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Tobacco Control Program Funding Opportunities

Community/School Partnerships

- Up to $25,000
- Application open in March
- Community and school based tobacco policy focus
- Must have school and community representation
- Work in all four goal areas: Youth Initiation, Cessation, Secondhand Smoke, and Disparities

Disparities

- Up to $25,000
- Application opens February 1
- Focus on priority populations in at least one of three goal areas: Prevention, Secondhand Smoke, or Cessation
- Large focus on population-specific education, policies, and interventions
- Open to any organization to apply

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Tobacco Control Program Funding Opportunities
Examples

Community/School Partnerships

- Updated K-12 tobacco policies and provided new signage for enforcement and education
- Provide community education on the South Dakota QuitLine services
- Conducted point of sale assessments and educated store owners
- Provided community education on the dangers of smoking in vehicles

Disparities

- Missouri Breaks on Cheyenne River passed Clean Indoor Air Ordinance
- Started a youth tobacco free coalition
- Implemented referral system to South Dakota QuitLine in healthcare system
- Promote and educated on the ceremonial uses of traditional tobacco

National Violent Death Reporting System

- One of the ten remaining states to implement this reporting system
- CDC funding out of the National Center for Injury Prevention and Control
- 4 year project period (9/2018 - 8/2022)
- Year 1 funding $184,173
- **South Dakota Violent Death Reporting System (SD-VDRS)**
  - Roles;
    - Kiley Hump- PI/Grant Manager, assist with advisory committee
    - Ashley Miller- Data collection and analysis
    - Amanda Nelson- Data collection and analysis
    - Mariah Pokorny- Vital records (death certificates), work with coroners
    - Dr. Josh Clayton- support data collection and analysis
    - Colleen Winter- Lead advisory committee

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SD Preventable Death Review Committee

- Infant mortality review (East and West River)- DOH
- Child mortality review- DOH and DSS
- Maternal mortality review- National, local and SDSMA
- Violent death reporting- DOH

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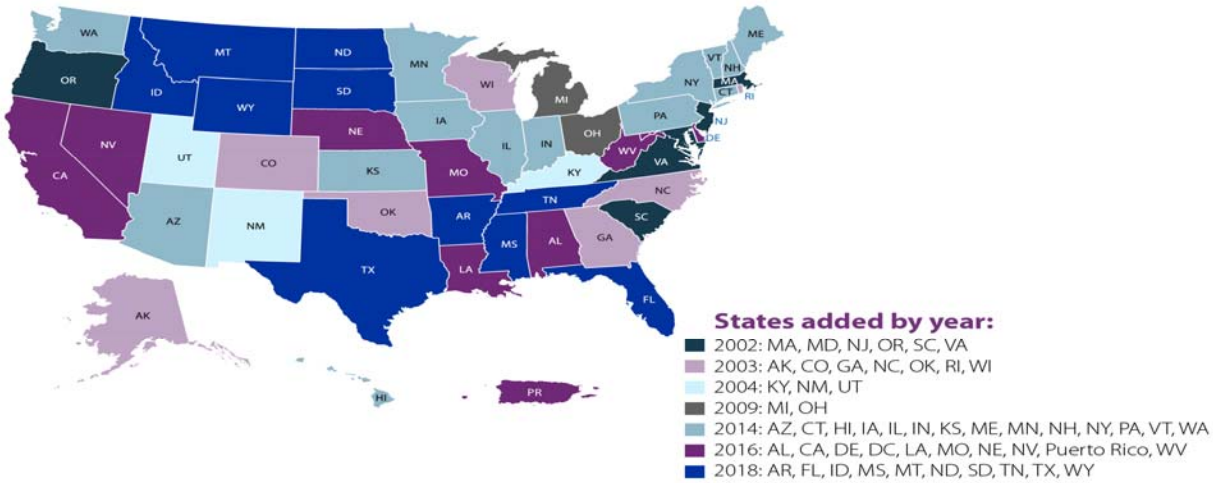
National Violent Death Reporting System



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National Violent Death Reporting System

- Collects information on all violent deaths
- A violent death includes:
  - Suicides
  - Homicides
  - Undetermined intent
  - Unintentional firearm
  - Legal intervention
  - Terrorism

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National Violent Death Reporting System

- Over **600 variables**
- Data about **victim, suspect, incident, weapon, toxicology**
- Comprehensive depiction of the **who, what, where, when, and how** to gain insight as to **why** the death occurred

Death Certificates

Coroner/Medical Examiner Reports

Law Enforcement Reports

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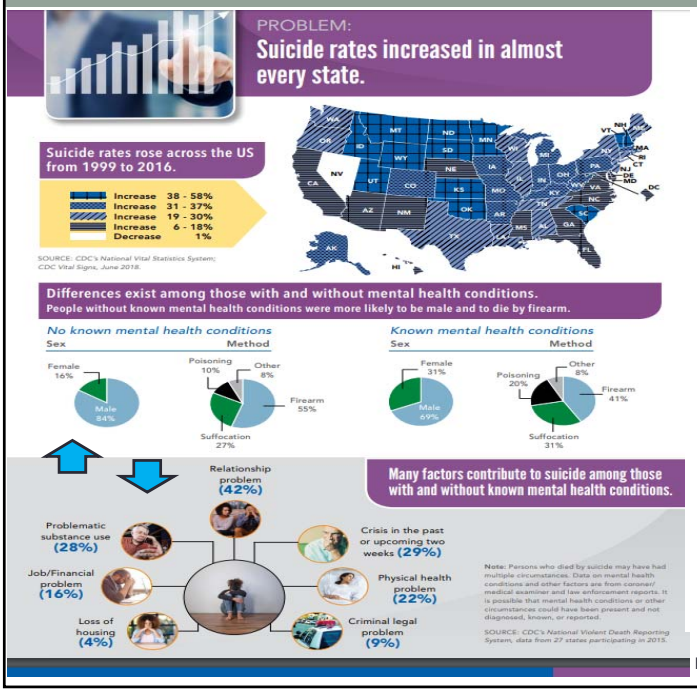
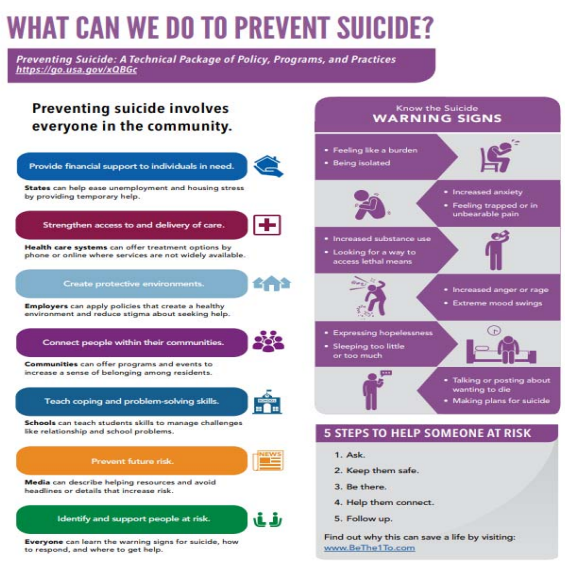
NVDRS Data Variables

- Demographics
  - Age, sex, race, ethnicity, place of residence, birthplace, industry, occupation, and education
- Injury and Death
  - Manner of death, injury location and time, external cause of injury codes, underlying causes of death, location of death, and wounds
- Circumstances
  - Mental health, substance abuse and other addictions, relationships, life stressors, crime and criminal activity, and manner specific circumstances
- Weapons
  - Weapon type (firearm, blunt/sharp object, poisoning, fall, motor vehicle, etc.)
- Suspects
  - Age, sex, and race of suspect; relationship to victim, and circumstances
- Toxicology
  - Toxicology report findings
- Overdose
  - Type of drug, overdose and treatment history, route of drug administration, response to drug overdose, and prescription information
- Optional: Intimate Partner Violence and Child Fatality Review data

CDC developed a Vital Signs Report using information from the NVDRS reporting system





https://www.cdc.gov/vitalsigns/pdf/vs-0618-suicide-H.pdf

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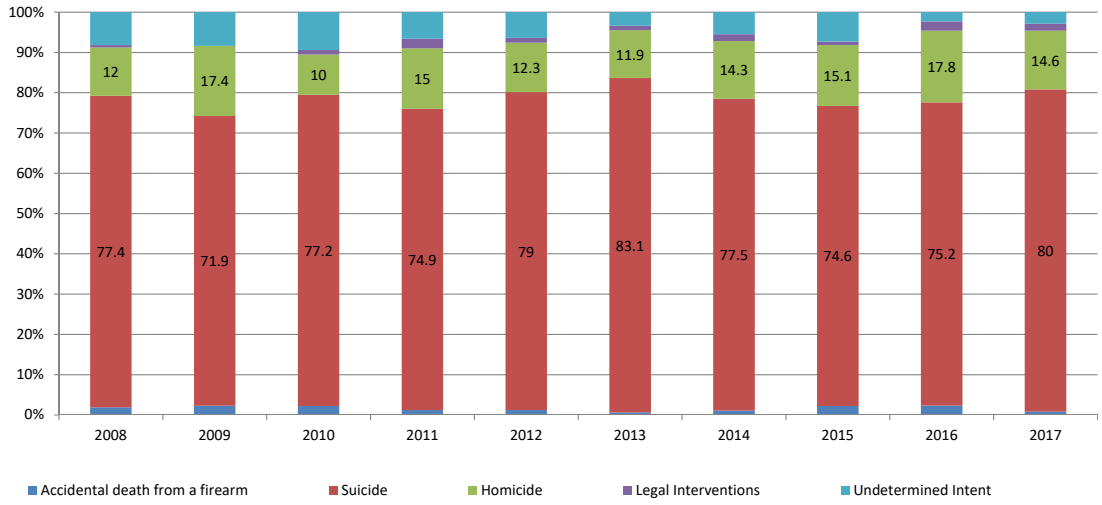
Violent Deaths in South Dakota, by Category, 2008-2017



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South Dakota Violent Death Reporting System

- Initially the Department of Health will work with Minnehaha and Pennington Counties with the goal of collecting information on violent deaths statewide beginning January 2020.
- SD-VDRS aims to provide our state and communities with a clearer understanding of violent deaths
- This information can be used to guide local decision making about efforts to prevent violence

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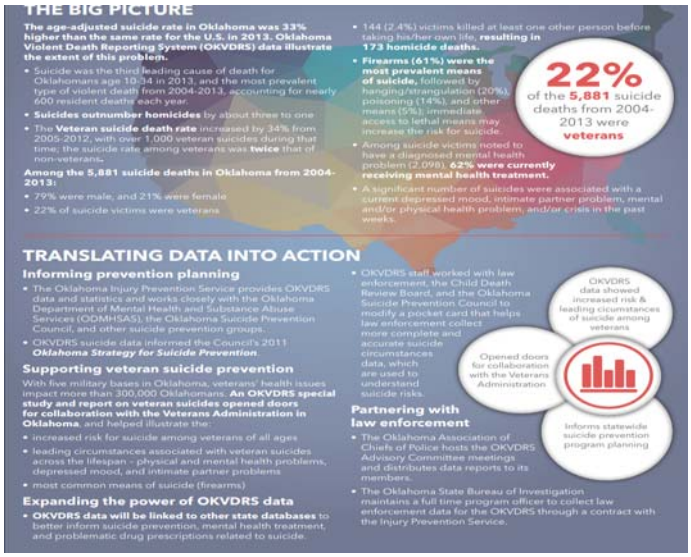
Examples from Other States



- Oklahoma noticed their suicide rate was 33% higher than the US rate
- The suicide rate among veterans was twice that of non-veterans
- Significant number of suicides were associated with current depressed mood, intimate partner problem, mental and/or physical health , and/or crisis in the past weeks

Data into Action:
- Inform prevention planning
- Opened doors for collaboration with the veterans administration

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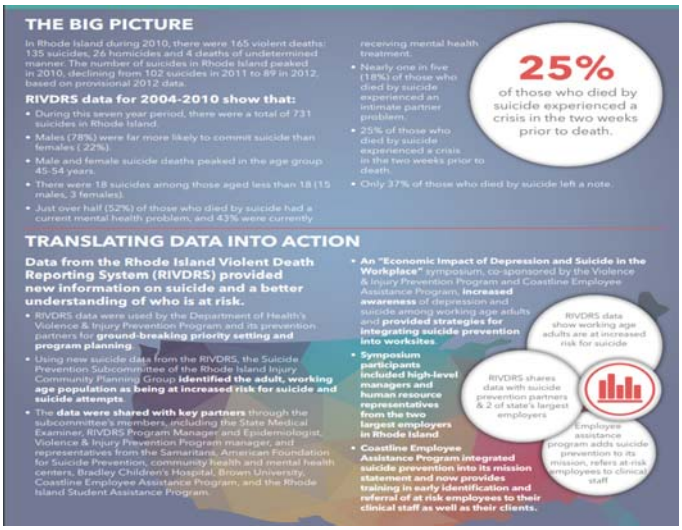
Examples from Other States



- Rhode Island noticed 25% of those who died by suicide experienced a crisis in the two weeks prior to death
- 78% were males
- 52% had a current mental health problem

Data into Action:
- Used to set priorities and program planning
- Identified the adult, working age population at increased risk
- Data shared with suicide prevention partners and 2 of the states largest employers
- Employee assistance program add suicide prevention to its mission, refers at risk employees to clinic staff

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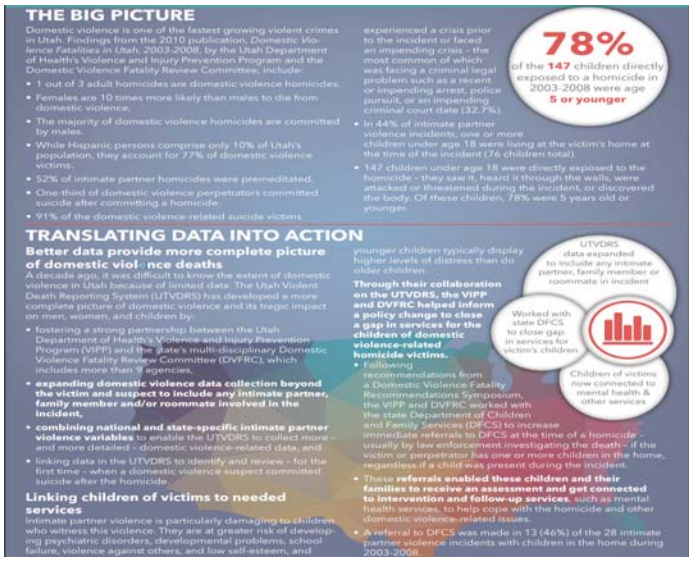
Examples from Other States



THE BIG PICTURE

Domestic violence is one of the fastest growing violent crimes in Utah. Findings from the 2010 publication, *Domestic Violence Fatalities in Utah, 2003-2008*, by the Utah Department of Health's Violence and Injury Prevention Program and the Domestic Violence Fatality Review Committee, include:

- 1 out of 3 adult homicides are domestic violence homicides.
- Females are 10 times more likely than males to die from domestic violence.
- The majority of domestic violence homicides are committed by males.
- While Hispanic persons comprise only 10% of Utah's population, they account for 77% of domestic violence victims.
- 52% of intimate partner homicides were premeditated.
- One-third of domestic violence perpetrators committed suicide after committing a homicide.
- 91% of the domestic violence-related suicide victims experienced a crisis prior to the incident or faced an impending crisis - the most common of which was facing a criminal legal problem such as a recent or impending arrest, police pursuit, or an impending criminal court date (32.7%).
- In 44% of intimate partner violence incidents, one or more children under age 18 were living at the victim's home at the time of the incident (74 children total).
- 147 children under age 18 were directly exposed to the homicide - they saw it, heard it through the walls, were attacked or threatened during the incident, or discovered the body. Of these children, 78% were 5 years old or younger.

78% of the 147 children directly exposed to a homicide in 2003-2008 were age 5 or younger

TRANSLATING DATA INTO ACTION

Better data provide more complete picture of domestic violence deaths

A decade ago, it was difficult to know the extent of domestic violence in Utah because of limited data. The Utah Violent Death Reporting System (UTVDRS) has developed a more complete picture of domestic violence and its tragic impact on men, women, and children by:

- fostering a strong partnership between the Utah Department of Health's Violence and Injury Prevention Program (VIPP) and the state's multi-disciplinary Domestic Violence Fatality Review Committee (DVFRC), which includes more than 9 agencies,
- **expanding domestic violence data collection beyond the victim and suspect to include any intimate partner, family member and/or roommate involved in the incident,**
- **combining national and state-specific intimate partner violence variables** to enable the UTVDRS to collect more - and more detailed - domestic violence-related data, and
- linking data in the UTVDRS to identify and review - for the first time - when a domestic violence suspect committed suicide after the homicide.

Linking children of victims to needed services

Intimate partner violence is particularly damaging to children who witness this violence. They are at greater risk of developing psychiatric disorders, developmental problems, school failure, violence against others, and low self-esteem, and younger children typically display higher levels of distress than do older children.

Through their collaboration on the UTVDRS, the VIPP and DVFRC helped inform a policy change to close a gap in services for the children of domestic violence-related homicide victims.

- Following recommendations from a Domestic Violence Fatality Recommendations Symposium, the VIPP and DVFRC worked with the state Department of Children and Family Services (DFCS) to increase immediate referrals to DFCS at the time of a homicide - usually by law enforcement investigating the death - if the victim or perpetrator has one or more children in the home, regardless if a child was present during the incident.
- These **referrals enabled these children and their families to receive an assessment and get connected to intervention and follow-up services**, such as mental health services, to help cope with the homicide and other domestic violence-related issues.
- A referral to DFCS was made in 13 (46%) of the 28 intimate partner violence incidents with children in the home during 2003-2008.

UTVDRS data expanded to include any intimate partner, family member or roommate in incident

Worked with state DFCS to close gap in services for victim's children

Children of victims now connected to mental health & other services

- Domestic violence in Utah is on of the fastest growing violent crimes
- In 44% of intimate partner violence incidents one or more children under 18 were living in the victim's home
- 78% of children exposed to the homicide were age 5 or younger

Data into Action:

- Expanded data collection to include intimate partner, family member or roommate incident
- Worked with the state department of children and family services to close gap in services for victim's children
- Children of victims now connected to mental health and other services

SOUTH DAKOTA DEPARTMENT OF HEALTH

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