

Sign-on Letter to Support the Creation of the National Violent Death Reporting System (NVDRS) within the CDC

Letters were sent to the Chairs of House and Senate Labor-HHS Appropriations Subcommittees and the Secretary of HHS

The Honorable Ralph Regula
U.S. House of Representatives
House Appropriations Committee
Labor, Health and Human Services and
Education Subcommittee
2358 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Regula:

As organizations representing health professionals, parents, children, and others concerned about the damaging effects of violence on physical and mental health, we urge that at least \$10 million be appropriated to the Centers for Disease Control and Prevention (CDC) to support the establishment of a National Violent Death Reporting System (NVDRS). **The NVDRS is one of several injury prevention activities for which an additional \$3 million is requested in the President's budget for fiscal year 2002.**

The first step in addressing any public health threat is to collect accurate, comprehensive data. There are approximately 50,000 violent deaths in the United States every year due to suicide and homicide (including child abuse and domestic violence). Yet we lack information about the circumstances of such deaths that could guide prevention efforts. Data collected by police, crime labs, vital statistics registrars and coroners often are stored in separate file cabinets or computers and are not linked at the local level. A National Violent Death Reporting System would solve this problem by linking data in a uniform way and collecting reports from every state. This system would give us a clearer picture of the problem of violence and enable us to better evaluate interventions implemented by schools, social service agencies, the criminal justice system, and health care providers.

There is broad support for the National Violent Death Reporting System:

- The Surgeon General's *National Strategy for Suicide Prevention*, released in May 2001, included implementing a National Violent Death Reporting System among its goals for preventing suicides—which claim the lives of 30,000 Americans each year.

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- The Institute of Medicine (IOM) also called for a national data system in its 1999 report on injury. The IOM recommended the establishment of “a fatal intentional injury surveillance system, modeled after FARS [the Fatality Analysis Reporting System, based at the National Highway Traffic Safety Administration], for all homicides and suicides.”¹¹
- The general public supports the concept and establishment of a National Violent Death Reporting System, although the majority believes that such data collection already exists. In a recent poll, more than 80% of Americans thought that the government should collect data about violent deaths, and the same large percentage also said that they would support the proposed NVDRS. (The poll, directed by Roper Starch Worldwide, was a random digital dial sample of 1,000 completed telephone interviews conducted in May 2001.)

To establish a National Violent Death Reporting System, the federal government can build on successful models already in place:

- The Harvard School of Public Health has developed a pilot system for collecting and linking data on violent deaths in six states and six metropolitan areas. In close consultation with the Harvard project and other experts, the CDC has developed plans to build a National Violent Death Reporting System, similar to the Fatality Analysis Reporting System (FARS) for motor vehicle deaths.
- Since it was established in 1975, FARS has helped reduce traffic fatalities by providing data that have guided improvements in road and vehicle design, legislation, and prevention programs. (Since the 1970s, the rate of motor vehicle deaths has dropped substantially, and even the number of such deaths has decreased—despite a steady increase in miles traveled.)

Like FARS, the National Violent Death Reporting System would rely on federally funded state employees to collect data about fatalities from various sources (e.g., police reports, vital statistics, coroners’ reports). As under FARS, the state-level data would be compiled, analyzed and published at the federal level so that they can be applied to prevention efforts. The CDC has the expertise to coordinate such a state-based system based on its experience working with state health departments to collect data on other forms of injury and disease.

To enable the CDC to further develop and pilot a National Violent Death Reporting System in 15-20 states, we urge you to provide at least \$10 million specifically for this effort in fiscal year 2002.

If you have any questions about this issue, please feel free to contact Janis Guerney at the American Academy of Pediatrics (202/347-8600, x3007 or jguerney@aap.org), or Barbara Allen at the Child Welfare League of America (202/639-4924 or ballen@cwla.org).

Sincerely,

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Ambulatory Pediatric Association
American Academy of Child and Adolescent Psychiatry
American Academy of Family Physicians
American Academy of Pediatrics
American Association for the Surgery of Trauma
American Association of Suicidology
American College of Obstetricians and Gynecologists
American College of Physicians-American Society of Internal Medicine
American College of Preventive Medicine
American Medical Women's Association
American Osteopathic Association
American Psychiatric Association
American Psychological Association
American Public Health Association
American Society for Adolescent Psychiatry
American Society of Addiction Medicine
Child Welfare League of America, Inc.
Doctors Against Handgun Injury
National Association of Child Advocates
National Association of School Psychologists
National Association Social Workers
National Center for Health Education
New York Academy of Medicine
Physicians for a Violence-free Society
Physicians for Social Responsibility
Rehabilitation Institute of Chicago
Suicide Prevention Advocacy Network/SPAN USA

^[1] Institute of Medicine. *Reducing the Burden of Injury: Advancing Prevention and Treatment*, National Academy Press, Washington, D.C., 1999, p. 73.