Illinois Suicide Prevention Alliance
Data Workgroup

Monday, February 14, 2012
Conference Call
Approved March 12, 2012

Introductions
Glenn Steinhausen Illinois State Board of Education
Jenifer Cartland Child Health Data Lab
Jennifer Martin Illinois Department of Public Health
Mark Flotow Illinois Department of Public Health
Mary Mayes Illinois Department on Aging
Peter Mulhall Center for Prevention, Development and Research

Approval of December 12, 2011 minutes
Copies of the minutes were distributed to the members prior to the meeting. Mr. Flotow motioned for the approval of the minutes, with a second from Dr. Steinhausen. All in favor, motion carried.

Discussion with Illinois Violent Death Reporting System staff
Jenifer Cartland, Director of the Child Health Data Lab (CHDL) at the Children’s Memorial Research Center in Chicago, was invited to discuss a data brief recently released entitled “Examining Suicide in Illinois, 2005-08.” The brief provides an overview of findings from the Illinois Violent Death Reporting System (IVDRS.) Dr. Cartland mentioned she’d like to release additional data briefs on the suicide data related data within the IVDRS – e.g., take a closer look at the various age groups – 15-24, 25-50 in addition to 50 and up.

Dr. Cartland provided an overview of the IVDRS. It was developed around 5 years ago, based on the national system. Illinois did not receive funding from the U.S. Centers for Disease Control and Prevention (CDC) but CDC allows them to use the CDC’s data system and occasionally attend CDC trainings. CHDL continuously is looking for future funding. IVDRS is designed to collect data on certain types of events – e.g., all homicide, all suicides, undetermined deaths under age 3, undetermined intent, unintentional firearm, death from legal intervention and death related to terrorism. CHDL collected data since 2005 and are about to finish collecting data from 2009. The IVDRS reviews data from for five counties – Cook, DuPage, McHenry, Kane and Peoria -, which comprises about 65% of all death in Illinois. As CHDL add new counties, they collect data back to 2005. CHDL’s goal is to build the IVDRS to go statewide.

IVDRS has five primary data sources – death certificates, coroner/medical examiner records, police records, crime lab data and data abstractor input. She noticed law enforcement agencies are not good at collecting suicide data; perhaps they don’t see it as a crime so they don’t collect rich data. She also mentioned there is not a follow up investigation like they do
for sudden infant death cases; which has a good model for guidelines for conducting postmortem investigation. Perhaps a protocol could be developed for law enforcement officers. Dr. Cartland also noticed the data for persons over the age of 17 years of age is less rich than the younger age groups.

Dr. Cartland further explained that most of the information (e.g., mental health history, left a note, had they mentioned a plan) comes from interviews with the family. Every death is checked for alcohol; however, not every death has a toxicology report competed. Toxicology reports are expensive so the decision to test is either a budgetary decision or based on if the test will give law enforcement agencies more information and further their investigation.

Today’s discuss allowed workgroup members to learn about the IVDRS, discuss how the alliance could utilize the data and how to assist in distributing the IVDRS data. Another goal was to identify if there are areas which the alliance could improve suicide-related data. Dr. Cartland mentioned other states had challenges in utilizing IVDRS data for policy issues. Ms. Martin remaindered the workgroup members that expanding Illinois’ participation in the National Violent Death Reporting System is an objective in the Illinois Suicide Prevention Strategic Plan. Workgroup mentioned a couple of ideas of how the alliance could help – 1) increase prevention specialists who use the data, 2) encourage data collectors to collect data, 3) include “expanding IVDRS” within other grant applications and 4) add IVDRS data to the alliances annual report.

Dr. Cartland mentioned the IVDRS is stronghold by data sharing agreements; however, if anyone has a grad student that is interested in working with the data, then they can contact her.

**Discuss any newly released suicide-related data**
Tabled agenda item for next meeting.

**Discuss data to include in the 2011 annual report**
Tabled agenda item for next meeting.

**New business**
   a) Develop injury specific data fact sheets – no update.

**Set agenda items for next meeting**
Same agenda as today’s meeting.

Submitted by Jennifer Martin