Annual report of

- **▼** THE UNITED STATES
- ▼ NATIONAL COMMITTEE
- ▼ ON VITAL AND
- **▼** HEALTH STATISTICS
- ▼ Fiscal Year 1971

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service

Health Services and Mental Health Administration

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- 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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- 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 1971

In preparation for the Ninth Revision of the International Classification of Diseases (ICD), the U.S. National Committee on Vital and Health Statistics has increased its activities during fiscal year 1971. The International Classification of Diseases Subcommittee has been concerned with the preparatory work on proposals to be submitted to the World Health Organization. An abstract for recording information on hospital discharges and preparing needed definitions on terms and classification was developed by the Uniform Hospital Abstract Form Subcommittee. The Vital Statistics System Revision Subcommittee explored the method of operation of the vital statistics system. The Financial Data Year Planning Subcommittee planned on getting solid baseline financial data related to health services for one year.

The Subcommittee on the International Classification of Diseases is coordinating the activities of its Working Parties and other organizations and individuals who made suggestions for the revision of the International Classification of Diseases. Working Parties of this subcommittee are currently developing proposals for the classification of neoplasms, mental disorders, and surgical and other diagnostic and therapeutic procedures. All recommendations for the revision of the International Classification of Diseases will be submitted for consideration by the World Health Organization.

The Subcommittee's major objective, for the Ninth Revision, is to provide a classification which is suitable for diagnostic indexing and multiple condition analysis without disrupting the existing form of the ICD. In order to achieve this objective, there is general agreement with the WHO recommendations that the essential basis of the Eighth Revision with respect to axes of classification, number of sections, and decimal numbering system should be retained. The classification should be meaningful at the three-digit level, which should be the mandatory level for international statistical reporting, Combination categories should be examined with the needs of diagnostic indexing and multiplecondition analysis in mind and wherever possible such categories should be eliminated. The Subcommittee has taken the position that the present mortality orientation of the classification and the assumptions of etiology should be discontinued. In addition, they realize that the existing categories should, wherever necessary to satisfy hospital indexing needs, be subdivided to provide greater specificity. Consideration will be given

to the development of a classification, either within or complimentary to the ICD, for disabilities and impairments. The Subcommittee will assess the recommendations for suggested changes in the classification which were solicited by a survey of interested organizations and users.

During the year the Working Party on Classification of Neoplasms has been concerned with problems in the classification of functionally active neoplasms of endocrine glands and carcinoma in situ. This Working Party has reviewed the present three-digit categories for continuing acceptability and considered explicit changes in the fourth-digit categories. Discrepancies between ICDA and the Standard Nomenclature of Pathology have been identified.

In carrying out the recommendations of the Conference on Hospital Discharge Abstract Systems, the Uniform Hospital Abstract Form Subcommittee identified and defined a minimum set of personal, diagnostic, and medical service data on individual discharged hospital patients which will serve basic institutional, community, and research needs for data. Together with the necessary financial data, this will satisfy the requirements of third-party payers. The Subcommittee submitted its deliberations and conclusions to the National Committee in a preliminary draft of a final report.

The minimum basic data set for a uniform hospital discharge abstract will be field tested in several areas by the National Center for Health Services Research and Development through the Blue Cross Association's Health Services Foundation to determine the acceptability and feasibility of recording the data in varied hospital settings. The Subcommittee will later review the results of these tests to advise on resolution of problems encountered in collecting the recommended information. A final report to the National Committee will be submitted by the Subcommittee upon completion of the field trials.

Recommendations in death registration procedures and production of mortality statistics to meet more fully needs for data have been discussed by the Subcommittee on Revision of the Vital Statistics System. 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 the burial permit—and programs for improving the quality of data have been reexamined. Also being considered is the type of data system which would be most efficient in registration, certification of deaths, and production 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.

Financial and economic statistics now available on health services, including expenditures, prices, and utilization vary in reliability across the several items and sources of data, from year to year, and in the

firmness of the data. The Financial Data Year Planning Subcommittee was established to: (1) develop a plan for obtaining baseline data on national expenditures for health services for a designated year, classifiable by source of funds, object of expenditure, and age and income class of the recipient of services; (2) determine what data should be collected annually in order to make maximum use of the baseline year data; and (3) propose changes needed to improve the accuracy and usefulness of the health items in the Consumer Price Index.

The methods used and problems existing in several major financial data systems (those of the Social Security Administration, the Office of Business Economics, and the Bureau of Labor Statistics) have been discussed by the Subcommittee. Conceptual problems, analytical models, and specific needs for data have been considered. Outside experts as well as Subcommittee members have contributed to the discussions.

The value of health services expenditure data will be enhanced if they can be related to data on the health status of populations served. Persons engaged in conducting morbidity and other surveys will be invited to share their material with the Subcommittee for its consideration in making decisions on geographic and demographic variables to be recorded in the baseline financial data year.

Potential study topics for subcommittees were reviewed by the National Committee in the areas of demography, health, and health resources and facilities. The following were selected as having high current priority.

Demography

- Needed statistics on creation of families, their constitution and dissolution,
- 2. Analyses of data in terms of demographic accounts,
- 3. Needed information from mortality statistics,
- 4. Evaluation of the products of the present vital statistics system by comparison with the estimation of vital rates through population surveys in some other countries, and
- Specification of needed verification of studies of data on vital records and on hospital records.

Health

- 1. Methodology for evaluation of effectiveness of programs,
- Design of mechanisms for identification of health effects such as those associated with oral contraceptives,
- Methods for determining the natural history of medical care for specific diseases,

- 4. Methodological problems in gathering data in sensitive areas,
- Methods of collecting statistics on hereditary diseases and their effects.
- Characteristics and feasibility of model physician reporting areas, and
- Consideration de novo of the conceptual design of a national morbidity survey in the light of experience and changing needs.

Health Resources and Facilities

- 1. How to measure equal or unequal access to medical care,
- How to measure output of services when the services differ in quality,
- Information needed about economic aspects of health services systems,
- Collection of data on medical care utilization and expenditures through household surveys,
- Definitions and procedures for collecting information on costs of health services, and
- 6. Needed statistics on private practice and ambulatory care.

After careful consideration of these subjects and the feasibility ofexploring them further, the National Committee determined that the following topics should be studied: (1) Social and Health Indicators. There is need to examine systematically the kinds of measures of health status which it is useful to make and the social, economic, and environmental variables which should be recorded to help explain and understand differentials in health status; (2) Needed Statistics and Statistical Data System for Formulation of National Population Policy, An effort should be made to delineate the kinds of demographic data needed for intelligent decision-making on pressing problems of population growth distributions, composition, and migration. A program of demographic data collection required to fill those needs should be outlined; and (3) Evaluation of Health Programs. Suitable approaches would be (a) to review terminology since the literature on evaluation of the effect of health programs is now confusing because of lack of uniformly defined terminology, clear statements of objectives, and well-defined studies, and (b) the selection, analysis, and characterization of apparently successful studies.

Subcommittee - Vital Statistics System Revision

Established

- 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.

Albert E. Bailey, Ph.D., 1021 South Progress Ave., Scottsdale Apt. B2, 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, Director, New England Regional Center for Health and Demographic Statistics, New England Center for Continuing Education, Durham, N.H.

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.*

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

^{*}Department of Health, Education, and Welfare

Subcommittee -Uniform Hospital Abstract Form

Established 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.

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 Service, Rockville, Md.*

> Sue Meads, Medical Records Advisor, 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 America. New York, N.Y.

> Sidney Shindell, M.D., Professor and Chairman, Division of Preventive Medicine, Medical College of Wisconsin, Milwaukee, Wis.

Mary-j Waterstraat, Executive Director, Medical Record Association, John Hancock Center, Chicago, Ш.

^{*}Department of Health, Education, and Welfare

Subcommittee - Revision of the International Classification of Diseases

Established

· April 10, 1970

Assignment

To recommend, through the U.S. National Committee on Vital and Health Statistics, proposals for revision of the present International Classification of Diseases to be submitted to the World Health Organization.

Members

 I.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.* Chairman

Mary E. Converse, Director, Central Office of ICDA, American Hospital Association, Chicago, III.

Alice B. Dolman, Medical Codification Specialist, Office of Health Statistics Analysis, National Center for Health Statistics, Health Services and Mental Health Administration, Public Health Service, Rockville, Md.* Secretary

Robert Dyar, M.D., 615 Santa Barbara Road, Berkeley, Calif.

Eugene L. Hamilton, 3830 Fairfax Parkway, Alexandria, Va.

Vergil N. Slee, M.D., President, Commission on Professional and Hospital Activities, Ann Arbor, Mich.

Subcommittee -

Working Party on Classification of Neoplasms of the Revision of the International Classification of Diseases Subcommittee

Established

April 10, 1970

Assignment

 To develop proposals for revision of the classification of neoplasms for consideration by the Subcommittee on Classification of Diseases.

Members

Louis B. Thomas, M.D., Chief, Laboratory of Pathology, National Cancer Institute, National Institutes of Health, Public Health Service, Bethesda, Md.* Chairman

^{*}Department of Health, Education, and Welfare

John W. Berg, M.D., Head Epidemiologic Pathology Unit, National Cancer Institute, National Institutes of Health, Public Health Service, Bethesda, Md.*

William M. Haenszel, Chief, Biometry Branch, National Cancer Institute, National Institutes of Health, Public Health Service, Bethesda, Md.*

George Linden, Chief, California Tumor Registry, State of California Department of Public Health, Berkeley, Calif.

William I. Lourie, Jr., End Results Section, Biometry Branch, National Cancer Institute, National Institutes of Health, Public Health Service, Bethesda, Md.*

Constance L. Percy, Biometry Branch, National Cancer Institute, National Institutes of Health, Public Health Service, Bethesda, Md.* Secretary

Subcommittee - Financial Data Year Planning

Established

- June 29, 1970

Assignment

To develop a proposal for getting solid baseline financial data related to health services for 1 year, to serve as a basis for discussion with various agencies.

Members

 Herbert E. Klarman, Ph.D., Professor, Graduate School of Public Administration, New York University, New York, N.Y. Chairman

Jacob J. Feldman, Ph.D., Associate Professor, Department of Biostatistics, Harvard School of Public Health, Boston, Mass.

Dorothy P. Rice, Chief, Health Insurance Research Branch, Office of Research and Statistics, Social Security Administration, Washington, D.C.*

Anne A. Scitovsky, Research Associate, Palo Alto Medical Research Foundation, Palo Alto, Calif.

Morris Silver, Ph.D., Associate Professor and Chairman, Economics Department, City College of New York, New York, N.Y.

^{*}Department of Health, Education, and Welfare

Sheldon Starr, Division of Health Resources Statistics, National Center for Health Statistics, Health Services and Mental Health Administration, Public Health Service, Rockville, Md.* Secretary

Milton Turen, Assistant Division Director, Health and Medical, Office of Management and Budget, Washington, $D_{\bullet}C_{\bullet}$

Karl D. Yordy, Assistant Administrator for Program Planning and Evaluation, Health Services and Mental Health Administration, Public Health Service, Rockville, Md.*

Subcommittee -

Working Party of Classification of Mental Disorders of the International Classification of Diseases Subcommittee

Established

January 7, 1971

Assignment

 To develop proposals for revision of the classification of mental disorders for consideration by the Subcommittee on Classification of Diseases.

Members

 Henry Brill, M.D., Director, Pilgrim State Hospital, West Brentwood, N.Y. Chairman

Jack R. Ewalt, M.D., Bullard Professor of Psychiatry, Department of Psychiatry, Harvard Medical School, Boston, Mass.

Morton Kramer, Sc.D., Chief, Biometry Branch, Office of Program Planning and Evaluation, National Institute of Mental Health, Health Services and Mental Health Administration, Public Health Service, Rockville, Md.* Secretary

Benjamin Pasamanick, M.D., Associate Commissioner for Research, New York State Department of Mental Hygiene, Albany, N.Y.

Dane G. Prugh, M.D., Professor of Psychiatry and Pediatrics, University of Colorado Medical Center, Denver, Colo.

^{*}Department of Health, Education, and Welfare

Robert L. Spitzer, M.D., Director, Evaluation Section, Biometrics Research, State of New York Department of Mental Hygiene New York, N.Y.

George Tarjan, M.D., Program Director, Mental Retardation, The Neuropsychiatric Institute, UCLA Center for the Health Sciences, Los Angeles, Calif.

Reports of the

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UNITED STATES NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

United States National Committee on Vital and Health Statistics, October 1949

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Annual Report of the United States National Committee on Vital and Health Statistics, Fiscal Year Ending June 30

1956	1960	1964	1968
1957	1961	1965	1969
1958	1962	1966	1970
1959	1963	1967	

^{*}Reprint of Vital Statistics-Special Reports, Vol. 45, No. 11, July 1957

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