



# Project Determination

## National Violent Death Reporting System Data Management Plan

**Project ID:** 0900f3eb81a5e1d9  
**Accession #:** NCIPC-MST-11/7/19-5e1d9  
**Project Contact:** Janet Blair  
**Organization:** NCIPC/DVP/SB  
**Status:** Pending Clearance : Amendment  
**Intended Use:** Project Determination  
**Estimated Start Date:** 11/07/19  
**Estimated Completion Date:** 12/03/29  
**CDC/ATSDR HRPO/IRB Protocol#:**  
**OMB Control#:** 0920-0607

### Description

#### Priority

Standard

#### Date Needed

10/28/21

#### Determination Start Date

10/22/21

#### Description

The National Violent Death Reporting System (NVDRS) is a state-based surveillance system that links data from death certificates, coroners/medical examiners (including toxicology) and law enforcement. NVDRS collects information about homicides, suicides, deaths by legal intervention-excluding executions, deaths of undetermined intent, and unintentional firearm-related injury deaths. Data from NVDRS enables CDC, VDRS funding recipients, and researchers to establish the magnitude of the problem and the public health burden, discern epidemiologic characteristics, define which population groups are most affected, and identify circumstances (events that preceded or were determined to be related to a victim's death).

**IMS/CIO/Epi-Aid/Chemical Exposure Submission**

No

**IMS Activation Name**

Not selected

**Select the primary priority of the project**

Not selected

**Select the secondary priority(s) of the project**

Not selected

**Select the task force associated with the response**

Not selected

**CIO Emergency Response Name**

Not selected

**Epi-Aid Name**

Not selected

**Assessment of Chemical Exposure Name**

Not selected

**Goals/Purpose**

CDC provides guidance to funded VDRS recipients to ensure the data are collected in a standardized manner. Trained abstractors enter data into an encrypted web-based system. Some of the information from the C/ME and LE reports is put into the system in narrative format, and provides a detailed description of the events that preceded or were known to contribute to the violent death. Information abstracted into the system is de-identified at the local VDRS program level. CDC combines all VDRS data into a multi-state database that informs national stakeholders. NVDRS summary data from 2003 to 2016 are available through CDC's WISQARS™ (Web-based Injury Statistics Query and Reporting System), an interactive, online database available to the public. NVDRS WISQARS™ can be accessed at: <http://www.cdc.gov/injury/wisqars/nvdrs.html>. NVDRS data are also available through the NVDRS Restricted Access Dataset (RAD) process. The NVDRS RAD is a de-identified, multi-state data set that includes select variables. The data set is available to researchers who meet specific criteria. CDC and the Veterans Health Administration (VHA) will also link NVDRS data with VHA data to share Veteran status and VHA utilization for deceased individuals. In the past, NVDRS data have been linked to Department of Defense Suicide Event Reports (DoDSERs). The linkage with DoDSER is planned to occur annually in the future. CDC plans to propose to expand this line of work by linking NVDRS data to VHA data. This linkage project will be ongoing. The purpose of NVDRS is to collect, analyze, and disseminate accurate, timely, and comprehensive surveillance data on all violent deaths in funded jurisdictions using CDC guidelines and the CDC web-based data entry system. Surveillance data regarding violent deaths are collected to enable CDC, VDRS funding recipients and researchers to establish the magnitude of the problem and the public health burden, discern epidemiologic characteristics, define which population groups are most affected, and identify circumstances (events that preceded or were determined to be related to a victim's death) including common circumstances associated with violent deaths of a certain type (e.g., intimate partner violence). State and local violence prevention practitioners also use the data to inform, develop, and guide prevention programs, policies, and assist groups in selecting and targeting violence prevention efforts and supporting evaluations of violence prevention activities.

**Objective**

Violence is a major public health problem. Over 66,000 people died violently in the U.S. in 2017. These violent deaths included 47,173 suicides and 19,510 homicides. Violent deaths have been estimated to cost more than \$77 billion in medical care and lost productivity (Injury Classification Scheme: Mechanism by Intent of Injury, NCHS Vital Statistics System for numbers of deaths, <https://wisqars.cdc.gov:8443/costT/>). Violence inflicts a substantial toll on individuals, families, and communities throughout the US. However, violence is preventable. Interventions, strategies, and policies are increasingly available that can stop violence before it happens. In order to prevent violence, we must first know the facts about violent deaths. NVDRS was developed to provide better information about the prevalence and circumstance of violent deaths in the United States to inform prevention strategies. In 2003, CDC began implementing the National Violent Death Reporting System (NVDRS, OMB No. 0920-0607). NVDRS is a state-based surveillance system that compiles data from 3 required sources: death certificates (DC), coroner/medical examiner (C/ME) reports (including toxicology), and law enforcement (LE) reports. NVDRS collects information about who dies violently, where victims are killed, when they are killed, and what factors were perceived to contribute to or precipitate the death, in order to describe the epidemiology of violent deaths. A violent death is defined as a death resulting from the intentional use of physical force or power (e.g., threats or intimidation) against oneself, another person, or against a group or community. Violent deaths include homicides, suicides, and legal intervention deaths (i.e., those occurring when law enforcement exerts deadly force while acting in the line of duty) excluding legal executions. The term "legal intervention" is a classification from ICD-10 [Y-35.0] and does not denote the lawfulness or legality of the circumstances surrounding the death. In addition, VDRS recipients are required to collect information about unintentional firearm-related injury deaths (i.e., incidents in which the person causing the injury did not intend to discharge the firearm) and deaths where the intent cannot be determined ("deaths of undetermined intent" but where there is evidence that force was used).

**Does this project include interventions, services, or policy change work aimed at improving the health of groups who have been excluded or marginalized and/or decreasing disparities?**

Yes

**Project does not incorporate elements of health equity science**

Not selected

**Measuring Disparities**

Yes

**Studying Social Determinants of Health (SDOH)**

Not selected

**Assessing Impact**

Not selected

**Methods to Improve Health Equity Research and Practice**

Not selected

**Other**

Not selected

**Activities or Tasks**

Secondary Data or Specimen Analysis

## Target Population to be Included/Represented

General US Population

## Tags/Keywords

Homicide; Suicide; undetermined intent deaths; unintentional firearm-related injury deaths; legal intervention deaths

## CDC's Role

CDC employees or agents will obtain or use anonymous or unlinked data or biological specimens; CDC employees will provide substantial technical assistance or oversight; CDC is providing funding

## Method Categories

Surveillance Support; Technical Assistance

## Methods

NVDRS collects information about who dies violently, where victims are killed, when they are killed, and what factors were perceived to contribute to or precipitate the death, in order to describe the epidemiology of violent deaths. A violent death is defined as a death resulting from the intentional use of physical force or power (e.g., threats or intimidation) against oneself, another person, or against a group or community. Violent deaths include homicides, suicides, and legal intervention deaths (i.e., those occurring when law enforcement exerts deadly force while acting in the line of duty) excluding legal executions. The term "legal intervention" is a classification from ICD-10 [Y-35.0] and does not denote the lawfulness or legality of the circumstances surrounding the death. In addition, VDRS recipients are required to collect information about unintentional firearm-related injury deaths (i.e., incidents in which the person causing the injury did not intend to discharge the firearm) and deaths where the intent cannot be determined ("deaths of undetermined intent") but where there is evidence that force was used. The NVDRS web-based system consists of tabs: Demographics, Injury and Death, Circumstances, Weapon(s), Suspect(s), Toxicology, Overdose, Intimate Partner Violence module (optional), Child Fatality Review module (optional). Two new modules are being added to the system. These are a School Associated Violent Death (SAVD) module, due to planned dissolution of the SAVD Surveillance System (SAVD-SS) (OMB# 0920-0604). This module will collect in-depth contextual information for SAVD's and help inform efforts to prevent fatal school violence. The second module is a Public Safety Officer Suicide module to collect in-depth contextual information to help inform and develop programs to prevent suicide among this population. CDC provides guidance to funded VDRS recipients to ensure the data are collected in a standardized manner. Trained abstractors enter data into an encrypted web-based system. Some of the information from the C/ME and LE reports is put into the system in narrative format, and provides a detailed description of the events that preceded or were known to contribute to the violent death. Information abstracted into the system is de-identified at the local VDRS program level. CDC combines all VDRS data into a multi-state database that informs national stakeholders. NVDRS summary data from 2003 to 2016 are available through CDC's WISQARS™ (Web-based Injury Statistics Query and Reporting System), an interactive, online database available to the public. NVDRS WISQARS™ can be accessed at: <http://www.cdc.gov/injury/wisqars/nvdrs.html>. NVDRS data are also available through the NVDRS Restricted Access Dataset (RAD) process. The NVDRS RAD is a de-identified, multi-state data set that includes select variables. The data set is available to researchers who meet specific criteria. CDC and the Veterans Health Administration (VHA) will also link NVDRS data with VHA data to share Veteran status and VHA utilization for deceased individuals. In the past, NVDRS data have been linked to Department of Defense Suicide Event Reports (DoDSERs). The linkage with DoDSER is planned to occur annually in the future. CDC plans to propose to expand this line of work by linking NVDRS data to VHA data. This linkage project will be ongoing.

## Collection of Info, Data, or Bio specimens

The National Violent Death Reporting System (NVDRS) is a state-based surveillance system that links data from death certificates, coroners/medical examiners (including toxicology) and law enforcement. NVDRS collects information about homicides, suicides, deaths by legal intervention-excluding executions, deaths of undetermined intent, and unintentional firearm-related injury deaths. Data from NVDRS enables CDC, VDRS funding recipients, and researchers to establish the magnitude of the problem and the public health burden, discern epidemiologic characteristics, define which population groups are most affected, and identify circumstances (events that preceded or were determined to be related to a victim's death).

**Expected Use of Findings/Results and their impact**

The purpose of NVDRS is to collect, analyze, and disseminate accurate, timely, and comprehensive surveillance data on all violent deaths in funded jurisdictions using CDC guidelines and the CDC web-based data entry system. Surveillance data regarding violent deaths are collected to enable CDC, VDRS funding recipients and researchers to establish the magnitude of the problem and the public health burden, discern epidemiologic characteristics, define which population groups are most affected, and identify circumstances (events that preceded or were determined to be related to a victim's death) including common circumstances associated with violent deaths of a certain type (e.g., intimate partner violence). State and local violence prevention practitioners also use the data to inform, develop, and guide prevention programs, policies, and assist groups in selecting and targeting violence prevention efforts and supporting evaluations of violence prevention activities. It is important to note that we have applied for an Assurance of Confidentiality for NVDRS.

**Could Individuals potentially be identified based on Information Collected?**

Yes

**Will PII be captured (including coded data)?**

No

**Does CDC have access to the Identifiers (including coded data)?**

No

**Is this project covered by an Assurance of Confidentiality?**

No

**Does this activity meet the criteria for a Certificate of Confidentiality (CoC)?**

No

**Is there a formal written agreement prohibiting the release of identifiers?**

No

## Funding

Funding Type	Funding Title	Funding #	Original Fiscal Year	# of Years of Award	Budget Amount
CDC Cooperative Agreement	Collecting Violent Death Information Using the National Violent Death Reporting System (NVDRS) 2016	CDC-RFA-CE16-1607	2016	5	
CDC Cooperative Agreement	Collecting Violent Death Information Using the National Violent Death Reporting System (NVDRS)	CDC-RFA-CE14-1402	2014	5	
CDC Cooperative Agreement	Collecting Violent Death Information Using the National Violent Death Reporting System (NVDRS) 2019	CDC-RFA-CE19-1905	2019	3	
CDC Cooperative Agreement	Collecting Violent Death Information Using the National Violent Death Reporting System (NVDRS) 2018	CDC-RFA-CE18-1804	2018	5	

## HSC Review

## Regulation and Policy

**Do you anticipate this project will be submitted to the IRB office**

No

## Institutions

Institution	FWA #	FWA Exp. Date	IRB Title	IRB Exp. Date	Funding #
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## Staff

Staff Member	SIQT Exp. Date	Citi Biomedical Exp. Date	Citi Social and Behavioral Exp. Date	Citi Good Clinical Exp. Date	Staff Role	Email	Phone #	Organization/ Institution
Craig Bryant	07/07/2023				Technical Monitor	gtd8@cdc.gov	770-488-7	MORTALITY SURVEILLANCE TEAM
Janet Blair	09/02/2023		12/18/2021		Principal Investigator	zud5@cdc.gov	770-488-0049	SURVEILLANCE BRANCH

## DMP

<b>Proposed Data Collection Start Date</b>	01/01/03
<b>Proposed Data Collection End Date</b>	12/31/29
<b>Proposed Public Access Level</b>	Restricted
<b>Data Use Type</b>	Data Sharing Agreement
<b>Data Use Type Data Use Type URL</b>	\\cdc.gov\project\CCEHIP_NCIPC_DVP\DVP-Share\1a_NVDRS_scientists\RAD\RAD_Proposal_Documents\NVDRS_RAD_Data Sharing Agreement_updates_July_2016.pdf
<b>Data Use Contact</b>	nvdrs-rad@cdc.gov
<b>Public Access justification</b>	<p>Given the local and often national attention that some violent deaths attract, as well as the sensitive nature of the subject matter, NVDRS requires special measures to protect the individuals, institutions and VDRS recipients and further safeguard the information collected. Although information abstracted into the system is de-identified at the local VDRS program level and VDRS recipients do not enter direct personal identifiers into the NVDRS web-based system , it is potentially possible for someone to use the entered data to link with external information to identify an individual decedent, family members, or perpetrators. This is particularly problematic given the high profile nature and media coverage of some of these cases (e.g., homicides with multiple victims or homicide followed by suicide). Given the sensitive nature of the data in NVDRS (e.g., specific circumstances, law enforcement reports, substance use, mental health diagnoses, crime and criminal activity, and suspect information) and the potential for identification if the data are used</p>

	<p>inappropriately, access is limited to 1. Pre-defined queries using the WISQARS platform and 2. Researchers who have completed the RAD review application process.</p>
<p><b>How Access Will Be Provided for Data</b></p>	<p>The NVDRS RAD review committee consists of a panel of scientific and data analysis experts within CDC’s National Center for Injury Prevention and Control. Upon receipt of the proposal package, a committee will review the submission to ensure it meets the requirements established to protect the confidentiality of the data. In each proposal, the review committee will look for the following criteria:</p> <ul style="list-style-type: none"> <li>•Scientific and technical feasibility of the study</li> <li>•Qualifications of all people who will have access to the data</li> <li>•Consistency between requested data and study goals</li> <li>•Description of any additional data that will be linked to NVDRS RAD data</li> <li>•Anticipated publications or other dissemination of results</li> <li>•Risk of disclosure of restricted information</li> <li>•Protections in place to maintain confidentiality of the data</li> <li>•A legitimate public health purpose will be served by use of the data</li> </ul> <p>The committee reviews proposals as they are received, and typically responds within 3-4 weeks. An incomplete proposal package will be returned upon receipt. The review of complex projects that require extensive communication between NVDRS staff and the applicants may take longer to complete. When a proposal is approved, the principal investigator will be notified by email and will receive the data via FTP (file transfer protocol). Investigators are permitted to conduct only those analyses that have received approval. RAD requesters can request a copy of and submit a completed amendment form to <a href="mailto:nvdrs-rad@cdc.gov">nvdrs-rad@cdc.gov</a> to add data years, to request permissions for new investigators/staff that will be added to an approved project, and to request permission to modify the scope of the study. Requests to add data years to an existing project that has been approved will be expedited; in this case, a committee review is not required. CDC reserves the right to deny or terminate any project at any time when it deems an investigator’s/researcher’s actions may compromise confidentiality or ethical standards of behavior in a research environment. Failure to comply will result in the cancellation of the research activity and exclusion from future research activities using the NVDRS RAD.</p>
<p><b>Plans for archival and long-term preservation of the data</b></p>	<p>Records will be kept according to the CDC Records Retention Schedules. All CDC Records Control Schedules are media neutral and therefore are applicable to all records regardless of format. Records having met their records retention schedule will be disposed of appropriately. Records may be kept longer for programmatic purposes.</p>



## Spatiality (Geographic Location)

Country	State/Province	County/Region
Puerto Rico		
United States		

## Determinations

Determination	Justification	Completed	Entered By & Role
HSC: <b>Does NOT Require HRPO Review</b>	Not Research / Other  <i>45 CFR 46.102(I)</i>  Other - Surveillance System	12/13/19	Angel_Karen C. (idy6) CIO HSC
PRA: <b>PRA Applies</b>		12/13/19	Angel_Karen C. (idy6) OMB / PRA
ICRO: <b>Returned with No Decision</b>		12/13/19	Zirger_Jeffrey (wtj5) ICRO Reviewer