Gun Violence: A Public Health Crisis that Demands Physician Advocacy and Action

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Disclosures:

- I have no financial relationships to disclose
Objectives

- Recognize the impact of gun violence on children in the US
- Describe evidence-based strategies to prevent gun violence among children in the US
- Break down the steps to becoming a physician advocate
- Justify political action for children’s well-being
There is an ocean of difference between using kids for politics and using politics for kids.
The Major Causes of Death in Children and Adolescents in the United States

Rebecca M. Cunningham, M.D., Maureen A. Walton, M.P.H., Ph.D., and Patrick M. Carter, M.D.
Table 1. The 10 Leading Causes of Child and Adolescent Death in the United States in 2016, in Order of Frequency *

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>No. of Deaths</th>
<th>Rate per 100,000 (95% CI)</th>
<th>Percent of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>All causes</td>
<td>20,360</td>
<td>26.06 (25.70–26.42)</td>
<td></td>
</tr>
<tr>
<td>All injury-related causes</td>
<td>12,336</td>
<td>15.79 (15.51–16.07)</td>
<td>60.6</td>
</tr>
<tr>
<td>Motor vehicle crash</td>
<td>4,074</td>
<td>5.21 (5.06–5.38)</td>
<td>20.0</td>
</tr>
<tr>
<td>Firearm-related injury</td>
<td>3,143</td>
<td>4.02 (3.88–4.16)</td>
<td>15.4</td>
</tr>
<tr>
<td>Homicide</td>
<td>1,865</td>
<td>2.39 (2.28–2.50)</td>
<td></td>
</tr>
<tr>
<td>Suicide</td>
<td>1,102</td>
<td>1.41 (1.33–1.50)</td>
<td></td>
</tr>
<tr>
<td>Unintentional</td>
<td>126</td>
<td>0.16 (0.13–0.19)</td>
<td></td>
</tr>
<tr>
<td>Undetermined intent</td>
<td>50</td>
<td>0.06 (0.05–0.09)</td>
<td></td>
</tr>
<tr>
<td>Malignant neoplasm</td>
<td>1,853</td>
<td>2.37 (2.27–2.48)</td>
<td>9.1</td>
</tr>
<tr>
<td>Suffocation†</td>
<td>1,430</td>
<td>1.83 (1.74–1.93)</td>
<td>7.0</td>
</tr>
<tr>
<td>Suicide</td>
<td>1,110</td>
<td>1.42 (1.34–1.51)</td>
<td></td>
</tr>
<tr>
<td>Unintentional</td>
<td>235</td>
<td>0.30 (0.26–0.34)</td>
<td></td>
</tr>
<tr>
<td>Drowning</td>
<td>995</td>
<td>1.27 (1.20–1.35)</td>
<td>4.9</td>
</tr>
<tr>
<td>Drug overdose or poisoning</td>
<td>982</td>
<td>1.26 (1.18–1.34)</td>
<td>4.8</td>
</tr>
<tr>
<td>Suicide</td>
<td>123</td>
<td>0.16 (0.13–0.19)</td>
<td></td>
</tr>
<tr>
<td>Unintentional</td>
<td>761</td>
<td>0.97 (0.91–1.05)</td>
<td></td>
</tr>
<tr>
<td>Congenital anomalies</td>
<td>979</td>
<td>1.25 (1.18–1.33)</td>
<td>4.8</td>
</tr>
<tr>
<td>Heart disease</td>
<td>599</td>
<td>0.77 (0.71–0.83)</td>
<td>2.9</td>
</tr>
<tr>
<td>Fire or burns</td>
<td>340</td>
<td>0.44 (0.39–0.48)</td>
<td>1.7</td>
</tr>
<tr>
<td>Unintentional</td>
<td>272</td>
<td>0.35 (0.31–0.39)</td>
<td></td>
</tr>
<tr>
<td>Chronic lower respiratory disease</td>
<td>274</td>
<td>0.35 (0.31–0.40)</td>
<td>1.3</td>
</tr>
</tbody>
</table>

Figure 1. Mortality Rates (Deaths per 100,000 Children and Adolescents) for the 10 Leading Causes of Death in the United States from 1999 to 2016.

Data were obtained from the Wonder Online Data for Epidemiologic Research (WONDER) system of the Centers for Disease Control and Prevention (CDC), known as CDC WONDER, according to the codes of the International Classification of Diseases, 10th Revision (ICD-10), for the leading causes of death among children and adolescents. Age was restricted to children and adolescents 1 to 19 years of age.
Pediatric Firearm Injury Mortality Epidemiology

Annie L. Andrews, MD, MSCR, a Xzavier Killings, MS, b Elizabeth R. Oddo, MD, a Kelsey A.B. Gastineau, MD, c Ashley B. Hink, MD, MPH d
Firearm Violence Death by Age and Intent, CDC 2001-2019

[Bar chart showing the proportion of firearm deaths by intent category for different age groups: 0 to 4, 5 to 9, 10 to 14, 15 to 19. The chart indicates the percentage of deaths due to unintentional, suicide, and homicide causes for each age group.]
All Intent

Homicide

Suicide

Unintentional
The Numbers

- Firearms are the leading cause of death for ALL American children and the rate is increasing more quickly for Black youth compared to White youth.
- When American children are killed with guns the majority are homicides.
- 1/3 of these deaths are suicide.
- Approximately 5% of these deaths are related to unintentional shootings.

**The Numbers**


CDC. National Centers for Injury Prevention and Control, Web-based Injury Statistics Query and Reporting System (WISQARS) Fatal Injury Reports. A yearly average was developed using five years of most recent available data: 2013 to 2017.
The Numbers: Firearm Access

- 13 million US children live in a household with a gun
- 4.6 million US children live in a household with at least one loaded, unlocked gun
- The majority of children in gun-owning households are aware of where their parents store their guns
- More than 1/3 reported handling their parents’ guns
- 1/4 of these parents did not know that their children had handled the gun in their house


The Risks of Firearm Access

- Nearly 90% of unintentional gun deaths and injuries in children occur in the home
- The firearm used in youth suicide comes from the home 9 out of 10 times
- In incidents of gunfire on school grounds, 78% of shooters under the age of 18 obtained the gun from their home or the home of a friend or relative


Firearm Access and Suicide

- Firearms are the most lethal method of suicide attempt
- >80% case fatality rate compared to 61% for suffocation/hanging, 1.5% for ingestion
- Overwhelming evidence that the presence of a firearm in the home significantly increases risk for youth suicide
- Systematic review found access to firearms has a pooled risk of >3x for completed suicide


Firearm Access and School Shootings

• While school shootings represent a fraction of pediatric firearm injuries and deaths, from 2013 to 2019, there were 549 incidents of gunfire on school grounds.
  Of these, 347 occurred on the grounds of an elementary, middle, or high school, resulting in 129 deaths and 270 people wounded.

• In a study analyzing 41 incidents of targeted school violence from 2008 through 2017 finding that of the 25 incidents that involved firearms, 76 percent of shooters acquired the gun(s) used in the incidents from their home or that of a relative.

Prevention
Prevention Strategies: Firearm Access

- Preschool aged children, observed 1 week after informational intervention where they were told not to play with guns ("just say no")
  - No difference in gun-playing behavior
- 4-7 year old children went through a week-long skills based gun safety training program
  - Just as likely as children with no training to approach or play with a handgun
- 4-5 year old children in two different gun safety programs
  - Able to verbally repeat gun safety message could not demonstrate gun safety skills in real-life assessments

Prevention Strategies: Secure Storage

- Secure storage is storing a gun LOCKED, UNLOADED and SEPARATE from ammunition.
- Responsible storage is associated with decreased risk of firearm suicide and unintentional firearm injury among children.
- Households with locked firearms and separate locked ammunition:
  - 78% lower risk of self-inflicted firearm injuries
  - 85% lower risk of unintentional firearm injuries


How Can Child Healthcare Providers Help?

- Brief physician counseling combined with distribution of a cable gun lock is effective in increasing safe storage of home firearms.
- AAP recommends pediatricians routinely screen for access to firearms and counsel about risk reduction.
- On ASK day, June 21, the first day of summer, the AAP reminds parents to ensure their kids are safe by asking about gun safety and storage.


Prevention Strategies: Physician Counseling

- The majority of health care providers agree they should provide firearm counseling, but they report many barriers:
  - lack of time
  - inadequate training
  - uncertainty of the effect

- A recent study demonstrated poor pediatric resident documentation of screening for firearm access in patients with suicidal ideation or homicidal ideation

- Another recent study demonstrated low rates of firearm screening and safe storage counseling by pediatric residents in the inpatient setting

Prevention Strategies: Physician Counseling

- A 2019 study showed that when prompts for firearm screening and smoke alarms were added to the Electronic Health Record (EHR), pediatricians and residents were significantly less likely to document firearm screening than smoke alarm counseling.

- A 2020 study assessed the impact of a firearm safety counseling workshop on pediatric resident knowledge, self-efficacy and self-reported practice patterns.
  - In pre-post analysis they found participants were 5x more likely to counsel their patients on firearms (6 months post compared to pre).
  - Reported greater comfort in asking about firearms.

Secure
All guns in your home and vehicle

Model
Responsible behavior

Ask
Unsecured guns in other homes

Recognize
The role of guns in suicide

Tell
Your peers to Be SMART

BeSMARTrforKids.org
MUSC doctors will ask questions about guns in the home with new safety campaign

Improving the Frequency and Documentation of Gun Safety Counseling in a Resident Primary Care Clinic

Kelsey A.B. Gastineau, MD; Cassandra L. Stegall, DO; Laura K. Lowrey, MD; Barbra K. Giourgas, MD; Annie Lintzenich Andrews, MD, MSCR

1. Is there a gun in the home or vehicles? Yes/No
2. Is the gun stored locked, unloaded and separate from ammunition? Yes/No
3. Was a gunlock or other additional gun safety information such as Be SMART materials provided? Yes/No?
   a. If yes, what additional materials were provided:

Figure 3. EHR prompt for firearm safety screening questions. EHR indicates Electronic Health Record.
Improving the Frequency and Documentation of Gun Safety Counseling in a Resident Primary Care Clinic

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Figure 4. Statistical process control chart. LCL indicates lower confidence limit; UCL, upper confidence limit; and WCC, well-child check.
Specific Language Tips

Instead of asking “Do you have a firearm in the home?” ask “If firearms are present where your child lives or plays, how are they stored?”

- If they say their firearms are kept away from children, that is great. Explore how they are stored, emphasizing the importance of safe storage such as keeping firearms locked, unloaded, and with the ammunition stored separately.
- If they say their firearms are not stored away from children, then there is an opportunity for education about safe storage.
- If the response is “we don’t own firearms,” then the provider should still encourage the parents to talk to other family and friends where their child visits to ask about safe storage of firearms in those homes. About two out of five homes have firearms in the US, and that number could be higher depending on the location.
Counseling Tips

- Ask questions to understand the patient’s perspective.
- Share solutions that work for their situation.
- Provide concrete options for safe storage.
- Assess interest with open-ended questions.

Swimming Pools

Frame the conversation of safe storage in terms of risk mitigation. Just as having a pool in the backyard increases the risk of drowning, having a firearm in the home increases the risk of firearm injury. To prevent drowning, you put a fence around the pool and a cover over it. To prevent firearm injury, you secure the firearm away from non-owners by locking it up and removing the ammunition.

From AAP SAFER
From Advocacy to Action to...Politics
<table>
<thead>
<tr>
<th></th>
<th>Maine</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rank for gun law strength</strong></td>
<td>#25</td>
<td>#1</td>
</tr>
<tr>
<td><strong>Gun Law Strength</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Composite score</td>
<td>20.5 Last year</td>
<td>89.5 Last year</td>
</tr>
<tr>
<td><strong>Gun Violence Rate</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gun deaths per 100,000 residents (national average: 14.4)</td>
<td>12</td>
<td>8.7</td>
</tr>
</tbody>
</table>
Legislative Solutions

- Expanded Background Checks
- Red Flag Law
- Secure Storage Law
- Assault Weapons Ban
- Funding for HVIPs and CVIPs
- Funding for Gun Violence Prevention Research
- Ending Industry Immunity (Protection of Lawful Commerce in Arms Act)
15 years ago

- 2008
- Pediatric Resident
- Voter
- Presidential Election Watcher
MUSC doctor and Mount Pleasant mother will announce Democratic run against SC’s Nancy Mace

BY THOMAS NOVELLY TNOVELLY@POSTANDCOURIER.COM
NOV 7, 2021
What I Thought

- Not ready
- Not qualified
- Too introverted
- Could never command a room
- Not brave enough

- Not charming enough
- Not strong enough
- Not enough
What I Thought

- Not ready
- Not qualified
- Too introverted
- Could never command a room
- Not brave enough
- Not charming enough
- Not strong enough
- Not enough

What I Think

- No one is ever ready
- We are all overqualified
- Introversion is a political strength
- Passion commands a room
- We MUST be braver than we expect our kids to be
- Authenticity is charming
- We have no idea how strong we are
- We are all much more than we think
The moment for children in this country grows more urgent by the day.
If not you, who?
There is incredible untapped political power within our profession.
Politics isn’t a dirty word.

And it’s the only way to turn a stack of policy papers into...policy.
If you speak up people will listen.
Do something.
It is a marathon, not a sprint.
Be persistent to the point of wondering if you are obnoxious.
Awareness brings despair but action breeds hope.
There are 73 million children in America and they ALL deserve a bright future.

So let’s build it together.*

*But you will have to get political
There is an ocean of difference between using kids for politics and using politics for kids.
SC Democrat Annie Andrews launches PAC to elect candidates who will advocate for children

BY CAITLIN BYRD CBYRD@POSTANDCOURIER.COM

APR 17, 2023

THEIR FUTURE PAC
the only PAC for kids
THEIR FUTURE. OUR VOTE. KIDS FIRST AGENDA
Our Plan to Build a Brighter Future for All Children

BUILDING SAFER COMMUNITIES
- Pass a Federal Secure Storage Law
- Pass a Federal Assault Weapons Ban

PASSING DOWN A LIVABLE PLANET
- Transition to Renewable Energy
- Reduce Health-Harming Pollution

REDUCING CHILD POVERTY
- Expand Access to Quality and Affordable Childcare
- Renew and Strengthen Child Tax Credit

INVESTING IN HIGH-QUALITY EDUCATION
- Expand Access to Pre-K
- Stop Censorship in Schools

LIVING HEALTHIER
- Make the Children's Health Insurance Program Permanent
- Increase Access to School Based Mental Health Services
Building a Kids First Majority in 2024