Annual report of

▼ THE UNITED STATES
▼ NATIONAL COMMITTEE
▼ ON VITAL AND
▼ HEALTH STATISTICS
▼ Fiscal Year 1970

Reproduced and distributed for the Committee by the NATIONAL CENTER FOR HEALTH STATISTICS

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Health Services and Mental Health Administration
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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Health Services and Mental Health Administration
MEMBERS-U.S. NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

Forrest E. Linder, Ph.D., Professor, Department of Biostatistics, School of Public Health, University of North Carolina, Chapel Hill, N.C. Chairman

Iwao M. Moriyama, Ph.D., Director, Office of Health Statistics Analysis, National Center for Health Statistics, Health Services and Mental Health Administration, Public Health Service, Rockville, Md.* Executive Secretary

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William R. Gaffey, Ph.D., Senior Biostatistical Consultant, Pacific Medical Center, San Francisco, Calif.

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Abraham M. Lilienfeld, M.D., Professor and Chairman, Department of Epidemiology, School of Hygiene and Public Health, The Johns Hopkins University, Baltimore, Md.

Robert Parke, Jr., Commission on Population Growth and the American Future, 726 Jackson Place, N.W., Washington, D.C.

John R. Philp, M.D., Health Officer, County of Orange Health Department, Santa Ana, Calif.

Donovan J. Thompson, Ph.D., Professor of Biostatistics, School of Public Health and Community Medicine, University of Washington, Seattle, Wash.

Theodore D. Woolsey, Director, National Center for Health Statistics, Health Services and Mental Health Administration, Public Health Service, Rockville, Md.* Ex officio

*Department of Health, Education, and Welfare
The U.S. National Committee on Vital and Health Statistics was established in 1948 at the request of the Department of State, in accordance with recommendations of the First World Health Assembly, to advise on matters relating to vital and health statistics and to promote and secure technical developments in this field.

Specifically, the functions of the National Committee are to:

(a) Delineate statistical problems of public health importance which are of national or international interest;

(b) Stimulate studies of such problems by other organizations and agencies whenever possible, or make investigations of such problems through subcommittees appointed for the purpose;

(c) Review findings submitted by other organizations and agencies, or by its subcommittees, and make recommendations for national and/or international adoption;

(d) Cooperate with and advise other organizations on matters relating to vital and health statistics in the United States, especially with reference to definitions, statistical standards, and measurement problems;

(e) Advise on problems relating to vital and health statistics of national and international concern; and

(f) Cooperate with national committees of other countries, and with the World Health Organization and other international agencies, in the study of problems of mutual interest.
Activities during Fiscal Year 1970

The activities of the U.S. National Committee on Vital and Health Statistics were sharply curtailed during the fiscal year because of the fundamental changes made, at the Departmental level, in the public advisory committee structure and appointment procedures. It took a good part of the fiscal year to iron out and streamline the procedures for establishment of committees and appointment of members to them.

During the 1970 fiscal year, the Committee dealt through its subcommittees with problems in providing needed statistics on Indian Health, with possible revisions in the operation of the vital statistics system, with data needed for study of population dynamics, and with development of a uniform abstract form for recording data on hospital discharges.

The Subcommittee on Statistics of Indian Health pointed to the inadequacy of available statistical information needed for the operation of the Indian health programs, and proposed the extension of the data system that had been developed for the Pima-Papago tribes to the Navajo Indians. In essence, the proposal involved a population register to serve as a vehicle for a health statistics system to which nonstatistical information needed to provide health care is linked. Data of social welfare nature were also tied to the population register. The National Committee felt that the Subcommittee report did not give sufficient consideration to alternative methods for collecting needed data for the operation of the Indian health program, and pointed to problems involving confidentiality of data and possible invasion of privacy in maintaining a register which included information relating to various problems of medical, social, and legal nature. The report was accepted but the Committee took no further action with respect to it.

The Subcommittee on Population Dynamics made its report on the needs for national studies of population dynamics which outlined the principal needs for improvement of statistics necessary to study population change in the United States. Starting with available data,
the Subcommittee indicated ways of improving existing data sources and the recommended new data sources needed for population studies.

High priority recommendations were made for the extension of the Marriage and Divorce Registration Area so that national statistics on marriages and divorces would be available. Because of the importance of the family in shaping the growth and distribution of the population, statistics on family formation and dissolution are essential to the adequate understanding of the nature, determinants, and consequences of population dynamics.

More information on fertility determinants was deemed essential both for a better understanding of the factors underlying existing fertility differentials in the national population, as well as for an improved basis for fertility predictions. Data are not now available on the effect of the following three basic sets of factors on natality: fecundity or the physiological capacity for childbearing; reproductive norms or the values relating to size of family and spacing between children; and family planning practices dealing mainly with contraception, induced abortion, sterilization on the side of restricting or postponing births, increased frequency of deliberate timing of coitus, artificial insemination, and other recourse to medical assistance on the side of augmenting birth chances. To obtain these basic data, it was recommended that a continuous National Survey of Family Growth be established which will provide information on trends in childbearing patterns and factors affecting the birth rate in the United States.

The Uniform Hospital Abstract Form Subcommittee was established at the recommendation of the Conference on Hospital Discharge Abstract Systems. This Subcommittee will study and recommend a set of data items which should be recorded on hospital record face sheets or discharge summaries, including the necessary definitions and classification for these items. The data items are being selected for their value for (1) periodic review of patient management, (2) efficient and effective hospital services management, (3) community and regional health planning, and (4) health services and epidemiological research. Needs for information for a common claims form and for relating charges to patient information are also being considered.

The Subcommittee on Revision of Vital Statistics System is studying various methods for modernizing death registration procedures and production of mortality statistics to meet needs for data more fully. The Subcommittee is reexamining the role of the local registrar and the funeral director in the process of registration of deaths, the use of a multicopy certificate which also serves as a burial permit, and programs for improving the quality of data. Also being considered is the type of data system which would be most efficient in registration, certification of deaths, and in the production of death
statistics. It is expected that the report of the Subcommittee will suggest changes in the method of operation of the death registration system in the light of technological developments in data collection procedures and in processing equipment, and through reexamination of the roles of the Federal, State, and local governments in the collection and compilation of death statistics. The Subcommittee is working coordinately with a comparable working group of the Public Health Conference on Records and Statistics engaged in studying the birth registration system for needed revisions.

In reviewing the discussion of the Twentieth Anniversary Conference of the U.S. National Committee on Vital and Health Statistics, the National Committee concurred on the importance of securing comprehensive baseline financial data, relating to health, beginning with data for a single year with the potential for extension into the future for some kinds of financial data. The real advantage of collecting various kinds of data for a single year is the ability to obtain valuable interrelationships between the different measures.

In preparation for the Ninth Decennial Revision of the International Classification of Diseases, a Subcommittee on the Classification of Diseases was authorized to coordinate the preparatory work on the revision in the United States. Also authorized was the Working Party on the Classification of Neoplasms which will develop U.S. revision proposals on the neoplasm classification and a classification of the histological type of neoplasms.

During the year, the National Committee considered proposals for future studies in health and demographic statistics. It recognized the need for study in the following areas: (1) "natural history" of medical care for specific diseases; (2) possible mechanisms for the quick identification of health effects such as those associated with oral contraceptives and adverse effects of other nondisease influences; (3) how to measure, determine the existence of or recognize unequal access to medical care, especially, in view of the variations in the individual's health status and health behavior patterns; (4) how to measure output of services when the services differ in quality; (5) how to account for some of the variations in utilization of services in terms of differences in availability of services, availability of funds, etc.; (6) how to measure total expenditures for environmental control and for other grant-in-aid programs, including those from State-local funds and by private industry; (7) how to measure the savings to be expected from large-scale expansion of prepaid group practices; (8) analyses of data in terms of "demographic accounts," for example, annual estimates of family compositions associated with life cycle states; (9) data on abortions; (10) data on premari
tal conceptions; (11) the needs for gross as well as net population migration; and (12) validation of family income reporting.
Subcommittee - Statistics of Indian Health

Appointed - January 1965

Assignment - To outline the statistics needed to delineate major health problems in the Indian population and to provide effective health service, including medical care, taking into consideration the mobility of the population and its shifting in and out of the Indian health service areas.

Discharged - November 1969

Members - Frank R. Lemon, M.D., Associate Dean for Continuing Education, College of Medicine, Albert B. Chandler Medical Center, University of Kentucky, Lexington, Ky. Chairman

Robert A. Hackenberg, Ph.D., Associate Professor and Program Director, Institute of Behavioral Science, Department of Anthropology, University of Colorado, Boulder, Colo.


Enrico Leopardi, M.D., Service Unit Director, PHS Indian School Health Center, P.O. Box 602, Brighton, City, Utah*

Leah Resnick, Supervisory Health Programs Analyst, Regional Medical Programs Service, Health Services and Mental Health Administration, Public Health Service, Rockville, Md.*

Roderick H. Riley, Ph.D., Assistant to the Commissioner and Economic Advisor, Bureau of Indian Affairs, U.S. Department of the Interior, Washington, D.C.

*Department of Health, Education, and Welfare
Margaret Shackelford, 4638 Willard Drive, Oklahoma City, Okla.

Cecil Slome, M.B., Ch.B., Dr.P.H., Associate Professor, Department of Epidemiology, School of Public Health, University of North Carolina, Chapel Hill, N.C.

Subcommittee - Population Dynamics

Appointed - June 1967

Assignment - To report on types of studies needed in the field of population dynamics, the specific types of data needed to yield such studies, and suggestions as to how such data might best be collected.

Discharged - May 1970

Members - Clyde V. Kiser, Ph.D., Vice President for Technical Affairs, Milbank Memorial Fund, New York, N.Y. Chair

Donald J. Bogue, Ph.D., Director, Community and Family Study Center, University of Chicago, Chicago, Ill.

Arthur A. Campbell, Deputy Director, Center for Population Research, National Institute of Child Health and Human Development, National Institutes of Health, Bethesda, Md.*

Leslie Corsa, Jr., M.D., Director, Center for Population Planning, School of Public Health, University of Michigan, Ann Arbor, Mich.

Oscar Harkavy, Ph.D., Director, Population Program, Ford Foundation, New York, N.Y.

*Department of Health, Education, and Welfare
I.M. Moriyama, Ph.D., Executive Secretary, National Committee on Vital and Health Statistics, Health Services and Mental Health Administration, Public Health Service, Rockville, Md.* Ex officio

Robert Parke, Jr., Commission on Population Growth and the American Future, 726 Jackson Place, N.W., Washington, D.C.

John E. Patterson, Assistant Director for Demographic Affairs, Division of Vital Statistics, National Center for Health Statistics, Health Services and Mental Health Administration, Public Health Service, Rockville, Md.* Secretary

Robert G. Potter, Jr., Ph.D., Professor, Department of Sociology and Anthropology, Brown University, Providence, R.I.

Subcommittee - Vital Statistics System Revision

Appointed - December 1968

Assignment - To recommend needed revisions in the method of operation of the vital statistics system in the light of technological developments in data collection and processing equipment and procedures, and by reexamination of the roles of the Federal, State, and local governments in the collection of vital records and compilation of vital statistics.

Members - Everett S. Lee, Ph.D., Professor, Demographic Research and Training Center, Social Science Research Institute, The University of Georgia, Athens, Ga. Chairman

Leland E. Aase, Director, Bureau of Health Statistics, Division of Health, State of Wisconsin, Department of Health and Social Services, Madison, Wis.

*Department of Health, Education, and Welfare
Albert E. Bailey, Ph.D., Director, Bureau of Administration, Pennsylvania Department of Health, Harrisburg, Pa.

Loren E. Chancellor, Chief, Registration Methods Branch, Division of Vital Statistics, National Center for Health Statistics, Health Services and Mental Health Administration, Public Health Service, Rockville, Md.,* Secretary

Marian Maloon Colby, Acting Director, New England Regional Center for Health and Demographic Statistics, New England Center for Continuing Education, Durham, New Hampshire

Robert A. Israel, Director, Division of Vital Statistics, National Center for Health Statistics, Health Services and Mental Health Administration, Public Health Service, Rockville, Md.*

Leonard D. McGann, Director, Division of Data Processing, National Center for Health Statistics, Health Services and Mental Health Administration, Public Health Service, Research Triangle Park, N.C.*

I. M. Moriyama, Ph.D., Executive Secretary, National Committee on Vital and Health Statistics, Health Services and Mental Health Administration, Public Health Services, Rockville, Md.* Ex officio

Howard C. Raether, Executive Secretary, National Funeral Directors Association, Milwaukee, Wis.

Subcommittee - Uniform Hospital Abstract Form

Appointed - October 1969

Assignment - To deal with the technical problems of developing an abstract form for recording hospital discharges and prepare needed definitions of terms and classification.

*Department of Health, Education, and Welfare
Members

Howard West, Director, Division of Health Insurance Studies, Office of Research and Statistics, Social Security Administration, Washington, D.C. Chairman

Edward J. Connors, Director, University Hospital, The University of Michigan Medical Center, Ann Arbor, Mich.

James M. Ensign, Vice President, Blue Cross Association, Chicago, Ill.

Siegfried A. Hoermann, Director, Division of Health Resources Statistics, National Center for Health Statistics, Health Services and Mental Health Administration, Public Health Services, Rockville, Md.*

Peter L. Hurley, Deputy Director, Division of Health Resources Statistics, National Center for Health Statistics, Health Services and Mental Health Administration, Public Health Service, Rockville, Md.*

Secretary

Osler L. Peterson, M.D., Professor and Acting Chairman, Department of Preventive Medicine, Harvard Medical School, Boston, Mass.

David Robbins, Director, Statistics and Control Division, Health Insurance Association of American, New York, N.Y.

Sidney Shindell, M.D., Professor and Chairman, Division of Preventive Medicine, Department of Social and Community Medicine, Marquette School of Medicine, Milwaukee, Wis.

Mary-J. B. Waterstraat, Executive Director, American Association of Medical Record Librarians, Chicago, Ill.

*Department of Health, Education, and Welfare
Reports of the

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AND HEALTH STATISTICS

United States National Committee on Vital and Health Statistics,
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*Reprint of Vital Statistics-Special Reports, Vol. 45, No. 11, July 1957

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