**NEWS RELEASE**
UNDER EMBARGO UNTIL OCTOBER 13, 2016, 12:01 AM ET

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**New Data from National Violent Death Reporting System Shed Light on Law Enforcement Officer Deaths, Their Use of Lethal Force**

Special Supplement to the *American Journal of Preventive Medicine* also provides insights into homicides, suicides, and other violence-related fatalities in the U.S.

Ann Arbor, MI, October 13, 2016 – Violence-related deaths, including homicides and suicides, are an urgent public health problem, according to Alex E. Crosby, MD, MPH, James A. Mercy, PhD, and Debra Houry, MD, MPH, from the National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC), Atlanta, GA. Their commentary and contributions by other noted experts in the supplement to the November *American Journal of Preventive Medicine* provide valuable insights into new data from the National Violent Death Reporting System (NVDRS), which can help inform current debates about violence, prevention, and public policy.

Homicides and suicides account for the deaths of more than 160 people every day in the United States. Violence-related injuries claim more than 55,000 people per year. The suicide rate rose for 9 straight years from 2005 to 2014. While homicides have been declining over the long term, estimates of the economic impact stand at $26.4 billion.

The three main goals of the NVDRS are to:

1. Collect detailed information about violent deaths in the U.S., including when, where, and how they occurred
2. Link information from vital statistics (death certificates), coroner/medical examiner reports, and law enforcement reports into the reporting system
3. Provide information to help public health officials, violence prevention groups, law enforcement, and policymakers better understand the problems and guide national, state, and local actions to prevent violent deaths

Creation of the NVDRS was inspired by a 1999 Institute of Medicine report calling for a national fatal intentional injury system as well as efforts from the U.S. Public Health Service’s Surgeon General’s Office and others. Although the NVDRS does not cover all 50 states, it was the first multistate system to provide detailed information on circumstances precipitating violent deaths, the first to link multiple source documents on violence-related deaths to enable more complete understanding of each death, and the first to link multiple deaths that are related to one another (e.g., multiple homicides, multiple suicides, and cases of homicide followed by the suicide of the suspected perpetrator).
Using data from the NVDRS, two contributions to the issue can help inform the current national debate about policing. One article, by Janet M. Blair, PhD, MPH, and colleagues at the Division of Violence Prevention, CDC, examines the details of the 128 law enforcement officers (LEOs) killed between 2003 and 2013. Key findings showed that 21% of LEOs were killed during an ambush, 19.5% were killed during traffic stops or pursuits, and 15.6% were killed responding to domestic disturbances. 90% of LEO homicides were committed with a firearm. The authors explain, “Systems such as NVDRS are critical to ongoing surveillance of LEO homicides. The current study affords an opportunity to inform policy makers and individuals involved in training federal, tribal, state, and local law enforcement personnel about the circumstances surrounding LEO homicides in order to prevent deaths and serious injuries among this population.”

Sarah DeGue, PhD, and Katherine A. Fowler, PhD, CDC, and Cynthia Calkins, PhD, of the John Jay College of Criminal Justice, analyzed NVDRS data for 812 deaths resulting from the use of lethal force by law enforcement officers while on duty. Key findings showed that while the majority of victims were white (52%), a disproportionate number, compared with the U.S. population, were black (32%), and the fatality rate was 2.8 times higher among blacks than whites. Most victims were reported to be armed (83%); however, black victims were more likely to be unarmed (14.8%) than white (9.4%) or Hispanic (5.8%) victims. Fatality rates among military veterans/active duty service members were 1.4 times greater than among their civilian counterparts.

DeGue, Fowler, and Calkins discuss in detail how their findings could be applied to many of the current conversations about racial disparities and violence. They conclude, “The current study is one of the first to examine the nature and circumstances of deaths due to the use of lethal force by law enforcement in the U.S. using data from a multistate public health surveillance system. Findings reinforce concerns about racial/ethnic inequities in these cases and identify incident characteristics and scenarios with important implications for prevention.” They also note that, “Further research is also needed to examine the effectiveness of training programs and policy initiatives aimed at reducing the use of lethal force while maintaining the health and safety of officers and communities.”

The remaining articles in the supplement analyze multiple aspects of suicides, homicides, and other violent deaths using the NVDRS. This supplement will be a valuable resource for public health professionals, law enforcement officials, federal, state, and local governments, and the general public – anyone concerned with violence in society in the U.S.

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NOTES FOR EDITORS
National Violent Death Reporting System: Analyses and Commentary
American Journal of Preventive Medicine, Supplement, Volume 50, Issue 11 (November 2016)
Published by Elsevier, this supplement will be openly available at http://www.ajpmonline.org/issue/S0749-3797(16)X0016-5

Guest Editors: Janet M. Blair, PhD MPH, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, and Stephen W. Hargarten, MD, MPH, Professor and Chair, Emergency Medicine, Director, Injury Research Center, Associate Dean, Global Health, Medical College of Wisconsin

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This Supplement edition of the American Journal of Preventive Medicine has been sponsored by the U.S. Centers for Disease Control and Prevention (CDC), an Agency of the Department of Health and Human Services, under the Cooperative Agreement CDC-RFA-CE14-1402: Collecting Violent Death Information Using the National Violent Death Reporting System. The ideas and opinions expressed in the articles are those of the authors and do not necessarily reflect the opinions or official positions of the U.S.
ABOUT THE AMERICAN JOURNAL OF PREVENTIVE MEDICINE

The American Journal of Preventive Medicine (www.ajpmonline.org) is the official journal of The American College of Preventive Medicine (www.acpm.org) and the Association for Prevention Teaching and Research (http://www.aptrweb.org/). It publishes articles in the areas of prevention research, teaching, practice and policy. Original research is published on interventions aimed at the prevention of chronic and acute disease and the promotion of individual and community health. The journal features papers that address the primary and secondary prevention of important clinical, behavioral and public health issues such as injury and violence, infectious disease, women's health, smoking, sedentary behaviors and physical activity, nutrition, diabetes, obesity, and alcohol and drug abuse. Papers also address educational initiatives aimed at improving the ability of health professionals to provide effective clinical prevention and public health services. The journal also publishes official policy statements from the two co-sponsoring organizations, health services research pertinent to prevention and public health, review articles, media reviews, and editorials.

The American Journal of Preventive Medicine, with an Impact Factor of 4.465, is ranked 14th in Public, Environmental, and Occupational Health titles and 16th in General & Internal Medicine titles for total number of citations according to the 2015 Journal Citation Reports® published by Thomson Reuters, 2016.

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