SUICIDE INDICATOR

EXPLORER GUIDE

Overview

A comprehensive approach to suicide prevention requires access to high-quality data for monitoring suicide, nonfatal suicide-related outcomes, and, importantly, the risk and protective factors associated with these outcomes.[1] Highlighting this need, ASTHO developed the Suicide Indicator Explorer (Explorer) to assist state, territorial, and freely associated state health agencies identify measures for their suicide prevention activities and programs. This guide explains how the Explorer was developed, describes the information in and capabilities of the tool, and provides use cases.

The Explorer is an interactive, visual tool for exploring suicide prevention measures and data sources. The Explorer can be used to: (1) demonstrate suicide burden, (2) analyze the patterns of risk and protective factors for suicide, (3) identify data-driven prevention strategies that align with CDC's Suicide Prevention Resource for Action, (4) identify data to evaluate suicide prevention programs, and (5) identify disproportionately affected populations. The Explorer includes more than 480 measures from 28 date sources, which users can search with filters like relevant strategies, approaches, and risk and protective factors.

[1] American Public Health Association (2021). A comprehensive approach to suicide prevention within a public health framework. Accessed June 27, 2022. https://www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements/Policy-Database/2022/01/07/A-Comprehensive-Approach-to- Suicide-Prevention-within-a-Public-Health-Framework

Methods

This section describes the methods used to develop the Explorer, including how ASTHO selected the measures and the information in the tool.

SELECTING THE MEASURES

Following the social-ecological model, ASTHO aimed to identify measures that contribute to suicide risk and protect against suicide risk at the individual, relationship, community, and societal levels.

ASTHO established specific criteria for identifying the Explorer's measures and sources to ensure that they are relevant to suicide prevention programs and activities. ASTHO prioritized measures and data sources available for all states, territories, and freely associated states, free to access, easy to use, and span multiple points in time. The majority of the measures and data sources included in the Explorer are:

- **Measurable,** quantifiable, and calculable by scale.
- **Reliable,** measured repeatedly and regularly.
- **Relevant,** related to suicide and suicide prevention activities.
- **Actionable,** and can be used for decision-making.
- **Sensitive,** serving as an early warning of changing conditions.
- **Disaggregated,** allowing identification of demographic and social characteristics.
- **Accessible,** ready to be used, and available to each jurisdiction.

To inform the selection process, ASTHO requested information from states that receive CDC's Comprehensive Suicide Prevention funding. ASTHO asked the recipients to share information on the measures they use to track suicide, suicide attempts, and risk and protective factors. The states shared 36 discrete measures related to suicide deaths, self-harm injury, suicidal behavior, mental health, and lethal means (i.e., firearms).

The data sources included state violent death reporting systems, death certificate data, emergency department data, hospital discharge data, National Suicide Prevention Lifeline, Youth Risk Behavior Surveillance System (YRBSS), Behavioral Risk Factor Surveillance System (BRFSS), and other state-administered surveys.

ASTHO reviewed and analyzed the measures and data sources the Comprehensive Suicide Prevention recipients provided. After applying the selection criteria, ASTHO found that all but three data sources (National Suicide Prevention Lifeline, YRBSS, and BRFSS) include measures available to all jurisdictions.

ASTHO reexamined the remaining measures and data sources and completed an internet search for comparable measures and sources. The search uncovered additional suicide death and mental health-related measures and sources such as the National Violent Death Reporting System and National Survey on Drug Use and Health.

[2] ASTHO requested the information in February 2022. Five of the ten states responded including California, Colorado, Massachusetts, Michigan, and Vermont.

SELECTING THE MEASURES (CONTINUED)

Next, ASTHO reviewed and analyzed data systems and sources available on CDC's Injury Center's webpage, which includes information on data systems and sources as well as other federal and non-federal data sources. In addition, ASTHO completed an internet search for additional public health and other relevant data systems and sources.

ASTHO used keywords related to the risk and protective factors for suicide (e.g., mental healthcare, adverse childhood experiences, and firearm access and injury). After reviewing and analyzing the measures and data sources, ASTHO applied the selection criteria and ensured the representation of each factor to reach the final list of 480 measures, which is referred to as the "long list."

Considering that it may not be practical to analyze all 480 measures in the Explorer, ASTHO further identified a shortened list of 40 measures to provide users with an overview of the types of measures, which is referred to as the "essential list." Four CDC suicide prevention and program evaluation subject matter experts informed the measures to include in the essential list after reviewing the long list.

First, each person selected a shortened list of measures from the long list that are a direct factor for suicide, a summary measure (e.g., substance use versus use of a single illicit drug), and help ensure that all well-recognized risk factors are represented. The subject matter experts discussed and reached consensus on the final selection.

TESTING THE EXPLORER

Once it was developed, ASTHO tested the Explorer. The testers included volunteers from health agencies.[3] The testers completed a Qualtrics survey and participated in group interviews. The survey allowed the testers to "play around" with the Explorer, and offer their feedback on its content and usability. During the group interviews, ASTHO asked the testers what they thought of the Explorer and if it met their needs. Based on the testing results, ASTHO added new introductory and help text to the Explorer.

MEASURE CHARACTERISTICS

The Explorer allows users to view the measures by their characteristics, including risk factors, protective factors, social-ecological model level, populations served, relevant strategies, relevant approaches, and measure expression. Table 1 provides definitions for each measure characteristic and accompanying Explorer filters.

The risk and protective factors and relevant strategies and approaches used in the Explorer come from CDC's Suicide Prevention Resource for Action.[4,5] More information about these characteristics is found in the resource, including the evidence for each. The identified risk factors, protective factors, and prevention strategies for each measure serve as general suggestions and may be modified based on different situations.

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[3] The testers represented four jurisdictions including Florida, Michigan, Vermont, and Wisconsin.
[4] CDC. (2022). Suicide Prevention Resource for Action: A Compilation of the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Accessed November 11, 2023. https://www.cdc.gov/suicide/resources/prevention.html

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Table 1: Measure Characteristic Definitions and Filters

Characteristic	Definition	Explorer filter
Risk factors	Situations that could lead someone to consider suicide. Risk factors increase the possibility of suicide, but they might not be direct causes.	• Previous suicide attempt • Mental illness • Social isolation • Criminal problems • Financial problems • Impulsive or aggressive tendencies (includes bullying, sexual violence, and relationship problems) • Job problems or loss • Legal problems • Serious illness • Substance use disorder • Suicidal behavior • Adverse childhood experiences • Family history of suicide • Barriers to healthcare • Stigma associated with mental illness or help-seeking • Easy access to lethal means among people at risk • Unsafe media portrayals of suicide
Protective factors	Individual characteristics and things we can do in communities that may help protect people from suicidal thoughts and behavior.	• Connections to friends, family, and community support • Supportive relationships with care providers • Availability of physical and mental healthcare
Social-ecological model	A framework for understanding the range of factors that influence health and well-being and the relationships between various individual and environmental factors.	• Individual • Relationship • Community • Societal
Relevant strategies	The preventive direction or actions to achieve the goal of preventing suicide.	• Strengthen economic supports • Strengthen access and delivery of suicide care • Create protective environments • Promote healthy connections • Teach coping and problem-solving skills • Identify and support people at risk • Lessen harms and prevent future risk

MEASURE CHARACTERISTICS

Table 1: Measure Characteristic Definitions and Filters (Continued)

Characteristic	Definition	Explorer filter
Relevant approaches	The specific ways to advance the strategy, including policies, programs, and practices.	• Improve household financial security • Stabilize housing • Coverage of mental health conditions in health insurance policies • Increase provider availability in underserved areas • Create safer suicide care through systems change • Reduce access to lethal means among persons at risk of suicide • Create healthy organizational policies and culture • Reduce substance misuse through community-based policies and practices • Promote healthy peer norms • Engage community members in shared activities • Support social-emotional learning programs • Teach parenting skills to improve family relationships • Support resilience through education programs • Train gatekeepers • Proactively plan for and follow up after an attempt • Provide therapeutic approaches • Intervene after suicide (postvention) • Report and message about suicide safely
Populations served	Population measured.	• Youth • Adults • Households • Community
Burden	Identifies fatal (i.e., suicide) and nonfatal (i.e., suicide ideation, self-harm, and suicide attempt) measures.	• Fatal • Nonfatal • N/A

The Explorer also includes a shorter list of measures called the 'essential list' ('Table 2).

Table 2: Measures Included in the Essential List
• Percent of adolescents who seriously considered attempting suicide
• Percent of adolescents who made a plan about how they would attempt suicide
• Percent of adolescents who actually attempted suicide
• Percent of adolescents whose suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse
• Percent of adolescents who carried a gun
• Percent of adolescents who were electronically bullied
• Percent of adults with four or more adverse childhood experiences
• Percent of adults who reported binge drinking in the past month
• Number of days when mental health status is not good
• Percent of adults aged 18 – 64 who have any kind of health care coverage
• Percent of adolescents who currently were binge drinking
• Unemployment rate
• Rate of total child maltreatment victims per 1,000 children
• Percent of LGBTQ students attending a school with a comprehensive anti-bullying/harassment policy
• Percent of children who have difficulty making or keeping friends, age 6 – 17 years
• Percent of children aged 3 – 17 whose current insurance meets their mental or behavioral health needs
• Percent of children who lived with anyone who was mentally ill, suicidal, or severely depressed
• Percent of children who live in a supportive neighborhood
• Suicide rate per 1,000 population
• Percent of people aged 18 or older who made any suicide plans in the past year
• Percent of people aged 18 or older who attempted suicide in the past year
• Health professional shortage area
• Prevalence of mental illness
• Percent of adults reporting a substance use disorder in the last year
• Percent of adults reporting serious thoughts of suicide
• Percent of youth with at least one major depressive episode in the past year
• Percent of adults with any mental illness reporting unmet needs
• Access to mental health care ranking by state
• Percent of workers earning at least $15/hour
• Percent of 16 – 24-year-olds not working or in school
• Percent of renters who are rent-burdened
• Percent of people living in high-poverty neighborhoods

SOURCE CHARACTERISTICS

The Explorer allows the users to view detailed information on the data sources. The sources are arranged by geographic level, demographic and social characteristics, frequency of updates, and first year available. Table 3 provides definitions for each source characteristic and accompanying filters in the Explorer. The Explorer provides information about the source's sampling frame (if applicable) and instructions for accessing the source, including a webpage link. The Explorer also provides information on the limitations of the data, such as if data is available for each state.

The Explorer includes both primary and secondary data sources. A primary data source contains original data collected firsthand for a specific research purpose or project. Primary data collection for public health purposes most often occurs using self-administered surveys and telephone-based interviews. Secondary data sources include data obtained from administrative or government records or data assembled by someone who is not the original researcher. The sources are available through databases (e.g., County Health Rankings, National Environmental Health Tracking System, K-12 School Shooting Database) and reports (e.g., National Suicide Prevention Lifeline, National Child Abuse and Neglect Data System). See the Appendix for more information about each data source.

**Table 3: Source Characteristic Definitions and Filters**

Characteristic	Definition	Explorer Filter	
Geography	Grouping and organizing locals.	• National • Territory/freely associated state • State • County • City • Congressional district	• Metropolitan statistical area • Zip code • Census tract • School district • Tribal • Other
Demographic and social	Population-based factors.	• Race • Ethnicity • Gender • Sexual orientation • Age	• Disability status • Education • Income • Employment • Veteran
Frequency of updates	How often the data is collected.	• Every five years • Biennial • Annual	• Quarter • Month • Real-time
First year available	The first year the data is available.	• Between 1968 and 2019 • Most of the secondary sources use measures from multiple primary sources; therefore, the first year available varies	

Tool Capabilities

The Explorer allows users to filter and search suicide prevention-related measures and data sources. The Explorer also provides detailed information for each of the measures and data sources.

From the starting page (Image 1), users can explore suicide prevention measures by characteristics (i.e., Short List, Risk Factors, Protective Factors, Social-Ecological Model Level, Strategies, Approaches, Populations Served, and Burden) or source characteristics (i.e., Geography, Frequency of Updates, Demographic/Social Characteristics, and First Year Available). Users can also explore all measures or data sources from this page (i.e., Browse All Measures, Browse All Data Sources).

Image 1: Suicide Indicator Explorer Starting Page
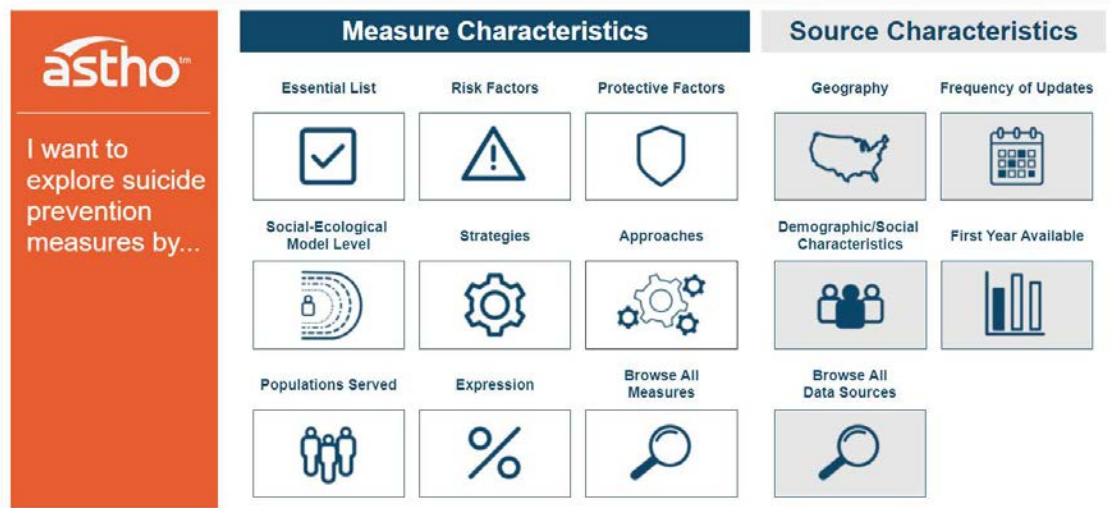
To explore measures and data sources, select a box from the starting page. Once the user selects a box (e.g., Risk Factors, Geography, Browse All Measures), a new screen will open. The new screen displays information on the item that was selected. It also allows users to explore measures and data sources further by filtering and searching. Image 2 shows the new screen when **Risk Factors** is selected from the starting page.

On the left side of the new screen, the Explorer provides users with two columns of filters. From this screen, users can filter by Measure Characteristics and Source Characteristics. Users can use the filters to focus on the measures that meet their specific needs. For most filters, users must select an "apply" button to implement the filters. The filters will stay in place until users manually change them.

The center of the new screen displays a bar graph—Count of Measures. The bar graph shows the number of measures for the category (i.e., Risk Factors) selected from the previous screen. These counts can help users understand how many measures might relate to an area of interest. Users can also click any one of the category names in the bar chart to filter the list of measures down to just that category.

At right, users see a summary of the available measures for the category (i.e., Risk Factors) selected from the previous screen. Each entry also identifies the data source and whether the measure is on the essential list of measures. Users can click the ruler icon to get details about the measure or the cylindrical icon to get details about the data source. Users can find additional measures by using the scroll feature.

**Image 2: Information for Risk Factors**

Example

The example below describes one path that users can take to access information. Keep in mind that there is often more than one path users can take to access the same information. A user is interested in finding information about how to measure relationship problems as a risk factor among American Indians and Alaska Natives.
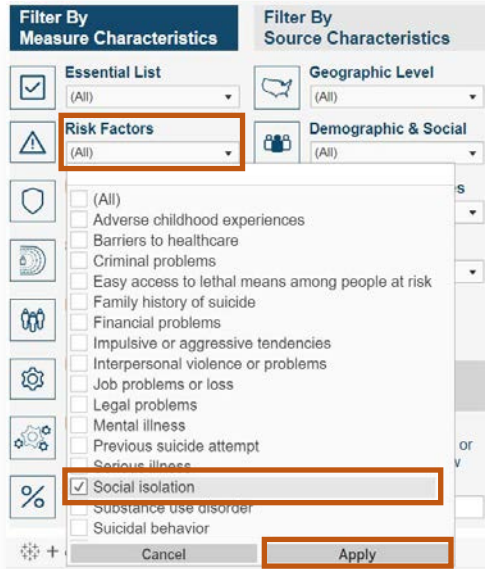
STEP 1:

Select **Risk Factors** on the starting page. The user knows that relationship problems are a risk factor for suicide.
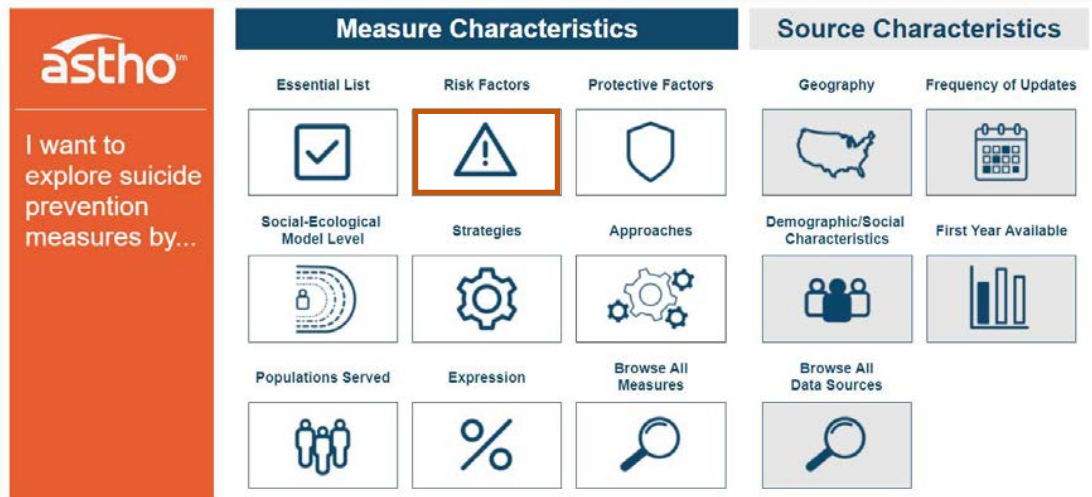
STEP 2:

Select **Impulsive** or **Aggressive Tendencies** from the **Risk Factors** drop-down menu and click **Apply**. The impulsive or aggressive tendencies risk factors filter includes bullying, sexual violence, and relationship problems.

STEP 3:

Select **Race** from the **Demographic and Social** drop-down menu and click **Apply**. The user is only interested in measures for American Indians and Alaska Natives.
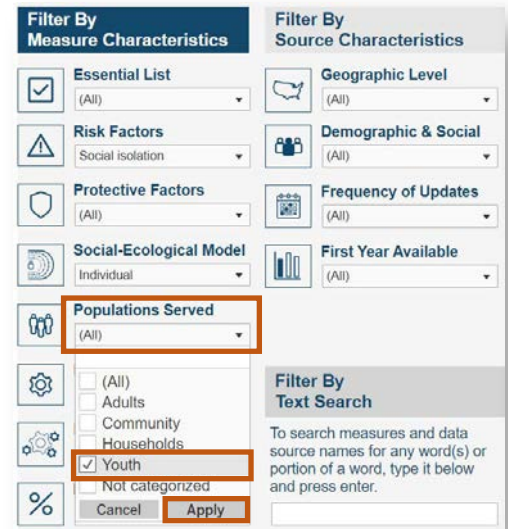
STEP 4:

Scroll to view the available measures and to find the measure for Suicide death, relationship problem. Click the **ruler icon** to get details about the measure. Click the **cylindrical icon** to get details about the data source.

Appendix

SUICIDE INDICATOR EXPLORER DATA SOURCES

Primary Data Sources

Name	Description
Behavioral Risk Factor Surveillance System (BRFSS)	Administered by CDC, BRFSS collects data from civilian, noninstitutionalized U.S. adults regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. The system allows for the inclusion of optional modules and state-added questions, in addition to its core component questionnaire. BRFSS has been conducted annually with 15 states since 1984 and with all 50 states, Washington, D.C., Guam, Puerto Rico, and U.S. Virgin Islands since 1996.
National School Climate Survey (NSCS)	Administered by the Gay, Lesbian & Straight Education Network (GLSEN), NSCS is a survey designed to capture the experiences of lesbian, gay, bisexual, transgender, and queer middle and high school students. Information about students' experiences with discrimination, biased language, and the availability and utility of supportive school resources is collected. NSCS has been conducted yearly for the past two decades, with students across the United States and Puerto Rico.
National Survey of Children's Health (NSCH)	Administered by the Maternal and Child Health Bureau of the Health Resources and Services Administration, an agency within the U.S. Department of Health and Human Services (HHS), NSCH examines the physical and emotional health of children ages 0 – 17 years of age. Special emphasis is placed on factors related to the well-being of children. These factors include access to and quality of healthcare, family interactions, parental health, neighborhood characteristics, as well as school and after-school experiences. NSCH was first administered across the United States in 2003. NCSH datasets have been available annually since 2016.
National Survey on Drug Use and Health (NSDUH)	Administered by the Substance Abuse Mental Health Services Administration within HHS (SAMHSA), NSDUH is a household survey of persons aged 12 and over in the civilian noninstitutionalized population. NSDUH assesses the use of illegal drugs, prescription drugs, alcohol, and tobacco. NSDUH also measures serious psychological distress and symptoms of mental health disorders. Data on access to and receipt of behavioral health services are also collected. NSDUH data allow users to estimate the prevalence of substance use disorders and mental illness at the national, state, and substate levels and among different subgroups. NSDUH began in 1971 and is conducted every year in all 50 states and Washington, D.C.
Youth Risk Behavior Surveillance Survey (YRBSS)	Administered by CDC, YRBSS collects data from students in secondary school settings to monitor six categories of behaviors that contribute to the leading causes of death and disability among youth and adults. The system allows for the inclusion of optional modules and state-added questions, in addition to its core component questionnaire. First administered in 1991, YRBS has been administered biennially since 2001, with participation from all 50 state health agencies, seven territorial agencies, and 31 local education agencies beginning in 2013.

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Secondary Data Sources

Name	Description
Behavioral Health Treatment Locator	Administered by SAMHSA, the Behavioral Health Treatment Locator is a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. territories for substance use/addiction and/or mental health problems. All information in the Locator is updated annually from facility responses to SAMHSA's National Substance Use and Mental Health Services Survey (N-SUMHSS). New facilities that have completed an abbreviated survey and met all the qualifications are added monthly. Updates to facility names, addresses, telephone numbers, and services are made weekly for facilities informing SAMHSA of changes.
CDC National Center for Injury Prevention and Control (NCIPC)	CDC's NCIPC funds the states, tribes, territories, non-governmental organizations, and university research programs to track and monitor suicide-related outcomes, build implementation capacity, and implement and evaluate suicide prevention strategies and approaches with the best available evidence. Suicide data and funding levels from all 50 states and Washington, D.C. are available for the current year.
Census of Juveniles in Residential Placement (CJRP)	Administered by the Office of Juvenile Justice and Delinquency Prevention within the U.S. Department of Justice, CJRP contains data from committed, detained, and diverted juvenile offenders (younger than 21) on type of offense (e.g., person, property, drug, public order, status, or technical violation). Data are presented by sex, race/ethnicity, placement status, and facility type. CJRP has been conducted biennially in all 50 states and Washington, D.C. since 1997.
Child Opportunity Index (COI)	COI is a composite index measured at the census tract level that captures neighborhood resources and conditions that matter for children's healthy development in a single metric. The index focuses on contemporary features of neighborhoods that are affecting children. It is based on 29 indicators and spans three domains, including education, health and environment, and social and economic. COI data is available for virtually all U.S. census tracts for 2010 and 2015.
Child Welfare Outcomes (CWO)	Published by the Children's Bureau, an office of the Administration for Children and Families within the U.S. Department of Health and Human Services, the CWO is an annual report to Congress that includes information on state performance in seven categories of outcomes that are widely accepted performance objectives for child welfare practice. It also includes findings related to performance across states and over time. The CWO data site allows for a significantly faster release of these data than is possible via the publication of the full report. CWO data have been available annually since 1991 in all 50 states, Washington, D.C., and Puerto Rico.

SUICIDE INDICATOR EXPLORER DATA SOURCES

Secondary Data Sources (Continued)

Name	Definition
City Health Dashboard	With funding from the Robert Wood Johnson Foundation, New York University partnered with the National Resource Network to create the City Health Dashboard. It was designed to serve as a health improvement planning resource for the 500 largest U.S. cities. Launched in 2018, the dashboard continues to grow and is a one-stop resource for viewing and comparing data from multiple sources on health and the factors that shape health to guide local solutions.
Civil Rights Data Collection (CRDC)	Administered by the U.S. Department of Education, CRDC contains school- and district-level data related to several topics, including incidents of harassment or bullying on the basis of disability, sex, or race/religion/color/national origin. Administered in all 50 states and Washington, D.C., CDRC began in 1968, with biennial data collection beginning in 2009.
County Health Rankings	With funding from the Robert Wood Johnson Foundation, the University of Wisconsin Population Health Institute created County Health Rankings for communities across the nation. The County Health Rankings measure the health of nearly all counties in the nation and ranks them within states. The rankings are compiled using county-level measures from a variety of national and state data sources. Data and documentation for each year since 2010 are available through the website.
FBI Crime Data Explorer	The FBI Crime Data Explorer pages provide a view of estimated national and state data, reported agency-level crime statistics, and graphs of specific variables. The data records details regarding individual offenses and arrests that were part of an incident, such as information about the victim, offender, property involved, and arrestees.
Gun Violence Archive	The Gun Violence Archive is an online archive of gun violence incidents collected from over 7,500 law enforcement, media, government, and commercial sources daily to provide near-real-time data about the results of gun violence. Formed in 2013, Gun Violence Archive is a non-profit that provides free online public access to accurate information about gun-related violence in the United States.

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Secondary Data Sources (Continued)

Name	Definition
Health Resources and Services Administration (HRSA)	Administered by the Bureau of Health Workforce of the Health Resources and Services Administration, Health Professional Shortage Area (HPSA) includes data regarding access to primary care, dental care, and mental health providers. Shortage designation begins with state Primary Care Offices (PCOs). State PCOs conduct needs assessments in their states, determine what areas are eligible for designations, and submit designation applications to HRSA. If the area meets the eligibility criteria, HRSA approves the designation. Medically Underserved Areas (MUA) have a shortage of primary care health services within a geographic area. MUA also provides information on Medically Underserved Populations (MUP). MUPs have a shortage of primary care health services for a specific population subset within a geographic area. These groups may face economic, cultural, or language barriers to healthcare.
K-12 School Shooting Database	The K-12 School Shooting Database documents every instance a gun is brandished, fired, or a bullet hits school property for any reason, regardless of the number of victims, time, or day of the week. The database compiles information from more than 25 different sources, including peer-reviewed studies, government reports, mainstream media, non-profits, private websites, blogs, and crowd-sourced lists. The data sources have been analyzed, filtered, deconflicted, and cross-referenced.
Local Area Unemployment Statistics (LAU)	Administered by the Bureau of Labor Statistics in the U.S. Department of Labor, LAU contains monthly and annual employment, unemployment, and labor force data for Census regions and divisions, states, counties, metropolitan areas, and many cities, by place of residence. The concepts and definitions underlying LAU data come from the Current Population Survey, the household survey that is the source of the national unemployment rate.
Mental Health America State of Mental Health in America	Mental Health America's State of Mental Health in America presents a collection of data regarding youth and adult mental health prevalence and mental healthcare access. Rankings explore which states are more effective at addressing issues related to mental health and substance use. Analysis may reveal similarities and differences among states to begin assessing how federal and state mental health policies result in access to care.

SUICIDE INDICATOR EXPLORER DATA SOURCES

Secondary Data Sources (Continued)

Name	Definition
National Child Abuse and Neglect Data System (NCANDS)	Published by the Children's Bureau, an office of the Administration for Children and Families within the U.S. Department of Health and Human Services, the Child Maltreatment Report is an annual report to Congress that uses data state child abuse and neglect information from the NCANDS, a voluntary, national data collection, and analysis program. NCANDS data have been collected from child welfare agencies every year since 1991 in all 50 states, Washington, D.C., and Puerto Rico.
National Environmental Public Health Tracking System (NEHTS)	Administered by CDC, NEHTS has collected, integrated, and analyzed non-infectious disease and environmental data from national, state, and city sources obtained from a nationwide network. The purpose of the program is to deliver information and data to protect the nation from health issues arising from or directly related to environmental factors. NEHTS data have been collected for over a decade.
National Equity Atlas	The National Equity Atlas provides a detailed report card on racial and economic equity. The Atlas draws its data from a unique regional equity indicators database developed and maintained by PolicyLink and the University of Southern California's Equity Research Institute. The Atlas incorporates measures of well-being and racial gaps, provides several decades of data for cities, counties, and metropolitan regions that are geographically consistent over time, and includes data disaggregated by race/ethnicity, gender, nativity, and income.
National Suicide Prevention Lifeline	The National Suicide Prevention Lifeline is a national network of over 200 local crisis centers, allowing the Lifeline to provide local resources with innovative best practices and quality care across nearly every state. The website includes reports for the past two years that offer information about the crisis centers within each state.
National Violent Death Reporting System (NVDRS)	Published by CDC, the NVDRS monitors and tracks deaths related to violence. NVDRS is the only state-based surveillance (reporting) system that pools more than 600 unique data elements from multiple sources (e.g., death certificates, coroner/medical examiner reports, law enforcement reports, and toxicology reports) into an anonymous database. NVDRS covers all types of violent deaths—including homicides and suicides—in all settings for all age groups. In 2018, NVDRS was expanded to include data collection from all 50 states, Puerto Rico, and Washington, D.C.

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Secondary Data Sources (Continued)

Name	Definition
Office of Postsecondary Education Campus Safety and Security (OPECSS)	Sponsored by the Office of Postsecondary Education of the U.S. Department of Education, OPECSS runs a database that includes crime and fire data from postsecondary institutions across the United States. Each year contains combined data from the three years preceding it. For example, the 2008 data file contains combined data from 2005 – 2007. The database includes crime statistics and fire statistics that have been submitted annually since 2010. All postsecondary institutions that receive Title IV funding (i.e., those that participate in federal student aid programs) are required to submit these data online.
RAND Corporation	RAND Corporation administers a longitudinal database of annual state-level estimates of household firearm ownership rates from 1980 – 2016. These estimates are derived from a statistical model that draws on a wide range of survey and administrative data sources associated with household gun ownership.
Social Vulnerability Index (SVI)	Initially developed by CDC, the SVI is intended to help government officials identify communities that may need support before, during, or after public health emergencies. The SVI is calculated using data obtained from the U.S. Census on 15 social factors (e.g., poverty, lack of vehicle access, and crowded housing). The SVI has been calculated since 2011, with biennial estimates beginning in 2014.
State Emergency Department Databases (SEDD)	The State Emergency Department Databases (SEDD) are a set of state-specific emergency department databases included in the Healthcare Cost and Utilization Project (HCUP). The SEDD captures information on emergency department visits and hospital admissions. To access the data, follow the link to find the contact information for your state.
USDA Food Environment Atlas	Sponsored by the U.S. Department of Agriculture, the USDA Food Environment Atlas is a data source that assembles statistics on food environment indicators. It was created to stimulate research on the determinants of food choices and diet quality and provide a spatial overview of a community's ability to access healthy food and its success in doing so. The current version of the FEA has more than 280 variables. Current FEA data and documentation, along with six previous versions of the data and documentation dating back to 2011, are available through the website.