

**AGENDA**  
**Data Evaluation and Analysis of Grant-funded programs**  
**(Sub-Committee of the Commission on Community Gun Violence Intervention and Prevention)**

**October 4, 2022 @ 9am (Zoom)**

**Members Present: Jim Dodington, Susan Logan (IVSU), Mike Makowski, Kerri Raissian, Carl Schiessl, Pina Violano, Colleen Violette (OIVP staff)**  
**Members Not Present: David Shapiro**

**Our Legislative Charge Alignment:**

1. Collect timely data on firearm-involved injuries and deaths and make such data publicly available
2. Evaluate effectiveness of violence intervention and prevention strategies implemented under the program

**Charge 1: Data Availability**

The sub-committee is considering our first legislative charge in three parts. We will first attempt to delineate what data is currently available, what data might the state or state partners consider collecting and/ or making available, and finally, how should this data be made publicly available.

**1. What data is currently collected?**

**Fatality Data**

- a. Complete National Violence Death Reporting System (NVDRS) data from 2015 to 2020. We note that 2015 to 2019 can be used as baseline data.
  - i. Preliminary 2021 data- currently collecting/abstracting law enforcement
  - ii. Preliminary 2022 data as 8/30/2022 – no law enforcement data yet
1. The law enforcement data contains information concerning violent deaths, and includes information about circumstances such as what preceded the incident, if the incident was retaliatory, involved guns, etc. The focal point of the data is the victim, and the data has a law enforcement focus – particularly on clearance rates. There is a 16 month window to collect data. It is not retroactively updated after that data collection window has closed.
- b. Office of Chief Medical Examiner (OCME) data. Merges death certificate and OCME data together. Contains information on homicides and suicides – firearm and non-firearm based fatalities.

**Non-fatality Data**

- c. Non-fatal 2021 data from CHIME (Emergency Department (ED) data). Contains data on firearm and assault injuries
  - i. This data is currently sent to DPH.
- d. Office of Emergency Management Services (EMS) data
  - i. Contains type of assault, time of day of assault, and victim demographics (such as age and gender)
- e. Syndromic surveillance for firearm and other injuries

#### **Other Useful Data**

- f. ShotSpotter data where available in Connecticut's cities. This would capture gun discharges, and is important because not all gun discharges result in injury or death but can help understand the geographic risk of gun injury and level of community trauma that may stem from gun discharges.
- g. Gun buyback data as collected by Dr. Violano. This would contain information from the buy back: where firearm originated, the age of the seller, if seller noted suicidal tendency, and the veteran status.
- h. All major trauma centers maintain their trauma register. These are very well maintained and might be useful independently or as a cross reference. Very well-maintained. American Surgeons Trauma Register (NTDB)
- i. Data that shows victim and perpetrator age demographics will be useful for intervention and prevention efforts.

#### **Other data considerations and questions for the committee**

- j. How should we (the sub-committee) consider our scope? Should we be thinking of data that's currently collected or data we think would be useful to addressing community gun violence? We believe the latter, but we would like to feedback. We are currently considering making our recommendations as data to be collected in phases (Phase 1, 2, 3, etc.).
- k. How should we consider the scope of data? Public health in nature? Criminal? School based initiatives, green spaces, etc.?
- l. Should we incorporate intimate or family based violence in our considerations?
- m. Potential data that perhaps should be available: BLUE data (with law enforcement shot and killed in the line of duty), guns confiscated, guns used in crimes, etc.
  - i. Follow-up questions – is the BLUE data accurate
  - ii. Is some of this already available via COMPSTAT?

Data links to further explore:

<https://www.facs.org/quality-programs/trauma/quality/national-trauma-data-bank/>

<https://www.facs.org/hospital-and-facilities/?searchTerm=st.+mary%27s&institution=VerifiedTraumaCenter&address=CT&page=1>

[https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/ems/pdf/CEMSTARS/2021/2021OEMSAnnualReport\\_final.pdf](https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/ems/pdf/CEMSTARS/2021/2021OEMSAnnualReport_final.pdf)

## **2. How do we make data publicly available?**

- a. There are several options for making data publicly available.
  - i. Having the data available for download directly from a website
  - ii. Having a data request procedure
- b. For some data, a data dashboard or visual display might also be useful – especially to the parts of the public that are not data analysis
- c. Additionally, some data sets may require training to further expand the usability of the data

## **Charge 2: Evaluate violence intervention & prevention strategies**

1. This process depends on our peer sub-committee that is setting out grant criteria. We assume there will be 7 grantees with an award period from 6/1/23-6/30/26.
2. Depending on the awardees, we expect there to be a mix of customized and shared outcomes. We suggest the use and adoption of national standards for programmatic measures and outcomes as set forth in national standards. The HAVI has also established criteria that may be useful.

## **Next Steps?**

1. Set-up a shared platform to share information, documents, and data sources
2. Kerri will circulate the notes from today's meeting.
3. We will set our next sub-committee meeting after the 10/11/2022 Committee Meeting.