



National Vital Statistics System Improvements

About NCHS

The 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 uses a variety of data collection mechanisms, including the National Vital Statistics System (NVSS), to obtain accurate information from multiple sources. This process provides a broad perspective on the population's health, influences on health, and health outcomes.

National Vital Statistics System

NVSS provides the nation's official vital statistics based on the collection and registration of birth and death events at the state and local level. This system contains information on all births and deaths in the United States and 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 provide insight into important trends in health, including the impact of changes in the incidence of nonmedically indicated cesarean deliveries and preterm birth, chronic conditions, progress on reducing deaths due to motor vehicle accidents, and the evolving challenge of substance abuse. Jurisdictions rely on birth and death records for a variety of administrative needs, and also use vital statistics to inform decisions aimed at improving health and health care.

NVSS is used to produce important health indicators from birth and death data, including teen births and birth rates, cesarean delivery, preterm birth and infant mortality rates, leading causes of death, and life expectancy. Vital statistics data have diverse uses—they serve as a base for public health, social service, and economic planning and program development and are used to track progress toward health goals.

Improvements to NVSS

Each year, NVSS collects information on the 6.8 million births, deaths, and fetal deaths occurring in the 57 U.S. vital registration areas (50 states, New York City, District of Columbia, and five U.S. territories). NCHS also works with each vital registration area and the National Association for Public Health Statistics and Information Systems (NAPHSIS)—representing state vital statistics offices—to collect vital registration data and to improve timeliness and data quality.

Efforts to improve vital records are ongoing and are being accelerated as part of the CDC Data Modernization Initiative—they involve NCHS' support of states in implementing electronic birth and death registration systems and completing the implementation of the 2003 revised standard certificates

in all jurisdictions. Electronic birth and death records will improve timeliness of data, allow for transfer of data between states, and integrate vital statistics with public health surveillance systems. As of 2013, NCHS completed the funding of remaining states seeking assistance for development and implementation of an electronic birth registration system. Similar progress has not been made with electronic death registration systems (EDRS). As of January 1, 2020, 46 of the 57 vital registration areas have an operating EDRS, although some of these systems are still not operating statewide and many data providers (especially physicians) are not using them to enter death information.

As of January 1, 2016, all 50 states, New York City, the District of Columbia, Puerto Rico, Guam, Northern Marianas, and the U.S. Virgin Islands reported data based on the 2003 United States Certificate of Live Birth, resulting in the availability

of national data for many new data items, such as tobacco use before and during pregnancy and source of payment for the delivery. A collaborative effort between NCHS and its state partners also led to the dropping of a number of nonperforming items from the national birth and fetal death files. This effort, along with other important enhancements, improved data quality.

Improved timeliness

Timeliness of data for the provisional and final vital statistics reports is calculated from the end of the data year (for example, December 31, 2019, is the end of the 2019 data year) to publication on the NCHS website.

- To allow for timely public health planning and response, NCHS releases the annual provisional

birth report when it has received 95% or more of all birth records from vital registration areas.

- Annual provisional birth data for 2019 were released 5 months after the end of data collection; the final 2019 birth data were released 10 months after the end of data collection.
- Final 2019 mortality data were released 12 months after the end of the data year.

Improved data quality

NCHS works to improve data quality through special studies and expanded outreach to physicians and others completing birth and death certificates. Projects to improve data quality include:

- The 2003 Revisions of the U.S. Standard Certificates for live birth, death, and fetal death. These revisions encourage uniformity in data collection across registration areas. State adoption of the revised certificates enhances the ability to analyze and track crucial indicators, including demographic characteristics, health care utilization, and outcomes such as cesarean delivery.
- Web-based tutorials to assist physicians in completing death certificates.
- Web-based training for clinical and nonclinical hospital staff in completing the medical and health data for birth certificates and fetal deaths, and continuing education credits for physicians, nurses, and nonmedical staff.
- Providing regular feedback to vital registration areas on data errors and anomalies to address data provider errors and electronic system issues.

Monitoring high-risk births and infant deaths

NVSS is a critical source of reliable and increasingly timely data on adverse pregnancy outcomes, such

as preterm delivery and fetal and infant mortality. Recent reports from NVSS have, for example, tracked the recent increase in rates of preterm and low birthweight births and described the lack of improvement in fetal and infant mortality rates, trends in births to the youngest mothers, cigarette smoking during pregnancy, and the timing and adequacy of prenatal care in the United States.

National information on factors potentially related to pregnancy outcome have recently become available with the release of the 2016 birth file, the first year in which all states were using the 2003 revisions of the birth certificate. Detailed national data on tobacco use before and during pregnancy, the use of infertility treatment, the timing of prenatal care, maternal body mass index, the receipt of WIC food during pregnancy, and admission to a neonatal intensive care unit (NICU) should ultimately contribute to NCHS' understanding of how to improve pregnancy outcomes in the United States.

Vital Statistics Rapid Release Program, COVID-19, and other public health surveillance

The Vital Statistics Rapid Release Program has allowed NCHS to expand its use and dissemination of provisional birth and death data, including the ability to rapidly begin tracking COVID-19 mortality beginning in April of 2020. The program provides access to the timeliest vital statistics for public health surveillance, through releases of:

- Quarterly Provisional Estimates of births, deaths, and infant deaths
- Focused surveillance activities, including:
 - Daily COVID-19 death count reporting
 - Detailed weekly COVID-19 death reporting by demographic characteristics, health disparities, and excess deaths

- Weekly influenza and pneumonia mortality reporting
- Monthly provisional counts of drug overdose deaths
- Quarterly reporting of maternal COVID-19 cases from selected jurisdictions
- Reports providing methodological information and in-depth analysis of provisional data
- State and national provisional control counts of births, deaths, and infant deaths

Using the provisional data, NCHS produces more timely estimates of important health indicators for public health practitioners, researchers, and health policy-makers than would be possible using final annual data.

Improvements in the National Death Index

- The National Death Index (NDI), a self-supporting service of NCHS, is a component of NVSS. NDI is a centralized database of death record information compiled from state vital statistics offices. NCHS, in collaboration with state offices, established NDI as a resource for epidemiological follow-up studies and other types of health and medical research that require determination of the mortality status of study subjects.
- To facilitate faster access, NCHS established the NDI Early Release Program in 2014. Through the NDI Early Release Program, death records for a particular calendar year will be available for searches when approximately 90% of the year's death records have been received and processed. The Early Release Program facilitates the work of health researchers to determine the vital status, and also causes of death, of study subjects more quickly. Currently, NDI Early Release 2020 is available. To further improve timeliness, NDI transitioned to quarterly releases.

