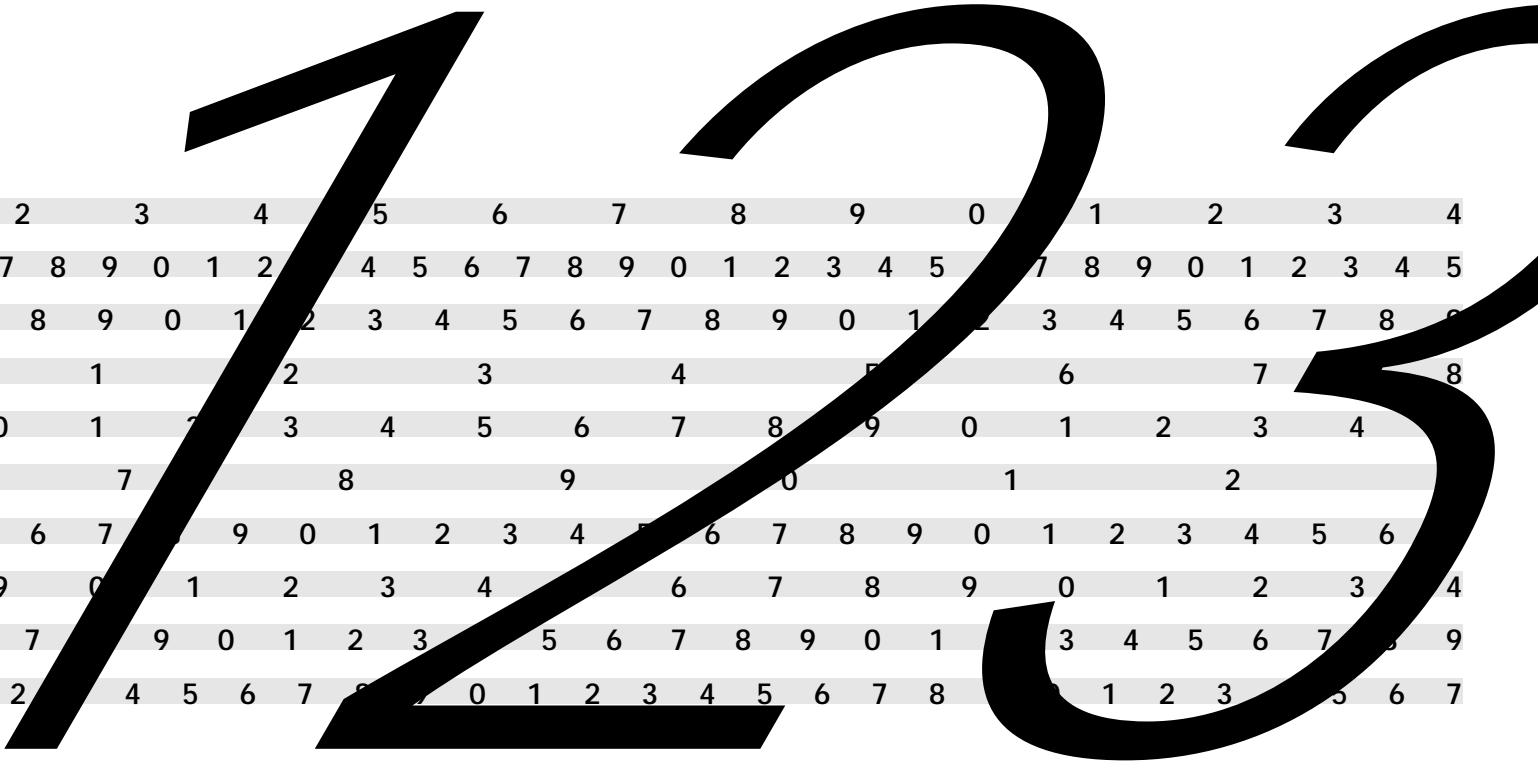


Introduction



Introduction

The Vital Statistics Agency is responsible for the ascertainment, registration, and certification of vital events through the administration of the *Vital Statistics Act*, *Marriage Act*, and *Name Act*. In addition, the Agency administers the Wills Registry under part II of the *Wills Act*.

Statistical information contained in this report is summary data provided by the Agency for use by government agencies, health planners, researchers, and the general public. In order to maintain confidentiality, the information does not disclose personally identifiable data.

VITAL EVENT DATA

Live birth, stillbirth, and death statistics in this report summarize events that occurred in the province for British Columbia residents only, and exclude events to non-residents except where specifically noted. Statistics do not include events for British Columbia residents that occurred outside the province; Statistics Canada, in its publications, makes adjustments for events that occur to Canadians outside their province of usual residence. Marriage statistics summarize all events that occurred in the province to either residents or non-residents.

Data presented in this report are based on registrations of birth, stillbirth, death, and marriage as reported to the British Columbia Vital Statistics Agency. Registration requirements for each type of event are outlined briefly as follows:

Live Births: The *Vital Statistics Act* prescribes the legal requirements for the registration of live births. The parent(s) of the child have the responsibility to complete the Registration of Live Birth lives within 30 days of the event. The physician or registered midwife who was in attendance at the birth must complete a Notice of Live Birth. Other requirements must be met if the birth was not attended by a physician or registered midwife.

Stillbirths: In the event of a stillbirth, the parent(s) must complete the Registration of Stillbirth. The physician or registered midwife who was in attendance at the birth must complete a Notice of Stillbirth. In addition, a physician or coroner is required to complete the Medical Certification of Stillbirth portion of the Registration of Stillbirth and deliver it to the funeral director who in turn submits it to the Agency.

Deaths: The physician in attendance at the last illness of the deceased person, or the coroner conducting an inquiry into the death of the person is required to complete a Medical Certification of Death. In addition, the Registration of Death is completed by the informant with assistance from the funeral home. Funeral Directors obtain the Medical Certification of Death, issue the burial permit and submit the Medical Certification of Death and the Registration of Death documents to the Agency to complete the registration.

Marriages: The *Marriage Act* prescribes the legal qualifications of individuals to marry, the authorization of Religious Representatives and Marriage Commissioners to perform the marriage ceremony, and the solemnization of marriage. Under the *Marriage Act*, the Agency licences Religious Representatives of established religious denominations who desire the authority to solemnize marriage. The Agency recommends for appointment Marriage Commissioners to perform civil ceremonies and Marriage Licence Issuers.

Couples who meet the legal qualifications to marry must obtain a marriage licence up to 90 days before the ceremony. They can choose a civil ceremony performed by a Marriage Commissioner or a religious ceremony performed by a Religious Representative. The Registration of Marriage is completed by the officiant after the ceremony, and must be signed by the officiant, the bride and groom, and two witnesses.

TIME PERIODS

This report pertains to events that occurred in the calendar year 1999. Selected tables present aggregate information for the five-year period, 1994–1998. A summary of the latest five-year period, 1995–1999, appears in Appendix 3. These broader time periods permit more meaningful tests of statistical significance when analyzing data at sub-provincial levels, and can smooth out random fluctuations that occur when annual numbers are small. For regional health status profiles, readers are encouraged to refer to measures of statistical significance shown throughout the report, and use data presented for the five-year aggregates.

It should be noted that data for earlier years have been updated and may differ from earlier publications.

POPULATION DATA

The population estimates used in the production of this report are from PEOPLE 24 for local health areas and health regions, and *Total Population Estimates Municipalities and Regional Districts* for incorporated municipalities. These mid-year (July 1) population estimates were released by BC STATS, Ministry of Finance, in the fourth quarter of 1999.

In the mortality section of this report, a 'standard population' is used in the calculation of Age Standardized Mortality Rates (ASMR) and Potential Years of Life Lost Standardized Rates (PYLLSR). Since the 1998 Annual Report, the Agency has used the 1991 Canadian Census population as the 'standard population' in the calculation of these age-standardized measures. Please refer to Standard Population in the Glossary for a more detailed description.

SPATIAL ANALYSIS AND MAPPING

This report presents regional data for health regions (HR) and local health areas (LHA). The boundaries of these data dissemination areas of the Ministry of Health correspond to, or aggregate to, the boundaries of the regional health authorities.

Vital events are allocated to these data dissemination areas by the postal codes recorded on registration documents. Live births, stillbirths, and deaths are assigned by the usual residence of the parents (for live births and stillbirths) or the decedent (for deaths). Marriages are assigned geographically by the postal code of the location where the marriage ceremony was performed.

The maps in this report present LHA data ranked by quintiles. The maps allow for easy visual examination of spatial patterns. Although all LHAs are presented in the maps, emphasis should be placed on data which are statistically significant.

TERMS, METHODS, AND COMPUTATIONAL EXAMPLES

Readers are encouraged to refer to the glossary for explanations of terms and methodologies. In addition, the glossary provides examples of computations of measures and statistical tests.

FIGURE 1
LOCAL HEALTH AREA MAP, BRITISH COLUMBIA



FIGURE 2
HEALTH REGION MAP, BRITISH COLUMBIA

