OMB Application

Title: The National Violent Death Reporting System

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Revised:
9/3/2009

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The National Violent Death Reporting System

A. Justification

1. Circumstances Making the Collection of Information Necessary

This is a revision request for the currently approved National Violent Death Reporting System (0920-0607) expiration date 1/31/2010.

CDC is requesting approval to continue data collection with this system in the 17 funded states, and allow 10 new state health departments to be added if funding becomes available. This approval is requested for a period of three calendar years from the date of OMB approval. The system itself will continue indefinitely, so OMB approval will have to be renewed every three years.

Violence is a major public health problem. The World Health Organization has estimated that 815,000 suicides and 520,000 homicides occurred in the year 2000 worldwide. Violence against others or oneself is a major public health problem in the United States, taking 50,000 lives each year. It is a particular problem for the young: homicide was second and suicide was third among leading causes of death for Americans 1-34 years of age in 2006.

Given the importance of the problem, it is noteworthy that no national surveillance system for violence exists in the United States. In contrast, the federal government has supported extensive data collection efforts for the past three decades to record information about other leading causes of death. For example, the National Highway Traffic Safety Administration has recorded the critical details of fatal motor vehicle crashes, which result in about 40,000 deaths among U.S. residents annually. That system, called the Fatality Analysis Reporting System (FARS), has existed since 1975. The result of this investment has been a better understanding of the risk factors for motor vehicle deaths, information that has helped to target safety improvements that have led to a significant decline in motor vehicle fatalities since the 1970s. The federal government, through the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) program, has also funded national surveillance for cancer, which is the fourth leading cause of death in younger Americans aged 1-34 years. SEER has been operating since 1973 and has been a key component of national cancer control efforts.

Aware of the longstanding gap in information about violence, public health leaders and others have been pressing the need for a national surveillance system for violent deaths since 1989. In 1999, the Institute of Medicine recommended that CDC develop a fatal intentional injury surveillance system modeled after FARS. That same year, six private foundations pooled their funds to demonstrate that data collection about violent deaths was feasible and useful. They established the National Violent Injury Statistics System (NVISS). NVISS has been administered by the Harvard Injury Control Research Center and includes 12 participating universities, health departments, and medical centers.

In 2000, dozens of medical associations, suicide prevention groups, child protection

advocates, and family violence prevention organizations joined a coalition whose purpose was to secure federal funding to extend NVISS-like surveillance nationwide. Congress approved $1.5 million in funding to start the new system, called the National Violent Death Reporting System (NVDRS), in fiscal year 2002.

CDC received initial OMB approval in November 2004 and a renewal in January 2007.

This and similar programs are authorized under section 301 (a) [42 U.S.C. 241(a)] of the Public Health Service Act and section 391 (a) [42 U.S.C. 280(b)] of the Public Service Health Act, as amended (See attachments 1). The catalog of Federal Domestic Assistance number is 93.136.

Privacy Impact Assessment

i. Overview of the Data Collection System

This surveillance system is coordinated and funded at the federal level but is dependent on separate data collection efforts in each state managed by the state health departments or their bona fide agent. The system employs a distributed software system that allows efficient, standardized data entry in each state health department. The software is provided to each state by CDC. In accordance with the system's design principles, the data is incident-based rather than victim-based. The software includes internal validation checks and other quality control measures. State project personnel are provided coding training to help increase data quality. A coding training video has been developed to provide states with a tool to provide onsite training for new staff. States transmit collected data via an intranet connection to the CDC contractor nightly. The data is formatted and sent to the CDC monthly. The data from the states to the contractor is automatically pushed each night.

ii. Items of Information to be Collected

To fully characterize the incidents, states collect information about each incident from four primary data sources: death certificates, medical examiner/coroner records, law enforcement records, and crime lab records. Most states find it easiest to begin data collection with death certificates because the state health department itself collects death certificates. Over 250 data elements are collected on each incident from these four principal sources. The record for an incident includes information about all the victims and suspects in each incident and their relationships. All personal identifying information is stripped from the data before it leaves the states.

iii. Identification of Website (s) and Website Content Directed at Children Under 13 Years of Age

This data collection will not involve any websites or website content directed at children under the age of 13.

2. Purpose and Use of Information Collection

The purpose of the program is to continue establishing and maintaining state violent death information collection systems that form the basis of NVDRS. A violent death is defined as a death due to suicide, homicide, an event of undetermined intent, legal intervention or unintentional firearm injury. The purpose of NVDRS is to generate public health surveillance information at the national, state, and local levels that is more detailed, useful, and timely than is currently available. This information will help develop, inform, and evaluate violence prevention strategies at both state and national levels. Without this information, violence prevention efforts are often based on anecdotal, nonscientific information. This program addresses the Healthy People 2010 focus area of Injury and Violence Prevention **.**

We need to continue this surveillance system to allow our knowledge regarding events that surround the occurrence of a violent death to increase. States that currently collect this data are just beginning to experience the value of such a system. Violent death data gathered by states is being used to guide the development of reports, annual prevention plans and initiatives to help community understand and plan prevention strategies. The system is helping states to collaborate with data partners that have not existed in the past.

Publications that have used NVDRS data both at the state and national level include: *MMWR*s – Homicides and Suicides – NVDRS 2003; Homicides and Suicides – NVDRS 2003-2004; Surveillance Summaries – Surveillance for Violent Deaths - NVDRS April 2008 and March 2009; State annual reports for SC, OR, VA, NJ, WI, OK, MA, AK, UT and MD; a Supplement to the journal *Injury Prevention* dedicated to NVDRS – December 2006; and *Deaths from Violence: A Look at 17 States* – December 2008.

Privacy Impact Assessment Information

States treat their data in a confidential manner and protect it with all applicable state laws for the protection of public health surveillance information.

The data received by CDC do not contain obvious identifiers such as a name and street address, but they do include fields that could potentially be identifying when used in the aggregate. Some of the data will pertain to open investigations and will include sensitive information such as substance abuse and mental illness history.

CDC may be asked to disclose data through such means as a Freedom of Information Act (FOIA) request or a subpoena. The FOIA applies to these data, just as it does to all other records in the control of the CDC at the time a FOIA request is received. Pursuant to exemption 6 of the Act, however, the CDC protects material, the release of which would be a clearly unwarranted invasion of personal privacy. The CDC would argue that the release of any details about individual records provided by the states could lead to the identification of an individual and would therefore constitute such an invasion of privacy.

CDC could potentially receive a subpoena requesting the NVDRS data. CDC's response to the subpoena would depend on such factors as whether the issuing court has jurisdiction over the federal government. If the subpoena is determined to be from a tribunal or court not having jurisdiction, such as a subpoena originating from a state

court, the subpoena will be deemed to be a request for records under FOIA and will be protected in accordance with the act, as described above.

If, however, the subpoena originates from a court having jurisdiction over the federal government, such as a federal court, CDC will utilize all available legal mechanisms to protect the confidentiality of data that could potentially lead to the identification of any individual. CDC has been successful in protecting such sensitive data in other instances.

The proposed data collection will have little or no effect on the respondent's privacy.

3. Use of Improved Information Technology and Burden Reduction

This surveillance system employs a distributed software system that allows efficient, standardized data entry in each state health department. Data entry is accomplished in health department offices or in the field in the offices of medical examiners and police departments. States have the option of electronically importing death certificate and medical examiner/coroner data into the system (data flow chart attached). The importation function reduces the burden for manual entry and paper copies. Law enforcement and crime laboratory data are manually entered from the paper records into the NVDRS software. The software includes internal validation checks and other quality control measures. Information on violent deaths is sent via an intranet connection from the state health departments, through an information systems contractor, and on to the CDC. State project personnel are provided coding training to help increase data quality. A coding training video has been developed to provide states with a tool to provide onsite training for new staff.

4. Efforts to Identify Duplication and Use of Similar Information

There is no similar ongoing surveillance system in existence. The National Violent Injury Statistics System was a privately-funded data collection system that was expressly designed as a pilot test for NVDRS. The system ceased to collect data from its twelve local sites in 2004.

No system to date has attempted to combine information on violent deaths from such a variety of sources on such a scale. NVDRS uses information from death certificates, medical examiner/coroner records, police department records, and crime lab information. These individual sources are death-based rather than incident-based and cannot link violent deaths involved in a single incident, such as suicides followed by the homicide of the perpetrator.

5. Impact on Small Businesses or Other Small Entities

This study does not impact small businesses or other small entities. It impacts public agencies such as health departments, police departments, crime labs, and medical examiner/coroner offices, whose records are accessed in the course of data collection. A

number of the data items have been flagged as optional items to allow these agencies to reduce the amount of data they collect at their discretion.

6. Consequences of Collecting the Information Less Frequently

A complete census of violent deaths is required to obtain the detail necessary for prevention at the state level. Data collection must be continuous to monitor epidemics of violence and the impact of prevention measures. States transmit collected information to the CDC contractor nightly. The data is formatted and sent to the CDC monthly. The data from the states to the contractor is automatically pushed each night. This process allows states to see any trends much quicker than previously available.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This data collection complies fully with the guidelines in 5CFR 1320.5.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A. A notice for public comments on the proposed data collections was published in the Federal Register May 13, 2009. (see attachment 2 for a copy of the FR notice). There was one public comment received and it was non substantive in nature (attachment 6).

B. NCIPC consulted with the following entities regarding this study:

NCIPC consulted with the NVDRS Implementation Work Group, which includes national injury and violence experts regarding the content of the study. Consultation began in 2002. NCIPC maintains a partnership with the national organizations that represent the major data sources used by NVDRS. The organizations include the State and Territorial Injury Prevention Directors' Association (STIPDA), the National Association of Medical Examiners (NAME), the National Association of Public Health Statistics and Information System (NAPHSIS), the International Association of Police Chiefs (IACP) and the National Violent Injury Statistics System (NVISS).

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9. Explanation of Any Payment or Gift to Respondents

The CDC funds state health departments or their bona fide agents to participate in NVDRS through cooperative agreements. State health departments have formed interagency agreements with police departments, medical examiner offices, and the like to share their data. In several states, the health departments have entered into contracts with the data sources to support the clerical effort required to obtain and refile case records for NVDRS abstractors. Deceased victims of violence and the people who killed them are described in the data, but they (or their next of kin) are never contacted in the collection of data.

10. Assurance of Confidentiality Provided to Respondents

The CDC Privacy Act Officer has reviewed this OMB application and has determined that the Privacy Act is not applicable. Although sensitive information and personal identifiers will be collected by state health departments (the respondents), all personally identifying information is stripped from the files before the case-level data is sent to

CDC. Only selected staff working in the state NVDRS program will have access to state information.

Some states may abstract information onto worksheets as an intermediate step prior to data entry into a computer. These worksheets contain personal identifiers. They will be stored in locked file cabinets to which only state NVDRS staff will have access. Such worksheets will never be sent from the state to the CDC or to a CDC contractor.

States treat their data in a confidential manner and protect it with all applicable state laws for the protection of public health surveillance information.

To ensure privacy and anonymity, a number of procedures will be implemented:

- Data is maintained securely throughout the data collection and data processing phases. Data is stored at the state level in secured computers that reside within state health department firewalls.
- Before any data is sent to the CDC, all identifiers that could potentially lead to identification of an individual, such as names, address, SSN, death certificate number, date of birth, etc., are stripped at the state.
- De-identified data is sent to the CDC encrypted with secure-socket-layer technology for additional security.
- NVDRS follows NCHS guidelines on suppression of small sample sizes in data tabulations to prevent the inadvertent identification of an individual through the combination of various demographic characteristics, e.g., a 98 year old man from Pawtucket County in Massachusetts might be readily identifiable.

11. Justification for Sensitive Questions

No sensitive questions are asked directly to individuals involved in violent incidents or their next of kin. Information on sensitive issues, e.g., mental illness and substance abuse, are collected about the deceased victims from the records of public agencies. Such items are not captured about living suspects. Such information is critical for the identification of preventive measures.

12. A. Estimates of Annualized Burden Hours and Costs

The burden was estimated as follows:

The number of states currently participating in NVDRS is 17 (Alaska, California, Colorado, Georgia, Kentucky, Maryland, Massachusetts, New Jersey, New Mexico, North Carolina, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia and Wisconsin). By 2012 the number of states participating is estimated to be 27. We are using 27 states annualized as a conservative estimate in our burden tables based on the potential for federal funding increases that may occur during the three years of this approved package. The number of violent deaths per year in an average state was

estimated by dividing the total number of such deaths nationwide (50,000) by 50. The number of hours per death required for the state to collect this information is estimated from reports of sites participated in the NVISS and current NVDRS systems to be approximately 2 hours. The number of hours per death required for the public agencies working with NVDRS states to retrieve and then refile their records was estimated at 0.5 hours per death. The change in the hours of burden is due to the increase in the estimated number of new states that will be added.

Estimated Annualized Respondent Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
State Health Departments	Completion of case abstraction	27	1000	2.0	54,000
Public Agencies	Retrieving and refile records	27	1000	30/60	13,500
Total					67,500

12. B. Estimated Annualized Respondent Burden Costs:

If the state health department is considered the respondent in this case, then their total costs will equal the amount of federal funding they expend in conducting the NVDRS in their state. This should be approximately equal to the amount of funding they are provided in their cooperative agreement. The funding range for the 17 states currently funded is approximately $140,000 to $340,000. Between now and 2012, as states are added (up to 10 states added) they will be funded using a similar range. The amount could be slightly higher for 4 states that experience over 2300 violent deaths a year. Each state is required to identify a budget that will most often fit within the above range. The award will be based on the amount each state justifies in their application.

If the staff of public agencies who abstract, retrieve and refile records are considered the respondents, then their cost can be estimated as 2,500 hours x 27 states x $15/hour = $1,012,500. (The estimate of 2,500 hours comes from the table above.) In some cases, state health departments may subcontract with the public agencies or otherwise find a way to defray these costs.

13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

All relevant state costs are included in section 12.

14. Annualized Cost to the Government

These costs fall into several categories, listed below:

Contractor phases, tasks, and estimated costs

LABOR	COST
ACE contract for maintenance of the data collection software	$250,000
Contracts and cooperative agreements with national data partners	$125,000
Other Direct Costs	
Subcontractors	$50,000
Travel and subsistence	$15,000
Total Estimated Contract Costs	**$440,000**

Government costs

Personnel	Tasks	Avg. cost/yr
Senior Scientist	Program oversight	$105,000
3 Epidemiologist	Technical assistance and data usage	$225,000
3 Public Health Advisors	Programmatic, budgetary, administrative management & oversight	$260,000
Computer Informatics Specialist	Database design	$85,000
Public Health Analyst	Data quality assurance	$60,000
Sub-total		**$735,000**

Total annual contractual and government staff costs are approximately $1,175,000.

This is a multi-year project, with the initial cooperative agreements spanning five years. The total cost over five years for contractual and government staff will be approximately five times the annual cost plus three percent cost of living.

15. Explanation for Program Changes or Adjustments

This surveillance system began collecting data in 2003. This is a revision request for the currently approved National Violent Death Reporting System.

CDC is requesting approval to continue data collection with this system in the 17 funded states, and allow 10 new state health departments to be added if funding becomes available. We are using 27 states annualized as a conservative estimate in our burden tables based on the potential for federal funding increases that may occur during the three years of this approved package.

16. Plans for Tabulation and Publication and Project Time Schedule

Data aggregated across states will be presented in tabulations of outcomes such as homicide rates and suicide rates by age group. These will be released in CDC publications such as *MMWR* or in other, peer-reviewed publications. A web-based query system to allow electronic querying of the information has been developed and available to the public since November 2008.

Time Schedule

Task	Time Period
Preliminary analysis files	9 months after the data year
Final analysis files	21 months after the data year
Restricted Access Data files	19 months after the data year
MMWR	At least one article per year
NVDRS data query system	Updated annually
State Annual reports	Annually

Initial reports will include crude and age-adjusted rates by state for suicide, homicide, undetermined cause of death, legal intervention, unintentional firearm injury, and terrorism. Sex, race, and age-specific rates is also presented. The percent of different types of violent deaths associated with specific circumstances, eg, a history of substance abuse, will be presented. In later years, time trends will be shown. No sophisticated statistical techniques will be required to display this surveillance data.

17. Reason(s) Display of OMB Expiration Date Is Inappropriate

There are no standard paper data collection forms to be used by states. States may print out paper copies of the abstraction forms that they can modify. That will then need to be inputted into the software database. Data will be entered into software. The OMB expiration date can be displayed on the opening screen of the software if required.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

This collection of information involves no exception to the Certification for Paperwork Reduction Act Submissions.