

**Testimony from Kate McFadyen, Chair, National Violence Prevention Network
Concerning the Center for Disease Control and Prevention FY2018 Appropriations**
*Submitted for the Record to the House Appropriations Subcommittee on
Labor, Health and Human Services, Education, and Related Agencies – April 26, 2018*

Thank you for this opportunity to submit testimony in support of increased funding for the National Violent Death Reporting System (NVDRS), which is administered by the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC). The National Violence Prevention Network, a broad and diverse alliance of health and welfare, suicide and violence prevention, and law enforcement advocates supports continuing the funding level for FY 2019 at \$23.5 million to allow for the nationwide expansion of the NVDRS program including all 50 states, District of Columbia and U.S territories. FY 2018 NVDRS funding is \$23.5 million.

BACKGROUND

Each year, more than 61,000 Americans die violent deaths.¹ In addition, an average of 123 people² (20 of which are military veterans³) take their own lives each day. Violence-related death and injuries cost the United States \$107 billion in medical care and loss in productivity.⁴

The NVDRS program makes better use of data that are already being collected by health, law enforcement, and social service agencies. The NVDRS program, in fact, does not require collection of any new data. Instead it links together information that, when kept in separate compartments, is much less valuable as a tool to characterize and monitor violent deaths. With a clearer picture of why violent deaths occurs, law enforcement, public health officials and others can work together to identify those at risk and target effective preventive services.

Currently, NVDRS is only operating in 42 states⁵. The just-passed FY 2018 funding level of \$23.5 million will allow NVDRS to begin operating in all 50 states, although that funding level will not reach the totality of every state.

NVDRS IN ACTION

Opioid deaths are a serious public health issue. Drug overdose deaths are the leading cause of injury deaths in America.⁶ It is important to invest in surveillance of opioid addiction to determine the extent of the problem and implement treatment options and community-based prevention strategies. NVDRS has already proven to be an invaluable tool in many states like Alaska, Indiana and Utah that collect information, through toxicology reports, about prescription-opioid overdose associated with violent deaths. Combined 2010 NVDRS data showed that 24% of violent deaths tested were positive for opiates.⁷

Children are often the most vulnerable as they are dependent on their caregivers during infancy and early childhood. Sadly, NVDRS data has shown that young children are at the greatest risk of homicide in their own homes. Combined NVDRS data from **18 of the 42 states that currently participate in NVDRS**, showed that African American children aged four years and under are more than three times as likely to be victims of homicide than Caucasian children,⁹ and that homicides of children aged four and under are most often committed by a parent or caregiver in the home. The data further notes that household items, or “weapons of opportunity,” were most commonly used, suggesting that poor stress responses may be factors in these deaths. Knowing the demographics and methods of child homicides can lead to more effective, targeted prevention programs.

Intimate partner violence (IPV) is another issue where NVDRS is proving its value. While IPV has declined along with other trends in crime over the past decade, thousands of

Americans still fall victim to it every year. An analysis of intimate partner homicide based on NVDRS data from 18 states shows **that intimate partners represented 87% of intimate partner violence-related homicides victims** and corollary victims (family members, police officers, friends etc.) represented the remaining 13% of victims.¹⁰

Despite being in its early stages in several states, NVDRS is already providing critical information that is helping law enforcement and public health officials target their resources to those most at risk of intimate partner violence. For example, NVDRS data shows that while occurrences are rare, most murder-suicide victims are current or former intimate partners of the suspect or members of the suspect's family. In addition, NVDRS data indicate that women are about seven times more likely than men to be killed by a spouse, ex-spouse, lover, or former lover, and most of these incidents occurred in the women's homes.⁷

NVDRS & VA SUICIDES

Although it is preventable, every year more than 44,193 Americans die by suicide and another one million Americans attempt it, costing more than \$44 billion in lost wages and work productivity.² In the United States today, there is no comprehensive national system to track suicides. However, because NVDRS includes information on all violent deaths – including deaths by suicide – the program can be used to develop effective suicide prevention plans at the community, state, and national levels.

A 2015 study showed that 19.9 % of all veteran deaths between 2001 and 2007 were suicide, with male veterans three times as likely as female veterans to commit suicide.¹¹ The central collection of such data can be of tremendous value for organizations such as the Department of Veterans Affairs that are working to improve their surveillance of suicides. The types of data collected by NVDRS including gender, blood alcohol content, mental health issues

and physical health issues can help prevention programs better identify and treat at-risk individuals.

In addition to veteran suicides, NVDRS data has been crucial in many states like Oregon, Utah, New Jersey and North Carolina in understanding the circumstances surrounding elder suicide. This has allowed the states to collaborate locally and implement programs that target those populations at greatest risk.

FEDERAL ROLE NEEDED

NVDRS is a relatively low-cost program that yields high-quality results. While state-specific information provides enormous value to local public health and law enforcement officials, data from all 50 states, the U.S. territories and the District of Columbia must be obtained to complete the national picture. Aggregating this additional data will allow us to analyze national trends and also more quickly and accurately determine what factors can lead to violent death so that we can devise and disseminate strategies to address those factors.

STRENGTHENING AND EXPANDING NVDRS IN FY2019

We cannot reduce funding for a program that just reached its capacity to start operations in all 50 states. Congress needs to continue funding for NVDRS at the level of \$23.5 million.

We thank you for the opportunity to submit this statement for the record. The investment in NVDRS has already begun to pay off, as NVDRS-funded states are adopting effective violence prevention programs. We believe that national implementation of NVDRS is a wise public health investment that will assist state and national efforts to prevent deaths from domestic violence, veteran suicide, teen suicide, gang violence and other violence that affect communities around the country. We look forward to working with you to complete the nationwide expansion of NVDRS by securing an FY2019 appropriation of \$23.5 million.

References

1. Centers for Disease Control and Prevention . (2015). *Injury Prevention & Control : Division of Violence Prevention*. Retrieved April 26, 2018, from <http://www.cdc.gov/violenceprevention/nvdrs/>
2. Americans for Suicide Prevention. (n.d.). *Suicide Statistics*. Retrieved April 26, 2018, from Americans for Suicide Prevention: <http://afsp.org/about-suicide/suicide-statistics/>
3. Office of Suicide Prevention, Department of Veterans Affairs (2016, August). *Suicide Among Veterans and Other Americans, 2001-2014*. Retrieved April 26, 2018, from Department of Veterans Affairs : <https://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf>
4. Centers for Disease Control and Prevention . (2016, June 18). *National Violent Death Reporting System - An Overview* . Retrieved 26 April, 2018, from National Violent Death Reporting System: http://www.cdc.gov/violenceprevention/pdf/nvdrs_overview-a.pdf
5. Centers for Disease Control and Prevention. (2015, December 15). *National Violent Death Reporting System - State Profiles*. Retrieved March 7, 2017, from A CDC website: <https://www.cdc.gov/violenceprevention/nvdrs/stateprofiles.html>
6. U.S. Department of Health and Human Services . (2016, April 8). *The U.S. Opioid Epidemic*. Retrieved April 14, 2016, from U.S. Department of Health and Human Services : <http://www.hhs.gov/opioids/about-the-epidemic/>
7. Centers for Disease Control and Prevention. (2014, January 17). *Surveillance for Violent Deaths —National Violent Death Reporting System, 16 States, 2010*. Retrieved April 14, 2016, from Morbidity and Mortality Weekly Report -Surveillance Summaries/ Volume 63/No.1: <http://www.cdc.gov/mmwr/pdf/ss/ss6301.pdf>
8. Alexander GC, F. S. (2015). *The Prescription Opioid Epidemic: An Evidence-Based Approach*. Baltimore : Johns Hopkins Bloomberg School of Public Health. <http://www.jhsph.edu/research/centers-and-institutes/center-for-drug-safety-and-effectiveness/opioid-epidemic-town-hall-2015/2015-prescription-opioid-epidemic-report.pdf>
9. Center for Disease Control and Prevention. (2013). *National Violent Death Reporting System* . Retrieved April 14, 2014, from A Web-based Injury Statistics Query and Reporting System (WISQARS) Database: <https://wisqars.cdc.gov:8443/nvdrs/nvdrsDisplay.jsp>
10. Smith, S. G., Fowler, K. A., & and Niolon, P. H. (March 2014). Intimate Partner Homicide and Corollary Victims in 16 States - NVDRS 2003-2009. *American Journal of Public Health*, 461-466.
11. Kang, H., Bullman, T. A., & Smolenski, D. J. (2015). Suicide risk among 1.3 million veterans who were on active duty during the Iraq and Afghanistan wars. *Annals of Epidemiology*, 96-100.