SUPPORTING STATEMENT: *PART A*

The National Violent Death Reporting System

OMB# 0920-0607

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Point of Contact:
Brenda Nguyen, MPH
Centers for Disease Control and Prevention
Atlanta, GA 30341

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Summary Table

- Goal of the project: This is a revision request for the National Violent Death Reporting System (NVDRS - OMB# 0920-0607). NVDRS is a state-based surveillance system developed to monitor the occurrence of violent deaths and suicides (i.e., homicide, deaths due to legal intervention, deaths of undetermined intent, and unintentional firearm deaths) in the United States (U.S.) by collecting comprehensive data from multiple sources (e.g., death certificates, coroner/medical examiner reports, law enforcement reports) into a useable, anonymous database.

- Intended Use of the Resulting Data: Comprehensive surveillance data on violent deaths and suicides are needed to describe and characterize such incidents, describe the associated risk factors and circumstances that precipitated the incident, and inform prevention programs, policies, and practices at the local, state, and national levels.

- Methods to be Used to Collect: For NVDRS, each state, District of Columbia, and U.S. territory (referred to hereinafter as "states") is funded to abstract standard data elements from three primary data sources: death certificates, coroner/medical examiner reports, and law enforcement reports into a web-based data entry system, supplied by CDC.

- The subpopulation to be studied: Individuals who die from a violent death or suicide.

- How data will be analyzed: NVDRS is an ongoing surveillance system that captures annual violent death and suicide counts and circumstances that precipitate each incident. CDC aggregates de-identified data from each state into one national database that is analyzed and released in annual reports and other publications. Descriptive analyses such as frequencies and rates will be employed. A restricted access database is available for researchers to request access to NVDRS data for analysis and a web-based query system is open for public use that allows for electronic querying of data.

A. JUSTIFICATION

This is a revision request for the currently approved National Violent Death Reporting System (NVDRS) - OMB# 0920-0607, expiration date 9/30/2025. With this revision, CDC is requesting OMB approval for an additional 3 years to continue data collection efforts. Extensions and revisions have been requested in the past; CDC received initial OMB approval in November 2004 and renewals in January 2007, November 2009, September 2012, June 2013, October 2014, November 2017, July 2020, and September 2022.

The last request that was approved in September 2022 was to 1) implement updates to the web-based system through various software releases (to improve performance, functionality, and accessibility; 2) add thirteen new data elements to the web-based system: housing instability, history of non-suicidal self injury/self harm, household known to local authorities, caregiver use of corporal punishment contributed to child death, children present and/or witnessed fatal incident, prior child protective services report on child victim's household, substance abuse in child victim's household, caregiver burden, history of traumatic brain injury, family stressor, life transition/loss of independent living, non-adherence to mental health/substance abuse treatment, and disaster exposure (revisions to existing variable); 3) add the School Associated Violent Death (SAVD) module (only applicable to school-related incidents meeting certain inclusion criteria) to NVDRS Software 2.2 in order to capture such incidents. The SAVD module is a tab in the NVDRS web-based system that only applies to SAVD; 4) add new variables that have been incorporated into NVDRS 2.3 software. These variables are: victim known to local authorities, no substance(s) given as cause of death (on toxicology tab) and type of physical health problem; and 5) add the Public Safety Officer Suicide Reporting module to NVDRS Software 2.4 to capture more detailed information on suicides among public safety officers. This module includes information specific to first responders and builds upon elements collected as part of current NVDRS. Like the SAVD module, it is a tab in the NVDRS web-based system that only applies to a subset of incidents.

Minor software updates were released in September 2022 (version 2.5) for adding the county of death, dashboard modification, toxicology modifications, and bulk record validation. Another minor update was issued in February 2023 (version 2.6). In September 2023, the application and database were moved to the cloud.

This request includes several minor revisions: 1) implement updates to the web-based system to improve performance, functionality, and accessibility, 2) add new data elements to the system, and 3) make minimal revisions to the NVDRS Coding Manual.

The updates to the web-based system are as follows:

- Software Enhancements: While not involving any changes to data elements collected, software enhancements have improved functionality in the Toxicology module of the system, record validation, and data import.
- Dashboard modifications: The Victim Data Quality report was updated to reflect revised standards for timely initiation of NVDRS cases. In addition, it shows data of victims with circumstances from multiple data source to better reflect the standard for inclusion in the national dataset. Bulk record validation: this function generates error reports on demand for

incidents that do not meet NVDRS quality standards. It gathers all the error, warning, and quality messages together into a single CSV formatted text file that can be opened in Excel or any number of programs.

- Toxicology modifications: To give programs better control over the ordering of substances entered on the Toxicology Findings, a function was added to allow users to move substances up and down. This makes it easier for programs to ensure substances are entered in the same order as they appear on a toxicology report.

The new data elements to the system as part of a web-based system software update (version 2.7) are as follows:

- Changes to Race and Ethnicity Data Elements: To bring NVDRS into alignment with the U.S. Standard Certificate of Death developed by the National Center for Health Statistics (NVSS - Revisions of the U.S. Standard Certificates and Reports, detail sub-categories have been added to the "Asian" and "Native Hawaiian or Other Pacific Islander" categories. The Asian category will now include: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, and Other Asian. The Native Hawaiian or Other Pacific Islander category will now include: Native Hawaiian, Guamanian or Chamorro, Samoan, and Other Pacific Islander. There are plans to make necessary revisions to the NVDRS data elements to comply with the *Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity* (SPD 15) by March 28, 2029;
- Place of Death: In addition to the state of death, which has been collected from the start of the NVDRS, the County of Death has been added;
- Changes to Mental Health and Substance Abuse Data Elements: Data elements that have grouped mental health and substance abuse treatments together are being expanded to distinguish the two. "Current mental health/substance abuse treatment" will be expanded with two child elements, "Current treatment for mental health problem" and "Current treatment for substance use/misuse problem." Similar expansions will be made to the elements "Ever treated for mental health or substance abuse problem" and "Non-adherence to mental health/substance abuse treatment."
- Creation of a new Rapid Reporting Feature: This feature is in development. All of these aforementioned modifications to system software are detailed with screen captures in Attachment 5.

The revisions to the Coding Manual will include the following:

- Guidance on the new data elements added to web-based system software update.
- Clarification on existing guidance. For instance, "Type of Location Where Injured" data element will be updated to indicate that if a victim was fatally injured in any location on school property (e.g., park, playground, ball field, parking lot, vehicle), "Elementary or middle school" or "High school," should be coded as appropriate. Additionally, guidance for "Justifiable self-defense" data element will be revised so that legal intervention deaths are not automatically coded as justifiable self-defense.
- Terminology updates for clarity. For example, the "Firearm Type," category "Other (e.g., handmade gun)" will be revised to "Other (e.g., hand/homemade gun, privately made firearm, 'ghost gun')."

Authority for CDC's National Center for Injury Prevention and Control to collect these data is granted by Section 301 of the Public Health Service Act (42 U.S.C. 241) (Attachment 1). This act gives Federal health agencies, such as CDC, broad authority to collect data and carry out other public health activities, including this type of surveillance system.

1. Circumstances Making the Collection of Information Necessary

Background

Violence is a major public health problem. The World Health Organization has estimated that 703,000 suicides occurred in 2019 worldwide[i] and 458,000 homicides occurred in 2021 worldwide[ii]. Violence against others or oneself is a major public health problem in the United States and is a particular problem for the young: suicide and homicide were among the top 4 leading causes of death for Americans 10-44 and 1-34 years of age in 2022, respectively[iii]. A key to preventing these violent deaths is to understand and target their circumstances (the "who," "when," "where," and "how").

Given the magnitude of the problem, it is noteworthy that no national surveillance system for violent deaths existed in the U.S. until the NVDRS was developed. In contrast, the federal government supported extensive data collection efforts for several 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 resulted in 33,244 deaths among U.S. residents in 2019[iv]. 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[v].

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[vi]. 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 was administered by the Harvard Injury Control Research Center and included 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. In fiscal year 2002, the first appropriation from Congress was approved for $1.5 million to start the new system, called the National Violent Death Reporting System (NVDRS)[vii].

NVDRS 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. NVDRS collects data on violent death, 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. This includes all homicides, suicides, and deaths occurring when law enforcement exerts deadly force in the line of duty. In addition, NVDRS states are required to collect information about unintentional firearm injury deaths (i.e., incidents in which the person causing the injury did not intend to discharge the firearm) and on deaths where the intent cannot be determined ("undetermined deaths") but where there is evidence that force was used. Although these deaths are not considered violent deaths by the above definition, information is collected on these types of death because some of these deaths may have been violent. The collection of this data comes from three primary data sources: death certificates, coroner, or medical examiner reports (some states have coroner systems while others have medical examiner or combined systems), and law enforcement records. Most states find it easiest to begin data collection with death certificates because the state health department itself collects death certificates. An average of 250 data elements are collected on each incident. If all optional modules are used (which is highly unlikely), up to 600 data elements (Attachment 6) could be collected per incident.

Whenever a homicide or suicide occurs in or around school, it becomes a matter of particularly intense public interest and concern. Data from the SAVD module will continue to contribute to the understanding of fatal violence associated with schools, guide further research in the area, and help direct ongoing and future prevention programs. The separate historic School Associated Violent Death Surveillance System (SAVD-SS) data collection is authorized under Section 301 of the Public Health Service Act (42 USC 241) (Attachment 1) authorizes CDC to conduct research relating to the prevention and control of disease, Section 391 of the Public Health Service Act (42 USC 280b) Section 42 USC 242(k), and 42 USC 242(m). The Confidentiality Assurance under this law protects the privacy of people and organizations taking part in this study. It keeps their names and other facts that can identify them from anyone who is not on the study staff. SAVD was incorporated into NVDRS in the previously approved revision that was approved on 9/14/2022.

These system changes (primarily web system updates) should not result in an increased burden in collecting data on violent deaths (see Table A-12).

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. 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. It is not enough to know the magnitude of violence. It is also important to understand what factors protect people or put them at risk for experiencing violence. The collection of such information will help identify where prevention efforts need to be focused. Without this information, violence prevention efforts are often based on anecdotal, nonscientific information. This program addresses the Healthy People 2030 focus area of Injury and Violence Prevention[viii].

We need to continue this surveillance system to increase our knowledge regarding events that

surround the occurrence of a violent death. States and jurisdictions that currently collect this data have increasingly recognized the value of such a system. Violent death data gathered by states is being used to guide the development of reports, modify annual prevention plans, and inform prevention strategies. The system is helping states to collaborate with data partners that have not existed in the past.

This update differs from what was requested in the previous ICR in a few ways. The web-based data collection system will be updated to improve performance, functionality, accessibility, content and flow. Specifically, changes will be made to add county of death, and mental health and substance abuse data elements will be revised. Changes will be made to race and ethnicity data elements, adding detail to the Asian and Native Hawaiian or Other Pacific Islander racial categories. This brings NVDRS data elements in line with National Center for Health Statistics Uniform National Death Certificate. Further detail will be added, including a North African or Middle Eastern designation, in future releases to comply with standards outlined in OMB SPD-15 on collection of race and ethnicity information. There is a new feature to the NVDRS web-based system titled the Rapid Reporting Feature which will allow CDC and VDRS programs to run reports of various descriptors and assess data completeness. A series of software enhancements, mentioned previously, will also be implemented to improve system functionality.

Since 1995, the CDC, along with the U.S. Department of Education and the U.S. Department of Justice, have conducted SAVD-SS, an ongoing study of violent deaths that occur in and around elementary, middle, and secondary schools in the United States. SAVD-SS monitors school-associated violent deaths and suicides across the U.S. by abstracting data from media reports and presents data available on school-associated violent deaths, common features of these events, risk factors for perpetration and victimization. the SAVD module collects data on school-associated violent death, defined as homicide, suicide, or legal intervention death in the United States, in which a fatal injury occurred 1) on the property of a functioning public or private K-12 school property, 2) on K-12 school-sponsored transportation, or 3) while attending K-12 school-sponsored event. This information includes, in part, the school history, legal history, family history, and psychological history on the victims and/or perpetrators The SAVD data are used by CDC scientists to help understand and prevent the occurrence of school-associated violent deaths.

CDC will continue collecting detailed data on school associated violent deaths via two different platforms with different methodologies. The SAVD-SS staff will be responsible for data collection regarding these deaths in the areas that have not yet achieved statewide coverage and therefore some counties in these states are not yet covered by NVDRS (namely a few counties in California, Florida, and Texas). Statewide coverage is estimated to occur with the 2026 NVDRS data collection cycle. Therefore, data collection on school associated violent deaths that occur in the 2022-2025 cycle will still occur through two mechanisms: the historic SAVD-SS and the NVDRS platform. Data collection will transition entirely to the NVDRS once there is the capability for nationwide coverage of the collection of school-associated violent deaths through NVDRS. This may occur before the end of this study cycle.

Publications that have used NVDRS data both at the state and national level[ix] are included in Attachment 9.

3. Use of Improved Information Technology and Burden Reduction

The NVDRS transitioned in 2013 from a distributed software system with data entry housed in each state health department to a cloud-based data entry system that uses a streamlined coding system to facilitate data abstraction efficiency.

Data entry is accomplished in health department (or their bona fide agent's) offices or in the field in the offices of coroners, medical examiners, and law enforcement via a secure internet platform. States have the option of electronically importing death certificate and coroner/medical examiner (C/ME) data into the system. The import function reduces the burden for manual entry and paper copies. Law enforcement data are manually entered from the records into the NVDRS web system. Usually states manually enter C/ME data into the system. The data collection interface includes internal validation checks and quality control measures. To help increase data quality, state project personnel are provided coding training through a detailed coding manual (Attachment 7), online help functions, webinars, monthly coding workgroup calls, and the NVDRS Coding Help Desk. Software questions are addressed via monthly state calls and the NVDRS Software Help Desk. Data are transmitted in real time via the web to the CDC-based server.

4. Efforts to Identify Duplication and Use of Similar Information

Continuous review of data collected and disseminated by private and public agencies indicates that 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.

- Death Certificates from the National Vital Statistics System record mainly counts of deaths, including homicide and suicide. The system only provides decedent demographics, incident location, and method of death and does not provide information on risk factors for violent deaths, such as mental health and criminal history.

- Local and Federal criminal justice agencies such as the Federal Bureau of Investigation (FBI) provide slightly more information about homicides, but they do not routinely collect standardized information about suicides, which occur more frequently than homicides. The FBI's Supplemental Homicide Report (SHR) collects basic information about victim-suspect relationship and circumstances related to the homicide, however SHR does not link violent deaths that are part of one incident such as homicides-suicides. SHR is also a voluntary system in which very few departments nationwide participate. The FBI's National Incident Based Reporting System (NIBRS) provides slightly more information than SHR but covers less of the country than SHR. NIBRS also only provides data on homicides.

- Other morbidity and mortality data systems only collect information on select outcomes

in select populations. The Department of Defense Suicide Event Report (DoDSER) collects data on suicides and suicidal behaviors among US military personnel. The Department of Justice's Data collection systems such as the Deaths in Custody Reporting Program and the National Corrections Reporting Program all have the general purpose to report on health conditions and outcomes of persons in various correctional institutions or under the jurisdiction of law enforcement agencies. The National Intimate Partner and Sexual Violence Survey (NISVS) collects self-report data specifically on sexual violence, stalking, and intimate partner violence.

- The School Associated Violent Death Surveillance System Data collection will be phased out and all deaths will be captured in NVDRS once there is the capability for nationwide coverage of the collection of school-associated violent deaths through the NVDRS SAVD module. To reduce duplication of efforts, in the interim, NVDRS will collect data for most of the U.S. using the NVDRS SAVD module, which builds upon current NVDRS infrastructure. SAVD study staff will abstract information from all remaining cases in select counties not currently captured by NVDRS. Eventually, the goal is to capture all school-associated violent deaths through NVDRS which will eliminate any duplication of efforts.

- Public safety personnel have been noted in the literature to be at an increased risk of suicide. Collecting information about suicides among this population using the public safety officer module will allow for more detailed analysis of the circumstances and other contextual factors regarding suicides in this population and will build upon current NVDRS infrastructure.

CDC's State Unintentional Drug Overdose Reporting System (SUDORS) is a state-based surveillance system developed to provide more timely data on fatal opioid overdoses and in-depth information on risk factors. NVDRS does not collect information on unintentional drug overdoses. Although SUDORS added overdose-specific variable fields to the NVDRS web-based system, the collection of this data is not part of NVDRS. NVDRS and SUDORS collect information on drug-related deaths of undetermined intent, although SUDORS does not collect law enforcement data on these incidents. SUDORS has a shorter period for data collection than does NVDRS. NVDRS has established regular meetings with colleagues working on SUDORS and is actively communicating with SUDORS colleagues.

Furthermore, no system to date has attempted to combine information on violent deaths from such a variety of sources on such a scale. Prior to NVDRS' launch, information on violent deaths (i.e., homicides, suicides, legal interventions (excluding legal executions), and unintentional firearm deaths) was fragmented across a variety of databases and data sources and collected in a non-standardized manner. NVDRS solved this problem by allowing participating states to combine data from law enforcement reports, coroner/medical examiner reports, and death certificates into a useable anonymous surveillance database. NVDRS provides a complete picture by 1) linking multiple deaths (e.g., multiple homicides, suicide pacts, and cases of homicide followed by the suicide of the suspect) into a single record, and 2) collecting information on who dies violently, where victims are killed, and when and how they are killed. NVDRS also collects information on the suspect and the relationship of the

victim to the suspect to better characterize homicides. Finally, NVDRS is the first system to collect brief narratives that provide what factors contribute or precipitate the death, including victim-suspect relationship, mental health history, and personal stressors.

Currently, in efforts to comply with OMB requirements, NCIPC/NVDRS is engaged in ongoing dialogue with the National Center for Health Statistics (NCHS). Scientists from NCHS have presented updates on the National Vital Statistics System (NVSS) at NVDRS Reverse Site Visits, in December 2014, May 2016, December 2016, May 2017, December 2018, May 2019, May 2021 (virtual meeting), May 2022, May 2023, and May 2024. During these NVDRS reverse site visits, NVDRS management staff also interfaced with NCHS for discussions about NVDRS. Reports of these efforts are provided (Attachment 8). NVDRS will continue to invite NCHS to interface with NVDRS states to discuss any recent developments or issues with obtaining timely and accurate death certificate records.

NCIPC/NVDRS has continued to collaborate with NCHS on data integration. Previous efforts with NCHS have been described previously and a summary of activities that have occurred from June 2021 – September 2024 is available in Attachment 8. Some highlights are described here. In June 2023, the Mortality Surveillance Team (MST) attended a follow-up meeting to May meeting in Atlanta with the Medicolegal Death Investigation (MDI) Fast Healthcare Interoperability Resources (FHIR) Implementation Collaborative, MST participated in the conversation and NCHS talked about their vision/next steps for this Collaborative. After the meeting, Mr. Scott Van Heest (MST IT Specialist) gave updates on the NVDRS Data Modernization Initiative (DMI) work and Dr. Janet Blair (MST Lead) introduced Dr. Margy Warner (COMEC Director) to the NCIPC's Office of Informatics Director to continue discussions about the ongoing DMI work in NCIPC and how to optimize investments. In December 2023, MST participated in a Surveillance Data Roundtable at the Medicolegal Death Investigation (MDI) Connect In-Person Meeting sponsored by NCHS' COMEC Office. Dr. Janet Blair (MST Lead) presented information on NVDRS and the role of C/ME partners. Dr. Kristin Holland (SB Chief) presented information on suicide. The group brought together a motivated group of Vital Registrars, coroners, and medical examiners (C/MEs) as well as Federal/State/Local/Tribal stakeholders to learn from each other, test new approaches to interoperability of systems, and demonstrate how standards-based technologies and techniques can be reused across the country to maximize benefit. The group hopes to adopt approaches that create value and reduce burden for data providers as well as data requestors (e.g., making C/ME and electronic death registration system [EDRS] systems more interconnected to support the secure flow of real-time mortality data). We are interested in learning more about opportunities to help ensure efforts are aligned.

5. Impact on Small Businesses or Other Small Entities

For NVDRS: This study does not impact small businesses or other small entities. It impacts public agencies such as health departments, police departments, sheriffs' offices, crime labs, and medical examiner/coroner offices, whose records are accessed during data collection. Several data items have been flagged as optional items to allow these agencies to reduce the amount of data they collect at their discretion.

For SAVD-SS: No small businesses or small non-profit organizations will be involved in this

study. The only small government jurisdiction that may be affected by this system is a school district, whose employees may be asked to participate in the study if a case occurred at a school within their specific district. As described in more detail below, this impact should be minimal, involving at the most, one hour of a school official's time.

6. Consequences of Collecting the Information Less Frequently

For NVDRS: Continual public health surveillance 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, target violence prevention efforts, and to evaluate the impact of prevention programs. The web-based data entry system allows states to see any trends much quicker than previously available, as data are continuously updated and accessible.

SAVD-SS is an ongoing data collection effort. If this information is not collected in a timely manner, it will not be possible to accurately assess trends in school-associated violent deaths. Without these data it will be difficult to determine the impact of federally funded programs to reduce school related violence. Since there is no other source for data on school-associated violent deaths, researchers, policy makers, and the general public will be dependent upon the media to supply this information. Due to the rarity of these events, it is unlikely that data sources would be contacted more than once. There are no legal obstacles to reduce the burden.

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

There are plans to make necessary revisions to the NVDRS data elements to comply with the *Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity* (SPD 15) by March 28, 2029. The program is dependent on the software developers to update the Partners' Portal and this will take time and they have identified the timeline to complete the changes. This data collection complies fully with the guidelines in 5 CFR 1320.5.

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

A. Federal Register Notice
A 60-day Federal Register Notice was published in the Federal Register on November 4, 2024, vol. 89, No. 213, pp. 87588-9 (Attachment 2). CDC received no public comments.

B. Efforts to Consult Outside the Agency

For NVDRS: NCIPC maintains a partnership with the national organizations that represent the major data sources used by NVDRS. The organizations include the National Association of Medical Examiners (NAME), the National Association of Public Health Statistics and Information System (NAPHSIS), the International Association of Chiefs of Police (IACP), the National Sheriff's Association (NSA), and the Small and Rural Law Enforcement

Executives Association (SRLEEA). NVDRS also has close partnerships with the American Public Health Association (APHA), Council of State and Territorial Epidemiologists (CSTE), Safe States Alliance, and the American College of Preventive Medicine (ACPM), all of which comprise national injury and violence experts who can provide feedback regarding the content of this system. In 2018, NVDRS participated in a meeting with the IACP, NSA, APHA, and law enforcement stakeholders from several agencies. With this meeting, future goals included strategizing ways to increase awareness of NVDRS with law enforcement. In 2021, CDC held a series of roundtable discussions with law enforcement partners. The purpose of these convenings was to discuss the best ways to engage LE and to gain their continued contribution of critical data for NVDRS. The purpose of the meeting was to exchange facts and information. The attendees provided individual advice.

Partner organizations also participate in the Reverse Site Visit to discuss their role in helping to promote participation in NVDRS and efforts to help provide timely data.

Such collaborations have helped to optimize investments.

The following persons from outside the agency reviewed the SAVD survey instrument and study design, including components related to the availability of data, the frequency of data collection, the clarity of instructions and record keeping, and the specific data elements to be collected:

a. William Modzeleski, MA, formerly of Safe and Drug Free Schools Program, U.S. Department of Education.

b. Paul Kesner, Director, Drug-Violence Prevention – State Programs, Office of Safe and Drug-Free Schools.

c. Phelan Wyrick, PhD, Division Director, Crime and Crime Prevention Research Division, Director, Comprehensive School Safety Initiative, National Institute of Justice, U.S. Department of Justice

d. Lloyd Potter, PhD, Department of Demography and Organization Studies
The University of Texas at San Antonio

e. Kenneth Powell, MD, MPH, Georgia State Department of Health

These consultations did not reveal any major problems that could not be resolved. No consultations have occurred since SAVD transitioned to abstraction of law enforcement and media records.

Consultation with representatives of those from whom information is obtained is not possible given the specific nature of the events about which data are collected and the rarity of these occurrences. Contacts with respondents with knowledge regarding these rare events are limited to those to facilitate data collection in order to reduce burden. In addition, once a case has been confirmed, a case identification number is assigned, and all links to any information

that can identify the school, the individuals involved, or the locations involved are destroyed or stored separately in a password-protected file within a directory on the NCIPC DVP LAN. This password-protected file can only be accessed under extraordinary circumstances.

Consultations with violent death reporting system abstractors and NCIPC's Information Technology staff for the new variables described in updates (2) and (4) of this request.

9. Explanation of Any Payment or Gift to Respondents

Public agencies (i.e., the respondents) will not receive payments or gifts for providing information.

10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

NCIPC's Information Systems Security Office has determined that the Privacy Act does not apply for NVDRS. The Privacy Impact Assessment (PIA) is attached (Attachment 3).

Sensitive information is collected by state health departments from the vital statistics (death certificates), coroner/medical examiner records and law enforcement records, however 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. Thus, data collection will have little or no effect on the respondent's privacy. States treat their data in a secure manner and protect it with all applicable state laws for the protection of public health surveillance information.

CDC and state health departments (or their bona fide agents) will conduct analyses of the data and share aggregate results with the public through a public use dataset.

To ensure privacy and anonymity, several procedures will be implemented:

- Data are maintained securely throughout the data collection and data processing phases.
- Data are primarily stored on a secure CDC-based server accessed via a secure web platform. Supplemental data may be stored at the state level in secured computers that reside within state health department firewalls.
- The CDC system does not store personal identifying information such as names, address, SSN, date of birth, etc.
- NVDRS follows 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. Institutional Review Board (IRB) and Justification for Sensitive Questions

IRB Approval
The CDC National Center for Injury Prevention and Control's OMB and Human Subjects Liaison has determined that IRB approval is not needed for this non-research surveillance work. No personal information will be collected, and human participants will not be used (Attachment 4)

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 information is critical for the identification of preventive measures.

The SAVD-SS is covered under an Assurance of Confidentiality. The 308(d) Assurance of Confidentiality has been used to prevent disclosure of data. In particular, reporters from several media outlets and independent researchers have submitted FOIA requests to obtain raw data from the SAVD-SS. The Assurance of Confidentiality has prevented CDC staff from having to share these confidential data that contain personal identifiable information (PII).

12. A. Estimates of Annualized Burden Hours and Costs

There are no standard paper data collection forms to be used by states because states will be abstracting information from electronic or paper vital statistics, coroner/medical examiner, and law enforcement records into the CDC web-based data system (Attachment 5). We are using our over 10 years of experience working with states to estimate the annualized burden hours and costs.

The burden was estimated as follows:

- NVDRS is currently in 50 states, the District of Columbia, and Puerto Rico. However, for the previous OMB package and for this package, the burden was calculated for 56 states (respondents) reporting 56,000 violent deaths which averages to 1,000 deaths per state. The burden estimate includes projected hours for 56 states that includes 50 states, the District of Columbia, the territory of Puerto Rico, and 4 U.S. territory health departments (Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, and the U.S. Virgin Islands).
- The number of violent deaths per year in an average state we estimated by dividing the total number of deaths nationwide (≈ 80,000) by 56. In 2022, 80,746 deaths in the U.S. were classified as either homicides, legal intervention, suicides, or undetermined deaths.[iii]

- There are no national estimates of unintentional firearm deaths, however, data from 48 NVDRS states, District of Columbia, and Puerto Rico showed that these deaths accounted for less than 1% of violent deaths recorded in these states in 2021[xvi].

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. Not all incidents will require completion of the SAVD Module or Public Safety Officer Suicide Reporting Module.

Table A.12-A. 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
Public Agencies	Web-based Data Entry (Att 5)	56	1,350	30/60	37,800
	School Associated Violent Death Module (in Att 5)	45	1	30/60	23
	Public Safety Officer Suicide Reporting Module (in Att 5)	56	429	10/60	4,004
Total					41,827

B. Estimated Annualized Respondent Burden Costs:

There are no direct costs to public agencies; the data are routinely available in each reporting office as a by-product of their on-going activities. The staff who are retrieving records will vary across agencies. Therefore, we used the average hourly salary of office and administrative support staff of $23.05[xvii] Public agencies who retrieve and refile records estimate costs at [37,800 burden hours x $23.05/hour] = $871,290. In some cases, state health departments may subcontract with the public agencies or otherwise find a way to defray these costs.

Table A.12-B. Estimated Annualized Burden Costs

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Cost
Public Agencies	Web-based Data Entry (Attachment 5)	56	1,350	30/60	37,800	$23.05	$871,290

	School Associated Violent Death Module	45	1[xviii]	30/60	23	$23.05	$530.15
	Public Safety Officer Suicide Reporting Module	56	429[xix]	10/60	4,004	$23.05	$92,292.20
Total							$964,112.35

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

Respondents will incur no capital or maintenance costs.

14. Annualized Cost to the Government

Total annual contractual and government staff costs for NVDRS and SAVD-SS are $ 3,231,000 (NVDRS) + $159,566 (SAVD-SS) = 3,390,566 These costs fall into several categories, listed below.

NVDRS Contractor phases, tasks, and estimated costs

Labor	COST
MISO contract for maintenance of the data collection software	$300,000
Contracts and cooperative agreements with national partners	$750,000
Total Estimated Contract Costs	**$1,050,000**

NVDRS Government costs

Personnel	Tasks	Avg. cost/yr.
Senior Scientist	Program oversight	$160,000
6 Epidemiologists	Technical assistance and data usage	$849,000
7 Public Health Advisors	Programmatic, budgetary, administrative management & oversight	$780,000
Computer Informatics Specialist	Database design	$100,000

Computer Scientist	Data quality assurance	$155,000
Statistician	Data analysis	$137,000
Sub-total		**$2,181,000**

This is a multi-year project, with most 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 two percent (2%) cost of living.

SAVD-SS Costs

SAVD is planned as an ongoing surveillance project, with recurring survey preparation and design, data collection, and preparation and analysis of survey results. The government costs are the personnel costs of federal staff involved in oversight, design, and analysis. No outside contractors will be used. There will be no printing or publication costs for the government.

SAVD Government costs

Position	Tasks	Avg time / yr.	Avg. cost/yr.
Lead behavioral scientist	oversight and supervision	10%	$ 3,570
Principal investigator	oversight; coordination of data collection; management of study information; quality assurance implementation	100%	$ 87,219
Project analyst	case identification; data collection; data analysis and interpretation	100%	$ 68,597
Annualized federal costs:			**$159,566**

15. Explanation for Program Changes or Adjustments

There are minimal changes for NVDRS. This continuation request is for minor revisions to the system: 1) implement updates to the web-based system to improve performance, functionality, and accessibility, 2) add new data elements to the system, and 3) make minimal revisions to the NVDRS Coding Manual.

There is no estimated increase change in burden from the last OMB. States will request

the same records from the same public agencies that they are currently requesting.

NVDRS has always had the goal to be a nationally representative surveillance system, operating in all 50 states, the District of Columbia, and U.S. territories. NVDRS is currently in all 50 states, the District of Columbia, and Puerto Rico. In the previous OMB approval, we calculated the number of respondents to be 56, which included 50 states, the District of Columbia, the territory of Puerto Rico, and 4 U.S. territory health departments (Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, and the U.S. Virgin Islands). Our request is to continue with the number of respondents at 56.

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 the Morbidity and Mortality Weekly Report *(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**
Final analysis files	16 months after the data year
Restricted Access Data files	16 months after the data year
MMWR	At least one article per year
NVDRS data query system	Updated annually

Annual reports will include crude and age-adjusted rates for suicide, homicide, deaths of undetermined intent, deaths due to legal intervention, and unintentional firearm injury. Sex, race, and age-specific rates are also presented. The percent of different types of violent deaths associated with specific circumstances, eg, a history of substance abuse, will be presented. No sophisticated statistical techniques (e.g., weighting) 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. Data are entered into the web-based system either manually or electronically by importing death certificate and/or coroner/medical examiner (C/ME) data into the system (Attachment 5). 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.

[i] Suicide worldwide in 2019: global health estimates. Geneva: World Health Organization;2021. Licence: CC BY-NC-SA 3.0 IGO. Retrieved from https://www.who.int/publications/i/item/9789240026643.

[ii] United Nations Office on Drugs and Crime (UNODC), Global Study on Homicide 2023 (Vienna, 2023). Retrieved from https://www.unodc.org/documents/data-and-analysis/gsh/2023/Global_study_on_homicide_2023_web.pdf.

[iii]Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2022 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2022, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10-expanded.html
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[iv] U.S. Department of Transportation. Data Sources:Fatality Analysis Reporting System (FARS): 2005-2018 Final File and 2019 Report File (ARF). Retrieved from https://cdan.dot.gov/query

[v] U.S. Department of Transportation. Report to Congress NHTSA's Crash Data Programs. Washington, DC; 2010. Retrieved from https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/811337

[vi]Bonnie RJ, Fulco CE, Liverman CT, eds. Reducing the burden of injury: advancing prevention and treatment. Institute of Medicine. Washington DC: National Academies Press, 1999. Retrieved from http://www.nap.edu/openbook.php?record_id=6321.

[vii]Blair JM, Fowler KA, Jack SPD, Crosby AE. The National Violent Death Reporting System: overview and future directions. Inj Prev 2016;22(Suppl 1): i6–11.

[viii] US Department of Health and Human Services. Healthy People 2030. Washington, DC: CDC; 2020. https://health.gov/healthypeople/objectives-and-data/browse-objectives/violence-prevention

[ix] Reports can be found here https://www.cdc.gov/nvdrs/resources/index.html

[x] Webpage address for each state health department, where the NVDRS reports can be found are located here https://www.cdc.gov/nvdrs/about/state-profiles.html

[xvi] Nguyen BL, Lyons BH, Forsberg K, et al. Surveillance for Violent Deaths - National Violent Death Reporting System, 48 States, the District of Columbia, and Puerto Rico, 2021. MMWR Surveill Summ. 2024;73(5):1-44. Published 2024 Jul 11. doi:10.15585/mmwr.ss7305a1 .

[xvii] Bureau of Labor Statistics (May 2023). Occupational employment statistics. National industry specific and by ownership. Retrieved from https://www.bls.gov/oes/current/oes430000.htm

[xviii] Estimate based upon the School Associated Violent Death Surveillance System OMB Package (SAVD-SS, OMB# 0920-0604).

[xix] Peterson C, Sussell A, Li J, Schumacher PK, Yeoman K, Stone DM. Suicide Rates by Industry and Occupation — National Violent Death Reporting System, 32 States, 2016. MMWR Morb Mortal Wkly Rep 2020;69:57–62. DOI: http://dx.doi.org/10.15585/mmwr.mm6903a1 (Estimate for protective service occupations: https://stacks.cdc.gov/view/cdc/84275 although all of these professions will not be included, and these data are from 32 states)