Injury & Violence Prevention Program (IVPP) Dashboard Overview

***About this data**: These dashboards contain information related to deaths from drug overdoses, suicide, gun violence, brain injuries, and other traumatic events. These crises have affected every community across the state, causing harm, trauma, and loss that impact the well-being of everyone.*

This is an overview of dashboards maintained by the Injury & Violence Prevention Program, plus other Public Health Division (PHD) dashboards relevant to injury prevention work. If you have questions about these dashboards, please contact us at IVPP.General@odhsoha.oregon.gov. We will connect you with the person who can best answer your specific questions.

Choosing a Dashboard

Data dashboards, like their underlying data sources, trade off **timeliness** with **detail**.

Timeliness: Dashboards that update quickly and often, soon after the reported events. Often, these dashboards cannot supply much detail about the reported injuries.

Detail: Dashboards that report on many variables, such as types of events, sex, age, race/ethnicity, and county of residence. Researching and classifying details often requires more time. In other cases, reporting details creates small groups with only a few people in them; to protect their privacy, it is necessary to report longer time periods, so that the group sizes will be larger. For both these reasons, detailed dashboards update more slowly and with greater time lags.

Both kinds of dashboards have their strengths. Timely data can be valuable for time-sensitive responses, while detailed data can provide insight into a problem or suggest programs or prevention activities. When choosing a dashboard on a particular topic, consider whether you need a **timely** dashboard or a **detailed** one.

Please note that numbers cannot be compared between dashboards. Different dashboards often have different data sources and definitions, both of which can affect the exact numbers reported. For more information on the various data sources, please see Dashboards by Data Source (in this document) or the IVPP Data Glossary.

Dashboards by Topic

Dashboards are available on the following topics:

- Injury
- Overdose
- Prescribing Practices
- Suicide
- Violence
- Transportation Injuries
- Traumatic Brain Injuries
- Rape Prevention and Education
- Weather Hazards

Some dashboards report on multiple topics, and thus are listed in more than one section.

Injury

Injury Prevention Data Dashboard

Timeliness vs. Detail: Medium timeliness, medium detail.
(link to Injury Prevention Dashboard)

Data Types	Details	Reporting lag	Updates per year
• Deaths (certificates) • Emergency Department & Hospital visits (discharge data)	• Counts, rates • Injury type • Age, sex, race/ethnicity • Trends over time • County	6 months or 1 year, depending on data source.	2 (bi-annual)

Reports major general injury categories, such as assault, drowning, falls, poisoning, overdose, fire, firearms, transportation, suicide, and traumatic brain injury. Reports both counts and rates for age, sex, race, ethnicity, and county of residence. Uses CDC (Center for Disease Control and Prevention) and CSTE (Council for State and Territorial Epidemiologists) standards for injury definitions.

CHS (Center for Health Statistics) Injury Dashboard

Timeliness vs. Detail: Detailed.
(link to CHS Injury Dashboard)

Data Types	Details	Reporting lag	Updates per year
• Deaths (certificates)	• Counts, rates, median age, years of life lost • Injury type • Injury intent • Age, sex, race/ethnicity • County	1 year	1 (annually)

Deaths only, but with more levels of detail available and the ability to explore attributes in combination. Includes counts, rates, median age of death, and years of potential life lost. County-level data includes residence, location of injury, and location of death. Numbers will *not* match the death data in the Injury Prevention Data Dashboard listed above, since CHS defines injury categories more narrowly (by excluding significant conditions contributing to death) and includes out-of-state and non-resident deaths.

Overdose

Overdose Prevention Data Dashboard

Timeliness vs. Detail: Medium timeliness, high detail.
(link to Overdose Prevention Dashboard)

Data Types	Details	Reporting lag	Updates per year
• Deaths (SUDORS & certificates) • Emergency Department & Hospital visits (discharge data)	• Counts, rates • Drugs/substances • Age, sex, race/ethnicity • County • Trends over time • Special topics	6 months or 1 year, depending on data source. Includes preliminary data for deaths.	4 (quarterly) (+1 plot updated monthly)

Reports breakouts for a variety of drug types and overdose events, with both counts and rates for age, sex, race, ethnicity, and county of residence. Also includes quarterly and annual trends, and spotlights on drugs of special interest.

Opioid Overdose Updates Dashboard

Timeliness vs. Detail: High timeliness, low detail.
(link to Opioid Overdose Updates Dashboard)

Data Types	Details	Reporting lag	Updates per year
• Deaths (SUDORS) • Emergency Department & Urgent Care visits (ESSENCE)	• Counts, rates • County	1 month or 6 months, depending on data source Includes preliminary data for deaths.	12 (monthly)

Concentrating on opioid overdoses only, offers the most recent data available for both county of residence and statewide overdoses.

Prescribing Practices

Prescription Drug Monitoring Data Dashboard

Timeliness vs. Detail: Medium timeliness, medium detail.
(link to Prescription Drug Monitoring Data Dashboard)

Data Types	Details	Reporting lag	Updates per year
• Drug prescriptions	• Counts, rates • Drug class • Age • County	1 month	2 (January & July)

Data on prescriptions and potentially risky prescribing practices for levels II through IV scheduled drugs (see Prescription Drug Monitoring Program Frequently Asked Questions and Prescribing and PDMP Technical Notes tab of dashboard for definitions).

Suicide

Suicide-related Public Health Data Dashboard

Timeliness vs. Detail: Timely.
([link to Suicide-related Public Health Data Dashboard])

Data Types	Details	Reporting lag	Updates per year
• Deaths (ORVDRS) • Emergency Department & Urgent Care visits (ESSENCE)	• Counts • Age	1 month or 3 months, depending on data source Includes preliminary data for deaths.	12 (monthly)

Statewide suicide-related data by major age groups, offering the most recent data available for deaths and emergency department and urgent-care visits.

Oregon Violent Death Data Dashboard

Timeliness vs. Detail: Detailed.
([link to Oregon Violent Death Data Dashboard])

Data Types	Details	Reporting lag	Updates per year
• Deaths (ORVDRS)	• Counts, rates • Suicides, homicides, firearms • Age, sex, race/ethnicity • Veteran status • County • Method • Circumstances	18 months	1 (annually)

Detailed data on suicides, homicides, and firearm deaths from the Oregon Violent Death Reporting System (ORVDRS), which combines data from death certificates, medical examiner reports, and law enforcement reports.

Suicide (continued)

Injury Prevention Data Dashboard

Timeliness vs. Detail: Medium timeliness, medium detail.
(link to Injury Prevention Dashboard)

Data Types	Details	Reporting lag	Updates per year
• Deaths (certificates) • Emergency Department & Hospital visits (discharge data)	• Counts, rates • Injury type • Age, sex, race/ethnicity • Trends over time • County	6 months or 1 year, depending on data source	2 (bi-annual)

Reports major general injury categories including suicide. Reports both counts and rates for age, sex, race, ethnicity, and county of residence.

CHS (Center for Health Statistics) Preliminary death dashboard

Timeliness vs. Detail: Timely.
(link to Preliminary death dashboard)

Data Sources	Details	Reporting lag	Updates per year
• Deaths (certificates)	• Counts	1 month	12 (monthly)

Deaths only, reporting statewide counts and rates for manner of injury (also known as injury intent, such as suicide). Counts will not match the other dashboards above, since CHS includes out-of-state and non-resident deaths.

CHS (Center for Health Statistics) Injury Dashboard

Timeliness vs. Detail: Detailed.
(link to CHS Injury Dashboard)

Data Sources	Details	Reporting lag	Updates per year
• Deaths (certificates)	• Counts, rates, median age, years of life lost • Injury type • Injury intent • Age, sex, race/ethnicity • County	1 year	1 (annually)

Deaths only, but with multiple levels of detail available, and the ability to explore details in combination. Includes number of deaths, rates, median age of death, and years of potential life lost. Numbers will *not* match other deaths dashboards, since CHS defines injury categories more narrowly narrowly (by excluding significant conditions contributing to death) and also includes out-of-state and non-resident deaths.

Violence

The Oregon Firearm Injury Data Dashboard

Timeliness vs. Detail: High timeliness, medium detail.
(link to Oregon Firearm Injury Data Dashboard)

Data Sources	Details	Reporting lag	Updates per year
• Emergency Department & Urgent Care visits (ESSENCE)	• Counts, rates • Age, sex, race/ethnicity • Intent • County	3 months or 1 year, depending on data source	4 (quarterly)

Firearm and violence injury prevention. Includes age, sex, race, ethnicity, and county of residence. Best-suited for timely data needs or preliminary trends.

Oregon Violent Death Data Dashboard

Timeliness vs. Detail: Detailed.
(link to Oregon Violent Death Data Dashboard)

Data Sources	Details	Reporting lag	Updates per year
• Deaths (ORVDRS)	• Counts, rates • Suicides, homicides, firearms • Age, sex, race/ethnicity • Veteran status • County • Firearm type • Circumstances	18 months	1 (annually)

Detailed data on suicides, homicides, and firearm deaths from the Oregon Violent Death Reporting System (ORVDRS), which combines data from death certificates, medical examiner reports, and law enforcement reports.

Injury Prevention Data Dashboard

Timeliness vs. Detail: Medium timeliness, medium detail.
(link to Injury Prevention Dashboard)

Data Sources	Details	Reporting lag	Updates per year
• Deaths (certificates) • Emergency Department & Hospital visits (discharge data)	• Counts, rates • Injury type • Age, sex, race/ethnicity • Trends over time • County	6 months or 1 year, depending on data source	2 (bi-annual)

Reports major general injury categories, including assault and firearms. Reports both counts and rates for age, sex, race, ethnicity, and county of residence.

Transportation Injuries

Transportation Safety Data Dashboard

Timeliness vs. Detail: Medium timeliness, medium detail.
([link to Transportation Safety Data Dashboard])

Data Sources	Details	Reporting lag	Updates per year
• Deaths (certificates) • Emergency Department & Hospital visits (discharge data)	• Counts, rates • Transportation mode • Trends over time • Age, sex, race/ethnicity • Counties	6 months or 1 year, depending on data source	2 (bi-annual)

Breakouts for a variety of transportation modes, including motor vehicle, vehicle occupant, motorcyclist, pedal cyclist, and pedestrian. Reports both counts and rates for age, sex, race, ethnicity, and county of residence.

Traumatic Brain Injury

Traumatic Brain Injury Safety Data Dashboard

Timeliness vs. Detail: Medium timeliness, medium detail.
([link to Traumatic Brain Injury Safety Data Dashboard])

Data Sources	Details	Reporting lag	Updates per year
• Deaths (certificates) • Emergency Department & Hospital visits (discharge data)	• Counts, rates • Age: overall and youth • Sex, race/ethnicity • Trends over time • County and Educational Resource Region	6 months or 1 year, depending on data source	2 (bi-annual)

Traumatic brain injuries (TBI) with a youth-only view available. Reports both counts and rates for age, sex, race, ethnicity, county, and Educational Resource Region. Future updates will also include causes and mechanisms, to better inform prevention efforts.

Rape Prevention and Education

Rape Prevention and Education Resource Map

Timeliness vs. Detail: Detailed.
(link to Rape Prevention and Education Resource Map)

Data Sources	Details	Reporting lag	Updates per year
• 2020 Student Health survey	• Bullying, sexual violence, sex education, mental health • Sexual orientation and gender identity • Disability • Urban/rural • Counties	2020 data	None

County-level data on youth bullying, violence, sex education, and mental health, taken from the 2020 Student Health Survey. Also includes rich resources such as community hotlines and child abuse reporting guidelines.

Weather Hazards

Oregon Essence Winter Hazard Report Dashboard

Timeliness vs. Detail: Timely.
(link to Oregon ESSENCE Winter Hazard Report Dashboard)

Data Sources	Details	Reporting lag	Updates per year
• Emergency Department & Urgent Care visits (ESSENCE)	• Counts • Injury and illness types	Varies	As needed during the winter season

Counts of winter-related injuries and illnesses, including asthma-like illness, cold-related illness, carbon monoxide exposure, and falls. Updated on an ad hoc basis during the winter season.

Oregon Essence Summer Hazard Report Dashboard

Timeliness vs. Detail: Timely.
(link to Oregon ESSENCE Summer Hazard Report Dashboard)

Data Sources	Details	Reporting lag	Updates per year
• Emergency Department & Urgent Care visits (ESSENCE)	• Counts • Injury and illness types	1 week	26 (weekly during the summer season)

Counts of summer-related injuries and illnesses, including heat-related illness, fire and smoke injuries, submersion events, and air quality illnesses. Updated weekly during the summer season.

Dashboards by Data Source

Emergency Department (ED), Urgent Care Center and Hospitalization Visits

ESSENCE Dashboards

(High timeliness; low detail.) Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) is a near real-time data source based on emergency department and urgent care center admissions data. ESSENCE is a good "early signal" data source since it is not subject to reporting delays. However, since the data is based on automated classification of limited text fields, counts can be less precise than human-coded sources that use the full health record.

The Oregon Firearm Injury Data Dashboard. Firearm and violence injury prevention. Age, sex, race, ethnicity, and county. Three-month reporting lag; updated quarterly.

Suicide-related Public Health Data Dashboard. Suicide-related data. Counts and major age groups only. Also reports deaths from the Oregon Violent Death Reporting System (ORVDRS). Reporting lag is one month (ESSENCE) and three months (ORVDRS). Updated monthly.

Opioid Overdose Updates Dashboard. Opioid overdoses. Statewide counts, and county counts and rates. Also reports deaths from the State Unintentional Drug Overdose Reporting System SUDORS). Reporting lag is one month (ESSENCE) and six months (SUDORS). Updated monthly.

Oregon ESSENCE Winter Hazard Report. Counts of winter-related injuries and illnesses, including asthma-like illness, cold-related illness, carbon monoxide exposure, and falls. Updated on an ad hoc basis during the winter season.

Oregon ESSENCE Summer Hazard Report. Counts of summer-related injuries and illnesses, including heat-related illness, fire and smoke injuries, submersion events, and air quality illnesses. Updated weekly during the summer season.

Administrative Discharge Data Dashboards

(Medium timeliness; medium detail.) Emergency Department and hospital discharge data can take up to six months to be available, but since this data is human-coded and uses the full health record (over 90% of all injuries have a specific cause of injury code), it is more precise and informative than ESSENCE data.

Injury Prevention Data Dashboard. Major general injury categories, such as assault, drowning, falls, poisoning, overdose, fire, firearms, transportation, suicide, and traumatic brain injury. Reports both counts and rates for age, sex, race, ethnicity, and county. Reporting lag is up to six months (emergency department and hospitals) or one year (deaths); updated twice a year.

Overdose Prevention Data Dashboard. Breakouts for a variety of drug types and overdose events. Reports both counts and rates for age, sex, race, ethnicity, and county. In addition to CHS death data, also includes SUDORS death data (State Unintentional Drug Overdose Reporting System), which provides additional detail from medical examiner reports. Reporting lag is six months (emergency department and hospitals) or one year (deaths); updated quarterly.

Transportation Safety Data Dashboard. Breakouts for a variety of transportation modes, including motor vehicle, pedal cyclist, and pedestrian. Reports both counts and rates for age, sex, race, ethnicity, and county. Includes deaths. Reporting lag is six months (emergency department and hospitals) or one year (deaths); updated twice a year.

Traumatic Brain Injury Safety Data Dashboard. Breakouts for youth and all ages. Reports both counts and rates for age, sex, race, ethnicity, and county. Includes deaths. Reporting lag is six months (emergency department and hospitals) or one year (deaths); updated twice a year.

Death/Mortality

Vital Statistics - Center for Health Statistics (CHS)

Death certificate data. Contains cause of death and demographic details. Requires as much as a year to finalize.

Both CHS and IVPP publish dashboards based on death certificate data, but use different definitions and subsets of records:

- CHS dashboards include out-of-state deaths to Oregon residents and in-state deaths to non-residents. Neither of these categories appear on IVPP dashboards, as interstate agreements restrict these deaths to CHS use only.
- Injury classifications tend to be more narrowly defined on CHS dashboards than on IVPP dashboards. That is, an overdose contributing to a drowning would count solely as a drowning on CHS dashboards, but would be counted in both categories on IVPP dashboards.

Consequently, the data on CHS dashboards will *not* match similar data on IVPP dashboards. Neither set of dashboards is more accurate than the other. Instead, they serve different needs and purposes.

For more inclusive injury definitions, use these IVPP dashboards (all described at more length immediately above):

- **Injury Prevention Data Dashboard**
- **Overdose Prevention Data Dashboard**
- **Transportation Safety Data Dashboard**
- **Traumatic Brain Injury Safety Data Dashboard**

For more detail or more timeliness than IVPP dashboards can provide (or for information about out-of-state deaths to Oregon residents), consider these two CHS dashboards:

CHS Injury dashboard. (Low timeliness; high detail.) Deaths only, reporting counts, rates, median age, and years of potential life lost. Includes injury details, injury manner (intent), demographics, and counties, with wide ability to explore attributes in combination. Data are available on a one-year lag, updated annually.

CHS Preliminary death dashboard. (Very high timeliness; very low detail.) Deaths only, reporting statewide counts and rates for manner of injury (also known as injury intent, that is, homicide, suicide, etc.). One month lag, updated monthly.

Oregon Violent Death Reporting System (ORVDRS)

Suicides, homicides, and firearm deaths. Combines data from death certificates, medical examiner reports, and law enforcement reports to create a highly detailed picture of violent death in Oregon. Because the data is human-coded and compiled from multiple sources, complete reporting requires about sixteen months to finalize.

Because ORVDRS relies on Oregon Medical Examiner data and law enforcement data, it includes only deaths that occurred in the state of Oregon (including deaths of non-residents who died in Oregon). Oregon residents who died out-of-state are not included.

Oregon Violent Death Data Dashboard. (Low timeliness; high detail.) Demographics, counties, mechanisms, circumstances, veteran status, and more. Eighteen-month reporting lag; updated annually.

Suicide-related Public Health Data Dashboard. Suicide-related data only. Counts for major age groups; ORVDRS data is preliminary. Reporting lag is one month (ESSENCE) and three months (ORVDRS). Updated monthly.

State Unintentional Drug Overdose Reporting System (SUDORS)

Unintentional and undetermined-intent overdose deaths. Combines data from death certificates, medical examiner reports, and toxicology reports to create a highly detailed picture of overdose death in Oregon. Because the data is human-coded and compiled from multiple sources, complete reporting requires about eight months to become available.

Overdose Prevention Data Dashboard. Breakouts for a variety of drug types and overdose events, including xylazine and alcohol. Both counts and rates for age, sex, race, ethnicity, and county. Reporting lag is six months (emergency department and hospitals) or one year (deaths); updated quarterly.

Opioid Overdose Updates Dashboard (coming soon). Opioid overdoses. Statewide counts, and county counts and rates. Reporting lag is one month (ESSENCE) and six months (SUDORS). Updated monthly.

Prescription Drug Monitoring Program

Prescription Drug Monitoring Data Dashboard. (Medium timeliness; medium detail.) Data on prescriptions and potentially risky prescribing practices for levels II through IV scheduled drugs. Reports by drug class and county. One-month reporting lag; updated twice per year.

Student Health Survey- Rape Prevention and Education Program

Rape Prevention and Education Resource Map. (Low timeliness; high detail.) County-level data on youth bullying, violence, sex education, and mental health, taken from the 2020 Student Health Survey.

About Demographic Information on Dashboards

Demographic information, such as age, sex, gender, race, and ethnicity, are available in many data sources. When interpreting demographic data, it is important to remember that many of these populations have been disproportionately affected by systemic racism, colonialism, social-economic-political injustices, and bias. It is also important to note the data systems or data definitions used for reporting may not be representative for many minority communities. If they are not included for data collection or people feel less safe to report their data, the demographic data may be misrepresenting our communities. These inequities can worsen health outcomes and increase the risk of experiencing an injury, receiving adequate care, and lessen access to protective factors.

Race and Ethnicity

When a person dies in Oregon, more than one race can be reported on their death certificate. This information is not able to be provided by the decedent, so their race and ethnicity information may not accurately reflect how they self-identified. When more than one race is reported for a person, their least common reported race is used for counts and rates. This is sometimes called rarest race methodology. This approach has its limitations, but it amplifies the representation of Oregon's smaller communities.

In PDMP, ESSENCE, and administrative discharge data, only one field for race and one field for ethnicity are available. The options for race currently include American Indian or Alaska Native, Asian or Pacific Islander, Black, White, other, unknown and refuse to answer. The options for ethnicity currently include Hispanic and non-Hispanic, other, unknown and refuse to answer.

For individuals who identify as multiracial, or a race option not on the limited available options, their race and ethnicity information may not be adequately represented due to the limits of this data.

Sex and Gender

In death certificates, the decedent's legal sex is recorded as what was provided on birth certificates and other identity documents; consequently, nonbinary individuals and transgender individuals may be undercounted or mis-represented compared to self-reported gender identity or gender modality.

In PDMP, ESSENCE, and administrative discharge data, the available choices currently include male, female, other, unknown and refuse to answer. This, too, may result in undercounts of nonbinary, transgender, and other sexual and gender identities for individuals.

In part due to the above deficiencies in data collection as well as patients feeling safe to report how they self-identify, the counts for nonbinary, transgender, other, unknown, and refuse to answer do not often meet data confidentiality thresholds and are usually withheld to protect the privacy of individuals.