

Tribal Access to Birth Data and Certificates

PROPOSAL TO REMOVE BARRIERS AND PROMOTE EQUITY BY SHARING VITAL RECORDS INFORMATION WITH MINNESOTA TRIBES

Objective

Eliminating inequities in access to private and confidential birth record data for public health purposes will improve the ability of tribal entities to support their communities in improving birth outcomes. The proposal gives tribal health departments and tribal child support programs the same access to important birth data that community health boards and county public health agencies already have, so that at risk families are identified and mothers, infants and children receive the services and support they need to be healthy.

Background

Current law, Minnesota Statutes 144.225, creates unequal access to vital records data that informs services to families at risk, which may make it more difficult to address health disparities in critical issues such as infant mortality.

Current law classifies birth information in different ways. Medical information about the birth and a mother's or infant's health is classified as private. Demographic information, such as parent and infant names, dates of birth, addresses, and other

non-medical information is classified as public if the mother is married, but as confidential if the mother is unmarried.

In 2015, roughly a third of the 69,916 Minnesota births were to unmarried mothers. The top five counties with the highest percentage of births to unmarried mothers last year are Mahnomon (76.6%), Beltrami (56.6%), Cass (55.1%), Lake of the Woods (54.1%), and Mille Lacs County (53.9%).¹

Current law disadvantages tribes by allowing only county public health, community health boards, and community collaborative public health staff access to private health and confidential data on birth records. This means that tribes lack information critical to carrying out family home visits and other maternal and child health activities.

Need

American Indian infants have the highest infant mortality rate of any community in Minnesota and more than twice as high as the rates for Asian and white infants.² Yet, public health tribal nurses are not allowed access to private health data on birth records or to any birth data from

¹ 2015 Minnesota County Health Tables, Minnesota Department of Health, Center for Health Statistics

² For every 1,000 live births during 2009-2013 in Minnesota, there were 9.6 deaths to American Indian infants, 8.5 deaths to African American infants, 5.3 deaths to Hispanic infants, 4.4 deaths to

Asian infants, and 4.1 deaths to white infants during the first year of life. Populations of Color Health Update: Birth and Death Statistics, Minnesota Department of Health Center for Health Equity, Center for Health Statistics, December 2015.

confidential records. This means that tribal public health programs cannot get birth data that identifies mothers and newborns as high risk, nor can they get any data from confidential records (births to unmarried mothers). This exclusion limits MDH's ability to securely share important birth data with tribal entities in order to identify and serve high-risk mothers and children in the same way a county or public health collaborative can and it means that some at risk, vulnerable tribal populations may not receive the services they need. This is significant because the birth rate for American Indian females between the ages of 15 and 19, who are mostly unmarried, is more than four times higher than the birth rate for white teens.³

Further, the Department of Human Services currently has authority to receive demographic information (such as the child's name) from confidential birth records for child support and paternity establishment purposes. Tribal child support programs are not allowed to access this information, which makes it more difficult to perform these activities. Ensuring that custodial parents have the financial resources to meet their children's needs is a critical component of family stability; unequal access to information that can assist in these efforts places tribal child support programs at a disadvantage.

Solution

This proposal adds tribal health departments to the list of entities that are

authorized to receive private and confidential birth data to carry out activities related to maternal and child health, and adds tribal child support programs to the list of entities that are authorized to receive confidential demographic information to carry out activities related to supporting children when their parents aren't together addresses inequities.

Adding tribal entities to the list of "local, state or federal government agency" who may request certified birth certificates "necessary for the governmental agency to perform its authorized duties" clarifies and specifies tangible interest for tribal entities and helps assure uniform service delivery from all vital records offices in Minnesota. Implementing this change will not require any additional resources or staffing.

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To obtain this information in a different format, call: 651-201-5970. Printed on recycled paper.

³ During the 2010-2014 time period, there were 57.7 births for every 1,000 females each year between the ages of 15 and 19 in the American Indian community, or about one birth for every 17 females

in that age group. Populations of Color Health Update: Birth and Death Statistics, Minnesota Department of Health Center for Health Equity, Center for Health Statistics, December 2015.