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Docket: CDC-2025-0027
National Vital Statistics Report Form

Comment On: CDC-2025-0027-0001
National Vital Statistics Report Form 2025-10858

Document: CDC-2025-0027-0002
Comment from Jarosz, Beth

Submitter Information

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General Comment

I support the continuation of vital events data collection. These data have been published since 1937 and are the sole source of this information at the national level. The data are used by the Department of Health and Human Services and by other government, business, academic, and other organizations in tracking changes in trends of vital events. The counts of events requested on the form are necessary to the administration of this portion of the program and respondent burden is low.

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Docket: CDC-2025-0027
National Vital Statistics Report Form

Comment On: CDC-2025-0027-0001
National Vital Statistics Report Form 2025-10858

Document: CDC-2025-0027-0003
Comment from Coalition on Human Needs

Submitter Information

Email: dstein@chn.org
Organization: Coalition on Human Needs

General Comment

The Coalition on Human Needs (CHN) is an alliance of national organizations working to promote public policies which address the needs of low-income and other vulnerable populations. CHN's members include civil rights, religious, labor, and professional organizations, service providers and those concerned with the wellbeing of children, women, the elderly, and people with disabilities. CHN monitors and tracks data on human needs in the United States, including data on poverty, on policies that reduce poverty, and on hardship. The Coalition is one of four organizations that formed and continues to co-lead Count All Kids, a group of child-serving organizations that is working to improve the count of young children in all Census Bureau demographic products.

CHN supports the continuing information collection through the project titled National Vital Statistics Report Form and urges the CDC to modify the form to incorporate the current federal standards for collecting data on racial and ethnicity as updated in SPD 15 on March 28, 2025, https://spd15revision.gov/content/spd15revision/en.html so that states can report data in a form consistent with SPD 15. We realize that the National Vital Statistics Report form asks for aggregate data, and that in order to collect data in this form states need to update their state records. We therefore urge the CDC to update its standard certificate of live birth, standard certificate of deaths, and other standard certificates so that states can easily update their state forms and know they are being consistent with federal data. We also realize that state law may govern what state certificates provide, so we urge the CDC to produce model legislation and regulations so that states can easily and promptly update their laws to be consistent with SPD 15.

We note that the CDC cannot dictate what form states use for individual vital statistics records or data collection. However, we know that states can greatly benefit from updating their forms and data to be consistent with the revised SPD 15 and with other states, and it therefore behooves the CDC to make this as easy as possible for states. The Census Bureau research shows that these race and ethnic data options are the most consistent with how today’s population self-describe, and therefore provide the most accurate results. (We note that using the older options, the 2020 Census had nearly 50 million people describe themselves as “some other race,” the second largest group after white. This lack of data clarity is clearly problematic.) States can get better quality data by using SPD 15; they also can compare their state’s data with other states if they all use the same reporting options and track whether their state’s population changes are consistent with similar states. The CDC should provide the necessary supports to give states the option of collecting accurate information.

We also note that some states have already updated their laws to be consistent with SPD 15, so that the CDC forms need to enable them to report the data as they already collect it.

We also note that by enabling states to update their birth certificates to SPD 15 easily right now, the CDC would make it possible to measure the accuracy of the count of young children in the 2030 census by race and ethnicity nationally and for states with large populations of these groups (sufficient to provide statistical validity). The Census Bureau uses an approach called demographic analysis or DA, which is based on birth and death certificates, to measure whether they were able to count all young children ages 0-4 at the national level. They have released experimental data using this approach for states and communities and plan to release formal data using this approach after the 2030 census. We know that improving the count of young children is one of the biggest challenges for the Census Bureau and that the count varies significantly by race and ethnicity. The 2030 Census will use the SPD 15 race and ethnicity options. The Bureau needs to be able to measure how accurately different groups of children were counted. By enabling states to update their birth certificate forms more easily right now, the CDC would make it possible for states to get more accurate measures of the count of young children in their states and communities by race and ethnicity, and to make adjustments to better serve those communities with accurate data. The first children that will be considered young children in 2030 for these purposes will be born April 1, 2026, so the sooner that birth certificates can be updated the more accurate the measure of the 2030 Census count can be.
Please direct any questions to dweinstein@chn.org.

Deborah Weinstein

Executive Director

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Docket: CDC-2025-0027
National Vital Statistics Report Form

Comment On: CDC-2025-0027-0001
National Vital Statistics Report Form 2025-10858

Document: CDC-2025-0027-0004
Comment from National Network for Arab American Communities (NNAAC)

Submitter Information

Organization: National Network for Arab American Communities (NNAAC)

General Comment

August 15, 2025

NNAAC Comments on Proposed Vital Statistics Collection, Docket No. CDC-2025-0027

Submitted via Docket No. CDC-2025-0027

The National Network for Arab American Communities (NNAAC) is submitting the comments below in response to the request for public comment on the proposed National Vital Statistics Report Form information collection project of the Centers for Disease Control and Prevention (CDC).

The National Network for Arab American Communities (NNAAC) is a consortium of 35 Arab American community-based organizations in 13 different states. NNAAC strengthens the capacity of its membership organizations to uphold their respective community service missions.

Our coalition members serve as trusted and deeply embedded local hubs in the communities they serve, bridging gaps in access and fostering healthier, more resilient communities. Many provide direct services that address urgent health and social needs, such as food assistance, housing support, and help navigating public benefits. Others offer vital health-related support, such as mental health support, culturally tailored wellness education, or health literacy training and education, and whether as health system navigators or by directly addressing the social determinants of their service populations' health outcomes.

NNAAC supports the continuation of the National Vital Statistics Report Form information collection project and urges the CDC to work through the National Center for Health Statistics (NCHS) to revise the U.S. Standard Certificates and Reports, including the certificates of birth and death as well as the reports of fetal death, to conform to the current federal standards for data on race and ethnicity in March of 2024 (2024 SPD 15).1 The standard certificates are the principal means by which the National Vital Statistical System (NVSS) produces uniform vital statistical information.

The last certificate revision process was completed in 2003, over five years after the 1997 revisions to SPD 15.2 The CDC cannot afford to wait and risk another protracted implementation process. Such information is critical to policymakers, epidemiologists and public health researchers, and service providers for the purposes of public health, social, and economic planning. However, the practical utility of vital statistical information collected by the CDC will suffer if their standard certificates and reports are incomparable with other health datasets, particularly those held at other federal, state, and local health agencies, as well as large-scale health service providers.

Thank you for the opportunity to submit these comments. Please direct any questions to me at ABeddawi@accesscommunity.org

Respectfully submitted,

Adam Beddawi, M.S.

Manager of Research for Policy, National Network for Arab American Communities