



## National Violent Death Reporting System

In 2002, the Centers for Disease Control and Prevention (CDC) Injury Center introduced the National Violent Death Reporting System (NVDRS) to collect information on the circumstances preceding violent deaths, allowing public health professionals and policymakers to identify at-risk groups and develop targeted strategies for prevention. In its first year, the CDC selected six states to participate in the NVDRS. As of 2016, 40 states, the District of Columbia, and Puerto Rico have been approved to receive funding for NVDRS implementation. Obtaining approval in August of 2016, Missouri is one of the newest states to receive NVDRS funding.

### I. Background

The NVDRS is a federally funded, state-based surveillance system that collects information from multiple sources to provide a “comprehensive picture of the circumstances surrounding violent deaths.”<sup>1</sup>

The NVDRS collects a wide range of de-identified information, such as the time, location, and manner of death. Additionally, the system draws information from death certificates, coroner/medical examiner records, toxicology reports, and law enforcement reports to identify factors that may have contributed to a violent death. These factors include:

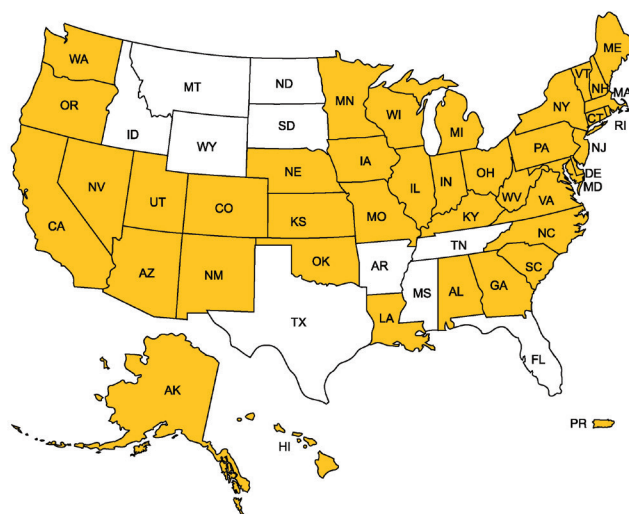
- Recent problems with a job, finances, or relationships;
- A history of mental health conditions or substance abuse; and/or
- Physical health problems.<sup>2</sup>

NVDRS data is collected at the state level, and organized into searchable databases operated by state agencies.<sup>3</sup> The agency managing each database varies from state to state, depending on the entity that applied for funding. The Missouri Department of Health and Senior Services (DHSS) is the agency responsible for operating Missouri’s Violent Death Reporting System (MOVDRS).

### II. Funding

The NVDRS is funded through the CDC by annual U.S. Congressional appropriations. States wanting to participate in the program must formally apply and upon selection are awarded funding for a five year period. Each year, states must complete a continuation application in order to remain eligible for funding. Once the project period has ended, state agencies must re-apply if they wish to continue participating in the program.

#### States that receive NVDRS funding as of October 1, 2016:



<sup>1</sup>The Centers for Disease Control and Prevention (CDC) defines a violent death as any “death resulting from the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community.” Using this definition, the NVDRS categorizes violent deaths into several groups, including suicide, homicide, death of undetermined intent, death by a law enforcement official, death related to terrorism, and accidental death related to a firearm.

<sup>2</sup>Verbiage mirrors the language used on the CDC website

<sup>3</sup>Exceptions include Arizona, Kentucky, and Illinois. These states’ databases are operated by state universities or, in the case of Illinois, a non-profit children’s hospital.



On average, the CDC annually awards \$220,000 to each state, with a maximum allotment of \$300,000. The exact amount that each state receives varies according to the number of violent deaths that occurred in the state within a given year. Missouri will receive \$252,000 for its first year of NVDRS implementation (spanning September 1, 2016–August 31, 2017).

### III. Applications

In 1996, Congress passed the Dickey Amendment, which prohibits the CDC from using its budget to advocate or promote stricter gun laws. Although the NVDRS collects information related to death by firearm, CDC-funded state agencies have avoided examining this topic due to strict requirements governing the use of the data by the CDC. Thus far, researchers have primarily used NVDRS data to examine suicide, identifying a number of at-risk groups upon which to focus strategies for prevention. These groups include veterans, adolescents, and elderly men. In 2010, Alaskan authorities used NVDRS data to update the state's suicide prevention plan. The plan established six regional suicide prevention teams and included detailed training for school districts, providers of behavioral and veterans' services, and the National Guard.

Other states have used NVDRS data to better understand the circumstances surrounding domestic violence homicides. For example, after Oklahoma's VDRS highlighted the prevalence of domestic violence fatality among women, the Injury Prevention Service within the state's Department of Health<sup>4</sup> used the data to obtain a National Institute of Justice grant. This grant allowed Oklahoma to implement a statewide Lethality Assessment Protocol developed by the Maryland Network Against Domestic Violence. Under the protocol, police officers responding to complaints of intimate partner violence use an 11-item risk assessment called the Lethality Screen to identify victims who are at high risk of domestic homicide. The officers then connect the

individuals with social service agencies that help victims with advocacy and safety planning mechanisms, and encourage them to seek additional support.

### IV. Implications for Missouri

Missouri's high rate of suicide consistently exceeds the national average and has steadily increased since 2005. Suicide has been identified as the 10th leading cause of death for all Missourians from 2000–2015. Evidence suggests that suicide disproportionately affects Missouri's youths and young adults; it was the second leading cause of death among 25–34 year olds and the third leading cause of death among 10–24 year olds from 2000–2015. During these years, the CDC estimates that approximately 515,582 years of potential life were lost. Not only is suicide an important public health issue, but it also has financial implications. In 2010, suicide cost the state of Missouri \$1.17 billion. Direct costs (transportation and coroner/medical examiner payments) accounted for approximately \$3.5 million of the aggregate expense, while work loss—the estimated “value of goods and services never produced because of premature death”—exceeded \$1.13 billion.

The MOVDRS will enable policymakers and public health professionals to identify at-risk groups upon which to focus targeted strategies for prevention by improving researchers' understanding of the factors that contribute to suicide. Once the strategies have been implemented, newly collected MOVDRS data can be used to monitor progress. Effective strategies will decrease Missouri's suicide rate—improving the health and well-being of Missourians, while also reducing the inefficient use of state resources.

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<sup>4</sup>In collaboration with Oklahoma University College of Nursing, Arizona State University, Johns Hopkins University, Oklahoma Domestic Violence Fatality Review Board, and the Oklahoma Association of Chiefs of Police



## V. MOVDRS: Timeline for Implementation

During the first year of implementation, the MOVDRS will collect data from a sample of 20 Missouri counties<sup>5</sup> which, collectively, experienced 70.4 percent of the violent deaths occurring in 2014. In the second year of the project, the MOVDRS will expand to collect data from all 114 Missouri counties and the city of St. Louis, and will continue to do so until the project period ends in 2021. According to the Missouri DHSS, initial data collection will begin in 2017 and is anticipated to be entered into the database by April of 2019. Although CDC guidelines specify that each data entry must be initiated within four months after a violent death occurs, the extended deadline allows state agencies sufficient time to manually enter information into the database. This lag time is especially necessary in situations where records are not immediately released, for example, due to a pending investigation.

Implementation of the MOVDRS will supply researchers with the information they need to understand the factors contributing to the violent deaths of Missourians.

It is important to recognize, however, that increased availability of data alone will not improve Missourians' health and well-being. Rather, the utility of the MOVDRS will depend on the utilization of data by policymakers and public health professionals. Data will identify trends, but it will be up to decision makers to use the data to craft policies and programs that address the root causes of violent death.

Limited NVDRS data is available to the public through the CDC's [Web-based Injury Statistics Query and Reporting System \(WISQARS\)](#). Instructions to apply for access to the NVDRS Restricted Access Database (RAD) are [available here](#). General information on the NVDRS can be found by [visiting here](#).

*Endnotes are available upon request.*

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<sup>5</sup>Pilot counties include: Jackson County, Cass County, Clay County, Platte County, Greene County, Phelps, Buchanan, Christian, Bates, Stoddard, St. Louis City, St. Louis County, St. Charles County, Franklin County, Jefferson County, Henry, Camden, Boone, Callaway, and Lincoln