Indiana State Department of Health (ISDH)
Indiana Violent Death Reporting System Advisory Board

Time: Tuesday, September 30, 2014 1:00-3:00 EDT
Location: Rice Auditorium, Basement, ISDH, 2 North Meridian Street
Called by: Katie Gatz, Director, ISDH Division of Trauma & Injury Prevention
Conference Call line: 1-877-422-1931, Participant Code: 2792437448#

I. Agenda Topics

1. Welcome & Introductions – Attendees (52):
    a. Katie and Jessica welcomed the group and covered the outline for the meeting. Everyone in the room introduce themselves, followed by those on the phone.

Arkins, Tom	Ballew, Alfie	Bannister, Allison	Bell, Teresa
Berry, Laura	Bingaman, Greg	Bisbee, Jane	Castor, Jill
Chard, Annette	Chavez, Laura	Czerwinski, Brian	Daniels, Dawn
Farrell, Geray	Floyd, Kandi	Gatz, Katie	Gephart, Kristi
Gilyan, Dannielle	Gray, Lisa	Harrold, Wendy	Hartman, Chris
Herr, Lynn	Hockaday, Missy	Holland, Chris	Hollister, Lisa
Lee, Terri	Lewis, Steve	Logsdon, Art	Martin, Gretchen
Martin, Josh	Mullen, Jennifer	Naylor, Chris	O'Malley, Suzanne
Pemberton, Nancy	Reichard, Ruth	Renz, Holly	Sefton, Scott
Settles, Rebecca	Shrawder, Paul	Simpson, Vicki	Skiba, Jessica
Spear, Kenneth	Spitzer, Tracy	St. John, Wendy	Steele, Greg
VandJelgerhuis, Courtney	Walthall, Jennifer	Ward, Faril	Wasilewski, Kathi
Whinnery, Jane	Williams, Dave	Williams, Teresa	

    b. ISDH passed out a worksheet for everyone to complete that includes:
        i. Data dissemination channels/audiences
            1. Once we start collecting data, we will need to have a solid plan as to how to disseminate that information. Please share with us your ideas and we will spend more time on this topic in future meetings.
        ii. Counties surrounding the pilot counties that would be interested in participating in INVDRS during the pilot year
            1. ISDH has heard that some counties surrounding the pilot counties are interested in participating in INVDRS. Everyone is welcome to participate in the pilot

phase and ISDH would like to schedule a follow-up meeting with them AFTER the pilot county initial meetings.

iii. County-specific concerns/roadblocks

1. Getting this information now allows ISDH to start working towards solutions BEFORE the pilot county meetings.

c. Please complete the worksheet and send back to kgatz@isdh.in.gov by October 30th, 2014

2. Overview of the Indiana Violent Death Reporting System (INVDRS)

a. The ISDH was successful in applying to the Centers for Disease Control and Prevention, Collecting Violent Death Information Using the National Violent Death Reporting System funding opportunity.

b. In 1999, the Institute of Medicine report cited the need for a national fatal intentional injury surveillance system.

c. National Violent Injury Statistics System was piloted in 12 sites in 2000, the same year that the CDC began planning for a publicly funded system. In 2002, Congress first appropriated funds for the National Violent Death Reporting System, and the data collection began in six states in 2003.

d. The National Violent Death Reporting System (NVDRS) is a national, ongoing, state-based surveillance system. The System currently has data from 18 states, but has been expanded to 32 states. The data within the National Violent Death Reporting System registry is collected by participating states in the partnership. It includes comprehensive information from various sources on violent deaths from an incident-based system.

e. The National Violent Death Reporting System began with 7 states funded in 2003, grew to 13 states in 2004, 16 states in 2005, and 18 states in 2010.

f. A $7.5 million increase in funding expanded the National Violent Death Reporting System from 18 to 32 participating states, which will enable greater collection of critical data on violent deaths over the next five years. Amount of funding granted was based on the number of violent deaths in 2010. Indiana was above the national average rate for violent deaths.

g. The 32 states participating in NVDRS include Alaska, Arizona*, Colorado, Connecticut*, Georgia, Hawaii*, Iowa*, Illinois*, Indiana*, Kansas*, Kentucky, Massachusetts, Maryland, Maine*, Michigan, Minnesota*, North Carolina, New Hampshire*, New Jersey, New Mexico, New York*, Ohio, Oklahoma, Oregon, Pennsylvania*, Rhode Island, South Carolina, Utah,

Virginia, Vermont*, Washington*, and Wisconsin. (* = New states)

h. In order for the National Violent Death Reporting System to collect state based information, each participating state has its own state-level Violent Death Reporting System database. This project builds upon previous and current work to conduct surveillance of violent deaths.

i. The most important output of the Indiana Violent Death Reporting System (INVDRS) project is establishing a surveillance system to collects violent death information that is: High quality, comprehensive, timely, and complies with CDC guidelines and definitions.

j. A violent death is defined by the CDC as a death that results from the intentional use of physical force or power, threatened or actual, against: Oneself, Another person, a group or community. Use ICD-10 External Causes of Death Codes located on death certificates processed by State Vital Records Department to identify the cases.

Manner of Death	ICD 10 Codes	
	Death < 1 year after the injury	Death > 1 year after the injury
Intentional self harm (suicide)	X60-84	Y87.0
Assault (homicide)	X85-X99, Y00-Y09	Y87.1
Event of undetermined intent	Y10-Y34	Y87.2, Y89.9
Unintentional exposure to inanimate mechanical forces (firearms)	W32-W34	Y86 determined to be due to firearms
Legal intervention excluding executions, Y35.5	Y35.0-Y35.4 Y35.6-Y35.7	Y89.0
Terrorism	*U01, *U03	*U02

k. Manners of Violent Death: Case Definitions

i. Suicide

1. A death resulting from the intentional use of force against oneself. A majority of evidence should indicate that the use of force was intentional.

ii. Homicide

1. A death resulting from the intentional use of force or power, threatened or actual, against another person, group, or community. A majority of evidence must indicate that the use of force was intentional.

iii. Undetermined Intent

1. A death resulting from the use of force or power against oneself or another person for which the evidence indicating one manner of death is no more

compelling than the evidence indicating another manner of death.

iv. Unintentional Firearm Death
    1. A death resulting from a penetrating injury or gunshot wound from a weapon that uses a powder charge to fire a projectile when there was a preponderance of evidence that the shooting was not intentionally directed at the victim.

v. Legal Intervention
    1. A death when the decedent was killed by a Police officer or other peace officer (persons with specified legal authority to use deadly force), including military police, acting in the line of duty.

vi. Terrorism
    1. Homicides or suicides that result from events that are labeled by the FBI as acts of terrorism.

l. There are Four Primary Objectives of the Grant:
    i. Create and update a plan to implement INVDRS in Indiana
    ii. Collect and abstract comprehensive data on violent deaths from:
        1. Death Certificates
        2. Coroner reports
        3. Law enforcement records
        4. Child Fatality Review (Optional module that Indiana is including)
    iii. Disseminate aggregate INVDRS data to stakeholders, the public, and CDC's multi-state database.
    iv. Explore innovative methods of collecting, reporting, and sharing data

m. The plan to implement the project is to form an Advisory Board that includes violence prevention groups, develop strong relationships with partners, and revise plans based on partner feedback. ISDH will also integrate with other required data sources (vital statistics, coroner, law enforcement), monitor and improve data collection, and make a data dissemination plan.

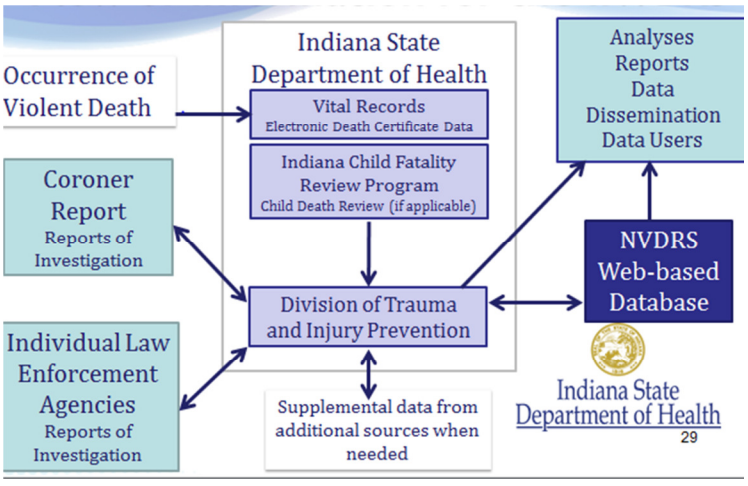
n. Key activities for 2014 include:
    i. Form Advisory Board & determine meeting schedule
    ii. Hire and train ISDH INVDRS Staff
    iii. Initial meetings with key stakeholders

1. ISDH will visit with key stakeholders (local law enforcement, coroners, hospitals, Child Fatality Review Team chairs, and other interested local stakeholders) from each of the pilot counties:
    a. Allen
    b. Lake
    c. Madison
    d. Marion
    e. St. Joseph
    f. Vanderburgh

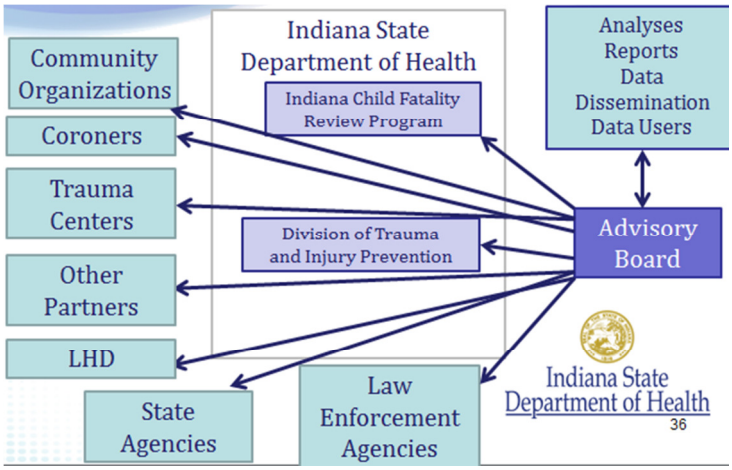
o. Planning for 2015 - Activities will include:
    i. Obtain Vital Statistics & Coroner data electronically & monitor data import timelines
    ii. Begin manual abstraction of Coroner & Law Enforcement data by end of 1st quarter
    iii. Quality Assurance: re-abstract a sample of cases & provide timely feedback to abstractors
        1. A more detailed timeline will be available at next INVDRS Advisory Board meeting

p. Future activities:
    i. Compare death counts with published reports from Vital Statistics
    ii. Produce topical reports approx. 3-4 months after data closure date
    iii. Share reports with data providers & other violence prevention partners, request feedback

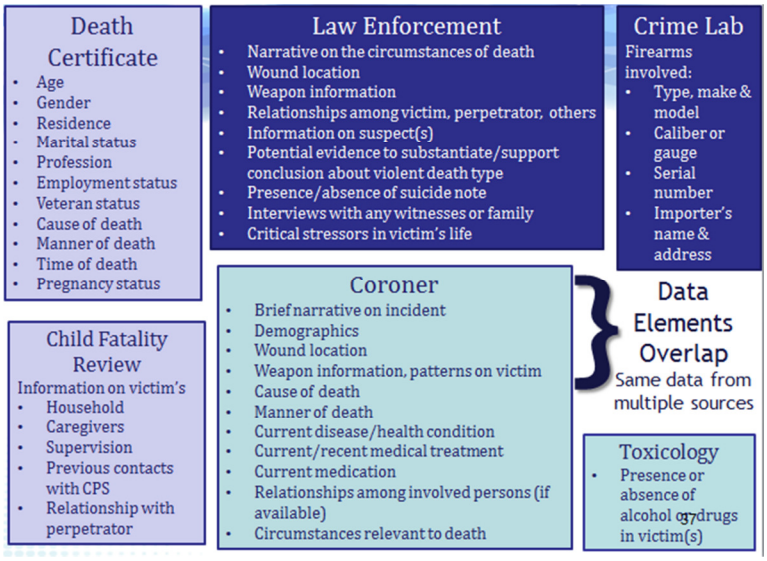
q. Flow of Information for the INVDRS:



r. Dissemination of information:



s. Categories of data collected:



t. Data linking: Link related violent deaths that occurred within 24 hours:

i. Multiple homicides

ii. Suicide pacts

iii. Suicide/homicides

iv. Relationship between victim and perpetrator (if they knew each other). Information about the perpetrator, including criminal history

v. Linking data places a death in context and provides more complete circumstances:

1. History of depression or other mental health problems
2. Chronic illness
3. Recent problems with a job, finances, or relationship

4. Alcohol or drug use
5. Gang activity
6. or recent death of family member

u. Year 1 Pilot Project – collect data on deaths that occurred in 6 counties: Marion, Allen, Lake, Vanderburgh, St. Joseph, and Madison.
   i. Selected based on rank of number of violent deaths in 2010
   ii. Collect data on all child deaths (<18 years)

v. After the Pilot Project - Expand to all counties in Indiana to collect all violent deaths
   i. Deaths as of January 1, 2016
      1. **More** complete database to monitor and track trends of violent deaths in Indiana
      2. **More** data for informing local prevention efforts

w. Translating data into action - Provides national, state, and local communities with understanding of violent deaths and circumstances with:
   i. Describing the magnitude of and trends for specific types of violence
   ii. Identifies risk factors associated with violence at state and local level
   iii. Targeting and guiding state and local violence prevention programs, policies, and practices

x. Data Uses – inform communities:
   i. Documents circumstances of all violent deaths
      1. Preceding and surrounding the incident
   ii. Who, what, when, and where?
      1. Insight as to why
   iii. Characterizes perpetrators as well as victims
   iv. Characterizes incidents involving more than one victim
   v. Guide and target violence prevention programs, polices, and practices
      1. Supports planning and implementations at various levels
   vi. Monitor and evaluate prevention efforts
   vii. Provides timelier data on violent deaths

y. Data Partners:
   i. Indiana State Department of Health (ISDH)

1. Division of Trauma and Injury Prevention
2. Vital Records – Death Certificate Data
3. Child Fatality Review Program

ii. Coroners
iii. Local Law Enforcement
iv. Indiana State Police

z. Other Partners & Data Users:

i. Academic Departments
ii. American College of Emergency Physicians
iii. Anti-Violence Advocates
iv. Child Fatality Review Teams – Local & State
v. Community Groups - Youth Service Organizations
vi. Coroners – Local & State Associations
vii. Department of Justice
viii. Department of Natural Resources - Hunter Safety Coordinator
ix. Domestic Violence Service or Prevention Organizations - Domestic Violence Fatality Review Teams
x. Emergency Medical Services (EMS)
xi. Emergency Nurses Association (ENA)
xii. Faith Community
xiii. Prosecutors – Local, State, Federal
xiv. Fire and Police Commission
xv. Firearm Owners/Shooters Association - National Rifle Association state affiliate
xvi. Health Departments- Local
xvii. Hospitals/Trauma Centers
xviii. Local Business
xix. Police/Sheriff Departments – Local & State
xx. Politicians – Local & State
xxi. Professional Law Enforcement Associations - Police Chiefs Association
xxii. State Crime Laboratory - Firearm/Toolmark Examiners
xxiii. State Public Health Association

xxiv. Suicide Prevention Organization

xxv. Vital Records/Statistics

3. NVDRS State Success Stories
    a. Virginia: Data showed elder suicide fundamentally different from non-elder. Data momentum generated funding for state suicide prevention coordinator. 3 to 30 increase in data request due to education on suicide more prevalent than homicide.
    b. Rhode Island: Suicide data showed working adults at increased risk. RI-NVDRS data shared with prevention partners and 2 of the state's largest employers. Result: Employee Assistance Program adds suicide to mission.
    c. Utah: Expanded DV data collection to include any intimate partner, family member, or roommate. Worked with CPS to improve gap in services for victim's children.
    d. Massachusetts: Improved data sharing and collaboration between Public Health and Law Enforcement. Allowed them to track emerging trends (Suicide by hydrogen sulfide, Suicide prevention through train-related death data).
    e. North Carolina: Linked NCVDRS data with Adult Protective Services (APS) data which 1) Improved elder maltreatment surveillance and 2) Developed the adult fatality case review program for adults who die in APS care.
4. Discussion about County Funding
    a. Option 1: $10 per report submitted to ISDH (Maryland has a similar program that is working well right now)
        i. Coroners & Law Enforcement
        ii. Guaranteed for incidents that occur during the first calendar year
            1. January 1, 2015 to December 31, 2015
        iii. Future funding amount based on the quality of data submitted the 1st year
    b. Option 2: ISDH Records Consultant comes to your office to abstract the data needed for INVDRS
    c. Other ideas regarding funding?
        i. ISDH attended the Indiana Coroner's Training Board meeting last Friday and we heard that it may be challenging get the funds directed straight to the local coroner's office. ISDH wants to make sure that this project is collaborative and beneficial to all of those involved. What other ideas does the group have regarding local funding ideas?

ii. More details will be discussed at the local county meetings during the coming months.

d. Suggestions from attendees:

i. Marion county – line item in the budget called "Federal Fund"
1. Allows money to go directly to coroner's office
2. Allows money to go directly to law enforcement
3. Set up with controller – ISDH will work with counties on this issue

ii. Local ordinance (sheriff's association)

5. INVDRS

a. Goals

i. Increase scientific understanding of violent injury through research

ii. Translate research findings into prevention strategies

iii. Disseminate knowledge of violent injury and prevention to professionals and the public

iv. Other goals?

1. Get Indiana's violent death rate below the National Average
2. Target specific age groups – suicide deaths
   a. 14 year olds
   b. Incarcerated
3. Develop a standard incident reporting form
   a. Different forms in different counties
   b. Same definitions across state and disciplines
4. Data-informed teams/work force
   a. Put out fires in local community
   b. Target teen suicide
5. Find existing organizations / community networks
   a. Bullying
   b. CPS
   c. Local experts
6. Look at suicide attempts
   a. Prevention
   b. Quality of life
7. Link trauma registry patients with INVDRS
8. Standard collection of data

b. Mission

i. The INVDRS is dedicated to the reduction of violent injuries and deaths OR

ii. The INVDRS provides comprehensive, objective, and accurate information regarding

violence-related morbidity and mortality OR

iii. The INVDRS collaborates with policy makers, community-based organizations, and with individuals at local, regional, and national levels to support effective prevention strategies

c. Vision

i. Prevent violent deaths in Indiana

1. There is a Public Health movement towards zero injuries/deaths

6. Suggested list of Advisory Board Members

a. Who is represented?

b. Who is missing?

i. Indiana fire chiefs association
ii. Juvenile courts
iii. Mental health – suicide prevention
iv. Suicide coalitions in community
1. Lost family member
v. Indiana State Police crime lab
vi. Marion County crime lab
1. Firearm information
vii. Schools of social work programs / Universities
viii. Social work groups
ix. Indiana University reps – mental health professionals
x. Purdue University reps – mental health professionals
xi. Forensic nurses
xii. Society of Trauma Nurses (STN)
xiii. Wayne township / Plainfield EMS

7. Overview of INVDRS Data Elements

a. Data sources

i. Death Certificate

ii. Coroner Report

iii. Law Enforcement Record

1. Local Law enforcement

iv. Child Death Review

1. Collected by Child Fatality Review

b. Distributed list of data topics and the sources they are associated with

8. 2015 meeting dates
    a. March 24th
    b. June 23rd
    c. September 29th
    d. December 15th
        i. 1-3pm EDT, ISDH
9. Additional discussion
    a. Look at piloting counties with large universities (ex: Tippecanoe, Monroe)
    b. Additional data element to collect on every incident would be if there is a child witness (not just CFR worksheet)
    c. Additional data element to collect if the victim/suspect had:
        i. Protection Order
        ii. Workplace Violence Restraining Order
        iii. No Contact Order
            1. in place at the time of the incident (considered one of the risk factors)
    d. Intimate Partner Violence designation needs to include "current" and "former" categories (considered one of the risk factors)
    e. We need to be sure to collect a unique identifier such as victim's date of birth and/or social security number
    f. Research IC 35-47-7-1 any gunshot wound must be reported by physicians
    g. Look at utilizing Community Action Teams (CAT)
        i. Topic-based or Geographic-based
        ii. Multi-disciplinary team that tackles an issue in the community
            1. ISDH would:
                a. Provide guidance
                b. Structure
                c. Facilitate meetings
                d. Resources (not monetary)

10. Follow-Up from ISDH at the next meeting:
    a. Clarification on what the * for the data elements mean
    b. How will we link data sources?
        i. Data elements
    c. Confidentiality (legislation) / federal regulations – bring in stakeholders to talk with legal
    d. Case definitions (share with the group)
    e. Clarification on event linkage
        i. Data elements
    f. Prevention funding in the future

Indiana State Department of Health (ISDH)
Indiana Violent Death Reporting System Advisory Board

II. Goals
See section 5a

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III. Assignments
Advisory Board Members worksheets to ISDH by 10/30/2014

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IV. Next Meeting: December 9, 2014

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