National Vital Statistics System

About NCHS

The CDC's National Center for Health Statistics (NCHS) is the nation's principal health statistics agency, providing data to identify and address health issues. NCHS compiles statistical information to help guide public health and health policy decisions.

Collaborating with other public and private health partners, NCHS employs a variety of data collection mechanisms to obtain accurate information from multiple sources. This process provides multiple perspectives to help understand the population's health, influences on health, and health outcomes.

National Vital Statistics System

The National Vital Statistics System (NVSS) provides the nation's official vital statistics data based on the collection and registration of birth and death events at the state and local level. The NVSS provides the most complete and continuous data available to public health officials at the national, state and local levels, and in the private sector.

Vital statistics are a critical component of our national health information system, allowing us to monitor progress toward achieving health and welfare reform goals.

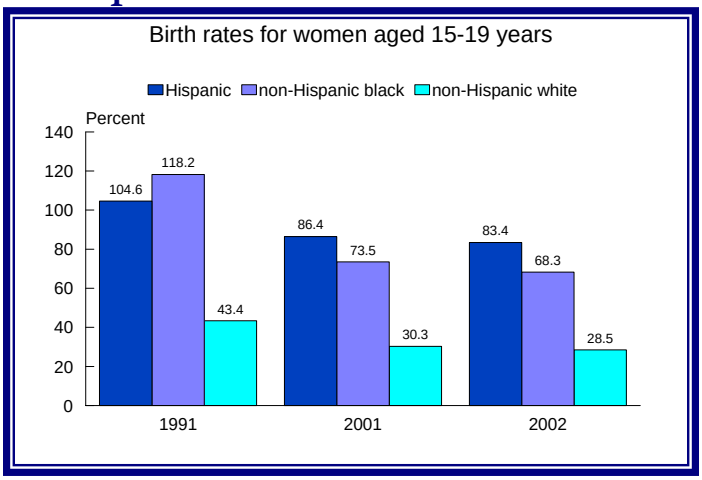
Examples of NVSS data:

- Number of teen births
- Prenatal care and birthweight
- Risk factors for adverse pregnancy outcomes
- Firearm-related mortality in teens
- Infant mortality rates
- Leading causes of death
- Life expectancy
- Firearm related mortality

National Death Index

A component of the NVSS is the National Death Index (NDI). The NDI is a central computerized index of death record information compiled from state data. The NCHS, in collaboration with state offices, established the NDI as a resource to facilitate epidemiological follow-up studies, and allow researchers to verify death for individuals under study.

Examples of NVSS Data



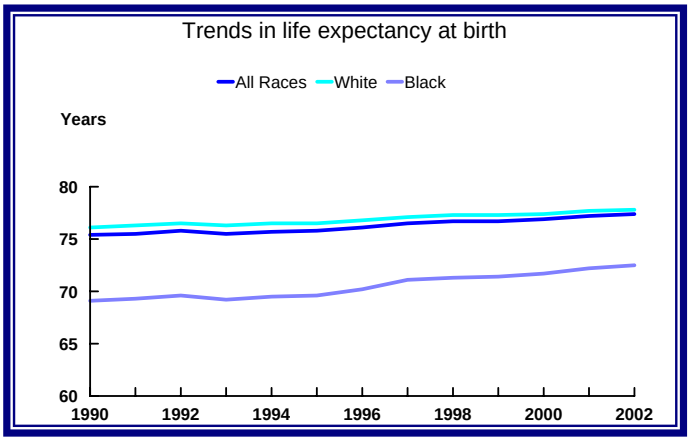
Rates for 2001 and 2002 have been revised and may differ from previously published rates.

Source: Births: Final Data for 2002, Volume 52, Number 10; National Center for Health Statistics. 2003.

- The teen birth rate has dropped 30 percent since 1991. Between 2001 and 2002 the teen birth rate dropped 5 percent, from 45.3 to 43.0 per 1,000 females 15-19 years of age.

- During the 1990's teenage birth rates declined for all races and age subgroups. The largest decline in birth rates between 1991 and 2002 was for non-Hispanic blacks (42 percent). Since 1991, teenage birth rates per 1,000 females fell 33 to 36 percent for American Indians, Asians or Pacific Islanders and non-Hispanic whites, and 20 percent for Hispanics.

- The prevention of teen births has important consequences for both the teen mother and her infant. Teenagers are least likely to receive prenatal care, more likely to smoke when pregnant, and more likely to have a low birthweight infant.



Source: Deaths: Preliminary Data for 2002, Vol. 52, No. 13: National Center for Health Statistics. 2004.

- In 2002, life expectancy at birth was 77.4 years for all races, 77.8 years for whites, and 72.5 years for blacks.

- The **infant mortality rate** for all races increased from 6.8 infant deaths per 1,000 live births in 2001 to 7.0 in 2002. Since 1958, the infant mortality rate has either decreased or remained level each successive year through 2001. A rise in neonatal infant deaths (infants less than 28 days old) prompted the overall rate to increase in 2002. In addition, three causes of death accounted for most of the increase in infant mortality: congenital anomalies (birth defects), disorders related to short gestation and low birth rate, and maternal complications of pregnancy.

- The **infant mortality rate** for non-Hispanic black infants is more than double the rate for non-Hispanic white infants. The rate for non-Hispanic white infants was 5.9 per 1,000 live births and 5.6 for Hispanic infants, compared with 14.3 for non-Hispanic black infants.

- Deaths due to **homicide** decreased 16.9 percent between 2001 and 2002. The dramatic fall in the rate was primarily a result of the terrorist attacks - classified as homicides - in 2001.

- The data show a reduction in **deaths due to heart disease** (3.0 percent) **cancer** (1.0 percent), and **stroke** (2.8 percent) from 2001 to 2002. Deaths due to **Alzheimer's disease** increased by 5.8 percent, from 19.1 per 100,000 population in 2001 to 20.2 in 2002.

Challenges and Future Opportunities

- Implement new national model certificates of birth, death and fetal death events to improve data quality and update the content of these data sources to reflect new needs such as changing classification of race/ethnicity, and new and emerging concerns in maternal and infant health and public health.

- Modernize the technology infrastructure of the nation's vital statistics system, moving states from outdated systems to web-based systems integrated with other public health information systems. This technology will allow for rapid compilation and use of these critical data sources, as well as for improved quality.

For further information about NCHS and its programs, visit us at **http://www.cdc.gov/nchs**, or call the Office of Planning, Budget and Legislation at 301-458-4100.
For information on NVSS, visit their website at **http://www.cdc.gov/nchs.nvss.htm**.

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