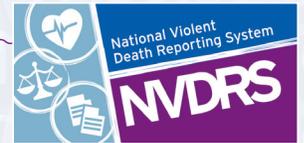


LINKING DATA to SAVE LIVES



1990s

Societal costs of injury-related morbidity and mortality are estimated at \$260 billion in 1995. Given the staggering costs, the Committee on Injury Prevention and Control is appointed by the Institute of Medicine in March 1997 to “make recommendations intended to further develop the field of injury prevention and control and to reduce the burden of injury in America.”

The Centers for Disease Control and Prevention (CDC) establishes the Division of Violence Prevention within the newly created National Center for Injury Prevention and Control. The Division leads CDC’s efforts to prevent injuries and deaths caused by violence.

1999

The Committee on Injury Prevention and Control releases its report, *Reducing the Burden of Injury: Advancing Prevention and Treatment*, which suggests a detailed, linked tracking system for all homicides and suicides in the United States, similar to the Department of Transportation’s Fatality Analysis Reporting System (FARS).

The National Violent Injury Statistics System (NVISS) is established at the Harvard School of Public Health to pilot methods to gather information on violent death.

2000

Thirteen NVISS sites across the country begin collecting comprehensive, multi-source data on violent deaths. The system demonstrates that compiling such data is both feasible and valuable for a better understanding of violence. Harvard School of Public Health hosts a consensus meeting with public health experts, federal agency stakeholders,

violence prevention groups and private foundations, where it is recommended that CDC should direct a system to track all violent deaths.

2002

Congress appropriates funds to CDC to initiate the National Violent Death Reporting System (NVDRS). CDC funds six states: Massachusetts, Maryland, New Jersey, Oregon, South Carolina and Virginia.

2003

CDC receives additional funding to expand NVDRS, adding seven more states: Alaska, Colorado, Georgia, North Carolina, Oklahoma, Rhode Island and Wisconsin. These seven states are selected from a field of 16 that applied for funding.

2004

CDC expands NVDRS to three additional states: Kentucky, New Mexico, Utah and several counties in California.

2005

CDC publishes findings drawn from the original six NVDRS participating states in *Homicide and Suicide Rates — National Violent Death Reporting System, Six States, 2003*. Results show an increase in 2003 homicide rates for young males over 2002 rates.

2006

CDC releases *Homicides and Suicides — National Violent Death Reporting System, United States, 2003–2004* and *Toxicology Testing and Results for Suicide Victims — 13 States, 2004*. New studies, published in *Injury Prevention*, identify patterns of violent death in America. Six NVDRS states release comprehensive suicide prevention plans developed with the assistance of NVDRS data.

2007

CDC releases the NVDRS Restricted Access Database (RAD) allowing researchers to further analyze data on homicides, suicides, deaths by legal intervention and deaths of undetermined intent from a variety of sources, including death certificates, police reports, medical examiner and coroner reports, and crime laboratories.

2008

CDC releases the NVDRS WISQARS website for public access to NVDRS data.

CDC releases *Surveillance for Violent Deaths — National Violent Death Reporting System, 16 States, 2005*.

2009

CDC releases *Surveillance for Violent Deaths — National Violent Death Reporting System, 16 States, 2006*.

2010

CDC expands NVDRS by funding two additional states, Michigan and Ohio, bringing the total number of states currently funded to 18: Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, New Jersey, New Mexico, North Carolina, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

CDC releases *Surveillance for Violent Deaths — National Violent Death Reporting System, 16 States, 2007*.

2012

More than 70 peer reviewed articles have been published.

CDC releases *Surveillance for Violent Deaths — National Violent Death Reporting System, 16 States, 2009*.

CDC began converting NVDRS to a web-based environment.