



## National Violent Death Reporting System (NVDRS) Chronology

### The National Violent Death Reporting System

The 1970s and '80s saw the emergence of violence and suicide as public health concerns. It was also during that time that public health officials started talking about the need to survey, classify and track data on violent deaths on a national level so that they might be prevented. In the late 1990s, that data system — the predecessor to the National Violent Death Reporting System (NVDRS) — was created.

**1990s** Societal costs of injury-related morbidity and mortality were estimated at \$260 billion in 1995. Given the staggering costs, the Committee on Injury Prevention and Control was appointed by the Institute of Medicine in March 1997, with funding from several private foundations. The committee was directed to “make recommendations intended to further develop the field of injury prevention and control and to reduce the burden of injury in America.”

**1999** The Committee on Injury Prevention and Control released its report, *Reducing the Burden of Injury: Advancing Prevention and Treatment*, in which it suggested a tracking system for all homicides and suicides in the United States, similar to the Department of Transportation’s Fatality Analysis Reporting System (FARS). The committee said that “priority attention should be given to the improvement or expansion of existing data systems and to the development of efficient strategies for linking data across systems to gather additional and more complex information. ... The committee believes that the development of a fatal intentional injury

surveillance system is essential for a nationwide effort in reducing fatal intentional injuries.” Six foundations pooled private money to fund a pilot program called the National Violent Injury Statistics System (NVISS). The Harvard School of Public Health provided technical leadership in NVISS, with assistance from CDC officials. Most of the methods and information gathered by the NVDRS today were established by the original NVISS program.

**2000** Thirteen NVISS sites across the country began collecting comprehensive, multisource data on violent deaths. The results were appreciable almost immediately, revealing facts about violence that had not previously been recognized, such as the findings that one-third of youth suicides were associated with same-day crisis events, and that more than two-thirds of men killed themselves shortly after killing their partners. The system demonstrated that compiling multisource data on violent injuries was both feasible and valuable for a better understanding of violence. As excitement grew, Harvard University hosted a consensus meeting with public health experts, federal agency stakeholders, violence prevention groups and private foundations, where it was decided that the CDC would direct a publicly funded system to track all violent deaths. The scope and approach of the NVDRS were established, and CDC was named to lead the program. The CDC estimated that full 50-state coverage (plus the District of Columbia and the U.S. territories) would cost \$20 million annually.



## NATIONAL VIOLENCE PREVENTION NETWORK

- 2002** Congress makes its first appropriation to the CDC for NVDRS, which was funded in six states: Massachusetts, Maryland, New Jersey, Oregon, South Carolina and Virginia. Nearly 20 states had applied to CDC for the grants.
- 2003** Congress appropriated additional funds to the CDC to expand NVDRS to seven more states: Alaska, Colorado, Georgia, North Carolina, Oklahoma, Rhode Island and Wisconsin. These seven states were chosen from a field of 16 that had applied to CDC for funding.
- 2004** Congress appropriated enough funds to the CDC to expand NVDRS program to four additional states out of the 10 that applied: California, Kentucky, New Mexico, and Utah.
- 2005** NVDRS received \$3.34 million and expansion leveled off, leaving about two-thirds of the country excluded from NVDRS data. CDC published findings drawn from the original six NVDRS participating states. Results showed an increase in 2003 homicide and suicide rates over 2002 rates.
- 2006** Federal funding remained level. CDC released two more reports on NVDRS data that focused on homicides and suicides. New studies, published in the journal *Injury Prevention*, identified patterns of violent death in America, leading to effective prevention strategies. At least six NVDRS states released comprehensive suicide prevention plans with the assistance of NVDRS data.
- 2007** Federal funding remains level. The National Violence Prevention Network is formally established to increase federal funding for the NVDRS to expand the program to all 50 states by 2011. Founding members are among more than 35 national violence prevention, law enforcement, public health and suicide prevention organizations that support the NVDRS.
- U.S. Senators Gordon Smith and Joe Biden introduced a congressional amendment to increase funding for NVDRS by \$4 million that would allow an additional 15-20 states to participate. While the amendment passed, the underlying bill was not agreed to in conference committee so the increased funding did not materialize.
- 2008** Federal funding remains level. California was unable to re-compete for funding, however, Michigan and Ohio were added as new states; bringing the total to 18 states.
- 2009** Members of Congress sent a letter to the House Appropriations Committee requesting an increase in \$19 million for NVDRS. Funding increased by \$10,000 to \$3.5 million.
- 2010** Senate Appropriations Committee recommends \$5 million, an increase of \$1.5 million for NVDRS in its FY2011 Labor, Health and Human Services, and Education Appropriations bill. The Senate Appropriations bill did not survive the conference committee process resulting in flat funding for NVDRS.
- 2011** In its FY2012 budget, CDC requested an increase of \$1.5 million to support NVDRS in additional states. Although this request did not materialize it is an example of how the National Violent Death Reporting System is gaining attention amongst policymakers, advocacy groups and the media.