's Race: Unknown	For analysis and stratification.
<input checked="" type="checkbox"/>		Longitude (<i>based on decedent's street address</i>)	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		Latitude (<i>based on decedent's street address</i>)	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		GIS Match code	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		GIS Location code	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		Geocoding accuracy	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		1990 census tract (<i>based on decedent's street address</i>)	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		2000 census tract (<i>based on decedent's street address</i>)	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		2010 census tract (<i>based on decedent's street address</i>)	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		Zip code tabulation areas (ZCTAs) - from 2013 data	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		GIS Residence County Name - from 2014 data	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		GIS Residence County FIPS - from 2014 data	For analysis, mapping and stratification

Last updated: March 20, 2018

Attachment D

Checklist for Fetal Death Certificate Data 2006 and beyond

Instructions:

1. Since these data are confidential, all requested certificate items need to have brief justifications according to your project aims.
2. If a certificate item is used for linkage, then state how and whether it will be removed from the resulting linked analysis file. If the certificate item will be retained in the linked analysis file, please also provide a brief justification according to your project aims.
3. For certain sensitive data elements, such as certificate number or residence address, consider alternative means of accomplishing your project aims while using less sensitive data. Examples include creating your own unique identifier instead of requesting the certificate number, and requesting geocoded census tracts instead of residence address.

I. Fetal Death Certificate Items

✓	Item Number	Item Descriptor	Justification
<input type="checkbox"/>		STATE FILE NUMBER (Certificate Number)	
<input type="checkbox"/>	1.	Fetus Name: First	
<input type="checkbox"/>		Fetus Name: Middle	
<input type="checkbox"/>		Fetus Name: Last	
<input type="checkbox"/>		Fetus Name: Suffix	
<input checked="" type="checkbox"/>	2.	Date of Delivery	QA, gestational age information, analysis and stratification, looking at seasonal differences.
<input checked="" type="checkbox"/>	4.	Sex	For analysis and stratification
<input checked="" type="checkbox"/>	5.	Place of Delivery - County	For analysis and stratification
<input checked="" type="checkbox"/>	6a.	Place of Delivery- City or Town	For analysis and stratification
<input checked="" type="checkbox"/>	7a.	Plurality - Single, Twin, etc.	For analysis and stratification
<input checked="" type="checkbox"/>	7b.	If Plural Birth, Born, 1st, 2nd, 3rd, etc.	For analysis and stratification
<input checked="" type="checkbox"/>	8a.	Place of Delivery - Clinic/Doctor's Office	For analysis and stratification
<input checked="" type="checkbox"/>		Licensed Birthing Center	For analysis and stratification
<input checked="" type="checkbox"/>		Hospital	For analysis and stratification
<input checked="" type="checkbox"/>		Home	For analysis and stratification
<input checked="" type="checkbox"/>		Other (Yes/No)	For analysis and stratification
<input type="checkbox"/>		Other (Specify):	
<input checked="" type="checkbox"/>	8b.	Name of Hospital or Birthing Center	Used strictly when hospitals come to TCPH wanting information on feta/infant mortality. The information is used to calculate these statistics for the hospital or birthing center.
<input type="checkbox"/>	9.	Mother's Current Legal Name: First	
<input type="checkbox"/>		Mother's Current Legal Name: Middle	
<input type="checkbox"/>		Mother's Current Legal Name: Last	
<input checked="" type="checkbox"/>	10.	Date of Birth (of mother)	QA for age calculation, analysis and stratification
<input type="checkbox"/>	11.	Mother's Name Prior to First Marriage: Last (i.e., maiden	

✓	Item Number	Item Descriptor	Justification
		name)	
<input checked="" type="checkbox"/>	12.	Mother's Birthplace (State or Foreign Country)	For analysis and stratification
<input checked="" type="checkbox"/>	13a.	Mother's Residence State	For analysis and stratification
<input checked="" type="checkbox"/>	13b.	Mother's Residence County	For analysis and stratification
<input checked="" type="checkbox"/>	13c.	Mother's Residence City or Town	For analysis and stratification
<input checked="" type="checkbox"/>	13d.	Mother's Residence Street Address or Rural Location	Same reason as for birth and death certificates
<input type="checkbox"/>	13e.	Mother's Residence apartment number	
<input checked="" type="checkbox"/>	13f.	Mother's Residence Zip Code	For analysis and stratification
<input type="checkbox"/>	13g.	Inside City Limits (mother's residence)	
<input type="checkbox"/>	14.	Father Name: First	
<input type="checkbox"/>		Father Name: Middle	
<input type="checkbox"/>		Father Name: Last	
<input type="checkbox"/>		Father Name: Suffix	
<input checked="" type="checkbox"/>	15.	Date of Birth (of father)	QA for age calculation, analysis and stratification
<input checked="" type="checkbox"/>	16.	Father's Birthplace (State or Foreign Country)	For analysis and stratification
	17b.	Attendant Type	
<input checked="" type="checkbox"/>		MD	For analysis and stratification
<input checked="" type="checkbox"/>		DO	For analysis and stratification
<input checked="" type="checkbox"/>		CNM	For analysis and stratification
<input checked="" type="checkbox"/>		Midwife	For analysis and stratification
<input checked="" type="checkbox"/>		Other (Yes/No)	For analysis and stratification
<input checked="" type="checkbox"/>		Other (Specify):	For analysis and stratification, literal text is coded
	18b.	Certifier	
<input checked="" type="checkbox"/>		Certifying Physician	For analysis and stratification
<input checked="" type="checkbox"/>		Medical Examiner /Justice of the Peace	For analysis and stratification
	19.	Method of Disposition	
<input checked="" type="checkbox"/>		Burial	For analysis and stratification
<input checked="" type="checkbox"/>		Cremation	For analysis and stratification
<input checked="" type="checkbox"/>		Removal from state	For analysis and stratification
<input checked="" type="checkbox"/>		Donation	For analysis and stratification
<input checked="" type="checkbox"/>		Entombment	For analysis and stratification
<input checked="" type="checkbox"/>		Other (Yes/No)	For analysis and stratification
<input checked="" type="checkbox"/>		Other (Specify):	For analysis and stratification, literal text is coded
<input checked="" type="checkbox"/>	26a.	Initiating Cause/Condition Contributing to Fetal Death	All needed for analysis and stratification, any literal text in these fields is coded
<input checked="" type="checkbox"/>		Rupture of Membranes	For analysis and stratification
<input checked="" type="checkbox"/>		Abruptio Placenta	For analysis and stratification
<input checked="" type="checkbox"/>		Placental Insufficiency	For analysis and stratification
<input checked="" type="checkbox"/>		Prolapsed Cord	For analysis and stratification
<input checked="" type="checkbox"/>		Chorioamnionitis	For analysis and stratification

✓	Item Number	Item Descriptor	Justification
<input checked="" type="checkbox"/>		Other (Yes/No)	For analysis and stratification
<input checked="" type="checkbox"/>		Other (Specify):	For analysis and stratification
<input checked="" type="checkbox"/>		Other Obstetrical or Pregnancy Complications (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Fetal Anomaly (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Fetal Injury (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Fetal Infection (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Other Fetal Conditions/Disorders (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Unknown	For analysis and stratification
<input checked="" type="checkbox"/>	26b.	Other Significant Causes or Conditions Contributing to Fetal Death	All needed for analysis and stratification, any literal text in these fields is coded
<input checked="" type="checkbox"/>		Rupture of Membranes	For analysis and stratification
<input checked="" type="checkbox"/>		Abruptio Placenta	For analysis and stratification
<input checked="" type="checkbox"/>		Placental Insufficiency	For analysis and stratification
<input checked="" type="checkbox"/>		Prolapsed Cord	For analysis and stratification
<input checked="" type="checkbox"/>		Chorioamnionitis	For analysis and stratification
<input checked="" type="checkbox"/>		Other (Yes/No)	For analysis and stratification
<input checked="" type="checkbox"/>		Other (Specify):	For analysis and stratification
<input checked="" type="checkbox"/>		Other Obstetrical or Pregnancy Complications (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Fetal Anomaly (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Fetal Injury (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Fetal Infection (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Other Fetal Conditions/Disorders (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Unknown	For analysis and stratification
	27.	Weight of Fetus	
<input checked="" type="checkbox"/>		Grams	For analysis and stratification
<input checked="" type="checkbox"/>		LB	For analysis and stratification
<input checked="" type="checkbox"/>		OZ	For analysis and stratification
<input checked="" type="checkbox"/>	28.	Obstetric Estimate of Gestation (Weeks)	For analysis and stratification
	29.	Estimated Time of Fetal Death	
<input checked="" type="checkbox"/>		Dead at Time of First Assessment, No Labor Ongoing	For analysis and stratification
<input checked="" type="checkbox"/>		Dead at Time of First Assessment, Labor Ongoing	For analysis and stratification
<input checked="" type="checkbox"/>		Died During Labor, After First Assessment	For analysis and stratification
<input checked="" type="checkbox"/>		Unknown Time of Fetal Death	For analysis and stratification
	30.	Was an Autopsy Performed?	
<input checked="" type="checkbox"/>		Yes	For analysis and stratification
<input checked="" type="checkbox"/>		No	For analysis and stratification
<input checked="" type="checkbox"/>		Planned	For analysis and stratification
	31.	Was a Histological Placental Examination Performed?	
<input checked="" type="checkbox"/>		Yes	For analysis and stratification
<input checked="" type="checkbox"/>		No	For analysis and stratification
<input checked="" type="checkbox"/>		Planned	For analysis and stratification
	32.	Were Autopsy or Histological Placental Examination Results Used in Determining the Cause of Death?	
<input checked="" type="checkbox"/>		Yes	For analysis and stratification

✓	Item Number	Item Descriptor	Justification
<input checked="" type="checkbox"/>		No	For analysis and stratification
		<i>Items 34 through 53 are confidential information for medical and public health use.</i>	
	34.	Mother's Education	
<input checked="" type="checkbox"/>		8th Grade or Less	For analysis and stratification
<input checked="" type="checkbox"/>		9th - 12th Grade, No Diploma	For analysis and stratification
<input checked="" type="checkbox"/>		High School Graduate or GED	For analysis and stratification
<input checked="" type="checkbox"/>		Some College Credit, but No Degree	For analysis and stratification
<input checked="" type="checkbox"/>		Associate Degree (e.g., AA, AS)	For analysis and stratification
<input checked="" type="checkbox"/>		Bachelor's Degree (e.g., BA, AB, BS)	For analysis and stratification
<input checked="" type="checkbox"/>		Master's Degree (e.g. MA, MS, MEng, Med, MSW, MBA)	For analysis and stratification
<input checked="" type="checkbox"/>		Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD)	For analysis and stratification
	35.	Mother of Hispanic Origin?	
<input checked="" type="checkbox"/>		No, Not Spanish, Hispanic/Latina	For analysis and stratification
<input checked="" type="checkbox"/>		Yes, Mexican, Mexican American, Chicana	For analysis and stratification
<input checked="" type="checkbox"/>		Yes, Puerto Rican	For analysis and stratification
<input checked="" type="checkbox"/>		Yes, Cuban	For analysis and stratification
<input checked="" type="checkbox"/>		Yes, Other Spanish, Hispanic/Latina	For analysis and stratification
<input checked="" type="checkbox"/>		Yes, Other Spanish, Hispanic/Latina (Specify)	For analysis and stratification
	36.	Mother's Race	
<input checked="" type="checkbox"/>		White	For analysis and stratification
<input checked="" type="checkbox"/>		Black or African American	For analysis and stratification
<input checked="" type="checkbox"/>		American Indian or Alaska Native	For analysis and stratification
<input checked="" type="checkbox"/>		American Indian or Alaska Native (Name of the enrolled or principal tribe)	For analysis and stratification
<input checked="" type="checkbox"/>		Asian Indian	For analysis and stratification
<input checked="" type="checkbox"/>		Chinese	For analysis and stratification
<input checked="" type="checkbox"/>		Filipino	For analysis and stratification
<input checked="" type="checkbox"/>		Japanese	For analysis and stratification
<input checked="" type="checkbox"/>		Korean	For analysis and stratification
<input checked="" type="checkbox"/>		Vietnamese	For analysis and stratification
<input checked="" type="checkbox"/>		Other Asian	For analysis and stratification
<input checked="" type="checkbox"/>		Other Asian (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Native Hawaiian	For analysis and stratification
<input checked="" type="checkbox"/>		Guamanian or Chamorro	For analysis and stratification
<input checked="" type="checkbox"/>		Samoan	For analysis and stratification
<input checked="" type="checkbox"/>		Other Pacific Islander	For analysis and stratification
<input checked="" type="checkbox"/>		Other Pacific Islander (Specify)	For analysis and stratification
		PREVIOUS LIVE BIRTHS	

✓	Item Number	Item Descriptor	Justification
	37a.	Now Living	
<input checked="" type="checkbox"/>		Number	For analysis and stratification
<input checked="" type="checkbox"/>		None	For analysis and stratification
	37b.	Now Dead	
<input checked="" type="checkbox"/>		Number	For analysis and stratification
<input checked="" type="checkbox"/>		None	For analysis and stratification
<input checked="" type="checkbox"/>			For analysis and stratification and risk factor of this birth, and determine inter-conception time periods
	37c.	Date of Last Live Birth (mm/yyyy)	
	37d.	OTHER PREGNANCY OUTCOMES	
<input checked="" type="checkbox"/>		Number	For analysis and stratification
<input checked="" type="checkbox"/>		None	For analysis and stratification
<input checked="" type="checkbox"/>			For analysis and stratification and risk factor of this birth, and determine inter-conception time periods
	37e.	Date Last Other Pregnancy Ended (mm/yyyy)	
	38.	Cigarette Smoking Before and During Pregnancy	
		Average Number of Cigarettes or Packs of Cigarettes Smoked per Day	
		Three Months Before Pregnancy	
<input checked="" type="checkbox"/>		# of Cigarettes	For analysis and stratification
<input checked="" type="checkbox"/>		# of Packs	For analysis and stratification
		First Three Months of Pregnancy	
<input checked="" type="checkbox"/>		# of Cigarettes	For analysis and stratification
<input checked="" type="checkbox"/>		# of Packs	For analysis and stratification
		Second Three Months of Pregnancy	
<input checked="" type="checkbox"/>		# of Cigarettes	For analysis and stratification
<input checked="" type="checkbox"/>		# of Packs	For analysis and stratification
		Third Trimester of Pregnancy	
<input checked="" type="checkbox"/>		# of Cigarettes	For analysis and stratification
<input checked="" type="checkbox"/>		# of Packs	For analysis and stratification
	39.	SOURCE OF PRENATAL CARE (check all that apply)	
<input checked="" type="checkbox"/>		Hospital Clinic	For analysis and stratification
<input checked="" type="checkbox"/>		Public Health Clinic	For analysis and stratification
<input checked="" type="checkbox"/>		Private Physician	For analysis and stratification
<input checked="" type="checkbox"/>		Midwife	For analysis and stratification
<input checked="" type="checkbox"/>		None	For analysis and stratification
<input checked="" type="checkbox"/>		Unknown	For analysis and stratification
<input checked="" type="checkbox"/>		Other (Yes/No)	For analysis and stratification
<input checked="" type="checkbox"/>		Other (Specify):	For analysis and stratification, specify field is coded
<input checked="" type="checkbox"/>	40.	Mother's Height (feet/inches)	For analysis and stratification, calculating BMI
<input checked="" type="checkbox"/>	41.	Mother's Prepregnancy Weight (pounds)	For analysis and stratification, calculating

✓	Item Number	Item Descriptor	Justification
			BMI, pre-pregnancy weight
<input checked="" type="checkbox"/>	42.	Mother's Weight at Delivery (pounds)	For analysis and stratification
		PRENATAL CARE	
<input checked="" type="checkbox"/>		No Prenatal Care	For analysis and stratification
<input checked="" type="checkbox"/>	43a.	Date of First Visit (mm/dd/yyyy)	Helps with determining prenatal care visits, QA & how far into pregnancy last visit was in more detail than on a month-by-month basis.
<input checked="" type="checkbox"/>	43b.	Date of Last Visit (mm/dd/yyyy)	Helps with determining prenatal care visits, QA & how far into pregnancy last visit was in more detail than on a month-by-month basis.
<input checked="" type="checkbox"/>	43c.	Number of Prenatal Visits	For analysis and stratification, determine utilization of prenatal care
<input checked="" type="checkbox"/>	44.	Date Last Normal Menses Began (mm/dd/yyyy)	For gestational age calculation and comparing with estimated gestation
	45.	Did Mother get WIC Food for Herself During this Pregnancy?	
<input checked="" type="checkbox"/>		Yes	For analysis and stratification
<input checked="" type="checkbox"/>		No	For analysis and stratification
	46.	Mother Married?	
<input checked="" type="checkbox"/>		Yes	For analysis and stratification
<input checked="" type="checkbox"/>		No	For analysis and stratification
	47.	Mother Transferred for Maternal Medical or Fetus Indications for this Delivery?	
<input checked="" type="checkbox"/>		Yes	For analysis and stratification
<input checked="" type="checkbox"/>		No	For analysis and stratification
<input checked="" type="checkbox"/>		If Yes, Enter the Name of Facility Mother Transferred From:	We won't provide specifics in analysis/statistics from this field (don't report out), but will use to determine maternal health preconception care.
	48.	Risk Factors in this Pregnancy (check all that apply)	
		Diabetes	
<input checked="" type="checkbox"/>		Prepregnancy (Diagnosis prior to this pregnancy)	For analysis and stratification
<input checked="" type="checkbox"/>		Gestational (Diagnosis in this pregnancy)	For analysis and stratification
		Hypertension	
<input checked="" type="checkbox"/>		Prepregnancy (Chronic)	For analysis and stratification
<input checked="" type="checkbox"/>		Gestational (PIH preeclampsia)	For analysis and stratification
<input checked="" type="checkbox"/>		Eclampsia	For analysis and stratification
<input checked="" type="checkbox"/>		Previous Preterm Birth	For analysis and stratification
<input checked="" type="checkbox"/>		Other Previous Poor Pregnancy Outcome (includes perinatal death, small-for-gestational age/intrauterine growth restricted growth)	For analysis and stratification
<input checked="" type="checkbox"/>		Pregnancy Resulted from Infertility Treatment (if yes,	For analysis and stratification

✓	Item Number	Item Descriptor	Justification
		check all that apply)	
<input checked="" type="checkbox"/>		Fertility-enhancing Drugs, Artificial Insemination, or Intrauterine Insemination	For analysis and stratification
<input checked="" type="checkbox"/>		Assisted reproductive technology (e.g. IVF, GIFT)	For analysis and stratification
<input checked="" type="checkbox"/>		Mother had Previous Cesarean Delivery.	For analysis and stratification
<input checked="" type="checkbox"/>		If yes, how many	For analysis and stratification
<input type="checkbox"/>		Antiretrovirals Administered During Pregnancy or at Delivery (<i>Variables which provide or imply HIV or STD infection status cannot be provided to agencies outside of DSHS. These data elements should normally be left unchecked</i>)	
<input checked="" type="checkbox"/>		None of the Above	For analysis and stratification
	49.	Infections Present and/or Treated During this Pregnancy (check all that apply)	
<input checked="" type="checkbox"/>		Gonorrhea	These data are used for work in control and treatment of communicable diseases and health conditions, as well as describing maternal risk factors during pregnancy.
<input checked="" type="checkbox"/>		Syphilis	These data are used for work in control and treatment of communicable diseases and health conditions, as well as describing maternal risk factors during pregnancy.
<input checked="" type="checkbox"/>		Chlamydia	These data are used for work in control and treatment of communicable diseases and health conditions, as well as describing maternal risk factors during pregnancy.
<input checked="" type="checkbox"/>		Listeria	For analysis and stratification
<input checked="" type="checkbox"/>		Group B Streptococcus	For analysis and stratification
<input checked="" type="checkbox"/>		Cytomegalovirus	For analysis and stratification
<input checked="" type="checkbox"/>		Parvovirus	For analysis and stratification
<input checked="" type="checkbox"/>		Toxoplasmosis	For analysis and stratification
<input checked="" type="checkbox"/>		None of the above	For analysis and stratification
<input checked="" type="checkbox"/>		Other (Yes/No)	For analysis and stratification
<input checked="" type="checkbox"/>		Other (Specify):	For analysis and stratification, literal text is coded and identify more rare infections that could be associated with risk factors
	50a.	HIV Test Done Prenatally	
<input checked="" type="checkbox"/>		Yes	For analysis and stratification
<input checked="" type="checkbox"/>		No	For analysis and stratification
	50b.	HIV Test Done at Delivery	
<input checked="" type="checkbox"/>		Yes	For analysis and stratification
<input checked="" type="checkbox"/>		No	For analysis and stratification
	51.	Method of Delivery	
	51A.	Was Delivery with Forceps Attempted but Unsuccessful?	

✓	Item Number	Item Descriptor	Justification
<input checked="" type="checkbox"/>		Yes	For analysis and stratification
<input checked="" type="checkbox"/>		No	For analysis and stratification
	51B.	Was Delivery with Vacuum Extraction Attempted but Unsuccessful?	
<input checked="" type="checkbox"/>		Yes	For analysis and stratification
<input checked="" type="checkbox"/>		No	For analysis and stratification
	51C.	Fetal Presentation at Birth	
<input checked="" type="checkbox"/>		Cephalic	For analysis and stratification
<input checked="" type="checkbox"/>		Breech	For analysis and stratification
<input checked="" type="checkbox"/>		Other	For analysis and stratification
<input checked="" type="checkbox"/>	51D.	Final Route and Method of Delivery (Check One)	For analysis and stratification
		Vaginal/Spontaneous	
		Vaginal/Forceps	
		Vaginal/Vacuum	
		Cesarean	
<input checked="" type="checkbox"/>		If cesarean, was a trial of labor attempted:	For analysis and stratification
		Yes	
		No	
	51E.	Hysterotomy/Hysterectomy	
<input checked="" type="checkbox"/>		Yes	For analysis and stratification
<input checked="" type="checkbox"/>		No	For analysis and stratification
	52.	Maternal Morbidity - Complications Associated with Labor and Delivery (Check All That Apply)	
<input checked="" type="checkbox"/>		Maternal Transfusion	For analysis and stratification
<input checked="" type="checkbox"/>		Third or Fourth Degree Perineal Laceration	For analysis and stratification
<input checked="" type="checkbox"/>		Ruptured Uterus	For analysis and stratification
<input checked="" type="checkbox"/>		Unplanned Hysterectomy	For analysis and stratification
<input checked="" type="checkbox"/>		Admission to Intensive Care Unit	For analysis and stratification
<input checked="" type="checkbox"/>		Unplanned Operating Room Procedure Following Delivery	For analysis and stratification
<input checked="" type="checkbox"/>		None of the Above	For analysis and stratification
	53.	Congenital Anomalies of the Newborn (check all that apply)	
<input checked="" type="checkbox"/>		Anencephaly	For analysis and stratification
<input checked="" type="checkbox"/>		Menigomyelocele/Spina Bifida	For analysis and stratification
<input checked="" type="checkbox"/>		Cyanotic Congenital Heart Disease	For analysis and stratification
<input checked="" type="checkbox"/>		Congenital Diaphragmatic Hernia	For analysis and stratification
<input checked="" type="checkbox"/>		Omphalocele	For analysis and stratification
<input checked="" type="checkbox"/>		Gastroschisis	For analysis and stratification
<input checked="" type="checkbox"/>		Limb Reduction Defect (excluding congenital amputation and dwarfing syndromes)	For analysis and stratification
<input checked="" type="checkbox"/>		Cleft Lip With or Without Cleft Palate	For analysis and stratification
<input checked="" type="checkbox"/>		Cleft Palate Alone	For analysis and stratification
<input checked="" type="checkbox"/>		Down Syndrome	For analysis and stratification

✓	Item Number	Item Descriptor	Justification
<input checked="" type="checkbox"/>		Karyotype Confirmed	For analysis and stratification
<input checked="" type="checkbox"/>		Karyotype Pending	For analysis and stratification
<input checked="" type="checkbox"/>		Suspected Chromosomal Disorder	For analysis and stratification
<input checked="" type="checkbox"/>		Karyotype Confirmed	For analysis and stratification
<input checked="" type="checkbox"/>		Karyotype Pending	For analysis and stratification
<input checked="" type="checkbox"/>		Hypospadias	For analysis and stratification
<input checked="" type="checkbox"/>		None of the Anomalies Listed Above	For analysis and stratification

**II. Other Commonly Used Variables (Not on the Fetal Death Certificate)
Available for selected years**

✓	Item Number	Item Descriptor	Justification*
<input checked="" type="checkbox"/>		Underlying Cause of Death (<i>ICD codes</i>)	For analysis and stratification
<input checked="" type="checkbox"/>		Mother's Combined Race / Ethnicity Field	For analysis and stratification
<input checked="" type="checkbox"/>		Calculated Weeks of Gestation	For analysis and stratification
<input checked="" type="checkbox"/>		Mother's Age	For analysis and stratification
<input checked="" type="checkbox"/>		Father's Age	For analysis and stratification
<input checked="" type="checkbox"/>		Longitude - Decimal Degrees (based on mother's street address)	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		Latitude - Decimal Degrees (based on mother's street address)	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		GIS Match Code (not available prior to 2004)	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		GIS Location Code (not available prior to 2004)	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		Geocoding Accuracy	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		1990 Census Tract (based on mother's street address)	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		2000 Census Tract (based on mother's street address)	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		2010 Census Tract (based on mother's street address)	For analysis, mapping and stratification

Attachment E

**List of Individuals Accessing Vital Events
Data**

Please list the program staff's name and job titles of all staff who will have access to these data.

For the duration of this agreement, TCPH must maintain a list of named employees who will utilize this data. Any addition or deletion of names to this list must be updated and maintained by TCPH, and this list must be made available immediately to DSHS upon their request. The parties acknowledge that this list may be updated frequently. When an updated list is requested by DSHS, please send a revised version, including a description of who was removed and/or added to the list, to HIRBRequests@dshs.texas.gov and reference the agreement number. After review of the revised list by the DSHS Contract Manager, this updated list will be incorporated into the agreement as an attachment and become effective upon transmittal of the DSHS Contract Manager's acceptance, which may be provided by email.

Current List as of October 10th, 2018

Name	Title

AMENDMENT NO. 1
DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS000255600005

The **DEPARTMENT OF STATE HEALTH SERVICES ("DSHS")** and **TARRANT COUNTY PUBLIC HEALTH ("TCPH" or "Contractor")**, who are collectively referred to herein as the "Parties," to that certain **Center for Health Statistics ("CHS")** data release contract, effective April 16, 2019, and denominated as HHS Contract No. HHS000255600005 (the "**Contract**"), now desire to amend the Contract.

WHEREAS, the Parties have chosen to modify **Attachment B** of the Contract.

NOW, THEREFORE, the Parties hereby amend the Contract as follows:

1. **ATTACHMENT B, CHECKLIST FOR BIRTH CERTIFICATE DATA 2005 AND BEYOND**, is hereby replaced in its entirety and superseded by **ATTACHMENT B-1, CHECKLIST FOR BIRTH CERTIFICATE DATA 2005 AND BEYOND**.
2. This Amendment shall be effective on the signature date of the latter of the Parties to sign this Amendment.
3. Except as amended by this Amendment, all terms and conditions of the Contract shall remain in full force and effect.
4. Any further revisions to the Contract shall be by written agreement of the Parties.


SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR AMENDMENT NO. 1
HHS CONTRACT NO. HHS000255600005**

DEPARTMENT OF STATE HEALTH SERVICES TARRANT COUNTY PUBLIC HEALTH


Lara Lamprecht, DrPH
Assistant Deputy Commissioner

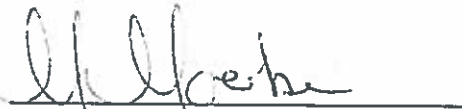
Date of Execution: 9-23-19


B. Glen Whitley
County Judge
Tarrant County

Date of Execution: 9-17-2019

**TARRANT COUNTY PUBLIC HEALTH
REPRESENTATIVE**

I have read this Amendment and understand
my obligations hereunder:


Micky Moerbe, MPH, CPH
Biostatistician
Tarrant County Public Health

Date: 9-27-19

The following Attachment to this Amendment is hereby incorporated into the Contract by this
reference:

ATTACHMENT B-1, CHECKLIST FOR BIRTH CERTIFICATE DATA 2005 AND BEYOND

ATTACHMENT B-1

CHECKLIST FOR BIRTH CERTIFICATE DATA 2005 AND BEYOND

Instructions:

1. Since these data are confidential, all requested certificate items need to have brief justifications according to your project aims.
2. If a certificate item is used for linkage, then state how and whether it will be removed from the resulting linked analysis file. If the certificate item will be retained in the linked analysis file, please also provide a brief justification according to your project aims.
3. For certain sensitive data elements, such as certificate number or residence address, consider alternative means of accomplishing your project aims while using less sensitive data. Examples include creating your own unique identifier instead of requesting the certificate number, and requesting geocoded census tracts instead of residence address.

I. Birth Certificate Items Available Electronically

✓	Item Number	Item Descriptor	Justification
<input type="checkbox"/>		Birth Number (Certificate Number)	
<input checked="" type="checkbox"/>		Child's Birth State	To identify Tarrant county, Texas occurrence
<input type="checkbox"/>	1.	Child's Name	
<input type="checkbox"/>		First	
<input type="checkbox"/>		Middle	
<input type="checkbox"/>		Last	
<input type="checkbox"/>		Suffix	
<input checked="" type="checkbox"/>	2.	Date of Birth (mm/dd/yyyy)	Allows to look at seasonal and environmental trends
<input checked="" type="checkbox"/>	3.	Sex	For analysis and stratification
<input checked="" type="checkbox"/>	4a.	Place of Birth – County	To identify Tarrant county occurrence and percent of population delivering elsewhere
<input checked="" type="checkbox"/>	4b.	City or Town	To identify Tarrant county occurrence and percent of population delivering elsewhere
<input checked="" type="checkbox"/>	5.	Time of Birth AM/PM	To identify adverse outcomes by time of day
<input checked="" type="checkbox"/>	6a.	Plurality - Single, Twin, Triplet, etc.	For analysis and stratification
<input checked="" type="checkbox"/>	6b.	If Plural Birth, Born, 1st, 2nd, 3rd, etc.	For analysis and stratification
<input checked="" type="checkbox"/>	7a.	Place of Birth: Clinic/Doctor's Office Licensed Birthing Center Hospital Home Birth (Planned to deliver at home? Yes/No) Other: Other (Specify) - includes residential addresses for home births	For analysis and stratification
<input type="checkbox"/>			
<input checked="" type="checkbox"/>	7b.	Name of Hospital or Birthing Center (street address for not institution)	For care coordination services and to provide information to the hospitals themselves on their statistics
<input checked="" type="checkbox"/>	8b.	Attendant Type: MD, DO, CNM, Midwife, Other Other (Specify):	For analysis and stratification

<input type="checkbox"/>	10.	Mother's Name Prior to First Marriage	
<input type="checkbox"/>		First	
<input type="checkbox"/>		Middle	
<input type="checkbox"/>		Last	
<input checked="" type="checkbox"/>	11	Date of Birth (mm/dd/yyyy)	QA to match with calculated variable Mother's Age
<input checked="" type="checkbox"/>	12	Birthplace (state, territory, or foreign country)	For natality, born country and outside of state, and planning purposes. For analysis and stratification
<input checked="" type="checkbox"/>	13a.	Residence State	QA File and to ensure numbers match our files. For analysis and stratification
<input checked="" type="checkbox"/>	13b.	County	QA File and to ensure numbers match our files. For analysis and stratification
<input checked="" type="checkbox"/>	13c.	City, Town or Location	QA File and to ensure numbers match our files. For analysis and stratification
<input checked="" type="checkbox"/>	13d.	Street Address or Rural Location	QA for geocoding and to crosscheck our geocodes. For analysis and stratification
<input type="checkbox"/>		Mother's residence apartment number	
<input checked="" type="checkbox"/>	13e.	Zip Code	For analysis and stratification
<input type="checkbox"/>	13f.	Inside City Limits (Yes/No)	
<input checked="" type="checkbox"/>	14.	Mother's Mailing Address	For analysis and to determine cohabitation
<input checked="" type="checkbox"/>		Mother's Mailing Apartment Number	For analysis and to determine cohabitation
<input checked="" type="checkbox"/>		Mother's Mailing City	For analysis and to determine cohabitation
<input checked="" type="checkbox"/>		Mother's Mailing State	For analysis and to determine cohabitation
<input checked="" type="checkbox"/>		Mother's Mailing Zip Code	For analysis and to determine cohabitation
<input checked="" type="checkbox"/>		Same as Residence, or:	For analysis and to determine cohabitation
<input type="checkbox"/>	15.	Father Name	
<input type="checkbox"/>		First	
<input type="checkbox"/>		Middle	
<input type="checkbox"/>		Last	
<input type="checkbox"/>		Suffix	
<input checked="" type="checkbox"/>	16.	Date of Birth (mm/dd/yyyy)	QA to match with calculated variable Father's Age
<input checked="" type="checkbox"/>	17.	Birthplace (state, territory or foreign country)	For natality, born country and outside of state, and planning purposes. For analysis and stratification

Items 19 through 65 are confidential information for medical and public health use.
Tex. Health and Safety Code, Sec.192.002(b)

✓	Item Number	Item Descriptor	Justification
<input type="checkbox"/>	19.	Mother's Current Legal Name	
<input type="checkbox"/>		First	
<input type="checkbox"/>		Middle	
<input type="checkbox"/>		Last	
<input checked="" type="checkbox"/>	22.	Mother Married (Yes/No)	For analysis and stratification
<input checked="" type="checkbox"/>	26	Father's Mailing Address	For analysis and to determine cohabitation
<input checked="" type="checkbox"/>		Father's Mailing Apartment Number	
<input checked="" type="checkbox"/>		Father's Mailing City	
<input checked="" type="checkbox"/>		Father's Mailing State	
<input checked="" type="checkbox"/>		Father's Mailing Zip Code	

<input checked="" type="checkbox"/>		Same as Mother	For analysis and to determine cohabitation
<input checked="" type="checkbox"/>	27.	Mother's Education	For analysis and stratification
		8th Grade or Less	
		9th - 12th Grade, No Diploma	
		High School Graduate or GED	
		Some College Credit, but No Degree	
		Associate Degree (e.g., AA, AS)	
		Bachelor's Degree (e.g., BA, AB, BS)	
		Master's Degree (e.g. MA, MS, MEng, Med, MSW, MBA)	
		Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD)	
	28.	Mother of Hispanic Origin?	
<input checked="" type="checkbox"/>		No, Not Spanish, Hispanic/Latina	For analysis and stratification
<input checked="" type="checkbox"/>		Yes, Mexican, Mexican American, Chicana	For analysis and stratification
<input checked="" type="checkbox"/>		Yes, Puerto Rican	For analysis and stratification
<input checked="" type="checkbox"/>		Yes, Cuban	For analysis and stratification
<input checked="" type="checkbox"/>		Yes, Other Spanish, Hispanic/Latina	For analysis and stratification
<input checked="" type="checkbox"/>		Yes, Other Spanish, Hispanic/Latina (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Mother of Hispanic Origin: Unknown	For analysis and stratification
	29.	Mother's Race	
<input checked="" type="checkbox"/>		White	For analysis and stratification
<input checked="" type="checkbox"/>		Black or African American	For analysis and stratification
<input checked="" type="checkbox"/>		American Indian or Alaska Native	For analysis and stratification
<input checked="" type="checkbox"/>		American Indian or Alaska Native (Name of the enrolled or principal tribe)	For analysis and stratification
<input checked="" type="checkbox"/>		Asian Indian	For analysis and stratification
<input checked="" type="checkbox"/>		Chinese	For analysis and stratification
<input checked="" type="checkbox"/>		Filipino	For analysis and stratification
<input checked="" type="checkbox"/>		Japanese	For analysis and stratification
<input checked="" type="checkbox"/>		Korean	For analysis and stratification
<input checked="" type="checkbox"/>		Vietnamese	For analysis and stratification
<input checked="" type="checkbox"/>		Other Asian	For analysis and stratification
<input checked="" type="checkbox"/>		Other Asian (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Native Hawaiian	For analysis and stratification
<input checked="" type="checkbox"/>		Guamanian or Chamorro	For analysis and stratification
<input checked="" type="checkbox"/>		Samoan	For analysis and stratification
<input checked="" type="checkbox"/>		Other Pacific Islander	For analysis and stratification
<input checked="" type="checkbox"/>		Other Pacific Islander (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Other	For analysis and stratification
<input checked="" type="checkbox"/>		Other (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Mother's Race: Unknown	For analysis and stratification
<input checked="" type="checkbox"/>	30.	Father's Education	For analysis and stratification
		8th Grade or Less	
		9th - 12th Grade, No Diploma	
		High School Graduate or GED	
		Some College Credit, but No Degree	
		Associate Degree (e.g., AA, AS)	

		Bachelor's Degree (e.g., BA, AB, BS)	
		Master's Degree (e.g. MA, MS, MEng, Med, MSW, MBA)	
		Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD)	
	31.	Father of Hispanic Origin?	
<input checked="" type="checkbox"/>		No, not Spanish, Hispanic/Latino	For analysis and stratification
<input checked="" type="checkbox"/>		Yes, Mexican, Mexican American, Chicana	For analysis and stratification
<input checked="" type="checkbox"/>		Yes, Puerto Rican	For analysis and stratification
<input checked="" type="checkbox"/>		Yes, Cuban	For analysis and stratification
<input checked="" type="checkbox"/>		Yes, Other Spanish, Hispanic/Latino	For analysis and stratification
<input checked="" type="checkbox"/>		Yes, Other Spanish, Hispanic/Latino (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Father of Hispanic Origin: Unknown	For analysis and stratification
	32.	Father's Race	
<input checked="" type="checkbox"/>		White	For analysis and stratification
<input checked="" type="checkbox"/>		Black or African American	For analysis and stratification
<input checked="" type="checkbox"/>		American Indian or Alaska Native	For analysis and stratification
<input checked="" type="checkbox"/>		American Indian or Alaska Native (Name of the enrolled or principal tribe)	For analysis and stratification
<input checked="" type="checkbox"/>		Asian Indian	For analysis and stratification
<input checked="" type="checkbox"/>		Chinese	For analysis and stratification
<input checked="" type="checkbox"/>		Filipino	For analysis and stratification
<input checked="" type="checkbox"/>		Japanese	For analysis and stratification
<input checked="" type="checkbox"/>		Korean	For analysis and stratification
<input checked="" type="checkbox"/>		Vietnamese	For analysis and stratification
<input checked="" type="checkbox"/>		Other Asian	For analysis and stratification
<input checked="" type="checkbox"/>		Other Asian (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Native Hawaiian	For analysis and stratification
<input checked="" type="checkbox"/>		Guamanian or Chamorro	For analysis and stratification
<input checked="" type="checkbox"/>		Samoan	For analysis and stratification
<input checked="" type="checkbox"/>		Other Pacific Islander	For analysis and stratification
<input checked="" type="checkbox"/>		Other Pacific Islander (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Other	For analysis and stratification
<input checked="" type="checkbox"/>		Other (Specify)	For analysis and stratification
<input checked="" type="checkbox"/>		Father's Race: Unknown	For analysis and stratification
	33.	Mother	
<input checked="" type="checkbox"/>		Usual Occupation	For analysis and stratification
	34.	Father	
<input checked="" type="checkbox"/>		Usual Occupation	For analysis and stratification
	35.	Mother	
<input checked="" type="checkbox"/>		Type of Business/Industry	For analysis and stratification
	36.	Father	
<input checked="" type="checkbox"/>		Type of Business/Industry	For analysis and stratification
		Pregnancy History	
		PREVIOUS LIVE BIRTHS (Do not include this child)	
<input checked="" type="checkbox"/>	37a.	Now Living	For analysis and stratification and risk factor of this birth
		Number	
		None	

<input checked="" type="checkbox"/>	37b.	Now Dead	For analysis and stratification and risk factor of this birth
		Number	
		None	
<input checked="" type="checkbox"/>	37c.	Date of Last Live Birth (mm/yyyy)	For analysis and stratification and risk factor of this birth, and determine inter-conception time periods
<input checked="" type="checkbox"/>	37d.	OTHER PREGNANCY OUTCOMES	For analysis and stratification and risk factor of this birth
		Number	
		None	
<input checked="" type="checkbox"/>	37e.	Date Last Other Pregnancy Ended (mm/yyyy)	For analysis and stratification and risk factor of this birth, and determine inter-conception time periods
	38.	SOURCE OF PRENATAL CARE (check all that apply)	
<input checked="" type="checkbox"/>		Hospital Clinic	For analysis and stratification
<input checked="" type="checkbox"/>		Public Health Clinic	For analysis and stratification
<input checked="" type="checkbox"/>		Private Physician	For analysis and stratification
<input checked="" type="checkbox"/>		Midwife	For analysis and stratification
<input checked="" type="checkbox"/>		None	For analysis and stratification
<input checked="" type="checkbox"/>		Unknown	For analysis and stratification
<input checked="" type="checkbox"/>		Other	For analysis and stratification
<input checked="" type="checkbox"/>		Other (Specify)	For analysis and stratification, including further categorization of the Other field
<input checked="" type="checkbox"/>	39.	Mother's Medicaid Number	
<input checked="" type="checkbox"/>	40.	Mother's Prepregnancy Weight (pounds)	For analysis and stratification
<input checked="" type="checkbox"/>	41.	Mother's Weight at Delivery (pounds)	For analysis and stratification
<input checked="" type="checkbox"/>	42.	Mother's Height (feet/inches)	For analysis and stratification
<input checked="" type="checkbox"/>	43.	Date Last Normal Menses Began (mm/dd/yyyy)	For analysis and stratification, and QA for obstetrics
		PRENATAL CARE	
<input checked="" type="checkbox"/>		No Prenatal Care	
<input checked="" type="checkbox"/>	44a.	Date of First Visit (mm/dd/yyyy)	Helps with determining prenatal care visits, QA & how far into pregnancy last visit was in more detail than on a month-by-month basis.
<input checked="" type="checkbox"/>	44b.	Date of Last Visit (mm/dd/yyyy)	Helps with determining prenatal care visits, QA & how far into pregnancy last visit was in more detail than on a month-by-month basis.
<input checked="" type="checkbox"/>	44c.	Number of Prenatal Visits	For analysis and stratification, determine utilization of prenatal care
<input checked="" type="checkbox"/>	45.	Cigarette Smoking Before and During Pregnancy Average Number of Cigarettes or Packs of Cigarettes Smoked per Day	For analysis and stratification
		Three Months Before Pregnancy	
<input checked="" type="checkbox"/>		# of Cigarettes	For analysis and stratification
<input checked="" type="checkbox"/>		# of Packs	For analysis and stratification
		First Three Months of Pregnancy	
<input checked="" type="checkbox"/>		# of Cigarettes	For analysis and stratification
<input checked="" type="checkbox"/>		# of Packs	For analysis and stratification
		Second Three Months of Pregnancy	

<input checked="" type="checkbox"/>		# of Cigarettes	For analysis and stratification
<input checked="" type="checkbox"/>		# of Packs	For analysis and stratification
		Third Trimester of Pregnancy	
<input checked="" type="checkbox"/>		# of Cigarettes	For analysis and stratification
<input checked="" type="checkbox"/>		# of Packs	For analysis and stratification
<input checked="" type="checkbox"/>	46.	Principal Source of Payment for this Delivery	For analysis and stratification
		Private Insurance	
		Medicaid	
		Self-pay	
<input type="checkbox"/>		Other (Specify)	
<input checked="" type="checkbox"/>	47.	Did Mother get WIC Food for Herself During this Pregnancy? (Yes/No)	For analysis and stratification
<input checked="" type="checkbox"/>	48.	Mother Transferred for Maternal Medical or Fetus Indications for this Delivery? (Yes/No)	For analysis and stratification
<input type="checkbox"/>		If Yes, Enter the Name of Facility Mother Transferred From:	
	49.	Risk Factors in this Pregnancy (check all that apply)	
		Diabetes	
<input checked="" type="checkbox"/>		Prepregnancy (diagnosis prior to this pregnancy)	For analysis and stratification
<input checked="" type="checkbox"/>		Gestational (diagnosis in this pregnancy)	For analysis and stratification
		Hypertension	
<input checked="" type="checkbox"/>		Prepregnancy (chronic)	For analysis and stratification
<input checked="" type="checkbox"/>		Gestational (PIH preeclampsia)	For analysis and stratification
<input checked="" type="checkbox"/>		Eclampsia	For analysis and stratification
<input checked="" type="checkbox"/>		Previous Preterm Birth	For analysis and stratification
<input checked="" type="checkbox"/>		Other Previous Poor Pregnancy Outcome (includes perinatal death, small-for-gestational age/intrauterine growth restricted growth)	For analysis and stratification
<input checked="" type="checkbox"/>		Pregnancy Resulted from Infertility Treatment	For analysis and stratification
<input checked="" type="checkbox"/>		Fertility-enhancing Drugs, Artificial Insemination, or Intrauterine Insemination	For analysis and stratification
<input checked="" type="checkbox"/>		Assisted Reproductive Technology (e.g. IVF, GIFT)	For analysis and stratification
<input checked="" type="checkbox"/>		Mother had Previous Cesarean Delivery If yes, how many	For analysis and stratification
<input type="checkbox"/>		Antiretrovirals Administered During Pregnancy or at Delivery (Variables which provide or imply HIV or STD infection status cannot be provided to agencies outside of DSHS)	
<input checked="" type="checkbox"/>		None of the Above	For analysis and stratification
	50.	Infections Present and/or Treated During this Pregnancy (Variables which provide or imply HIV or STD infection status cannot be provided to agencies outside of DSHS)	
<input checked="" type="checkbox"/>		Gonorrhea	These data are used for work in control and treatment of communicable diseases and health conditions, as well as describing maternal risk factors during pregnancy.
<input checked="" type="checkbox"/>		Syphilis	These data are used for work in control and treatment of communicable diseases and health conditions, as well as describing maternal risk factors during pregnancy.
<input checked="" type="checkbox"/>		Chlamydia	These data are used for work in control and treatment of communicable diseases and health conditions, as well as

			describing maternal risk factors during pregnancy.
<input checked="" type="checkbox"/>		Hepatitis B	These data are used for work in control and treatment of communicable diseases and health conditions, as well as describing maternal risk factors during pregnancy.
<input checked="" type="checkbox"/>		Hepatitis C	These data are used for work in control and treatment of communicable diseases and health conditions, as well as describing maternal risk factors during pregnancy.
<input checked="" type="checkbox"/>		None of the Above	For analysis and stratification
<input checked="" type="checkbox"/>	51a.	HIV Test Done Prenatally (Yes/No) - available for 2011 onwards	For analysis and stratification
<input type="checkbox"/>		First Trimester	
<input type="checkbox"/>		Second Trimester	
<input type="checkbox"/>		Third Trimester	
<input type="checkbox"/>		Unknown	
<input type="checkbox"/>		None	
<input checked="" type="checkbox"/>	51b.	HIV Test Done at Delivery (Yes/No)	For analysis and stratification
<input checked="" type="checkbox"/>		Infant Tested for HIV at Birth (Yes/No) - available for 2011 onwards	For analysis and stratification
	52.	Obstetric Procedures	
<input checked="" type="checkbox"/>		Cervical Cerclage	For analysis and stratification
<input checked="" type="checkbox"/>		Tocolysis	For analysis and stratification
<input checked="" type="checkbox"/>		External Cephalic Version:	
<input checked="" type="checkbox"/>		Successful	For analysis and stratification
<input checked="" type="checkbox"/>		Failed	For analysis and stratification
<input checked="" type="checkbox"/>		None of the Above	For analysis and stratification
	53.	Onset of Labor	
<input checked="" type="checkbox"/>		Premature Rupture of the Membranes (prolonged ≥ 12 hrs.)	For analysis and stratification
<input checked="" type="checkbox"/>		Precipitous Labor (< 3 hrs.)	For analysis and stratification
<input checked="" type="checkbox"/>		Prolonged Labor (≥ 20 hrs.)	For analysis and stratification
<input checked="" type="checkbox"/>		None of the Above	For analysis and stratification
	54.	Characteristics of Labor and Delivery	
<input checked="" type="checkbox"/>		Induction of Labor	For analysis and stratification
<input checked="" type="checkbox"/>		Augmentation of Labor	For analysis and stratification
<input checked="" type="checkbox"/>		Non-Vertex of Labor	For analysis and stratification
<input checked="" type="checkbox"/>		Steroids (glucocorticoids) for Fetal Lung Maturation Received by the Mother Prior to Delivery	For analysis and stratification
<input checked="" type="checkbox"/>		Antibiotics Received by the Mother During Labor	For analysis and stratification
<input checked="" type="checkbox"/>		Chorioamnionitis or Maternal Temperature $\geq 38^{\circ}\text{C}$ (100.4°F)	For analysis and stratification
<input checked="" type="checkbox"/>		Moderate/Heavy Meconium Staining of the Amniotic Fluid	For analysis and stratification
<input checked="" type="checkbox"/>		Fetal Intolerance of Labor Such That One or More of the Following Actions was Taken: In-Utero Resuscitative Measures, Further Fetal Assessment or Operative Delivery	For analysis and stratification
<input checked="" type="checkbox"/>		Epidural or Spinal Anesthesia During Labor	For analysis and stratification
<input checked="" type="checkbox"/>		None of the Above	For analysis and stratification
	55.	Method of Delivery	

<input checked="" type="checkbox"/>	55a.	Was Delivery with Forceps Attempted but Unsuccessful? (Yes/No)	For analysis and stratification
<input checked="" type="checkbox"/>	55b.	Was Delivery with Vacuum Extraction Attempted but Unsuccessful? (Yes/No)	For analysis and stratification
<input checked="" type="checkbox"/>	55c.	Fetal Presentation at Birth	For analysis and stratification
		Cephalic	
		Breech	
		Other	
<input checked="" type="checkbox"/>	55d.	Final Route and Method of Delivery (check one)	For analysis and stratification
		Vaginal/Spontaneous	
		Vaginal/Forceps	
		Vaginal/Vacuum	
<input checked="" type="checkbox"/>		Cesarean If Cesarean, was a Trial of Labor Attempted: (Yes/No)	For analysis and stratification
	56.	Maternal Morbidity - Complications Associated with Labor and Delivery (Check All That Apply)	
<input checked="" type="checkbox"/>		Maternal Transfusion	For analysis and stratification
<input checked="" type="checkbox"/>		Third or Fourth Degree Perineal Laceration	For analysis and stratification
<input checked="" type="checkbox"/>		Ruptured Uterus	For analysis and stratification
<input checked="" type="checkbox"/>		Unplanned Hysterectomy	For analysis and stratification
<input checked="" type="checkbox"/>		Admission to Intensive Care Unit	For analysis and stratification
<input checked="" type="checkbox"/>		Unplanned Operating Room Procedure Following Delivery	For analysis and stratification
<input checked="" type="checkbox"/>		None of the Above	For analysis and stratification
		Newborn Information	
<input checked="" type="checkbox"/>	57.	Hepatitis B Immunization Given? (Yes/No)	For analysis and stratification
	58.	Birthweight (G or LB. OZ.)	
<input checked="" type="checkbox"/>		G	For analysis and stratification
<input checked="" type="checkbox"/>		LB	For analysis and stratification
<input checked="" type="checkbox"/>		OZ	For analysis and stratification
<input checked="" type="checkbox"/>	59.	Obstetric Estimate of Gestation (completed weeks)	For analysis and stratification
<input checked="" type="checkbox"/>	60a.	Apgar Score at 5 Minutes	For analysis and stratification
<input checked="" type="checkbox"/>	60b.	If 5 Minute Score is Less Than 6, Apgar Score at 10 Minutes	For analysis and stratification
<input checked="" type="checkbox"/>	61.	Is the Infant Living at the Time of the Report? (Yes/No)	For analysis and stratification
<input checked="" type="checkbox"/>	62.	Is the Infant Being Breastfed at the Time of Discharge?	For analysis and stratification
		Yes	
		No	
		Infant Transferred, Status Unknown	
	63.	Abnormal Conditions of the Newborn (check all that apply)	
<input checked="" type="checkbox"/>		Assisted Ventilation Required Immediately Following Delivery	For analysis and stratification
<input checked="" type="checkbox"/>		Assisted Ventilation Required for More Than 6 Hours	For analysis and stratification
<input checked="" type="checkbox"/>		NICU Admission	For analysis and stratification
<input checked="" type="checkbox"/>		Newborn Given Surfactant Replacement Therapy	For analysis and stratification
<input checked="" type="checkbox"/>		Antibiotics Received by the Newborn for Suspected Neonatal Sepsis	For analysis and stratification
<input checked="" type="checkbox"/>		Seizure or Serious Neurologic Dysfunction	For analysis and stratification

<input checked="" type="checkbox"/>		Significant Birth Injury (Skeletal Fracture(s), Peripheral Nerve Injury, and/or Soft Tissue/Solid Organ Hemorrhage Which Requires Intervention)	For analysis and stratification
<input checked="" type="checkbox"/>		None of the Above	For analysis and stratification
	64.	Congenital Anomalies of the Newborn (check all that apply)	
<input checked="" type="checkbox"/>		Anencephaly	For analysis and stratification
<input checked="" type="checkbox"/>		Meningomyelocele/Spina Bifida	For analysis and stratification
<input checked="" type="checkbox"/>		Cyanotic Congenital Heart Disease	For analysis and stratification
<input checked="" type="checkbox"/>		Congenital Diaphragmatic Hernia	For analysis and stratification
<input checked="" type="checkbox"/>		Omphalocele	For analysis and stratification
<input checked="" type="checkbox"/>		Gastroschisis	For analysis and stratification
<input checked="" type="checkbox"/>		Limb Reduction Defect (excluding congenital amputation and dwarfing syndromes)	For analysis and stratification
<input checked="" type="checkbox"/>		Cleft Lip With or Without Cleft Palate	For analysis and stratification
<input checked="" type="checkbox"/>		Cleft Palate Alone	For analysis and stratification
<input checked="" type="checkbox"/>		Down Syndrome	For analysis and stratification
<input checked="" type="checkbox"/>		Karyotype Confirmed	For analysis and stratification
<input checked="" type="checkbox"/>		Karyotype Pending	For analysis and stratification
<input checked="" type="checkbox"/>		Suspected Chromosomal Disorder	For analysis and stratification
<input checked="" type="checkbox"/>		Karyotype Confirmed	For analysis and stratification
<input checked="" type="checkbox"/>		Karyotype Pending	For analysis and stratification
<input checked="" type="checkbox"/>		Hypospadias	For analysis and stratification
<input checked="" type="checkbox"/>		None of the Anomalies Listed Above	For analysis and stratification
<input checked="" type="checkbox"/>	65.	Was Infant Transferred Within 24 Hours of Delivery? (Yes/No)	For analysis and stratification
<input type="checkbox"/>		If Yes, Name of Facility Infant Transferred to:	

II. Variables Calculated Based on the Certificate Information

✓	Item Number	Item Descriptor	Justification
<input checked="" type="checkbox"/>		Father's Age	QA against the full date, for analysis and stratification
<input checked="" type="checkbox"/>		Mother's Age	QA against the full date, for analysis and stratification
<input checked="" type="checkbox"/>		Mother's Combined Race / Ethnicity	For Analysis and Stratification
<input checked="" type="checkbox"/>		Mother's Bridged Race Code (<i>determined by NCHS</i>)	For Analysis and Stratification. Has more detail than the other
<input checked="" type="checkbox"/>		Father's Bridged Race Code (<i>determined by NCHS</i>)	For Analysis and Stratification. Has more detail than the other
<input checked="" type="checkbox"/>		Birth Weight Group	For Analysis and Stratification.
<input type="checkbox"/>		Birth Weight Calculated in Grams	
<input type="checkbox"/>		Birth Weight Priority	
<input checked="" type="checkbox"/>		Calculated Gestation or Length of Pregnancy	For analysis and stratification
<input checked="" type="checkbox"/>		Month Prenatal Care Began	For analysis and stratification
<input checked="" type="checkbox"/>		Number of Live Births at this Delivery	For analysis and stratification
<input checked="" type="checkbox"/>		Longitude (<i>based on mother's street address</i>)	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		Latitude (<i>based on mother's street address</i>)	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		GIS Match Code	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		GIS Location Code	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		Geocoding Accuracy	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		GIS Mother's Residence County Name (from 2014 data on)	For analysis, mapping and stratification

<input checked="" type="checkbox"/>		GIS Mother's Residence County FIPS Code (from 2014 data on)	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		Zip Code Tabulation Area (ZCTA) (from 2013 data on)	For analysis, mapping and stratification
<input checked="" type="checkbox"/>		1990 Census Tract <i>(based on mother's street address)</i>	For analysis and stratification
<input checked="" type="checkbox"/>		2000 Census Tract <i>(based on mother's street address)</i>	For analysis and stratification
<input checked="" type="checkbox"/>		2010 Census Tract <i>(based on mother's street address) - from 2010 data</i>	For analysis and stratification

Last updated: June 2019

DSHS No. HHS0002555600005-CDA-KCW-PH-0905-2019

APPROVED AS TO FORM:



Criminal District Attorney's Office*

*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead those parties should seek contract review from independent counsel.