

Academic Public Health and the Firearm Crisis: An Agenda for Action

Firearms have been a prevalent cause of morbidity and mortality in the United States since about the turn of the 20th century. Firearm deaths, including homicides, suicides, and unintentional shootings, generally increased from 1900 until the mid-1930s, dipped through the mid-1960s, and rose through the 1990s, reaching a plateau beginning in approximately 2000 that continues to the present. Motor vehicle deaths once far exceeded firearm deaths. However, thanks to investments in research and vehicle and roadway design, motor vehicle deaths have declined substantially and firearm deaths now stand to surpass them. In contrast, there remains a paucity of research about ways in which to mitigate mortality and morbidity caused by firearms.

The unexpected election of Donald Trump to the US presidency has changed the national conversation on firearms. Trump was a clear supporter of gun rights throughout the presidential campaign and has widely claimed support from the gun lobby as a core part of his appeal; the gun lobby spent more than \$30 million on the campaign. These developments portend challenges to advancing gun policy at the federal level in the next four years, if not longer.

In an effort to address this shortcoming, representatives of 42 public health schools and programs from 22 states and

17 leading public health and gun violence prevention advocacy organizations convened in Boston on November 14, 2016, to develop an action agenda for academic public health around the firearm injury crisis. They identified five leading imperatives and key tactical approaches: strengthening research and scholarship, building public health networks and cross-sectoral collaborations, promoting a conversation around gun safety, nurturing state-level initiatives, and developing a business plan and engaging the private sector.

STRENGTHEN RESEARCH AND SCHOLARSHIP

There is a critical dearth of firearm research relative to the scope of the problem. The challenges related to this issue were heightened in 1996, when—spurred by several reports including a landmark 1993 article¹ about gun ownership as a risk factor for homicide—the gun lobby argued that the work of the US Centers for Disease Control and Prevention (CDC) was being used to advocate for gun control. Because the CDC funded the research, Congress added budget language to a 1996 omnibus bill stating that “none of the funds made available for injury prevention and control at [the CDC]

may be used to advocate or promote gun control.” This language was later added to the appropriation bills of the National Institutes of Health as well.

The CDC and others broadly interpreted these restrictions as a de facto bar on the CDC’s pursuit of firearm research. This interpretation has resulted in a dearth of federally funded firearm research and has limited the engagement of a generation of researchers in the field.² The academic public health community has an imperative to generate high-quality scholarship that can influence the national conversation and guide evidence-based action on firearm-related morbidity and mortality. Given these challenges, it is important for private foundations to be encouraged to help fill the gap. To this end,

schools of public health should convene a national meeting of private funders to identify mechanisms to stimulate more research and train the next generation of firearm researchers and scholars.

BUILD NETWORKS AND COLLABORATIONS

The challenges facing the country with respect to firearm mortality and morbidity run deep. In the United States, nearly 10 times more guns are in civilian hands than in the next closest country, with up to 300 million guns in circulation. This is roughly one gun per adult, although guns are concentrated among approximately 50 million people.³ The country also has a significant gun culture; guns are seen as a foundational right supported by the recent Supreme Court interpretation of the Second Amendment, and various local traditions center

ABOUT THE AUTHORS

At the time of writing, Charles C. Branas was with the Department of Biostatistics and Epidemiology, University of Pennsylvania Perelman School of Medicine, Philadelphia. Andrew Flescher is with the Department of Family, Population and Preventive Medicine, Stony Brook Medicine Program in Public Health, Stony Brook, NY. Margaret K. Formica is with the Department of Public Health and Preventive Medicine, State University of New York Upstate Medical University, Central New York Master of Public Health Program, Syracuse. Sandro Galea is with the Boston University School of Public Health, Boston, MA. Nils Hennig is with the Department of Environmental Medicine and Public Health, Graduate Program in Public Health, Icahn School of Medicine at Mount Sinai, New York, NY. Karen D. Liller is with the Department of Community and Family Health, University of South Florida College of Public Health, Tampa. Hala N. Madanat is with the Division of Health Promotion and Behavioral Science, San Diego State University Graduate School of Public Health, San Diego, CA. Andrew Park is with the Department of Emergency Medicine, University of Kansas School of Medicine, Kansas City. John E. Rosenthal is with Meredith Management, Newton, MA. Jun Ying is with the Department of Environmental Health, Division of Public Health Sciences, University of Cincinnati College of Medicine, Master of Public Health Program, Cincinnati, OH.

Correspondence should be sent to Sandro Galea, MD, DrPH, Boston University School of Public Health, 715 Albany St, Boston, MA 02118 (e-mail: sgalea@bu.edu). Reprints can be ordered at <http://www.ajph.org> by clicking the “Reprints” link.

This editorial was accepted December 9, 2016.

doi: 10.2105/AJPH.2016.303619

around self-protection, hunting, and recreational shooting.⁴ This situation suggests that there will be no easy solutions that will garner widespread popular support and that any comprehensive approach to the problem will require the engagement of partners across many sectors.

There is a need to convene an inclusive group of firearm owners, firearm manufacturers, police, pro-firearm advocates, safety advocates, those from the suicide prevention area, public health scholars, and others to develop a common ground around the public health impact of firearms and the need for broad-based action to mitigate the consequences of civilian firearm ownership. A broader focus on reducing “firearm violence” as a major unrelenting public health problem, as opposed to simply focusing on “firearms,” could be a useful course of action.

PROMOTE CONVERSATION AROUND GUN SAFETY

It is clear that there are deep national divides in Americans’ perceptions of firearms; there are few issues more politically polarizing. As a result, special interest groups, led by the gun lobby, have been extraordinarily successful in framing the discussion as one that pits deeply held views about individual rights against views of gun ownership as an issue of public health and safety. This tension is readily evident in national polls showing that a majority of Americans are against “gun control” but in favor of very specific measures that can promote gun safety.⁵ It is therefore important for the field of public health to tackle

challenges around firearms in ways that engage gun owners. This will require a coalition of major stakeholders to build consensus around the need for gun safety rather than a blanket call for banning guns, echoing the call for creation of broad networks focused on action.

However, there is a specific imperative for innovative approaches developed at the local community level that allow for effective communication about the issues in compelling language. As a result, programs are needed that bring together multiple sectors to explore more effective messaging about the importance of gun safety and that promote ways to better bridge conversations across groups with deeply held positions on the issue.

NURTURE STATE-LEVEL INITIATIVES

The long-standing prohibition on regulating guns in the same manner as other inherently dangerous products, coupled with the likely limited federal action on firearms in coming years, elevates the importance of state and local action to fill the void. Part of that action must involve identification and development of compelling, effective, and nonthreatening messaging that can motivate local conversations and ultimately lead to state-level efforts. In November 2016, three of the four state ballot initiatives promoting gun safety passed (in California, Nevada, and Washington). Such legislative actions signal state-level opportunities to stitch together a local quilt of gun safety efforts, which in turn could create precedents for federal action when the political climate allows it.

In addition, this strategy creates a range of opportunities for academic public health institutions—situated throughout the country—that can develop state-specific knowledge to guide action and work with local actors on implementing efforts to mitigate the potentially harmful role of firearms in public health and safety locally, statewide, and nationally. It also compels schools and programs to create educational opportunities that prepare students to tackle this important public health challenge.

DEVELOP A BUSINESS PLAN

It is inarguable that firearm injuries are a health issue; it is also clear that such injuries are preventable and that they pose a significant economic burden. It has been estimated that the total social cost of firearm injuries is about \$229 billion annually, more than the annual cost of obesity and roughly the same as annual Medicaid costs in the United States.⁶ There is emerging evidence that firearm injuries depress business growth and harm neighborhood economies, furthering cycles of disadvantage.⁷

This situation represents an enormous economic challenge, one that should engage not only the public health community but also sectors of private industry with an interest in maximizing productivity. Thus, there is a critical need to engage industry—starting with the health care industry—in examining what has been effective in reducing gun-related injuries and deaths in specific communities and in developing a suite of evidence-based initiatives. Broader engagement by other sectors of the business

community should follow and would give the issue legitimacy beyond the public health sector, creating opportunities for partnerships that do not currently exist.

A CALL TO ACTION

The strategic imperatives described here were developed in a meeting that was intended to catalyze action by the academic public health community and its partners and offer a focus that can inform engagement by public health schools and programs both independently and in partnership with other organizations. The meeting featured presentations on the politics and constitutional realities of firearm control, data about what we know and do not know, and positions and tactics being adopted by advocacy groups around the country. The 82 participants engaged in a structured conversation regarding the key strategic imperatives that can guide action by the academic public health community as well as key tactical approaches toward achieving these imperatives. The meeting and our summary here were intended as a step in this direction. A full agenda for the meeting is available online at <http://www.bu.edu/sph/?p=93872>, and the appendix (available as a supplement to the online version of this article at <http://www.ajph.org>) provides the full list of attendees.

This call to action does not represent an official position of any of the participating organizations. It does, however, aim to catalyze action on the part of a broad range of stakeholders to turn the tide on the firearm crisis, which has been an intractable problem over many decades. **AJPH**

Charles C. Branas, PhD
 Andrew Flescher, PhD
 Margaret K. Formica, PhD
 Sandro Galea, MD, DrPH
 Nils Hennig, MD, PhD
 Karen D. Liller, PhD
 Hala N. Madanat, PhD
 Andrew Park, DO
 John E. Rosenthal
 Jun Ying, PhD

CONTRIBUTORS

S. Galea led the meeting that resulted in this editorial, drafted the first version of the editorial, and incorporated all comments from authors and meeting participants.

All of the authors had a role in drafting and editing the final editorial.

ACKNOWLEDGMENTS

We acknowledge the help of Catherine Ettman in organizing the meeting that led to this article and the assistance of Laura Sampson in preparing the article.

REFERENCES

1. Kellermann AL, Rivara FP, Rushforth NB, et al. Gun ownership as a risk factor for homicide in the home. *N Engl J Med*. 1993;329(15):1084–1091.
2. Alcom T. Trends in research publications about gun violence in the United States, 1960 to 2014. *JAMA Intern Med*. 2016;Epub ahead of print.
3. Beckett L. Gun inequality: US study charts rise of hardcore super owners. Available at: <https://www.theguardian.com/us-news/2016/sep/19/us-gun-ownership-survey>. Accessed December 20, 2016.
4. Kalesan B, Villarreal MD, Keyes KM, Galea S. Gun ownership and social gun culture. *Inj Prev*. 2016;22(3):216–220.
5. Follman M. No, mental illness is not the main cause of mass shootings in America. Available at: <http://www.motherjones.com/mojo/2015/10/mental-health-gun-laws-washington-post-poll>. Accessed December 20, 2016.
6. Follman M, Lurie J, Lee J, West J. What does gun violence really cost? Available at: <http://www.motherjones.com/politics/2015/04/true-cost-of-gun-violence-in-america>. Accessed December 20, 2016.
7. Weissman N. Is gun violence stunting business growth? Available at: <http://www.urban.org/features/gun-violence-stunting-business-growth>. Accessed December 20, 2016.

Copyright of American Journal of Public Health is the property of American Public Health Association and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.