

NVDRS: It really is all about the data

Paul Bonta, MA
Director of Government Affairs
Safe States Alliance
Chair, National Violence Prevention Network

What is NVDRS?

- * Administered by CDC injury center
- * State-based violent death surveillance system
- * Does not require the collection of any new data
- * Provides better understanding of circumstances that lead to violent deaths so states can better target prevention efforts
- * Covers all types of violent deaths including homicides and suicides

NVDARS

Data collected from 4 major sources:

- * Death certificates
- * Coroner/medical examiner reports
- * Law enforcement reports
- * Crime labs

How much funding do states get?

It's complicated!

NVDRS Chronology

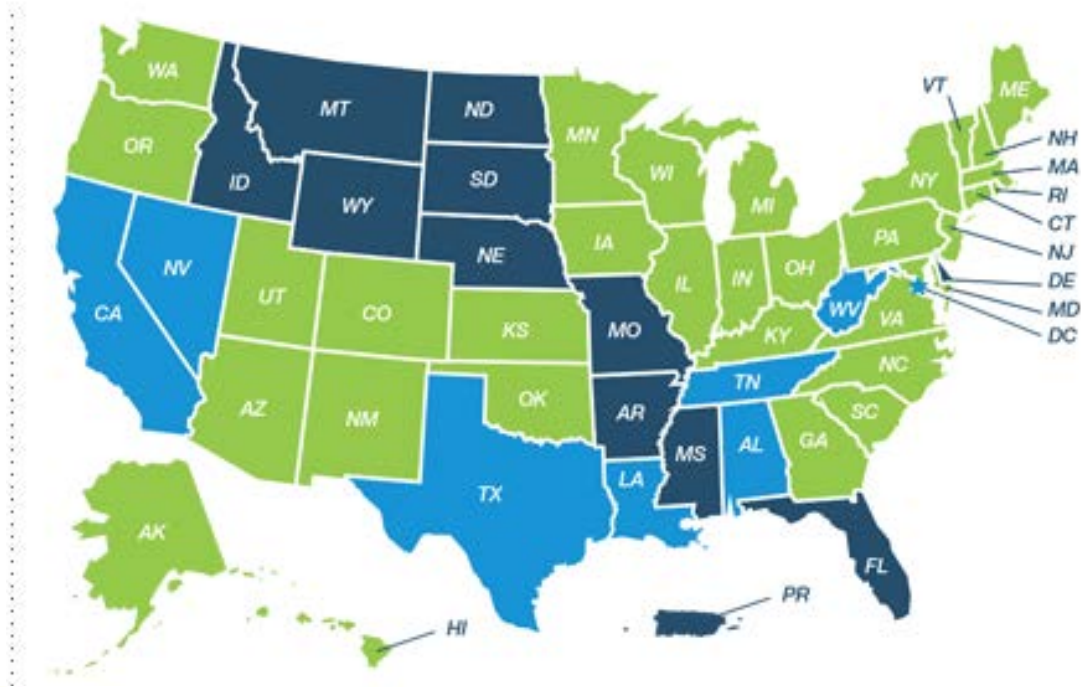
- * FY 2002 - first congressional appropriation to CDC for NVDRS (6 states funded)
- * FY 2003 – Congress provided funding to CDC for 7 more states (13 total)
- * FY 2004 – Congress provided funding to CDC for 4 additional states (17 total)
- * FY 2005 – Congress appropriated \$3.3 million to NVDRS and expansion levels off

NVDRS Chronology

Momentum builds:

- * FY 2014 – Federal funding increased to \$11.2 million (32 total states)
- * FY 2015 – President requested \$23.5 million to expand NVDRS to all 50 states
- * FY 2016 – President requested \$23.5 million to expand NVDRS to all 50 states

NVDRS Map



- NVDRS-funded states
- NVDRS-approved, but not funded
- States without NVDRS coverage

NVDRS Data

NVDRS data can be accessed through:

- * CDC WISQARS
 - * Web-based Injury Statistics Query and Reporting System
- * CDC Restricted Access Database (RAD) request
 - * Restricted access case-level microdata

Who uses NVDRS data?

- * Constituencies are limitless
 - * Local, state, national violence prevention officials
 - * Hospitals
 - * Schools of public health
 - * Public health research community
 - * Stakeholder groups
 - * Law enforcement
 - * Public health physicians

NVDRS Data

How are NVDRS data used?

How are NVDRS data used?

- * National reports
- * Annual reports
- * State data briefs
- * Peer-reviewed studies

NVDERS National Reports

Centers for Disease Control and Prevention
MMWR

Morbidity and Mortality Weekly Report

Surveillance Summaries / Vol. 61 / No. 6

September 14, 2012

Surveillance for Violent Deaths — National Violent Death Reporting System, 16 States, 2009

Deaths from Violence A Look at 18 States



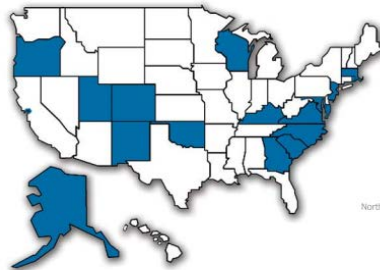
- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

January 2014

Data from the National Violent Death Reporting System 2009 - 2010

Deaths from Violence: A Look at 17 States

Data from the National Violent Death Reporting System
 2004-2005



- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Northern Mariana Islands
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- United States Virgin Islands
- Utah

December 2008

Centers for Disease Control and Prevention
MMWR

Morbidity and Mortality Weekly Report

Surveillance Summaries / Vol. 63 / No. 1

January 17, 2014

Surveillance for Violent Deaths — National Violent Death Reporting System, 16 States, 2010

Annual Reports: At-a-Glance

VIOLENT DEATHS IN OREGON: 2012

Suicide, Homicide, Undetermined, Legal Interventions, and Unintentional Firearm Deaths Investigated by Law Enforcement and Medical Examiners

Oregon Health Authority, Public Health Division, Oregon Violent Death Reporting System

Georgia Violent Death Reporting System

2011 Surveillance Report: Violent Deaths in Georgia, 2006-2009

Chronic Disease, Healthy Behaviors and Injury Epidemiology Section
Georgia Violent Death Reporting System



Violent Deaths in Oklahoma

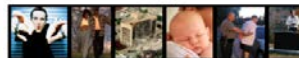
Oklahoma Violent Death Reporting System, 2004-2010

Subash Arora
Student Apprentice
Sharon Chakraborty
Student Assistant
Branch Head: Catherine, MD
Administrative Program Manager
Shayla Brown, MPH
Coordinator

Highly Protected Facility
Oklahoma State Department of Health
3300 N.E. 10th Street • Oklahoma City, Oklahoma 73112-2289 • (405) 273-3430
http://okhhs.gov

Information Services Center
Oklahoma State Bureau of Investigation
6800 N. Harvey • Oklahoma City, OK 73118-7910 • (405) 848-8724
www.ok.gov/osbi

March 2014



ALASKA VIOLENT DEATH REPORTING SYSTEM

2003 - 2008 | August 2011



State of Alaska
Department of Health and Social Services
Division of Public Health

SURVEILLANCE REPORT

Violent Deaths in New Jersey, 2003-2005

Results from the New Jersey Violent Death Reporting System

Office of Injury Surveillance and Prevention
Center for Health Statistics
Public Health Services Branch

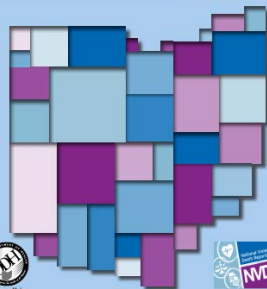
New Jersey Department of Health and Senior Services

Jan S. Costello
Governor
Heather Howard
Commissioner



OHIO VIOLENT DEATH REPORTING SYSTEM

Annual Report 2012



Violence and Injury Prevention Program

NVDRS

OHIO

Violent Death in Rhode Island 2004

RHODE ISLAND VIOLENT DEATH REPORTING SYSTEM, RHODE ISLAND DEPARTMENT OF HEALTH
JANUARY 2007



RHODE ISLAND DEPARTMENT OF HEALTH

Violent Deaths in Utah 2005

NORTH CAROLINA

Violent Death Reporting System

Annual Report 2012

North Carolina Injury & Violence PREVENTION Branch

Division of Public Health

North Carolina Department of Health and Human Services
November 2014

The Geography of Violent Death in Virginia:

A Report from the Virginia Violent Death Reporting System

2003-2008

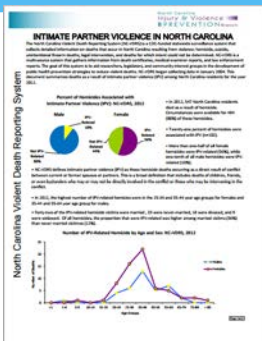
Commonwealth of Virginia
Virginia Department of Health,
Office of the Chief Medical Examiner
November, 2011



State Data Briefs: At-a-Glance

Adolescent suicide in New Jersey

Adolescent suicide rates have been rising since the early 1990s. In New Jersey, rates were 16% higher than the national average in 2008, and increased by 50% since 2002. The Department of Health has a goal of reducing adolescent suicide rates by 50% by 2015.



Utah Suicide Facts

8th leading cause of death for Utahns
10 suicides a week
1 in 15 Utah adults have had serious thoughts of suicide
EVERY DAY IN UTAH...

- 2 young adults die by suicide
- 2 adult men die by suicide
- 1 young woman die by suicide
- 1 adult woman die by suicide

There is a **SUICIDE** in Utah every 16 hours.

CAUSES OF DEATH

- Substance Use: 23%
- Firearm: 52%
- Other: 25%

\$1 million in medical and work time costs.

Violent Death in the Workplace

A Report from the Virginia Violent Death Reporting System

58 workers were killed in the workplace in Virginia in 2010.

13 workers were killed in the workplace in Virginia in 2009.

13 workers were killed in the workplace in Virginia in 2008.

Utah Suicide Toxicology Report

Fiscal Year 2012

10 youth deaths due to suicide

10 adult deaths due to suicide

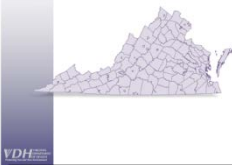
10 elderly deaths due to suicide

10 deaths due to suicide

Alcohol in victims of homicide

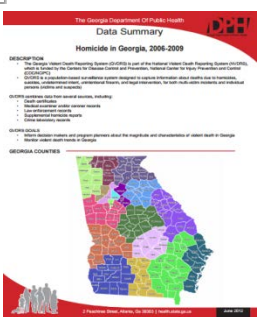
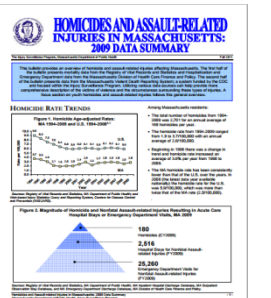
50% of homicide victims in North Carolina had alcohol in their system at the time of death.

Homelessness and Violent Death



Homicide Trends and Characteristics, Oregon, 2003-2012

Oregon Health Division, Public Health Division, Oregon Violent Death Reporting System

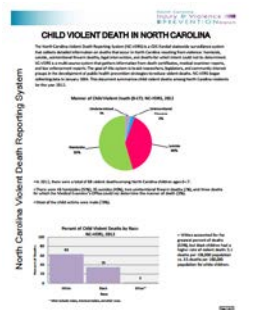
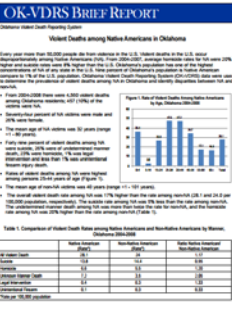


Monitoring Violent Deaths in Michigan

The Michigan Violent Death Reporting System (MIVDRS)

MIVDRS Goals:

- Improve data collection
- Identify areas of high risk
- Develop interventions
- Reduce violent deaths



Prescription Pain Medication Deaths in Utah, 2012

10 deaths due to prescription pain medication

10 deaths due to prescription pain medication

State of Alaska Epidemiology

Department of Health and Social Services
William J Storie, Commissioner
3401 C Street, Suite 540
Anchorage, AK 99503

Bulletin

Work-Related Assault Hospitalizations and Homicides — Alaska, 2003–2012

Division of Public Health
Koree Shotton, Director
Local (907) 269-8000
24 Hour Emergency 1-800-478-0084

Editors:
Joe McLaughlin, MD, MPH
Louisa Castrodale, DVM, MPH
Bulletin No. 28 December 17, 2013

Firearm Deaths in Colorado

2005-2012

Colorado Department of Public Health and Environment

Recent Data Briefs

SUICIDES AND SELF-INFLICTED INJURIES IN MASSACHUSETTS: DATA SUMMARY

Public Surveillance Program, MA Department of Public Health | October 2013

Suicide and self-inflicted injuries among Massachusetts residents are a significant yet largely preventable public health problem. The purpose of this bulletin is to provide information for practitioners and prevention specialists on the magnitude, trends, and risk factors for suicides and self-inflicted injuries in Massachusetts. While suicide refers to completed suicides, nonfatal self-inflicted injuries can include both suicide attempts and non-suicidal self-harm. The Massachusetts Department of Public Health Suicide Prevention Program works in collaboration with multiple state, national, and local partners to reduce these injuries.

Figure 1. Suicides and Homicides in MA, 2003-2012

Year	Suicides	Homicides
2003	424	140
2004	432	183
2005	458	181
2006	455	164
2007	513	181
2008	520	176
2009	528	181
2010	500	200
2011	586	130
2012	624	130

Number and Trends in MA Suicides:

- In 2012 there were 624 suicides that occurred in Massachusetts, a rate of 9.4/100,000 persons. The number of suicides was 4.8 times higher than homicides (N=135).
- Massachusetts has lower rates of suicides compared to the rest of the U.S. The U.S. age-adjusted rate in 2012 was 12.5/100,000 persons compared to 8.5/100,000 persons for Massachusetts. (CDC)
- During the ten year period of 2003-2012, approximately 5,100 persons died of suicides in Massachusetts. Suicide rates increased an average of 4.2% per year. The overall increase was 43%, from 6.8 to 9.4. There were 200 more suicides in 2012 than in 2003.
- The increase in suicide rates was primarily among White, non-Hispanic males whose rates increased an average of 5% per year between 2003 and 2012.¹
- Sanitarian² organizations in Massachusetts responded to 187,849 crisis calls in 2012.³

Figure 2. Number of Suicides and Hospital Discharges and Emergency Department Discharges for Nonfatal Self-Inflicted Injury, MA

624 Completed Suicides (2012)

4,258 Hospital Discharges for Self-Inflicted Injuries (FY2013)

7,199 Emergency Department Visits for Self-Inflicted Injuries (FY2013)

Sources: Massachusetts Violent Death Reporting System, Massachusetts Department of Public Health; Massachusetts Hospital Discharge Database; Massachusetts Emergency Department Discharge Database; Massachusetts Center for Health Information and Analysis.

Suicides and Self-Inflicted Injuries in Massachusetts: Data Summary 2012 and 2013

Winter 2015

Legal Intervention Deaths in Oklahoma

Annual Report on Violent Deaths | NVDRS | OKLAHOMA

Legal Intervention Deaths in Oklahoma

Oklahoma Violent Death Reporting System (OKVDRS) data were used to determine the extent of legal intervention deaths in Oklahoma. Legal intervention is defined as any victim killed by a law enforcement officer or other peace officer (persons with specified legal authority to use deadly force, excluding legal executions) acting in the line of duty.

- From 2004 to 2014, there were 171 legal intervention deaths, accounting for an average of 16 deaths per year; 14 victims were out of state residents; the number of deaths per year ranged from 9 in 2006 and 2009 to 29 in 2014 (Figure 1).
- The mean age of victims was 35 years; victims ranged in age from 15 to 73.
- 94% of legal intervention victims were males; 60% of the deaths were among persons 15-34 years of age (Figure 2).
- The rate among African Americans (0.96) was more than 3 times higher than the rate for whites (0.28) and twice the rate for American Indians (0.48) (Table 1).
- Circumstances surrounding the deaths included substance abuse problem (16%), mental health problem (8%), recent crisis (5%), alcohol problem (5%), and intimate partner problem (4%).
- 14% of the incidents were drug related and 4% were gang related.

Figure 1. Legal Intervention Deaths by Year, Oklahoma, 2004-2014

Year	Deaths
2004	17
2005	13
2006	9
2007	14
2008	11
2009	9
2010	14
2011	15
2012	20
2013	18
2014	29

Figure 2. Legal Interventions by Age, Oklahoma, 2004-2014

Age Group	Deaths
15-24	38
25-34	65
35-44	36
45-54	19
55+	13

Table 1. Race/Ethnicity of Legal Intervention Victims, Oklahoma, 2004-2013

Race/Ethnicity	Rate*
African American	0.96
American Indian	0.48
Hispanic**	0.42
White	0.28

*Rate per 100,000 population. **Hispanic ethnicity is not a racial category.

<http://okvdrs.health.ok.gov> | June 2015

June 2015

Rhode Island Violent Death Reporting System, 2004-2013

HEALTH BY NUMBERS | PUBLIC HEALTH

NICHOLE L. ALEXANDER-SCOTT, MD, MPH
DIRECTOR, RHODE ISLAND DEPARTMENT OF HEALTH
EDITED BY SARAHAA VIKNER-BEDWIN, MS

YONGWEN BANG, PhD; BEATRIZ PEREZ, MPH; SARAHAA VIKNER-BEDWIN, MS

There are highly effective data systems for tracking a range of public health outcomes that are utilized by Federal and State partners to inform prevention efforts. The National Highway Traffic Safety Administration's Fatality Analysis Reporting System (FARS) is an example of a well-established data system that can track the incidence and characteristics of motor vehicle crashes and drive prevention efforts in the United States.¹ Like FARS data, data on violent deaths are contained in many data sources including death certificates (DC), coroner/medical examiner (CME) reports including toxicology reports, and law enforcement (LE) reports. Additionally, violent deaths such as multiple homicides or homicides/suicides that are related are not linked in the database above. Public health leaders are aware of the need for a national surveillance system for violent deaths.^{2,3}

In 1999, the Institute of Medicine recommended that Centers for Disease Control and Prevention (CDC) develop a fatal nonmotorist injury surveillance system.⁴ Six foundations pooled their private resources to fund a pilot program called the National Violent Injury Statistics System (NVISS).⁵ The Harvard School of Public Health provided technical leadership for NVISS and officials from the CDC provided technical assistance.⁶ NVISS data were used successfully in 2000 to secure congressional funding of \$1.6 million to support the administration of the National Violent Death Reporting System (NVDRS) in seven state health departments beginning in 2002.⁶ In 2001, congress approved additional funds to expand NVDRS to six more states, and by 2009, eighteen states were participating in NVDRS.⁶ In 2014, an increase in federal funding allowed NVDRS to expand to another fourteen states, raising the total to 32 states.⁶ CDC's goal is to secure sufficient funding to support all 30 states, all U.S. territories, and the District of Columbia in the system. Today, NVDRS funded states utilize methods for gathering information established by NVISS.

Rhode Island has received CDC funding for NVDRS since 2003 and has been collecting data since 2004. Last year, Rhode Island was one of 32 states that received a new 5-year grant that provides funding through 2019.

The collection and dissemination of comprehensive information on violent deaths in a standardized manner is critical to support violence prevention efforts in Rhode Island. The goal of the Rhode Island Violent Death Reporting System (RIVDRS) is to collect timely, accurate, and comprehensive surveillance data on all violent deaths using web-based data entry system and guidelines provided by CDC, and disseminate data to the public and stakeholders working to prevent violence in their communities.⁷ Figure 1 displays the overall picture of RIVDRS.

Figure 1. The Diagram of Data in and Out

METHODS

Data Sources

RIVDRS collects violent death data from four major data sources: 1) death certificates; 2) medical examiner reports, including toxicology reports; 3) law enforcement reports, including Supplementary Homicide Reports and National Incident-Based Reporting System reports, where available; and 4) crime laboratories.⁸ RIVDRS is a population-based surveillance system that collects all violent deaths that occur among Rhode Island.⁹ It is a joint project of the Office of State Medical Examiners and the Center for Health Data and Analysis at the Rhode Island Department of Health.

RIVDRS details demographic characteristics, mechanisms of injury, location of death, toxicology information (blood alcohol or drug content), circumstances preceding the death (i.e., physical and mental health problems, job loss, family stresses, interpersonal relationships, etc.). The data are collected and stored in a nested manner; for instance, a victim is considered nested within a violent incident and a suspect is nested within a victim. Analyses and data linkages must

Source: Massachusetts Violent Death Reporting System, Massachusetts Department of Public Health; Massachusetts Hospital Discharge Database; Massachusetts Emergency Department Discharge Database; Massachusetts Center for Health Information and Analysis.

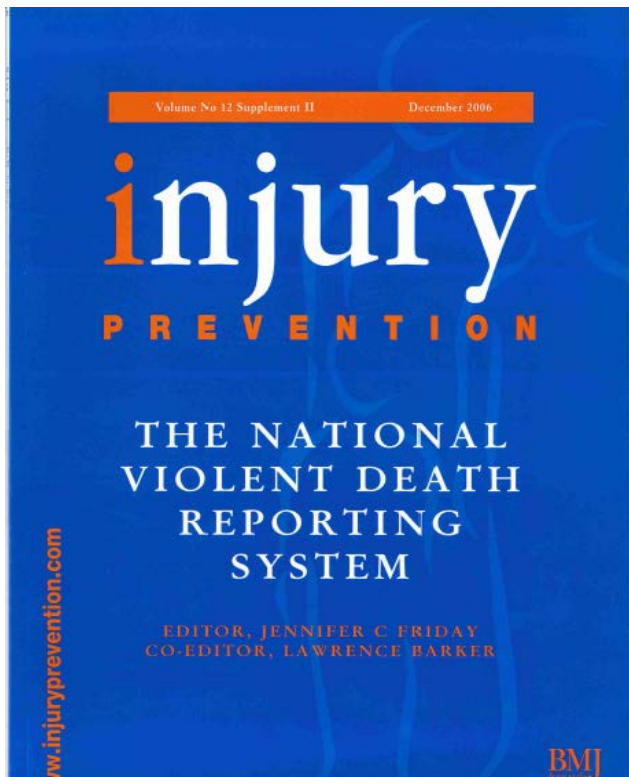
www.hhs.gov/ohr/1880/archives/1 | SOURCE: HHS/ASPE | AUGUST 2014 | RHODE ISLAND MEDICAL JOURNAL | 61

August 2015

NVDRS Research Supplement

First NVDRS Supplement...

Second NVDRS Supplement



...Published in 2006



... coming soon in 2016

Select NVDRS Research...

Sexual Homicide and Sexual Violence-Associated Homicide: Findings From the National Violent Death Reporting System

Sharon G. Smith¹, Kathleen C. Basile¹, and Debra Karch¹

Homicide Studies
15(2) 132-153
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DOI: 10.1177/1088767911406236
<http://hsx.sagepub.com>
SAGE

Rates and Correlates of Undetermined Deaths among African Americans: Results from the National Violent Death Reporting System

NATHALIE HUGUET, PhD, MARK S. KAPLAN, DrPH, AND BENTSON H. MCFARLAND, MD, PhD

Increase in Suicides Associated With Home Eviction and Foreclosure During the US Housing Crisis: Findings From 16 National Violent Death Reporting System States, 2005–2010

| Katherine A. Fowler, PhD, R. Matthew Gladden, PhD, Kevin J. Vagi, PhD, Jamar Barnes, MPH, and Leroy Frazier, MSPH

Original Research An Ecological Approach to Preventing Suicide Using the National Violent Death Reporting System and County Level Health Status Data

Sabrina Walsh, DrPH^{1, 2}
Richard Charnigo, PhD²

Economic contraction, alcohol intoxication and suicide: analysis of the National Violent Death Reporting System

M S Kaplan,¹ N Huguet,² R Caetano,³ N Giesbrecht,⁴ W C Kerr,⁵ B H McFarland⁶

Homicide and Suicide During the Perinatal Period

Findings From the National Violent Death Reporting System

Christie Lancaster Palladino, MD, MS, Vijay Singh, MD, MPH, Jacquelyn Campbell, PhD, RN, Heather Flynn, PhD, and Katherine J. Gold, MD, MSW

Factors Associated With Suicide by Firearm Among U.S. Older Adult Men

Mark S. Kaplan and Nathalie Huguet
Portland State University

Bentson H. McFarland
Oregon Health and Science University

Jessie A. Mandle
Multnomah County Aging and Disability Services

Creating a National Violent Death Reporting System

A Successful Beginning

[David Hemenway, PhD](#), [Catherine W. Barber, MPA](#), [Susan S. Gallagher, MPH](#), [Deborah R. Azrael, PhD](#)

Research Report

Sociodemographic predictors of suicide means in a population-based surveillance system: Findings from the National Violent Death Reporting System

Richard T. Liu^{a*}, Morgganne A. Kraines^a, Megan E. Puzia^a, Maya Massing-Schaffer^a, Evan M. Kleiman^b

Race, Urban Context, and Russian Roulette: Findings from the National Violent Death Reporting System, 2003–2006

IRA WASSERMAN, PhD, AND STEVEN STACK, PhD

... Now on NVPN website !!!

The screenshot shows a web browser window with the address bar displaying "www.preventviolence.net/resources/NVDRSResearch.html". The page header includes the National Violence Prevention Network logo and a navigation menu with links for "ABOUT US", "WHAT IS NVDRS?", "STATE BY STATE", "ADVOCACY", "SAVING LIVES", "REPORTS", and "RESOURCES". The main content area is titled "NVDRS Research" and features a sub-section for "Abstracts". A list of research abstracts is displayed, including topics such as "Precipitating Circumstances of Suicide and Alcohol Intoxication Among U.S. Ethnic Groups" and "Increase in Suicides Associated With Home Eviction and Foreclosure During the US Housing Crisis".

National Violence Prevention Network

ABOUT US | WHAT IS NVDRS? | STATE BY STATE | ADVOCACY | SAVING LIVES | REPORTS | RESOURCES

HOME

Resources

NVDRS Research

Abstracts

- Precipitating Circumstances of Suicide and Alcohol Intoxication Among U.S. Ethnic Groups
- Increase in Suicides Associated With Home Eviction and Foreclosure During the US Housing Crisis: Findings From 16 National Violent Death Reporting System States, 2005-2010.
- Mining for Murder-Suicide: An Approach to Identifying Cases of Murder-Suicide in the National Violent Death Reporting System Restricted Access Database.
- Intimate Partner Homicide and Corollary Victims in 16 States: National Violent Death Reporting System, 2003-2009.
- Research Report: Socio-demographic Report of Suicide Means in a Population-Based Surveillance System: Findings from the National Violent Death Reporting System
- Economic Contraction, Alcohol Intoxication and Suicide: analysis of the National Violent Death Reporting System
- Psychiatric-Medical Comorbidity: Mental health, substance use and intimate partner problems among pregnant and postpartum suicide victims in the National Violent Death Reporting System
- Acute alcohol intoxication and suicide among United States ethnic/racial groups: findings from the national violent death reporting system
- Acute alcohol intoxication and suicide: a gender-stratified analysis of the National Violent Death Reporting System
- Precipitating Circumstances of Suicide among Youth Aged 10-17 Years by Sex: Data From the National Violent Death Reporting System, 16 States, 2005-2008
- A truly national National Violent Death Reporting System.
- Suicide Among Veterans in 16 States, 2005 to 2008: Comparisons Between Utilizers and Nonutilizers of Veterans Health Administration (VHA) Services Based on Data From the National Death Index, the National Violent Death Reporting System, and VHA
- Rates and correlates of undetermined deaths among African Americans: results from the National Violent Death Reporting System

Why are NVDRS data important?

- * Informs violent death prevention programs at local, state and national levels
- * Allows states to target their violent death prevention programs
- * Creates a regional/national snapshot of common circumstances that lead to violent deaths
- * Allows constituencies to evaluate the impact of their violence prevention programs

Value of NVDRS data for advocacy

- * Allows lawmakers to direct funding to address the leading causes of violent deaths
- * Helps prioritize injury and violence prevention at state and national levels
- * Breaks down silos; forces collaboration

NVDRS Advocacy

National Violence Prevention Network/Safe
States Alliance annual Hill Day

www.preventviolence.net

The screenshot shows the homepage of the National Violence Prevention Network. At the top, there is a navigation menu with links for 'ABOUT US', 'WHAT IS NVDRS?', 'STATE BY STATE', 'ADVOCACY', 'SAVING LIVES', 'REPORTS', and 'RESOURCES'. The main content area features a section titled 'Why We Need NVDRS' with a sub-header 'Each year, more than 53,000 Americans die violent deaths. We need solid data to help us inform prevention strategies and reduce the toll.' Below this is a paragraph explaining the role of the National Violent Death Reporting System (NVDRS) and the National Violence Prevention Network. To the right of the text is a map of the United States where states are color-coded: green for NVDRS-funded states, blue for NVDRS-approved but not funded states, and dark blue for states without NVDRS coverage. A legend below the map explains these categories. Below the map is a 'Select a State' dropdown menu. At the bottom of the page, there are three columns: 'NEWS HIGHLIGHT' with two items from October and September 2015, 'WHAT IS NVDRS?' with a definition of the system, and 'WHAT'S NEW' with two items from September and July 2015.

NATIONAL VIOLENCE PREVENTION NETWORK

ABOUT US | WHAT IS NVDRS? | STATE BY STATE | ADVOCACY | SAVING LIVES | REPORTS | RESOURCES

Why We Need NVDRS

Each year, more than 53,000 Americans die violent deaths. We need solid data to help us inform prevention strategies and reduce the toll.

Housed in the Centers for Disease Control and Prevention (CDC), the National Violent Death Reporting System (NVDRS) can help. The National Violence Prevention Network is a broad coalition of public health officials, anti-violence organizations and law enforcement groups working to get NVDRS completed and fully funded. Here's how you can help.

Test your knowledge about violent deaths

Select a State

- NVDRS-funded states
- NVDRS-approved, but not funded
- States without NVDRS coverage

NEWS HIGHLIGHT

- October 2015: The National Violence Prevention Network Monthly Newsletter. [MORE]
- September 2015: The National Violence Prevention Network Monthly Newsletter.

WHAT IS NVDRS?

The NVDRS is a comprehensive, linked reporting system that collects and centralizes information on homicides and suicides from a variety of sources, such as medical examiners and coroners, law enforcement, hospitals,

WHAT'S NEW

- September 2015: Oregon releases a new report, Violent Deaths in Oregon: 2012. [MORE]
- July 2015: Data Brief - Illinois Violent Death Reporting System [MORE]

Select NVPN members...



American College of Preventive Medicine
physicians dedicated to prevention



AMERICAN PUBLIC HEALTH ASSOCIATION
For science. For action. For health.



AMERICAN FOUNDATION FOR
Suicide Prevention



National Association of Medical Examiners

He locus est ubi mors gaudet succurrere vitae

Kansas
Suicide
Prevention
RESOURCE CENTER

Harvard Injury Control Research Center



ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS



POLICE FOUNDATION
Advancing Policing Through Innovation and Science



SAFE STATES

An Alliance to Strengthen the
Practice of Injury and Violence Prevention



QUESTIONS?