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**THE OPERATION OF THE VITAL STATISTICS SYSTEM
OF THE
UNITED STATES OF AMERICA**

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TABLE OF CONTENTS

Foreword	i
I. The Functioning of the System	1
A. The Flow of Records	1
B. Derivation of National Vital Statistics	5
C. Source of Population Data	7
II. Maintenance of the System	7
A. Statistical Standards	7
B. Manuals and Guidelines	8
C. Conferences	9
D. Training	10
III. Summary Statement	11
References	12

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FOREWORD

In the United States of America, as a federated country, the legal registration of vital events is a responsibility of the individual States. The history and present status of these civil registration functions have been described in an earlier IIVRS report, "The Organization of the Civil Registration System of the United States" (Technical Papers, No. 8, May 1980).

The present Technical Paper describes how these independent State registration systems have been organized into a coordinated national system for the production of national statistics on births, deaths and other vital events.

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THE OPERATION OF THE VITAL STATISTICS SYSTEM OF THE UNITED STATES OF AMERICA

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I. THE FUNCTIONING OF THE SYSTEM

The history and development of the vital statistics system in the United States, including the relative roles of the various states and the Federal Government, the legal aspects of their relationship, and the registration of vital events, have been discussed in an earlier IIVRS paper, "The Organization of the Civil Registration System of the United States" (Technical Papers, No. 8, May 1980). Reference to that paper is recommended for an understanding of the background of the functioning of the present system.

This paper deals with how the system actually works to produce vital statistics, and describes the flow of records from the vital event to the national office, the processing of data, the adjustments that must be made, data analysis, support for the system, and the resulting reports and publications. Complicated as it may seem to be, the system works and works quite well.

Legal responsibilities for the operation of the system fall upon private citizens, and State and local officials. Vital records and reports originate with private citizens, as parents, members of families affected by the events, physicians, funeral directors, members of the clergy, hospital administrators, attorneys, and others. Millions of vital events are recorded in the United States every year and rarely has it been necessary to refer to the State statutes providing for noncompliance with the vital statistics laws. State and local officials have specific responsibilities in the law; these responsibilities can best be understood in studying the flow of records.

A. The Flow of Records

A well-developed sequence of activities regarding the handling of vital records exists in the United States, despite the existence of the 55 separate registration systems and the vast number of officials involved. In general, the flow of records from the local registrar to the State central file and then to the Federal vital statistics office follows a fairly consistent pattern. As the State bears the principal responsibility for record collection, all activity starts there with the creation of the reporting form, which usually begins with a Revision of the U.S. Standard Certificates of vital events. These revisions are adopted or modified in each State. The State prints its own certificate forms, and distributes them to certain recording centers such as hospitals, or to responsible agents such as local registrars, clerks of court, marriage license clerks, funeral directors, and other pertinent officials.

1. From Local Registrar to State Registrar. When a vital event takes place, the fact is recorded on the legal certificate by the appropriate recorder, who then files it with a local official designated as a local registrar. The local registrar may be the health director in a county or city health department or another official so designated (County Clerk, County Recorder, Register of Deeds, etc.). The form must be filed within a specific time-limit, usually

within 5 days after the event. The local registrar makes a copy for the local file, and sends the original to the State Registrar. In some States, the Health Department does not keep copies but sends them to a permanent file maintained by another local official, such as the Register of Deeds. In a few States, registration responsibility rests directly with the State office and no records are maintained at the local level. Completed certificates are delivered to the State Registrar at specified times, such as the 5th of every month, or more frequently. There are differences regarding the registration or reporting of the various vital events, as noted below.

Birth Registration. Most births in the United States now occur in hospitals so that the birth certificates are customarily filled out at hospitals by hospital staff, with the physician or attendant signing the certificates. By law, when a birth occurs in an institution or en route thereto, the person in charge of the institution or his representative sees to the completion and filing of the certificate. The physician or other person in attendance provides the medical information and certifies to the facts within 72 hours after birth, or in his absence the institution head may do so. The mother usually has the opportunity to verify the facts, spelling of the child's name, etc., and in some States also signs the certificate. The hospital files the certificate with the local registrar, who verifies the completeness and accuracy of the information before sending it on to the State Registrar. The vital statistics laws provide for contingencies, such as births occurring in the home, births in aircraft, births of foundlings, delayed registration, etc., with the objective of having each birth recorded properly with the appropriate State Registrar. Under normal conditions, certificates must be filed within 5 days of the event.

Death Registration. In the United States, the funeral director plays a unique role in death registration and is the person who is primarily responsible for filing the certificate of death. By law, the funeral director (or person who first assumes custody of the dead body) obtains personal information from the next of kin or the best qualified source. He or she also obtains the medical certification (cause-of-death) from the physician or other responsible person. The medical certification must be completed, signed, and returned to the funeral director within 48 hours after death by the physician in charge of the case. In the absence of this physician, other specified physicians or medical officers may complete the certification. Conditions are also specified when the medical examiner or coroner assumes responsibility. The funeral director must file a death certificate with the local registrar within 5 days after the event. The local registrar keeps a copy of the certificate and sends the original to the State Registrar. As with birth certificates, in some States an official other than the local registrar may be responsible for maintaining the files of copies.

Fetal Death Reporting. A Single Certificate of Fetal Death, as formerly recommended in the 1968 Revision of the U.S. Standard Certificates, is still being used in some States. The 1978 revisions recommend the use of two reporting forms: the U.S. Standard Report of Fetal Death, and the U.S. Standard Report of Induced Termination of Pregnancy. This conforms to the Model State Vital Statistics Act 1977 Revision, which classifies fetal death under two categories: "induced termination of pregnancy" which refers to the purposeful interruption of pregnancy with the purpose other than to produce a live-born infant; and "spontaneous fetal death" which means expulsion or extraction of a product of human conception resulting in other than a live birth and which is not induced. Both forms are recommended as legally required statistical reports for health

and medical use, and are not to be incorporated into the permanent official records of the system of vital statistics. Reports of fetal death must be filed with the local registrar within 5 days after delivery. These are forwarded directly to the State Registrar.

Marriage Registration. In most States, marriage licenses are issued by a city or county Marriage License Clerk. The licenses may follow the form prescribed by the U.S. Standard Certificate of Marriage which combines a license form and registration form. The licensing official prepares the record of personal particulars as supplied by one of the parties to be married, and determines that legal requirements (age, blood test, etc.) have been met. A section is provided for date and place of marriage, the identification and signature of the officiant, and signatures of witnesses. Following the marriage, the officiant is responsible for returning the form to the licensing official, who is in turn responsible for sending the marriage records to the State Registrar, usually at a specified time every month.

Divorce Registration. Divorce records are under the care of the judicial system of the State and the Clerk of Court is customarily the recording official. Blank certificates are provided the court and personal particulars are prepared by the petitioners or their attorneys, and returned to the Clerk of Court with the petition. The Clerk of Court enters the facts related to the final decree and sends the completed form to the State Registrar, usually at a specified time each month.

Procedures in the State Vital Statistics Office. The State Registrar receives the copies of the certificates of vital events. His office goes through an editing and querying process, checking the completeness and accuracy of the information. In case of questions, the certificate is returned to the local registrar for review and correction, or a query letter is initiated to obtain any missing information. The correct certificates are filed by a State file number. (On birth certificates, State Registrars for some years have used State file numbers based on year of birth; they contain a code for each State and are unique numbers. However, they are not national person-numbers as used in civil registration in the Scandinavian countries.)

Several microfilm copies of the certificates may be made for security and storage purposes, for State office use, and for issuing certified copies to the public. In a few states, microfilm copies are also prepared for delivery to the National Center for Health Statistics (NCHS). In most States, magnetic tape files of vital statistics data are prepared, and a copy is made for the national office.

The State vital statistics office subjects information on the records to data processing; tabulations are prepared, and periodic vital statistics reports are published. Many States publish annual reports of some analytical depth.

2. From State Registrar to the National Office. Early in the century the Federal government received duplicate handwritten copies of certificates, and then later photocopies. Much later, microfilm copies were delivered to the national office where they were checked for completeness and accuracy and duly processed. Some States still provide copies of certificates in microfilm form.

The Provision of Computer Data Tapes. Beginning in the early 1970s, the National Center for Health Statistics and the States established the Cooperative Health Statistics System (later changed to the Vital Statistics Cooperative

Program) which, among other things, provided for the transmission of vital event data to NCHS by means of computer tapes. Under this system, a contract is entered into by NCHS and each participating State, which requires the State to provide vital data to NCHS according to the specifications and quality standards set by NCHS. Prior to awarding the contract, representatives of NCHS study State office processing procedures, determine the changes necessary to be made in the State operations to conform to national requirements, and provide technical assistance for the modification of the system. State magnetic tape files undergo a complete testing period of a year, during which they are matched against data files abstracted from the regular State microfilm records. If the quality requirements are met, the purchase of a complete microfilm file may be discontinued but monthly matching against a sample of records continues as a means of quality control. As of 1983, data on vital events were being obtained by means of computer tapes as follows: Birth - 48 registration areas; Death - 48 registration areas (personal and related facts) and 16 areas (medical certification); Marriage - 12 areas; and Divorce - 8 areas.

Data on medical certification of causes of death are obtained from the 16 States utilizing a computer system for assigning the underlying cause-of-death termed the "Automated Classification of Medical Entities" (ACME). Under this system, all diseases or conditions listed on the death certificate are key entered and the computer assigns the underlying cause by applying the rules of the 9th Revision of the International Classification of Diseases (ICD-9). An important by-product of this system is the production of a wealth of multiple cause data, which was previously unavailable for analysis.

The method of supplying magnetic tape files to the national government has improved the vital statistics system for many States. It has also reduced the duplication of work such as in coding and keying, which in the past took place at local, State, and Federal levels. Many local areas, because of improved timeliness developed through the system, no longer find it necessary to produce their own data. At the same time, in some States local areas are providing data on tapes to the State offices. Altogether, the method works for the improvement of the national vital statistics system.

A national abortion reporting system, begun by NCHS in 1977, is also covered under the cooperative program contracts. As of 1983, 15 States were providing abortion data to NCHS via computer tapes. Abortion reports do not have the same legal basis as vital records and are not filed as permanent records.

The National Death Index (NDI), in operation beginning with 1979 deaths, is a central computerized file of death record information compiled from the magnetic tapes provided to the NCHS from State vital statistics offices. The NDI enables investigators conducting statistical studies to determine if persons in their studies have died. The NDI provides the names of the States where the deaths occurred, the corresponding certificate numbers, and the dates of death. The NDI users can then make the necessary arrangements with the State offices to obtain copies of death certificates or specific statistical information. Each State retains the authority to provide copies or information in accordance with its laws and policies.

Procedures at the Federal Level. The National Center for Health Statistics receives the magnetic tapes and microfilm copies from the States at the Center's computer headquarters at Research Triangle Park, North Carolina. There the data are processed. The National Center for Health Statistics tabulates, analyzes

and publishes national statistics of birth, death, fetal death, marriage, and divorce. The annual publication is: Vital Statistics of the United States (Volume I - Natality; Volume II - Mortality; Volume III - Marriage and Divorce). Advance Reports of final natality, mortality, marriage, and divorce statistics provide early annual summaries. A monthly summary report--Monthly Vital Statistics Report--is also issued, and special studies are reported in the National Center for Health Statistics Vital and Health Statistics series of publications.

The microfilm copies of the certificates are returned to the States or are destroyed after the statistical information has been obtained. The computer tapes are returned to the States as soon as the statistical information has been copied by the National Center for Health Statistics. The personal information on all certificates is considered strictly confidential and only statistical data are derived from the certificates or are present on the tape. Uses of certificates for legal purposes remains a State responsibility. Very rarely, personal information, such as names and addresses on the documents, are made available for scientific research purposes and then only with permission of the State authorities. All Federal personnel who are involved with the State documents are bound by an oath of confidentiality, as well as by the stipulations of the Privacy Act of 1974. The integrity of the vital records, while in Federal hands, is strictly maintained.

B. Derivation of National Vital Statistics

National statistics on births and deaths have been available only from 1933 when the U.S. Registration Area included all the States in the United States. Prior to 1933, the data are for a varying number of States. For example, the U.S. Death Registration Area included 10 States and the District of Columbia in 1900 when it was first established. The U.S. Birth Registration Area was started in 1915, also with 10 States and the District of Columbia. As more States qualified for admission, they were added to the Death and Birth Registration Areas, respectively. Therefore, national birth and death totals for the country as a whole were not available until 1933 when the Registration Areas were complete.

The Registration Area concept has also been applied to marriage and divorce statistics. To date, not all the States are included in the marriage and divorce registration area. However, national totals are derived from the total counts of marriages and divorces which are available for the States that are not in the registration areas.

1. Birth Statistics. At the present time, birth statistics are derived from two sources which are merged at the NCHS. Data are based on 100 percent of the birth certificates of 47 States which provide computer tapes through the Vital Statistics Cooperative Program. The remaining 2 States, and the District of Columbia, provide microfilm copies of all certificates of birth. Data from these areas are based on a 50-percent sample of the certificates.

Microfilm copies of birth certificates are received from the Virgin Islands and photocopies of the original certificates are provided by Guam. The total records of the Virgin Islands and Guam are used by NCHS for these areas but the data are not included in the statistics for the country as a whole.

Special adjustments have to be made to births to unmarried women because 9 States do not require reporting on marital status. Beginning with 1980 data,

national estimates are derived from two sources. For 41 States and the District of Columbia, marital status is reported on the birth certificate. For the other 9 States, marital status is inferred from a comparison of the child's and the parents' surnames. A birth is classified as occurring to a married woman if the parents' surnames are the same or if the child's and father's surnames are the same and the mother's current surname is missing. A birth is classified as occurring to an unmarried woman if the father's name is missing, if the parents' surnames are different, or if the mother's current surname is missing.

In other cases of incomplete reporting for all States, such as in connection with the item on educational attainment of parents, the published data refer only to the reporting area (the 41 States and the District of Columbia), and no national estimates are made.

2. Mortality Statistics. Beginning in 1971, tabulations of deaths have also been based on information from two sources: copies of original certificates obtained on microfilm from the States, and computer tape of data coded by States. In 1983, 48 registration areas contributed computer tapes directly to the national system which included all personal and related facts, sometimes called "demographic" information. Of these, 16 areas also provided medical certification (underlying cause-of-death) through the ACME System.

Monthly reports of deaths and death rates by cause, age, color, and sex are made possible through the Current Mortality Sample (CMS). This is a 10 percent systematic sample of death certificates received each month in vital statistics offices of the 50 States, the District of Columbia, and the independent registration area of New York City.

3. Marriage and Divorce Statistics. The Marriage Registration Area (MRA) is composed of 42 States, the District of Columbia and the separate registration areas of New York City, Puerto Rico and the Virgin Islands. The Divorce Registration Area (DIVRA) is made up of 31 States and the Virgin Islands. This means that a number of adjustments must be made to develop certain estimates for the total population.

Marriage and divorce data are derived from three sources: complete counts from all the States, computer tapes provided from some States, and samples of marriage and divorce certificates from other States which are in the MRA and DIVRA.

Complete counts of marriage events are provided through the central files of 41 States and the District of Columbia. New York City counts are obtained from the registration offices in Manhattan. In 3 States which do not have central files of marriages, the counts are obtained by county surveys conducted by State officials and NCHS. Currently, 12 States provide State-coded data tapes of all their marriage records, and 100 percent of these are used by NCHS. For the other 30 States in the MRA, records are sampled at different rates designed to give a sample of at least 2,500 for each State.

Total numbers of marriages and marriage rates for the country are developed from the complete counts of events in all the States. Tabulations related to age at marriage, previous marital status, median age of bride and groom, etc., are provided only for the events in the Marriage Registration Area.

Total counts of divorces and annulments are obtained from central files in 28 States and the District of Columbia. NCHS obtains total counts directly from

county officials in 4 States where there are no central divorce files. Seven States provide State-coded data tapes of their divorce records. Data from the other 23 States in the DIVRA are obtained by sampling. Sampling procedures for the divorce sample are similar to those for the marriage sample; a sampling rate is selected so that the sample for each DIVRA will contain at least 1,000 records.

The total number of divorces and divorce rates for the country as a whole are obtained from the complete counts of decrees granted. Statistics on median duration of marriage prior to divorce or annulment, and divorces by number of children reported, are available only for the States in the DIVRA.

C. Source of Population Data

For vital statistics purposes in the United States, the population data necessary for computing rates represents the population residing in the specific areas as defined and published by the U.S. Bureau of the Census.

Although the vital statistics function was transferred from the Bureau of the Census to the Public Health Service in 1946, the relations between the Bureau of the Census and the National Center for Health Statistics have been close. The Bureau of the Census provides NCHS with population data from the decennial censuses (taken April 1) and preliminary mid-year estimates for other years. The latter estimates are published in Current Population Reports-Series P-25 and P-26 and include data used to compute rates by age, sex, and race for the country as a whole, as well as overall rates by State and by Standard Metropolitan Statistical Areas (SMSAs). Special population estimates in intercensal years are provided NCHS upon request. The NCHS provides the Bureau of the Census with detailed data on national vital statistics which are used by the Census Bureau in population estimation and population projection as well as for its special studies in fertility and marriage and the family.

II. MAINTENANCE OF THE SYSTEM

To keep the national vital statistics system functioning at a high peak of efficiency, a number of supportive structures are provided; manuals and guidelines are prepared, statistical standards are developed and maintained, and training programs are established. To sustain the important operational ties between the States and the Federal government, a series of additional continuous activities are supported, such as national conferences and study committees. The Division of Vital Statistics, of the National Center for Health Statistics, maintains continuous contact with State vital statistics offices on all aspects of those operations which have a bearing on national statistics.

A. Statistical Standards

In order to have a uniform statistical system, statistical standards must apply with respect to the collection of data, the quality of data, the manipulation of data, the tabulation, presentation, and analysis of data. Many of these elements were lacking within State vital statistical systems well into the 20th Century, which hindered the development of the national system. Statistical standards, if understood and adhered to at all levels of practice, serve to reinforce related systems, and this has been true of the State-Federal relationship. The situation in 1912 has been ably described by Cressy L. Wilbur, then Chief Statistician of the Bureau of the Census. Speaking of the need of conformity in vital statistics reports, he strongly endorsed the Rules of Statistical Practice adopted by the American Public Health Association (APHA). He

complained, however, that populations continued to be estimated by various methods, and that death rates were stated in different forms; he insisted that data be standardized. He recommended use of the Census Bureau's mid-year estimates of population as the population base in vital statistics rates, as suggested by the APHA in 1908. Tabular presentation must also be standardized. He recommended that all registrars be trained in statistics.

That statistical standards now apply throughout the State and national systems is the result of over 50 years of concerted effort. The Bureau of the Census published texts on presentation of data which became, along with the tabulations in the annual publications of national vital statistics, models for the States. The national office of vital statistics published manuals on how to compute vital rates. These activities were accompanied by the growing importance of statistics in the national life, the growth of departments of statistics in the universities and the schools of public health. Today, most State Registrars have had training in statistics, and those involved at the national level, in the National Center for Health Statistics, have had a solid grounding in statistics, and in subject-matter areas, such as demography and public health.

B. Manuals and Guidelines.

From time to time, various manuals of instruction have been prepared by the national office to guide State and local registration officials and related personnel in preparing complete and accurate records. Coding manuals for the guidance of coders in State and local data processing offices have been published, as have guidelines for nosologists which give precise examples of how to code for underlying cause of death. At one time, a simple demographic textbook was provided, which showed registrars how to compute the different vital statistics rates. States also have prepared manuals to serve their particular needs.

For the first time in 1968, the national government, with the direct assistance of the State Registrars, prepared a series of instruction manuals on the details of completing birth, fetal death, death, and marriage records, which were consistent with the 1968 revisions of the Standard Certificates and the Model Law of 1959. These manuals were distributed by the thousands, without cost, to hospitals, physicians, medical examiners and coroners, and local and State registration officials. The manuals had the effect of explaining the standard certificate items and promoting uniformity of reporting. Following the 1978 Revision of the U.S. Standard Certificates, the manuals were revised to accommodate the new certificates and to conform to the 1977 Model State Vital Statistics Act.

The pocket-size booklets are focused on the situations and occupations most concerned with reporting events, as shown by their titles:

- Hospital Handbook on Birth Registration and Fetal Death Reporting
- Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting
- Physicians' Handbook on Medical Certification: Death, Birth, and Fetal Death
- Funeral Director's Handbook on Death Registration and Fetal Death Reporting

- Handbook on the Reporting of Induced Termination of Pregnancy
- Handbook on Marriage Registration
- Handbook on Divorce Registration

Manuals and guidelines stressing standard procedures and uniformity have proven to be essential to the integration of State registration systems into the national system.

C. Conferences.

To ensure the fullest cooperation between national and local officials in vital statistics operations, it is essential to establish routine means for constant communication and interchange. In its early work, the Census Bureau conducted intensive correspondence with State and city officers and made numerous field visits. As the registration area grew in size and more States became involved in the system, the task of intercommunication became more complex. While daily inter-office communications continued, there was a need for inter-relationship and exchange on a higher and more comprehensive level. In response to this need, the conference mechanism was developed. This began with a work conference of State Registrars and national officials organized by the Division of Vital Statistics in 1934; others followed in 1938, 1940, 1941, and 1942. Wartime travel restrictions prevented the holding of sizeable meetings during the next five years, and the conference was not called again until 1947.

When the National Office of Vital Statistics (NOVS) was organized in 1946, a new type of conference was conceived. It was to be a permanent organization in the NOVS apparatus, with working committees assigned to specific problems during the inter-meeting period, and would have an Executive Committee composed of registration officials, public health officials, other persons associated with the system in special ways, such as Census officials, and NOVS officials. The scope of its activities was broadened to include the whole field of public health statistics, in addition to that of vital records and statistics. The first Public Health Conference on Records and Statistics (PHCRS) was held on May 17, 1949, and it has held biennial meetings since the mid-1950s. The 18th biennial conference was held in Washington, D.C. in August 1980.

The PHCRS holds 3-day conferences, usually in Washington, D. C. It receives reports of the working groups, now called Technical Consultant Panels; these reports, as they relate to vital registration and vital statistics, form part of the accumulated information pool of knowledge available to all the States. While many aspects of public health statistics are taken into account in the conference, vital records and statistics continue to be a major subject area, either from the records point of view or from the point of view of the utilization of vital statistics data in analytical or demographic studies.

During those periods when the U.S. Standard Certificates are in process of revision, committees composed of State and Federal officials discuss suggested changes. Progress reports are made at the biennial meetings of the Public Health Conference on Records and Statistics. The agendas of the 1974 and 1976 conferences, for example, provided for presentations and discussion of the 1978 Revisions of the Standard Certificates.

The Conference mechanism not only provides a formal vehicle for interchange but also permits opportunity for valuable informal and personal exchange of

ideas among the participants. Also, the Association for Vital Records and Health Statistics (AVRHS), since 1958 the successor to the American Association of Registration Executives (AARE), schedules meetings in conjunction with the PHCRS, and spends one to two days in discussion of specific problems of current interest in the vital records and statistics areas.

The Conference provides a ground where national viewpoints with respect to the development of a vital statistics system may be put forward and discussed with State and local registration officials. It has proven to be an invaluable mechanism in the advancement of vital statistics in the United States.

D. Training.

Among the needs frequently mentioned by persons in vital registration and statistics is that of training, and a training program is essential for the effective development and growth of a national system. The program may be of an in-house nature in the form of special classes or seminars conducted by the registration office, or it may be on-the-job training.

At the national level, a few special training programs had been conducted by the Division of Vital Statistics, and courses and workshops in Cause-of-Death coding for the training of nosologists in the use of the International Classification of Diseases had been held when necessary. State and local health department officials, and especially those in vital registration and statistics, thought that a broader program of instruction was required and requested the Federal government for assistance in training their staffs. At the Tenth Public Health Conference on Records and Statistics in 1964, the Study Group on Recruitment and Training of Registrars and Statisticians recommended that a single agency be developed in the National Center for Health Statistics for this purpose. This led to the creation of the Applied Statistics Training Institute (ASTI) which was in operation from 1968 to 1982.

ASTI offered short-term, usually one-week concentrated practical courses in vital and health statistics primarily for State and local health department personnel, although persons from other institutions and agencies participated. The subject matter ranged from vital records management and demographic analysis to evaluation of health programs. The courses were provided regionally so that they were accessible to local personnel. Instructors were experts drawn from Federal and State agencies, universities, schools of public health, and from the private sector. In its fifteen-year history, ASTI trained thousands of persons from all the States and territories, and from foreign countries as well. The health statistics office of the World Health Organization considered ASTI a prototype for training persons in vital and health statistics for both developed and developing countries.

Within the States many registration offices encourage higher education and training of their staffs particularly at the university level. Few statistics departments, however, are prepared to offer a concentration in vital statistics but some Departments of Biostatistics in Schools of Public Health offer courses in vital registration, statistics, and analysis, and at the same time develop a close relationship with State vital statistics offices. Professors of statistics sometimes serve as consultants to State offices, and some State Registrars have been Adjunct Professors at universities.

III. SUMMARY STATEMENT

The operation of the vital statistics system of the United States involves the integration of the products of 55 separate systems into the national system. It is not a completely formed system but is constantly in the process of development and growth. Nevertheless, the national system functions well today because the Federal and State systems are mutually supportive and a high degree of cooperation exists between them.

Several other factors contribute to the effective operation of the system:

- the established flow of vital records from the private citizen and the local registrar--to the State Registrar--and then on to the national office (the Division of Vital Statistics, National Center for Health Statistics).
- the remarkable adherence to standards in all areas of operation throughout the entire system: the model law and regulations, standard certificates, data collection, data processing, tabulation, and analysis.
- the strong supportive mechanisms at both State and Federal levels: manuals and guidelines, conferences, and training, all of which provide opportunities for intercommunication, as well as for raising the level of professional competence among personnel.
- the continued development of new methods and techniques for the improvement of the system--to which both State and Federal agencies contribute.

The products of the national vital statistics system are widely used in the United States and elsewhere. They provide the detailed mortality statistics used in medical research and health programming. Natality statistics provide the basis for fertility analysis. Marriage and divorce statistics are used for studies of family formation and dissolution. The data contribute to demographic analysis and provide insight into the trends and changing characteristics of the population. As for the vital records themselves, they are extensively used for legal purposes by or for every citizen. The original records remain the property of the States, and the States have the responsibility for their safekeeping.

The effective operation of the national vital statistics system will depend upon the continued cooperation between the States and the Federal government, which has made the present system possible.

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