# The Nation's Vital Statistics System

THE OLDEST CONTINUAL REPORTING SYSTEM: MORE RELEVANT THAN EVER

A TALE OF DATA AND THE DEATH CERTIFICATE from the NATIONAL CENTER FOR HEALTH STATISTICS



#### **Current Federal Statistical System**

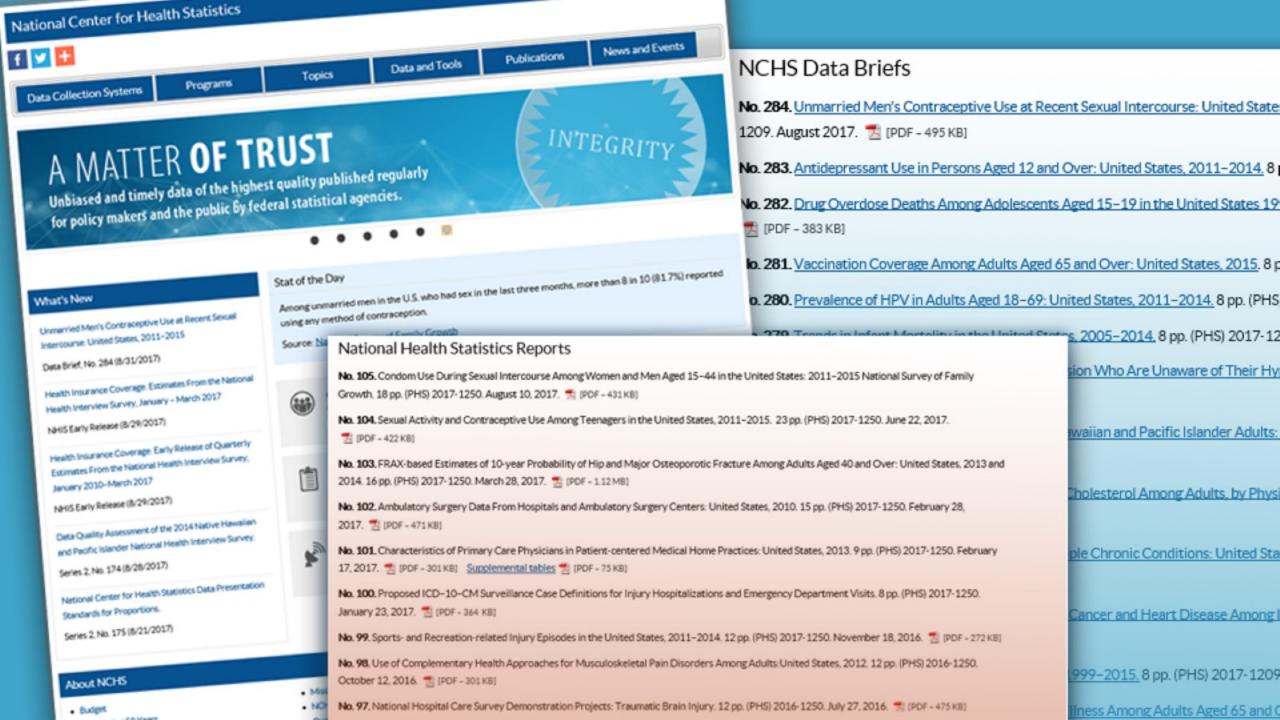


#### **National Center for Health Statistics**

#### Monitoring the Nation's Health

- Conducts health surveys
- Collects and disseminates data
- Identifies trends and disparities

To guide public health and policy



Drug Overdose Deaths Among Adolescents Aged 15-19 in the United States: 1999-2015 NCHS Data Brief No. 282, August 2017

PDF Version 🛨 (383 KB)

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#### Key findings

#### Data from the National Vital Statistics System

- The death rate due to drug overdose among adolescents aged 15-19 more than doubled from 1999 (1.6 per 100,000) to 2007 (4.2), declined by 26% from 2007 to 2014 (3.1), and then increased in
  - The drug overdose death rate increased between 1999 and the mid-2000s for both males and females but only males had a subsequent decline between 2007 and 2014. For both male and female adolescents, the majority of drug overdose deaths in 2015 were
    - Death rates for drug overdoses among those aged 15-19 in 2015 were highest for opioids,
      - Drug overdose deaths in the United States are a pressing public health challenge (1–3). In particular, According opioids have increased since 1999 (1). This report focuses specifically on drug 11-radoloscopts aged 15-19. In 2015, 772 drug overdose deaths occurred in this

TO A.C. busintent le g. unintentional, suicide, homicide)

#### On This Page

- Key findings
  - After increasing from 1999 through. 2007, drug overdose deathrates for adolescents aged 15-19 declined
    - · The majority of drug overdose fleaths were unintentional.
      - Rates of drug overdose deaths.
        - Among opinids, rates of drug our
        - - - Data source and meth About the authors
              - References

# Births and deaths were first collected nationally with the 1850 census



# States now collect vital statistics with the registration of births and deaths



# What has death certificate data information been used for?

Drug Overdose Deaths Among Adolescents Aged 15–19 in the United States: 1999–2015

# Infant Mortality Rates in Rural and Urban Areas in the United States, 2014

Cause of Fetal Death: Data From the Fetal Death Report, 2014

MORTALITY IN THE UNITED STATES, 2015
Using Literal Text From the Death Certificate
to Enhance Mortality Statistics:
Characterizing Drug Involvement in Deaths

Drugs Most Frequently Involved in Drug Overdose Deaths: United States, 2010–2014

DRUG OVERDOSE DEATHS IN THE UNITED STATES, 1999-2015

Declines in Cancer Death Rates Among Children and Adolescents in the United States, 1999–2014

# What are the strengths of the system?

- All deaths are reported: 2.6 million
- All medical conditions contributing to death can be reported
- Strong demographic data on the deceased are provided

# What were the weaknesses of the system?

- Timeliness of reporting deaths
- Quality of reporting on medical conditions
- Timeliness in coding of medical conditions
- Timeliness in processing and reporting findings
- Annual reporting



# How could the reporting of deaths then... monitor emerging diseases or fast-moving epidemics now?

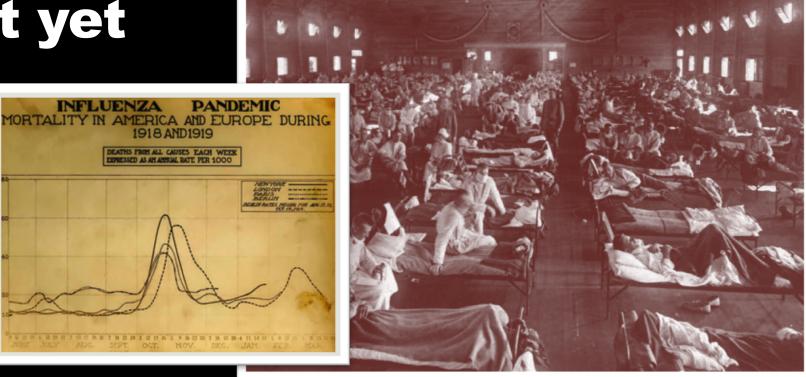
Not well!

# 1918 Spanish flu

The National Vital Statistics System

675,000 estimated deaths

 Vital statistics system not yet complete



## The emergence of HIV

THE NATIONAL VITAL STATISTICS SYSTEM

**CDC** reports first outbreak of HIV

3,500 estimated as being HIV+

1994 HIV / AIDS becomes the leading cause of death for men aged 25-44



#### Vital Statistics System's response to HIV

THE NATIONAL VITAL STATISTICS SYSTEM

**1984** Deaths not reported until 1988; HIV / AIDS not yet classified in *International Classification of Diseases* 

1994 Deaths not reported until September 1996, 2.75 years after the event

**2012** Data still being reported 22 months after the year deaths occurred





## What changes have already been made?

- Standards-based Web systems run by states at the source—funeral directors, certifying physicians, medical examiners, and coroners
- Responsive systems at state level
- Automated coding systems at national level with overnight results
- Online tutorials
- Faster reporting—quarterly and monthly

## What new changes are being made now?

- Web-based editing at the source, for better quality
- Connecting to electronic health records
- Geocoding—but after the fact

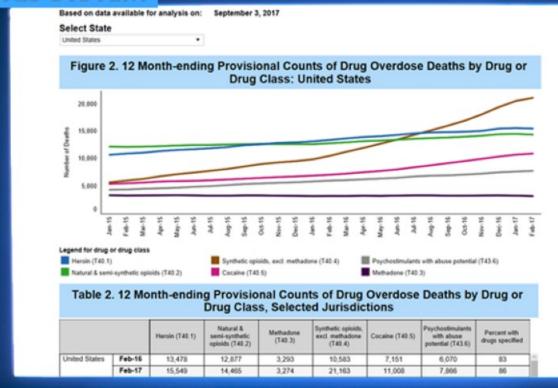
# What are the results?

#### **Timeliness reporting**

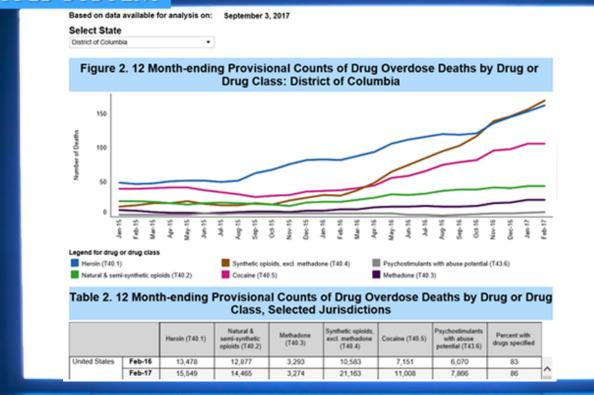
THE PROPORTION OF MORTALITY RECORDS RECEIVED AT NCHS WITHIN 10 DAYS OF THE DATE OF THE EVENT



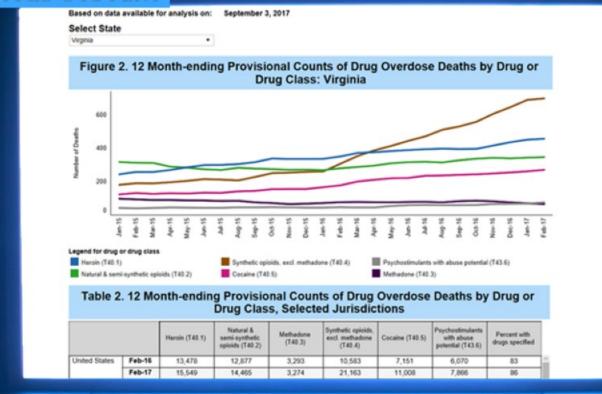
#### Vital Statistics Rapid Release: United States



#### Vital Statistics Rapid Release: D.C.

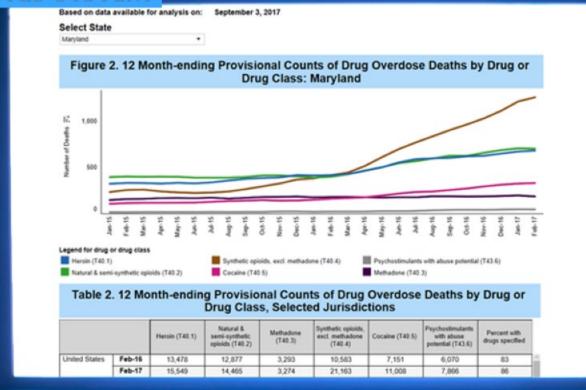


## Vital Statistics Rapid Release: Virginia



# Vital Statistics Rapid Release: Maryland





# Challenges ahead

- Redo automated coding system for more complete coding—beyond today's 78% of records
- Obtain certifying physician and medical examiner access to decedent's electronic health records
- Geocoding at the source
- Secure 80% of all death records within 10 days of date of death