



Michigan Medical Examiner Database
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The MMEDB is a collaborative project administered by the Center for Collaborative Research in Health Outcomes & Policy (CRHOP), a program of the Michigan Public Health Institute (MPHI), and funded by the Michigan Department of Community Health and the Centers for Disease Control and Prevention. The project uses Internet-based software to enhance operations for medical examiner (ME) offices and to provide standardized data for public health surveillance.

Forensic Informatics Initiative

A group of forensic scientists, already members and fellows of the American Academy of Forensic Sciences (AAFS), are initiating a new section in the Academy focused on forensic informatics. The new forensic informatics section will need five fellows and twenty five other members to be sufficient in size for candidacy to the Executive Council for approval. Initiation this year may mean a viable section for 2006.

There is no focused forensic informatics section or group in the USA. About ten percent of the papers at the 2003 AAFS meeting could be considered as belonging to the discipline of forensic informatics i.e. database comparisons to forensic data bases, reviews and introductions of new forensic software programs, the use in evaluations of specific and generic software programs.

Interested scientists can contact Gil Corrigan MS, MD, Ph.D. at tigergil@aol.com, Mark Shuman MD at mshumanmd@netzero.net, Carrie Whitcomb MSFS at whitcomb@mail.ucf.edu, or Brian Hunter MD at bcolbyhunter@hotmail.com. AAFS membership details are available at www.aafs.org.

From: "Forensic Magazine"; *Newsnotes* (Feb/Mar 2005).

www.mmedb.com

Cancer now top killer of younger Americans

Report: Heart disease surpassed as leading cause of death

For the first time, cancer has surpassed heart disease as the top killer of Americans under 85. Currently, one in four deaths in the U.S. is due to cancer. Despite cancer being in the #1 spot, the overall U.S. cancer death rate has actually been going down due to better screening and cancer treatment.

Lung cancer is still the top cause of cancer death. It is one-fourth of all cancer deaths in women and one-third of cancer deaths in men. Breast cancer is the second leading cause of cancer death for women. Prostate cancer is the No. 2 cause of male cancer death. Colon cancer is the number 3 cause of cancer deaths in men and women.

For more information on cancer and cancer statistics, visit: www.cancer.org. Cancer Statistics, 2005 was reported in the January/February issue of *CA: A Cancer Journal for Clinicians*.

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Intimate Partner Homicide in Michigan, 1999–2001

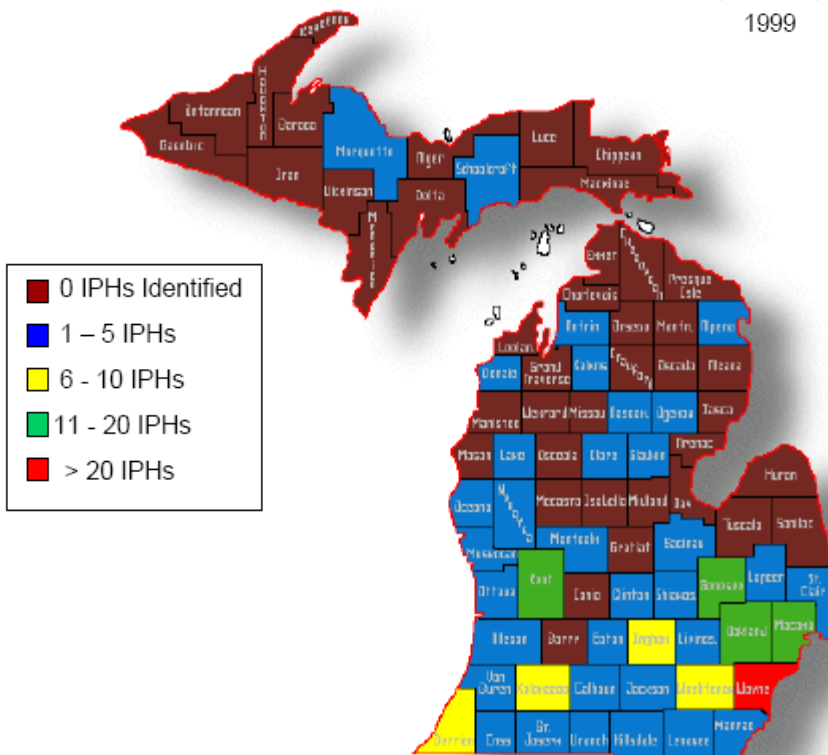
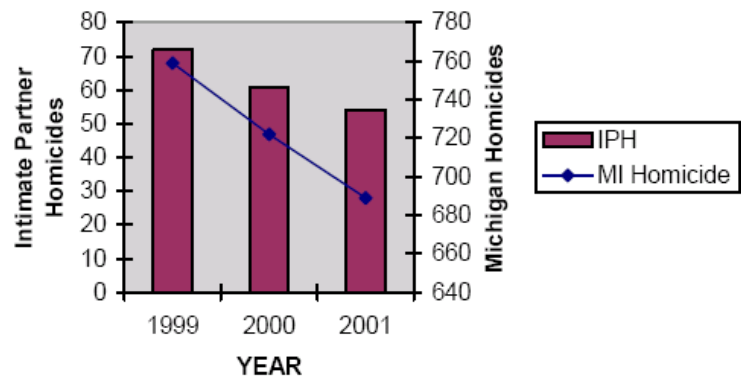
How many Michigan residents on average die each week in the context of intimate partner violence? Published figures vary, ranging from one partner violence-related fatality every three or four days to one such fatality every eight days. Individuals at the Michigan Department of Community Health are working to bring clarity to this and other issues surrounding intimate partner violence in Michigan.

Although it has been disputed as to which gender is more likely to be victimized by an intimate partner, women in this country are more apt to suffer greater physical consequences than men. According to the Federal Bureau of Investigation, during the years 1976–2000 there were more than 40,000 intimate partner homicides in the United States.¹ By the end of that time period, the ratio of female-to-male victims had increased from two-to-one to almost three-to-one.

The Michigan Department of Community Health has implemented a surveillance system of violence committed by/against intimate partners, where surveillance is characterized as the ongoing, systematic collection and interpretation of data that is translated into information for public health action. The Michigan Intimate Partner Homicide Surveillance System (MIPHSS) utilizes several existing data sources to generate information on fatal intimate partnership cases. MIPHSS sources include the Michigan Medical Examiner Database (MMEDB), death certificates, the Michigan State Police homicide dataset, and newspaper articles.

During 1999–2001, a total of 187 intimate partner homicides were identified in Michigan. The frequency² of intimate partner homicide (IPH) decreased each year, which corresponds with the general decline in homicide in the state. (See chart to the right.)

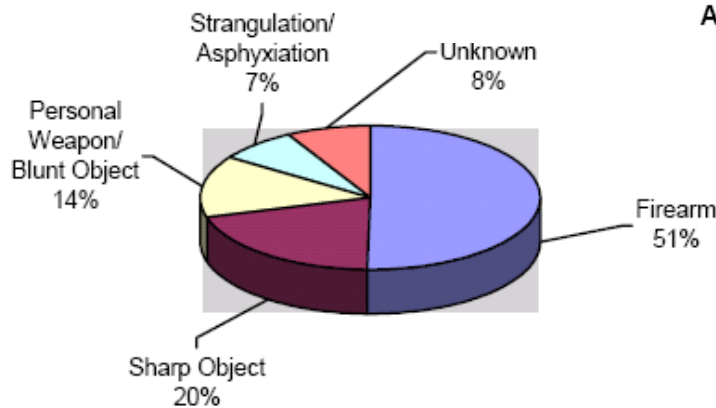
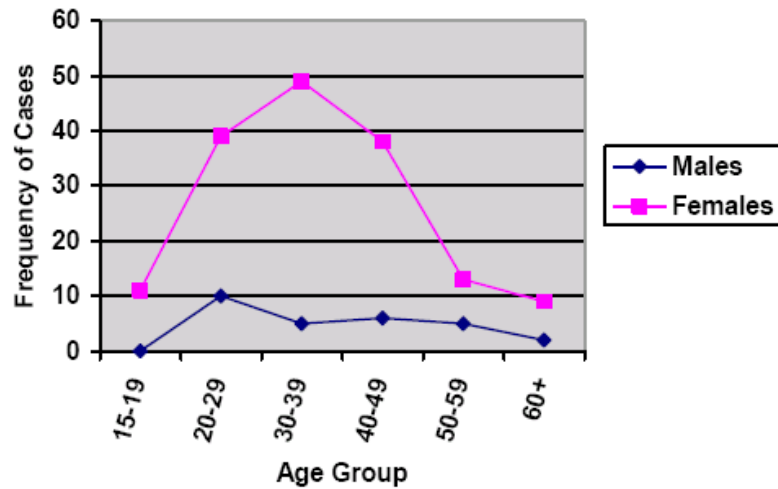
The map below provides a display of where Michigan’s intimate partner homicides occurred. As would be expected, heavily populated counties—particularly those in southeast Michigan—experienced more fatal instances of intimate partner violence than other counties.



¹ U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Homicide trends in the U.S.—Intimate homicide. 2002 Nov. Available from: URL <http://www.ojp.usdoj.gov/bjs/pub/pdf/htius.pdf>.

² Although rates are the optimal measure of burden (as opposed to frequency counts), MIPHSS staff are waiting to receive a number of death certificates before rates can reliably be calculated.

The chart to the right compares frequency counts of IPH in Michigan by sex and age. From 1999–2001, the number of female IPH victims (n = 159) outpaced male victims (n = 28) by more than a five-to-one ratio. For no age group did the number of male victims exceed the number of females. Also, the average age of male victims (39 years) was not significantly different from that of females (37 years).



Firearms were the major weapon type used in IPHs of both sexes from 1999–2001, followed by sharp objects (e.g., knives). (See pie chart to the left.)

In addition to homicide victims, the MIPHSS identified **120 deaths** from 1999–2001 that were related to intimate partner relationships (IPR deaths). This total does not include any of the actual homicide victims that were killed by a current or former

intimate partner. IPR deaths represent a diverse collection of circumstances, ranging from jealous ex-partners killing rival lovers to fetuses dying when their mother was also murdered. The largest subtype of IPR deaths were male suicides (n = 54), which occurred almost invariably after the commission of an intimate partner homicide.

While MIPHSS staff work to improve the system's ability to identify and characterize cases, limitations related to sources that contribute data are not under the control of staff. The main limitation of the Michigan Medical Examiners Database (MMEDB) for intimate partner homicide surveillance is that, as a voluntary system, just over half of Michigan's medical examiners are currently using the ME Database. However, the full capabilities of the MMEDB can only be realized when data entry is as complete (and accurate) as possible. For intimate partner homicide identification, this means that data about whether others were involved in a death must be entered onto the Death Scene Investigation Report (DSIR).

Although the majority of ME Database participants have consented to provide data for the MIPHSS, some counties have not. The MMEDB Team recently mailed consent forms to all participating offices. If you have not returned the form because of questions/concerns about its purpose, please feel free to contact Andrea Cocciolone (acocciol@mphi.org; 517-324-8398), county liaison for the MMEDB. Please contact Brian Biroscak (Biroscakb@michigan.gov; 517-335-8514), epidemiologist for the MIPHSS to learn more about intimate partner violence surveillance coordinated by the Michigan Department of Community Health.

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MMEDB Updates

MMEDB Data Entry Tips

Forward arrows are a step backward - When you are navigating the online system, make sure you do not use the "back" and "forward" arrows that are part of your Internet Explorer or Navigator. Doing so will prevent data that you have entered from being sent into the database container.

Saving will save you time! - Remember the database is designed to automatically log-out a user after 30 minutes of inactivity. If you need to step away from your computer or receive a telephone call, it is best to advance to the next screen so that the data is not lost.

Passwords are like toothbrushes... don't share yours with others and remember to change it often. To change your password, log into the system and click "Change Password." Your password can be whatever you like. We do not require a certain number of characters or numbers. Also, we do not require you to change your password at designated intervals. In other words, you will not be prompted by the system to change your password. If you should ever lose or forget your password, please contact your county liaison.

Have you been using the 'case complete' option since the database was updated last year? Would you like all of your cases prior to 2004 to be marked 'complete'? If so, the MMEDB administrators can make that change for an entire county in a matter of minutes, while it might take you hours to open every case and change its status to 'complete'. If you are interested in having the database administrators do this for your county, please contact Andrea Cocciolone at acocciol@mphi.org, or call (517) 324-8398.

Past and present versions of this newsletter are available online at www.mmedb.com. If you would like to receive an electronic version of this newsletter via email, or would like to add a recipient to our distribution list, please contact Amanda Carpenter at acarpent@mphi.org, or (517) 324-8360.

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