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ON THE FUTURE OF  
MASSACHUSETTS VITAL REGISTRATION AND STATISTICS**

28 November 1990

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**Births, Marriages and Deaths in Massachusetts, 1860-1988**

**Publications**

- 1987 Annual Report of Vital Statistics of Massachusetts
- Advance Data: Births, 1988
- Advance Data: Deaths, 1988
- Hispanic Births in Massachusetts, Volume I: Facts and Figures

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**150th ANNIVERSARY TASK FORCE  
ON THE FUTURE OF  
MASSACHUSETTS VITAL REGISTRATION AND STATISTICS**

**AGENDA**

- 10:30–11:00** Welcome, and Introduction of members
- 11:00–11:15** Mission of Task Force
- 11:15–11:40** Overview of vital statistics and registration in Massachusetts
- 11:40–12:00** Discussion of organization of Task Force
- 12:00–12:30** Tours of Registry of Vital Records and Statistics in two separate groups

# **150th ANNIVERSARY TASK FORCE ON THE FUTURE OF MASSACHUSETTS VITAL REGISTRATION AND STATISTICS**

## **MISSION**

The mission of the Task Force will be threefold:

—Conduct critical review: Review the overall status of vital registration and statistics in the Commonwealth, including issues relating to automation, data quality, and legislation.

—Develop recommendations: Develop action recommendations to ensure a dynamic system of vital registration and statistics which can serve the Commonwealth efficiently for the next 150 years. Recommendations will encompass automation, data quality, and legislation. The recommendations will be the basis of a Task Force final report published by the Department of Public Health.

—Advise Massachusetts Department of Public Health on sesquicentennial activities: Provide direction on other activities to commemorate the sesquicentennial of the statewide vital registration and statistics system.

## **MEMBERSHIP**

Task Force members will be appointed by the Commissioner of the Massachusetts Department of Public Health. Membership term will be for the entirety of the duration of Task Force activities.

The Task Force will include broad representation from providers and users of vital statistics data, as well as experts with particular expertise relevant to vital registration and statistics. Task Force membership may include organizational members, as well as individual members. Organizational membership may include Association for Vital Records and Health Statistics, Massachusetts City Clerks Association, Massachusetts Town Clerks Association, Massachusetts Medical Society, Massachusetts Public Health Association, National Center for Health Statistics, and the New England Historic Genealogical Society. Individual membership may include experts in the fields of information processing and management, historical demography, and public health.

## **MEETINGS**

The Task Force will meet approximately quarterly during 1991 and 1992. Meetings will be called by the Chair of the Task Force.

## **STAFFING**

The Task Force will be staffed by senior staff of the Bureau of Health Statistics, Research and Evaluation.

# **150th ANNIVERSARY TASK FORCE ON THE FUTURE OF MASSACHUSETTS VITAL REGISTRATION AND STATISTICS**

## **MEMBERSHIP**

—Chair: Alonzo Plough, Ph.D., Deputy Commissioner, Boston Department of Health and Hospitals, and Associate Professor of Health Policy, Department of Urban and Environmental Policy, Tufts University

—Association for Vital Records and Statistics: Charles E. Sirc, State Registrar and Chief, Bureau of Vital Records and Health Statistics, New Hampshire Division of Public Health

—High Technology, information and image management industry:  
Anne E. Batchelder, Systems Consultant, Wang Laboratories, Inc.

William G. Hogan, Chairman and Chief Executive Officer, Information Technology, Inc.

John W. Keene, Account Executive, International Business Machines Corporation

—Historical demographer: Professor Douglas L. Anderton, Social and Demographic Research Institute, University of Massachusetts

—Hospital representative: Michael Littman, Director of Admissions and Data Management, Beth Israel Hospital

—Massachusetts City Clerks Association: William Metzger, President of MCCA and city clerk of Springfield

—Massachusetts Medical Society: William M. McDermott, Jr., M.D., Executive Vice President

—Massachusetts Public Health Association: Bertram A. Yaffe, Vice President of MPHA and President, The Erna Yaffe Foundation

—Massachusetts Town Clerks Association: Carolyn Ward, President of MTCA and town clerk of Winchester

—National Center for Health Statistics: George A. Gay, Chief, Registration Methods Branch

—New England Historic Genealogical Society: William H. Schoeffler, Director of Education

—State Archivist, Commonwealth of Massachusetts: Albert Whittaker, Ph.D.

—State Legislature:

Representative Kevin W. Fitzgerald, Sixteenth Suffolk District

Representative Nelson Merced, Fifth Suffolk District

Representative Stanley C. Rosenberg, Third Hampshire District

# REGISTRY OF VITAL RECORDS AND STATISTICS OVERVIEW

## FUNCTIONS

The Registry of Vital Records and Statistics has three main functions:

1. **REGISTRATION**—overseeing all legal aspects of vital registration in Massachusetts.
2. **CERTIFICATION**—issuing certified copies of vital records and providing public access to the records.
3. **STATISTICS**—processing all births, deaths, marriages, divorces and fetal deaths for computerization.

## ORGANIZATIONAL STRUCTURE

The Registry of Vital Records and Statistics contains three major units: the Office of the Registrar, including the Automation Coordinator and Data Quality Assurance; Assistant Registrar for Certification and Registration; and Assistant Registrar for Statistics.

### OFFICE OF THE REGISTRAR

The Office of the Registrar provides oversight and management to all activities of the Registry, and also contains the Automation Coordinator and Data Quality Assurance.

**Automation Coordinator** provides technical oversight and ongoing support to the varied automation activities in the Registry, including:

- Electronic Birth Registration**—More than 60% of the birth registered in the Commonwealth are received electronically from hospitals;
- Local and State Electronic Issuance of Birth Records**—A system is currently being piloted for electronic issuance of certified copies of births at state and local levels;
- Administrative Systems**—Many administrative tasks have been automated, such as accounting procedures for fees, tracking mail requests for vital records, follow-up with cities and towns, forms inventory and requests;
- Computerizing indexes**—upon receipt of appropriate hardware, all indexes to births, deaths and marriages for the last 15 years will be computerized.

**Data Quality Assurance** activities include working extensively with hospitals to follow-up incomplete or incorrect data, and providing technical assistance to clerks, funeral directors, hospitals and others involved in the registration process. Quality assurance is accomplished through individual site visits, training sessions, and development of computer programs for evaluating the quality of the data received in the Registry.

## **ASSISTANT REGISTRAR FOR CERTIFICATION AND REGISTRATION**

**Records Unit** provides the main link between the public and the Registry. The Records Unit processes mail requests for certified copies of vital records, responds to requests for certified copies from on-site customers, and provides technical assistance to genealogists and other researchers on a daily basis. The Records Unit annually issues more than 150,000 certified and abstract copies, and provides direct service to approximately 400 public researchers weekly.

**Registration Unit** records births, deaths and marriages as they are received; monitors reporting status of cities and towns; and provides on-going technical assistance on legal questions regarding vital registration.

**Operations Unit** processes orders for blank forms; oversees the printing and inventory of Registry forms; microfilms and binds current records; and provides overall administrative support to the Registry.

## **ASSISTANT REGISTRAR FOR STATISTICS**

**Statistics Unit**, directed by the Assistant Registrar for Statistics, conducts the most diverse activities within the Registry:

—Processing births—The Statistics Unit receives the confidential birth record either electronically or in paper format;

—Processing deaths—After records have been accepted for legal registration, the Statistic Unit codes the death records in three areas: demographics (race, sex, and geographic); occupation; and cause of death;

—Processing marriages—The Statistics Unit examines records for legal correctness and codes for computer processing;

—Processing divorces—An abstract of all divorces granted in the Commonwealth are received and processed for production of a computerized index and for statistical analysis;

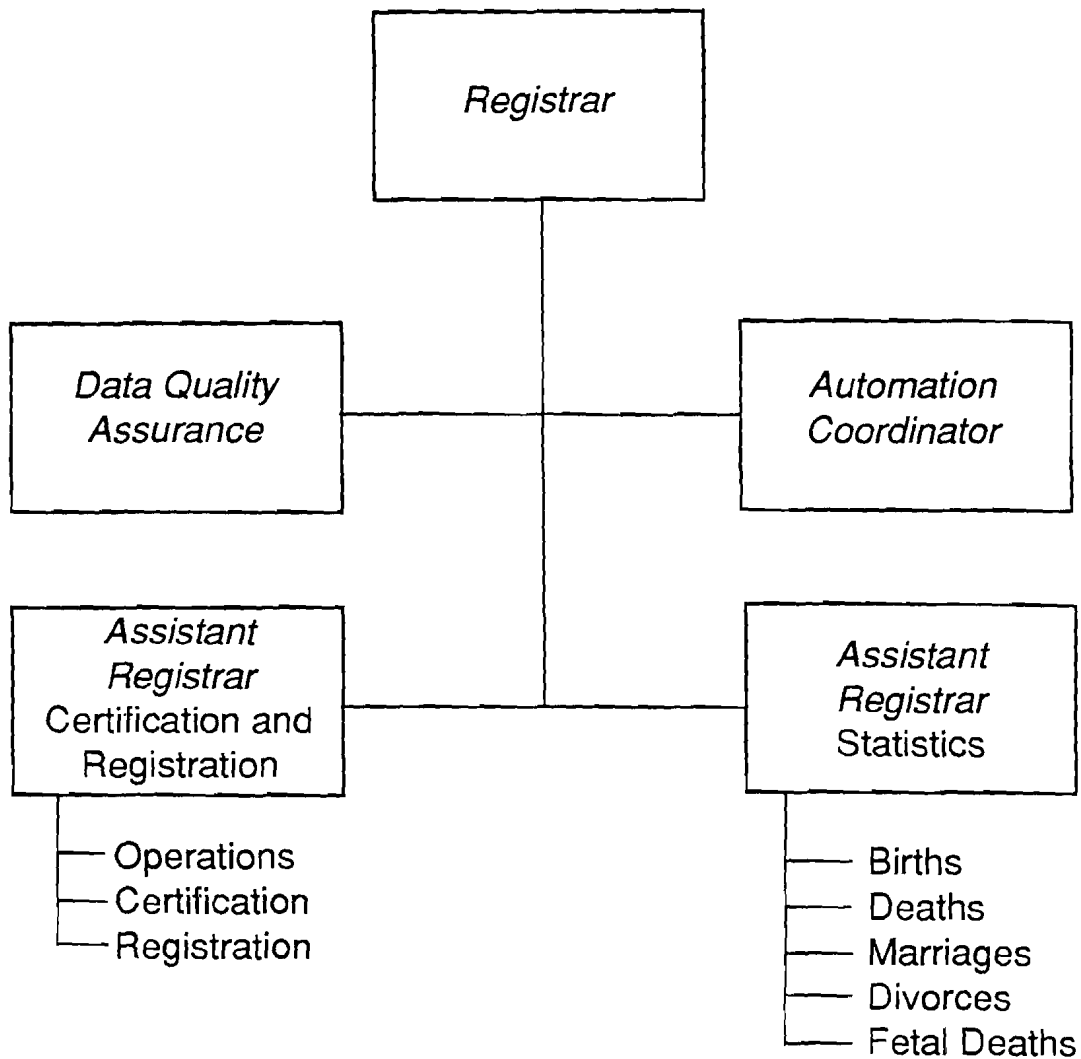
—Processing fetal deaths—Fetal death records are examined and processed, and follow-up with hospitals and physicians is also extensively conducted;

—Linked birth and infant death records—Birth records of all children who die prior to their first birthday are linked both by computer and manually to produce an analytical tape. Linking of these files provides information for researchers to examine the causes of infant mortality, through examining data on the birth certificate but not on the death certificate;

—Interstate transcript exchange—The fifty states, District of Columbia, Puerto Rico and the Canadian provinces exchange, solely for statistical purposes, copies of resident birth and death records that occur in other jurisdictions. This allows each locality to publish accurate resident vital statistics data;

—National Center for Health Statistics—Statistical tapes for births, deaths, marriages, divorces, fetal deaths and linked infant death/birth are sent to the National Center for Health Statistics. Without all states participating in this system, there would be no national vital statistics data.

# Bureau of Health Statistics, Research and Evaluation Registry of Vital Records and Statistics



# **REGISTRY OF VITAL RECORDS AND STATISTICS MAJOR ISSUES**

## **LEGISLATION**

The basic legislation under which vital registration operates in the Commonwealth has remained relatively unchanged during the past 100 years. Reassessment of the basic authorizing legislation should be considered, focusing on such issues as:

**REGISTRATION PRACTICES**—Massachusetts has several registration practices that differ from national practices, including division of local and state responsibilities, registration of out of state events, and recording of events in community of residence as well as in community of occurrence.

**ACCESS POLICIES**—Compared to other states, Massachusetts legislation enables relatively open access policies to vital records. Access policies should be examined in light of privacy considerations and the changing nature of access with computerization of records.

**ENFORCEMENT**—The method of enforcing penalties for violations of vital records laws is cumbersome and leads to lack of enforcement.

**TECHNOLOGY**—Current statutes reflect neither the technological advances in medicine that impact on birth registration and issues (for example, in vitro fertilization and surrogate parenting), nor do they address modern issues of records management (for example, issuance of certified copies from optical disc as a permanent storage mechanism).

## **AUTOMATION**

Although the Registry of Vital Records and Statistics has made strides in automating records, most of the 22,000,000 vital records remain only in deteriorating paper format. Also, no coordination exists of automation of vital records in the 351 cities and towns. An overall plan for automation of vital records in the Commonwealth should be developed, addressing: record preservation, registration and issuance of copies by the Registry of Vital Records and Statistics; coordination of automation among cities, towns, and the Registry; and funding automation.

## **DATA QUALITY**

As with automation, the Registry recently has made strides in improving overall data quality in the last several years. Recent improvements in quality assurance include development of electronic birth registration with a computerized query program, assignment of 1.5 staff to oversee data quality including field visits, and establishment of an ongoing training program for data providers. However, many areas of quality assurance remain to be addressed, including: automating queries for other vital events; physician education; establishment of a system of checking medical records for data quality for births and deaths; and coordination with other data sources. As with automation, an overall plan for data quality with an appropriate funding mechanism should be developed.



**BIRTHS, MARRIAGES AND DEATHS IN MASSACHUSETTS  
1860-1988**

YEAR		POPULATION	BIRTHS	MARRIAGES	DEATHS	INFANT MORTALITY	NATURAL INCREASE
1860	#	1,231,067	36,051	12,404	24,130	4,821	11,921
	RATE <sup>1</sup>	NA	29.3	20.2	18.7	133.7	10.5
LEADING CAUSE OF DEATH--CONSTITUTIONAL DISEASE (27.2%)							
1880	#	1,783,085	44,217	15,538	35,229	7,190	8,988
	RATE	NA	24.8	17.4	19.8	204.1	5.0
LEADING CAUSE OF DEATH--ZYMOTIC DISEASE (23.9%)							
1900	#	2,805,346	73,386	24,342	51,156	11,500	22,230
	RATE	NA	26.2	8.7	18.2	156.7	7.9
LEADING CAUSE OF DEATH--LOCAL DISEASES (49.8)							
1920	#	3,852,356	91,859	38,048	53,632	8,382	38,227
	RATE	NA	23.8	9.9	13.9	91.2	9.9
LEADING CAUSE OF DEATH--ORGANIC HEART DISEASE (32.9%)							
1940	#	4,316,721	66,192	44,836	51,820	2,450	14,372
	RATE	NA	15.3	10.4	11.9	37.0	3.3
LEADING CAUSE OF DEATH--HEART DISEASE (35.4%)							

<sup>1</sup>The rates for births, deaths and marriages are crude rates of the number of events divided by the population x 1000. The Infant Mortality Rate is the number of infant deaths divided by the number of live births x 1000. The Rate of Natural Increase is the number of births minus the number of deaths divided by the total population x 1000.

YEAR		POPULATION	BIRTHS	MARRIAGES	DEATHS	INFANT MORTALITY	NATURAL INCREASE
1960	#	5,160,030	115,722	34,050	57,197	2,492	58,525
	RATE	NA	22.5	6.6	11.8	21.9	11.3
LEADING CAUSE OF DEATH--HEART DISEASE (41.4%)							
1980	#	5,737,037	72,591	46,273	54,935	748	17,656
	RATE	NA	12.7	8.1	9.6	10.3	3.1
LEADING CAUSE OF DEATH--DISEASES OF THE HEART (39.9)							
1988	#	5,860,283	88,047	49,941	56,407	693	31,640
	RATE	NA	15.0	8.5	9.6	7.9	5.4
LEADING CAUSE OF DEATH--DISEASES OF THE HEART (35.8%)							