

CURRENT STATUS OF VITAL RECORDS: FEDERAL PERSPECTIVE

CENTERS FOR DISEASE CONTROL AND PREVENTION, DEPARTMENT OF HEALTH AND HUMAN SERVICES



THE NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION





HOW ARE VITAL STATISTICS USED BY CDC?

Death Records

- Track, monitor and report on mortality
 - Pneumonia & influenza during flu season
 - Low prevalence conditions
- Online, interactive atlases of mortality
- Linked data sets to monitor mortality
 - E.g., among people with diabetes
- Cancer case finding
- Morbidity, mortality and economic cost estimates

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Vital^{CDC}signs™

Preventing Stroke Deaths Progress Stalled

After decades of decline, progress has slowed in preventing stroke deaths. Almost 800,000 people have a stroke each year, more than 140,000 die and many survivors face disability. This is disturbing because about 80% of strokes are preventable. High blood pressure is the single most important treatable risk factor for stroke. Preventing, diagnosing and controlling it through lifestyle changes and medicine is critical to reducing strokes. Health systems (hospitals, doctors, rehabilitation specialists, emergency medical technicians [EMTs], pharmacists) can help address stroke risk factors and improve patient outcomes if a stroke occurs. When stroke happens, minutes count. Call 911 right away. Health systems can treat strokes fast if patients get to the hospital in time. Reducing stroke risk factors and improving the quality of stroke care are needed to continue the decline in stroke deaths.

40 seconds
Every 40 seconds someone has a stroke in the US.


3 out of 4
Stroke death declines have stalled in 3 out of every 4 states.

80%
80% of strokes are preventable.

Health systems can:

- Use system-wide approaches to find patients with undiagnosed or unmanaged stroke risk factors.
- Work with community members and emergency medical technicians (EMTs) to quickly identify strokes and get patients to the hospital fast.
- Implement a coordinated system of care that effectively treats patients from the first symptom of a stroke through recovery.

Want to learn more? www.cdc.gov/vitalsigns/stroke

 Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion



HOW ARE VITAL STATISTICS USED BY CDC?

Birth Records

- Track, monitor and report on natality
- Monitor birth outcomes
- Linked data sets to monitor birth outcomes
 - E.g., among women with childhood cancers
- Sampling frame for
 - Pregnancy Risk Assessment Monitoring System
 - Case control or other epi studies





HOW IMPORTANT A ROLE DO VITAL STATISTICS PLAY?

Critical

- Monitoring burden and distribution of diseases and causes of death
 - Identify and document disparities
- Monitoring effect of treatment, changes in survival
 - Cancer
 - Diabetes
- Supporting and informing other surveillance systems
- Planning population health interventions



WHAT ARE THE QUALITY CONCERNS?

Death Record

- Accuracy of race/ethnicity
 - Undercount American Indians, Alaska Natives up to 40%
 - Other race/ethnic groups also affected
- Accuracy, completeness of underlying cause of death
 - Under-reporting of diabetes
 - Missing/unspecified “road type” user
 - “Chain of events” that led to death incomplete
- Completeness:
 - May not include some military, expatriate deaths
- Timeliness and availability of data

Birth Record

- Accuracy/completeness of information
 - E.g., maternal smoking status
- Completeness
 - Information on the father: age, race/ethnicity, education
 - Birth vs adoptive mother
- Timeliness and availability of data

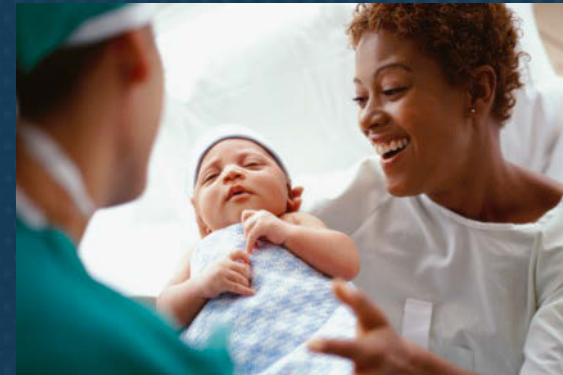


HOW ARE DATA OBTAINED, MANAGED, SHARED, PROTECTED?

- Data Use Agreement with National Center for Health Statistics
- Files uploads through Secure Access Management System
 - Stored at program level on secure, restricted network
- Per agreement and in accordance with National Association of Public Health Statistics and Information Systems, CDC may release a pre-determined list of variables to researchers via proposal process for analytic purposes without additional approval requirements.

THANK YOU

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

