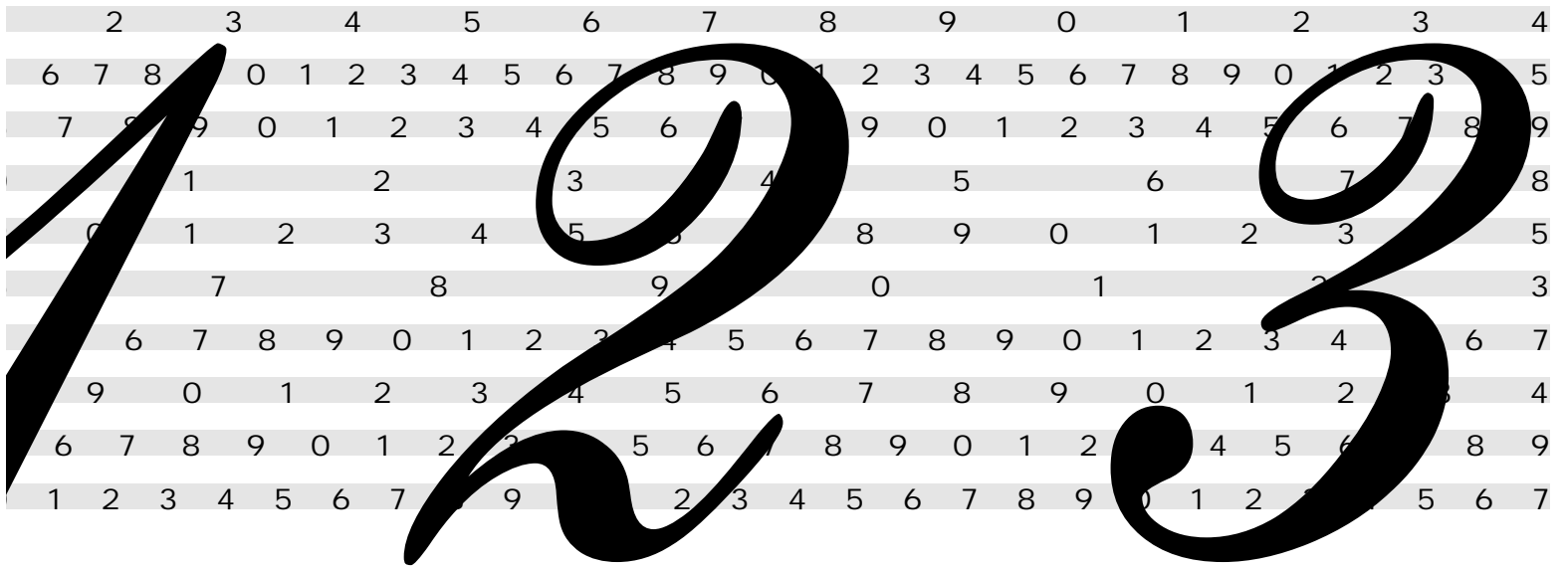


# *Introduction*





## *Introduction*

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The Division of Vital Statistics 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 Division administers the registering of wills and searching for will registrations under Part II of the Wills Act.

Statistical information contained in this report is summary data, provided by the Division 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 which 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. Marriage statistics summarize all events which occurred in the province to either residents or non-residents. Statistics Canada, in its publications, makes adjustments for events which occur to Canadians outside of their province of usual residence.

Data presented in this report are based on notifications of live birth, stillbirth, death, and marriage events as reported to the Division of Vital Statistics. 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 responsibility for filing the Registration of Live Birth lies with the parent(s) and must be completed within 30 days of the event. For every live birth where there is a physician in attendance, a Physician's Notice of Live Birth or Stillbirth (PNOB) must also be completed.

**Stillbirths:** In the event of a stillbirth, the person(s) who would have been responsible for registering the event had it been a live birth, must complete a Registration of Stillbirth. In addition, a physician or coroner is required to complete the medical certification of stillbirth portion of Registration of Stillbirth and deliver it to the funeral director, who in turn submits it to the Division. A PNOB must also be completed for every stillbirth where there is a physician in attendance.

**Deaths:** The physician in attendance at the last illness of a deceased person or the coroner conducting an inquiry into the death of a person is required to complete a Medical Certification of Death. In addition, an informant provides the information required for the completion of the Registration of Death to the funeral director. Funeral directors obtain the Medical Certification of Death, and submit it, along with the Registration of Death, to the Division in order to obtain a Burial Permit and complete the registration.

**Marriages:** The Marriage Act prescribes the legal requirements that must be observed in connection with the legal qualifications of individuals to marry, and the authorization of Religious Representatives and Marriage Commissioners to perform the marriage ceremony, and the solemnization of marriage. It is the responsibility of the Division to recommend for appointment Issuers of Marriage Licences and to supervise their work.

Individuals who meet the legal qualifications to marry and who have obtained a Marriage Licence can select a civil ceremony performed by a Marriage Commissioner or a religious ceremony performed by a Religious Representative. Under the Marriage Act, the Division of Vital

Statistics is required to licence Religious Representatives of established religious denominations who desire the authority to solemnize marriage. The Division also monitors the demand for Marriage Commissioner services, and selects and trains Marriage Commissioners. The person who solemnizes the marriage prepares and signs the Registration of Marriage, which must also be signed by the bride, groom, and two witnesses.

## TIME PERIODS

This report pertains to events that occurred in the calendar year 1995. For comparison purposes, some 1994 data are noted in the text. In order to smooth out random fluctuations that occur when annual numbers are small, selected tables present aggregate information for the preceding five-year period (1990–1994). This permits more meaningful tests of statistical significance when analyzing data at sub-provincial levels. The exception to this is death due to AIDS/HIV infection. To monitor time trends of this high profile disease, AIDS data are shown for individual years.

Throughout this report, data are presented for 1995 and, in selected tables, aggregated for the prior five year period. Many tables present data by LHAs. Since the populations of LHAs vary considerably across the province, the tables frequently show very small numbers of births and/or deaths in small LHAs. Readers are advised to exercise extreme caution when interpreting data based on a single year of observation or small numbers. For regional health status profiles, readers are encouraged to refer to measures of statistical significance, shown throughout the report, and 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

Statistics Canada provides census data and intercensal provincial level population estimates to BC Stats, Ministry of Finance. Based on these data, as well as data on births, deaths, and other variables, BC Stats derives population estimates by age group and gender for Health Regions (HR), Local Health Areas (LHA), and incorporated communities. PEOPLE 20, the mid-year population estimates released by BC Stats in November 1995, was used throughout this report.

## SPATIAL ANALYSIS AND MAPPING

This annual report presents information for the province as a whole and geographically by incorporated communities, Local Health Areas (LHA), and Health Regions (HR). In 1994, the Ministry began a process of decentralizing the governance, administration, and provision of health care services to 20 Health Regions (HR) headed by Regional Health Boards (RHB). In this report, all HRs are labelled with the new RHB name. HR data are based on boundaries which are identical to previous annual reports, except for Fraser Valley RHB, South Fraser Valley RHB, and Simon Fraser HB. The boundaries for these three health regions have changed as a result of the creation of Regional Health Boards. Each of these three health regions acquired an additional Local Health Area which was in the former Central Fraser Valley Health Unit.

Geographic variability of selected indices are presented in maps. This allows for easy visual examination of spatial patterns while corresponding tables provide details of the mapped data. Maps are based on the data by LHA which have been ranked by quintiles. 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.



