

# Indiana Violent Death Reporting System (INVDRS)

## Stakeholders and Advisory Board Meeting

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# Outline of Meeting

- Welcome & Introductions
- Highlights of the Indiana Violent Death Reporting System (INVDRS)
- Outcomes of county-specific INVDRS meetings
- CDC NVDRS Reverse Site Visit
  - Overview
  - Specifics
- NVDRS Data Elements
  - Discussion of potential electronic data sources



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# Outline of Meeting

- Follow-up from questions at previous AB meeting
- NVDRS State Success Stories
- Advisory Board Members
  - Who is missing?
  - Point of contact for each organization - Contracts for funding
- Additional discussion



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## Introductions

- Name
- Organization
- Role/job title within organization
  - Primary contact for your organization?



**INVDRS**  
Indiana Violent Death  
Reporting System



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## Worksheet

- Concerns / potential roadblocks
- Electronic Data Sources
- Surrounding counties that would be interested in participating in INVDRS during the pilot year



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## Nationwide Problem


2012: 56,000 violent deaths

- 153 deaths per day
- 40,600 died by suicide

• \$106 billion in costs



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**HIGHLIGHTS OF THE INDIANA  
VIOLENT DEATH REPORTING  
SYSTEM (INVDRS)**

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**INVDRS**

- Indiana Violent Death Reporting System
- Database to monitor and track trends of violent deaths in Indiana
- Data for informing local prevention efforts




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**What is a Violent Death?**

- A death that results from the intentional use of physical force or power, threatened or actual, against:
  - Oneself
  - Another person
  - A group or community

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### Identify Violent Death Cases

- ICD-10 External Causes of Death Codes OR Manner of Death Codes
- Located on death certificates (DCs) processed by State Vital Records Department
- Location of injury on the DCs helps to identify law enforcement jurisdiction



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### Manners of Violent Death

- Suicide
- Homicide
- Undetermined Intent
- Unintentional Firearm Death
- Legal Intervention
- Terrorism



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### Critical Output

Establishing a surveillance system to collect violent death information that is:

- High quality
- Comprehensive
- Timely
- Complies with CDC guidelines
  - Compare “apples to apples”



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## Goals

- Increase scientific understanding of violent injury through research
- Translate research findings into prevention strategies
- Disseminate knowledge of violent injury and prevention to professionals and the public



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## Mission

- The INVDRS is dedicated to the reduction of violent injuries and deaths by providing comprehensive, objective, and accurate information regarding violence-related morbidity and mortality



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## Vision

- Prevent violent deaths in Indiana



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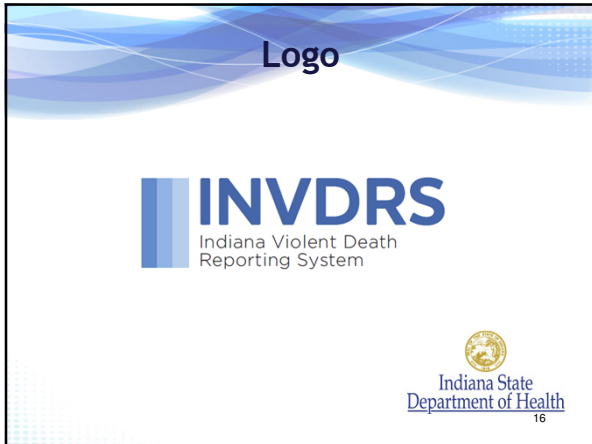
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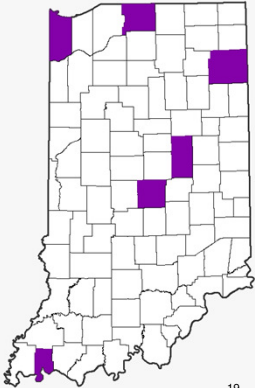

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**Indiana Violent Death Reporting System (INVDRS)**

2015 Pilot Counties:

- Allen
- Lake
- Madison
- Marion
- St. Joseph
- Vanderburgh

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**Tours to each county**

- Visiting:
  - Allen
  - Lake
  - Madison
  - Marion
  - St. Joseph
  - Vanderburgh
- Meeting with:
  - Local Law Enforcement
  - Coroners
  - Hospitals
  - Child Fatality Review Team Chairs
  - Other interested local stakeholders

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**Madison**

- First County Meeting: October 16, 2014
- Attended by: Child Fatality Review Team members and Domestic Violence Fatality Review Team
- Discussed:
  - Utilization of child fatality review data in INVDRS
  - Potential to capture Intimate Partner Violence (IPV) data in the INVDRS system




Indiana Violent Death Reporting System

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**Lake**

- Meeting: October 29, 2014
- Attended by: Lake Co Prosecutor, Methodist Hospital, Lake Co Coroner, Lake Co Sheriff's Department
- Discussed:
  - Coroner's Office press releases
  - Domestic Fatality Review team in Lake County
  - Potential for county level Advisory Board
  - Potential for Sheriff's Dept. to be point of contact because of 17 local law enforcement jurisdictions

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**St. Joseph**

- Meeting: October 29, 2014
- Attended by: St. Joseph Co. Police Dept., St. Joseph Co. Health Dept., St. Joseph Co. Coroner, Memorial Hospital South Bend
- Discussed:
  - Some entities utilize UCR and does not include suicide deaths
  - More than one local law enforcement agency in St. Joe Co.
  - Concern for confidentiality and data sharing in terms of compromising investigations and prosecutions
  - INVDRS designing template for requested data

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**Marion**

- Meeting: October 31, 2014
- Attended by: Indianapolis Metro Police, Indianapolis EMS, Eskenazi, IU Health Riley, IU Methodist, Marion Co Health Department
- Discussed:
  - Potential use of EMS/ Trauma Registry data
  - Newly announced drug poisoning module
  - IMPD covers ~85% of Marion Co. and there are several other LEA needed to collect all data

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**Vanderburgh**

- Meeting: November 19, 2014
- Attended by: Vanderburgh Co HD, Evansville Police, Vanderburgh Sheriff, Coroner, Southwestern Healthcare St. Mary's Medical Center, Deaconess Hospital
- Discussed:
  - Case Ascertainment (death certificate vs. Law enforcement)
  - Burden of collecting data by data providers
  - Creating list of questions to ask families after suicide death

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**Allen**

- Meeting: November 26, 2014
- Attended by: Allen Co PD, Allen Co Prosecutor, Allen Co Coroner, Allen Co DOH, Lutheran Hospital, Parkview Hospital
- Discussed:
  - Issues of confidentiality and data sharing in terms of compromising investigations and prosecutions
  - How specific data elements will impact prevention
  - Differences in County of residence vs. County of injury vs. County of death

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**CDC NVDRS REVERSE SITE VISIT:  
OVERVIEW**

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**Reverse Site Visit**

- December 2-4, 2014 in Atlanta, GA
- 32 States participating in NVDRS
  
- Dec. 2: "Working With Partners"
- Dec. 3: "Data Abstractor Training"
- Dec. 4: "Expansion and Utility"



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**Day 1: "Working with Partners"**

- Planning & Implementing a Violent Death Reporting System (VDRS)
- Data Quality, Completeness, Timeliness
- National Implementation of a State-based Network of Enhanced Electronic Death Registration
- State & Territorial Exchange of Vital Events (STEVE)
- Data from Vital Records
- Working with Medical Examiners
- Working with Coroners
- Working with Law Enforcement

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**Day 2: "Data Abstractor Training"**

- National Violent Death Reporting System (NVDRS) Overview
- Documents & Data Providers
- Case Linking, Privacy, & Personally Identifiable Information (PII)
- Incident Narratives
- Data Security

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## Day 2: "Data Abstractor Training"

- Overview of Web Software
  - Incident Record
  - Document Record
  - Victim Record
  - Circumstances
  - Toxicology
  - Weapons
  - Suspects
  - Child Fatality Review & Intimate Partner Violence modules

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## Day 3: "Expansion and Utility"

- NVDRS Administration
- State-specific Data Elements
- Prescription Drug Overdose (PDO) – Data Collection
- State Use of VDRS Data
  - Alaska
  - Colorado
  - Wisconsin
- CDC Data Usage & Publications
- Cross State Data Sharing

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## CDC NVDRS REVERSE SITE VISIT: NVDRS DATA ELEMENTS

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### Purposes of Data Collection

- Uniformity: Same case definitions and data sources across states
- Timeliness: Early detection of trends
- Completeness: Comprehensive Data

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### Data Collection

- Death Certificate
- Coroner Report
- Law Enforcement Record
  - Local Law enforcement
- Child Death Review
  - Collected by Child Fatality Review

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### Timeline

- Goal to have incidents **initiated** within 6 months of violent death
- Goal to have incidents **finalized** within 18 months of violent death



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### Incident Variables

Incident ID	Data Element Name	Type	Required?
1.1	Incident Year	Date (YYYY)	Yes
1.2	SiteID	Number (18)	Yes (auto)
1.3	Incident Number	Number (XX)	Yes (auto)
1.4	Incident Type	Single-Choice	Yes
...	...	...	...
1.8	Number of victims	Number (XX)	Yes (auto)
1.9	Number of non-fatally shot	Number (XX)	Yes

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### Demographic Variables - Victim

Incident ID	Data Element Name	Type	Required?
3.1.1	Person Type	Single-choice	Yes
3.1.2	First Initial of Last Name	Text	No
3.1.3	Day of Birth	Number (XX)	No
3.1.4	Last 4 digits of CME	Text	No
3.1.5	Last 4 digits of DC	Text	No
3.1.6	Gender of Victim	Single-Choice	Yes
3.1.7	Transgender	Checkbox	Yes
3.1.8	Age	Number (XX)	Yes
3.1.9	Age Units	Single-Choice	Yes

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### Demographic Variables - Victim

Incident ID	Data Element Name	Type
3.1.10	Height – Feet	Number (XX)
3.1.11	Height – Inches	Number (XX)
3.1.12	Weight	Number (XXX)
3.1.13	Race	Checkbox
3.1.14	Ethnicity	Single-Choice
3.1.15	Marital Status	Single-Choice
3.1.16	Pregnant	Single-Choice
3.1.17	Sexual Orientation	Single-Choice
3.1.18	Military	Single-Choice

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### Demographic Variables - Victim

Incident ID	Data Element Name	Type
3.2.1.1	Country of Residence	Single-Choice
3.2.1.2	State of Residence	Single-Choice
3.2.1.3	County of Residence	Single-Choice
3.2.1.4	City of Residence	Single-Choice
3.2.1.5	ZIP Code of Residence	Single-Choice
3.2.1.6	US Census Tract of Residence	Single-Choice
3.2.1.7	US Census Block Group of Residence	Single-Choice
3.2.2	Birth Place (State)	Single-Choice
3.2.3	Birth Country, if Other	Single-Choice

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### Demographic Variables - Victim

Incident ID	Data Element Name	Type
3.2.4.1	Kind of Business/Industry Code	Single-Choice
3.2.4.2	Usual Industry Text	Text
3.2.4.3	Usual Occupation Code	Single-Choice
3.2.4.4	Usual Occupation Text	Text
3.2.5	Current Occupation	Text
3.2.6	Homeless	Single-Choice
3.2.7	Education by Degree	Single-Choice
3.2.8	Education by Number of Years	Number (XX)

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### Injury & Death Variables

Incident ID	Data Element Name	Type
4.1.1	Manner of Death on DC	Single-Choice
4.1.2	Manner of Death per LE	Single-Choice
4.1.3	Manner of Death per CME	Single-Choice
4.1.4	Manner of Death per Abstractor	Single-Choice
4.3.1.1	State or Territory where Injury Occurred	Single-Choice
4.3.1.2	County where Injury Occurred	Single-Choice
4.3.1.3	City where Injury Occurred	Single-Choice
4.3.1.4	US Census Tract where Injury Occurred	Single-Choice
4.3.1.5	US Census Block Group where Injury Occurred	Single-Choice

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### Injury & Death Variables

Incident ID	Data Element Name	Type
4.3.2.1	Date of Injury	Date
4.3.2.2	Time of Injury	Time
4.3.3	Type of Location where Injury Occurred	Single-Choice
4.3.4	Injured at Work	Single-Choice
4.3.5	Injured at Victim's Home	Single-Choice
4.3.6	EMS at Scene	Single-Choice
4.3.7	Victim in Custody when Injured	Single-Choice
4.3.8	Recent release from institution	Single-Choice
4.3.9	Alcohol use Suspected when Injured	Single-Choice
4.3.10	Survival Time	Time

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### Injury & Death Variables

Incident ID	Data Element Name	Type
4.3.11	Unit of Time used in Survival Time	Single-Choice
4.4.1	Victim Seen in Emergency Department	Single-Choice
4.4.2	Victim Admitted to Inpatient Care	Single-Choice
4.4.3.1	1 <sup>st</sup> External Cause of Injury ICD-9 Code by Hospital	ICD format
4.4.3.2	2 <sup>nd</sup> External Cause of Injury ICD-9 Code by Hospital	ICD format
4.4.4	ICD-10-CM Hospital Code Variables	ICD format
4.5.1.1	Underlying Cause of Death ICD-10 Code	ICD format
4.5.1.2	Underlying Cause of Death ICD-10 Code: 4 <sup>th</sup> Digit	Single-Choice

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### Injury & Death Variables

Incident ID	Data Element Name	Type
4.5.1.3	Underlying Cause of Death ICD-10 Code: 5 <sup>th</sup> Digit	Single-Choice
4.5.2	Cause of Death	Text
4.5.3	Place of Death	Single-Choice
4.5.4	Place of Death, if Other	Text
4.5.5	Date Pronounced Dead*	Date
4.5.6	Date of Death	Date
4.5.7	State or Territory of Death	Single-Choice
4.5.8	Autopsy Performed	Single-Choice
4.5.9	Number of Wounds/Number of Bullets	Number

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### Injury & Death Variables

Incident ID	Data Element Name	Type
4.5.10	Wound Location	
4.5.10.1	Head	Single-Choice
4.5.10.2	Face	Single-Choice
4.5.10.3	Neck	Single-Choice
4.5.10.4	Upper Extremity	Single-Choice
4.5.10.5	Spine	Single-Choice
4.5.10.6	Thorax	Single-Choice
4.5.10.7	Abdomen	Single-Choice
4.5.10.8	Lower Extremity	Single-Choice
4.5.11	Multiple Condition Codes	String

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### Circumstance Variables

Incident ID	Data Element Name	Type
5.2.1	Circumstances from CME	Single-Choice
5.2.2	Circumstances from LE	Single-Choice
5.3.1	Current Diagnosed Mental Health Problem*	Single-Choice
5.3.4	Mental Health Diagnosis 1	Single-Choice
5.3.5	Mental Health Diagnosis 2	Single-Choice
5.3.6	Other Mental Health Diagnosis	Text
5.3.7	Current Depressed Mood	Single-Choice
5.3.8	Current Mental Health/Substance Abuse Treatment	Single-Choice
5.3.9	Ever Treated for Mental Health/Substance Abuse Problem	Single-Choice
5.3.10	Alcohol Problem*	Single-Choice

\*Crisis 47

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### Circumstance Variables

Incident ID	Data Element Name	Type
5.3.2	Other Substance Problem*	Single-Choice
5.3.4	Other Addiction*	Single-Choice
5.4.1	Intimate Partner Violence Related	Single-Choice
5.4.2	Intimate Partner Problem*	Single-Choice
5.4.4	Family Relationship Problem*	Single-Choice
5.4.6	Other Relationship Problem*	Single-Choice
5.4.8	Abuse/Neglect led to Death	Single-Choice
5.4.9	History of Abuse or Neglect as a Child	Single-Choice
5.4.10	Previous Perpetrator of Violence in the Past Month	Single-Choice
5.4.11	Previous Victim of Violence in the Past Month	Single-Choice

\*Crisis 48

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### Circumstance Variables

Incident ID	Data Element Name	Type
5.4.12	Physical Fight Between Two People	Single-Choice
5.4.13	Argument	Single-Choice
5.4.14	Timing of the Most Recent Argument	Single-Choice
5.5.1	Precipitated by Another Crime	Single-Choice
5.5.3	Nature of 1 <sup>st</sup> Other Crime	Single-Choice
5.5.4	Nature of 2 <sup>nd</sup> Other Crime	Single-Choice
5.5.5	1 <sup>st</sup> Crime in Progress	Single-Choice
5.5.6	Stalking*	Single-Choice
5.5.8	Prostitution*	Single-Choice
5.5.10	Terrorist Attack	Single-Choice
5.5.11	Gang-Related	Single-Choice

\*Crisis 49

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### Circumstance Variables - Homicide

Incident ID	Data Element Name	Type
5.6.1	Justifiable Self-Defense	Single-Choice
5.6.2	Victim was a Police Officer on Duty	Single-Choice
5.6.3	Victim was a Bystander	Single-Choice
5.6.4	Random Violence	Single-Choice
5.6.5	Victim was Intervener Assisting Crime Victim	Single-Choice
5.6.6	Victim Used Weapon	Single-Choice
5.6.7	Mercy Killing	Single-Choice
5.6.8	Hate Crime	Single-Choice
5.6.9	Jealousy (Lovers' Triangle)*	Single-Choice

\*Crisis 50

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### Circumstance Variables - Homicide

Incident ID	Data Element Name	Type
5.6.11	Brawl (3 people or more)	Single-Choice
5.6.12	Walk-by Assault	Single-Choice
5.6.13	Drive-by Shooting	Single-Choice
5.6.14	Drug Involvement	Single-Choice

\*Crisis 51

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### Circumstance Variables - Suicide

Incident ID	Data Element Name	Type
5.7.1	History of Suicidal Thoughts or Plans	Single-Choice
5.7.2	History of Suicide Attempts	Single-Choice
5.7.3	Recent Disclosed Suicidal Thoughts or Intent to Commit Suicide	Single-Choice
5.7.4	Disclosed to Whom	Single-Choice
5.7.5	Left a Suicide Note	Single-Choice
5.7.6	Contributing Criminal Legal Problem*	Single-Choice
5.7.8	Civil Legal Problems*	Single-Choice
5.7.10	Contributing Physical Health Problem*	Single-Choice

\*Crisis 52

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### Circumstance Variables - Suicide

Incident ID	Data Element Name	Type
5.7.12	Job Problem*	Single-Choice
5.7.14	Financial Problem*	Single-Choice
5.7.16	School Problem*	Single-Choice
5.7.18	Eviction or Loss of Home*	Single-Choice
5.7.20	Suicide of Friend or Family Contributed to Death*	Single-Choice
5.7.22	Other Death of Friend or Family*	Single-Choice
5.7.24	Anniversary of a Traumatic Event	Single-Choice
5.7.25	Disaster Exposure*	Single-Choice

\*Crisis 53

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### Circumstance Variables - Unintentional Firearm Deaths

Incident ID	Data Element Name	Type
5.8.1	Hunting	Single-Choice
5.8.2	Target Shooting	Single-Choice
5.8.3	Self-defensive Shooting	Single-Choice
5.8.4	Celebratory Firing	Single-Choice
5.8.5	Loading or Unloading Gun	Single-Choice
5.8.6	Cleaning Gun, Repair & Assembling	Single-Choice
5.8.7	Showing Gun to Others	Single-Choice
5.8.8	Playing with Gun	Single-Choice
5.8.9	Other Context of Injury	Single-Choice
5.8.10	Thought Safety was Engaged	Single-Choice

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### Circumstance Variables - Unintentional Firearm Deaths

Incident ID	Data Element Name	Type
5.8.11	Thought Gun was Unloaded, Magazine Disengaged	Single-Choice
5.8.12	Thought Gun was Unloaded, Other	Single-Choice
5.8.13	Unintentionally Pulled Trigger	Single-Choice
5.8.14	Bullet Ricochet	Single-Choice
5.8.15	Gun Defect or Malfunction	Single-Choice
5.8.16	Fired While Holstering/Unholstering	Single-Choice
5.8.17	Dropped Gun	Single-Choice
5.8.18	Fired While Operating Safety/Lock	Single-Choice
5.8.19	Gun Mistaken for Toy	Single-Choice
5.8.20	Other Mechanism of Injury	Single-Choice

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### Circumstance Variables - All Manners

Incident ID	Data Element Name	Type
5.9.2	Other Circumstances	Text

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### Weapon Variables

Incident ID	Data Element Name	Type
6.1	Weapon Type	Multiple-Choice
6.2	Other Weapon Information	Text

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### Weapon Variables - Firearm

Incident ID	Data Element Name	Type
6.3	Firearm Type	Single-Choice
6.3.2	Firearm Caliber	Single-Choice
6.3.3	Firearm Gauge	Single-Choice
6.3.4	Firearm Make or NCIC Code	Single-Choice
6.3.5	Other Firearm Make Text	Text
6.3.6	Firearm Model	Text
6.3.7	Other Firearm Model Text	Text
6.3.8	Gun Stored Loaded	Single-Choice
6.3.9	Gun Stored Locked	Single-Choice
6.4	Gun Access Narrative	Single-Choice
6.4.1	Gun Owner	Single-Choice
6.4.2	Firearm Stolen	Single-Choice

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### Suspect Variables

Incident ID	Data Element Name	Type
7.1	Suspect Age in Years	Number
7.2	Suspect Gender	Single-Choice
7.3	Victim to Suspect Relationship (1)	Single-Choice
7.4	Victim to Suspect Relationship (2)	Single-Choice
7.5	History of Abuse of Victim by this Suspect	Checkbox
7.6	This Suspect was Caregiver for the Victim	Single-Choice
7.7	Suspect Attempted Suicide after Incident	Single-Choice
7.8	Suspect is also Victim in the Incident	Checkbox
7.9	Suspect Mentally Ill	Checkbox
7.10	Suspect Race	Checkbox
7.11	Suspect Ethnicity	Single-Choice

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### Toxicology Variables

Incident ID	Data Element Name	Type
8.2	No Toxicology Report	Checkbox
8.3	Date Specimens were Collected	Date
8.4	Time Specimens were Collected	Time
8.5	Substance Name	Look-up Table
8.6	Substance Tested	Single-Choice
8.7	Substance Result	Single-Choice
8.8	Substance Caused Death	Single-Choice
8.9	Person Prescribed For	Single-Choice
8.10	Substance Categories	Auto

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### Toxicology Variables

Incident ID	Data Element Name	Type
8.11	Substances Tested For (Summary)	
8.11.1	Alcohol	Single-Choice
8.11.2	Carbon Monoxide	Single-Choice
8.11.3	Amphetamine	Single-Choice
8.11.4	Anticonvulsants	Single-Choice
8.11.5	Antidepressants	Single-Choice
8.11.6	Antipsychotics	Single-Choice
8.11.7	Barbiturates	Single-Choice
8.11.8	Benzodiazepines	Single-Choice
8.11.9	Cocaine	Single-Choice
8.11.10	Marijuana	Single-Choice
8.11.11	Muscle Relaxant	Single-Choice
8.11.12	Opiate	Single-Choice

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### Toxicology Variables

Incident ID	Data Element Name	Type
8.12	Results of Substances Tested For (Summary)	
8.12.1	Alcohol	Single-Choice
8.12.2	Carbon Monoxide	Single-Choice
8.12.3	Amphetamine	Single-Choice
8.12.4	Anticonvulsants	Single-Choice
8.12.5	Antidepressants	Single-Choice
8.12.6	Antipsychotics	Single-Choice
8.12.7	Barbiturates	Single-Choice
8.12.8	Benzodiazepines	Single-Choice
8.12.9	Cocaine	Single-Choice
8.12.10	Marijuana	Single-Choice
8.12.11	Muscle Relaxant	Single-Choice
8.12.12	Opiate	Single-Choice

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### Toxicology Variables

Incident ID	Data Element Name	Type
8.13	Blood Alcohol Level	Number
8.14	Carbon Monoxide Source	Single-Choice
8.15	Comments	Text

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## Other Variables

Section	Section Name
9	Child Fatality Review
10	Intimate Partner Violence

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## Potential Electronic Data Sources

- Discuss potential sources
  - Electronic transfer to ease data sharing



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Indiana Violent Death Reporting System



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## FOLLOW-UP

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**Follow-Up from County-Specific Meetings, AB Meeting, etc.**

- Data Providers
- Case Ascertainment
- Data Collection
- Confidentiality
- Data Elements

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**Follow-Up from County-Specific Meetings, AB Meeting, etc.**

- Data Abstraction
- Data Abstractors
- Data Linking
- Advisory Board

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**Follow-Up from County-Specific Meetings, AB Meeting, etc.**

- NVDRS Success Stories
- NVDRS Innovations
- Prevention
- Interstate Data Collection
- Prescription Drug Overdose – Data Collection

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## NVDRS STATE SUCCESS STORIES

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## Data Uses

- Inform Communities
  - Documents circumstances of all violent deaths
    - Preceding and surrounding the incident
  - Who, what, when, and where?
    - Insight as to why
  - Characterizes perpetrators as well as victims
  - Characterizes incidents involving more than one victim

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## Alaska

- Helped improve forensic toxicological capabilities
- Strengthen public health and law enforcement communications and infrastructure
- Only fully adjudicated records are entered into the database thereby ensuring no legal cases pending before the courts are compromised



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**health watch** Colorado  
November 2014 No. 94

**Colorado Department of Public Health & Environment**  
Health Statistics  
Evaluation Branch  
Vital Statistics  
Health Surveys & Analysis  
Evaluation  
Survey Research

**Adolescent Suicide in Colorado, 2008-2012**  
Ethna Jamison, MPH (1); Allison Grace Bu, MPH; Karl Herdner, MSW, JGPHI  
Colorado Violent Death Reporting System, Vital Statistics Program, Colorado Department of Public Health & Environment

**Introduction**  
Suicide is a public health issue of significant concern nationally and in the state of Colorado. Colorado's suicide rate consistently ranks amongst the highest in the nation (11th in 2011, 17.5 per 100,000). The adolescent population is a particularly vulnerable group which is in many ways less understood than adults, and whose suicides rank high in terms of years of life lost. Additionally, suicides in this population could be more easily preventable through parental interaction and limiting access to lethal means. In Colorado there were 389 adolescent suicide deaths between 2008 and 2012. The Colorado age-specific suicide rate for adolescents (ages 10 to 19) is 7.9 per 100,000 which is considerably higher than the national average at 4.8 per 100,000. During this period suicide was the second leading cause of death in adolescents behind unintentional injuries in Colorado.<sup>1</sup> The tragedy of adolescent suicides, including the toll taken on families, peers, and society, make them a serious public health problem.

Since 2004 the Colorado Department of Public Health & Environment (CDPHE) has participated in the National Violent Death Reporting System (NVDRS) a national surveillance system designed to collect epidemiologic data surrounding violent death. Colorado is one of 32 states participating in the program currently. The program is maintained and funded through the U.S. Centers for Disease Control and Prevention. Each participating state aims to collect the most thorough data on all types of violent death in their state.

This report describes the issue of adolescent suicide in Colorado by using the NVDRS surveillance data. The purpose of this report is to increase suicide awareness, as well as present unique aspects and factors of adolescent suicide. These data can be used at the state and local levels in Colorado to help inform intervention and prevention efforts that will reduce adolescent suicide.

4300 Cherry Creek Drive South  
Denver, Colorado 80246-3259  
(303)733-2160  
800698-7848  
cdphe.healthstatistics@colorado.gov  
www.colorado.gov/cdphe

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**Colorado**

**Table 3. Circumstances for suicides among adolescents ages 10-19, Colorado, 2008-2012.**

Circumstance	n	Percent*
Current depressed mood	122	48.2
Left a suicide note	103	40.7
Disclosed intent to commit suicide	95	37.6
Current mental health problem	84	33.2
Intimate partner problem	83	32.8
Ever treated for mental health problem	82	32.4
History of previous suicide attempts	70	27.7
Current mental health treatment	69	27.3
Diagnosis of depression	47	18.6
Problem with other substance	42	16.6
Problem with alcohol	31	12.3
Crisis within two weeks of the suicide	28	11.1
Job problem	14	5.5
Financial problem	12	4.7
Physical health problem	10	4.0

\*Represents the percent of cases where at least one circumstance was present.  
Source: Colorado Violent Death Reporting System, Colorado Department of Public Health and Environment.

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**Colorado**

- Mantherapy.org website featuring Dr. Rich Mahogany  
Therapy the way a man would want to do it



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### Georgia

- Males were 3X more likely than females to die from a violence-related injury
- Rural areas had the highest age-adjusted suicide rate while metropolitan areas had the highest age-adjusted homicide rate
  - Able to show burden by county, highlight need for special efforts in geographical areas



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### Kentucky

- Indicated that among women who were killed by an intimate partner, only 39% had filed for a restraining order or had previously been in contact with APS
  - Lead to improved outreach potential to link victims to protective services



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### Kentucky

- KY-VDRS also created a web-based coroner reporting system to facilitate the collection of violent death data and to ease the burden of reporting for Kentucky Coroners
- Data used in NIH grant, "Suicide Bereavement in Military and their Families."



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## Oregon

- State health officials to monitor suicides more accurately among specific populations including:
  - older adults
  - veterans
  - foster children
  - youths in custody



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## Oregon

Oregon Public Health Division  
2012
Homicide in Oregon Related to Intimate Partner Violence

**BASIC FACTS**

Intimate partner violence (IPV) is actual or threatened physical aggression, sexual assault, and psychological or emotional abuse directed toward a spouse, an spouse, current or former boyfriend or girlfriend, or former date.

IPV-related homicides are common and account for nearly one in four homicides in Oregon.

IPV-related homicides occur among all ages, races, ethnicities, socioeconomic classes, and among both heterosexuals.

Most female victims are killed by a current spouse or boyfriend.

Most male victims are killed by someone other than an intimate partner.

Firearms are a common mechanism of death among IPV-related homicides.

*Oregon Injury Prevention and Epidemiology Fact Sheet*

From 2003 to 2010...

207 people were killed in the context of intimate partner violence (IPV) in Oregon. Overall, IPV was associated for approximately one in four homicides and 47% of all homicides among females that occurred in Oregon.

64% of victims were adults ages 18 to 64.

94% of female victims were killed by an intimate partner (9% were killed by someone other than an intimate partner—such as a 28-year-old father). Nearly 80% were killed by their current spouses or boyfriends.

60% of male victims were killed by someone other than an intimate partner. Nearly half of them were killed by someone who was associated with his partner (such as a partner's ex-partner).

14% of males were killed by police officers during the course of a domestic disturbance call.

60% of victims who were killed by an intimate partner were living with their perpetrators when the incidents occurred.

42% of intimate partner homicides were followed by a suicide or suicide attempt. IPV is related to three in four homicide-suicide events in Oregon.

17% of IPV perpetrators were reported to have mental illness and/or alcohol/substance use problems.

20% of IPV perpetrators were reported to have used alcohol, illicit substances or both prior to the homicide incident.

61% of deaths were due to gunshot wound, followed by sharp instrument (28%), strangulation (8%) and blunt instrument (2%).

78% of IPV-related homicides occurred in a home/apartment.

**Prevention**

- Prevent adverse childhood experiences
- Promote non-violence education
- Strengthen support for victims
- Encourage treatment for perpetrators
- Reduce perpetrator access to firearms
- Increase nurse family partnerships

**Domestic Violence Resources**

Portland: Women's Crisis Line..... 503-235-5333  
Or call-free..... 1-888-235-5333  
National Domestic Violence Helpline..... 1-800-795-SAFE (7423)

For a directory of local programs and services go to [www.ohadv.org/](http://www.ohadv.org/)

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## Utah

- Data enabled the state-wide task force to identify trends and risk factors for prescription drug-related suicides
- Prevention strategies put in place:
  - Training on prescribing practices
  - Improved access to a controlled substances database for medical providers



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## Utah: Data Collection

- All persons working on UTVDRS & CFRC to sign statement of Confidentiality
- Request Victim and Suspect demographics and all associated reports for each “closed” incident
  - To be provided to UTVDRS and CFRC



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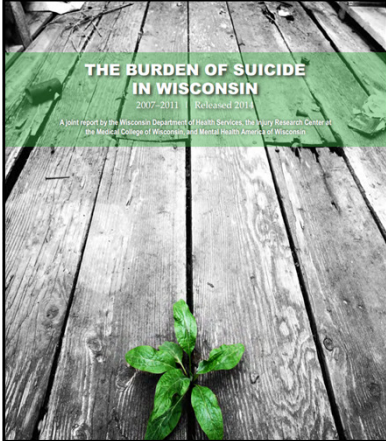
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## Wisconsin

A brief report by the Wisconsin Department of Health Services, the Injury Research Center at the Medical College of Wisconsin, and Mental Health America of Wisconsin.

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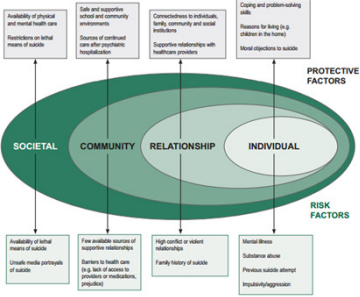
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## Wisconsin



**PROTECTIVE FACTORS**

- Availability of physical and mental health care  
Reminders on lethal means of suicide
- Safe and supportive social and community environments  
Sources of coordinated care after discharge
- Connectiveness to individuals, family, community and social networks  
Supportive relationships with healthcare providers
- Coping and problem-solving skills  
Reasons for being (e.g. children in the home)  
Lethal impediments to suicide

**SOCIETAL**

**COMMUNITY**

**RELATIONSHIP**

**INDIVIDUAL**

**RISK FACTORS**

- Availability of lethal means of suicide  
Unsure modes perhaps of suicide
- Few reliable sources of supportive relationships  
Barriers to health care (e.g. lack of access to providers or medications, physical)
- High conflict or violent relationships  
Family history of suicide
- Mental illness  
Substance abuse  
Previous suicide attempt  
Impulsivity/aggression

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## What can Wisconsin do to Prevent Suicide?

- 1) Target higher-risk populations with appropriate primary and secondary prevention strategies and programs
- 2) Promote and use evidence-based interventions and programs that can improve mental health, behavioral health, and interpersonal relationships
- 3) Reduce access to lethal means of suicide for populations with imminent risk of suicide.
- 4) Learn more about Wisconsin-specific prevention activities through Prevent Suicide Wisconsin

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## National Registry Uses

- National Data from 16 NVDRS states
  - Not Nationally Representative
- 2003-2011 data Available online  
<http://www.cdc.gov/injury/wisqars/nvdrs.html>



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### National Violent Death Reporting System (NVDRS)

Choose your Report Options, then click the Submit button.  
 For more information about an option or a category of options, click on the underlined name or phrase. To return to this page, click on the "back" button in your browser toolbar. Authorizing this page before you queries may expedite your request.

#### Report Options

1. Select a report type. (Select only one button from the eight options below.)

##### Victims of Violence

- Violent Death Counts and Rates
- Violent Death Counts and Percentages by Place of Injury, Pregnancy Status, Homeless Status, Military Status, and Known Circumstances of Death

##### Suicide Victims Suspected of a Recent Homicide

- Suicide Counts and Rates
- Suicide Counts and Percentages by Place of Injury, Pregnancy Status, Homeless Status, Military Status, and Known Circumstances of Death

##### Suspects

- Suspects' Counts and Percentages only

##### Incidents of Violence

- All Violent Incident Counts and Percentages
- Single-Victim Violent Incident Counts and Percentages
- Multiple-Victim Violent Incident Counts and Percentages

##### Deaths and Rates

- Age-adjusted Rates, Crude Rates and Death Counts
- Use 2003 as the Standard Year
- Crude Rates and Death Counts

2. Select a mode of determining a manner and cause of death. (Select only one radio button.)

- Abstractor Assigned (recommended)
- ICD-10 Underlying Cause of Death Codes

3. What was the intent or manner of the injury? (Select one or more boxes.)

- All Intents (Uncheck box to select sub-groups)
  - Unintentional firearm
  - Homicide
  - Legal intervention
  - Suicide
  - Undetermined intent
  - Homicide followed by Suicide

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## Example National Registry Uses

2006, 16 NVDRS States: AK, CO, GA, KY, MD, MA, NJ, NM, NC, OK, OR, RI, SC, UT, VA, WI  
 All Victims Death Counts and Rates per 100,000, Abstractor Assigned Mode  
 Homicide, All Mechanisms  
 All Races, Males, All Ages

	Number of Deaths	Population	Crude Rate	Age-Adjusted Rate**
White	1,194	30,869,727	3.87	3.80
Black	1,882	5,971,133	31.52	28.97
Am Indian/AK Native	65	558,806	11.63	11.09
Asian/Pac Islander	50	1,407,499	3.55	3.56
Unknown/Other	42	-	-	-
TOTAL	3,233	38,807,166	8.33	8.08

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## Example National Registry Uses

2006, 16 NVDRS States: AK, CO, GA, KY, MD, MA, NJ, NM, NC, OK, OR, RI, SC, UT, VA, WI  
 All Victims Death Counts and Rates per 100,000, Abstractor Assigned Mode  
 Homicide, Spouse/Intimate Partner, Hanging/Suffocation  
 All Races, Both Sexes, All Ages

Number of Deaths	Population	Crude Rate	Age Adjusted Rate**
25	78,957,260	0.03	0.03

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## COUNTY FUNDING

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**Proposed:  
County Funding Ideas**

- For Coroners & Law Enforcement:
  - \$10 per report submitted to ISDH
    - January 1, 2015 to December 31, 2015

OR

- ISDH Records Consultant comes to your office to abstract the data needed for INVDRS

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**Big Ideas**

- Other Thoughts?
- Are there bigger projects that would benefit **you** for collecting data?



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**ADVISORY BOARD:  
MEMBERS**

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## Role of an Advisory Board Member

- Serve on the INVDRS AB
- Provide access to data (if applicable)
- Help develop solutions to any identified barriers
- Utilize the VDRS data
  - Informative tool
- Connect the ISDH to ***your*** partners
- Be Spokesperson for NVDRS/INVDRS




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Organizations (A - I)	Organizations (I - Z)
Allen County Child Fatality Review Team	ISDH Vital Records
Allen County Coroner's Office	IU Arnett
Allen County Sheriff's Department	IU Ball Memorial
Alternatives in Anderson	IU School of Medicine
American College of Emergency Physicians	IU School of Public Health
American Foundation For Suicide Prevention	Lake County Child Fatality Review Team
Anderson Police Department	Lake County Coroner
Community Hospital of Anderson	Lake County Health Department
Deaconess Hospital	Lake County Sheriff's Office
East Chicago Health Department	Lutheran Hospital
Eskenazi Health	Madison County Coroner
Evansville Police Department	Madison County Health Department
Fort Wayne- Allen County Department of	Madison County Sexual Assault Treatment
Fort Wayne Police Department	Madison County Sheriff's Department
Franciscan Alliance	Marion County Child Fatality Review Team
Gary City Health Department	Marion County Coroner
Indiana Coalition Against Domestic Violence	Marion County Health Department
Indiana Criminal Justice Institute	Marion County Sheriff's Office
Indiana Department of Child Services	Memorial South Bend
Indiana Emergency Medical Service	MESH Coalition
Indiana Emergency Nurses Association	Methodist Hospital Northlake Campus
Indiana Family & Social Services Administration	Office of Management and Budget / MPH Project
Division of Mental Health and Addiction	Project
Indiana Fraternal Order of Police	Parkview Hospital
Indiana Prosecuting Attorney's Council	Riley Hospital for Children at IU Health
Indiana Public Health Association	South Bend Police
Indiana Sheriff's Association	St. Joseph County Child Fatality Review Team
Indiana State Coroners Association	St. Joseph County Coroner
Indiana State Coroners Training Board	St. Joseph County Health Department
Indiana State Police	St. Joseph County Sheriff's Office
Indiana Supreme Court	St. Mary's Medical Center
Indiana University	St. Vincent Anderson
Indiana University Health Methodist Trauma Services	St. Vincent Indianapolis
Indianapolis EMS	The Father's House
Indianapolis Metropolitan Police Department	Vanderburgh County Child Fatality Review Team
ISDH Child Fatality Review Program	Vanderburgh County Coroner
ISDH Division of Maternal and Child Health	Vanderburgh County Health Department
ISDH Local Health Department Outreach	Vanderburgh County Sheriff's Office
ISDH Office of Women's Health	

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## 2015 MEETING DATES




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## 2015 Advisory Board Meeting Dates

- March 24<sup>th</sup>
- June 23<sup>rd</sup>
- September 29<sup>th</sup>
- December 15<sup>th</sup>
  - 1-3pm EDT
  - ISDH, Rice Auditorium



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## Planning for 2015

- Key Activities:
  1. Continue to establish collaboration for INVDRS project
  2. Obtain Vital Statistics & Coroner data electronically & monitor data import timelines
  3. Begin manual abstraction of Coroner & Law Enforcement data by end of 1st quarter



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## Contact Information

<p><b>Katie (Gatz) Hokanson</b> Director, Division of Trauma and Injury Prevention</p> <p>Office: 317.234.2865 Mobile: 317.607.5887</p> <p>KGatz@isdh.in.gov</p>	<p><b>Jessica Skiba, MPH</b> Injury Prevention Epidemiologist</p> <p>Office: 317.233.7716 Fax: 317.233.8199</p> <p>JSkiba@isdh.IN.gov</p>
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