

## Variations in Vital Statistics Used by Public Health Programs

### Background

Essentially all national, state and local public health programs utilize vital statistics to some degree for defining, tracking, and assessing health status for the conditions/diseases that they target. Some of these major programs use slight variations of the definitions, classifications or measures that vital statistics registration areas calculate and release. For example, cancer and injury programs use different groupings of leading causes of death than the [standard 39, 113 or 358 selected causes used by the NCHS](#). In some cases the programmatic terms used to describe the cancer site or type of injury are the same or similar to the NCHS terms, but the codes are different. Certain keywords, in some cases, explain differences in the code groupings. In some cases, the NCHS codes are only for accidental deaths whereas the injury program codes are not limited to accidental injuries. In other cases, the programmatic terms are different but the codes are the same. Below are discussions of the variations (from the NAPHSIS/NCHS standards) in the calculation and definition of statistics and terms derived from vital records for specific major public health programs.

### Cancer

For incidence reporting, cancer programs use the ICD-O-3 coding system for the site (topography) and the histology (morphology) of the neoplasm. The topography coding is based on the neoplasm section of ICD-10, while the histology coding is not part of ICD-10. The incidence and mortality data are grouped according to the [National Cancer Institute Surveillance Epidemiology and End Results \(SEER\)](#) 23 major site groupings.

Some statistical reports and Web Based Data Query Systems will provide hospital discharge data on cancers. These data are based upon ICD-9-CM codes or are grouped by the Clinical Classification Software (CCS) developed by the [Healthcare Cost and Utilization Project \(HCUP\)](#).

[Click here](#) to view a list of the 23 major cancer sites along with their standard NCHS ICD-10 codes for reporting mortality, ICD-O-3 (topography and morphology) codes for reporting incidence, and ICD-9-CM codes for reporting hospitalizations.

### Injury

Injury programs group ICD-10 codes into categories that are more meaningful for injury prevention programs. The categories are found in the Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control (NCIPC) fourth edition of the [State Injury Indicators Report](#) featuring 2005 data. The methods used to prepare the report are based on recommendations presented in the "*Consensus Recommendations for Using Hospital Discharge Data for Injury Surveillance*" and from the National Public Health Surveillance System (NPHSS) indicators developed by the State and Territorial Injury Prevention Directors Association (STIPDA) and the Council of State and Territorial Epidemiologists (CSTE). The categories are based upon how the injury occurred instead of which part of the body was injured.

[Click here](#) to access a list of the different ICD codes used by the NCHS and the CDC to classify major types of injuries.

### **Environmental Public Health Tracking (EPHT)**

CDC's [Environmental Public Health Tracking Program](#) (EPHT) includes a national environmental public health tracking network ([EPHTN](#)) [public web portal](#) that contains information and data on environmental hazards and causes of chronic diseases. EPHT grants have been awarded by CDC to 23 states (as of 2010) with a requirement to develop state portals with local data to align with the national portal. A series of EPHT health status indicators were specifically developed by CDC workgroups to provide baseline data for environmental tracking at the national, state and local levels and are to appear on these portals. Several of these EPHTN indicators are for vital statistics (primarily low birth weight and infant/perinatal deaths) and cancer incidence. The CDC workgroups developed the data definitions for these indicators to correspond to the program's environmental concerns and for comparable tracking across the national and state portals.

[Click here](#) to view a list of the EPHTN vital statistics and cancer indicators and to see how they differ from standard NCHS/NAPHSIS calculations/classifications.