

**COLORADO** Department of Public Health & Environment

# Violent Deaths in Colorado: Health Statistics Region 21, 2010-2014

Center for Health and Environmental Data

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Registries and Vital Statistics Branch

Colorado Central Cancer Registry (CCCR)

Colorado Responds to Children With Special Needs (CRCSN)

Colorado Violent Death Reporting System (CoVDRS)

Vital Statistics Program



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## Introduction

In the United States, approximately 55,000 people die annually as a result of violence<sup>1</sup>. Nationally, violent death is estimated to cost \$107 billion a year in medical care expenses and lost productivity, mentally and economically, affecting millions of people<sup>2,3</sup>. With both suicide and homicide consistently ranking high among leading causes of death, especially in younger populations, violent death remains at the forefront as a public health concern<sup>1</sup>. Violent death occurrence varies geographically across Colorado, both in magnitude and in precipitating circumstances.

In an attempt to better understand this issue, violent deaths can be analyzed regionally using data from the Colorado Violent Death Reporting System (CoVDRS). The CoVDRS is an enhanced public health surveillance system designed to obtain a complete census of violent deaths in Colorado, and was implemented in 2004. Colorado is one of 42 states currently participating in the broader National Violent Death Reporting System (NVDRS), which is maintained and funded by the Centers for Disease Control and Prevention (CDC). The CoVDRS collects data from multiple sources including death certificates, coroner and medical examiner reports, and law enforcement investigations, which allow for greater case detail than death certificates alone.

This report focuses on profiling violent death in Colorado Health Statistics Region (HSR) 21. Included in HSR 21 is Jefferson County, which is categorized as urban. The report provides descriptive information using CoVDRS surveillance data from 2010 to 2014 and includes trends, and circumstances surrounding violent death in this region. The purpose of this report is to increase violent death awareness, and to gain a better understanding of regional violent death in HSR 21. The information presented in this report may be used to promote prevention and intervention efforts aimed at decreasing the impact of violent death in local and regional communities.

# **Methods**

Data for this report were obtained from the CoVDRS database and include homicide, suicide, and unintentional firearm deaths that occurred in Colorado among each region's residents from 2010 to 2014, excluding legal intervention deaths. Deaths were selected for inclusion in the CoVDRS based on either the indication of violent death as the manner of death on the death certificate or International Classification of Disease, 10th Revision (ICD-10)-coded underlying cause of death as reported on the death certificate<sup>5</sup>. A full description of the data collection processes of the NVDRS is provided elsewhere<sup>6</sup>. Circumstances associated with most violent deaths were obtained through coroner/medical examiner investigation and autopsy reports and law enforcement investigation reports provided to CoVDRS. Violent deaths were analyzed by health statistics region (HSR), lethal means, victim circumstances, and toxicology. For this report, lethal means of suicide are reported as: firearm, hanging, poisoning, and other (sharp instrument, fall, etc.) and lethal means of homicide are reported as: firearm, sharp instrument, blunt instrument, personal weapons, strangulation/suffocation, and other (poisoning, intentional neglect, etc.). Violent deaths are presented as counts, percentages or as an age-adjusted mortality rate (a frequency of death per 100,000 population) with the ninety-five percent (95%) confidence intervals.

Population estimates used in computing mortality rates are based on 2014-based estimates from the Colorado Demography Office, Colorado Department of Local Affairs. Age-adjusted suicide rates were calculated using the direct method and standardized according to the 2000 United States standard population. To calculate violent death rates and frequencies by geographic location within the state, counties in Colorado were categorized by Health Statistics Region (HSR), a method often used to examine regional differences for various health indicators within Colorado.

# **Results**

Violent Death Rates Table 1 presents the violent death counts and age-adjusted rates for both HSR 21 and Colorado as a whole. In HSR 21, the age-adjusted suicide rate for males is significantly greater than for females, 28 deaths per 100,000 population (n=396) as compared to 9 deaths per 100,000 population (n=128), respectively (data not shown). When comparing the overall rates in Table 1, the HSR 21 homicide rate is less than that of Colorado, and that difference is statistically significant.

Violent Death Type	Colorado (Avg. Annual Population=5,197,313)		HSR 21 (Avg. Annual Population=546,176)		
	Ν	Age-Adjusted Rate (95% CI)	N	Age-Adjusted Rate (95% CI)	
Suicide	4,811	18.1 (17.6-18.6)	524	18.2 (16.6-19.8)	
Homicide	875	3.4 (3.2-3.6)	51	1.9 (1.4-2.4)	
Unintentional Firearm	26	0.1 (0.07-0.2)	*	*	

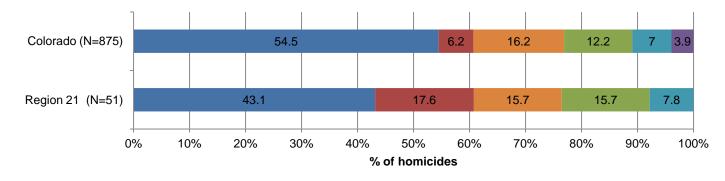
Table 1. Violent deaths and age-adjusted rates, Colorado and HSR 21 residents (2010-2014)

\*Counts of less than 3 are suppressed; rates are per 100,000 population.

Source: Colorado Violent Death Reporting System, Colorado Department of Public Health and Environment

Homicide Methods Figure 1 presents homicide deaths by method type in HSR 21 and Colorado. The percentage of homicide deaths occurring by strangulation/suffocation in HSR 21 (17.6%) is almost triple that in Colorado (6.2%).

#### Figure 1. Homicides by method of injury, Colorado and HSR 21 residents (2010-2014)



Firearm Strangulation, suffocation Sharp instrument Personal weapons Blunt instrument Other

Source: Colorado Violent Death Reporting System, Colorado Department of Public Health and Environment

Suicide Methods Figure 2 presents suicide deaths by method used to inflict the fatal injury, in HSR 21 and Colorado. The figure reveals that HSR 21 has a very similar breakdown of methods used as Colorado suicide victims in a whole.



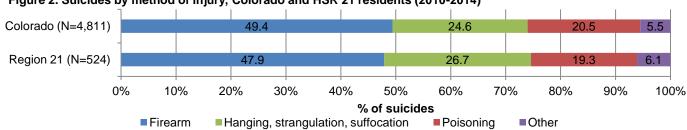


Figure 2. Suicides by method of injury, Colorado and HSR 21 residents (2010-2014)

Source: Colorado Violent Death Reporting System, Colorado Department of Public Health and Environment

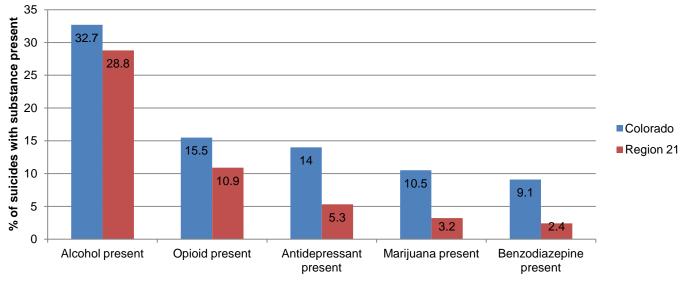
Victim Circumstances Table 2 outlines the circumstances most frequently associated with suicide and homicide deaths in HSR 21 compared with all Colorado suicide and homicide deaths. The percentages are computed using only cases where at least one circumstance was known. In HSR 21, 92.6% of suicide cases and 66.7% of homicide cases had some sort of circumstance known about the incident per information pulled from coroner/medical examiner reports and law enforcement investigations. The highlighted cells represent the three most common circumstances for each population, which reveals differences between groups. The most frequent circumstance associated with HSR 21 and Colorado suicide deaths was current depressed mood (64.5% and 56.2%, respectively). The most frequent circumstance associated with HSR 21 and Colorado homicide deaths was that an argument preceded the death (41.2% and 40.2%, respectively). The most notable difference includes 10% more suicides in HSR 21 than in Colorado where the victim was ever treated for a mental health problem.

	Colorado		HSR 21	
Suicide Circumstances	Ν	% of suicides with known circumstance	Ν	% of suicides with known circumstance
Suicides with 1+ known circumstance	4,380	91	485	92.6
Current depressed mood	2,462	56.2	313	64.5
Current mental health problem	2,023	46.2	241	49.7
Ever treated for mental health problem	1,749	39.9	238	49.1
Left a suicide note	1,591	36.3	191	39.4
Intimate partner problem	1,530	34.9	163	33.6
Diagnosis of depression	1,514	34.6	185	38.1
Disclosed intent to commit suicide	1,488	34	164	33.8
Physical health problem	1,392	31.8	170	35.1
Current mental health treatment	1,374	31.4	190	39.2
Problem with alcohol	1,196	27.3	155	32
Homicide Circumstances	N	% of homicides with known circumstance	N	% of homicides with know circumstance
Homicides with 1+ known circumstance	632	72.2	34	66.7
Argument preceded violent death	254	40.2	14	41.2
Death precipitated by another crime	198	31.3	7	20.6
First crime in progress	154	24.4	5	14.7
Intimate partner violence	93	14.7	5	14.7
Other substance abuse problem	87	13.8	3	8.8
Death precipitated by a physical fight	85	13.5	4	11.8
Drug involvement	81	12.8	4	11.8
Alcohol problem	76	12	6	17.7
Crisis in last two weeks	62	9.8	7	20.6
	59	9.3	4	11.8

Table 2. Violent deaths by circumstances, Colorado and HSR 21 residents (2010-2014)



*Suicide Toxicology* Figure 3 presents documented toxicological results associated with HSR 21 suicide deaths, that is, what substances were present in the victim's system at the time of death. Among suicide deaths for which toxicology results were available (375, or 71.6% of all cases in HSR 21), alcohol (28.8%) was the most frequently identified substance, followed by opioid (10.9%). Other substances noted were present in fewer than 10 percent of suicide deaths.





Source: Colorado Violent Death Reporting System, Colorado Department of Public Health and Environment

# Discussion

This analysis reveals the trends and characteristics of violent deaths in Health Statistics Region 21. The results of these analyses serve to inform local and state agencies for violence and injury prevention planning and intervention efforts by providing a better understanding of the populations at greatest risk for violent death. These results represent only a snapshot of the types of data the CoVDRS collects. For more information on the types of data collected by CoVDRS or specific data questions or needs contact the CoVDRS team (contact info on first page).

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- WISQARS (Web-Based Injury Statistics Query and Reporting System), from the CDCP National Center for Injury Prevention and Control. Fatal Injury Reports: homicide deaths, all mechanisms of injury combined, all ages and both sexes, United States, 2004-2014.



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