

# Wisconsin Violent Death Reporting System: Uses of Data to Inform Prevention

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### **Presentation Overview**

- Background and overview of the Wisconsin Violent Death Reporting System (WVDRS)
- Past key products produced by or with WVDRS
- Data on youth suicide and self-inflicted injury in Wisconsin
- Translating data into action
- Going forward

## The Wisconsin Violent Death Reporting System

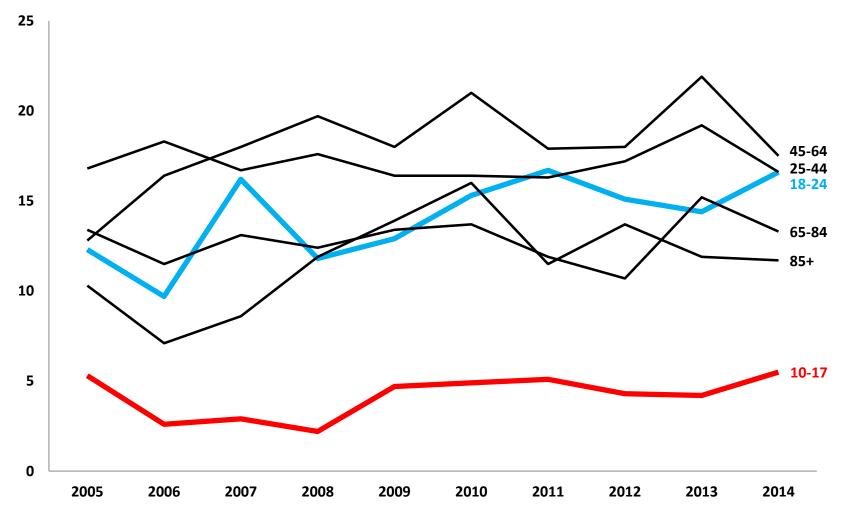
- Began collecting data in 2004
- Located at the Wisconsin Department of Health Services (DHS) in Madison, WI
  - Currently one PI, one program coordinator, two fulltime abstractors, and one part-time abstractor
- Data sources
  - Death certificates
  - Coroner and medical examiner reports
  - Law enforcement reports

### **Key Products**

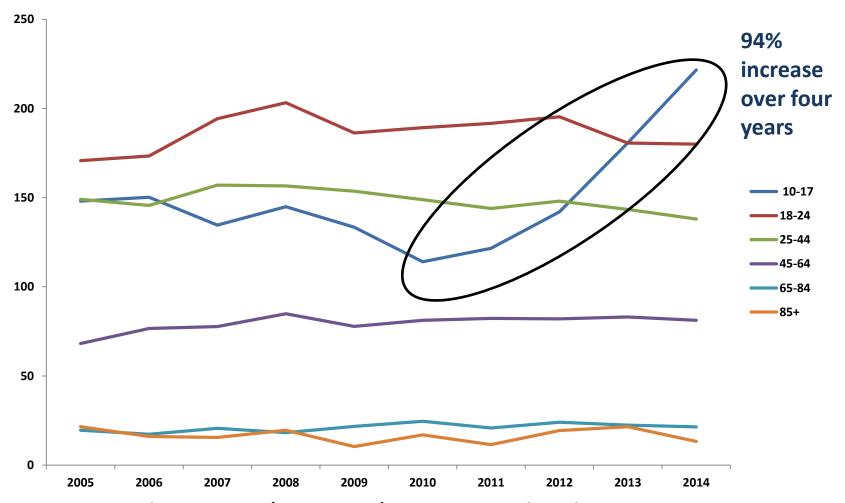
- The Burden of Suicide in Wisconsin (2008 and 2014)
- Eight presentations over the past ~1.5 years (local, regional, statewide, national)
- Data requests
- NVDRS Overdose Module pilot and evaluation
- Adolescent Suicide
  - Safe States Alliance report: "NVDRS: Stories from the Frontline of Violent Death Surveillance"
  - Local health departments in Wisconsin working on adolescent suicide prevention
- Upcoming (December 2016?): Safe States Alliance report, "Suicide: A Look at 18 States. Data from the National Violent Death Reporting System, 2013-2014"

## Why *youth* suicide? The data give us the big picture:

### Wisconsin Resident Suicide Rates (per 100,000), 2005-2014

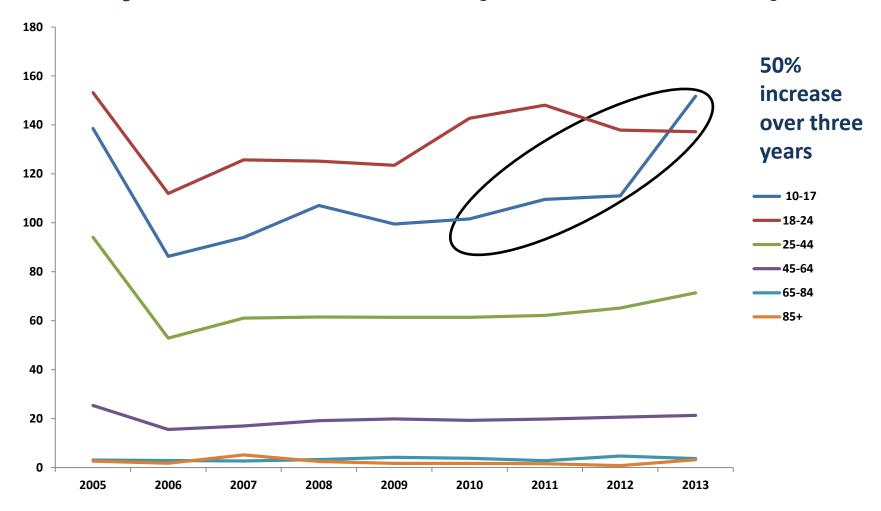


## Wisconsin Injury-Related Hospitalizations (Self-Inflicted)



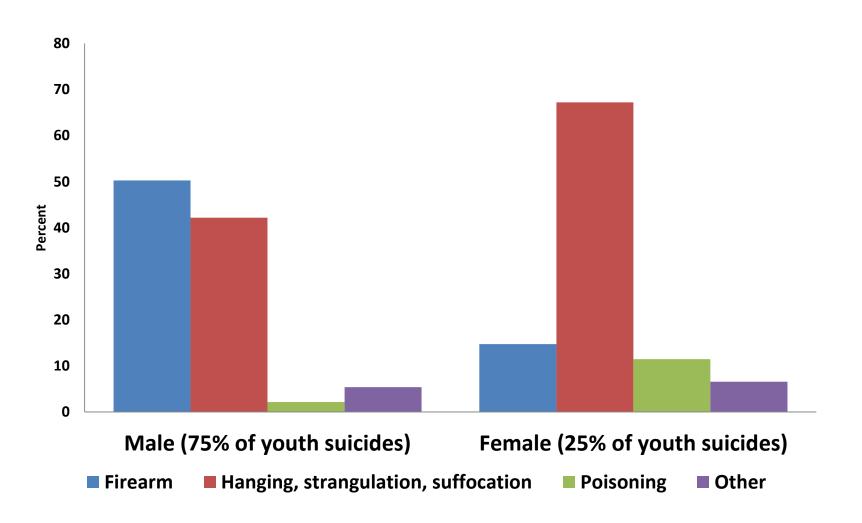
Hospitalization rates (per 100,000) among WI residents by age, 2005-2014 WI DHS, Division of Public Health, Office of Health Informatics. WI Interactive Statistics on Health (WISH) data query system

## Wisconsin Injury-Related Emergency Department Visits (Self-Inflicted)



ED visit rates (per 100,000) among WI residents by age, 2005-2013
WI DHS, Division of Public Health, Office of Health Informatics. WI Interactive Statistics on Health (WISH) data query system

## 246 youth ages 10-17 died by suicide in Wisconsin from 2004-2013.



### 41.5% of youth suicides were carried out with a firearm.

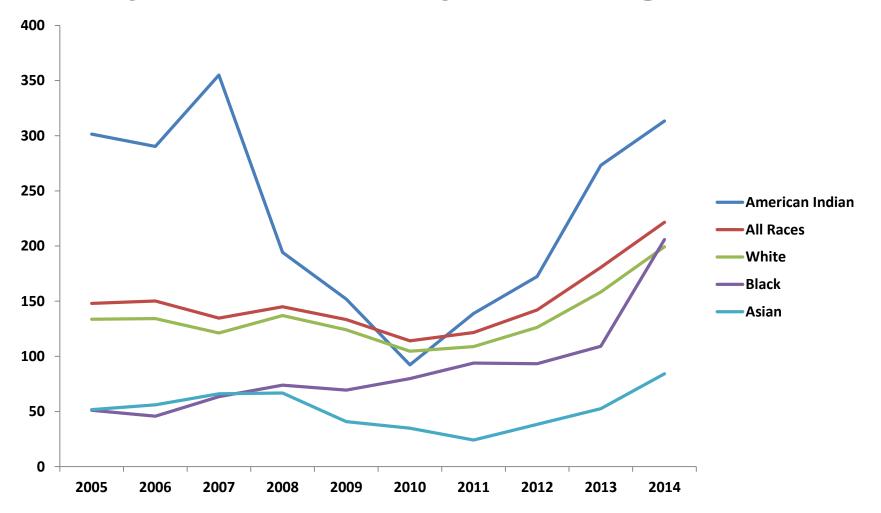
- The firearm owner was the child's parent in at least 39% of these cases, and the child was the owner in at least 14%.
- The firearm was stored unlocked in at least 22% of these cases.
- The firearm was stored loaded in at least 5% of these cases.

#### Circumstances were known in 92% of cases:

- 43% had a current mental health problem.
- 46% currently or in the past had treatment for a mental health or substance abuse problem.
- 52% experienced a crisis in the preceding two weeks (compared to 37% of adult suicides).
- 31% were experiencing problems at or related to school.

White, non-Hispanic youth accounted for 81% of youth suicides (while making up 78% of the youth population in Wisconsin), but non-white students were more likely to report attempting, planning, or considering suicide in the past twelve months (YRBS).

## Wisconsin Self-Inflicted Injury-Related Hospitalizations by Race, Ages 10-17



Hospitalization rates (per 100,000) among WI residents, 2005-2014

### **Translating Data into Action**

- Informing Prevention
  - 2015 Wisconsin Suicide Prevention Strategy
  - State Maternal and Child Health program partnership with Mental Health America of Wisconsin
    - Support and advise local health departments working on adolescent suicide and self-harm prevention with three different strategies:
      - Coordinate and/or facilitate evidence-based suicide prevention practices with community groups (gate keeper trainings, means restriction)
      - 2. Promote Zero Suicide principles and practices with health care systems
      - 3. NEW for 2017: Work with local school districts to implement the 2017 YRBS and use existing YRBS data to inform implementation of an evidence-based suicide prevention program in the schools

### **Going Forward**

- Use WVDRS data to determine important points of intervention among suicidal youth.
- Continue to work with coroners, medical examiners, and police departments to improve data collection and communication.
- Identify more partners and stakeholders to enhance data dissemination, increase collaboration, and improve usefulness of data products.
- Implement the NVDRS Overdose Module in 2017 to collect all opioid-involved overdose deaths.

### Thank you!

### **Questions?**

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