

A Roadmap for Using a Public Health Approach to Prevent Firearm Injury

Firearm-related injuries and deaths are a **public health issue** because they affect the well-being of so many:

- More Americans die by firearm-related injuries than are killed in car crashes each year.¹
- In 2021, three times as many Americans were injured than died by firearms.²
- Millions face the trauma of losing loved ones to firearm injury or violence or live in fear of being shot.

Health agencies use the **public health approach** to address firearm violence because it addresses the underlying factors that contribute to the well-being of Americans so that we can **prevent** any future firearm-related harm, injury, and death. **This roadmap provides a step-by-step guide on how jurisdictions can advance their efforts using a public health approach to firearm injury prevention.**

ASTHO has applied a practitioner lens to the public health approach model developed by CDC and WHO, so the public health approach mirrors but does not directly follow this commonly used model. The public health approach has been used successfully to address multiple health issues. As such, jurisdictions likely have a strong infrastructure to build on these successes by using this approach to integrate firearm injury and death prevention as well.

The three phases in the public health approach to firearm injury prevention are:

- Define and Monitor the Problem
- Implement Effective Prevention Strategies
- Research, Evaluate, and Improve Prevention Strategies

Further, the foundation for success in the public health approach includes three guiding principles:



Strive to build and maintain partnerships and collaboration with individuals with lived experience and communities most impacted by firearm injury and death. These communities should identify and drive prevention efforts.



Advance health equity by addressing differences that exist among groups based on geographic location, income, education, race, ethnicity, gender, sexual orientation, and disability.



Build appropriate infrastructure to support diverse communities to tailor effective and equitable solutions to local firearm injury prevention priorities.

¹ Centers for Disease Control and Prevention, National Center for Health Statistics, Wide-ranging ONline Data for Epidemiologic Research (WONDER), Underlying Cause of Death, 1999-2020.

² Centers for Disease Control and Prevention, National Center for Health Statistics, Web-based Injury Statistics Query and Reporting System (WISQARS), National Electronic Injury Surveillance System (NEISS) Nonfatal Data, 2021.

Guide to Implementing a Public Health Approach to Firearm Injury Prevention

PHASE 1: Define and Monitor the Problem

Collect and distribute reliable data on the types of firearm injuries and deaths and the demographic, geographic, and risk and protective factor information known for the incidents.

1.1 Identify data systems and metrics in multiple sectors that help identify state- and local-level firearm injury prevention priorities. Stratify the data (e.g., by type of death/injury, demographics, and geography) to understand which communities face the highest burden of firearm injury and deaths.	A Contraction
1.2 Use data to understand risk and protective factors associated with different types of firearm injury and death in the jurisdiction, including individuals' health and safety (past or present), social determinants of health, exposure to violence, racism and discrimination, and access to firearms.	ŶĨĨ
1.3 Link datasets together to more deeply investigate firearm-related injuries and death and risk factors linked to these issues to expand understanding of the systems and factors that contribute to <i>putting</i> certain communities at risk.	ŶĨĨ
1.4 Expand quantitative and qualitative data collection within existing or newly-created systems in collaboration with partners from hospitals, coroners/medical examiners, criminal justice, health and human services, schools, and individuals with lived experience.	
1.5 Make firearm injury, death, and risk and protective factor data accessible to the public. Contextualize available data to minimize stigma and re-traumatizing affected communities.	
1.6 Include firearm injury prevention in the jurisdiction's health assessments, shared planning, and health improvement plans. Identify existing resources in the community that may have already outlined these needs.	

PHASE 2: Implement Effective Prevention Strategies

Provide networking, training, technical assistance, and financial support to communities to support implementing and expanding effective, equitable, and tailored prevention strategies.

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PHASE 2: Implement Effective Prevention Strategies – continued

2.6 Seek opportunities to increase financial support for community-based interventions. Jurisdictions can directly fund the implementation of prevention strategies, help communities identify how their existing funding and strategies addressing risk and protective factors may also help prevent firearm injury and violence, braid or layer existing funding for solutions, support communities to access firearm injury prevention funding (federal, foundation), modify reimbursement policies to fund hospital-based interventions, and/or work with additional agencies or foundations to identify innovative funding solutions for strategies.	M ŶŶ
2.7 Make funding for diverse prevention approaches available to community-based organizations with minimal administrative burden by improving jurisdiction funding and grant-making infrastructure.	
2.8 Build jurisdiction infrastructure to provide funding, technical assistance, training, and networking opportunities to communities implementing effective prevention strategies.	

PHASE 3: Research, Evaluate, and Improve Prevention Strategies

Collaboratively develop, evaluate, and improve strategies to successfully prevent and reduce firearm-related injuries and deaths and efficiently use public and private resources.

3.1 Connect researchers and communities to collaboratively develop research or evaluation questions most relevant to those affected.	
3.2 Fund (or assist in finding funding for) researchers and evaluators to collaborate with communities to develop, implement, and evaluate prevention strategies that have not been previously studied.	
3.3 Expand evaluation of existing prevention strategies addressing risk and protective factors of injury and violence, including firearm-related behavior and outcome metrics.	
3.4 Help communities integrate quality improvement into efforts to continue having the greatest impact among communities most affected by firearm injuries and death.	Constant 1
3.5 Conduct ongoing assessments of the jurisdiction's capacity to support these efforts by leveraging strengths and minimizing gaps/barriers in infrastructure.	