

99-03

STATEMENT OF POLICY

Prevention of Firearm-Related Injury and Death

Policy

The National Association of County and City Health Officials (NACCHO) recognizes firearm related injury and death as a preventable public health crisis.^[1] As such, NACCHO supports a comprehensive public health approach to promote safe communities and prevent firearm misuse, injury, and death while acknowledging an individual's right to own and use firearms for legal purposes.

NACCHO recognizes the disparate impact of firearm-related injury and death on communities that have historically be subjected to and continue to face structural racism, social marginalization, and economic inequalities, all of which can increase one's risk of firearm injury or death.^{1,2} As such, NACCHO recommends that local health departments first and foremost address the root causes of these inequities by crafting policies to address the systematic and structural causes of firearm-related injury and death.

Local health departments play an important role in preventing intentional and unintentional firearm-related injury and death. In coordination and collaboration with other local, state, and national efforts, local health departments should engage in primary, secondary, and tertiary³⁹ prevention strategies, while addressing the intersection of related public health issues such as suicide, substance use, community violence, and intimate partner violence. Local health departments can work with both clinical- and community-based entities as well as their local firearm retailers to prevent firearm injury and death.

NACCHO supports a multitude of activities, legislation, regulation, or policies that promote strategies to prevent firearm-related injury and death in several priority areas. To prevent firearm injury and death, NACCHO recommends local health departments undertake the following activities:

Data Collection Partnerships

- Create unified data collection system for firearm-related injury and death.
- Collaborate with local law enforcement to establish a partnership to collect data electronically, including data demonstrating the number of emergency events in the community related to firearm injury or death, and the cause of the firearm related death (e.g., suicide, intimate partner violence, community violence, unintentional, type of firearm).



- Collaborate with the county’s Medical Examiner Office to regularly collect data demonstrating the scope of firearm death in the community. This includes the number of autopsies performed where firearm injury was determined as the cause of death and additional details surrounding those fatal firearm injuries, including demographics of the individuals who died by firearm injury; where the fatal firearm injury took place; and if the firearm injury was intentional or unintentional.
- Collaborate with local hospitals to obtain Institutional Review Board (IRB) approval and gather data showing how many gunshot wounds were treated, the injury severity score of those gunshot wounds, and the cost of treating those gunshot wounds.
- Collaborate with Emergency Medical Services (EMS) to obtain IRB approval and gather data showing how many individuals are transferred to trauma centers to treat gunshot wounds, how many individuals die on scene from a gunshot wound, and where the gunshot wound occurred.

Research Funding

- Promote evidence related to the cause of firearm related injury and death in addition to the effectiveness of certain prevention strategies, including hospital-based violence prevention programs, community violence prevention programs, street worker programs.
- Improve unrestricted access to firearm related data to engage in research for evidence-based policy development in communities.
- Funding opportunities to evaluate goal-based, process-based, and outcomes-based data from firearm injury and death prevention programming.

Community-wide Collaboration

- Create a community-wide problem analysis that shows the current scope of firearm injury and death as well as overall trends.
- Create a community network of multi-sectoral partnerships (e.g., public health, healthcare, education, law enforcement, justice, mental/behavioral health, social services, community leaders, businesses, the gun owning community, and faith-based organizations) to identify or develop and evaluate strategies to increase firearm safety and prevent firearm injury and death.
- Create a map of locations where community members can store their firearms temporarily (i.e., [Colorado Firearm Safety Coalition Gun Storage Map](#)).
- Identify and implement more green space in urban locations, which is correlated with lowering rates of violence.
- Strengthen mortality case review model to evaluate potential interventions to prevent deaths due to firearm injury.
- Provide resources for 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 (e.g., See Something, Say Something; Power of Hello).
- Coordinate efforts in evidence-based community violence prevention programs with a multidisciplinary team in the community (i.e., the Cardiff Model).

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

Firearm and Ammunition Retailers

- Universal background check requirements for all sales and transfers of firearms and specify satisfactory completion of the background check at the time of sale/transfer from licensed and unlicensed sellers.
- Providing necessary database access, incentives and/or funding to all parties who sell ammunition to another party to support these parties' effective documentation of their ammunition sales activities by maintaining records of the name of the buyer, date, and details of the ammunition transferred.
- Providing incentives and funding to firearm retailers to establish safe storage facilities for community members who wish to store their firearm in a different location.

Early Intervention

- Implementation and enforcement of Child Access Prevention Laws to encourage safe storage and firearms.
- Prevention and mitigation of children's exposure to neglect, abuse, trauma, toxic stress, and violence.
- Promotion of the need for protective childhood experiences to establish safe, stable, nurturing relationships for children to reduce the risk of future violence.
- Improvement and expansion of school-based and community-based violence prevention efforts aimed at detecting and interrupting perpetual patterns of violence (e.g., promoting positive school climate, anti-bullying initiatives, and restorative justice practices).
- Promotion of the importance of parents who are gun owners safely storing their firearms in the home (i.e. [Project ChildSafe](#)).

Mental Health and Suicide Prevention

- Implementation and enforcement of extreme risk protection orders (ERPO), "red flag laws" or "gun violence restraining orders" that temporarily prohibit gun ownership among individuals deemed to be a threat to themselves or others.
- Increased access to crisis services (i.e., emergency shelters) for individuals experiencing intimate partner violence.
- Early identification of mental illness and access to high-quality, culturally appropriate behavioral health services and support.
- Voluntary self-prohibition policies that allow individuals at risk of suicide to place themselves on a "no buy list" prohibiting them from passing a background check to purchase firearms.
- Implementation of screening practices among primary care and behavioral health providers to screen patients about firearm access during routine screenings for depression, suicide, and intimate partner violence.

Implementation of lethal means safety counseling and education to individuals at risk of suicide to reduce access to firearms until the risk of suicide has decreased.

Justification

Firearm-related deaths and nonfatal firearm-related injuries are critical public health issues with increasing urgency over the last two decades. In 2020, there were more firearm-related deaths than any other year on record, which included higher numbers of homicides by firearm and

suicides by firearm.¹ During that year, there were 45,222 firearm-related deaths in the United States, which was a 15% increase from 2019.^{2,3} Suicide was the leading cause of firearm death with 24,292 people dying by firearm suicide, accounting for 53% of all suicides.³ In the same year, there were 19,350 firearm-related homicides and 79% of all homicides involved firearms.^{3,7} Moreover, there was a 10% increase of unintentional firearm injury in 2020 with 535 deaths.⁸ In 2020, there were 513 deaths from mass shootings.¹ Non-fatal firearm injuries accounted for 85,694 emergency department visits for non-fatal firearm related injuries occurring each year from 2009 to 2017.⁴ Firearm-related injury and death disproportionately affect Black Americans. The firearm homicide rate for Black males aged 10-24 years old was 20.6 times higher than that of their White male counterparts in 2019, and 21.6 times higher in 2020.⁷

Individuals treated for a nonfatal firearm injury may experience several short- and long-term health consequences. On average, firearm injury survivors face an 85% increase in substance use disorders, and 51% increase in psychiatric disorders.⁹ Studies show that survivors of nonfatal firearm injury experience face immense impact to their psychological wellbeing.¹⁰ Firearm injury has a ripple effect on family members. Research shows a 25% increase in healthcare spending and 12% increase in psychiatric diagnoses for a survivor's family members within a month after the injury.¹¹

The economic costs of firearm-related injury and death are significant. Researchers estimate it costs the American economy nearly \$557 billion annually, or 2.6 percent of gross domestic product.¹¹ Nonfatal firearm injury costs a patient about \$30,000 in direct healthcare costs during the first year and will have gradual additional costs, including but not limited to spending on disability, spending on employee assistance, and productivity loss.¹¹ On average, Medicare spending on a firearm injury is about 2.6 times the level of a hospital length of stay and 1.4 times the cost of Medicare spending for physician services.¹²

Federal law requires federally licensed firearm dealers to perform background checks on firearm purchases but does not impose this requirement on unlicensed sellers.¹³ This has led to approximately 22% of firearm owners purchasing a firearm without a background check and creates the possibility of those who would be otherwise unable to purchase a firearm to have that opportunity.^{13,14} The extension of universal background checks to unlicensed sellers supports the restriction or the prohibition of the acquisition of firearms by individuals who may cause harm to themselves or others. The federal background check requirement prevented more than 3 million sales between 1994-2015.¹⁵ An additional consideration for policy measures is "ghost gun" production. "Ghost guns," or firearms without a serial number, are involved in several cases of homicide and mass shootings.¹⁶

An important point of consideration when addressing firearm injury and death in communities are those experiencing intimate partner violence (IPV). There are numerous negative health consequences associated with those who have experienced intimate partner violence, including physical injury, insomnia, depression, and gastrointestinal disorders.¹⁷ Research shows that individuals experiencing IPV whose partner owns a firearm were associated with worse physical health than individuals experiencing IPV whose partner does not own a firearm.¹⁸ States with laws that prevent individuals with IPV-related restraining orders from purchasing firearms are associated with lower rates of intimate partner homicide.¹⁹

Another law designed to decrease rates of suicide and homicide by firearm are Emergency Risk Protection Orders (ERPO), also known as red flag laws. The adoption of ERPO laws allow police and an individual's family to petition to a state court for their firearms to be temporarily removed when they present a clear danger to themselves or others.²⁰ Due to red flag laws being a recently adopted policy intervention, research is still emerging on this topic. In two states where ERPO laws were implemented, research shows that, for every 10–12-gun removal actions, there was one life saved.²¹ Most of the utilization for red flag laws have been to petition for individuals who present behaviors exhibiting suicidal ideation.^{22,23} The limited research available has demonstrated that restricting firearm access from those with mental health concerns significantly reduces rates of suicide.²⁴ An additional policy measure designed to decrease rates of suicide is identifying law enforcement agencies and firearm retailers as locations to provide voluntary, temporary safe storage to community members.²⁵

Beginning in 1996, Congress routinely included language in the annual federal appropriations bill prohibiting any injury prevention and control funding provided to the Centers for Disease Control and Prevention from being used to “advocate or promote gun control”. Congress clarified in 2018 that the CDC was allowed to conduct research on the causes of gun violence and in 2020 appropriated \$25 million for research on preventing deaths and injuries from firearms.²⁶ However, the decades-long lack of investment in firearm-related research, surveillance, and evaluation have caused a shortage in literature.^{26,27,28} Thus, using research funding to determine the most effective strategies to prevent firearm-related injury and death through surveillance and evaluation data is crucial.^{26,27,28} Experts have recommended several promising strategies, including those aimed at ensuring responsible access to firearms, reducing exposure to violence, and supporting mental and behavioral well-being.^{26,27,28} Exposure to childhood trauma has been linked to several risk factors for violence, including firearm ownership and carrying, involvement with the criminal justice system, as well as aggression and impulsivity.^{29,30} Addressing the prevention and mitigation of childhood trauma, abuse, and neglect can interrupt cycles of violence and may reduce firearm related injury and death.^{29,30}

Multidisciplinary and inter-professional collaboration is critical to establishing meaningful change that leads to the reduction of firearm-related violence. Local health departments play a key role in aligning community resources, stakeholders, and professionals to develop, implement, and evaluate comprehensive plans that address risk and protective factors for firearm-related injury and death across all social ecological levels (e.g., individual, interpersonal, community, societal).³¹ This process can begin with a community-wide problem analysis detailing the scope of firearm injury and death, the number of shootings, and overall trends.³² Examples of evidence-based approaches that are correlated with a reduction in firearm injury include the establishment of an active shooter response plan in workplaces, creation of a map of firearm safe storage locations, implementation of a multidisciplinary violence prevention model (i.e., Cardiff Model), and the creation of green space in urban areas.^{33,34,35,36,37,38} Community-based violence intervention and prevention programs use evidence-based strategies to create community-tailored programs that reduce shootings and homicides.³⁹ However, there are further research opportunities needed to demonstrate the effectiveness of these programs, including data demonstrating successful implementation of community-based violence prevention programs.⁴⁰

Local health departments are integral to creating and maintaining conditions that keep people healthy and safe, including concerted efforts to prevent both intentional and unintentional firearm-related injury and death.

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Record of Action

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¹¹ This policy statement specifically addresses the prevention of firearm injury and death. For other violence prevention topics, please refer to NACCHO's policy statements on [Suicide Prevention](#) and [Youth Violence Prevention](#).