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FLORIDA VITAL STATISTICS ANNUAL REPORT 1998

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INTRODUCTION

This report summarizes data compiled from the original records/reports which were filed with the Office of Vital Statistics (VS) as required by law. These include records/reports of live births, deaths, fetal deaths, marriages, dissolutions of marriage, and induced terminations of pregnancy. Standard forms recommended by the U.S. Public Health Conference on Records and Statistics are for the most part used for records of live birth, death and fetal death.

Responsibility for filing birth records lies with the physician, midwife or other attendant. Funeral directors, or other persons acting as such, are legally charged with filing death and fetal death (20 or more weeks gestation) records. These documents are then submitted to local registrars who in turn forward them to VS. Marriage and dissolution records are received by VS directly from the various courts. Reports of induced terminations of pregnancy are received from the facilities or individuals who perform such procedures.

HISTORICAL BACKGROUND:

This marks the 81st year of statewide collection of birth and death records, which began in 1917. Marriage and dissolution records have been filed with VS since June 1927.

COMPLETENESS AND QUALITY OF DATA:

Tabulation of data for this annual report was begun after allowing a reasonable time of two months for receipt of late records. A few records/reports are received after tabulation and thus are not included. These records/reports represent a very small fraction of the total, and their omission does not materially alter the facts presented. The quality of data presented in this annual report is directly related to the completeness, accuracy, and processing associated with the source documents, registration procedures, and statistical reporting systems.

AVAILABILITY OF DATA:

In addition to data presented here, data in greater detail from unpublished tables, and special statistical tapes are available upon request on a fee-for-service basis. The Florida Department of Health Internet web site is: http://www.doh.state.fl.us

RESIDENT AND RECORDED EVENTS:

Data on births and deaths are tabulated according to both the usual "place of residence" (events occurring to Florida residents regardless of the place of occurrence) and the "place of occurrence" (events occurring in Florida regardless of the usual place of residence). The former are referred to as "resident" events and the latter as "recorded" events. Prior to 1933 only recorded data are available.

Varying interpretations of the "usual place of residence" by Florida's many seasonal visitors and military families may influence the accuracy of resident tabulations to some extent, since the residence stated on the record is normally accepted without question. For births and fetal deaths, the mother's residence is used when it differs from the father's residence.

Data on marriage and dissolution of marriage records and reports of induced terminations of pregnancy are by place of occurrence only; there is no interstate exchange of these records/reports. However, Florida dissolutions of marriage are granted only to legal residents.

POPULATION:

The resident midyear July 1 population estimates for 1996 to 1998 used for various rate calculations in this Annual Report were obtained from the Florida Consensus Estimating Conference. These estimates are being utilized pursuant to the data standardization resolution adopted by the Governor and Cabinet of the State of Florida. The population estimates for each year are based on the estimates produced by the Winter Demographic Estimating Conference and are not affected by revisions at a later date.

Resident midyear July 1 population estimates for 1986 to 1995 were obtained from the Florida Population and Demographic Forecasts provided by the Office of Planning and Budgeting, Executive Office of the Governor. The population estimates for 1970 to 1985 were obtained from the Bureau of Economic and Business Research, University of Florida.

RACE:

Race entries are usually counted as stated on live birth, death, fetal death, and marriage certificates. Designations such as "Hispanic" are classified as "white". Designations such as "bi-racial", "multi-racial", "mixed", or "nonwhite" are classified as "Other Entries".

Since 1989, the National Center for Health Statistics (NCHS) has classified live births and fetal deaths according to the race of the mother only. As a result of this change and for purposes of comparability, vital statistics data in this report have been modified and are based on the race of the mother for all live birth and fetal death data.

In examining trends for related indicators such as infant deaths, low birthweight, and unwed births, it is important to use the same race methodology throughout the time period being analyzed. As a result of the change in methodology from the use of the race of the child/fetus to the use of the race of the mother, some of the nonwhite births or fetal deaths (based on the race of child/fetus) will now be classified as white births (based on the race of the mother). This change will probably result in a slight decrease in the white infant death rate and an increase in the nonwhite infant death rate.

According to the U.S. Census Bureau, "Race and Ethnic questions are among the most technically complex and publicly controversial questions asked in the decennial census." Over the past three decades, the Census Bureau's definitions and coding processes have changed. The 1970 Census for Florida showed a population that was 15.3 percent black and 0.4 percent for all other nonwhite races. The 1980 Census showed 13.8 percent black and 2.2 percent for all other nonwhite races. This increase in the other nonwhite races results mainly from changes in the Census Bureau's definitions. After 1980, the Census Bureau corrected its data, and many persons, primarily white Hispanics, who had been listed as "others" were reclassified, and revised 1980 data for Florida had 13.8 percent black and 0.8 percent for all other nonwhite races. The 1990 Census showed 12.2 percent black and 4.7 percent for all other nonwhite races.

UNKNOWNS: Data in this publication may include persons whose age, race or gender may be unknown or not reported. As a result, the totals for these data may be greater than the sum of the components.

CAUSE OF DEATH:

The underlying cause of death is determined from death certificate medical information in accordance with procedures established by the World Health Organization (WHO) and NCHS. Standardized codes are assigned from the International Classification of Diseases (ICD).

To keep abreast of changes in medical knowledge, the ICD is revised approximately every ten years. Revisions and years used in Florida are:

<u>Revision</u>	<u>Years</u>	<u>Revision</u>	<u>Years</u>
Second	1917-1920	Sixth	1949-1957
Third	1921-1929	Seventh	1958-1967
Fourth	1930-1940	Eighth	1968-1978
Fifth	1941-1948	Ninth	1979-Present

Due to these revisions, some of which involve major changes, year-to-year comparisons of deaths by cause can be misleading, unless such comparisons span a period of years in which only one revision was used or in which the changes from one revision to another were minor.

The Ninth Revision contains major modifications of some sections, so that more or less deaths are now (Ninth Revision) assigned to certain causes than under the Eighth Revision rules. To permit more accurate comparisons, NCHS coded a sample of 1976 U.S. deaths by both the Eighth and Ninth Revision rules. The results were grouped by major causes and, for each of these, the number of Ninth Revision deaths was divided by the number of Eighth Revision deaths to produce a comparability ratio. For example, the comparability ratio for Suicide is 1.0032; this means the Ninth Revision coding of 10,000 death certificates will produce about 32 more Suicides than would Eighth Revision rules.

AGE-ADJUSTED DEATH RATE (AADR):

The Age-Adjusted Death Rate (AADR) is a summary rate of deaths that facilitates the comparability of rates for areas or population subgroups with different age distributions. These rates are presented as per 1,000 or 100,000 population. AADR published in this report are the rates that would have been observed if the age-specific death rates for the given year had prevailed in a population whose age distribution was the same as that of the standard population. The entire enumerated population of the United States in 1940 is used as a standard for computation of AADR using the direct method. The specified age intervals are under 1, 1-4, 5-14, 15-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75-84, and 85 years and over for the years 1970 through 1998. The AADRs for years prior to 1970 use the age intervals under 1, 1-4, 5-14, 15-24, 25-34, 35-44, 45-54, 55-64, 65-74, and 75 years and over.

COMPUTATIONS AND FOOTNOTES:

The following procedures and symbols are used throughout this report:

- (1) All rates and ratios are rounded to the nearest tenth.
- (2) All rates and ratios that calculate to less than 0.05 are printed as "0.0".
- Undefined or anomalous rates and ratios, i.e., those with denominators of zero, are printed as "—".
- (4) Statistically unreliable rates and ratios are those with denominators less than 100.
- (5) All age-adjusted death rates (AADR) are standardized using the direct method of standardization, to the U.S. 1940 standard million population.
- (6) NA is an abbreviation for not available.

RATES AND FORMULAE

Age-adjusted death rate (AADR): Number of deaths occurring among a population adjusted to the U.S. 1940 population using the direct method. An AADR is used to control for differences when comparing two or more populations or the same populations over time.

Sum of the products of age-specific death rates with standard population proportion

Age-specific rate: Number of events occurring to a specific age group per 1,000 or 100,000 population of the specified age group.

Number of events to specific age group x 1,000 (or 100,000)

Estimated midyear population of specific age group

Cause specific death rate: Number of deaths due to a specific cause per 100,000 population.

Number of deaths from a specific cause x 100,000 Estimated midyear population

(Crude) birth rate: Number of live births per 1,000 population.

Number of live births x 1,000 Estimated midyear population

(Crude) death rate: Number of deaths per 1,000 population.

Number of deaths x 1,000 Estimated midyear population

(Crude) divorce rate: Number of divorces per 1,000 population.

Number of divorces x 1,000 Estimated midyear population

(Crude) marriage rate: Number of marriages per 1,000 population.

Number of marriages x 1,000 Estimated midyear population

Fetal death rate: Number of fetal deaths (20 weeks or more gestation) per 1,000 live births plus fetal deaths.

Number of fetal deaths x 1,000 Number of live births + number of fetal deaths

Fetal death ratio: Number of fetal deaths (20 weeks or more gestation) per 1,000 live births.

Number of fetal deaths x 1,000 Number of live births

General fertility rate: The total number of births in a year per 1,000 female population, aged 15-44 years.

Number of live births x 1,000 Estimated midyear female population aged 15-44 years Infant mortality rate: Deaths to individuals less than 1 year of age per 1,000 live births.

Number of infant deaths x 1,000 Number of live births

Maternal mortality rate: Number of deaths due to complications of pregnancy, childbirth, abortion, or the puerperium (ICD 630-676) per 10,000 live births.

Number of maternal deaths x 10,000 Number of live births

Natural increase: The difference between the number of live births and the number of deaths.

Number of live births - number of deaths

Neonatal mortality rate: Deaths to individuals less than 28 days of age per 1,000 live births.

Number of deaths < 28 days x 1,000 Number of live births

Percent live births to unwed mothers: Percent of unwed live births to the total number of live births.

Number of live births to unwed mothers x 100

Number of live births

Percent low birth weight: Percent of live births weighing less than 2500 grams to the total number of live births.

Number of low weight live births x 100
Number of live births

Percent very low birth weight: Percent of live births weighing less than 1500 grams to the total number of live births.

Number of very low weight live births x 100
Number of live births

Perinatal mortality rate: Fetal deaths (20 weeks or more gestation) plus neonatal deaths (occurring in the first 28 days of life) per 1,000 live births plus fetal deaths.

Number of fetal deaths + number of neonatal deaths x 1,000 Number of fetal deaths + number of live births

Post-neonatal mortality rate: Number of infant deaths of age 28 through 364 days per 1,000 live births.

Number of infant deaths aged 28 through 364 days x 1,000 Number of live births

SOURCES OF ADDITIONAL DATA

INFORMATION: AGENCY AND TELEPHONE NUMBER:

Florida copies of vital records Office of Vital Statistics

Department of Health

(904) 359-6911 or Suncom 826-6911

(Historical data on most aspects Office of Planning, Evaluation, and Data Analysis of public health in Florida from

Department of Health

(850) 487-1515 or Suncom 277-1515 Internet: http://www.doh.state.fl.us

Florida morbidity statistics Office of Epidemiology

1961 to the present)

Department of Health

(850) 488-2905 or Suncom 278-2905

Florida AIDS morbidity statistics Disease Control/AIDS Prevention

Department of Health

(850) 488-9766 or Suncom 278-9766

Florida population estimates...... State Data Center

Department of Labor State of Florida

(850) 488-1048 or Suncom 278-1048

(301) 436-8500

National morbidity statistics Centers for Disease Control

(404) 639-3311

Population census data Bureau of the Census

(301) 457-1214

(708) 285-1121