Vital Records: Why We Do What We Do

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What are Vital Records?
Permanent legal records of events in people’s lives:
- Births
- Deaths
- Fetal deaths
- Marriages
- Divorces
Responsibility for Vital Records

- State responsibility, not federal
- State where event occurs
  (Not state of residence)
- Missouri vital records are reported centrally, to the state registrar
History of Vital Records in U.S.

Colonial Days: Legal documents to protect individual property rights

18th-19th century: Cholera, yellow fever, and typhoid epidemics; in 1833 only Boston, New York City, Philadelphia, Baltimore, and New Orleans required birth and death reports

Late 1800’s: ability to measure progress in public health

1910: Statewide registration began in Missouri

1950-present: Growing public health and research need
Major Uses of Vital Records

Public health statistics/research

Legal and administrative
Public Health and Research Uses

- Community Health Assessments
- Infant mortality disparities
- Effectiveness of Safe Cribs program
- Epidemiologic study on one million US radiation workers
- Life expectancy by demographic factors
Other Public Health and Research Uses of Missouri Mortality Data

• Partner with MO Department of Labor on identifying fatal occupational injuries to improve worker safety
• Surveillance of pneumonia and influenza mortality, communicable and infectious disease mortality, weather-related deaths
• Emerging issues such as hospital associated infections and drug overdose deaths
Legal and Administrative Purposes

• Obtain identity documents (passport, DL)
• Enroll in benefits programs
• Settle estates & obtain life insurance payouts
• Terminate benefits (social security, pension)
• Remove names from voter rolls and jury pools.
How Are Vital Records Processed?

- Most states use electronic systems
  - EBRS - birth
  - EDRS - death
  - In Missouri--MoEVR
- Many steps and many actors
- Deaths require a funeral director, medical certifier, and usually an embalmer.
Birth Registration Data Flow

1. Birth occurs
2. Hospital reports to BVR (Bureau of Vital Records)
3. BVR reviews data for quality
   - If needed, BVR follows up with hospital
4. BVR shares data with mother’s state of residence
5. BVR submits birth data to CDC/NCHS
6. CDC/NCHS reviews data for quality
   - If needed, CDC/NCHS follows up with BVR
   - If needed, BVR follows up with hospital
7. BVR submits final complete year end data to CDC/NCHS
8. CDC/NCHS conducts final data quality review
   - If needed, CDC/NCHS follows up with BVR
   - If needed, BVR follows up with hospital
9. BVR/CDC/NCHS each release aggregate vital statistics data
Death Registration Data Flow

• Funeral home reports decedent’s demographic data
• Attending physician, PA, AP or APRN certifies natural causes of death
• Medical examiner/coroner certifies and reports external causes and unknown manner or unattended death
• MoEVR allows medical certifiers to start the death record: 109 filed in 2014, 51 filed so far in 2015
Electronic Death Registration Use: 2014

- 5,738 physician’s certified a cause of death. 45% used MoEVR at least once
- When death occurred in a hospital, 71% were certified completely in MoEVR
- When using MoEVR, ME/coroner average number of days to file was 26 days from date of death
- When using MoEVR, physician average number of days to file was 11.8 days from date of death
Federal and State Partners

National Center for Health Statistics at CDC
  – Vital Statistics Cooperative Program
  – National Death Index

Social Security Administration
  – Enumeration at Birth
  – Fact of Death

State Partners
  – DSS, MoHealthNet Division
  – Office of State Courts Administrator
Vital Records Going Forward

• Enhance data quality
  Feedback to data sources
  Training of data providers

• Improve timeliness
  Reduce paper certificates
  Increased physician adoption of MoEVR