GUN VIOLENCE

SYMPOSIUM 2019

Virginia Clinicians and Medical Professionals

September 28th 8:30 AM-3:00 PM

Bon Secours St. Mary's Campus 5801 Bremo Road Richmond, VA 23226

Visit http://tiny.cc/ VirginiaCliniciansGVP to Register



Virginia had the 14th highest number of gunrelated deaths of all states in 2017 with 1,041 fatalities.

Gun violence is a public health issue – medical professionals across disciplines are working to improve outcomes.

Join VCU Health, Bon Secours Health System, and Richmond City Health District in reviewing the state of gun injuries and morbidity in Virginia and opportunities to mitigate risks and improve outcomes through both clinical and population-level interventions.

Conference Details

Topics will review the evidence base for clinicians and will feature a mix of expert practitioners, public health researchers, and specialists:

- Latest analysis of trends in firearm-related injury and morbidity
- Research-tested practices in clinical settings including intimate partner violence, preventing suicide, and repeat trauma
- Population-level interventions including public policy opportunities and partnering with survivors and impacted communities

Clinicians across Virginia can learn to:

- Incorporate preventative approaches
- Reduce risk profiles for patient populations
- Leverage their expertise with decision-makers and public health leaders
- Improve outcomes locally and statewide



This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of VCU Health Continuing Medical Education, Richmond City Health District and BonSecours Mercy Health System. VCU Health Continuing Medical Education is accredited by the ACCME to provide continuing medical education for physicians. VCU Health Continuing Medical Education designates this live activity for a maximum of 4.5 AMA PRA Category 1 Credits(TM). Physicians should claim only the credit commensurate with the extent of their participation in the activity.

8:30-9:00 AM Registration

9:00-9:45 AM Public Health

Assessment of Gun Violence in Virginia, William Gormley, M.D., Virginia Chief Medical Examiner; Lauren Yerkes, M.P.H., Injury and Violence Prevention Epidemiologist at the Virginia Department of Health

<u>10:00-10:45 AM</u> Break Out Sessions: Clinical Interventions to Prevent Gun Violence & Reduce Harms

Session A: Intimate Partner Violence, Yasmin Fletcher, J.D., Director of Law & Policy at the Coalition to Stop Gun Violence; Bonnie Price, DNP, RN. Director of Community Health Advocacy at Bon Secours

44-47% of women killed by their intimate partners have been seen by a health care provider within the year preceding their death. Patients who experience IPV access the health care system 2.5x's more than the average patient. Specialists in IPV intervention will train clinicians in effective techniques and common errors in evaluating, supporting, and intervening to reduce the risks posed by IPV.

Session B: Providers Preventing Suicide – Lethal Means Safety Counseling, Adelyn Allchin, *M.P.H.* Senior Director of Public Health and Policy at the Coalition to Stop Gun Violence

Suicide is the leading cause of firearms-related death in Virginia with 65% of all gun violence fatalities attributable to suicide. Clinicians will be trained in Lethal Means Safety Counseling, a form of anticipatory guidance to: (1) determine if an individual at risk for suicide has access to lethal means of suicide attempt; and (2) work with the individual and their family or friends to reduce access until the risk of suicide decreases.

Session C: Critical Care & Interrupting the Cycle of Repeat Trauma, Michael Aboutanos, *M.D., M.P.H., F.A.C.S, Medical Director of the VCU Trauma Center, VCU Trauma Network, & VCU Injury & Violence Prevention Program*

Nearly half of hospital trauma admissions in the U.S. involve repeat victims of violence. At least four in 10 of these patients will be reinjured and one in five will be killed in the five years that follow an incident. Hospitalbased programs have been shown to reduce the chance that someone will be revictimized, while also improving victims' chances of succeeding at work or school. Clinicians will explore specific tactics being used in critical care environments and how they can adopt them into their own practices.

<u>11:00-11:45 AM</u> Break Out Sessions: Population-level Interventions to Prevent Gun Violence & Reduce Harms

Session A: The Intersection of Mental Health & Gun Violence: What Behavioral Risk Factors Tell Us About Solutions

Many recent gun violence prevention discussions have assumed a direct casual connection between mental illness and violence. The research evidence suggests that violence has many interacting causes and that mental illness alone very rarely causes violence. Policies that address behavioral risk factors for gun violence - like having a history of violence or making threats of violence - instead of mental illness alone will be more effective in reducing gun violence.

Session B: Policy Prescriptions to Prevent Gun Violence, Lori Haas, Senior Director of Legislative Affairs at the Coalition to Stop Gun Violence

Prevention is a well-trod focus in the field of medicine. Clinical and public health professionals have tackled crises such as HIV, smoking, motor vehicle deaths, or environmental hazards and pollution by first studying a problem to identify its patterns and root causes and then working to design policies in an effort to reduce those negative effects, rather than just treat them as they arise. The same approach applied to preventing gun violence yields prioritized policy prescriptions relevant to Virginia's existing persistent morbidity and injury rates.

Session C: Partnering with Advocates & Impacted Communities, Lauren Morea, Gun Violence Prevention Champion for the Virginia Chapter of the American Academy of Pediatrics; Kayla Hicks, Director of African American and Community Outreach at the Coalition to Stop Gun Violence; James Braxton, Director of Strategic Engagement at RISE for Youth; Naomi Hough Davis, D.Min., L.P.C., N.C.C. Congregational Health Program Coordinator at Bon Secours

The expertise of medical professionals can add perspective and authority to discussions of gun violence prevention. But how do clinicians best join ongoing conversations without dominating them? How can our professions lift up the experiences of impacted communities, victims, and survivors? <u>12:00-12:45 PM</u> Case Studies for Clinicians, Daniel Carey, *M.D. Virginia* Secretary of Health and Human Services

Lunch

<u>1:00-1:45 PM</u> Break Out Sessions: Population-level Interventions to Prevent Gun Violence & Reduce Harms, *Continued*

Session A: The Intersection of Mental Health & Gun Violence: What Behavioral Risk Factors Tell Us About Solutions, *Continued*

Session B: Policy Prescriptions to Prevent Gun Violence, *Continued*

Session C: Partnering with Advocates & Impacted Communities, *Continued*

<u>2:00-2:45 PM</u> Outlook & Risk Factors, Danny Avula, M.D., M.P.H. Director of the Richmond City and Henrico County Health Districts; Lori Haas. Senior Director of Legislative Affairs at the Coalition to Stop Gun Violence

Administrative Instructions for Closing CME Curriculum

2:00-2:45 PM Networking