



GUN VIOLENCE: FAKE NEWS OR A PUBLIC HEALTH ISSUE?

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Disclosures of Potential Conflicts

[illegible]

SOME EXAMPLES TO FRAME THE DISCUSSION

- 7 year old: stable regular FU for ADHD
 - Withdrawn and visibly shaking
 - Attended funeral of 5 year old cousin who accidentally shot himself: picked up gun an uncle left on the bed
- 10 year old with significant family turmoil
 - Witness to domestic violence and neglect
 - Went to spend evening at friends and found gun in closet when playing hide and go seek. Attempted to kill self but the gun misfired.
 - Hospitalized and custody changed

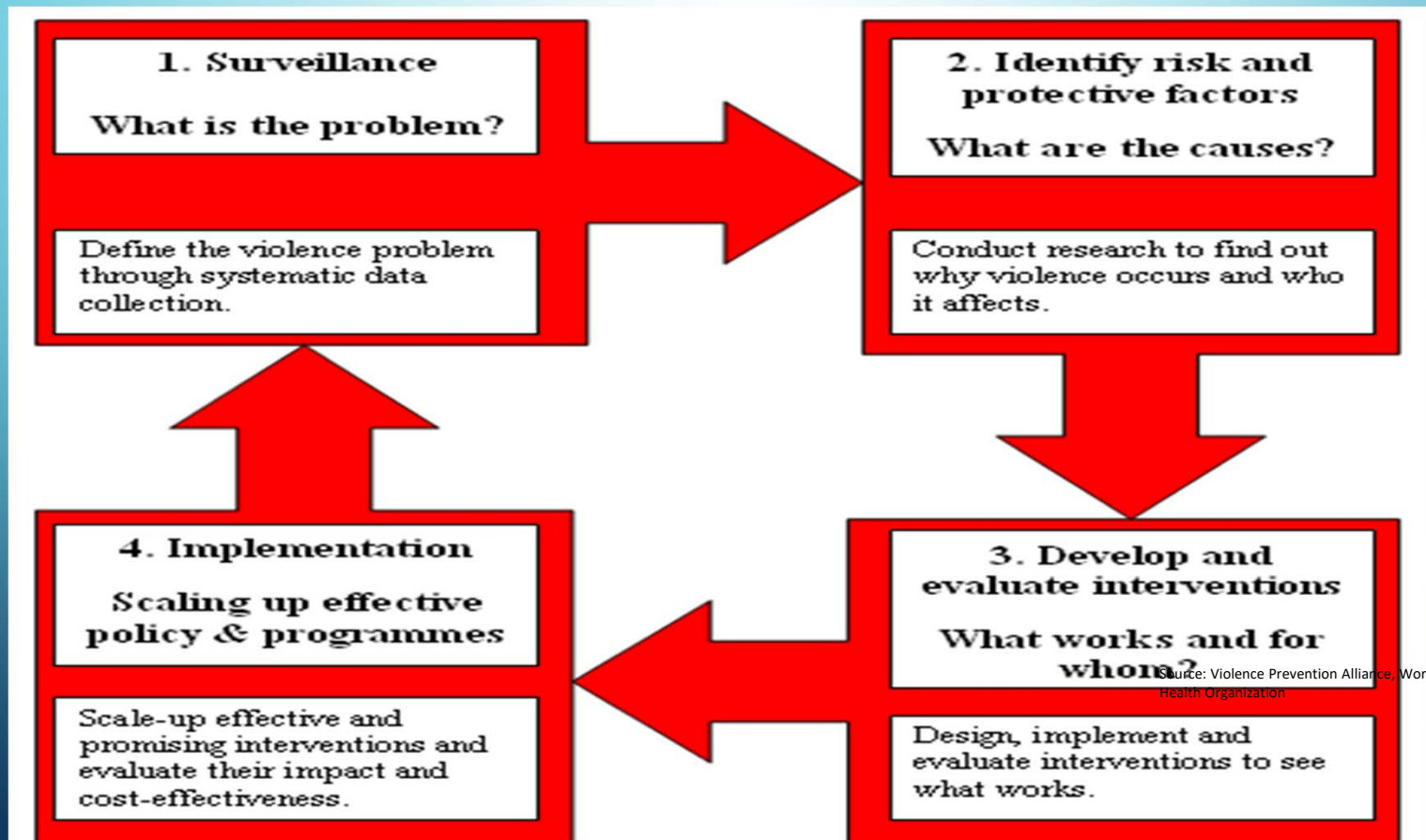
- 16 year old straight A student till started high school in a notoriously rough high school-
- Grades dropped, hanging w negative peers; after two years has returned back to taking pride in self
- Just attended two funerals of a 14 year old friend and 17 year old cousin (both shot)

- 8 year old referred for management of PTSD
- A Bullet hit/grazed her scalp at 4 am while sleeping in her grandma's home
- Now cannot sleep, lost weight, and occasional aggressive outbursts
- has had two (minor) surgeries

LEARNING OBJECTIVES

- Framing Gun violence as a Public Health Approach
- Understanding the Data
- Interventions: Applying the social-ecological model
 - The role of health providers in Gun Safety discussions
 - Relevant and timely policy interventions

PRINCIPLES OF PUBLIC HEALTH



STEP 1: WHAT IS THE PROBLEM?

- Firearms are the method used in half of all suicide deaths.
- More than half of female intimate partner homicides are committed by firearm.
- Nearly three out of four homicides are committed by firearm.
- Nearly 100 children and youth die each year due to unintentional firearm injuries.
- Between 2006-2014, emergency department clinicians treated approximately 700,000 gunshot victims costing hospitals around \$2.8 billion annually.

WHO IS AT RISK FOR INJURY OR DEATH FROM GRV?

Example of those at risk include:

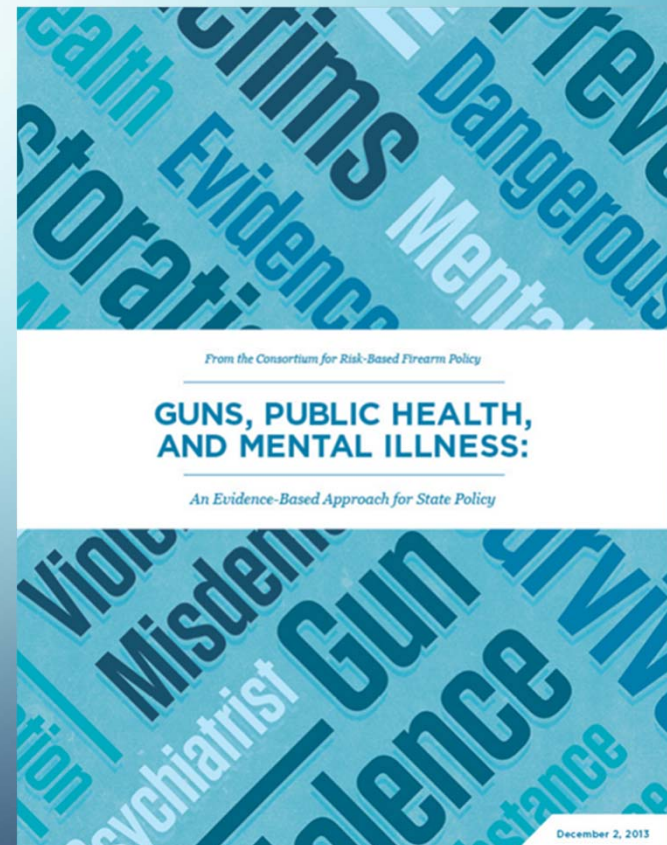
- History of suicide attempt or ideation with continued access to a gun
- History of assault by a peer and have guns for protection
- Those experiencing partner violence
- History of alcohol and substance abuse;
- Kids (through both accidents with unlocked guns and suicide attempts) (lack of understanding) 30 to 40 % access to firearms in ED presentations

STEP 2: IDENTIFY RISK AND PROTECTIVE FACTORS

- Firearm access
 - Access to a firearm in one's home doubles one's chances of dying by homicide and increases the likelihood of suicide death more than three-fold.
- History of violent behavior
- Exposure to violence
- Risky alcohol and drug use
- Lack of opportunity and under-resourced communities

STEP 3: DEVELOP AND EVALUATE INTERVENTIONS

- Interventions which target behavioral risk-factors for firearm violence:
 - Domestic violence prohibitions
 - Extreme risk laws
- Interventions which interrupt cycles of violence and connect the highest risk individuals to a variety of social services.



STEP 4: IMPLEMENTATION OF ERPO'S



JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Bloomberg American Health Initiative

HOME STATE LAWS ERPO FAQ VOICES RESOURCES ABOUT

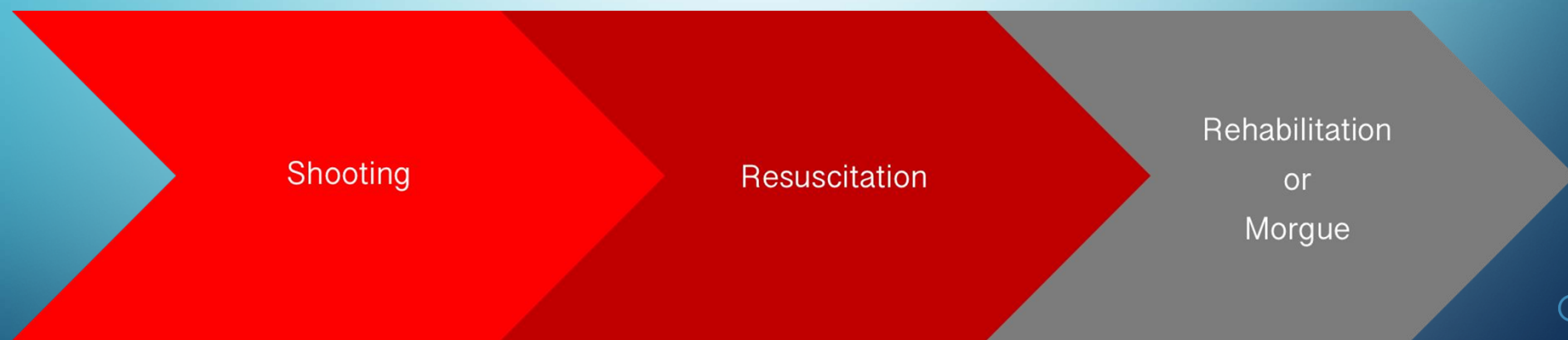
EXTREME RISK PROTECTION ORDER: A TOOL TO SAVE LIVES

ERPO laws are helping to prevent gun deaths and protect communities. Their implementation – in 17 states and the District of Columbia – is part of a national effort to reduce the daily loss of life due to firearm violence, including gun suicide.

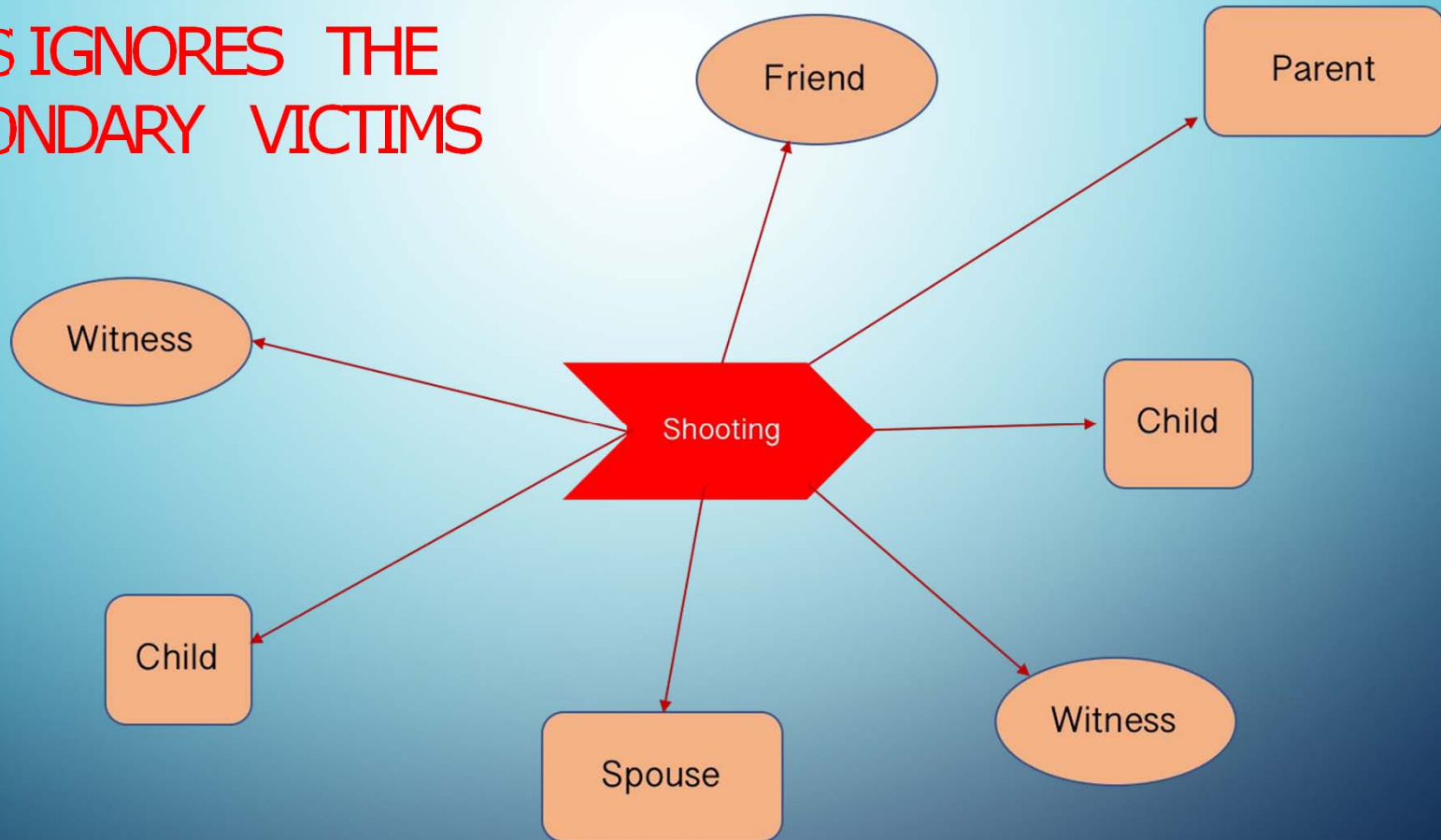
This evolving resource will be frequently updated to help implementers take action – and save lives.

(at three
man who grabbed a
who threatened to kill himself, his wife, and their young child. His wife had overheard him distraught and cry
ol. A 28-year-old man who grabbed a gun case and threatened suicide. When his ex-girlfriend tried to call for help, he grabbed i
head into a wall. Police seized two handguns, two rifles, and a shotgun. A 33-year-old man who locked his wife in a car with him.
Department arrived on the scene and searched the car, they found a meth pipe along with two loaded firearms that did not belong to
dgun. A 35-year-old man with a small arsenal and a history of domestic violence, whose wife suffered a serious laceration to her for
a pistol, a Mosquito semi-automatic pistol, a Ruger .22, a Springfield .48 caliber pistol, a Ruger rifle, a Mossberg shotgun, and an
by text message that he wanted to shoot her in the head, then visited his fiancé's ex-boyfriend and threatened to kill him while hol
J a handgun and an AR-15, the semi-automatic rifle frequently used by mass shooters. A 28-year-old ex-Marine who had developed a parano
into an auto parts store with a loaded handgun, but called police before shooting anyone. A 35-year-old man who, while intoxicated (at t
ting at raccoons and rats in his backyard. Terrified neighbors called police as bullets flew into their backyards. A 68-year-old man who
's family discovered he was molesting his grandchild. The man was arrested with the gun in his vehicle. A 38-year-old man who threatened
-- him. His wife had overheard him distraught and crying in the bathroom, and cocking his .48 caliber pistol. A 28-year-old man
and tried to call for help, he grabbed her by her hair, threw her on the ground, and pushed her head into a wall. Police
man who locked his wife in a car with him, threatening her with a loaded firearm. When the Police Department arriv
two loaded firearms that did not belong to him. He later surrendered a Glock
lfe suffered a serious laceration to her forehead
ll, a Ruger rifle, a Mossberg shotgun, and an unr
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a wall, seized tw
with a loaded firearm. When the Police
lived on the scene
er surrendered a Glock 9mm and a .38S&W
red he might kill her. The man owned a f
a handgun. A 48-year-old man who told hi
a knife behind his back. The man surren
that all males wanted to harm him. He har
(at three times the legal limit), believ
n who grabbed a .38 revolver and fled hi
ned to kill himself, his wife, and their
man who grabbed a gun case and threaten
all. Police seized two handguns, two rif
arrived on the scene and searched the cr
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Mosquito semi-automatic pistol, a Ruger
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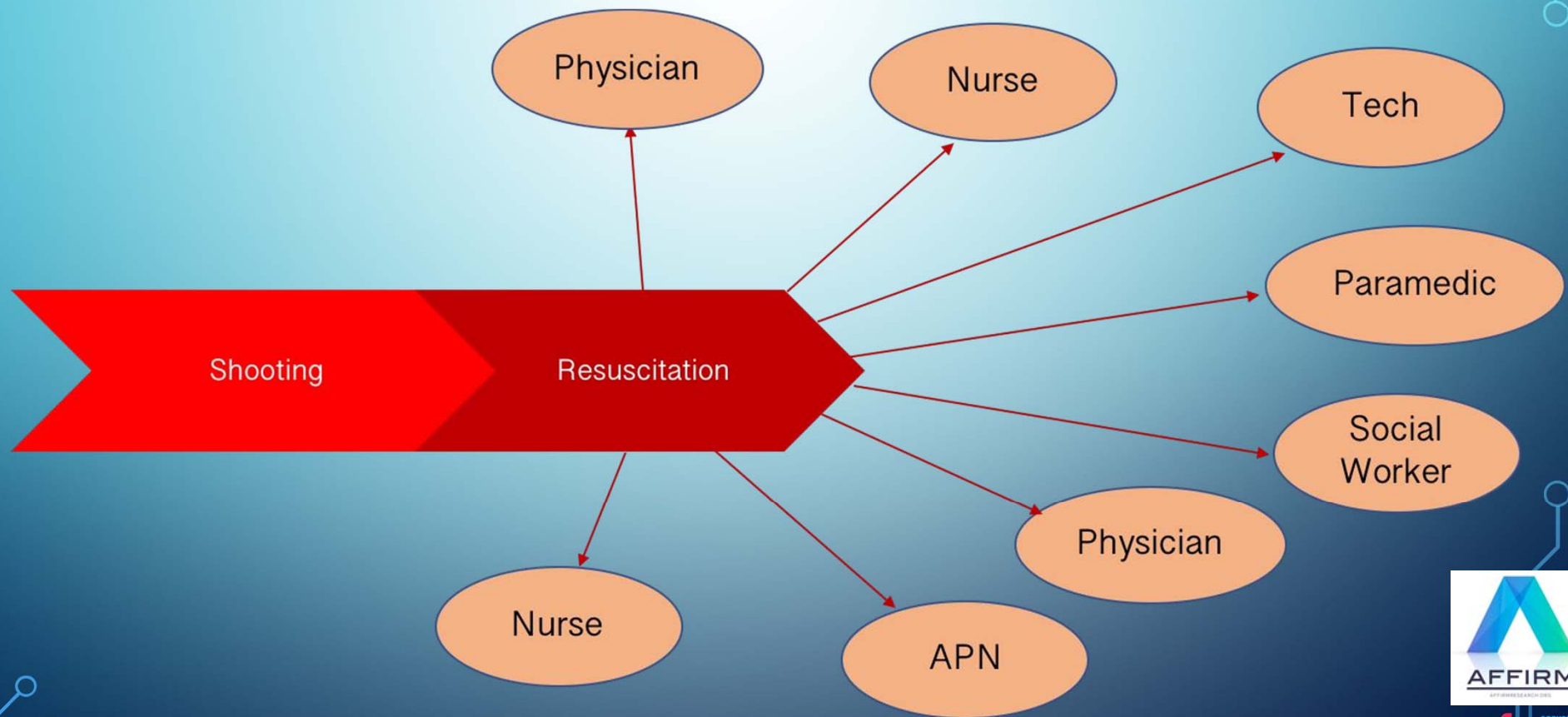
OUR INTERVENTION PARADIGM IS UNDER-DEVELOPED



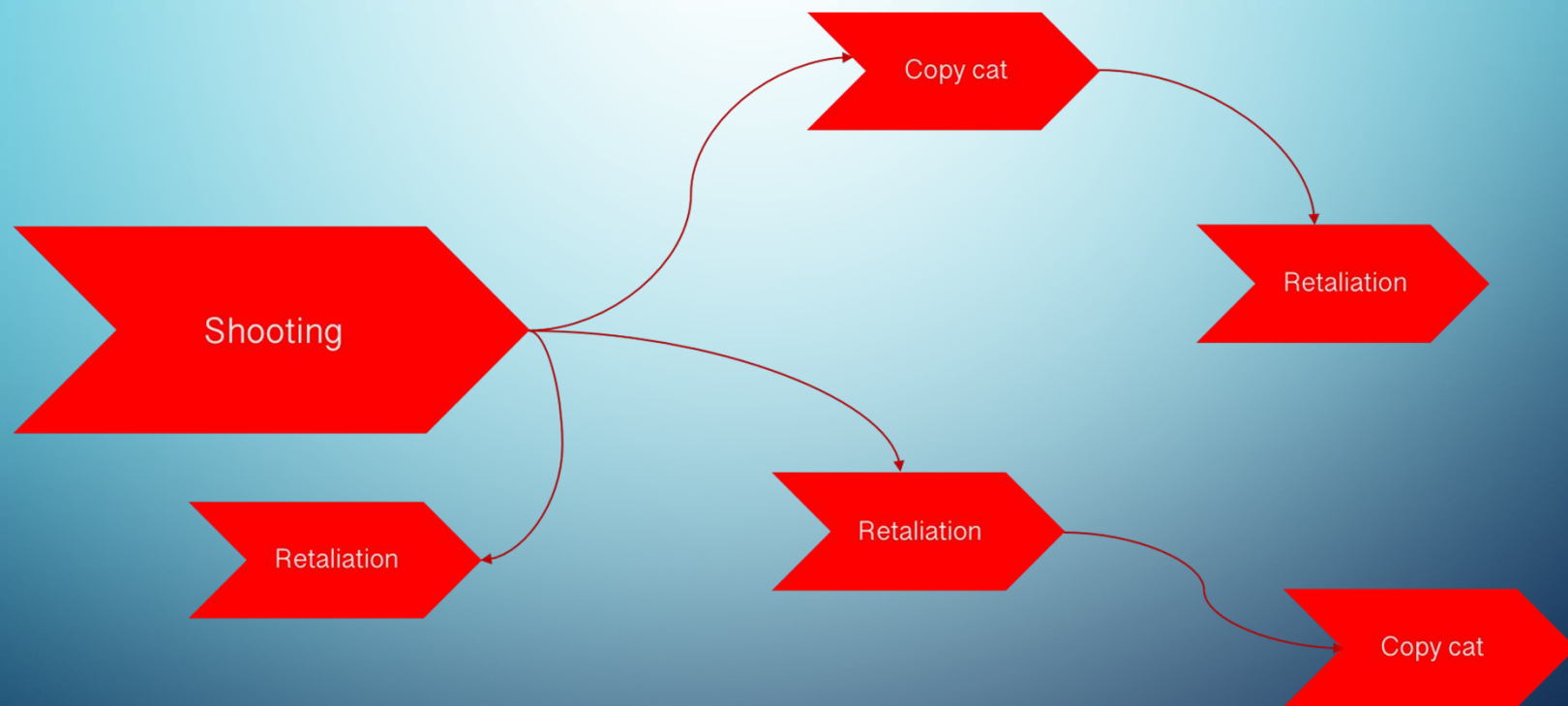
THIS IGNORES THE
SECONDARY VICTIMS



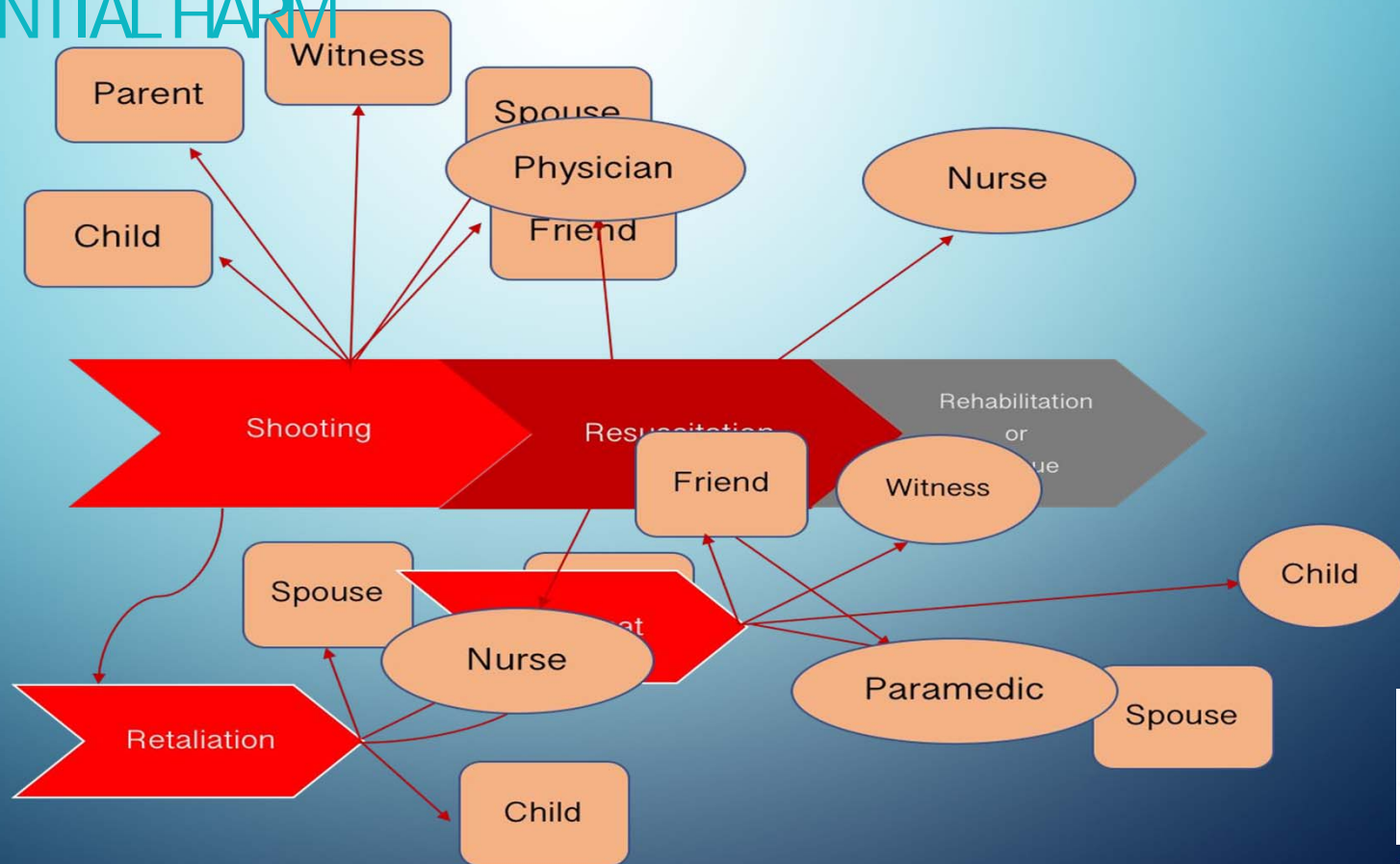
AND THE EFFECT ON HEALTHCARE WORKERS



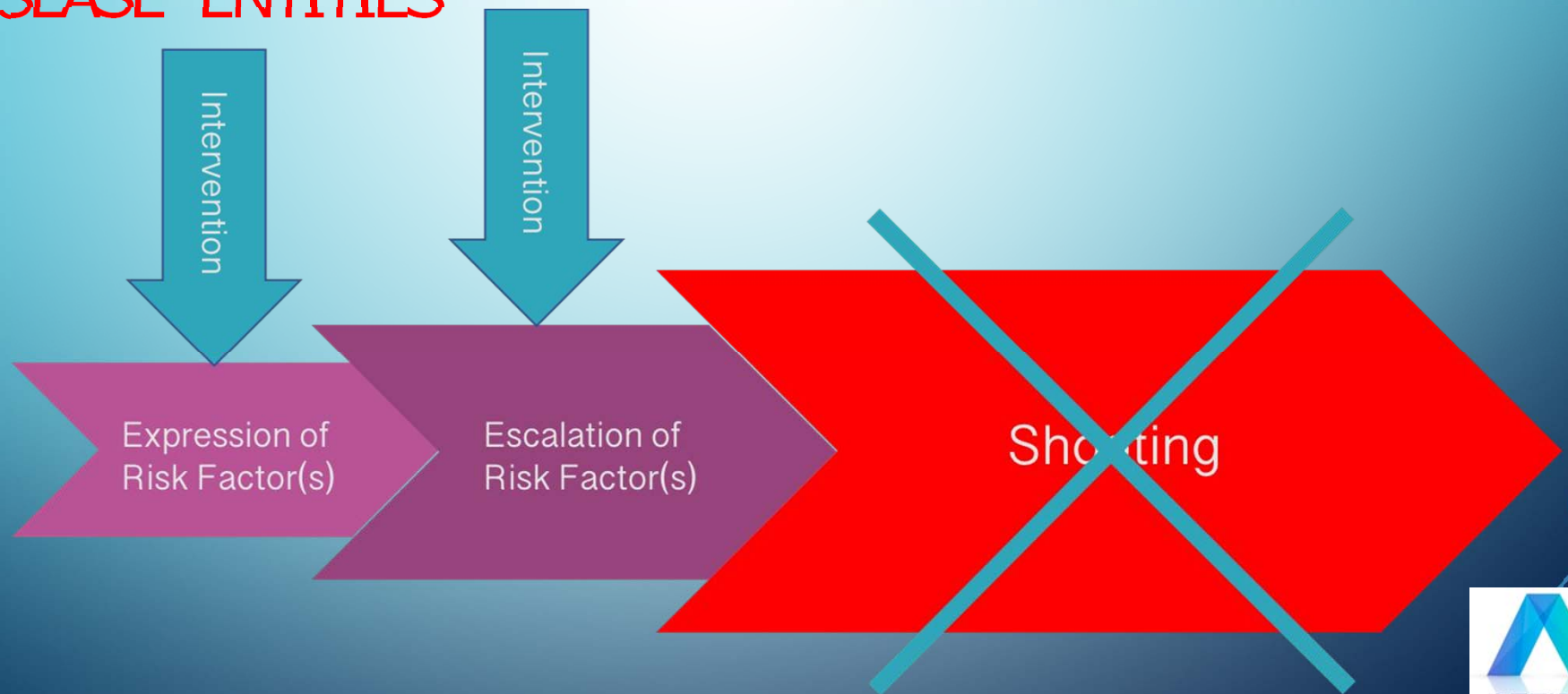
VIOLENCE HAS INFECTIOUS QUALITIES



FIREARM INJURIES CAUSE EXPONENTIAL HARM



OPPORTUNITIES FOR PREVENTION: A PARALLEL TO OTHER DISEASE ENTITIES





DATA

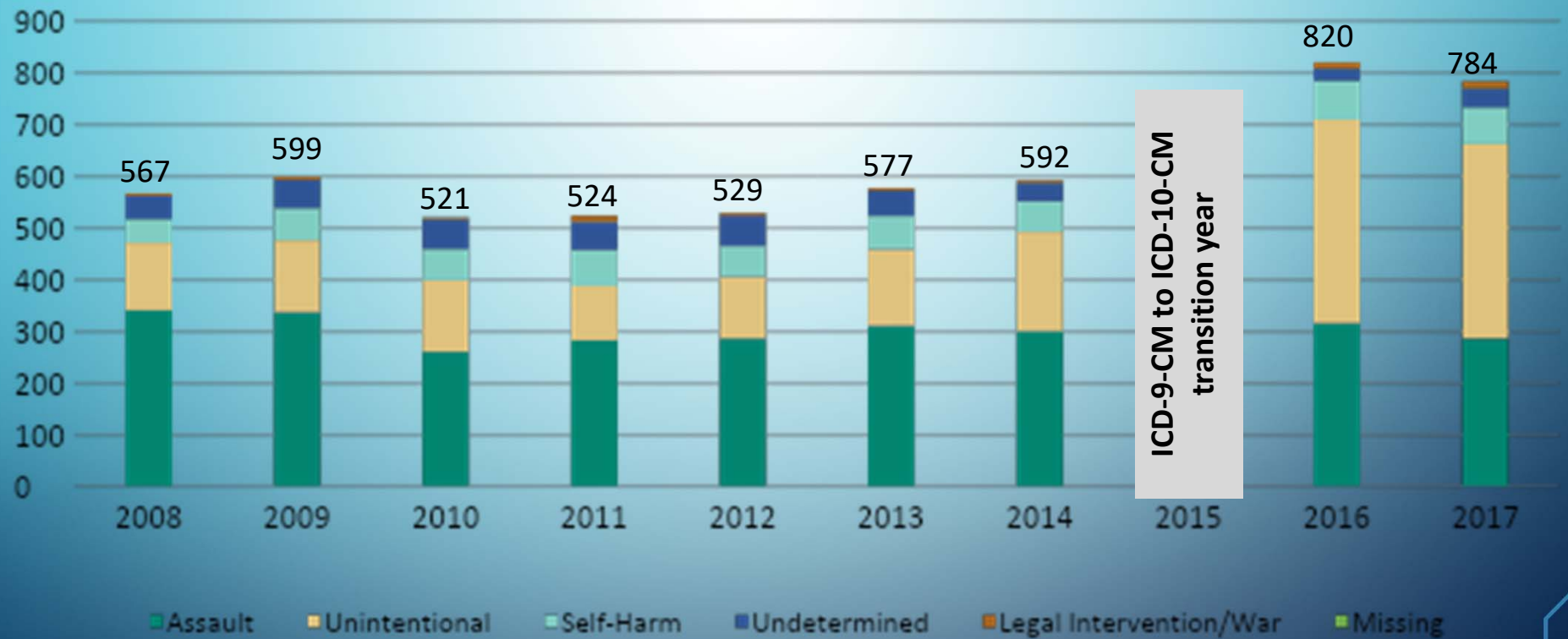
WHAT DO WE KNOW ABOUT GUN VIOLENCE?

IS IT GUNS OR MENTAL ILLNESS ??

National Youth Risk Behavior Survey (2003)

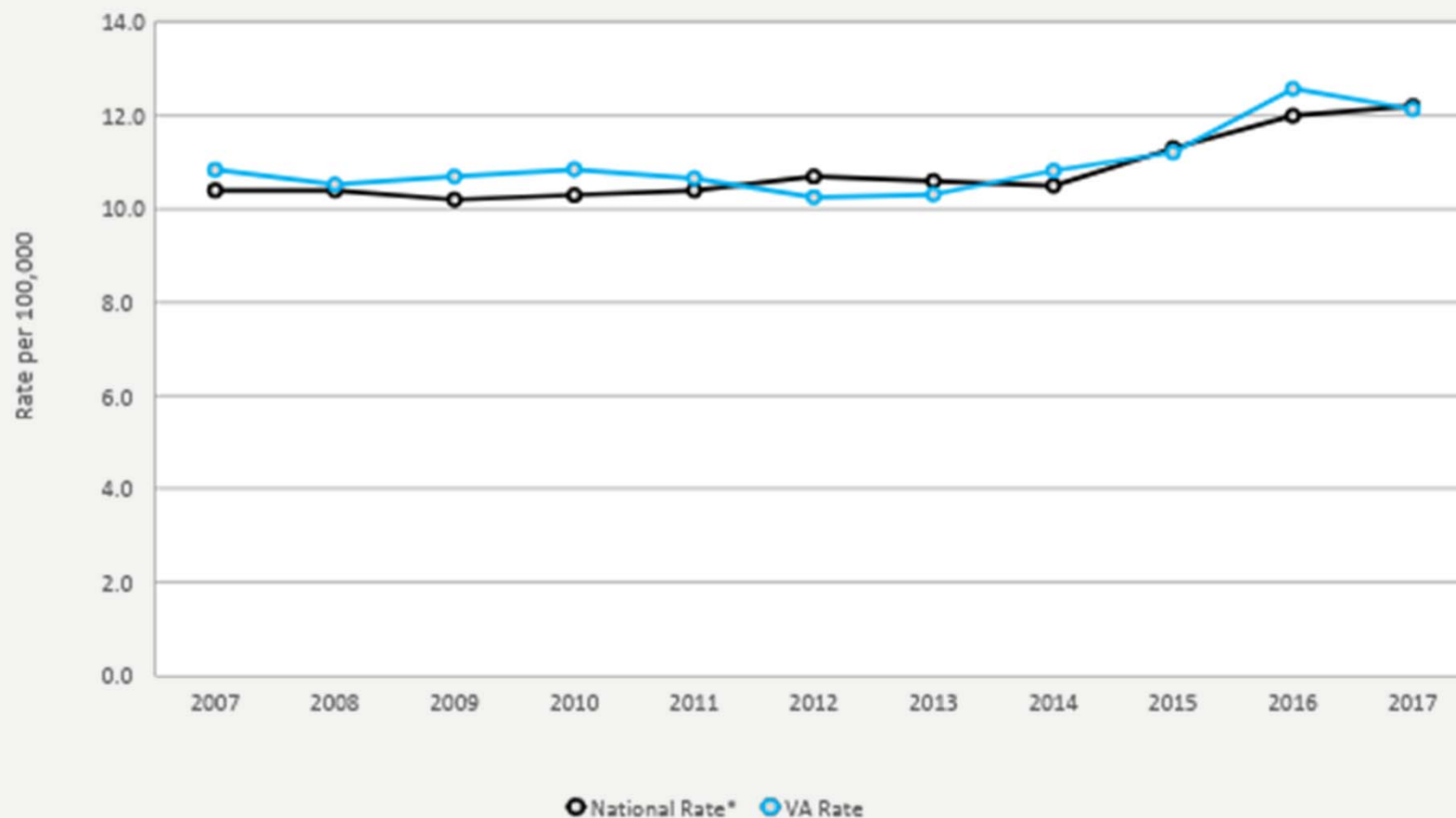
- **3% of all gun deaths attributable to serious mental illness such as schizophrenia or depression**
- **Most attributable to easy access to guns and the associated variables of substance abuse and previous history of violence**
- **1/3rd of homes have guns: ownership of guns increases risk of death by homicide 3xs and suicide 5xs**

HOSPITALIZATIONS DUE TO GUN-RELATED NON-FATAL INJURIES, 2008-2017



Source: Virginia Department of Health, Office of the Chief Medical Examiner

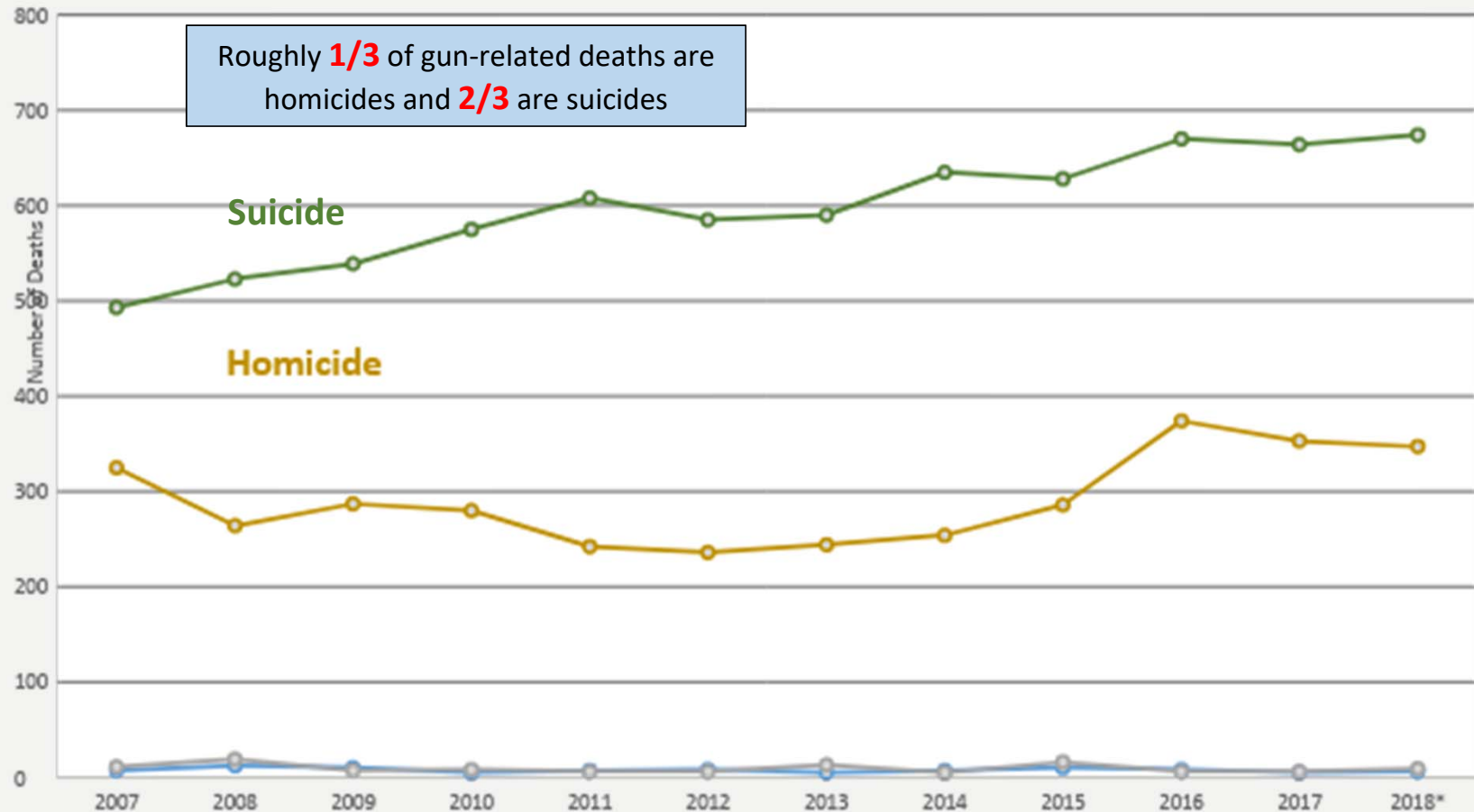
RATES OF GUN-RELATED DEATH NATIONALLY VS. VA



* National rate source (crude rates, not age-adjusted): <https://wonder.cdc.gov>

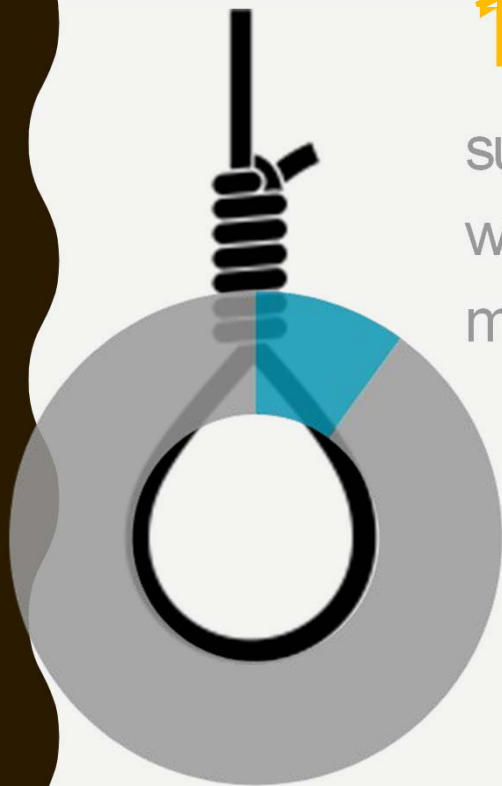
Source: Virginia Department of Health, Office of the Chief Medical Examiner

VA GUN-RELATED DEATHS BY MANNER



Source: Virginia Department of Health, Office of the Chief Medical Examiner

SUICIDE AND FIREARMS: A FLIPPED STATISTIC



10% of
suicide attempts
with non-firearm
methods are fatal

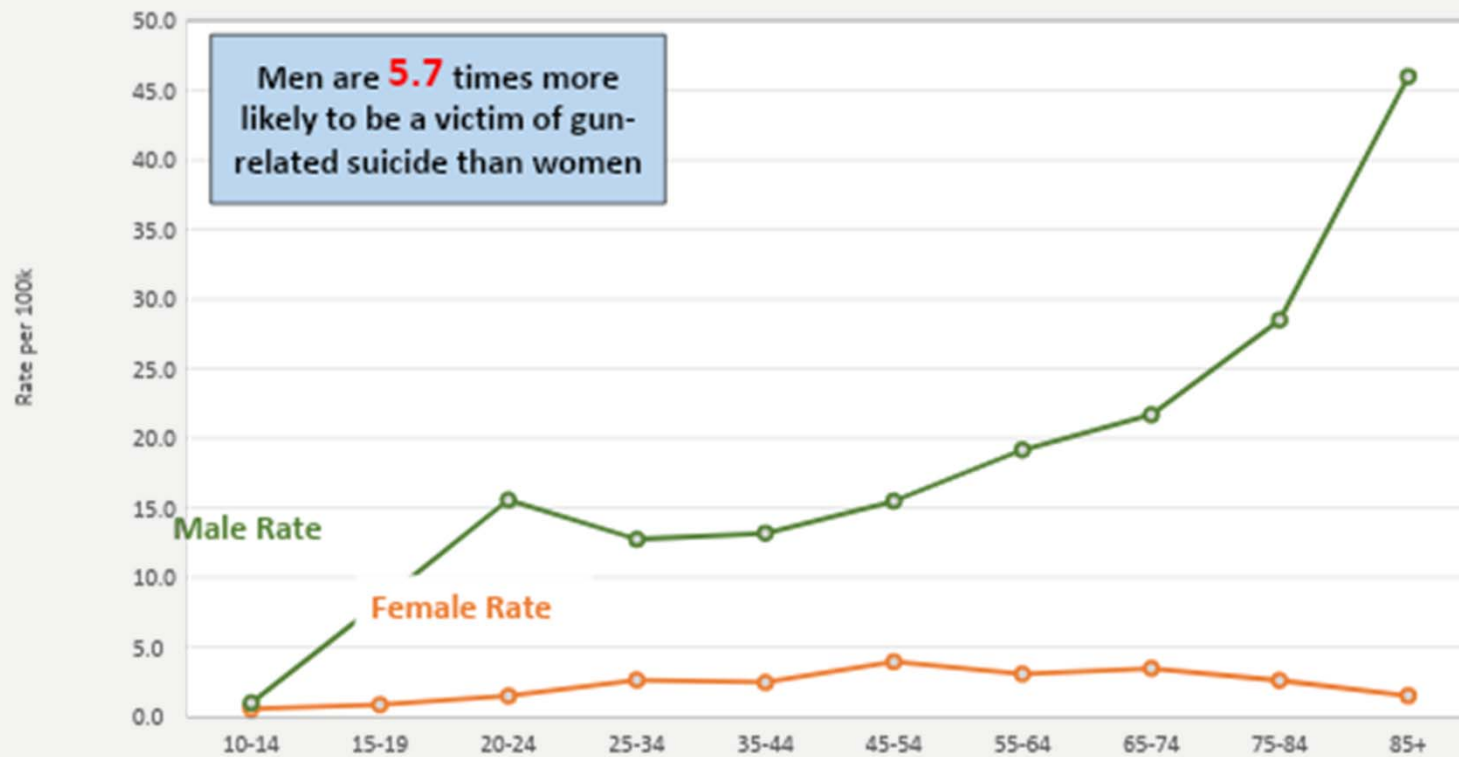


90% of
suicide attempts
with a firearm are
fatal



GUN-RELATED SUICIDE DEMOGRAPHICS (GENDER-AGE)

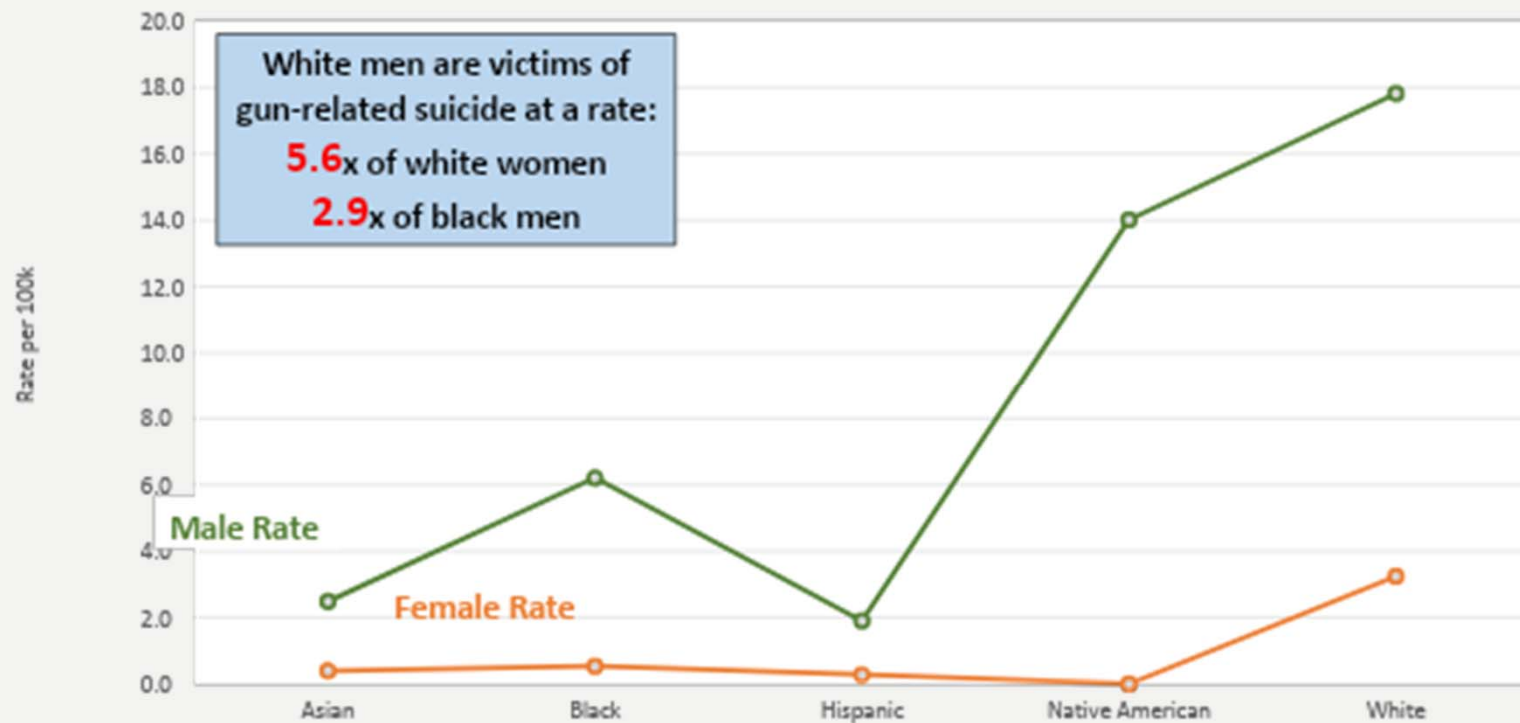
Aggregated Five Year Rate of Gun-Related Suicide by Gender and Age Group, 2013-2017



Source: Virginia Department of Health, Office of the Chief Medical Examiner

GUN-RELATED SUICIDE DEMOGRAPHICS (GENDER-RACE)

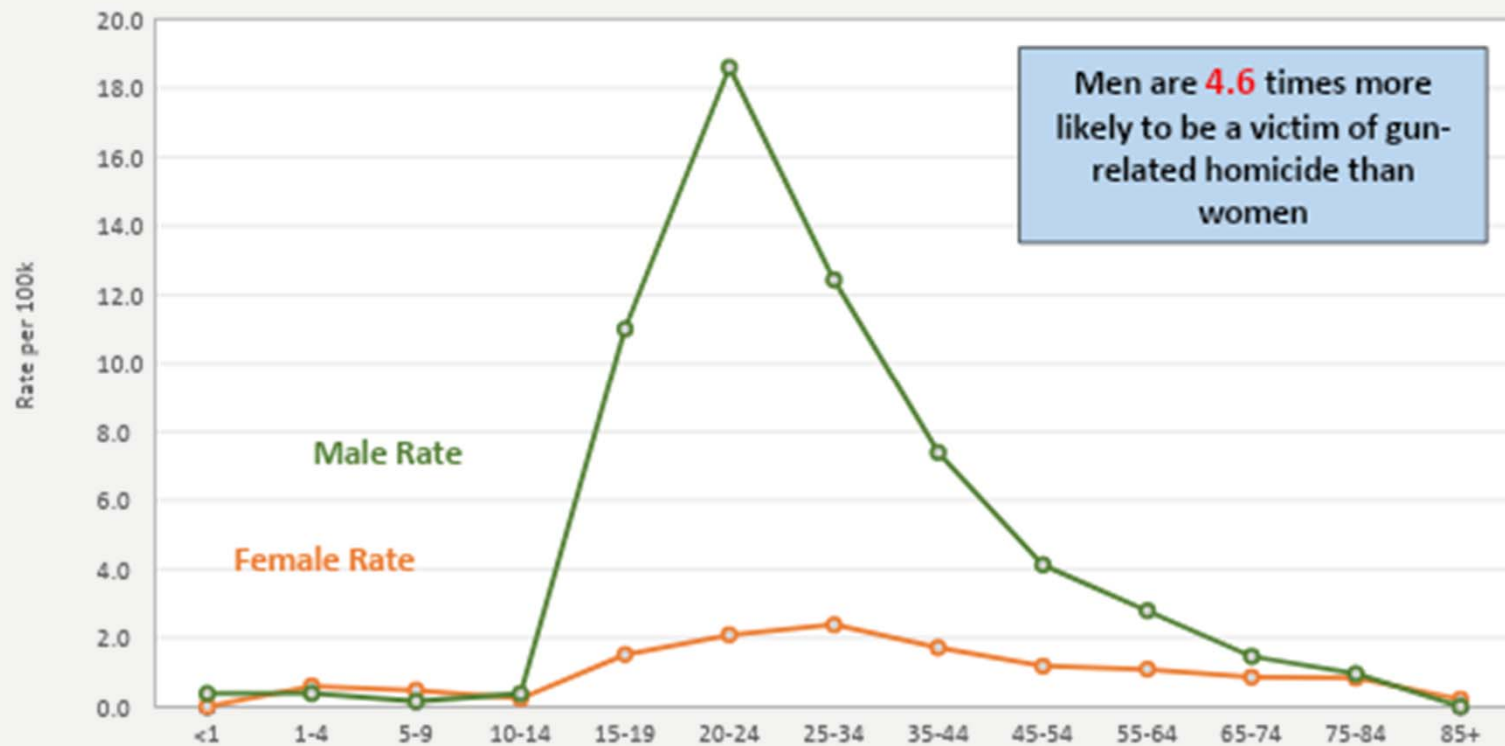
Aggregated Five Year Rate of Gun-Related Suicide by Gender and Race/Ethnicity, 2013-2017



Source: Virginia Department of Health, Office of the Chief Medical Examiner

GUN-RELATED HOMICIDE DEMOGRAPHICS (GENDER-AGE)

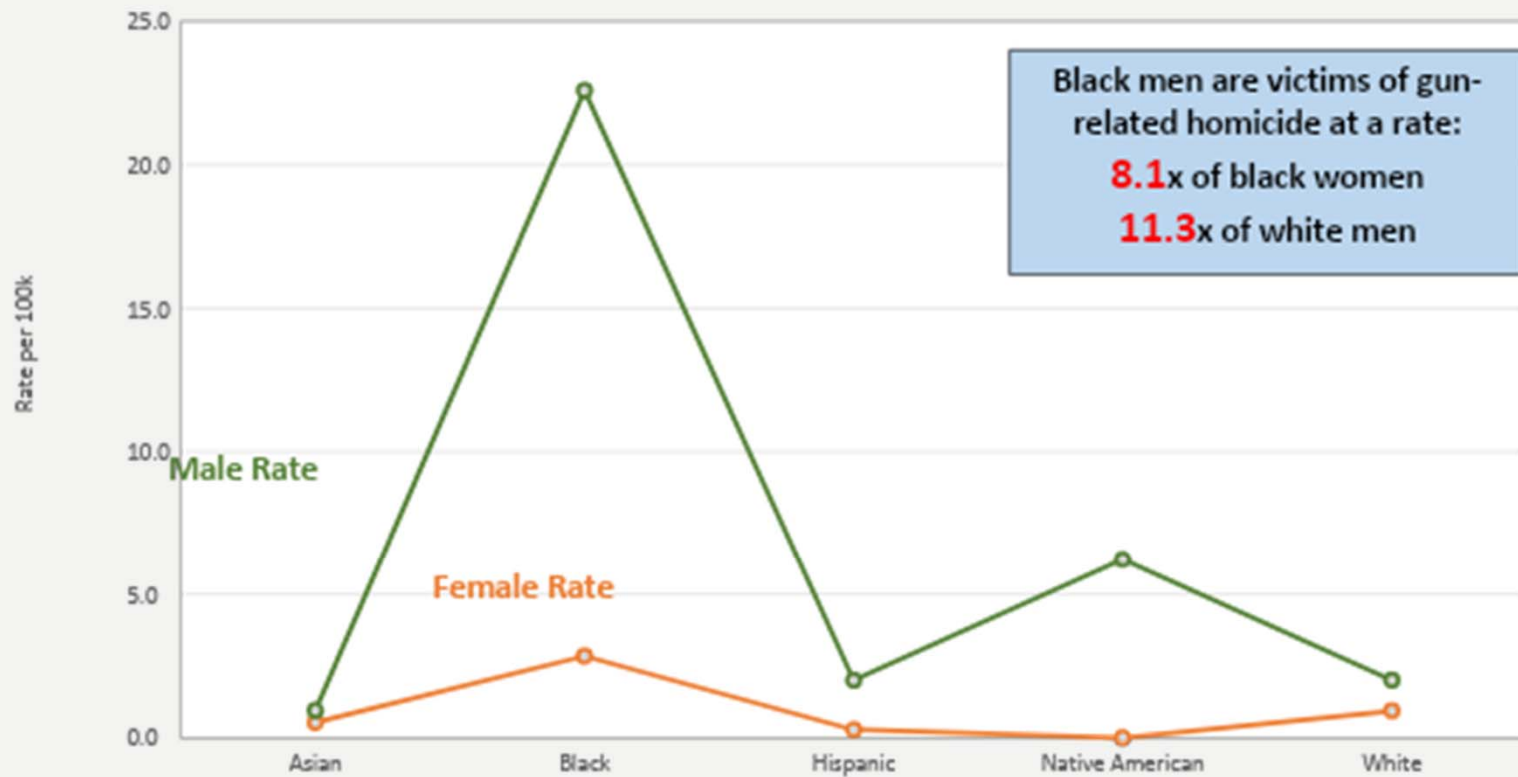
Aggregated Five Year Rate of Gun-Related Homicide by Gender and Age Group, 2013-2017



Source: Virginia Department of Health, Office of the Chief Medical Examiner

GUN-RELATED HOMICIDE DEMOGRAPHICS (GENDER-RACE)

Aggregated Five Year Rate of Gun-Related Homicide by Gender and Race/Ethnicity, 2013-2017



Source: Virginia Department of Health, Office of the Chief Medical Examiner

THE INTERSECTION BETWEEN GUNS & DOMESTIC VIOLENCE

- Nearly **half** of all women killed in the U.S. are murdered by a current or former intimate partner.
- There are about **4.5 million** women in the U.S. who have been threatened with a gun and nearly **1 million** women who have been shot / shot at by an intimate partner.
- Over **half** of all intimate partner homicides are committed with guns.
- A woman is **5 times** more likely to be murdered when her abuser has access to a gun.



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VIOLENCE PREVENTION

Different forms of violence:

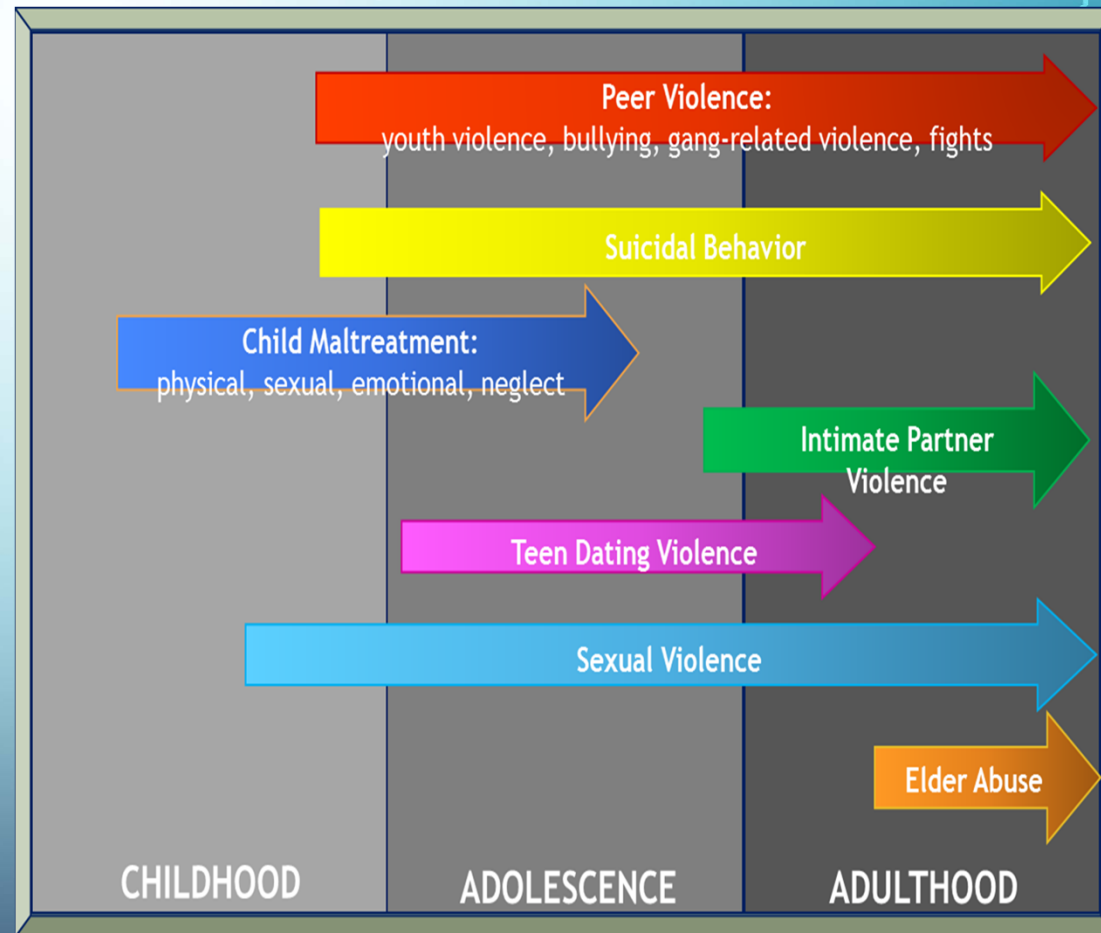
Are strongly interconnected

- Victims of one form of violence are likely to experience other forms
- Those who were violent in one context are likely to be violent in another

Share common consequences

- Physical injuries and deaths
- Mental and emotional health and social problems across the lifespan

Share common risk and protective factors



Source: Virginia Department of Health, Office of the Chief Medical Examiner



THE STATE OF GUN VIOLENCE PREVENTION RESEARCH

The Dickey Amendment

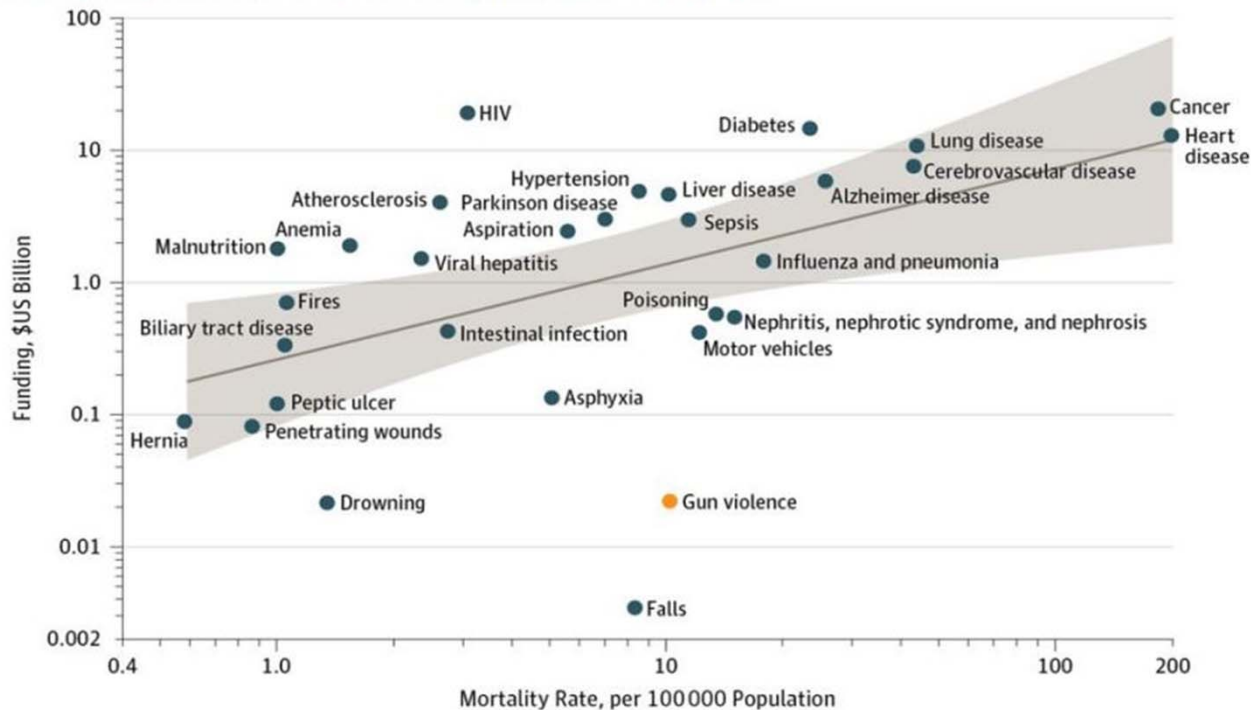


1996: *"none of the funds made available for injury prevention and control at the Centers for Disease Control and Prevention (CDC) may be used to advocate or promote gun control."*



FUNDING GUN VIOLENCE PREVENTION RESEARCH

Current funding: Only **1.6%** of predicted
(\$1.4 billion predicted vs \$22 million observed)



safe
ADDRESSING
THE FUTURE
EPIDEMIC

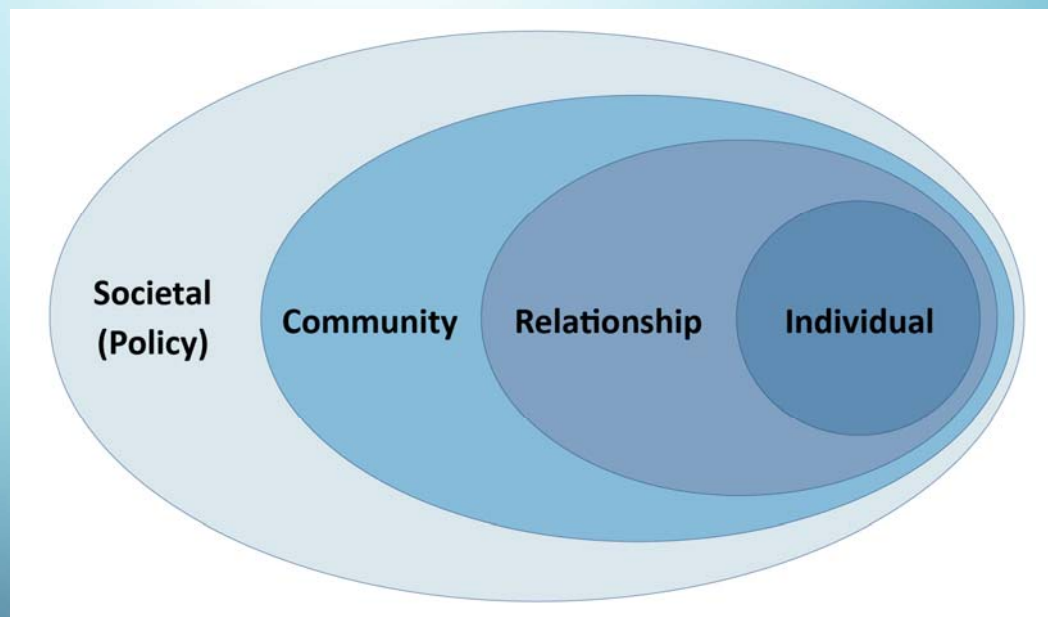


AN OUNCE OF PREVENTION.....

Is better than a pound of cure

(or how to think about interventions)

SOCIAL ECOLOGICAL MODEL: LIMITING ACCESS TO LETHAL MEANS

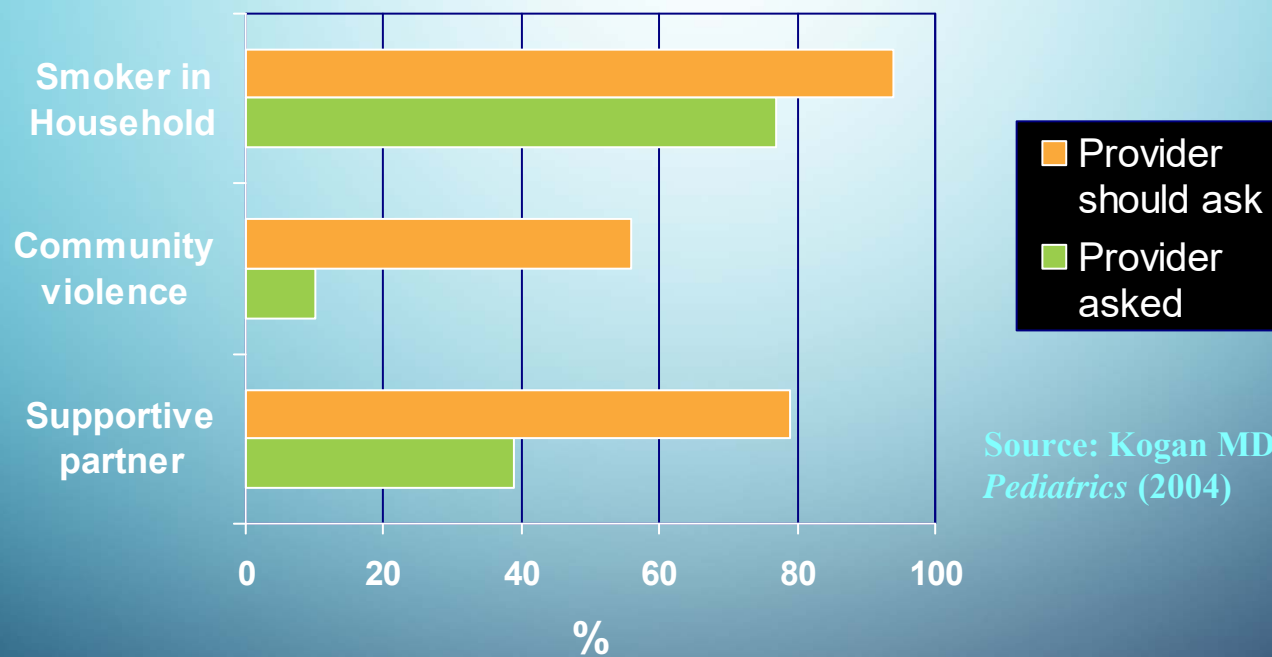


Allchin A, Chaplin C, Horwitz J.
(2018).

**Limiting access to lethal means:
applying the social ecological
model for firearm suicide
prevention.**

Injury Prevention.

CRUCIAL ROLE OF HEALTH CARE PROFESSIONALS⁴



Source: Kogan MD et al.
Pediatrics (2004)

WHAT CAN YOU DO AS INDIVIDUAL CLINICIANS?

The biggest thing you can do is to talk about it



Talk to patients who are at risk of firearm injury:

- Depressed
- Suicidal
- Victims of domestic violence
- Victims of assault
- Parents

GAG LAWS VS. EMPATHETIC INTERVIEWS (RANNEY AND BETZ, 2016)

- Examples of the right questions when patients are at risk:
- “What do you think about storing your guns offsite until the situation improves?”
- “Have you thought about how to keep your kids safe around your guns?”
- “Let’s talk about how to lower the risk of your boyfriend hurting or killing you.”
- “I’m not saying you have to give up or dispose of your gun; we’re talking about safety.”

What should I say?

It's no different from talking about sex or alcohol use.

Eg: "What do you think about storing your guns off-site until the situation improves?"

Eg: "Have you thought about how to keep your kids safe around your guns?"

Eg: "Let's talk about how to lower the risk of your boyfriend hurting or killing you."

Make it a judgment-free zone.



LETHAL MEANS SAFETY COUNSELING

Condition	Examples	How to Respond When Patients Have Firearm Access
ACUTE RISK Acute risk of violence to self or others (based on information or behavior)	<ul style="list-style-type: none"> • Suicidal ideation or intent • Homicidal ideation or intent 	<ul style="list-style-type: none"> • This is an emergency • Act promptly to ensure safer storage, in cooperation with patient if possible • If necessary, disclose to others who are able to reduce risk (family, caregivers, psychiatric services, law enforcement)
INDIVIDUAL RISK FACTORS Individual-level risk factors for violence to self or others or unintentional firearm injury	<ul style="list-style-type: none"> • History of violent behavior • Risky alcohol or substance use • Serious mental illness, especially in combination with risky alcohol or substance use, violence, or during acute exacerbations • History of violent victimization • Dementia or conditions impairing cognition and judgment 	<ul style="list-style-type: none"> • Counsel on safer storage (5 Ls or similar - see below) • Counsel on risk reduction • When capacity is diminished, consider disclosure to others who are able to reduce risk
DEMOGRAPHIC GROUP Member of a demographic group at increased risk for violence to self or others or unintentional firearm injury	<ul style="list-style-type: none"> • Middle-aged and older White men • Young Black men • Children and adolescents 	<ul style="list-style-type: none"> • Counsel on safer storage (5 Ls or similar) • Counsel on risk reduction • For minors, involve parents

Chart adapted from: Wintemute GJ, Betz ME, & Ranney M.L. (2016). Yes, you can: Physicians, patients, and firearms. *Annals of Internal Medicine*.

Source: <https://preventfirearmsuicide.efsgv.org/interventions/relationship/>

What should lethal means safety counseling include?

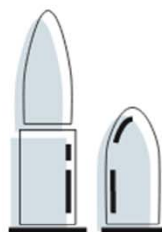
Lethal means safety counseling should be straightforward and practical. It should include asking about firearm access and intent to access firearms, discussing the risk of easy access to lethal means, providing locale-specific safer storage options, and using motivational interviewing techniques as one way to explore barriers to and pros/cons of safer storage options.

If the patient indicates that a firearm is in the home, questions on the following topics should be asked:

The 5 Ls:



Locked: "Is it locked?"



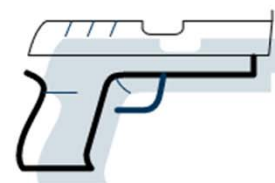
Loaded: "Is it loaded?"



Little children: "Are there little children present?"



leeling **L**ow: "Is the operator feeling low?"



Learned owner: "Is the operator learned about firearm safety?"

The 5 Ls mnemonic was proposed in: Pinholt EM, Mitchell JD, Butler JH, & Kumar H. (2014). "Is there a gun in the home?" Assessing the risks of gun ownership in older adults. *Journal of the American Geriatrics Society*.

Source: <https://preventfirearmsuicide.efsgv.org/interventions/relationship/>

COUNSELING ON ACCESS TO LETHAL MEANS (CALM)

- Though mass shootings garner much media attention, 6 out of every 10 gun deaths are suicides, and half of all people who die by suicide use a firearm.
- The Suicide Prevention Resource Center offers a two-hour course on Counseling on Access to Lethal Means where you can learn about the research surrounding access to firearms and suicides and about the appropriate way to counsel your patients.
- Bottom line: temporarily reducing access to firearms for individuals at risk of suicide is one of the most effective things you can do to save their lives.

Source: <https://efsgv.org/how-you-can-help/public-health-professionals/>

EFSGV

ASK

The ASK (Asking Saves Kids) Campaign promotes a simple idea with the potential to help keep kids safe. ASK, “**Is there an unlocked gun in your house?**” before sending your child over to play.

ASK

The reality:

Children often have easy access to guns in the home

1 in 3

homes with children have guns, many unlocked or loaded



3 in 4

children ages 5-14 know where firearms are kept in the home



80%

of unintentional firearm deaths of kids under 15 occur in a home



The problem:

Easy access to guns can lead to tragic consequences for children

17,000+

youth are injured or killed each year due to gun violence



#2

Guns are the 2nd leading cause of death among children and teens



4.6M

children and teens live in a home with a loaded, unlocked gun



ASK
ASKINGSAVESKIDS

<http://www.askingsaveskids.org/>



POLICY INTERVENTIONS

VIRGINIA POLICY PRIORITIES

SUMMARY

Policy	Description
Funding for community-based violence intervention programs	These programs work to both interrupt cycles of violence and connect the highest risk individuals to social services offered within the community.
Extreme Risk Protection Order (ERPO) bill	Allows law enforcement to file a petition with the courts to temporarily remove and prohibit the possession or purchase of firearms from individuals at high risk of harm to self or others.
Banning dangerous weapons	Includes military-style semi-automatic rifles, high-capacity magazines, suppressors, and bump stocks, which are designed to maximize lethality.
Universal background checks	Private sellers (i.e. at gun shows or online) are not required to conduct background checks, creating a loophole for prohibited persons to easily access firearms.
Child access prevention	Virginia's Child Access Prevention law should be strengthened to make it easier for prosecutors to hold irresponsible gun owners accountable, increase the criminal charge to a felony, and extend the age to cover all minors up to age 18.
Reporting lost and stolen firearms	Individuals who fail to report lost or stolen firearms would face a civil penalty.
Raising the minimum age	Raises minimum age to purchase a firearm from 18 to 21.



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COMMUNITY-BASED VIOLENCE INTERVENTION PROGRAMS

- Much of Virginia's firearm violence is concentrated within neighborhoods that face a host of systemic inequities -- discrimination, lack of economic opportunities, and under-resourced public services.
- In 2017, Black Americans in Virginia were murdered by a gun at a rate 8 times higher than their White counterparts.
- Community-based violence intervention programs help reduce violence by addressing these inequities and by providing resources to communities impacted by daily violence.
- These programs help individuals at highest risk for violence by:
 - Deterring them from engaging in firearm violence
 - Helping them resolve potentially violent disputes before they occur
 - Connecting them to education, employment, mental health, and housing services

Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death



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HOSPITAL BASED VIOLENCE INTERVENTION PROGRAMS (HVIP)

- **HVIP work to interrupt cycles of retaliatory violence and reduce violent re-injury**
 - Gunshot injury patients are at high risk for re-victimization, with rates near 50%.
- **HVIP:**
 - Identify patients at risk for re-victimization
 - Use their injury as a “teachable moment”
 - Provide culturally competent case management
 - Link to community-based resources aimed at addressing the root causes of violence
- **The Governor allocated \$2.45 million to build out HVIP at 7 hospitals.**
 - VCU Trauma Center’s Injury and Violence prevention
 - Bridging the Gap - HVIP focused on youth ages 10-24
 - RVA Alternative Pathways –VCU, community organizations, police department



EXTREME RISK PROTECTION ORDERS (ERPO)

- Allow law enforcement officials, often at the request of family members, to petition a judge to temporarily remove firearms from a person behaving dangerously before tragedy occurs.
- Suicides make up the majority of gun deaths in Virginia, research suggests that ERPO can prevent suicides.
- Research of similar laws in Indiana and Connecticut suggests that one life is saved for every 10-20 cases where firearms are temporarily removed.
- ERPO will fill a gap in Virginia law by giving law enforcement and families the tools they need to temporarily remove firearms from individuals at high risk for violence.

Swanson et. al. (2017). Implementation and effectiveness of Connecticut's risk-based gun removal law: does it prevent suicides. Law & contemp. Probs.



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EXTREME RISK PROTECTION ORDERS (ERPO)

Key Findings in Connecticut

- Typical subject: 47 year old married male with **suicidal ideation**
- Police found firearms in 99% of instances when an order was issued, removing an average of **7 guns** per subject.
- People in Connecticut subject to orders had an **annual suicide rate 40 times higher than the general population**, showing the increased risk among this population.
- Nearly one-third of all subjects received mental health and substance misuse treatment after an order was issued.
- **For every 10-20 gun removal orders issued, at least 1 life was saved.**

Swanson et. al. (2017). Implementation and effectiveness of Connecticut's risk-based gun removal law: does it prevent suicides. Law & contemp. Probs.



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EXTREME RISK PROTECTION ORDERS (ERPO)

Key Findings in Indiana

- Typical subject: 43 year old White male with **suicidal ideation**
- Police removed an average of **3 guns** per subject.
- People in Indiana subject to orders had an **annual suicide rate 31 times higher than the general population**, showing the increased risk among this population.
- Nearly one-third of all subjects received mental health and substance misuse treatment after an order was issued.
- **For every 10 gun removal orders issued, 1 life was saved.**

SOURCE: SWANSON ET AL. 2019. CRIMINAL JUSTICE AND SUICIDE OUTCOMES WITH INDIANA'S RISK-BASED GUN SEIZURE LAW. AVAILABLE:
[HTTP://JAAPL.ORG/CONTENT/EARLY/2019/04/15/JAAPL.003835-19/TAB-ARTICLE-INFO](http://JAAPL.ORG/CONTENT/EARLY/2019/04/15/JAAPL.003835-19/TAB-ARTICLE-INFO)



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DANGEROUS WEAPONS BAN

- Semi-automatic assault weapons are designed to maximize lethality; they are intended to kill as many humans as possible as quickly as possible. Shootings with these weapons are more deadly than with other weaponry.
- The gun lobby markets these weapons to increase sales for the gun industry without regard for their lethality, putting citizens and law enforcement at increased danger.
- Law enforcement are at increased risk responding to an active shooter incident when faced with increased fire power from high capacity magazines and sound suppressors.
- Dangerous weapons include: Military-style assault weapons, flash suppressors, silencers, high capacity magazines and bump stocks.



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UNIVERSAL BACKGROUND CHECK LAW

- Universal background checks are the foundation upon which all other gun violence prevention policies must build.
- Virginia law has a loophole which allows gun sales to occur without so much as an instant criminal background check from ever occurring between “private sales.”
- To prevent domestic abusers, felons, and others prohibited from purchasing or possessing firearms, it is imperative that we *require all buyers* to pass a background check.
- A 2017 Quinnipiac University poll found 94% of Virginia voters support requiring background checks for all gun buyers.

Quinnipiac University. (2017). “Do you support or oppose requiring background checks for all gun buyers?” Question 31, April 6-10, 2017. Retrieved from <https://poll.qu.edu/virginia/release-detail?ReleaseID=2451>



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Strengthen the Child Access Prevention law

- The suicide rate of 14-17 years olds increased by 32% over the last five years. Almost half of those young people used a gun to take their own lives.
- In 2017, Virginia faced the highest number of child firearm deaths since 1982.
- Lawmakers should strengthen Virginia's current child access prevention law to:
 - Protect teenagers ages 14 to 17
 - Makes it easier for prosecutors to hold irresponsible gun owners accountable
 - Strengthen penalties

Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death



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REPORTING LOST, STOLEN, & MISSING GUNS LAW

- This law:
 - Requires individuals to report their lost or stolen guns to law enforcement within 24 hours of discovering the loss or theft.
 - Police must enter the information into an FBI firearms database.
 - Individuals who fail to report lost or stolen firearms will face a civil penalty.
- Help reduce the flow of illegal guns into communities of color impacted by daily gun violence.
- Help law enforcement solve crimes.
- Prevent interstate firearms trafficking.



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LOCAL REGULATION OF FIREARMS IN PUBLIC

- The commonwealth currently has a preemption law that prohibits cities and towns from enacting their own gun violence prevention policies.
- Restricting localities from addressing the risk of gun violence in their jurisdictions unnecessarily ties the hands of local law enforcement and prevents local governing bodies from keeping their citizens safe.
- Localities should be given authority to determine when and where firearms are allowed to be carried (openly or concealed) when local government is conducting government business or meetings, in government buildings, in government owned public spaces and at permitted events.



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ONE HANDGUN PER MONTH PURCHASE LIMITATION

- In 2012, Virginia repealed its limitation on purchasing more than one handgun a month.
- Virginia exports thousands of crime guns each year to other states, and this loophole enables bulk purchase and illegal transfer of handguns throughout the country.
- In 2016, more than 9,000 guns purchased in Virginia were later recovered in crime scenes or suspected of use in a crime.
- The easy availability of handguns contributes to the day-to-day violence seen in far too many communities across the Commonwealth.

Bureau of Alcohol, Tobacco, Firearms and Explosives, Office of Strategic Intelligence and Information, "Virginia Firearms Trace Statistics – 2016."



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DISARM DOMESTIC VIOLENCE

- Guns and domestic violence are a lethal combination:
 - From 2006 to 2015, there were over 1,300 domestic violence-related homicides in Virginia and nearly 60% of these homicides were by firearm.
 - Over one-third of all homicides in Virginia are related to domestic violence.
- Strengthen Virginia law by:
 - Prohibit individuals convicted of misdemeanor crimes of domestic violence from purchasing or possessing firearms.
 - Strengthen the firearm removal process domestic violence incidents.

Family and Intimate Partner Homicide Surveillance. Virginia Department of Health. 2019.



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GETTING INVOLVED

HOW TO SUPPORT GUN VIOLENCE PREVENTION
EFFORTS



Use your voice of authority
wherever and whenever you
can!

CONTACT YOUR LEGISLATOR

- Find your state legislators at: <https://whosmy.virginiageneralassembly.gov/>
- Your state senator and delegate need to hear from you about your priorities for the 2020 general assembly session (January-February 2020).
- During VA's general assembly session:
 - Follow the bills and the hearing schedule (<https://lis.virginia.gov/>)
 - Weigh in on certain bills either by email, phone, written testimony or speaking at a committee hearing.
- Federal: the Association of Public Health Nurses created a [Public Health Policy Advocacy Guide Book and Toolkit](#) that has all the information you need on advocacy and the legislative process.

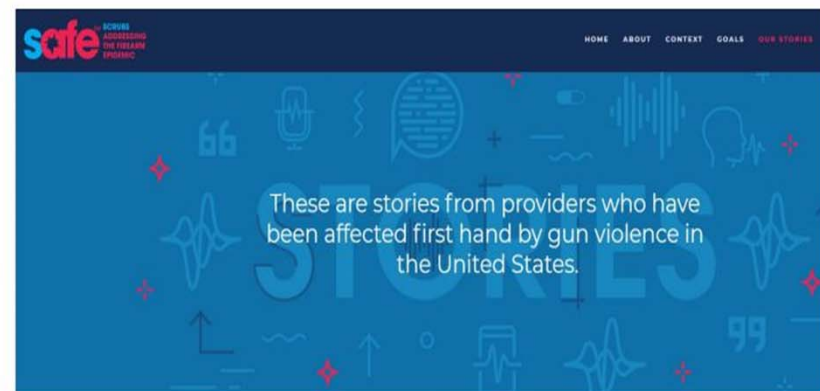
EDUCATE OTHERS

- Write op/eds and letters to the editor
- Contribute articles to professional newsletters
- Speak at professional conferences
- Offer up learning opportunities at your place of employment
 - Lunch 'n' Learn, grand rounds, etc.
- Lead a discussion group at your work, place of worship, professional group, and more!

SOCIAL MEDIA ADVOCACY

- Tell your story to raise awareness for GVP efforts
- Promote research, reports, white papers, etc. through your social media outlets that support evidenced based policy solutions to gun violence
- The ACP uses #thisisourlane

Tell your stories
#docs4gunsense & www.standsafe.org



HOW HAS GUN VIOLENCE AFFECTED YOU?

Show Your Story *

Title *

What type of healthcare professional are you?



JOIN THE ADVOCACY ARM OF YOUR PROFESSIONAL GROUP

MSV

APA

AMA

AAFP

ACP

ANA

APhA

NAS
W

AAP

ACPM

STN

ATS

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

“The AAP has been involved for decades in advocacy efforts to address the detrimental effects of gun violence in children’s lives as a public health issue. The AAP continues to engage in a sustained advocacy effort focused on engaging Congress, the White House, partner organizations, pediatricians, and the public in an effort to enact and improve federal policies aimed at reducing and preventing gun violence.”

<https://www.aap.org/en-us/advocacy-and-policy/federal-advocacy/>

GUN SAFETY and CHILDREN

If you own a firearm, the AAP recommends it be **stored unloaded, locked up** (lock box, cable lock, or firearm safe), with the ammunition stored separately.



About **1/3 of the homes with children** in the United States have a gun. Many are stored **loaded and/or unlocked**.



Every day,
78 children,



teens and young adults are **injured or killed** by guns in the United States.

= death = injury

Source: CDC WISQARS database including data for all races, ages 0-21, from 2013-2016.

The risk of dying by suicide is **4 to 10 times higher**

in homes with guns. If you have **a teen who is at risk for suicide**, remove guns and ammunition from your house.



Children as young as **3 years** may be strong enough to **pull the trigger** on a handgun.



The **safest home** for children and teens is one without guns.



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“The Medical Society of Virginia opposes repeal of existing state or federal laws and regulations that promote safety and responsibility in the purchase, possession or use of firearms and ammunition. The Medical Society of Virginia supports future laws and regulations relating to firearms which would promote trauma control and increased public safety.”

https://www.msv.org/sites/default/files/2018-2019_policy_compendium_09262019_final.pdf



“For more than 20 years, the American College of Physicians (ACP) has advocated for the need to address firearm-related injuries and deaths in the United States. Yet, firearm violence continues to be a public health crisis that requires the nation's immediate attention and demands bipartisan intervention from the U.S. Congress. ACP is concerned about not only the alarming number of mass shootings in the United States but also the daily toll of firearm violence in neighborhoods, homes, workplaces, and public and private places across the country.”

#thisisourlane

https://www.acponline.org/acp_policy/policies/acp_summary_of_2018_firearms_position_paper_update_2019.pdf



**AMERICAN
PSYCHOLOGICAL
ASSOCIATION**


“APA advocates for a public health approach to gun violence prevention, supporting evidence-based programs and policies that can reduce the occurrence and impact of firearm-related violence in the United States.”

<https://www.apa.org/advocacy/gun-violence/>

MATERIALS, TRAININGS, AND MORE

- For firearm suicide prevention:
 - <https://preventfirearmsuicide.efsgv.org/>
- Disarm Domestic Violence is an interactive website that compares laws between states, presents statistics about gun violence, and provides information on the statutory process of firearm removal in cases of domestic violence protective orders.
 - www.disarmdv.org
- Extreme Risk Protection Orders
 - <https://americanhealth.jhu.edu/implementERPO>





**FOR MORE
INFORMATION
ON GUN
VIOLENCE
PREVENTION
POLICY
(FEDERAL AND
STATE),
CONTACT:**

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- <https://www.aafp.org/about/policies/all/prevention-gun-violence.html>
- <https://www.acponline.org/acp-newsroom/american-college-of-physicians-offers-policy-recommendations-for-reducing-gun-related-injuries-and>
- <https://ana.aristotle.com/SitePages/gunviolence.aspx>
- <https://www.apha.org/gun-violence>
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- <https://www.aap.org/en-us/advocacy-and-policy/federal-advocacy/>
- <https://www.apa.org/advocacy/gun-violence/>
- <https://preventfirearmsuicide.efsgv.org/>

- www.disarmdv.org
- <https://americanhealth.jhu.edu/implementERPO>