



National Vital Statistics System

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 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.

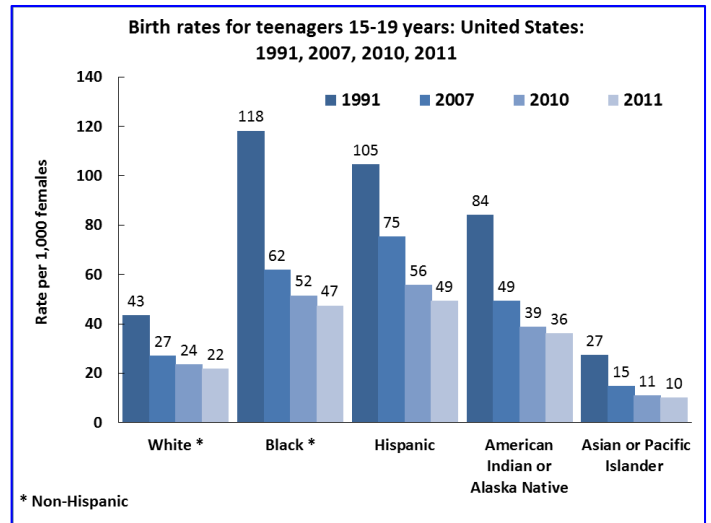
Examples of NVSS data:

- 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

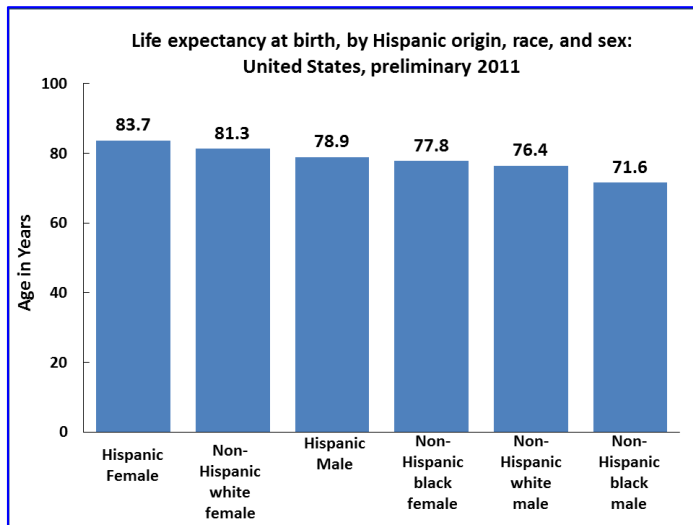


Sources: Births: Preliminary Data for 2011. National Vital Statistics Reports 61 (5): National Center for Health Statistics. 2012.

The **birth rate for U.S. teenagers** aged 15-19 years of age fell to another historic low in 2011, to 31.3 births per 1,000, down 8 percent from 2010. The rate in 2011 was the lowest ever recorded in more than seven decades. The teenage birth rate has declined more than 3 percent per year since the recent peak in 1991, and the pace of decline has accelerated since 2007. The rate has dropped 25 percent from 2007 and dropped 49 percent in the two decades from 1991 to 2011.

Among racial and ethnic groups, declines from 2010 to 2011 for teenagers aged 15-19 ranged from 6 percent to 8 percent for non-Hispanic white, non-Hispanic black, American Indian or Alaska Native, and Asian or Pacific Islander teenagers. The birth rate for Hispanic teenagers fell 11 percent from 2010 to 2011 and dropped 34 percent from 2007 to 2011, the largest decline of any population group.

Teen births have important health implications. Teenagers are least likely to receive timely prenatal care, are more likely to have a low birthweight or preterm infant, and their babies are at elevated risk of dying in infancy.



Source: Deaths: Preliminary Data for 2011. National Vital Statistics Reports 61(6): National Center for Health Statistics. 2012

Preliminary mortality data for 2011 show:

- **Life expectancy at birth** for all races and both sexes was 78.7 years, the same as it was in 2010.
- In 2011, Hispanic females had the highest **life expectancy at birth** (83.7 years), followed by non-Hispanic white females (81.3 years), Hispanic males (78.9 years), non-Hispanic black females (77.8 years), non-Hispanic white males (76.4 years), and non-Hispanic black males (71.6 years).

Other vital statistics findings include:

- From 2010 to 2011 the age-adjusted death rates declined significantly for 5 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 3.0 percent and 2.4 percent, respectively. Deaths from these two diseases accounted for 47 percent of all deaths in the United States in 2011.

- The age-adjusted death rate increased significantly from 2010 to 2011 for six leading causes of death: **Chronic lower respiratory diseases** (1.2 percent), **Diabetes** (3.4 percent), **Influenza and pneumonia** (4.0 percent), **Chronic liver disease and cirrhosis** (3.2 percent), **Parkinson's disease** (2.9 percent) and **Pneumonia** (3.9 percent).
- The 2011 **preliminary infant mortality rate** was 6.05 infant deaths per 1,000 live births, 34 percent lower than in 1990 at 9.22 infant deaths per 1,000 live births.
- The 2011 **preliminary 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 fifth straight year in 2011 to 11.72 percent of all births. **Low birthweight** was down slightly at 8.10 percent in 2011. Following a small decline in the **cesarean** delivery rate from 2009 to 2010, the rate was unchanged in 2011 at 32.8 percent. The rate had increased nearly 60 percent from 1996 to 2009.
- The remarkable rise in **multiple births** appears to have stalled. After rising 76 percent from 1980 to 2009, the twin birth rate declined slightly in 2010 to 33.1 twins per 1,000 total births. The rate of triplet and higher order multiple births declined 10 percent in 2010 to 137.6 per 100,000 births, a 15-year low for this rate.
- **Births to unmarried women** declined for the third straight year in 2011. 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 complete 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 and adverse birth outcomes 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>

Updated April, 2013