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The National Violent Death Reporting System

Comment On: CDC-2016-0087-0001
The National Violent Death Reporting System 2016-21296

Document: CDC-2016-0087-0002
The National Violent Death Reporting System Comment from (name)

Submitter Information

Name: K. Patel

General Comment

Because violent deaths are such a huge part of death rates, and the importance of reducing them, I find this reporting system to be a huge accomplishment. To understand violent deaths better, implementing this system provides the information that is lacking in order for prevention. Not only will this system allow officials to be more informed, it also provides a more efficient manner to tackle the difficult problems that homicide and suicide entail.

November 4, 2016

Leroy A. Richardson
Information Collection Review Office
Centers for Disease Control and Prevention
1600 Clifton Road, N.E.
MS-D74
Atlanta, Georgia 30329

> Agency: Centers for Disease Control and Prevention (CDC)
> Docket No. CDC-2016-0087

Dear Mr. Richardson,

Thank you for the opportunity to comment on the continuation of the National Violent Death Reporting System (NVDRS) to collect state-based surveillance data on violent deaths. In our response, we wish to specifically address the collection of sexual orientation and gender identity (SOGI) information through NVDRS.

An estimated nine million Americans, about 4% of the overall U.S. population, identify as lesbian, gay, bisexual, or transgender, and a substantially higher number, likely over 20 million Americans, have engaged in same-sex sexual behavior in their lifetime or consider themselves to be a different gender than they were identified to be at birth. Recent methodologically sound studies have found higher rates of suicidal ideation, suicide planning, and suicide attempts in sexual and gender minority (SGM) people compared to the general population. SGM people are also more likely than others to report being a victim of violence in the form of childhood sexual abuse, bullying and other forms of peer victimization, and physical and sexual assault in adulthood. Because decedents' sexual orientation and gender identity are not routinely and systematically identified at the time of death, it is not known whether SGM people die by suicide and other forms of violence at a higher rate than the population as a whole. Neither do we know which subgroups of SGM people bear the greatest burden of violence-related mortality.

The Center for Disease Control and Prevention created the NVDRS to aggregate and code statewide records of violent deaths, including death certificates, medical examiner and coroner's (CME) reports, law enforcement (LE) reports, and crime laboratory findings. By abstracting, coding and aggregating information about hundreds of variables related to the victims and circumstances of violent deaths, NVDRS seeks to improve understanding about why violent deaths occur, who is most affected, and how these deaths can be prevented. Since 2013, NVDRS has included SOGI-related variables among the victim characteristics that state-level abstractors seek to identify from available death records, in particular, the CME report which incorporates findings of the death investigation conducted by the local jurisdiction in which the death occurred.

As the only unit within the U.S. mortality surveillance system that attempts to identify decedents' sexual orientation and gender identity, NVDRS plays a unique and potentially critical

role. The system's ability to fully and accurately identify these decedent characteristics, however, is significantly limited by two critical factors. First, because medical examiners, coroners, and death investigators do not routinely or systematically collect SOGI information about decedents, death records and reports do not provide adequate information about these characteristics. Second, NVDRS procedures for coding sexual orientation and gender identity do not comply with current best practices for measuring these variables, and thus may miss or misclassify SGM decedents.

For the last two years, we have led a pilot project to develop and begin testing a protocol to guide death investigators in routinely and systematically collecting SOGI information about decedents of suicide and other violent deaths. This project resulted from an expert consensus meeting which we organized in May 2014 to recommend steps that could be taken to advance reliable postmortem identification of sexual orientation and gender identity.[1] Based on our experiences designing and implementing this project, our comments below suggest how the collection of SOGI information by NVDRS can be improved by encouraging and facilitating SOGI training of death investigators and related personnel, and making needed changes to SOGI-related variables and codes.

Training of death investigators and related personnel

In our 2014 consensus meeting, medical examiner and coroner experts agreed that scene investigators are best-situated to identify decedents' sexual orientation and gender identity. At the same time, they emphasized that investigators and the medical examiners and coroners to whom they report need appropriate guidance and training in how to collect SOGI information since this topic is not addressed in current death investigation guidelines.[2] While these guidelines call for investigators to document the decedent's "sexual history," they do not specify what this should include and do not mention sexual orientation or gender identity. Meeting participants further noted that in most jurisdictions, death investigation report forms do not list sexual orientation or gender identity among the decedent characteristics that should be identified. Thus, even when interview or other evidence emerges that clearly identifies the decedent's sexual orientation or gender identity this information may not be reported by the investigator.

In our pilot project, we worked closely with an advisory group of experienced death investigators, medical examiners, coroners, and CDC personnel to develop a protocol for identifying the decedent's sexual orientation and gender identity in the course of a death investigation. The protocol explains why identification of sexual orientation and gender identity is relevant and important to a death investigation, identifies the difference between the two constructs, details how each construct can be categorized and measured, alerts investigators to observational evidence that can be helpful in SOGI identification, provides a guide for SOGI

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[1] Haas AP & Lane A (2015). Collecting sexual orientation and gender identity data in suicide and other violent deaths: A step towards identifying and addressing LGBT mortality disparities. *LGBT Health,* 2(1): 84–87. doi: 10.1089/lgbt.2014.0083

[2] National Institute of Justice, *Death Investigation: A Guide for the Scene Investigator, Technical Update*. U.S. Department of Justice, Office of Justice Programs, June 2011.

inquiry in interviews with family members, friends and other witnesses, and lists specific interview questions that can be asked. Our conceptualization and measurement of sexual orientation and gender identity is based largely on best-practice documents developed by the Williams Institute.[3-4]

At various stages of the protocol development process, we invited feedback from health researchers, policy experts, and representatives of LGBT organizations to insure that the conceptual approach, definitions, and measures were clear, accurate, and consistent with how SOGI is identified in other data collection efforts, including health and social surveys and electronic health records. The final protocol was then formatted and produced as a comprehensive manual, *Sexual Orientation and Gender Identity: A Guide for the Investigator,* which includes a summary Checklist for investigators to complete and incorporate into their report. A copy of this manual is attached.

Next, we developed and pilot tested a training program to prepare and assist local death investigators, medical examiners and coroners in implementing the SOGI protocol. The training program provides a copy of the *Guide for the Investigator* to each attendee, and incorporates a didactic PowerPoint presentation, followed by role play exercises that simulate conversations with informants about the decedent's sexual orientation and gender identity. A flexible training format was designed to allow implementation in sessions ranging from 90 minutes to three hours. All training and evaluation materials were reviewed and approved by the American Board of Medicolegal Death Investigators, enabling participants to receive Continuing Education Credits on completion of the SOGI training.

To date, the training program has been presented to five groups of death investigators, medical examiners, coroners and administrative personnel in the states of Nevada, Colorado and New York. Pre-post evaluation forms show the large majority of attendees gained a better understanding of the concepts of sexual orientation and gender identity, and why these decedent characteristics should be identified in a death investigation. Attendees also indicated a high level of confidence in their ability to integrate SOGI questions into their interviews with decedents' family, friends and acquaintances.

Based on these responses, we anticipate that the training will result in a significant improvement in the frequency and quality of SOGI information in the CME reports that are reviewed by state-level VDRS abstractors, and are planning follow-up studies to confirm this expectation. We are also exploring ways to make the SOGI training widely available to jurisdictions throughout the country and would welcome discussion with CDC and NVDRS in this regard. Our experiences suggest that state VDRS personnel may be an excellent position to encourage and facilitate SOGI training. In Colorado, for example, VDRS personnel in the state's

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[3] Sexual Minority Assessment Research Team (SMART): Best Practices for Asking Questions about Sexual Orientation on Surveys, 2009. Available at http://williamsinstitute.law.ucla.edu/wp-content/uploads/SMART-FINAL-Nov-2009.pdf

[4] Gender Identity in U.S. Surveillance Group (GenIUSS): Gender-Related Measures Overview, 2013. Available at http://williamsinstitute.law.ucla.edu/wp-content/uploads/GenIUSS-Gender-related-Question-Overview.pdf

Department of Public Health and Environment facilitated our offering the SOGI training in conjunction with their semi-annual training conference for coroners across the state.

SOGI-related variables in NVDRS

The current NVDRS approach to identifying decedents' *gender identity* includes a single checkbox for decedents who are reported by a friend or family member to have self-identified as transgender. No subcategories of transgender status are identified, although preliminary research suggests there may be significant differences in risk for suicide and violent death among transgender people who currently identify as women, men, or another gender. The transgender checkbox is preceded in the database codebook by the variable, *sex of victim*, which is defined as the "victim's biological sex at the time of the incident" (i.e., the death). The discussion of this variable provides the following instruction to abstractors: "If the victim is transgender, please record the victim's legal sex as indicated by at least one of the first three primary data collection sources: death certificate, coroner/medical examiner, or law enforcement. A disagreement on the sex of the victim across victim sources may indicate transgender status."

The codebook does not define "biological sex" but this determination likely rests heavily on postmortem examination of the decedent's genitalia and other physical characteristics. Such determination is not a valid indicator of gender identity for the substantial number of transgender people who, for many different reasons, have not undergone surgical procedures, especially genital surgery. The codebook's suggestion that "legal sex" (as indicated on the death certificate or the reports of the medical examiner, coroner, or law enforcement) be substituted for biological sex "if the victim was transgender" is likewise problematic, given the current lack of clarity or consensus in how legal sex is defined among transgender people, and the wide differences among the states in procedures that transgender people need to follow to align their legal identity documents with their current gender identity.[5]

We recommend that NVDRS definitions of transgender status not be based on either biological or legal sex at the time of death, but rather, that they follow best-practices procedures for measuring *gender identity*. Specifically, we urge NVDRS to use two variables to identify decedents' gender identity: assigned sex at birth and the gender the person identified as, or considered themselves to be at the time of death. The Checklist included in our *Guide for Investigators* (p. 27) shows how these variables are categorized and coded. Importantly, we recommend that gender identity be established for all decedents prior to attempting to determine their sexual orientation.

Regarding *sexual orientation,* the NVDRS codebook likewise contains a single variable, which categorizes sexual orientation as heterosexual, gay, lesbian, bisexual, or unknown. In discussing this variable, the codebook notes, "Sexual orientation is a multi-component construct that is commonly measured in three ways: attraction (e.g., the sex of a person one is sexually attracted to), behavior (e.g., ask respondents to report on the sex of people with whom they had willing

[5] Lambda Legal. Changing Birth Certificate Sex Designations: State by State Guidelines, 2015. Available at: http://www.lambdalegal.org/know-your-rights/article/trans-changing-birth-certificate-sex-designations

sexual experiences), and self-identification (e.g., how would you describe your sexual orientation).” Having presented this broad definition, the codebook directs abstractors to take a more narrow approach to identifying sexual orientation, stating, “In NVDRS, [the sexual orientation] variable captures whether the victim self-identified as heterosexual, gay, lesbian, or bisexual based on interviews of friends, family or acquaintances. Only code this variable if the information is reported in the LE [law enforcement] or CME [medical examiner/coroner] report. Sexual orientation should not be inferred from marital status. If the information is not explicitly reported, select ‘unknown’.”

In surveys and studies of living persons, limiting the measure of sexual orientation to self-identification as heterosexual, gay, lesbian, or bisexual has been found to be problematic, as some sexual minority individuals do not identify with any of these terms. Postmortem identification of sexual orientation based solely on a decedent’s reported self-identification may be especially problematic because family and friends may know less about how a decedent self-identified than about the person’s recent sexual relationships and behavior. In addition, sexual behavior and sexual identity are not always concordant. Importantly, recent research has found risk for suicide and other negative health outcomes to be higher in people whose sexual behavior and self-identity are *not* concordant. For NVDRS purposes, it is thus especially relevant that both sexual behavior and identity be considered in determining decedents’ sexual orientation.

Recent clarifications and additions to the NVDRS codebook suggest some movement toward consideration of the decedent’s sexual relationships and behavior in identifying sexual orientation. The *marital status* variable now indicates that decedents who were in a civil union or domestic partnership should be classified as “married.” Since 2015, the codebook also includes the variable of *relationship status* in order to capture information about any relationship/s that involved a level of intimacy beyond friendship, whether marital or non-marital, and sexual or not. The variable *sex of partner* was also added in 2015, which identifies the decedent’s spouse or partner as the same sex, or opposite sex, as the decedent. This information, however, does not appear to be used by abstractors in coding the decedent’s sexual orientation, as the codebook continues to instruct them to code the decedent’s sexual orientation as unknown unless interview evidence that the decedent self-identified as heterosexual, gay, lesbian, or bisexual is explicitly found in the LE or CME report. While the codebook appropriately notes that sexual orientation should not be inferred from marital status (or possibly, other relationships), it is curious that abstractors are directed not to consider that information at all. Also curious is the instruction, “If the victim’s marital status is “Married/Civil Union/ Domestic Partnership” and the victim is also in another relationship (e.g. extra-marital affair), code [the sex of partner] variable based on the sex of the partner to whom the victim is married.”

Following best-practice procedures, our SOGI protocol recommends that death investigators explore *both* the decedent’s sexual behavior/relationships and sexual self-identity. Specifically, we recommend that four variables be identified:

- Gender of sexual partners in last 12 months (or sexual attractions, if decedent was not sexually active) (only men, only women, both men and women)

- Gender of recent sexual partners (or sexual attractions) in relation to the decedent's gender identity (only same gender, only different gender, both same and different genders)
- Sexual orientation decedent identified as, or considered herself/himself to be, at the time of death (lesbian or gay, bisexual, heterosexual or straight)
- Decedent's sexual orientation at time of death, considering both decedent's recent sexual partners and how he/she identified (lesbian or gay, bisexual, heterosexual or straight, behavior inconsistent with identity)

The Checklist found in our *Guide for the Investigator* shows how each of these variables is categorized and coded. We urge NVDRS to follow this overall approach in developing conceptually sound sexual orientation variables and codes.

As NVDRS is poised to become a fully national system, its potential to contribute significant new information about the prevalence of suicide and other violent deaths among SGM people cannot be underestimated. To reach this potential, however, steps must be taken to improve both the frequency and quality of SOGI information in the death records that are aggregated and reviewed by the states, and the accuracy of SOGI identification by VDRS personnel. While ongoing assessment will be needed to determine the ultimate utility of our SOGI protocol, we believe it can meaningfully contribute to improvements in both of these areas.

We strongly support the continuation of the critical work of NVDRS and hope we can contribute to its ongoing development. We would be happy to meet with CDC/NVDRS personnel to discuss our protocol and training in greater detail, or provide any further information that may be helpful.

Sincerely,

Ann P. Haas, PhD
Suicide Prevention Consultant
annphaas@gmail.com

Andrew Lane, MSEd
Director, Johnson Family Foundation
alane@jffnd.org

November 7, 2016

Leroy A. Richardson
Information Collection Review Office
Centers for Disease Control and Prevention
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Atlanta, GA 30329

RE: Docket No. CDC-2016-0087

Dear Mr. Richardson –

The Trevor Project (Trevor) and undersigned organizations submit the following comments in response to Docket No. CDC-2016-0087: a request for public comments regarding the National Violent Death Reporting System (NVDRS). As the number of states participating in the NVDRS expands, it is more important than ever to ensure that it is collecting vital data about *all* decedents of violent deaths. The NVDRS is an important data source for Trevor and many other organizations, as it provides critical information about violent deaths in the United States including those due to suicide or homicide. We understand President Obama's Fiscal year 2017 Proposed Budget has included funding to expand the NVDRS to all 50 states and the District of Columbia and we very much hope this will be the case. The following comments will focus on the dire need for the Centers for Disease Control (CDC) to implement policies and procedures to require collection of sexual orientation and gender identity (SOGI) data within the NVDRS for all decedents.

<u>Suicide Data & Research</u>

First, we'd like to commend the CDC for its focus on and commitment to better understanding the health risks of LGBTQ youth, including a focus on suicide. The CDC administers the Youth Risk Behavior Surveillance System (YRBS) every other year and includes questions on suicidality as well as sexual and gender minority demographics. This year, for the first time ever, a nationally representative sample of lesbian, gay and bisexual (LGB) students was obtained, enabling the CDC to publish groundbreaking insights on health correlates for this population. Analysis from the YRBS found that: LGB youth seriously contemplate suicide at almost *three times* the rate of heterosexual youth; LGB youth are almost *five times* as likely to have actually attempted suicide; and of all the suicide attempts made by youth, LGB youth suicide attempts were almost *five times* as likely to require medical treatment than those of heterosexual youth.[i] These results show the stark differences in suicidality between LGB and heterosexual students and the importance of this surveillance cannot be overstated. We understand the CDC is continuing to refine a question measuring gender identity and look forward to an appropriate question being added as soon as possible.

In addition to surveillance efforts, research also provides additional insight into the disproportionate suicide risk for LGBTQ youth. Suicide is the second leading cause of death among all young people ages 10 to 24.[ii] Nearly fifty percent of young transgender people have seriously thought about taking their lives.[iii] Additionally, LGB youth who come from highly rejecting families are 8.4 times as likely to have attempted suicide as LGB peers who reported no or low levels of family rejection.[iv] As evidenced by this research and the YRBS surveillance results, it isn't farfetched to hypothesize that LGBTQ youth and even adults may die by suicide at disproportionate rates. However, as a society, we do not have any idea if this is true or even how many LGBTQ individuals die by suicide every year. *This is a grave oversight that must be corrected immediately to ensure the federal government's actions are aligned with its messaging and commitment to preventing suicide.*

If one thinks about other public health problems, the reveal of the dire extent of a problem is often proceeded by massive public attention and an infusion of resources to ameliorate the problem. When society realized the number of deaths due to AIDS in the 1980's the U.S. eventually responded by providing public education, awareness and resources to determine ways to treat and stop the spread of the virus. When society learned that smoking greatly increased one's risk of lung cancer and death, it heavily invested in public awareness campaigns to prevent youth from smoking and passed laws regulating smoking advertisements. *By not knowing the extent of suicide deaths among LGBTQ individuals the U.S. may be completely ignorant of a major public health problem, and by not collecting SOGI information, we will never know.*

<u>Collecting SOGI Information</u>

We fully recognize that it is impossible to ascertain the true sexual orientation and gender identity of every decedent. Individuals may never have expressed or discussed their sexual orientation with anyone and/or people may have expressed different identities at different points in their lives; however, not being able to accurately report this data for everyone should not be an impediment to collecting it. Indeed, there are many factors in death investigations that can never be fully determined, including whether a particular death was a suicide or homicide. Additionally, while one might argue that asking about this information may be prying into highly sensitive matters, we proffer that death investigators already routinely collect very sensitive information, including information about physical and mental health disorders, allegations of marital cheating and addictions, financial problems and more. While death investigators already have many skills, in order to collect SOGI data they will need training on basic LGBTQ cultural competence and specific training about how to ascertain someone's sexual orientation and gender identity. The cultural competence training should include several components including but not limited to appropriate terminology, the coming out process, eliminating stigma, and myths and facts about the LGBTQ community. Thankfully there is currently a pilot project providing just this type of training to death investigators with the goal of increasing reported SOGI data. Ann P. Haas and Andrew Lane have led this project funded by the Johnson Family Foundation and the American Foundation for Suicide Prevention. We will learn a great deal from this pilot which can help inform the CDC's broader implementation of

collecting SOGI data. We do not recommend a specific mechanism for ensuring the collection of this information; rather, we believe the CDC is in the best position to make that determination, whether it is a grant requirement or other policy change.

Conclusion

We appreciate the opportunity to submit comments on this critically important data reporting system. The NVDRS continues to be a vital source of information for research and which helps inform interventions that may stem the tide of violent deaths in the United States. Expanding it to include all 50 states and the District of Columbia and including the collection of SOGI data will bring the U.S. into the forefront of research. One of the primary goals of the NVDRS is to better understand and ultimately prevent the occurrence of violent deaths. *The only way this can be achieved is by requiring SOGI data to be collected.* We strongly urge the CDC to accept our recommendations and we look forward to seeing results from future years which accurately report on the violent deaths of all individuals.

Sincerely,

American Art Therapy Association
American Association of Child and Adolescent Psychiatry
American Dance Therapy Association
American Federation of Teachers
American Group Psychotherapy Association
American Mental Health Counselors Association
American Psychiatric Association
American Psychological Association
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare
Bi Brigade, Portland, Oregon
Bisexual Writer's Association
Coalition to Stop Gun Violence
CREDO
Eating Disorders Coalition
Educational Fund to Stop Gun Violence
Equality Florida
Fluid Arizona
Futures Without Violence
Jewish Women International
Los Angeles LGBT Center
LGBTQ Consortium, Maricopa County, AZ
LGBT Technology Partnership & Institute
Mazzoni Center
Movement Advancement Project

NAMI (National Alliance on Mental Illness)
National Asian Pacific American Women's Forum
National Association of School Psychologists
National Center for Lesbian Rights
National Coalition Against Domestic Violence
National Coalition for LGBT Health
National Coalition of Anti-Violence Programs (NCAVP)
National Domestic Violence Hotline
National Latina Institute for Reproductive Health
National League for Nursing
National LGBTQ Task Force
National Network for Youth
Newtown Action Alliance
PFLAG National
PFLAG Phoenix
Positive Women's Network – USA
Sandy Hook Promise
Sexuality Information and Education Council of the U.S. (SIECUS)
The National Alliance to Advance Adolescent Health
The National Register of Health Service Psychologists
The Trevor Project
URGE: Unite for Reproductive & Gender Equity

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[i] Kann, Laura. O'Malley Olsen, Emily. McManus, Tim. et al. Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9-12: Youth Risk Behavior Surveillance. MMWR Surveill. Summ 2016;65.

[ii] Centers for Disease Control and Prevention. (2010). *Web-based Injury Statistics Query and Reporting System* [Data file]. Retrieved from www.cdc.gov/ncipc/wisqars.

[iii] Grossman, A. H. & D'Augelli, A. R. (2007). Transgender youth and life-threatening behaviors. *Suicide and Life Threatening Behavior 37*(5), 527-527. Retrieved from http://transformingfamily.org/pdfs/Transgender%20Youth%20and%20Life%20Threatening%20Behaviors.pdf

[iv] *Family Acceptance Project™. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. Pediatrics. 123(1), 346-52.*

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The National Violent Death Reporting System

Comment On: CDC-2016-0087-0001
The National Violent Death Reporting System 2016-21296

Document: CDC-2016-0087-0005
The National Violent Death Reporting System Comment from (name)

Submitter Information

Name: Kermit Kubitz
Address: 94127
Email: mesondk@yahoo.com

General Comment

The CDC Violent Death reporting system and data base should be developed with, and coordinated withn any US Department of Justice data base on police use of deadly force. The DOJ is just beginning to develop a comprehensive data base on police use of deadly force, and coordination of any CDC data base on violent death, which necessarily correlates with shooting, whether by civilians or by law enforcement, would be an effective way to track and monitor such deaths with parallel reporting, hopefully with a basically similar format, to both CDC and DOJ. While there might be a more detailed description of the conditions requiring or justifying use of deadly force in any DOJ data base to monitor police use of force and best practices for use of deadly force, the existence of secondary data bases which include all violent deaths could be useful for both
analytical and checks of validity purposes. The goal should be continuous improvement, both in means to reduce violent death generally, and in means to delay, defuse, or reduce, to the extent consistent with public and officer safety, deaths resulting from shootings in which law enforcement is involved.

Angel, Karen C. (CDC/ONDIEH/NCIPC)

From: NCIPC OMB (CDC)
Sent: Thursday, May 18, 2017 10:36 AM
To: mesondk@yahoo.com
Cc: NCIPC OMB (CDC)
Subject: Public comment. Docket No. CDC-2016-0087 - National Violent Death Reporting System (NVDRS)

Kermit Kubitz

Your comment was provided to the program. Thank you for your comment.

NCIPC IRB/OMB Mailbox
Centers for Disease Control and Prevention Chamblee Campus
National Center for Injury Prevention and Control
4770 Buford Highway, MS F63
Atlanta, GA 30341-3717

Angel, Karen C. (CDC/ONDIEH/NCIPC)

From:	NCIPC OMB (CDC)
Sent:	Thursday, May 18, 2017 10:32 AM
To:	amy.loudermilk@thetrevorproject.org
Subject:	Public comment. Docket No. CDC-2016-0087 - National Violent Death Reporting System (NVDRS)

Amy Loudermilk – The Trevor Project

Your comment was provided to the program. Thank you for your comment.

NCIPC IRB/OMB Mailbox
Centers for Disease Control and Prevention Chamblee Campus
National Center for Injury Prevention and Control
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Angel, Karen C. (CDC/ONDIEH/NCIPC)

From: NCIPC OMB (CDC)
Sent: Thursday, May 18, 2017 10:31 AM
To: annphaas@gmail.com; alane@jffnd.org
Cc: NCIPC OMB (CDC)
Subject: Public comment. Docket No. CDC-2016-0087 - National Violent Death Reporting System (NVDRS)

Ann P. Haas, PhD & Andrew Lane, MSEd

Your comment was provided to the program. Thank you for your comment.

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July 1, 2017

Ann Haas, PhD
Suicide Prevention Consultant

Andrew Lane, MSEd
Director, Johnson Family Foundation

RE: Response to 60-Day FRN Comment on the National Death Reporting System Proposed Data Collection for Public Comment and Recommendations (0920-0607)

Dear Ann and Andrew:

Thank you very much for your comments and recommendations regarding our federal registry notice. The National Violent Death Reporting System (NVDRS) team at CDC is always glad to receive feedback about our system from organizations such as yours that do critically important work, and we seek to continually improve our system to achieve the best quality surveillance data to inform prevention efforts and serve our partners and data users.

In keeping with these goals, we seek to collect the most accurate, inclusive, and representative data possible. We recognize that there are often particular considerations when collecting information about historically underserved populations, and deeply appreciate your suggestions to improve the representation of information about lesbian, gay, bisexual, transgender and questioning (LGBTQ) persons whose violent deaths are captured within our system and risk factors that disproportionately affect LGBTQ persons. As you noted in your response, we have already taken steps to improve our collection of sexual orientation and gender identity (SOGI) status by adding variables that helps us in identifying these decedents. While heading in the right direction, we are aware of some of the deficiencies in our coding guidance. We are in ongoing discussions at CDC and with NVDRS states about how to improve this guidance and the data collection fields to more accurately capture LGBTQ decedents in our surveillance system. Additionally, we have had continual discussions with our partners about improving death scene investigation data. We are hopeful that these discussions as well as your cultural competence training for death scene investigators will serve to improve our system in collecting SOGI status as well as other important risk factors that are instrumental in informing violence prevention.

Your suggestions and recommendations are noted and your support for NVDRS is greatly appreciated.

Thank you,

July 1, 2017

Kermit Kubitz

RE: Response to 60-Day FRN Comment on the National Death Reporting System Proposed Data Collection for Public Comment and Recommendations (0920-0607)

Dear Mr. Kubitz,

Thank you for your interest in the National Violent Death Reporting System (NVDRS). The NVDRS has been in existence since 2003 and we continue to enhance system features and work with stakeholders. There was a meeting held with in February with law enforcement agencies, public health stakeholders, and CDC to discuss how the NVDRS data could be used to help law enforcement partners.

NVDRS collects information from three major sources about the same incident. An incident can include one victim or multiple victims. The 3 major data sources are: 1) death certificates, 2) coroner/medical examiner (C/ME) reports, and 3) law enforcement (LE) reports. The C/ME reports and LE reports provide detailed information and rich narratives that describe the circumstances surrounding violent deaths. NVDRS collects information on the following (i.e., these types of deaths meet the case definition for NVDRS): suicide, homicide, unintentional firearm deaths, deaths of undetermined intent, and deaths due to legal intervention (excluding legal executions). The information regarding incidents (deaths) is put into the NVDRS system by trained abstractors and we are continuously enhancing the system to help facilitate data entry. The richness of information provided through the coroner/medical examiner and law enforcement narratives allows for detailed study of the circumstances surrounding these incidents.

In NVDRS, a death from legal intervention is defined as a death in which a person is killed by a law enforcement officer or other peace officer (a person with specified legal authority to use deadly force), including military police, acting in the line of duty. This category excludes legal executions. Corresponding International Classification of Disease (ICD)-10 codes included in NVDRS are Y35.0–Y35.4, Y35.6, Y35.7, and Y89.0.

We have also attached three law enforcement-related analyses that may be of interest to you. Please let us know if you have any additional questions.

Thank you,

July 1, 2017

The Trevor Project

RE: Response to 60-Day FRN Comment on the National Death Reporting System Proposed Data Collection for Public Comment and Recommendations (0920-0607)

Thank you very much for your comments regarding our federal registry notice. The National Violent Death Reporting System (NVDRS) team at CDC is always glad to receive feedback about our system from organizations such as yours that do critically important work. As you are aware, we have continually strived to improve our data collection on sexual orientation and gender identity SOGI status and have taken your pervious feedback and recommendations to heart. We work with our partners around collecting death scene investigation data with the hopes that it will continue to improve our data collection, including the identification of LGBTQ decedents. As we continue forward, we hope you will continue to offer your expertise and guidance in collecting such important data.

Thank you,