

ATTACHMENT – E: Survey Notification Email

Send message on survey opening date [Date TBD pending OMB approval]

From:

To: All Vital Registrars or SSDI Coordinators (States, DC, and NYC)

Subject: Birth Certificate and Hospital Discharge Linkage-State Survey – NOW OPEN

Dear [Insert Health Official name]

[(National Association for Public Health Statistics and Information System) NAPHSIS/(Association of Maternal and Child Health Programs)AMCHP] has been working collaboratively with CDC (Centers for Disease Control and Prevention) and [NAPHSIS /AMCHP] to develop and conduct a survey of the jurisdictions around state practices regarding the linking of birth records and hospital discharge data. The survey is now open and your program's voluntary participation is requested. We have identified the [Insert Vital Registrar or SSDI] as the best person to complete the survey with input from staff as needed. Please have this contact complete the survey only once.

The purpose of this survey is to understand the status of birth certificate and hospital discharge linkages in the United States and to improve surveillance, research, policy, and programs around maternal, infant, and child health. The data collected from this survey will be used to understand whether a state has a birth certificate and hospital discharge linkage, the process and quality of the linkage, the resources related to linking, and barriers and limitations to linkages. Your feedback will also be used for improvements in data linkages that inform public health surveillance, research, policy, and programs around pregnancy conditions, risk behaviors, and neonatal outcomes.

We depend on your feedback to provide effective support to your public health efforts. I encourage you to take time to participate in this survey. The survey contains about 30 items and should take approximately 20-25 minutes for you to complete.

Due to software requirements, the survey must be completed and submitted online in one session. You may use the electronic copy of the survey to gather needed information prior to completing the online survey. This will facilitate gathering all of the necessary information and facilitate completing the online survey in one session. Please submit your survey online by [actual date TBD pending OMB approval].

Please follow this link for detailed instructions and the online survey: [Insert survey link]. If you have any questions or concerns, please contact [Enter name] at [Enter phone number] or via email at [Enter email].

Thank you for your consideration.

Sincerely,

Signature Line