

EXECUTIVE SUMMARY

Seventeen states are currently funded through cooperative agreements with the Centers for Disease Control and Prevention (CDC) to implement the National Violent Death Reporting System (NVDRS), a state-based, national reporting system to track the incidence and characteristics of violent deaths. NVDRS collects data on violent deaths from death certificates, police reports, medical examiner and coroner reports, and crime laboratories. This innovative surveillance system brings together fragmented, sometimes inaccessible data to provide a more comprehensive picture of violence that leads to fatalities. With an improved understanding of the risk factors and circumstances of violent deaths, steps can be taken to develop and test prevention measures and disseminate successful prevention plans.

Since the first group of NVDRS states was funded in 2002, the state health departments (and in two states, the state medical examiner's offices) implementing NVDRS have been building not only an important new surveillance system, but a wealth of insight and understanding about what this effort entails. In 2006, the State and Territorial Injury Prevention Directors Association (STIPDA), through its cooperative agreement with CDC, conducted telephone interviews with NVDRS program staff in all 17 states for the purpose of gathering detailed information about states' experiences applying for, implementing and evaluating the NVDRS. Staff from each state generously shared information about the challenges they encountered and the specific strategies they used to work through these challenges in applying for, implementing, staffing, analyzing data from, and evaluating the NVDRS.

This report compiles these lessons learned and strategies for improvement. The report is intended to benefit states planning to apply for an NVDRS cooperative agreement - as well as those in the first year or two of implementation - by demonstrating how to smooth and accelerate the application, the set up and the implementation of the NVDRS in a state, and avoid repeating common dilemmas in these processes. Even states without the intent or current capacity to apply for an NVDRS cooperative agreement could benefit from this document, given that all state injury and violence prevention programs need to consider the complex components of injury and violence surveillance, such as access, authority, confidentiality, partnerships, and data analysis and dissemination.

Highlights of lessons learned and practical strategies for working with the NVDRS include:

Cooperative agreement application

- A combination of factors, rather than a single one, resulted in a successfully funded application.
- Invest time upfront with each major data source to share what is needed for the NVDRS and to develop as detailed an understanding as possible of how those data source agencies operate.
- Establishing the requisite memoranda of understanding (MOUs) with each data source requires many skills and considerations, from relationship building to data and IT expertise, staffing capacity, budgets, and legal processes. Establishing MOUs in advance during the application process was helpful, but the process was time consuming and required advance planning.
- Within the state health department and among the other agencies that house the requisite NVDRS data, address concerns about the legality and confidentiality of providing, linking and ultimately disseminating these data.

Partnership development and maintenance

- Partnerships were helpful for getting a state's violent death reporting system up and running, maintaining the system, generating ideas for useful data analyses, and disseminating the results of those analyses to individuals and agencies that can put them to use.
- Allocate sufficient staff and time for an ongoing nurturing of the partnerships, and, when inevitable personnel changes occur, for building these relationships anew.
- While working towards a common goal of a statewide violent death reporting system may be enough to bring some partners on board, creative sharing of resources has proven to be a practical, effective method to gain cooperation and participation from key data sources and prevention partners, and to maximize the impact of a state's NVDRS program. Strategies include sharing data, supporting related systems, offering tangible incentives, sharing staff

expertise, and providing monetary and/or in-kind support.

Getting started

- Three program set-up activities frequently cited as taking longer than anticipated were hiring staff, installing NVDRS software and addressing IT problems (e.g. maintaining a central server for storing and transmitting data, transmitting requisite data to CDC).

Staffing

- Among the myriad of skills that collectively may exist among the staff members of a state's NVDRS program, three areas considered essential were building and maintaining relationships, working with data and having IT expertise.
- In addition, data abstractors are one of the most important pieces of the NVDRS staffing equation. Abstractors should be critical thinkers who have mastered attention to detail, can handle repetition and can function in a sometimes rudimentary work environment. Allotting sufficient resources to hire and retain such individuals should also be taken into consideration.
- To prepare for potential turnover among abstractor staff, grantees recommended cross-training staff within and outside of the NVDRS program (e.g. traumatic brain injury staff).
- Given the violent, graphic and often tragic nature of the cases that are part of a state violent death reporting system, grantees emphasized the importance of staying attuned to the mental health needs of staff. Working as a team, maintaining good communication, having diverse program responsibilities, and checking in with staff members individually or during staff meetings may help.

IT and computer programming support

- Establishing adequate IT and computer programming support in advance - ideally, during the cooperative agreement application process - can expedite the surveillance system set-up, provide needed support during other NVDRS program activities, and save time and money.
- Make a realistic assessment of - and communication about - the IT and computer programming support needed for setting up a secure server, installing the requisite NVDRS software, working through data security issues, conducting requisite CDC software updates, transmitting data to CDC, and accessing data for analysis. The amount of IT and/or computer program assistance needed typically was more than grantees anticipated, particularly during program set-up.

Data management

- Even when a data set is available electronically, hand-abstraction of data into the NVDRS database may be necessary to ensure timeliness of data access, collect variables that are not included or do not match the standard variable fields when data are electronically imported into the NVDRS database, and/or avoid confusion in terminology among data sources.
- Adjustments with data sources may be necessary to collect the requisite data or identify and match deaths with other NVDRS data sources (e.g. revise a data agreement to include all variables needed, expand law enforcement data collection to include local jurisdictions).
- Plan for the inevitable lag time that occurs along the continuum of data collection, analysis and dissemination.

Data analysis

- In addition to basic descriptive epidemiology practices and CDC cooperative agreement requirement, other factors shaped states' decisions about the focus, organization, format, timing, and audiences for NVDRS data analyses. These include input from NVDRS data sources, advisory group members and other violence prevention partners, as well as the desire for analyses to reflect the unique and powerful capabilities of the NVDRS.