A LEGISLATIVE APPROACH TO ESTABLISHING THE OH-VDRS

To establish the Ohio Violent Death Reporting System (OH-VDRS), the Ohio Department of Health determined that legislation that mandates reporting by key data providers – including coroners and law enforcement agencies – was a necessary first step.

CHALLENGES

Like many states, Ohio has no centralized coroner or law enforcement data systems. Prior to the OH-VDRS, a request for data about a death had to be made to one of 88 county coroners, and at least one of the state’s 900+ local law enforcement agencies.

Existing state laws regarding confidentiality presented challenges for establishing the OH-VDRS, including Ohio’s Sunshine Laws (Public Records Law & Open Meeting Acts), which allow any person to make a request for information; law enforcement records that remain confidential while a death is under investigation (for homicides, this may take years); and coroner records, which include investigative notes that may remain confidential, while other coroner data are made public.

PARTNERSHIPS

Partnerships with coroners, medical examiners and law enforcement agencies – and the professional associations representing these partners – were central to the successful passage of the legislation.

To educate partners, the Violence & Injury Prevention Program (VIPP) provided information about the OH-VDRS to coroners, law enforcement and others. Partners supported the OH-VDRS and recommended a legislative approach once they understood how their data would be kept confidential and used for violence prevention efforts (not typical prior to the OH-VDRS). They also valued being able to share county-level data from the OH-VDRS with prevention partners in their communities.

The OH-VDRS Advisory Board included representatives from coroner and law enforcement associations, who spoke on behalf of the OH-VDRS during legislative hearings.

Legal counsel from the Ohio Department of Health helped the VIPP to draft model language. Staff from the department’s Office of Government Affairs helped to identify potential legislative paths for the OH-VDRS legislation (e.g. state biennium and mid-biennium budget bills) and respond to requests about the legislation.

LEGISLATION

After multiple attempts over two years, legislation was passed that (1) established the OH-VDRS, (2) authorized the Ohio Department of Health to study and collect violent death data, (3) mandated reporting from key data sources relevant to the OH-VDRS, and (4) deemed all data collected and subsequent work products to be confidential and exempt from public record requests.

IMPACT OF LEGISLATION & MANDATED REPORTING

Ohio’s legislation requiring confidential, mandated reporting contributed to the credibility and effectiveness of the OH-VDRS. The legislation:

• supports the OH-VDRS when it requests data from coroners, medical examiners and law enforcement, and supports coroners and law enforcement when they release data to the OH-VDRS;
• ensures that data collected for the OH-VDRS will be used for valid public health reporting purposes; and
• has resulted in high participation rates – almost 100% among coroners and about 80% among law enforcement – which in turn help ensure OH-VDRS’s long-term sustainability.

THE BIG PICTURE

Prior to establishing the OH-VDRS, the Violence & Injury Prevention Program (VIPP) had little data to support its assumptions about different kinds of violent deaths. Now the state has important information about violent deaths. For example:

• In 2010, there were 2,192 violent deaths in Ohio.
• 65%, or nearly two-thirds, of these violent deaths were suicides.
• About 25% of these deaths were homicides.

OH-VDRS data also includes information about the circumstances of violent deaths. With these data, the VIPP has evidence that:

Among women who died from homicide

• 54.2% of these deaths were related to intimate partner violence.

Among persons who died from suicide

• 41.3% were currently depressed,
• 53.1% had a current mental health problem,
• 21.7% had a previous suicide attempt, and
54% of homicide deaths among women were related to intimate partner violence.