

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 [Preventing Suicide: A Technical Package of Policies, Programs, and Practice](#), and (4) identify data to evaluate suicide prevention programs. The Explorer includes measures from 27 data sources with an essential list of 40 measures; in total, there are more than 470 measures. Users can search and filter measures and sources by many considerations, such as relevant strategies and approaches and risk and protective factors.

¹American 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.² 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 states, territories, and freely associated states.

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.

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 470 measures, which is referred to as the 'long list.'

Considering that it may not be practical to analyze all 470 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.

² Five of the ten states responded.

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 Preventing Suicide: A Technical Package of Policy, Programs, and Practices.³ More information about these characteristics is found in the technical package, 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.

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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Individual • Relationship • Community • Societal
Relevant strategies	The preventive direction or actions to achieve the goal of preventing suicide.	<ul style="list-style-type: none"> • 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

TABLE 1 CONTINUED ON NEXT PAGE →

³ Stone, D. M., Holland, K. M., Bartholow, B. N., Crosby, A. E., Davis, S. P., & Wilkins, N. (2017). Preventing suicide: A technical package of policies, programs, and practice. Accessed June 27, 2022. <https://www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf>

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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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Youth • Adults • Households • Community
Measure expression	How the measure is calculated and quantified.	<ul style="list-style-type: none"> • Percent • Number • Prevalence • Rank • Rate • Ratio • Index • Extent • Days • Hours • Months • Dollar

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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 to 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 including 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Race • Ethnicity • Gender • Sexual orientation • Age • Disability status • Education • Income • Employment • Veteran
Frequency of updates	How often the data is collected.	<ul style="list-style-type: none"> • Every five years • Biennial • Annual • Quarter • Month • Real-time
First year available	The first year the data is available.	<ul style="list-style-type: none"> • Between 1968 and 2019 • Most of the secondary sources use measures from multiple primary sources; therefore, the first year available varies

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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 Expression) 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).

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.

All measure and source characteristics can be filtered. Once an item is selected on the starting page or a filter is applied, the number of measures related to that selection or filter is displayed in a bar chart in the center column.

The Explorer also displays the specific measures that are related to the selection or filter on the right column (Image 2).

Image 1: Suicide Indicator Explorer Starting Page

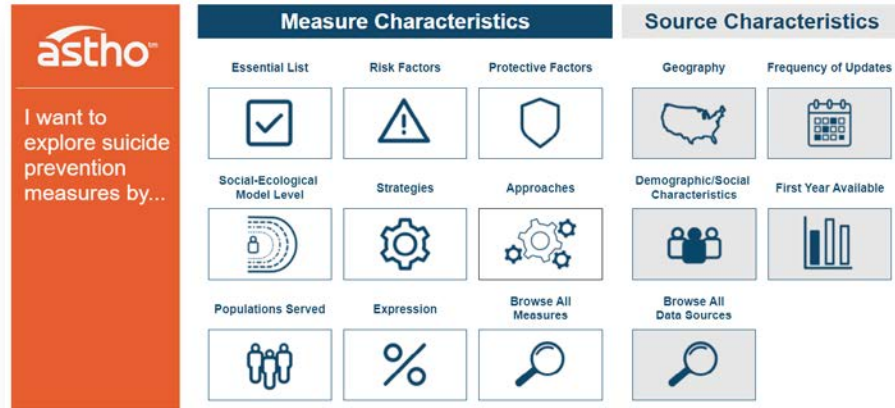


Image 2: Information for Risk Factors



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 a measure with the following characteristics: social isolation among youth.

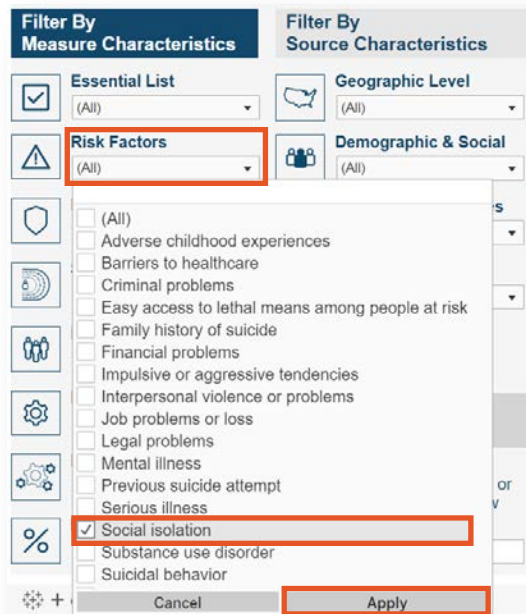
STEP 1:

Select **Risk Factors** on the starting page.



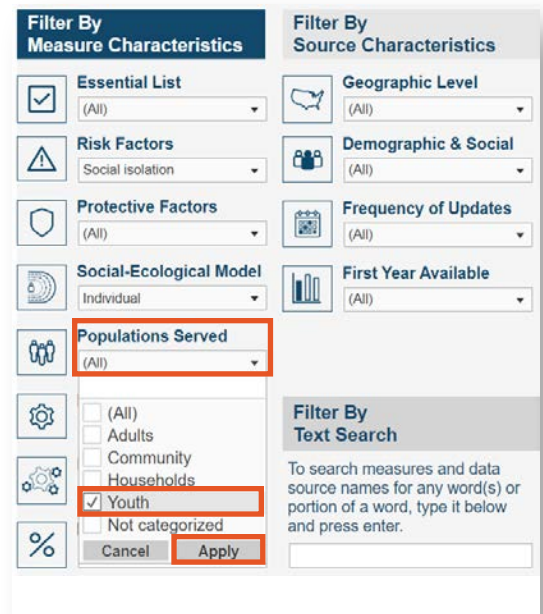
STEP 2:

Select **Social isolation** from the **Risk Factors** drop-down menu and click **Apply**.



STEP 3:

Select all **Youth** options from the **Populations Served** drop-down menu and click **Apply**.



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STEP 4:

Explore the details of the seven related measures by selecting the **measure icon**.

Measures relating to Social Isolation (15 Measures)

Hover for details about an individual measure or source.















Student school suspensions (Percent): Civil Rights Data Collection (CRDC)		
Student expulsions (Percent): Civil Rights Data Collection (CRDC)		
Students subjected to seclusion (Percent): Civil Rights Data Collection (CRDC)		
Difficulty making or keeping friends (Percent): National Survey of Children's Health (NSCH). ESSENTIAL LIST.		
Sometimes or never engaged in school (Percent): National Survey of Children's Health (NSCH)		
Neither working nor in school (Percent): County Health Rankings		
Residential segregation (Index): County Health Rankings		

STEP 5:

Explore the details of the data sources by selecting the **source icon**.

Measures relating to Social Isolation (15 Measures)

Hover for details about an individual measure or source.

Student school suspensions (Percent): Civil Rights Data Collection (CRDC)		
Student expulsions (Percent): Civil Rights Data Collection (CRDC)		
Students subjected to seclusion (Percent): Civil Rights Data Collection (CRDC)		
Difficulty making or keeping friends (Percent): National Survey of Children's Health (NSCH). ESSENTIAL LIST.		
Sometimes or never engaged in school (Percent): National Survey of Children's Health (NSCH)		
Neither working nor in school (Percent): County Health Rankings		
Residential segregation (Index): County Health Rankings		

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SUICIDE INDICATOR EXPLORER DATA SOURCES

Primary Data Sources	
Name	Definition
<u>Youth Risk Behavior Surveillance Survey</u> (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, YRBSS 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.
<u>Behavioral Risk Factor Surveillance System</u> (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., and three participating U.S. territories since 1996.
<u>National School Climate Survey</u> (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 U.S. and Puerto Rico.
<u>National Survey of Children's Health</u> (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 U.S. in 2003. NSCH datasets have been available annually since 2016.
<u>National Survey on Drug Use and Health</u> (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.
Secondary Data Sources	
Name	Definition
<u>Census of Juveniles in Residential Placement</u> (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.
<u>Civil Rights Data Collection</u> (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., CRDC began in 1968, with biennial data collection beginning in 2009.
<u>Social Vulnerability Index</u> (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.
<u>Local Area Unemployment Statistics</u> (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.

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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 & 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.
Child Welfare Outcomes (CWO)	Published by the Children's Bureau, an office of the Administration for Children & 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.
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.
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 U.S. 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.
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.
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 U.S. 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.
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 health care.
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 health care 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.
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.

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Name	Definition
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.
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.
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.
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.
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.
RAND Corporation	RAND Corporation administers a longitudinal database of annual state-level estimates of household firearm ownership rates from 1980 to 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.
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.
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 U.S.
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.
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.