

Linking Data To Save Lives

The National Violent Death Reporting System

The Problem

We know how many violent deaths occur – nearly 50,000 each year – but current data systems do not capture the details of when, where, and how they occur. Because there is no comprehensive, linked, national reporting system, we cannot answer basic questions such as:

- **What proportion of women killed in domestic violence attacks had restraining orders against the offenders?**
- **How often do child-abuse fatalities occur?**
- **Where do youths obtain the weapons they use in acts of violence?**
- **How often do murder-suicides occur?**
- **What are the three most common circumstances leading to accidental gun deaths among children? to overdose suicides among teenagers?**
- **What proportion of suicide victims are intoxicated at the time they kill themselves?**
- **What proportion of homicides are drug-related in any way?**

Front-line investigators like homicide detectives, coroners, and medical examiners collect much of the data relevant to these questions, but there is no system in place that gathers and links the information into a useable database. With the current fragmented system, the valuable work of professionals who investigate violent deaths is not being used as effectively as it could be. As a result, many critical questions go unanswered.



HOW OFTEN DO
MURDER-SUICIDES OCCUR?



The Solution

The National Violent Death Reporting System

The proposed National Violent Death Reporting System (NVDRS) will permit us to answer critical questions by collecting and linking data about all violent deaths, including homicides and suicides. Data will be collected at the state level, with funding and coordination occurring at the Centers for Disease Control and Prevention (CDC). The system will compile and combine data from medical examiners, coroners, police, crime labs, and death certificate registrars, providing a more complete understanding of when, where, and how violent deaths occur. To protect confidentiality, names and personal identifiers will not be part of the national dataset.

A Useful Model – The Harvard Pilot Project

Since 1999, with support from six foundations, the Harvard School of Public Health has been working with participating sites around the country to design and pilot a uniform system for tracking violent deaths. The 13 sites include locations in Connecticut, Maine, Maryland, Michigan, Utah, Wisconsin, Allegheny County (PA), Miami-Dade County (FL), metropolitan Atlanta, and San Francisco. Each site links existing sources of data and uses a common set of data elements.

Foundation funding for the Harvard pilot project is intended as a short-term bridge to a federally funded, national system. The NVDRS can build on the vital preliminary work supported by the private sector to capitalize on this initial investment and save lives. At a meeting of key health and justice experts in May 2000 – including representatives from the offices of the Surgeon General, Attorney General, Centers for Disease Control and Prevention, Bureau of Justice Statistics, and Bureau of Alcohol, Tobacco and Firearms – it was agreed that the NVDRS should be coordinated and funded at the federal level, and led by the CDC, with data collection occurring at the state level.

Filling in the Gaps

It Worked for Car Deaths: The field of traffic safety provides useful examples of the benefits of detailed data collection. Since 1975, the National Highway Traffic Safety Administration has collected details on fatal motor vehicle crashes in all 50 states through the Fatality Analysis Reporting System (FARS). Policymakers and others have used these findings to assess the impact of specific interventions – from child restraint laws to anti-drunk driving campaigns – and to develop policies that make our roads safer. This contributed to a dramatic decline in the rate of motor vehicle-related fatalities over the past 25 years.

What Existing Data Systems Do Tell Us: The National Center for Health Statistics at the CDC collects victims' demographic and cause-of-death information based on death certificates filed nationwide. The FBI Uniform Crime Reports (UCR) system provides information about offenders and partial information about what sparked the incident – elements that are missing from the death certificate data. But the two systems aren't linked.

What Existing Systems Don't Tell Us: Current systems tell us nothing about the circumstances leading up to suicides. Nor do they give us a full picture of homicides: where they occurred, what specific weapon type was involved, and what multiple factors led to the killing.

Moving Data from File Cabinets to Useable Databases: The NVDRS will fill these gaps by linking the information that medical examiners, coroners, police, crime labs, the UCR, and death certificate registrars already collect—information that too often remains in boxes and file cabinets around the country or on computers that don't communicate with one another. The NVDRS will allow us to connect this information in a useable database.

It's Worth the Cost: Implementing this system will cost about \$20 million a year, a fraction of the billions spent annually on medical care for violent injuries. (In 1993, for example, the medical cost of treating firearm injuries alone was an estimated \$2.3 billion.)

WHAT PROPORTION OF WOMEN KILLED IN DOMESTIC VIOLENCE ATTACKS HAD RESTRAINING ORDERS AGAINST THE OFFENDERS?

A National Centralized Database Will Serve as a Resource for Your Community

Once data are collected and centralized at the CDC, they will be accessible via a website. The information can be used by:

- **medical examiners, coroners, death certificate registrars, and crime lab investigators** – to situate their work in the national context, to share and compare information, and to respond with greater efficiency and accuracy to public inquiries;
- **police departments** – to more easily look beyond agency boundaries, to examine comprehensive statistics for neighborhoods, counties, regions, and states, to further understand issues related to homicide, and to better enforce and evaluate crime interventions;
- **public health department and mental health department professionals** – to better understand trends, to see how their own jurisdiction fits into the national picture, and to examine the effectiveness of prevention strategies;
- **community-based organizations** – to better implement, design, and assess the value of violence and suicide prevention programs; and
- **policymakers** – to better pinpoint successful prevention efforts and to guide funding and legislative initiatives.

Bringing Data Collection to Life

The push for the NVDRS stems from a deep appreciation for the importance and potential impact of the information that the professionals who investigate deaths are currently documenting. In contrast to the influence that the Fatality Analysis Reporting System statistics have on motor vehicle safety, essential findings and knowledge about homicides and suicides are too often underutilized. With a uniform, linked database, the meticulous work of police, coroners, medical examiners, crime lab investigators, death certificate registrars, and others will better benefit society by giving decision-makers and community leaders information critical to curtailing violence.

state-based uniform

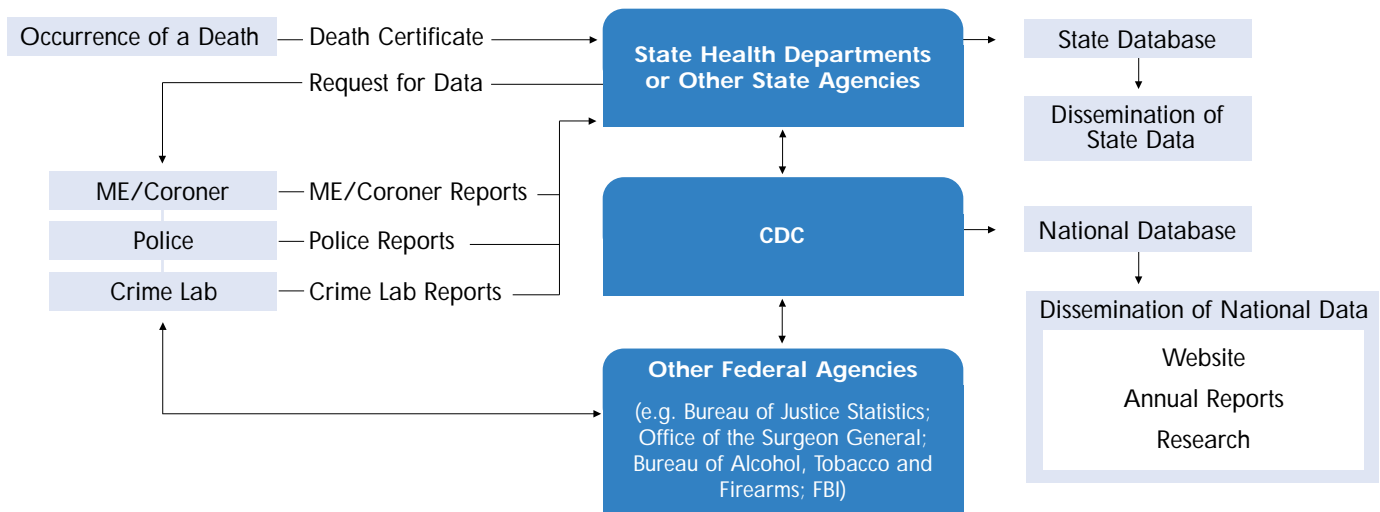
How the System Will Work

While the NVDRS will be funded federally, there will be local control over data collection. An abstractor, such as a state health or public safety official, will gather and link information from death certificates and reports by medical examiners, coroners, police, and crime labs.

Information from the data providers will be communicated to the abstractors in any of several ways, ensuring ease and efficiency and minimizing any burden on the data providers. The CDC will enter into cooperative agreements with each state to determine the most useful method. This could mean electronically transmitting data, faxing narrative reports, or allowing an abstractor on-site to photocopy or summarize information. The abstractor will code the data using a standardized coding system and forward the data, stripped of personal identifiers, to a national database at the CDC. Resources and technical training will be provided at the state level by the CDC. New software will sort out the variation that currently exists in the data collection process and will enable offices nationwide to share and compare data.

Examples: To illustrate the type of information that will be collected, take the case of a homicide victim. The victim's demographics, residence, marital status, education level, and cause of death will be gathered from the death certificate; specific characteristics of the weapon used will be drawn from the crime lab report; toxicological results indicating whether the victim was under the influence of drugs or alcohol will be drawn from the medical examiner's report; and information about the offender, circumstances, crime location, relationship between victim and offender, and, in the case of gun deaths, how a juvenile offender obtained the weapon will be drawn from the police report.

For cases of suicide, information will be drawn largely from the death certificate and the medical examiner's or coroner's report, and will include data about the victim's mental and physical health, substance-use status, previous suicide attempts, and current life crises.



WHAT ARE THE THREE MOST COMMON CIRCUMSTANCES LEADING TO ACCIDENTAL GUN DEATHS AMONG CHILDREN?



Support for NVDRS

"We need to implement a national violent death reporting system that includes suicide. Surveillance systems are key to health planning, and data on suicide are insufficient at national, state, and local levels. National data can be used to draw attention to the magnitude of the suicide problem. State and local data can help establish local program priorities and are necessary for evaluating the impact of suicide prevention strategies." – **Alan Berman, PhD, Executive Director, American Association of Suicidology**

"As a coroner participating in the pilot project, I have worked extensively with the data abstractors, the public health department, law enforcement, and the broader community to develop and implement the data collection system. As FARS has proven with car-related deaths, compiling and collating information in a national data system presents a more complete picture of how and why violent deaths happen, thereby informing meaningful interventions. The NVDRS is long overdue and will give deeper meaning to our work by utilizing the detailed information we document on a daily basis in order to effectively illuminate local and national trends." – **Scott M. Grimm, D-ABMDI, Coroner, Lehigh County – Allentown, PA**

"Here in New York, I have witnessed a successful collaboration among the Medical Examiner's Office, Police Department, Department of Health, and domestic violence prevention groups. By sharing and linking together these various agencies' information about the circumstances surrounding female homicides, we are able to better evaluate the root causes of domestic violence and improve our efforts to serve and protect victims in our jurisdiction. Just as our local case fatality reviews allow us to uncover trends and better understand the relationships that end in violence against women, we need a similar surveillance system to track all violent deaths on a national level." – **Susan Wilt, MS, DrPH, Assistant Commissioner for Chronic Disease Prevention, New York City Department of Health**

"Police agencies throughout the country are realizing the potential of comprehensive, integrated databases for crime fighting and crime prevention. Using data more effectively allows police to do their job better in protecting and defending the citizenry. And it is increasingly clear that the line between public health problems and public safety issues grows finer all the time. The ability to link data from both systems, as the NVDRS aims to do, holds the potential of great benefits for all law enforcement." – **Daniel B. Bibel, Crime Reporting Unit, Massachusetts State Police**

"Through the development of a confidential database with uniform data elements, the NVDRS will improve the quality and consistency of information collected by Child Fatality Review Teams. This system will better equip us to understand the trends and causes of death among children in our communities and provide critical information for developing prevention strategies." – **Patricia Schnitzer, PhD, Epidemiologist, Missouri Child Fatality Review Panel Member**

"As a violence researcher, I know that collecting and linking the facts surrounding homicides and suicides can lead to policies that save many lives. The first step in addressing serious public health problems is to put together complete, accurate, and unbiased information that is useful to professionals in the field as well as to policymakers. The NVDRS will maximize the investigative work done by many professionals after fatal incidents occur. Local communities, as well as policymakers and researchers, will benefit from a comprehensive, uniform database on violent deaths." – **Angela Browne, PhD, Harvard School of Public Health**

For additional information, contact the National Violent Injury Statistics System at the Harvard School of Public Health (617) 432-3353, visit www.nviss.org, or email info@nviss.org.

WHAT PROPORTION OF SUICIDE VICTIMS
ARE INTOXICATED AT THE TIME
THEY KILL THEMSELVES?