April 11, 2014

Mr. LeRoy Richardson

Centers for Disease Control and Prevention

1600 Clifton Road, MS D74

Atlanta, GA 30333

**RE: PROPOSED DATA COLLECTION FOR NATIONAL VIOLENT DEATH REPORTING SYSTEM**

Dear Mr. Richardson:

On behalf of Ann & Robert H. Lurie Children’s Hospital of Chicago, I am pleased to submit the following comments in response to the February 11, 2014 request for comments regarding data collection for the National Violent Death Reporting System (NVDRS). The Child Health Data Lab (CHDL) at Lurie Children’s operates the Illinois Violent Death Reporting System (IVDRS), which is based on the NVDRS model. IVDRS is funded through the Illinois Department of Public Health and private philanthropy, rather than through NVDRS.

Because IVDRS is funded at a fraction of the level necessary for full NVDRS implementation, CHDL has restricted data collection to only five of the 102 counties in Illinois. In addition, CHDL and Lurie Children’s Injury Prevention and Research Center recently concluded a strategic planning process to recommend ways to expand and improve IVDRS and for enhance use of data to inform public policy. Our comments are based on this unique experience.

1. **Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility**

Collection of data for NVDRS is critical in allowing the Centers for Disease Control and Prevention to address violence as a preventable public health issue. Consistent with the public health model, NVDRS supports describing the magnitude of and trends in specific types of violence, helps identify risk factors associated with violence, and provides information that guides the development and dissemination of violence prevention programs, practices, and policies.

In Illinois, IVDRS is an important asset in the State’s violence prevention activities. Two specific examples of its use are:

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* In 2011, IVDRS data were analyzed to develop a data brief “Homicides of School-Aged Children and Adolescents.” The report was timely because of significant public concern being raised about murders of Chicago Public School students. The report shed light on the issue, confirming an increase in school-age homicide rate in Chicago, noting significant racial and ethnic disparities in school-age homicides statewide, and elucidating circumstances and location of school-age homicides. This additional information contributed a much deeper understanding of how violence affects school-age youth in Chicago, which has been built upon to inform program innovation and policy recommendations.
* In 2010, IVDRS data were analyzed to develop a data brief “Understanding Sleep-Related Infant Deaths.” In addition to identifying significant racial disparities in sleep-related deaths of infants in Cook County and geographic patterns to the deaths, the data brief describes the circumstances surrounding “undetermined” infant deaths and notes that a majority involved bed-sharing. Based on this information, substantial local interest in preventing sleep-related death has been raised. The Illinois Department of Human Services is convening a multidisciplinary statewide work group on safe sleep, and the topic is included in the Lurie Children’s Community Health Needs Assessment.

If NVDRS funding increases so that IVDRS can be fully funded, we anticipate continuing and expanding our work to apply findings to inform violence prevention work in Illinois. Inclusion of Illinois in NVDRS would add substantially to our knowledge about violence because of the mix of urban, suburban, and rural communities and because Chicago has the highest number of homicides in the country.

1. **The accuracy of the agency's estimate of the burden of the proposed collection of information**

Lurie Children’s has no response to this question.

1. **Ways to enhance the quality, utility, and clarity of the information to be collected; and**
2. **Ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology**

To improve data quality and minimize the burden of data collection, Lurie Children’s strongly supports the use of NVDRS funds to incentivize adoption of electronic data systems by coroners and medical examiners. In Ohio, NVDRS funds were used to provide electronic systems to

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offices that did not have them, facilitating data collection from those offices and increasing their participation in Ohio’s implementation of NVDRS. Such a model is likely to be necessary in Illinois, which is similar to Ohio in having a large number of municipalities with significant variations in population and sophistication of government agencies. CHDL’s recent survey of Illinois Coroners and Medical Examiners found that only a fraction of respondents currently use electronic data systems. In addition, data quality and efficiency of data collection can be enhanced by integrating some of the NVDRS fields in the electronic death certificate, as has been done in California.

Thank you for the opportunity to provide input on NVDRS, a system that Lurie Children’s believes is critically important in understanding and preventing violent death. If you have any questions, please feel free to contact Rebecca Levin, MPH, Strategic Director of the Injury Prevention and Research Center and Director of the Strengthening Chicago’s Youth violence prevention collaborative at [rlevin@luriechildrens.org](mailto:rlevin@luriechildrens.org) or 312-227-6948.

Sincerely,



Patrick M. Magoon

President & CEO