

# Indiana State Department of Health Indiana Violent Death Reporting System Advisory Board



**Time:** Tuesday, December 15, 2015 1:00-3:00 EDT  
**Location:** Rice Auditorium (Basement), ISDH, 2 North Meridian Street  
**Called by:** Rachel Kenny INVDRS Epidemiologist

**Link to Webcast Recording:**  
<http://videocenter.isdh.in.gov/videos/video/1687/>

## I. Agenda Topics

### 1. Welcome & Introductions - Attendees (31):

- a. Rachel welcomed the group and covered the outline for the meeting. Everyone in the room introduced themselves. Jessica Schultz read off those participating by webcast.

Abby Kuzma	Amy Lentz	Anne Reynolds	Annette Chard
Camry Hess	Caryn Burton	Dannielle Gilyan	Lindsay Weaver
Terry Zollinger	Rob Simpson	Jerry King	Jessica Schultz
John O’Boyle	Kelly Cunningham	Kristi Gephart	Laura Berry
Laura Chavez	Lauren Savitskas	Laurie Gerdt	Lisa Davis
Lisa Gray	Marion Chaloux	Michelle Moore	Murray Lawry
Rachel Kenny	Ramzi Nimry	Ray Duncan	Ruth Reichard
Scott Sefton	Suzanne O’Malley	Theresa Williams	

- b. ISDH passed out a worksheet for everyone to complete that includes:
  - i. Concerns/roadblocks
    - 1. As the meeting progresses, please note any concerns/roadblocks that the ISDH staff needs to address before the next Board meeting.
  - ii. Questions
    - 1. ISDH will follow up on questions asked at the March 18 meeting.
  - iii. Please complete the worksheet and send to [rkenny@isdh.in.gov](mailto:rkenny@isdh.in.gov).
- c. 2016 Meeting Dates!
  - i. March 18 (1-3pm EST)
  - ii. July 15
  - iii. Sept 16

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iv. Nov 18

## 2. CDC Updates

### a. September 1—CDC Site Visit

- i. All day meeting with Rebecca Wilson, Project Officer, and Katherine Fowler, PhD, Science officer.
- ii. Several Advisory board members attended and discussed their uses for the data
  1. Laurie Gerdt, Community Health Network, spoke on her participation in the site visit
- iii. Will share the site visit evaluation when it is received.

### b. Coding Manual Revisions

- i. Removed 'other race' options
- ii. Changed marital status to be more inclusive of domestic partnerships
- iii. Two new variables for intimate relationship at time of incident
- iv. Send Rachel or Marion an email if you would like clarification on data elements**

## 3. Data Collection Updates

### a. Death Certificates **\*PRELIMINARY\***

- i. 1242 incidents as of 11/19/15, 47% of cases from pilot counties
  1. See presentation for break down
- ii. Those with manner of death as 'accident' could be older adults with a gunshot wound in the past, or accidental firearm deaths
- iii. Suggestion to present on cause of death for next meeting.
- iv. CDC Timeliness: 98% of our death certificates were uploaded within 6 months of death! Median days from death to initiate cases: 98 days.
- v. What else would you like to see from the death certificate? **Please send Rachel an email with suggestions**

### b. Coroners—Murray Lawry

- i. 20 Data sharing agreements
- ii. Successes: Making plans to meet with four more coroners in the next few days
  - i. Challenges: 3 Counties are requesting there be a law that requires them to submit data to INVDRS before they will sign a DSA.

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1. This has been looked into and deemed unnecessary by the Coroners Association

c. Law Enforcement—John O’Boyle

- i. 175 Data Sharing Agreement (see handout)
- ii. Successes: 15 scheduled visits, small changes to the DSA are allowable, Planned speaking engagement at the Indiana Association of Chiefs of Police, Sponsoring the Indiana Sheriff’s Association
- iii. Challenges: unwillingness to participate due to previous experience with the federal government and some smaller departments do not see a need for INVDRS because they do not have a large case load. John and INVDRS staff are investigating ways to obtain these challenging reports, unwillingness to release firearm data

d. Data Abstraction—Marion Chaloux

- i. Have abstracted almost 90 reports
- ii. Working on an Indiana specific training module for those who will be abstracting data
- iii. Any suggestions for data elements you would like to see collected?**
- iv. Successes: reports are coming in continuously, overall very informative reports
- v. Challenges: very varied and inconsistent reports due to no centralized reporting standards, no required reports

e. Data from Trauma Registry

- i. A handful of elements from the Trauma Registry is able to be inputted into INVDRS which bolsters our data.

4. C.R.I.M.E presentation by First Sergeant Rob Simpson

- a. Indiana one of two states without central repository for crime data, but does have really great motor vehicle collision data (us and Mississippi)
- b. Certifications required for NIBRS (guidelines for certification, etc. )
- c. Statewide FBI UCR- Uniform Crime Reporting
  - i. No data to drill down into the individual crimes, only overall numbers of crimes
  - ii. Nothing to do for prevention or investigating circumstances
  - iii. 20,000 agencies nationwide and only 5,000 reporting data in 2013
  - iv. Estimated statistics (if ¼ of agencies aren’t reporting...)
  - v. Only 15 states in the US report all NIBRS data; centralized agency collect data in NIBRS format from other agencies in state
  - vi. NIBRS data old, takes 1.5 years to get
  - vii. Not customizable data report

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- viii. 190 agencies submitted SRS UCR data
- ix. 595 law enforcement agencies
- x. Only ISP certified for UCR
- d. Indiana CRIME Unit
  - i. Each agency has own CAD/RMS
  - ii. Newly purchased SAP HANA platform located in the Management & Performance Hub (MPH) Section
  - iii. Fatalities up 17%, TN down by 5% because they are using big data
  - iv. Predictive component of the SAP HANA
  - v. Seek approval to utilize the SAP HANA platform for C.R.I.M.E.
  - vi. Establish partnership with MPH personnel for the implementation & production of statewide crime statistics
  - vii. Provide an easy to use data exchange portal for law enforcement in Indiana  
Criminal records incident & management exchange (CRIME)  
Model for CRIME: Review → Evaluate → something else (didn't see)  
Keeping Indiana safe through crime analysis one byte at a time  
MPH model: Exact / translate / locate
  - viii. Have to use Indiana code for reporting, so there are standardizations for classification of crimes but still results in issues (especially with drug overdose/ drug abuse/ opiate related offenses)
  - ix. First initiative to have own house in order as a state to accurately report crime statistics
  - x. Second, give back the data to the individual police agencies, Feds aren't doing this with NIBRS. The MPH platform provides data in a nice clean format
  - xi. Third, relay data and information to the general public (on a specialized public platform, similar to the sex offender registrations, etc.)
  - xii. VICAP: Federal reporting (unsure what this is)
    - 1. Method and operation (serial type of murder, unsolved cases, etc.)

#### 5. MIPA NVDRS Subcommittee

- a. Committee co-chaired by Rachel and includes representatives from Indiana, Ohio, Michigan, Illinois, Minnesota, and Wisconsin
- b. MIPA allow for cross sharing of death certificates, NOT law enforcement, and each state is variable with coroner data sharing abilities
- c. Death certificates to be shared via STEVE
- d. IN Director of Vital Records gave permissions for specific sharing of death certificates

#### 6. Statewide Implementation Plan

- a. INVDRS Brochure
- b. Trainings & getting the word out throughout the summer of 2015
- c. Preparing to work with counties
  - i. Go to all 92 counties in 2016

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#### 7. Data Confidentiality

- a. Received IRB Approval from IU!
- b. Next step is applying for the Certificate of Confidentiality from the CDC
  - i. Once approved, the CoC protects ISDH from being compelled to release identifiable information in response to legal demands at the federal, state, or local levels.
  - ii. CoCs allow researchers to refuse to disclose identifiable research information in response to legal demands. They allow the investigator and others who have access to research records to refuse to disclose identifying information in any civil, criminal, administrative, legislative, or other proceeding, whether at the federal, state, or local level.

#### 8. Injury Prevention Update—Jessica Schultz

- a. IPAC – Injuries are not accidents – this can work with violent deaths (esp. accidental ones)
- b. Offering solutions – local communities or statewide
- c. Resource guide: Many of these topics are appropriate for violent deaths
  - i. PDF online -- website
  - ii. App
  - iii. IPAC -- Updates from Sally Thingpin
  - iv. CDC Core State Violence and Injury Prevention Program
    1. We will be applying for this.
    2. Funding for:
      - a. Child abuse/neglect
      - b. Traumatic brain injury
      - c. Motor vehicle crash Injury and Death
      - d. Intimate partner/sexual violence
  - v. CoIIN – child injuries

#### 9. Advisory Board Members

- a. Purpose of the Advisory Board
  - i. **Our Vision:** prevention of violent deaths in Indiana.
  - ii. **Our Mission:** to reduce the number of violent injuries and deaths by providing comprehensive, objective, and accurate information regarding violence- related morbidity and mortality.
- b. **Responsibilities of an Advisory Board Member**
  - i. Help identify barriers to INVDRS and develop solutions
  - ii. Provide access to data (if applicable).
  - iii. Connect ISDH with your partners.

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- iv. Provide speaking opportunities for INVDRS staff with professional organizations.
- v. Assist in identifying and recruiting individuals to join the advisory board.
- vi. Be a spokesperson for INVDRS.
- vii. Utilize INVDRS data.
- viii. Review and facilitate the dissemination of data reports.
- c. Point of contact for each organization
  - i. If interested in being the POC please contact Rachel ([rkenny@isdh.in.gov](mailto:rkenny@isdh.in.gov))
- d. Call to Action
  - i. Send interested parties to ISDH Division of Trauma and Injury Prevention
    - 1. [INVDRS@isdh.in.gov](mailto:INVDRS@isdh.in.gov)
    - 2. INVDRS Epidemiologist

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## 10. Additional discussion

- a. 2016 Meeting Dates, 1-3 EDT, ISDH, Rice Auditorium
  - i. March 18<sup>th</sup>
  - ii. July 15<sup>th</sup>
  - iii. September 16<sup>th</sup>
  - iv. November 18<sup>th</sup>

## IV. Next Advisory Board Meeting: March 18, 2016

### ISDH Division of Trauma and Injury Prevention Contact Information:

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