NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

99-03

STATEMENT OF POLICY

Firearm-Related Injury and Death Prevention

Policy

The National Association of County and City Health Officials (NACCHO) supports an individual's right to own and use firearms for legal purposes. Local, state, and federal public health agencies should support comprehensive strategies that support these rights and improve firearm safety to prevent injury and death.

NACCHO recognizes the burden and impact of firearm-related injury and death as a national public health issue. NACCHO also recognizes the disproportionate burden of firearm-related injury and death on certain populations, and recommends addressing the root causes of these inequities, such as race, sexual orientation, and socioeconomic status.

Local health departments play an important role in preventing intentional and unintentional firearm-related injury and death and, in coordination and collaboration with other local, state, and national efforts, should prepare for and respond to threats to individual and community safety.

NACCHO supports the following strategies to prevent firearm-related injury and death:

- Improved firearm legislation, regulation, or policies that:
    - Require universal background checks on all firearm purchases. These systems should support the restriction or the prohibition of the acquisition of firearms by high-risk persons (e.g., persons with a history of violent criminal behavior; unlawful users of or those addicted to controlled substances; those who have been found by a judge to be mentally incompetent, a danger to themselves or others as a result of mental illness, or been involuntarily committed to a mental institution; and youth under the age of 21).
    - Require firearm owners to have firearm safety certification, register all firearms in confidential registries, store firearms to prevent access to or use by children and other unauthorized users, and report the sale or transfer of firearms to the appropriate authority.
    - Ban the sale, transfer, importation, and manufacture of assault weapons and large-capacity ammunition magazines.
    - Make firearm trafficking a felony.
- Investment in research and data collection from multiple sectors (e.g., public health, law enforcement, medical examiners, and social services) to:

    - Understand the evidence related to the causes of firearm-related injury and death and the effectiveness of prevention strategies.
- Development of community-wide strategies, using multi-sectoral partnerships (e.g., public health, healthcare, education, law enforcement, justice, mental/behavioral health, social services, community leaders, businesses, and faith-based organizations), to identify or develop and evaluate strategies to increase firearm safety and prevent firearm injury and death.
- Inclusion of active shooter response plans, along with effective training for first responders, within community-wide emergency and public health response plans, resources and capabilities that address preparation for, response to, and recovery from active shooter situations in schools, workplaces, places of worship, public gathering spaces, and other settings.

In addition to these strategies, NACCHO recognizes that local health departments should also address the prevention and mitigation of children's exposure to neglect, abuse, trauma, toxic stress, and violence and promotion of safe, stable, nurturing relationships for children to reduce risk of future violence; conduct community-based outreach aimed at detecting and interrupting patterns of violence; and support efforts for early identification of mental illness and access to high-quality, culturally competent mental and behavioral health services and support.

Justification

Firearm-related deaths and nonfatal firearm-related injuries are critical public health issues, with increasing priority over the last two decades.[1] Each year, more than 30,000 people die from gunshot wounds, which is equivalent to 1 death by firearm every 16 minutes.[2] Since 2006, there have been 47 mass shootings, accounting for 400 deaths.[4] Suicide is the leading cause of firearm death, accounting for more than 60% of firearm deaths.[2,3] The number of nonfatal injuries, due to firearms, is more than double the number of deaths, with over 80,000 people treated for nonfatal firearm injuries in 2014 alone.[3,5] Firearm-related injury and death disproportionately affect non-Hispanic African-Americans, whose rates of firearm homicide for young adults between the ages of 18-29 years of age is 25 times that of white men in the same age group.[1,6] However, adult white males have a more concentrated risk for firearm-related suicide.[1]

The economic costs of firearm-related injury and death are substantial. In 2010, fatal firearm injuries accounted for $40 billion in costs associated with medical expenses and loss of work.[3] In 2013, nonfatal injuries accounted for $229 billion in costs associated with healthcare, criminal justice, loss of income, pain, suffering, and loss of quality of life.[2]

Restrictions on firearm-related research, surveillance, and evaluation have made it difficult to determine the most effective strategies to prevent firearm-related injury and death. Experts in the field have recommended a number of promising strategies, including those aimed at ensuring responsible access to firearms, reducing exposure to violence, supporting mental and behavioral well-being, and interrupting cycles of violence.[5,7]

Local health departments are integral to creating and maintaining conditions that keep people healthy and safe, a role that includes preventing unintentional and intentional firearm-related injury and death. In order to bring about meaningful changes that lead to the reduction of

firearm-related injuries and deaths, multidisciplinary and inter-professional collaboration is critical.[5, 9] Local health departments can serve as neutral conveners and have played a key role in pulling together community resources, stakeholders, and professionals. In mass-casualty events, local health departments often play a role in providing and coordinating response and recovery activities, including behavioral health services. Local health departments should be involved in the development, implementation, and evaluation of comprehensive plans that address risk and protective factors across the social-ecological levels (e.g., individual, interpersonal, community, societal).[9]

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Record of Action

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