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# Preface

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## PREFACE

**“What’s past is prologue...”**

Sometimes the best way to determine what direction to take is to look at where we are and back at where we have been. This is as true in matters of public health as it is in navigation. And in today’s complex society, careful planning is becoming more important than ever before.

Each year, the Oregon Department of Human Services’ Center for Health Statistics publishes the Oregon Vital Statistics Annual Report, an analytical look at the health of Oregon as measured by the health of its citizens. By this means, policy makers and health care professionals have a source of important knowledge that can be used to form bases for action and benchmarks for assessing progress.

## STRUCTURE OF THE REPORT

To improve ease of use and timeliness, the Vital Statistics Annual Report is issued in two volumes.

Volume 1 presents data on births, abortions, and teen pregnancy.

Volume 2 presents data on deaths (all ages), perinatal deaths and youth suicide attempts.

The only marriage and divorce data published in the report are statewide occurrences and rates. Information by county and by month of occurrence is available, as are a variety of year-to-date preliminary data on deaths, births, abortions, and teen pregnancy, at the Center for Health Statistics (CHS) web page: <http://www.ohd.hr.state.or.us/chs/welcome.htm>. Additional data is available in the form of simple cross-tabulations. For information on availability or to request data, call the Center for Health Statistics.

Comprehensive information on communicable diseases can be obtained by contacting the DHS Office of Disease Prevention and Epidemiology.

The more significant demographic and public health issues are discussed in the narrative sections that open each chapter. These narratives are accompanied by charts, graphs, and sidebar tables. Readers can research their own areas of interest by using the data in the many tables at the end of each section. You can also refer to other CHS reports for more detail on the specific issues summarized in this report. Recent publications are listed on the back inside cover of this report.

## A COOPERATIVE EFFORT

The presentation of data in this report is the final stage of a long, ongoing process that begins with the prompt, accurate recording of vital events. This registration system ensures that the

information is collected, kept secure, and made available to individuals and their families when needed for documentation. Tabulation and analysis of the data by the Oregon Center for Health Statistics provide useful information about the health and social changes occurring in Oregon.

Vital Statistics has been called “the eyes and ears of public health,” and is, in fact, the only organized system of health records covering the entire population. The collection of data is a highly cooperative effort that depends on the participation of a great many people throughout the state.

### **The Providers of Services**

Those who provide the services associated with vital events are the first participants in the collection system.

The birth attendant completes both the legal document and the confidential statistical section of the birth certificate. For deaths, the funeral director or person who first assumes responsibility for the body files the death or fetal death certificate. A physician completes the medical portion of these death certificates, except in cases of found bodies and unnatural deaths, which are certified by the medical examiner. Hospital medical records personnel help to ensure that all certificates are complete and accurate.

These service providers then file the completed certificates with the county registrars in the county where the event occurred.

Abortions and adolescent suicide attempts are treated differently. The providers of induced abortions file the completed statistical reports (which contain no identifying information) directly with the state registrar. Adolescent suicide attempts (again, without identifying information) are reported by the hospitals who treated youth who made the attempts.

### **County Officials**

County registrars play an important role by further assuring the completeness and accuracy of birth, death, and fetal death registration. They check the certificates against other sources of information to make certain no events are missed. County registrars also follow up any incomplete items before sending the certificates to the state registrar at the Center for Health Statistics.

### **Center for Health Statistics**

At the state level, the staff of the Center for Health Statistics perform additional checks for completeness and accuracy. A field representative makes contact with providers and county registrars. Clerical staff send correspondence seeking additional information on such matters as causes of death, birthweight, and tobacco use. Microfilers store certificates so that certified copies can be made. Coders and data entry personnel turn the collected information into computerized data, which are then retrieved by programmers, analyzed by researchers, and made available for demographic and public health needs.

## **Other States**

This report does not overlook events relating to Oregon residents that occurred in another state. The Centers for Health Statistics in each U.S. state and Canadian province have agreed to forward copies of birth, death, and fetal death certificates to the state where the person usually resided. A cooperative agreement also exists for reports on induced termination of pregnancy; however, some states collect no resident information on these reports and, therefore, cannot participate in the exchange. As Oregon is the only state with an adolescent suicide attempt data system, we receive no reports of resident youth who attempted suicide outside of Oregon.

Among all these participants, it is clear there is no single recorder. The many hundreds of people throughout Oregon who record the major life events of our citizens have all played important roles in preparing this report. It could not have been achieved without them.

## **METHODOLOGICAL CHANGES**

Beginning in 1999, significant changes occurred in the classification of cause of death data and the tabulation of youth suicide attempt data. See the Technical Notes for detailed information.

### **Cause of Death Classification**

Beginning in 1999, and for the first time in twenty years, a new revision of the International Classification of Disease (ICD) became the standard nosological manual. This tenth revision (ICD-10) incorporates new rules for selecting the underlying cause of death as well as new, and often more detailed, cause of death codes. Changes have also been made in the structure of the leading causes of death, most notably the addition of new categories. As a consequence of these changes, the data for 1999 are not directly comparable to previously published data.

### **Youth Suicide Attempts**

Unlike previous years, suicide ideators (persons who threatened to commit suicide but made no physical act) are not included in the total number of attempts, but are shown in a separate table. Had they been included in the total, the count would have been 785, a new high.

