

Annual report of

- ▼ THE UNITED STATES
- ▼ NATIONAL COMMITTEE
- ▼ ON VITAL AND
- ▼ HEALTH STATISTICS
- ▼ Fiscal Year 1969

Reproduced and distributed for the Committee by the
NATIONAL CENTER FOR HEALTH STATISTICS

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service

Health Services and Mental Health Administration

MEMBERS-NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

Robert L. Berg, M.D., Professor and Chairman, Department of Preventive Medicine and Community Health, The University of Rochester, Rochester, N.Y. *Chairman*

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Donovan J. Thompson, Ph.D., Professor, Department of Preventive Medicine, School of Medicine, University of Washington, Seattle, Wash.

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*Department of Health, Education, and Welfare.

Annual report of

- ▼ *THE UNITED STATES*
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The U.S. National Committee on Vital and Health Statistics, a public advisory committee to the Secretary of Health, Education, and Welfare, was created at the request of the Department of State in accordance with recommendations of the First World Health Assembly. The major objectives of the National Committee are to advise the Secretary on matters relating to vital and health statistics and to promote and secure technical developments in the field of vital and health statistics.

Specifically the functions of the National Committee are to:

- (a) Delineate statistical problems of public health importance which are of national or international interest;
- (b) Stimulate studies of such problems by other organizations and agencies whenever possible, or make investigations of such problems through subcommittees appointed for the purpose;
- (c) Review findings submitted by other organizations and agencies, or by its subcommittees, and make recommendations for national and/or international adoption;
- (d) Cooperate with and advise other organizations on matters relating to vital and health statistics in the United States especially with reference to definitions, statistical standards, and measurement problems;
- (e) Advise the Secretary on problems relating to vital and health statistics of national and international concern; and
- (f) Cooperate with national committees of other countries and with the World Health Organization and other international agencies, in the study of problems of mutual interest.

Activities during

Fiscal Year 1969

The highlight of the year was the 20th Anniversary Conference of the U.S. National Committee on Vital and Health Statistics held on June 3-5, 1969. The Conference brought together the present and past members of the U.S. National Committee on Vital and Health Statistics as well as representatives of National Committees (or their equivalent) in Canada, England, France, the Netherlands, and Yugoslavia, and of the World Health Organization and two of its regional offices (Europe and America). The major items of discussion were problems involved in the protection of the privacy of individuals and preserving confidentiality of records in public health and medical research, including epidemiological studies; needs of the future for health and demographic data; and the international collaboration of national committees.

During the year, the National Committee through its respective subcommittees dealt with problems of needed statistics on Indian health; needed statistics to delineate problems of migration and health; uses of hospital data for epidemiologic and medical-care research; kinds of data for research studies needed in the study of population dynamics, and how such data might be best collected; needed information on health resources and services; and to study and recommend possible revisions in the operation of the national vital statistics system in light of technological developments in data collection and processing equipment and procedures.

On the subject of statistics needed for the operation of the Indian health program, the subcommittee, after a study of the various problems of collecting information on Indian

health, proposed the extension of the data system developed for the Pima-Papago tribes to the Navajo Indians. In essence, this is a population register to which data from hospital and other sources are linked. The problem of collecting data on Indian health is complicated by many factors such as the definition of an "Indian," the mobility of the population within reservations as well as in and out of the reservations, problems of recall of events, and differences in concepts of illness and disability.

The report¹ of the Subcommittee on Migration and Health Statistics recommended various steps in the development of data for the study of migration and health. These recommendations related to definitions, procedures, and tabulations; measures of risks; sources of vital and health statistics and migration statistics; marriage, birth, and migration statistics; and to studies of special population, including the disadvantaged and migratory labor and migrant families. The subcommittee also proposed an analytical and research program for the 1970 census period when more current migration data will become available.

In response to the recommendations for a research study program based on data for the 1970 census period, the National Center for Health Statistics and the Bureau of the Census gave consideration to ways and means of initiating such a program.

The Subcommittee on the Epidemiologic Use of Hospital Data² considered the potential value, the available methods, and the problems of using hospital data for epidemiologic and medical-care research. The view of the group was that despite the limitations of hospital data, there is a good deal to be said for their use in research studies. The increasing standardization of diagnostic procedures are improving the reliability of hospital diagnoses. Also the increasing utilization of hospitals is reducing the difference between the medical experience of the hospitalized and the general populations. Both trends are enhancing the potential of hospital data for epidemiologic study. An important advantage of the

hospital as a source of information is that it provides access to a relatively large number of cases of specific diseases which would be difficult to identify in general population surveys.

The report describes techniques and identifies problems. Among the possible methodologies are: retrospective (usually case control) studies of specific diseases or conditions; prospective (cohort) studies with either analytical or clinical trial objectives; disease surveillance intended to identify changes in levels of disease incidence; and medical-care research concerned with relationships between utilization and the characteristics of physicians, hospitals, and case managements as well as the specific diagnosis. Opportunities for hypothesis testing, along with its requirements, are pointed out in terms of procedures for recording data and the selection of control groups.

The Subcommittee on Population Dynamics gave consideration to the kinds of studies needed in the field of population dynamics and to the types of data needed to produce such studies. Of major importance is the establishment by the Federal Government of a National Survey of Family Growth, repeated at regular intervals, to provide information on fecundity, reproductive norms, and family planning practices; their interrelations; and their relations to natality, nuptiality, and selected background factors.

While the birth rate is the main dynamic factor affecting the size of the U.S. population, migration within the country is mainly responsible for the changing concentration of population in geographic areas. There is need for an understanding of reasons for the population movement, and the problems it poses for the communities involved.

The subcommittee proposes the establishment of new sources of demographic statistics such as surveys of samples of marriage and divorce certificates to supplement the information available on these certificates. In addition, there are recommendations for continued efforts to extend and improve the existing demographic statistics systems such as

the extension of the Marriage and Divorce Registration Area and the registration of fetal deaths. Other recommendations call for greater utilization of existing data collection mechanisms for the study of population dynamics, for example, by the inclusion on a regular basis of such items as questions on migration and on marriage and divorce and the utilization of the Hospital Discharge Survey to collect information on abortions. There are also recommendations for the greater exploitation of basic data already collected. Still other recommendations call for methodological innovations such as the use of randomized response techniques in the collection of data on sensitive matters.

The Subcommittee on Vital Statistics System Revision was appointed "to recommend needed revisions in the method of operation of the vital statistics system in the light of technological developments in data collection and processing equipment and procedures, and by reexamination of the roles of the Federal, State, and local government in the collection of vital records and compilation of vital statistics." Alternative proposals in evaluating the sources and quality of data and the structure of the system including relationship between the Federal, State, and local governments are being considered with the issue of practicality being taken into account subsequently. The subcommittee will analyze the shortcomings of the existing system from which its conclusions and recommendations will in part derive and will limit its discussion to the collection of mortality data because a study group of the Public Health Conference on Records and Statistics is dealing with birth registration and natality data collection.

During the year, the National Committee considered the need for the appointment of future subcommittees on comprehensive health planning, needed statistics on physicians' practice and ambulatory clinic care, and the Ninth Revision of the International Classification of Diseases. The World Health Organization will begin consideration of the Ninth Revision of the International Classification of Diseases in

October 1969 after which the approval for the appointment of subcommittees will be requested.

In the opinion of Dr. Joseph T. English, Administrator, Health Services and Mental Health Administration, the Twentieth Anniversary Conference was held during a time when Americans are becoming more urgently aware of their needs for health services. Better ways must be found for making health services available, not only to meet the dramatic needs of the poor, but also to improve accessibility to both public and private health care by the entire population and to stem inflation of its costs. Long-range health planning is currently concerned with the competing needs of overlapping segments of the population—the aged, the poor, the cities, families with children. Fundamental facts about health of the population are urgently required to give this planning a solid foundation.

These increased needs for health statistics must be met in the presence of increased public concern about invasion of privacy and maintenance of confidentiality of records—a major focus of the Conference. Although much of the concern arises from accumulation and handling of information in other fields, the issues of privacy and confidentiality are of crucial importance in vital and health statistics.

The risks of invasion of privacy and breach of confidentiality are incurred whenever a record created by or for an individual is held outside his immediate control for possible use in other ways or by other persons than were originally contemplated. Uncertainty by the individual over whether such uses may be made, rather than detriment resulting from use is largely responsible for the public concern. Situations involving risk of invasion of privacy and breach of confidentiality—and the benefits derived—were enumerated and discussed. Education of the public about steps taken by vital and health statistics agencies to avoid these risks as well as to emphasize the beneficial purposes served by the data is essential to allay public concern and encourage full cooperation in data collection.

The right of privacy of the individual is not well defined in law, with respect to either participation in surveys or to other potential encroachments. Both law and public opinion regarding privacy have been slow to adapt to changing living conditions and technological developments in information gathering. The content of an inquiry is the major determinant of both the legal status and the individual reaction. Procedures used for obtaining informed, voluntary consent are of crucial importance in protecting the rights of the individuals. Civil or criminal remedies against disclosures of information are of doubtful value. There must be a continuing effort on the part of social and health scientists to strike a balance between the societal need for information and the imposition on privacy entailed by its collection.

Federal statistical agencies as well as many other governmental and private statistical organizations have effective methods of avoiding breach of confidentiality of information on identifiable individuals. They include assurance that only authorized personnel handle individual needs, and "disclosure analysis" of statistical tables to detect potentially identifiable individuals or organizations. Equally important to prevention of breach is maintenance of the image of treating individual information as confidential. Not even a beneficial purpose warrants a breach. Some agencies do not maintain adequate controls. The issue of confidentiality becomes less clearly defined when it is desirable to link records obtained from different causes without specific authorization from either, even though breach in the ordinary sense does not occur. With respect to vital records separation of the legal from the health aspects would reduce problems of maintaining of confidentiality.

Because of the importance of these issues from the point of view of both the collector and the contributor, it was recommended that consideration be given to preparation of handbooks for the information and guidance of each group.

Future needs for statistics were the subject of prepared statements and extensive discussion covering three broad

areas which are of interest to the U.S. National Committee. These are: statistics on health and disease; statistics on health services resources and their utilization; and demographic statistics. Specific data systems were subjected to analysis, their relevance to current health statistical problems and the efficiency of their operation being noted. Most of the discussion, however, was directed to broader issues such as: the need for better conceptualization of problems; functional definitions of ill-health to supplement those of morbidity and mortality; classification of populations on an environmental area basis rather than by political subdivision; development of "socioeconomic epidemiology;" the family as a unit for data analysis; the validity of need versus demand as a basis for planning health services; and the organization and management of governmental statistical programs.

The functions of National Committees in several countries and international collaboration among them were described by representatives of the countries and the World Health Organization. The Committees vary widely in organizational structure and relationship to the official health and vital statistics offices, but despite this their fields of interest are much the same. International cooperation by the official agencies in WHO statistical programs is a prerequisite for successful functioning and international collaboration among National Committees. Beyond this the role of each National Committee must be a flexible and innovative one which is suited to the health statistical problems of the Nation. Active encouragement by WHO and periodic international conferences of the National Committees would stimulate them to exert greater leadership.

A full report of the Twentieth Anniversary meeting will be published in the near future.

Subcommittee - Statistics of Indian Health

Appointed - January 1965

Assignment - To outline the statistics needed to delineate major health problems in the Indian population and to provide effective health service, including medical care, taking into consideration the mobility of the population and its shifting in and out of the Indian health service areas.

Members - Frank R. Lemon, M.D., Associate Dean for Continuing Education, College of Medicine, Albert B. Chandler Medical Center, University of Kentucky, Lexington, Ky.
Chairman

Robert A. Hackenberg, Ph.D., Associate Professor and Program Director, Institute of Behavioral Science, Department of Anthropology, University, of Colorado, Boulder, Colo.

Denis F. Johnston, Ph.D., Division of Labor Force Studies, Bureau of Labor Statistics, U.S. Department of Labor, Washington, D.C.

Enrico Leopardi, M.D., Service Unit Director, PHS Indian School Health Center, P.O. Box 602, Brighton City, Utah.*

*Department of Health, Education, and Welfare

Leah Resnick, Supervisory Health Program Analyst, Regional Medical Programs Service, Health Services and Mental Health Administration, Public Health Service, Rockville, Md.*

Roderick H. Riley, Ph.D., Assistant to the Commissioner and Economic Advisor, Bureau of Indian Affairs, U.S. Department of the Interior, Washington, D.C.

Margaret Shackelford, 4638 Willard Drive, Oklahoma City, Okla.

Cecil Slome, M.B., Ch.B., Dr.P.H., Associate Professor, Department of Epidemiology, School of Public Health, University of North Carolina, Chapel Hill, N.C.

Subcommittee - Epidemiologic Use of Hospital Data

Appointed - May 1965

Assignment - To study and make recommendations on the possible important uses of diagnostic and other data on hospital patients (covering both inpatient and outpatient services) such as statistics needed for epidemiologic research, medical-care research, studies of current therapeutic practices, and health surveillance.

*Department of Health, Education, and Welfare.

Discharged - June 1969

Members - Paul M. Densen, Sc.D., Director, Center for Community Health and Medical Care, School of Public Health and Medical School, Harvard University, Boston, Mass. *Chairman*

Jacob E. Bearman, Ph.D., Professor, Biometry Division, School of Public Health, College of Medical Sciences, University of Minnesota, Minneapolis, Minnesota

Alexander D. Langmuir, M.D., Chief, Epidemiology Program, National Communicable Disease Center, Health Services and Mental Health Administration, Public Health Service, Atlanta, Georgia*

Alfonse T. Masi, M.D., Dr.P.H., Professor, Department of Medicine, The University of Tennessee, Memphis, Tennessee.

Robert W. Miller, M.D., Chief, Epidemiology Branch, National Cancer Institute, National Institutes of Health, Public Health Service, Bethesda, Md.*

Robert M. Sigmond, Executive Vice President for Planning, Albert Einstein Medical Center, Philadelphia, Pa.

Vergil N. Slee, M.D., Director, Commission on Professional and Hospital Activities, Ann Arbor, Mich.

*Department of Health, Education, and Welfare.

Paul F. Wehrle, M.D., Chief Physician,
Pediatrics and Communicable Disease
Services, Los Angeles, County General
Hospital, Los Angeles, Calif.

Warren Winkelstein, Jr., M.D., Professor,
Department of Epidemiology, School of
Public Health, University of California,
Berkeley, Calif. *Secretary*

Subcommittee - Migration and Health Statistics

Appointed - May 1966

Assignment - To study the adequacy of measures of mi-
gration, the classification of migrants, and
techniques for developing migration his-
tories with recommendations for needed
improvements in order to provide data
which can best be related to vital and health
statistics.

Discharged - November 1968

Irene B. Taeuber, Ph.D., Senior Research
Demographer, Office of Population Re-
search, Princeton University, Princeton,
N.J. *Chairman*

William R. Gaffey, Ph.D., Senior Biosta-
tistical Consultant, Institute of Medical
Sciences, Pacific Medical Center, San
Francisco, Calif.

Robert D. Grove, Ph.D., Director, Division of Vital Statistics, National Center for Health Statistics, Health Services and Mental Health Administration, Public Health Service, Rockville, Md.*

William Haenszel, Chief, Biometry Branch, National Cancer Institute, National Institutes of Health, Public Health Service, Bethesda, Md.*

Everett S. Lee, Ph.D., Professor, Department of Sociology, University of Massachusetts, Amherst, Mass.

Mindel C. Sheps, M.D., M.P.H., Professor of Biostatistics, School of Public Health and Administrative Medicine of Columbia University, New York, N.Y. *Secretary*

Henry S. Shryock, Jr., Ph.D., Assistant Chief for Program Development, Bureau of the Census, Department of Commerce, Washington, D.C.

Karl E. Taeuber, Ph.D., Professor, Department of Sociology, The University of Wisconsin, Madison, Wis.

*Department of Health, Education, and Welfare.

Subcommittee - Population Dynamics

Appointed - June 1967

Assignment - To report on types of studies needed in the field of population dynamics, the specific types of data needed to yield such studies, and suggestions as to how such data might best be collected.

Members - Clyde V. Kiser, Ph.D., Vice President for Technical Affairs, Milbank Memorial Fund, New York, N.Y. *Chairman*

Donald J. Bogue, Ph.D., Director, Community and Family Study Center, University of Chicago, Chicago, Ill.

Arthur A. Campbell, Deputy Director, Center for Population Research, National Institute of Child Health and Human Development, National Institutes of Health, Bethesda, Md.*

Leslie Corsa, Jr., M.D., Director, Center for Population Planning, School of Public Health, University of Michigan, Ann Arbor, Mich.

Oscar Harkavy, Ph.D., Director, Population Program, Ford Foundation, New York, N.Y.

*Department of Health, Education, and Welfare

I. M. Moriyama, Ph.D., Executive Secretary, National Committee on Vital and Health Statistics, Health Services and Mental Health Administration, Public Health Service, Rockville, Md.* *Ex officio*

Robert Parke, Jr., Program Planning Officer, Bureau of the Census, Department of Commerce, Washington, D.C.

John E. Patterson, Chief, Natality Branch, Division of Vital Statistics, National Center for Health Statistics, Health Services and Mental Health Administration, Public Health Service, Rockville, Md.* *Secretary*

Robert G. Potter, Jr., Ph.D., Professor, Department of Sociology and Anthropology, Brown University, Providence, R.I.

Subcommittee - Health Resources and Services

Appointed - November 1967

Assignment - To determine needed information on health resources and services on a regional and national basis and recommend continuing and special studies, including those on quality and effectiveness of health care, and methods to be used in conducting these studies.

*Department of Health, Education, and Welfare

Members - Agnes W. Brewster, 6016 Western Avenue,
Chevy Chase, Md.

Madison B. Brown, M.D., Associate Director,
American Hospital Association, Chicago, Ill.

Lawrence A. Hill, Director, Bureau of Hospital Administration, School of Public Health, The University of Michigan, Ann Arbor, Mich.

Herbert E. Klarman, Ph.D., Department of Environmental Medicine and Community Health, Downstate Medical Center, State University of New York, Brooklyn, N.Y.

Siegfried A. Hoermann, Director, Division of Health Resources Statistics, National Center for Health Statistics, Health Services and Mental Health Administration, Public Health Service, Rockville, Md.*
Secretary

I. M. Moriyama, Ph.D., Executive Secretary, National Committee on Vital and Health Statistics, Health Services and Mental Health Administration, Public Health Services, Rockville, Md.* *Ex officio*

Jerome Pollack, Associate Dean for Medical Care Planning and Professor of the Economics of Medicine, Harvard Medical School, Boston, Mass.

*Department of Health, Education, and Welfare

Herman M. Somers, Ph.D., Professor of Politics and Public Affairs, Woodrow Wilson School of Public and International Affairs, Princeton University, Princeton, N.J.

James G. Zimmer, M.D., Department of Preventive Medicine, University of Rochester, Rochester, N.Y.

Subcommittee - Vital Statistics System Revision

Appointed December 1968

Assignment To recommend needed revisions in the method of operation of the vital statistics system in the light of technological developments in data collection and processing equipment and procedures, and by re-examination of the roles of the Federal, State, and local governments in the collection of vital records and compilation of vital statistics.

Members Everett S. Lee, Ph.D., Professor, Department of Sociology, University of Massachusetts, Amherst, Mass. *Chairman*

Leland E. Aase, Director, Bureau of Health Statistics, Division of Health, State of Wisconsin Department of Health and Social Services, Madison, Wis.

Albert E. Bailey, Ph.D., Director, Bureau of Administration, Pennsylvania Department of Health, Harrisburg, Pa.

*Department of Health, Education, and Welfare.

Loren E. Chancellor, Chief, Registration Methods Branch, Division of Vital Statistics, National Center for Health Statistics, Health Services and Mental Health Administration, Public Health Service, Rockville, Md.* *Secretary*

Marian Maloon Colby, Director, Bureau of Vital Records, Division of Public Health, New Hampshire Department of Health and Welfare, Concord, N.H.

Robert A. Israel, Director, Division of Vital Statistics, National Center for Health Statistics, Health Services and Mental Health Administration, Public Health Service, Rockville, Md.*

Leonard D. McGann, Director, Division of Data Processing, National Center for Health Statistics, Health Services and Mental Health Administration, Public Health Service, Rockville, Md.*

I. M. Moriyama, Ph.D., Executive Secretary, National Committee on Vital and Health Statistics, Health Services and Mental Health Administration, Public Health Service, Rockville; Md.* *Ex officio*

Howard C. Raether, Executive Secretary, National Funeral Directors Association, Milwaukee, Wis.

*Department of Health, Education, and Welfare

Reports of the
UNITED STATES NATIONAL COMMITTEE ON VITAL
AND HEALTH STATISTICS

United States National Committee on Vital and Health Statistics, October 1949

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*Use of Hospital Data for Epidemiologic and Medical-Care
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Vital and Health Statistics, Fiscal Year Ending June 30*

1956	1959	1962	1965
1957	1960	1963	1966
1958	1961	1964	1967
		1968	

Public Health Service Publication No. 1725