



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 a broad perspective to help us 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 important health goals.

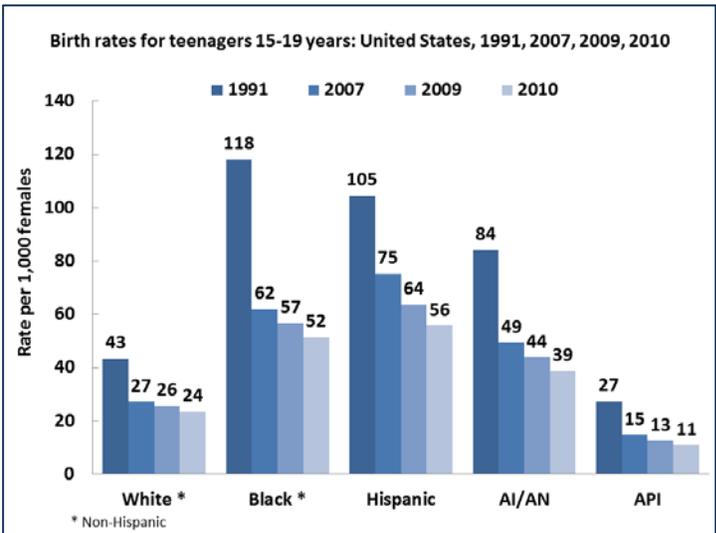
Examples of NVSS data:

- Teen births and birth rates
- Prenatal care and birthweight
- Risk factors for adverse pregnancy outcomes
- Infant mortality rates
- Leading causes of death
- Life expectancy

National Death Index

The National Death Index (NDI), a component of the NVSS, 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 to allow researchers to verify death and provide cause of death for individuals under study.

Examples of NVSS Data

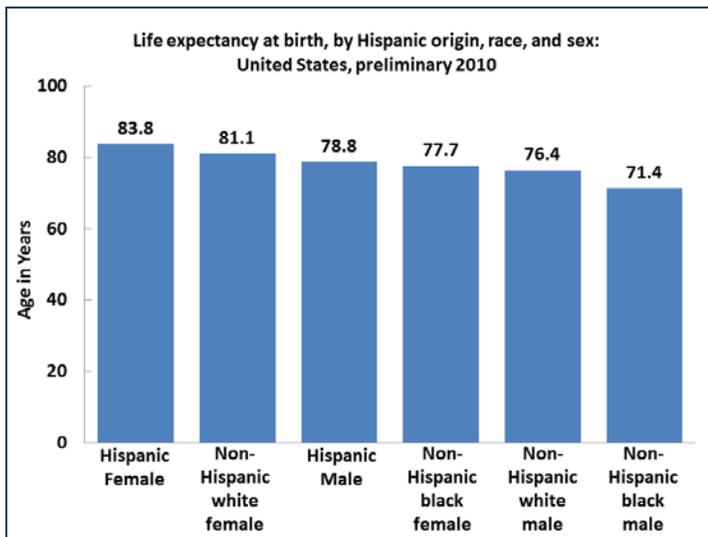


Sources: Births: Preliminary Data for 2010. National Vital Statistics Reports 60 (2): National Center for Health Statistics. 2011.

The **birth rate for U.S. teenagers** aged 15-19 years of age fell 9 percent in 2010, to 34.3 births per 1,000. The rate declined 17 percent from 2007 to 2010, reversing two consecutive years of increases. Prior to that, teen childbearing had declined 36 percent from 1991 to 2005.

Rates declined for all race and Hispanic origin groups in 2010. The rate for Hispanic teenagers fell 12 percent to 55.7 per 1,000, the lowest rate ever reported for this group in the two decades for which rates are available. Statistically significant declines for other groups ranged from 9 percent for non-Hispanic white and non-Hispanic black teenagers to 12 percent for American Indian/Alaska Native teenagers and 13 percent for Asian/Pacific Islander teenagers.

Teen births have important health implications. Teenagers are least likely to receive timely prenatal care, are more likely to smoke, and are more likely to have a low birthweight infant.



Source: Deaths: Preliminary Data for 2010. National Vital Statistics Reports 60(4): National Center for Health Statistics. 2012

- **Life expectancy at birth** was 78.7 years in 2010, according to preliminary data.
- In 2010, Hispanic females had the highest **life expectancy at birth** (83.8 years), followed by non-Hispanic white females (81.1 years), Hispanic males (78.8 years), non-Hispanic black females (77.7 years), non-Hispanic white males (76.4 years), and non-Hispanic black males (71.4 years).

Other findings include:

- Preliminary data for 2010 show that age-adjusted death rates declined significantly for 7 of the 15 leading causes of death. Decreases in the age-adjusted death rate for the top two leading causes, **heart disease** and **cancer**, were 2.4 percent and 0.6 percent, respectively. Deaths from these two diseases accounted for 47 percent of all deaths in the United States in 2010.

- The age-adjusted death rate decreased between 2009-2010 for other causes including **chronic lower respiratory diseases** (1.4 percent), **stroke** (1.5 percent), **unintentional injuries** (1.1 percent), **influenza and pneumonia** (8.5 percent), and **septicemia** (3.6 percent), based on final data for 2009 and preliminary data for 2010.
- The **2010 preliminary infant mortality rate** was 6.14 infant deaths per 1,000 live births, significantly lower than the final rate in 2009 of 6.39.
- The preliminary 2010 **infant mortality rate** for Hispanic infants was not statistically different from the rate for non-Hispanic white infants. In contrast, the rate for non-Hispanic black infants was more than double the rate for non-Hispanic white infants.
- Preliminary data show that after climbing by about 20 percent between 1990 and 2006, the rate of **preterm birth** declined for the fourth straight year in 2010 to 11.99 percent of all births. **Low birthweight** was unchanged at 8.15 percent in 2010. The **cesarean** delivery rate declined for the first time in more than a decade to 32.8 percent in 2010, after increasing more than 50 percent from 1996 to 2009.
- The remarkable rise in **multiple births** has slowed. The twin birth rate rose 2 percent in 2009 to 33.2 twins per 1,000 total births; the rate of triplet and higher order multiple births rose in 2009 to 153.5 per 100,000 births, the first significant increase since 2001.
- **Births to unmarried women** declined for the second straight year in 2010. Measures of nonmarital childbearing had climbed steeply since 2002.

Challenges and Future Opportunities

- 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, and continue re-engineering the NCHS internal vital statistics processing systems for both the NVSS and the NDI. This technology will allow for rapid compilation and use of these critical data sources, as well as for improved quality.
- Following the modernization of the technology infrastructure to improve timeliness, the vital statistics system needs to more effectively contribute to (1) the public health surveillance of disease outbreaks at the community, state and national levels, and (2) public health policy decisions at all levels of government.

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 further information on NVSS, visit their website at <http://www.cdc.gov/nchs/nvss.htm>