As healthcare providers, we recognize firearm-related injury and death as a public health epidemic. We also know that firearm-related injury and death are preventable through a comprehensive public health approach that keeps families and communities safe.

Physicians and nurses have an important role in the public health approach to prevent firearm injury and death just as we do in addressing other major causes of poor health and preventable deaths in the population. Addressing the problem of firearm-related injury requires healthcare providers to recognize and respect a diversity of views and practices that will influence the success of any approach.

Firearm-related injury is a leading cause of premature injury-related death in King County, Washington state, and nationally. While recent mass killings and school shootings have renewed the sense of urgency to make progress, firearm suicide remains the leading cause of fatal firearm injury, followed by homicide and accidents.

We know that:

- **Firearm-related injuries are often fatal; therefore, prevention is essential.**
  In 2016, 151 King County residents died from a firearm injury, including 7 children ages 17 and younger. During 2016 in Washington state, 682 residents died from a firearm injury, including 20 children under the age of 18. Firearm homicides disproportionately affect young men who are African American and Native American/Alaska Natives.

- **Suicide rates are strongly associated with household gun ownership.**
  In Washington state, firearm suicides are 75% of all firearm deaths and account for approximately half of all suicides, and suicide death rates are highest in men 65 years and older. Adolescents with access to firearms are 2.6 times as likely to die by suicide as adolescents without this access. In Seattle and King County, 93% of suicide attempts with a firearm are fatal.

- **Access to firearms increases the risk of conflict-related deaths and injuries.**
  The presence of firearms can turn an argument into a fatality.

- **Access to firearms and unsafe firearm storage practices create risk of serious unintentional injury and death.**
  A study of teen suicides by firearm found that most were carried out with firearms from the adolescent's home. More than 75% of firearms used in suicide attempts and unintentional injuries were stored in the residence of the victim, a relative, or friend. Safer storage of firearms can reduce the risk of youth suicide and unintentional firearm injuries by 70% or more.
WHAT IS THE PUBLIC HEALTH APPROACH?

A public health approach is evidence based and answers questions like: who is dying? Why are they dying? How can we prevent firearm-related injuries and deaths?

A public health approach to preventing firearm-related injury and death recognizes that violence is contagious. It uses primary prevention to interrupt the transmission of violence through:

- **Gathering data and conducting research** to better understand trends in gun-related deaths and injuries, their causes and the impact of interventions;
- **Identifying risk factors** associated with firearm injury and death (e.g., drug and alcohol misuse, poverty and depression) and resilience or protective factors that guard against gun violence (e.g., youth access to trusted adults); and,
- **Developing and evaluating interventions** to reduce risk factors and build protective factors; and,
- **Promoting the adoption of successful prevention strategies**.

WHAT CAN HEALTHCARE PROVIDERS DO TO SUPPORT A PUBLIC HEALTH APPROACH?

As healthcare providers dedicated to caring for children and adults, we have firsthand experience with the devastating impact firearm-related injuries and deaths have on the health of our patients, their families and our communities. Consistent with guidelines from medical and public health professional associations, we support the following:

**Screen for risk factors for firearm injury and educate patients about prevention of firearm-related injury and death as we do to prevent other diseases and causes of injury.**

- Counsel patients on the risk of having firearms in the home, and risk factors for suicide, particularly when children, adolescents, people with dementia, people experiencing behavioral health or substance use disorders, or those who are at increased risk of harming themselves or others are present in the home.
- Educate our patients, their families and our community about the role that firearms play in suicide and take concrete steps to remove access to firearms when a person who we know is at risk, using existing tools such as voluntary temporary transfers of firearms and Extreme Risk Protection Orders.
- Educate patients about safe storage of firearms, including information and resources from King County’s Lok-it-Up program.
- While individuals experiencing psychiatric conditions are far more likely to be victims than perpetrators of interpersonal violence, some are at elevated risk of suicide. Healthcare professionals must be trained to recognize and respond to those experiencing psychiatric symptoms to reduce their risk of harm.
Counseling on firearm safety should recognize and respect the range of personal beliefs surrounding lawful firearm ownership in order to enhance communication with persons holding diverse views.

- Engage healthcare providers who own firearms to provide leadership in developing competence in knowledge, attitudes and skills among their peer groups.
- Encourage healthcare providers who do not own firearms to learn about the diversity of reasons for gun ownership and the variable perspectives and preferences that might relate to health-related outcomes.

OTHER STRATEGIES TO REDUCE INJURY AND DEATH ASSOCIATED WITH FIREARMS INCLUDE:

**Increase firearm safety in the home and community**

- Support safe and secure storage of firearms.
- Require a mandatory waiting period for firearm purchases.
- Require reporting of lost and stolen firearms to law enforcement authorities.
- Ban the sale of semi-automatic rifles and high-capacity magazines.
- Raise the minimum age to purchase handguns to age 21 without exceptions.
- Support research into and programs to address upstream social determinants of health that increase the risk for firearm injury and death.

**Reduce access to firearms by at-risk individuals**

- Promote upstream use of voluntary firearm transfers out of the home during periods of elevated risk.
- Promote education on the use of Extreme Risk Protection Orders.
- Promote collaborative approaches to reducing fatal firearm injuries.

**Expand Access to Behavioral Health Services**

- Ensure that health systems have the resources they need to provide comprehensive access to behavioral health services, including screening, prevention and treatment.
Invest in School and Community-Based Prevention

- Support the development of programs that support all students’ mental health and address bullying, violence, anger, depression, substance use, and other social and emotional issues.
- Support comprehensive measures in community and school-based prevention, early strategies for identifying and intervening in signs of risk, and preparedness initiatives to prevent firearm violence and prepare our communities and schools for an emergency.
- Support providing on-site behavioral health services, including at children’s primary care clinics and school-based health centers, a common-sense approach to ensure that children and youth are able to access appropriate treatment and services.
- Support Washington’s *Stop the Bleed* campaign to educate community members about effectively controlling blood loss in injured persons.
- Support the *Safer Homes, Suicide Aware* program that promotes locking and limiting unauthorized access to firearms and medications to save lives.

Improve Gun Safety Technology

- Expand research and development of gun safety technology and devices, including safe storage devices such as trigger locks, lockboxes, and safes.
- Support innovative technology, such as “smart” firearms that only the authorized user can fire, that can prevent unauthorized firearm access and misuse, including unintentional shootings.

Fund monitoring, research on the causes of, and protective factors for, firearm violence and injury

THIS STATEMENT WAS DEVELOPED IN COLLABORATION WITH AND IS ENDORSED BY:

*Harborview Injury Prevention and Research Center*
*King County Medical Society*
*Public Health – Seattle & King County*
*Washington Chapter of the American Academy of Family Physicians Washington Chapter of the American Academy of Pediatrics Washington Chapter of the American College of Emergency Physicians Washington Chapter of the American College of Physicians*
*Washington Chapter of the American College of Surgeons*
*Washington State Medical Association*
*Washington State Nurses Association*
*Washington State Trauma and EMS Steering Committee*
This statement was created using information and resources from the American Public Health Association, the American College of Physicians, the American Academy of Pediatrics, the American Academy of Family Physicians, the American Medical Association, and Public Health – Seattle & King County.

Resources include:


