

POLICIES THAT **REDUCE GUN VIOLENCE** WORK



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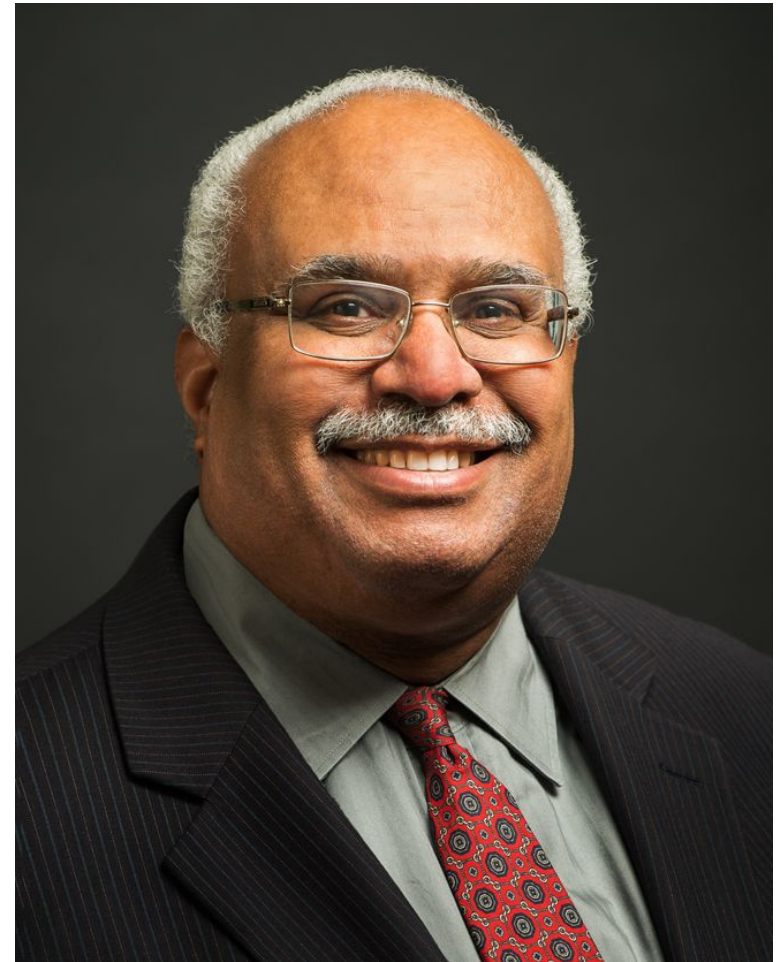


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#gunpoliciesthatwork

Georges C. Benjamin, MD

Executive Director, American Public Health Association
Professorial Lecturer, Milken Institute School of Public
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Today's policy discussion: What we know

- U.S. firearm injuries are at epidemic proportions
- 100,000 people are shot annually – over 270 per day
- 39,377 gun-related deaths occurred in 2017
- Annual \$229 billion cost to economy
- Complex and no single policy will solve problem

Today's event

- Universal background checks are core foundation for effective policy
- Leading experts will discuss a series of policies that have a strong evidence base – *policies that work*
- Goal is to inform leaders & enable them to take action
- The format: Two panels with Q&A following each panel

Panel 1

- Policy 1: Extreme Risk Protection Orders
- Policy 2: Stronger Protections for Victims of Domestic Violence
- Policy 3: Licensing
- Policy 4: Restricting Assault Weapons and Large Capacity Magazines

Joshua M. Sharfstein, MD

Vice Dean, Public Health Practice and Community
Engagement

Director, Bloomberg American Health Initiative
Johns Hopkins Bloomberg School of Public Health



Panel 2

- Policy 5: Interventions with High-Risk Individuals
- Policy 6: Hospital-Based Interventions
- Policy 7: Reducing Blight in Urban Areas
- Policy 8: Gun Violence Research



Research

Fellowship opportunities

American Health Podcast

& more

<http://americanhealth.jhu.edu>

WATCH THE WEBCAST

[APHA.org/gun-violence](https://www.apha.org/gun-violence)

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EXTREME RISK PROTECTION ORDERS



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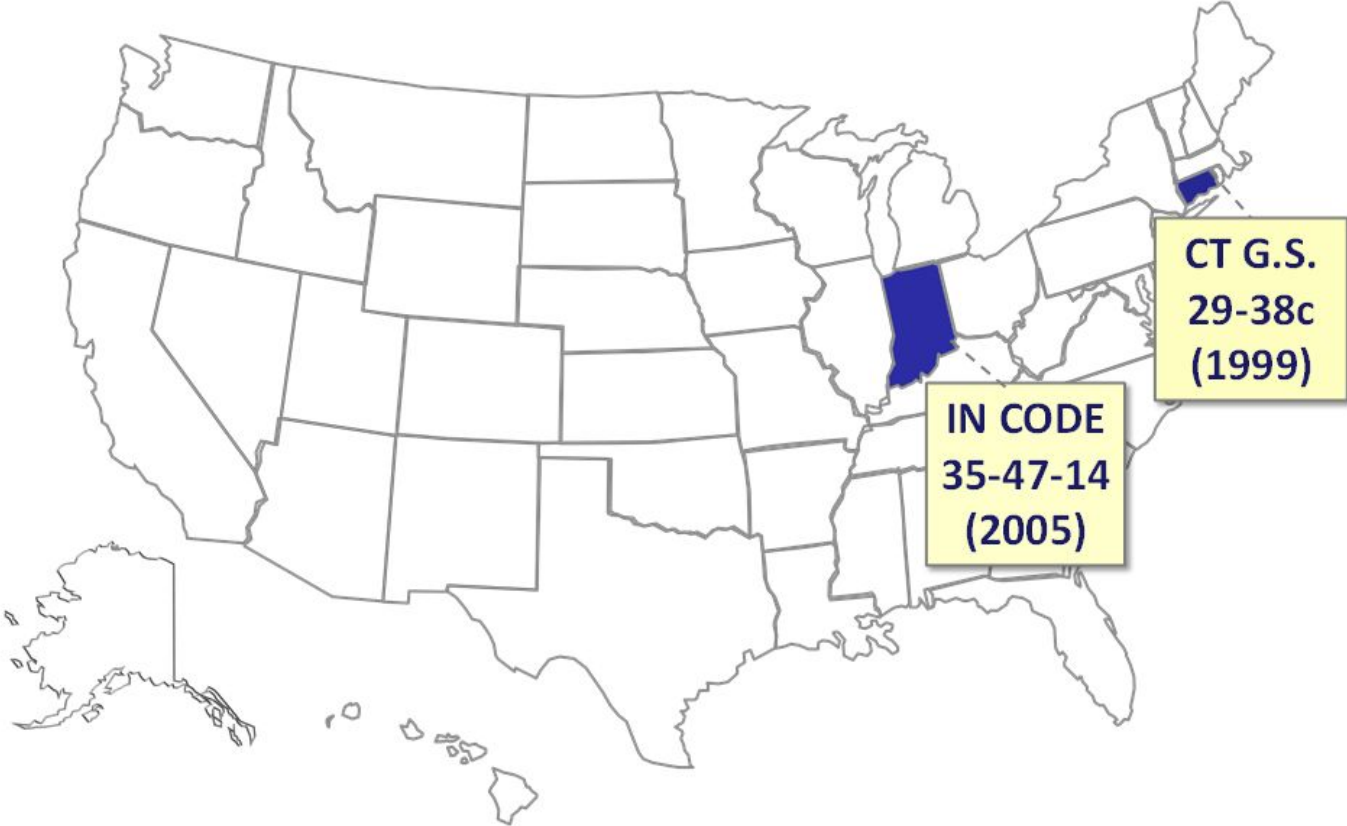
Policy Introduction

- Problem: Many people who pose a high risk of harming someone with a firearm can legally possess guns and would pass a background check at the point of sale.
- Extreme risk protection order (ERPO) laws address this problem:
 - Give police officers clear authority to remove firearms from persons who pose a high risk
 - Allow family members to seek an ERPO from a court to remove firearms from a relative who poses a high risk of harm to self or others
- Typical features of ERPOs:
 - Risk-based: “imminent risk”
 - Time-limited: up to 1 year
 - Civil-court order with legal due process (not criminalizing):
 - ex-parte order for short term removal
 - court hearing within 2 weeks for longer-term retention of guns

EXTREME RISK PROTECTION ORDERS

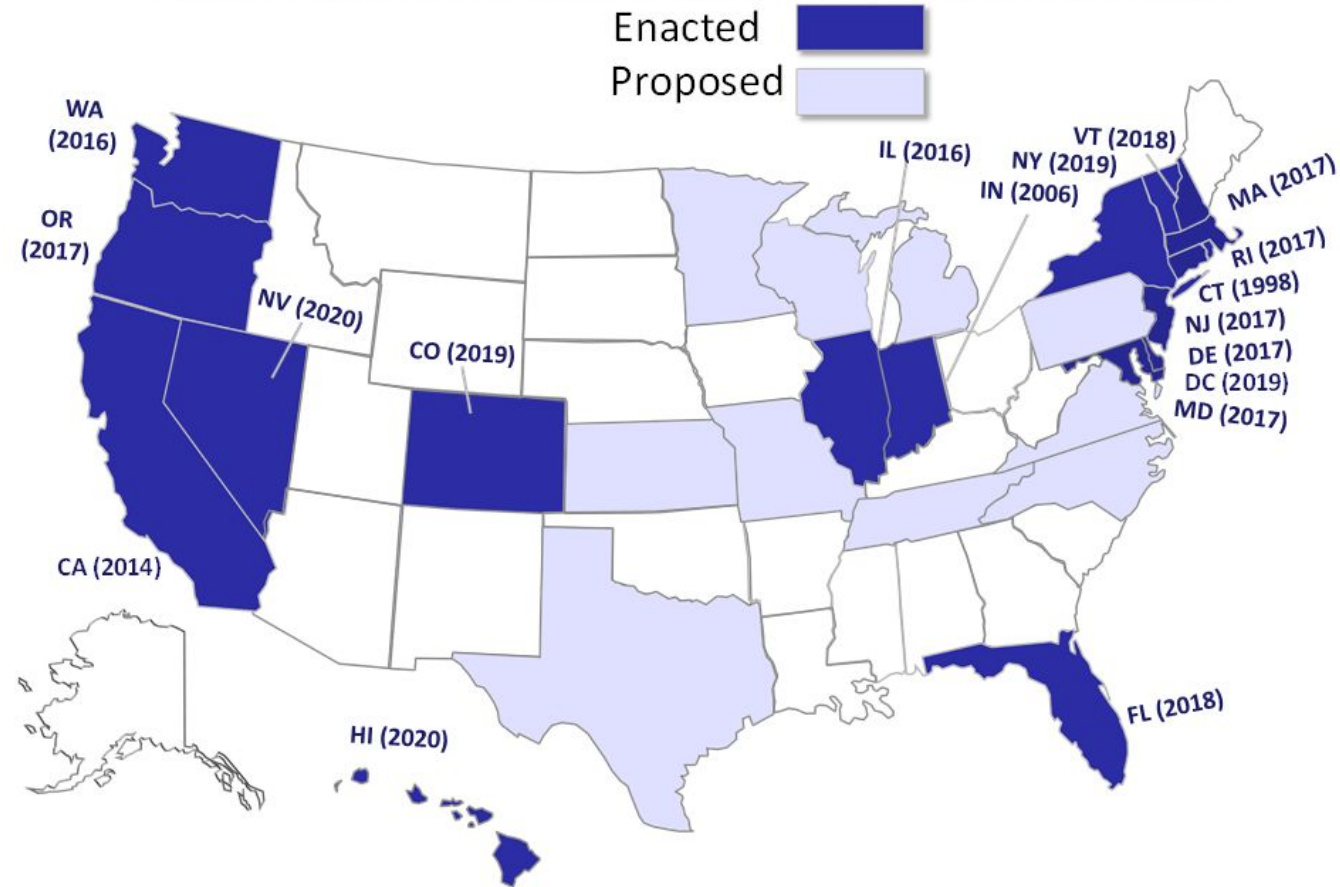
What We Know

States with risk-based gun removal laws, 2013



What We Know

States with risk-based gun removal laws, 2019



What We Know

- Research studies conducted in Connecticut and Indiana show:
 - Reason for risk concern:
 - Suicide ideation or threat: CT 61%; IN 68%
 - Homicidal ideation or threat: CT 32%; IN 21%
 - Alcohol or drug intoxication: CT 30%; IN 26%
 - Acute mental illness/dementia: CT 17%; IN 16%
 - Average number of firearms removed per person: 7 in CT, 3 in IN
 - Police transport to hospital for evaluation/treatment: CT 55%; IN 69%
 - Matched death records show suicide risk 30 to 40 times higher than general population
 - For every 10 to 20 risk-based gun removal actions, 1 life was saved through averted suicide
 - Anecdotal evidence shows that ERPOs has been used to thwart some mass shootings.

Opportunities

- ERPO laws are in place in 17 states and the District of Columbia
 - Assuring ERPO laws are implemented to maximize impact is critical
 - Guidance and model ERPO implementation efforts are available at:
<https://americanhealth.jhu.edu/implementERPO>
- Most states without ERPO laws have considered ERPO bills
 - All states should enact ERPO laws
- Research is needed to identify best ERPO implementation practices
- Research is needed to evaluate ERPO laws

Recommendations

- Congress should:
 - Provide funding to support ERPO implementation
 - Train law enforcement
 - Incentivize and support multi-agency ERPO law enforcement teams
 - Educate allied professionals and community stakeholders about ERPO implementation
 - Assure National Instant Background Check System includes ERPO respondents
 - Support research to identify best practices for ERPO implementation; measure ERPO impacts
- States should:
 - Enact ERPO
 - Implement ERPO

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April Zeoli, PhD, MPH

Associate Professor,

School of Criminal Justice, Michigan State University



Policy Introduction

- 3.4% of nonfatal intimate partner violence events involve a firearm (Truman & Morgan, 2014)
- 58% of intimate partner homicides involved a firearm in 2017 (SHR 2017)
- Between 6% and 20% of intimate partner homicides involve additional fatal victims; most are committed with firearms (Smith et al., 2014; Smucker et al., 2014; Yousuf et al., 2017)
- Two avenues for firearm restrictions for intimate partner violence perpetrators
 - Domestic violence restraining orders (DVRO)
 - Domestic violence misdemeanor convictions

What We Know - Domestic violence restraining order firearm restrictions

- Longitudinal ecological-level studies of state-level DVRO firearm restriction laws are consistent in finding that they are associated with reductions in both intimate partner homicide committed with firearms and total intimate partner homicide (Vigdor & Mercy, 2003, 2006; Zeoli et al., 2018; Zeoli & Webster, 2010).
- But these laws vary on important features:
 - Whether dating partners are included under those who can be restricted
 - Whether emergency (ex parte) orders carry firearm restrictions
 - Whether the state has a law specifying that someone must relinquish firearms they already possess if they are restricted

What We Know: DVRO firearm restriction provisions

- Coverage of dating partners
 - Associated with 13% reduction in intimate partner homicide, 16% reduction in firearm intimate partner homicide (Zeoli et al., 2018)
- Coverage of ex parte orders
 - Associated with 13% reduction in intimate partner homicide, 16% reduction in firearm intimate partner homicide (Zeoli et al., 2018)
- Inclusion of gun relinquishment provision
 - Associated with 10 - 12% reduction in intimate partner homicide, 14 - 16% reduction in firearm intimate partner homicide (Diez et al., 2017; Zeoli et al., 2018)

What We Know: Misdemeanor firearm restrictions

- Domestic violence misdemeanor firearm restriction:
 - Federal restriction associated with reductions in firearm intimate partner homicide across states (Raissian, 2015; Zeoli et al., 2018)
 - State restrictions not associated with intimate partner homicide (Vigdor & Mercy, 2003, 2006; Zeoli et al., 2018; Zeoli & Webster, 2010)
- Violent misdemeanor firearm restrictions (NO relationship requirement)
 - Associated with 23% reduction in total IPH and 21% reduction in firearm intimate partner homicide (Zeoli et al., 2018)

What We Know: Implementation of restrictions

- Possession restriction: Some jurisdictions doing innovative and carefully considered work to legally require relinquishment of firearms now possessed illegally, but more jurisdictions need to take this work on.
- Purchase restriction:
 - Requires disqualifying records to be in the background check system
 - Requires a background check occur

Recommendations

- Congress and state legislatures should extend domestic violence restraining order firearm restrictions to
 - Dating partners
 - Ex parte orders
- Congress and state legislature should extend firearm restrictions to violent misdemeanants (no relationship requirement)
- Congress, state legislatures, and implementing organizations should improve implementation of restrictions
 - Relinquishment laws and written protocols + resources (more local action)
 - Purchaser licensing laws for FFL and private seller sales

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Cassandra Crifasi, PhD

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Assistant Professor, Johns Hopkins Bloomberg School
of Public Health



Policy Introduction

- National Instant Criminal Background Check System
 - Only required for purchases from licensed dealers under federal law
 - 3 days to complete additional review
 - Gaps in data reporting
 - Name, date of birth, race, and gender for check
- Firearm Purchaser Licensing
 - Application to state or local law enforcement
 - Applicants may submit fingerprints or photograph
 - Time to process application on average 30 days
 - Duration of license, law enforcement discretion, and safety training requirements vary between states

What We Know

- Effects of Private Sale Background Check Laws
 - Lower rates of inter-state gun trafficking
 - Important role in function of other gun laws
 - Not associated with reductions in gun homicide

What We Know

- Effects of Firearm Purchaser Licensing Laws
 - Reductions of in-state crime gun recovery
 - Lower rates of firearm homicide
 - Lower rates of firearm suicide
 - Reductions in fatal mass shootings and number of victims killed

What We Know

- Public support for private sale background checks
 - Supported by more than 85% of US adults
 - No differences by gun ownership or political ideology
- Public support for firearm purchaser licensing
 - Supported by more than 75% of US adults
 - Supported by 62% of gun owners overall
 - Supported by 77% of gun owners living in states with licensing laws

Recommendations

- Congress should pass legislation requiring background checks for all gun sales
- Congress should explore the feasibility of a federal licensing system
- States should complement background check requirements with licensing system including:
 - Fingerprinting
 - In-person application
 - Safety training
- State and federal law enforcement should hold sellers and buyers accountable
- Congress should provide incentives to support state efforts

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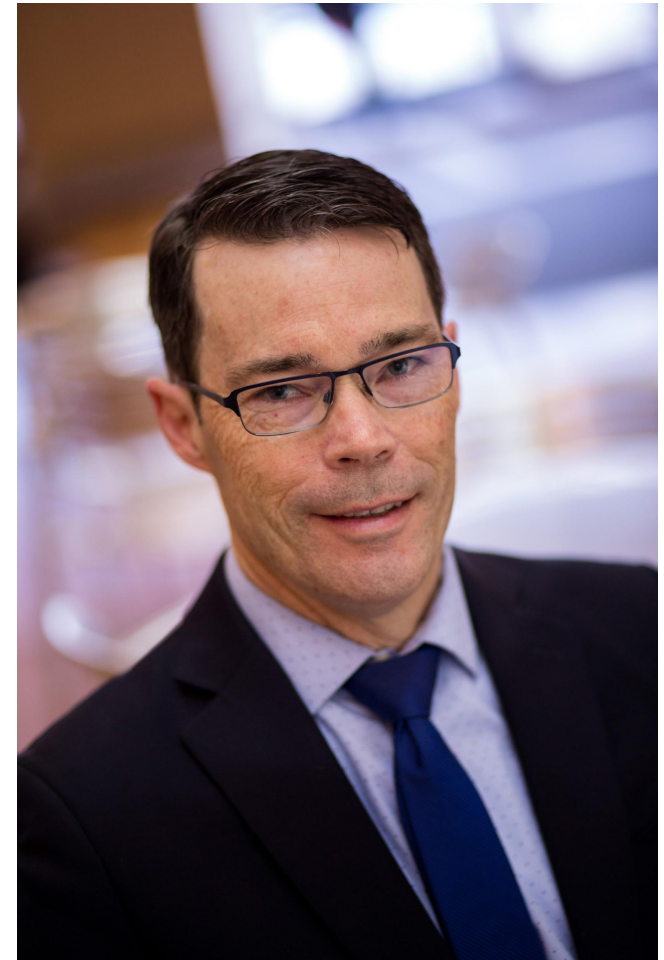
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Daniel Webster, ScD

Director, Johns Hopkins Center for Gun Policy and Research

Bloomberg Professor of American Health, Johns Hopkins

Bloomberg School of Public Health



Policy Introduction

- Prohibit the manufacture and sale of assault weapons and large-capacity magazines (LCMs - > 10 rounds). Prohibit possession of pre-ban assault weapons and LCMs.
- Assault weapons: semi-automatic firearms that accept detachable ammunition magazines and have features useful in military or criminal use (e.g., folding stocks, pistol grips, barrel shrouds).



- Federal ban of assault weapons and LCMs 1994-2004.
- 7 states and DC ban some assault weapons and LCMs. 2 states just ban LCMs.
- Pre-banned AWs: DC prohibits, 2 states limit location, 2 states require license and registration.

What We Know

- Assault rifles account for 5% of crime guns traced by the ATF, 13% of shootings of law enforcement officers, and 10% to 36% of fatal mass shooting incidents (Koper 2018, 2020).
- Large capacity magazine use not recorded by FBI's UCR or by ATF tracing. City-level studies: 22% to 36% of crime guns had LCM. 20% to 67% of fatal mass shooting depending on definition and data source (Koper 2020).
- Fatal mass shootings with LCMs have 60%-67% higher fatalities counts and 100%-200% higher nonfatal wounding counts than fatal mass shootings without LCMs (Koper 2020).
- Regression analysis of active shooter events 2000-2017 tracked by FBI, use of semi-auto rifle associated with 97% more fatalities and 81% more nonfatal woundings (Jager et al., 2018).

What We Know

- Fox and Fridel (2016) used FBI SHR data on fatal mass shootings found no association between the incidence of fatal mass shootings and the presence of the federal ban of assault weapons and LCMs. Did not examine impact on number of victims shot.
- DiMaggio et al. (2019) report that the period during which the federal ban of assault weapons and LCMs was in place (1994-2004), fatal mass shootings were 70% less likely to occur. No statistical controls or other gun laws examined and case inclusion skewed data to largest fatality counts.
- Gius (2015) found evidence that federal and state bans of assault weapons and LCMs were linked to lower rates of fatalities in mass shootings (1982-2011). Did not control for other gun laws.

What We Know

- Our new study (Webster et al., 2020) examines FBI and open-source data on fatal mass shootings (4+ victims) 1985-2017 excluding robberies, drug/gang-related events. 604 shootings (36 not found in SHR including Newtown, Aurora, and Sutherland Springs) 2,976 deaths. Statistically controlled for broad range of gun laws, gun ownership proxy, socio-demographic variables.
- Federal ban was not associated with the incidence of fatal mass shootings or rate of fatalities.
- State bans of assault weapons were not associated with significant reductions either, though point estimate indicated a 29% reduction in incidence of fatal mass shootings.
- Substitutes for banned guns - grandfathered guns, modest changes to banned guns, assault weapon from other states - may reduce impact of bans of sale of assault weapons.

What We Know

- State bans of large capacity magazines associated with 49% decrease in the incidence and 70% decrease in rate of fatalities from mass shootings. Effects even larger if use 5+ or 6+ victim death threshold for inclusion.
- LCM ban estimates were robust to different model assumptions except one that assumed immediate effect. Gradual effect model indicates 25% lower incidence, but not statistically significant.

Recommendations

- Congress and state legislatures should:
 - Ban the sale and possession of large capacity magazines.
 - Stiff penalties for criminal use or illegal sale of large capacity magazines.
 - Buy-back of large capacity magazines.
 - Require a license for semi-automatic rifles - as well as handguns - with rigorous standards and background checks.

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Shani Buggs, PhD, MPH

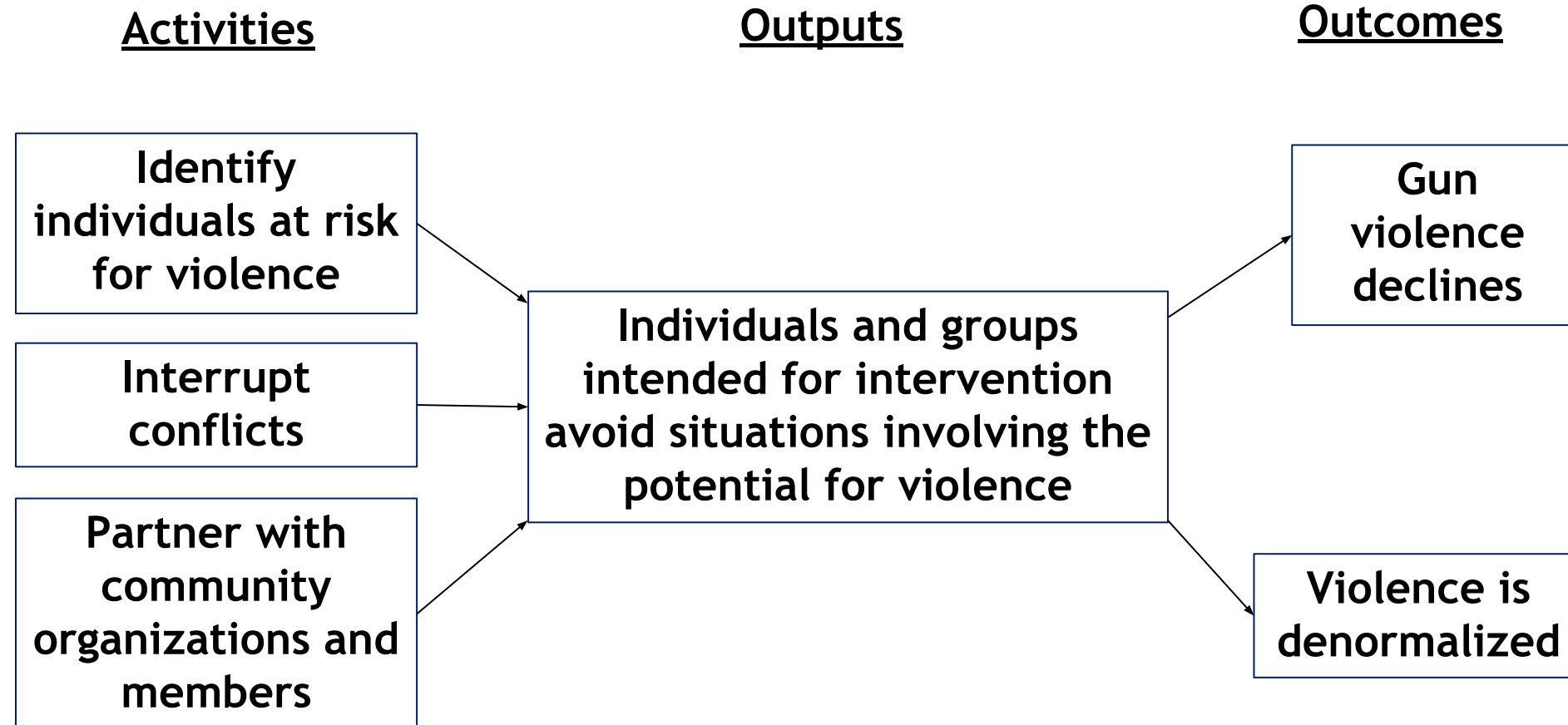
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INTERVENTIONS WITH INDIVIDUALS AT HIGH RISK: GROUP & CURE VIOLENCE

Cure Violence and Group Violence Intervention



Group Violence Intervention (GVI)

- Also known as “focused deterrence” or “Group Violence Reduction Strategy” or “Ceasefire”
- Key Model Components
 - Cross-agency law enforcement team - local, state, and federal partners
 - Intel from front-line police used to ID group- and violence-involved individuals and develop violence deterrence strategy using all possible legal sanctions
 - “Call-in” or personal notification meeting held to directly communicate intolerance for and consequences of future violence
 - Message from law enforcement accompanied by community member calls to cease violence
 - Services offered to support lifestyle and behavior changes

What We Know: GVI

- Over two dozen evaluations over 20+ years
- 2018 systematic review: 19 of 24 evaluations found strong, statistically significant crime reductions, with greatest impact when model focused on violence (vs. drug dealing or other crime) (Braga, Weisburd and Turchan, 2018)
 - Lowell, MA: -44% gun assaults; no evidence of displacement (Braga et al., 2008)
 - New Orleans, LA: -17% total firearm homicides, -32% group member-involved homicides (Corsaro and Engel, 2015)
 - Indianapolis, IN: -40% homicides, with greatest reductions among group member-involved homicides (McGarrell, 2006)

What We Know: GVI

- Model evolution over time and across places
- Numerous cities have implemented components without evaluation
- Long-term effectiveness unclear
- Great potential for implementation challenges
- Requires fundamental shift in policing and law enforcement engagement with communities that are distrustful of police

Cure Violence (CV)

- Previously also known as “Ceasefire”
- Based on evidence that violence exhibits characteristics similar to infectious disease (IOM, 2013)
- Key Model Components
 - Interrupting transmission of violence by mediating conflicts
 - Identifying those at greatest risk for violence involvement and reducing risk via behavior change, connection to social services
 - Changing community norms around violence through community mobilization and messaging
- Distinction from law enforcement critical to trust-building and conflict mediation

What We Know: CV

- Street outreach has existed for decades
- Model replicated in dozens of cities; numerous evaluations
- Impact studies show mixed program results
 - Chicago, IL: -16-28% nonfatal shootings in 4 of 7 communities; variation across sites in impact on group-involved homicides and retaliatory shootings (Skogan et. al, 2008)
 - Philadelphia, PA: -30% nonfatal shootings after 2 years (Roman et. al, 2018)
 - Baltimore, MD: significant reductions in homicides and/or nonfatal shootings in 3 of 4 communities; (Webster et. al, 2013) more recent evaluation shows program effects have attenuated over time (Buggs et. al, forthcoming)

What We Know - CV

- Associated with improved attitudes about using violence in conflict (Delgado et. al, 2017; Milam et. al, 2016) and increased confidence in police (Butts and Delgado, 2017)
- Potential for serious implementation challenges
- Concerns about sustained effect over time
- Difficulties in mediating certain types of conflicts
- Separation between CV and law enforcement can sometimes be problematic

Opportunities

- Most effective citywide gun violence reductions achieved by combining both approaches with greater emphasis on supportive healing, case management, and meaningful community involvement
 - New York City, Oakland, Los Angeles:
 - Less focus on strict application of any particular models
 - Authentic, community-led engagement and feedback
 - Extensive wraparound services for program clients
 - Inclusion of life coaching, restorative justice principles, and community empowerment
 - Prioritization of productive and positive police-community engagement
 - Substantial, dedicated resource allocation to staff and program participants

Recommendations

- Policy makers at every level of government should recognize that public safety starts before - and extends far beyond - police and emergency services.
- Local officials should authentically engage residents in the development of public safety plans for their communities.
- Local and state lawmakers should invest in strategies that concentrate on those at greatest risk for violence, include respected and trusted members of the community in messaging and action, support individuals and families by connecting them to essential services to aid lifestyle change, and foster trust-building between police and the communities they serve.
- Congress should allocate funding and devote resources to spur innovation in gun violence reduction approaches and to evaluate promising interventions for their effectiveness and scalability.

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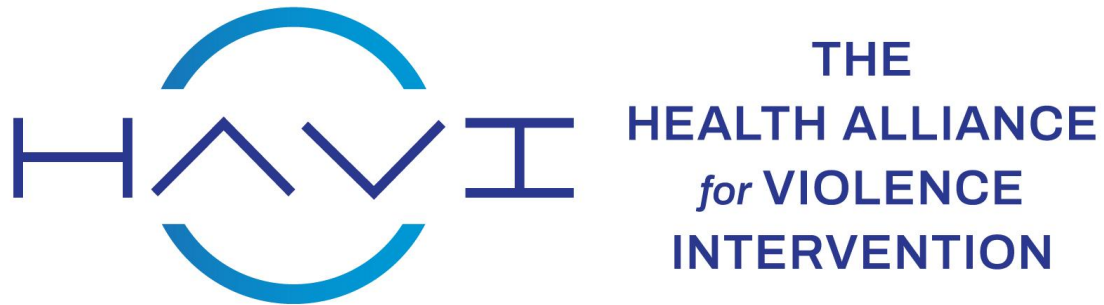
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Carnell Cooper, MD

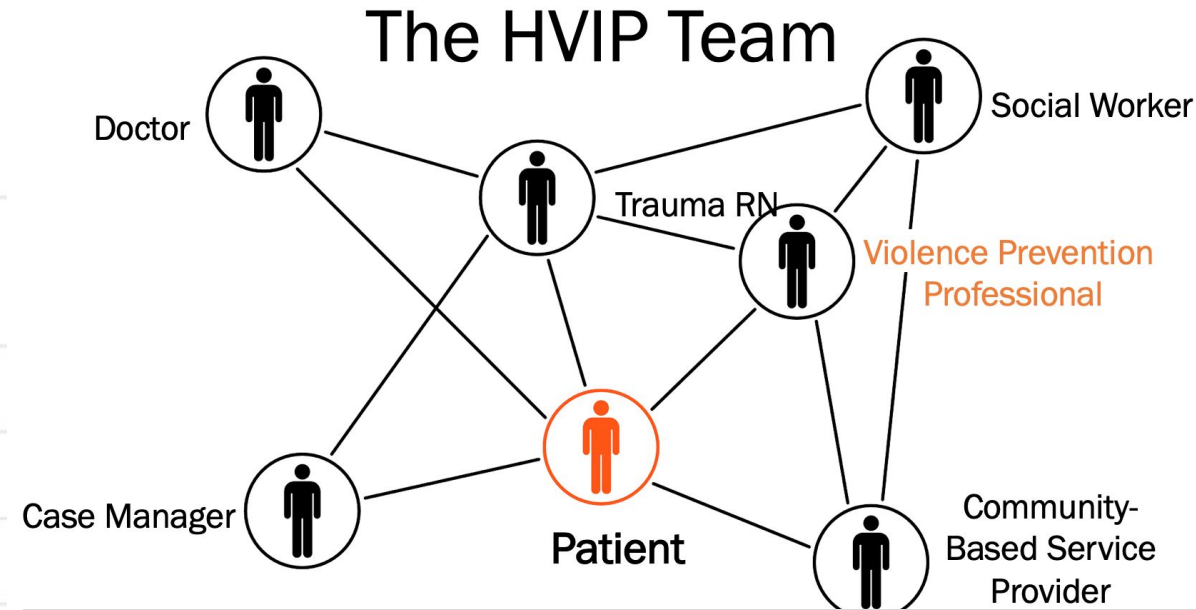
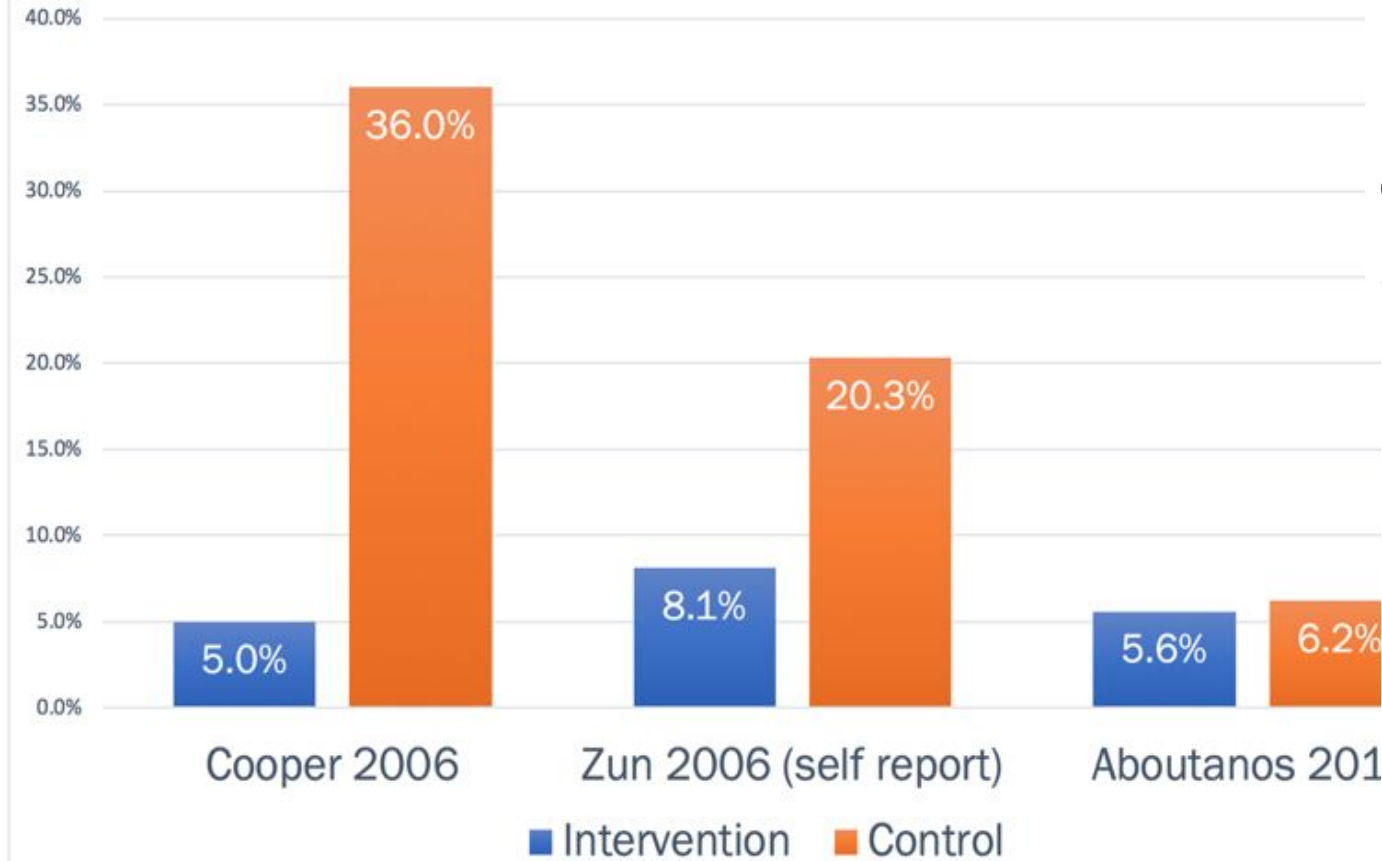
Chief Medical Officer, Northeast Methodist Hospital



HOSPITAL-BASED INTERVENTIONS

What We Know

Adult Randomized Control Trials



Pediatric Randomized Control Trials

Mentor-Implemented Program for Assault-Injured Youth		
	Intervention <i>n</i> =56	Control <i>n</i> =57
Fight injuries in last month	5.7%	7.8%

Case Management Program for Assault-Injured Youth		
	Intervention <i>n</i> =45	Control <i>n</i> =43
Fight or fight injury in 3 months?		
<i>Parental report</i>	0%	14.3%
<i>Youth report</i>	0%	8%

HOSPITAL-BASED INTERVENTIONS

Citations

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On the Horizon: Opportunities, Partnerships and Recommendations

- **Trauma Centers** - Through The HAVI's partnership with the American College of Surgeons, we seek to increase trauma centers' uptake of HVIP model.
- **Public Education** - Our discussion about violence still focuses almost exclusively on criminal justice actors, not public health approaches.
- **Professionalizing Frontline Workers** - Our 35 hour certification program helps build national professional standards for Violence Prevention Professionals.

Recommendations

- Any hospital treating over 100 gunshot wounds and other violence-related injuries per year, both in emergency departments and trauma centers should establish an HVIP.
- Federal HHS and DOJ and State VOCA should jointly fund HVIP activities and remove barriers for patient access.
- Health care payers, such as state Medicaid programs, should provide reimbursement for violence prevention professional services.

Successes



NJ - S3301 Dept of Health will coordinate HVIP Initiative to achieve impact.
NJ - S3312 Req Level 1 & 2 Trauma Centers to have HVIPs
NJ - S3323 Req VOCA to Partner with Trauma Centers

VA - \$2.45M allocated to HVIPs through State VOCA

CA - Law Allows Medicaid to Reimburse for Violence Prevention Services - now on Governor's Desk to Sign

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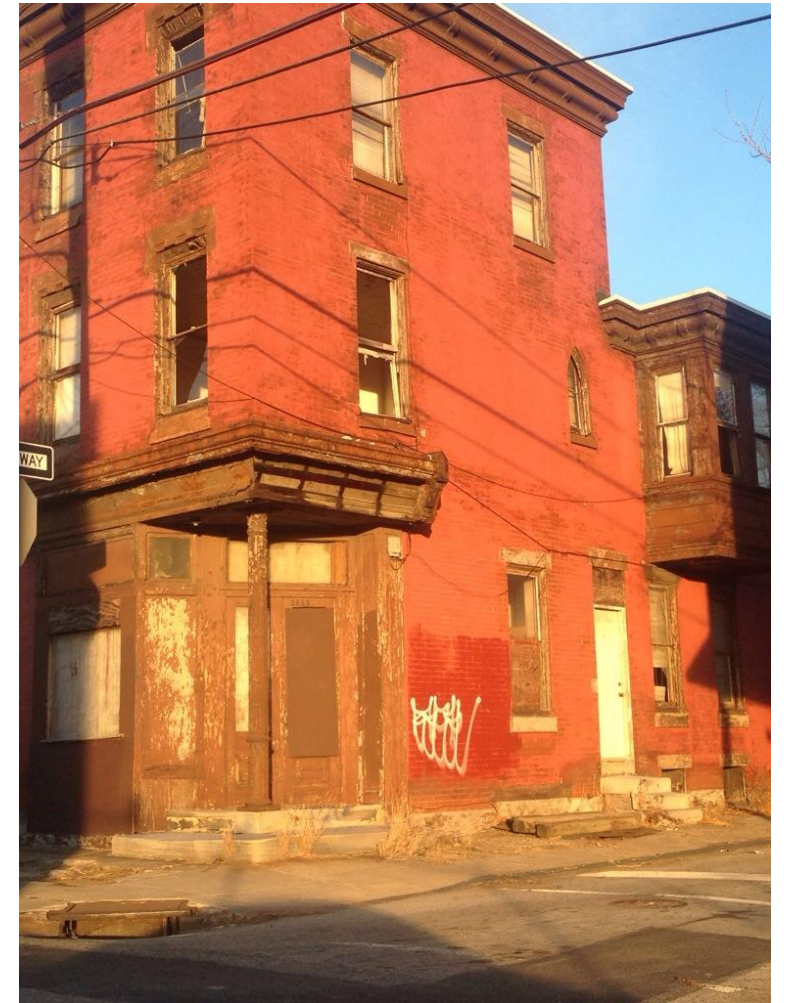
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Reducing Blight in Urban Areas

Spiral of disinvestment, crime, and abandonment

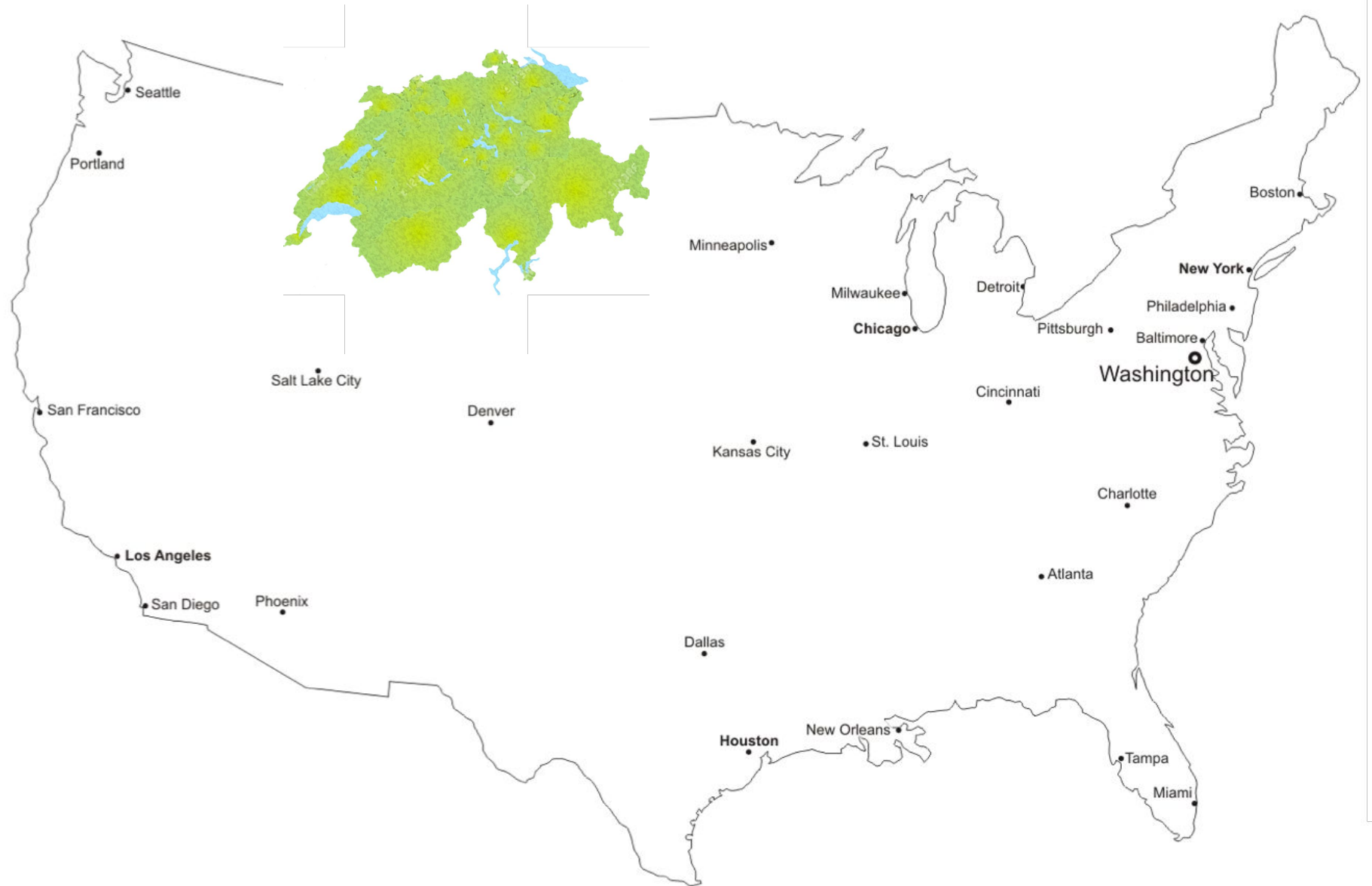


REDUCING BLIGHT IN URBAN AREAS

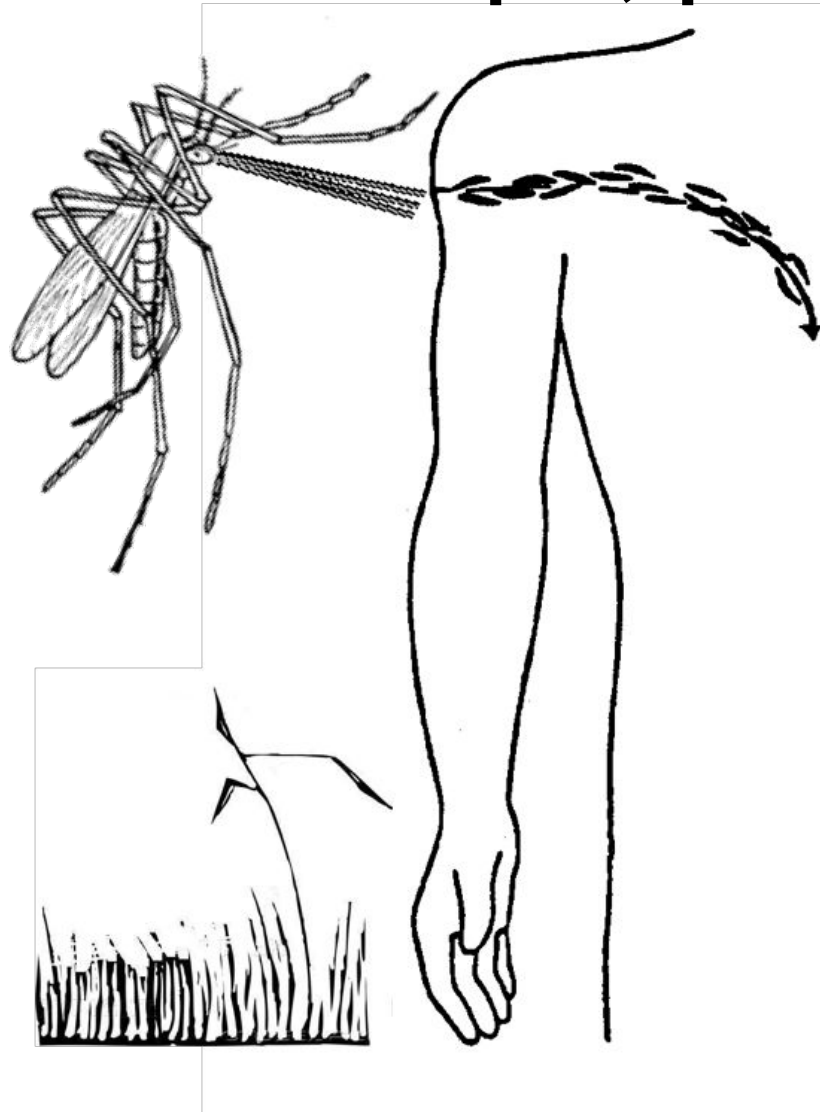


REDUCING BLIGHT IN URBAN AREAS

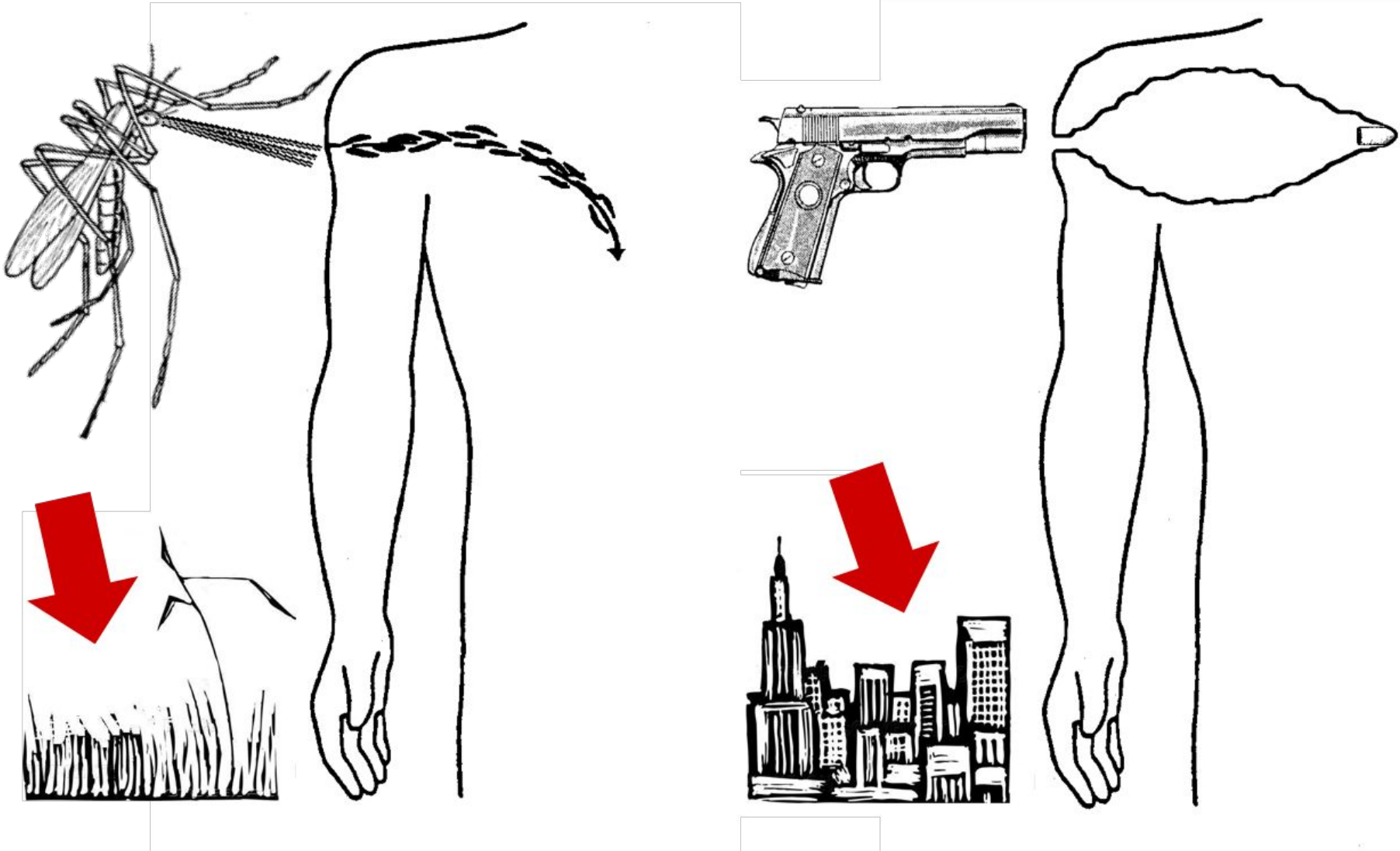
- Blighted spaces in US cities adds up to an area the size of Switzerland
- Major challenge, but also an opportunity



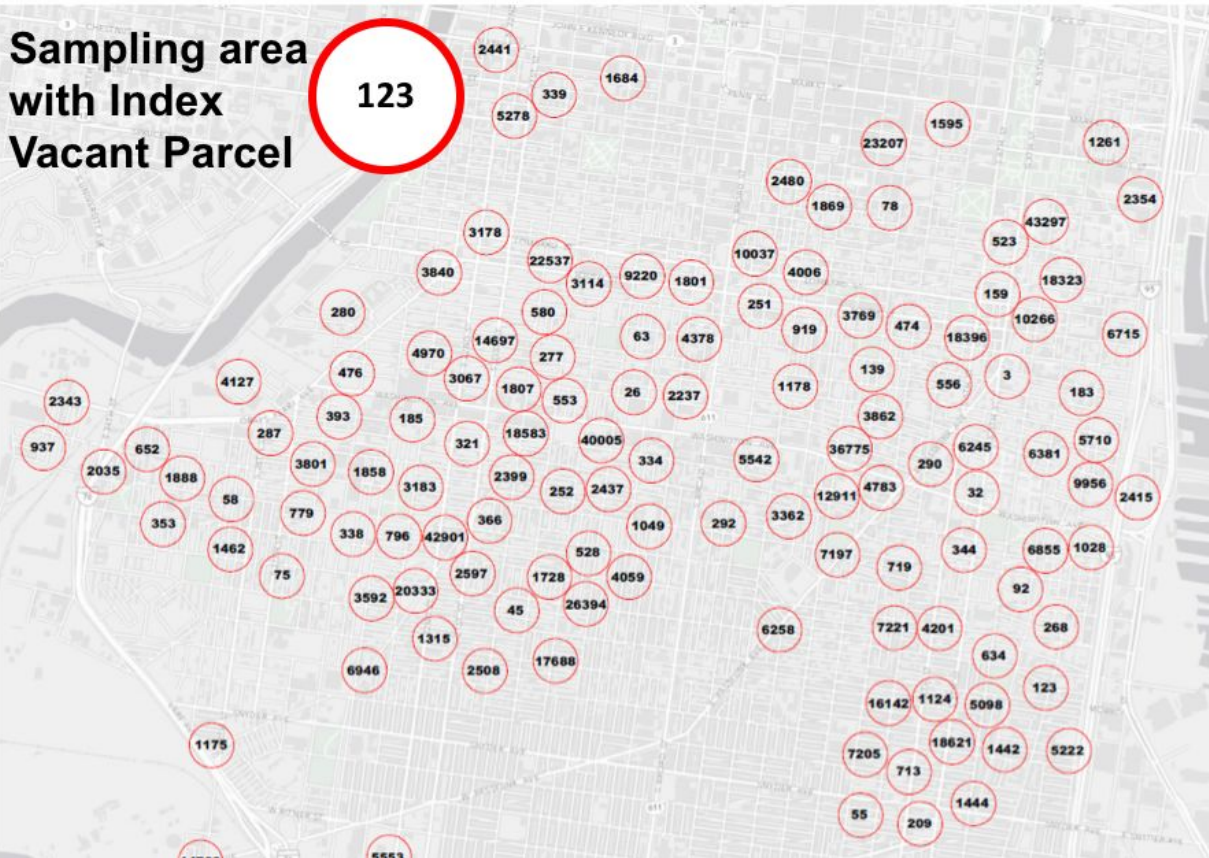
People, pathogens, and places



People, pathogens, and places



Citywide studies and randomized controlled trials on 10,000s of vacant lots and abandoned buildings



Greening, Building Fixes, Lighting, Trees

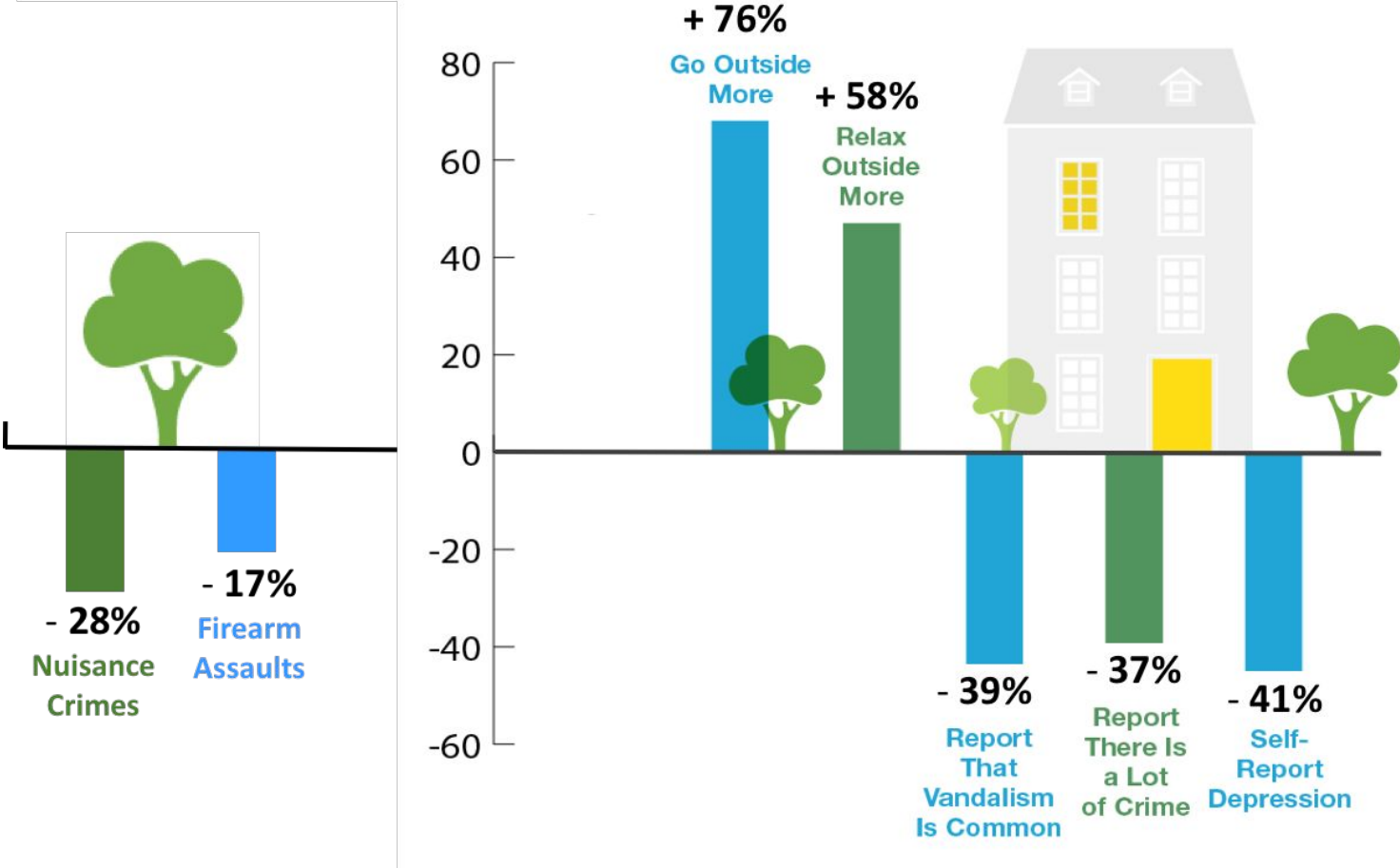


Across studies:

- 6% to 56% less gun violence, vandalism, and crime
- Every \$1 invested returns as much as \$300 to taxpayers and cities

“Win-win science”

Significant results and co-benefits



Why?

- Illegal guns not in blighted spaces
- Informal policing by neighbors
- Connectedness between neighbors

REDUCING BLIGHT IN URBAN AREAS

Recommendations

- (1) Population-wide and place-based interventions are long-standing and necessary public health interventions
- (2) Gun violence interventions to change blighted, vacant, and abandoned places are:
 - well-studied
 - effective
 - inexpensive
 - scalable
 - apolitical
- (3) City, state, and the federal policymakers can invest in anti-blight ordinances and legislation, and the resources needed to directly address blighted areas

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Policy Introduction

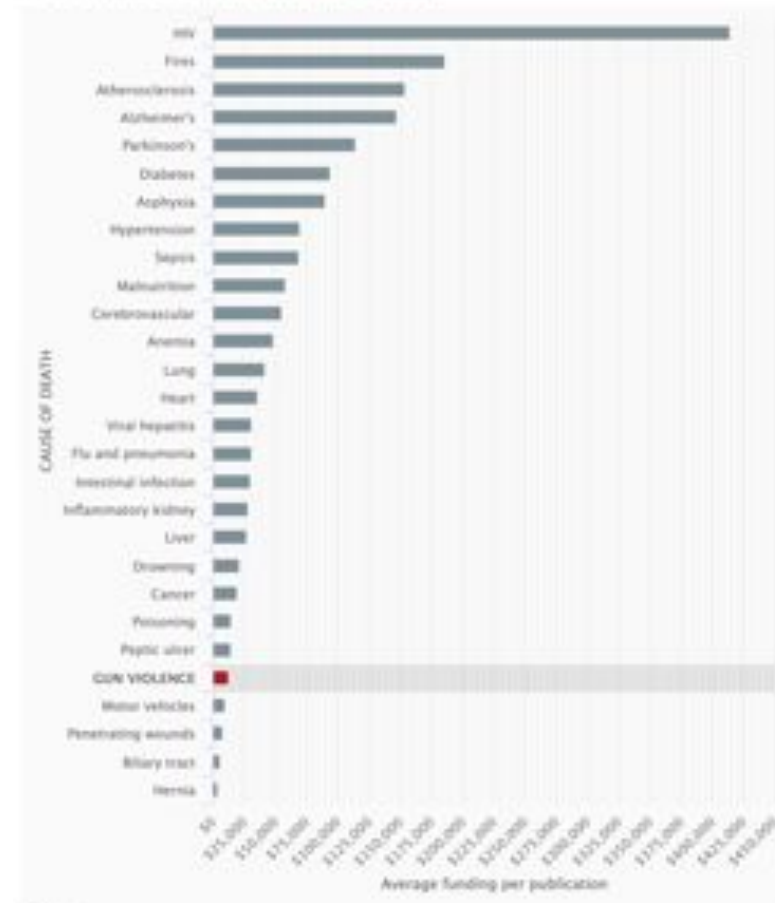
- Federal funding for gun violence research stalled since the Dickey amendment in 1996
- The amendment did NOT prohibit research, but barred using CDC funds to advocate or promote “gun control”
- From 2004 - 2014 Federal funding for gun violence research was just over \$20 million dollars
- 2012 - Executive order by President Obama following the Sandy Hook killings
 - Directed CDC to resume funding of gun violence research
 - Directed Congress to appropriate \$10 million for gun violence research
 - Directed CDC to develop a public health research agenda for gun violence research
 - Directed federal agencies to:
 - Study the causes of firearm violence
 - Identify interventions that might prevent it
 - Develop strategies to minimize its public health burden

What We Know

- Of the Executive Orders that were issued, the CDC implemented the following:
 - The development of a public health research agenda - Priorities for Research to Reduce the Threat of Firearm-Related Violence: Research Priorities - Institute of Medicine, June 2013
- Research funding for other leading causes of death, illness and disability such as motor vehicle crashes have resulted in implementation of effective policies and interventions that decrease death, illness and disability.

Average funding per publication, by cause of death

The chart below is interactive: [click](#) or [touch](#) to see more.



Notes

Note: Aspiration and accidental falls were omitted as outliers.

Source: Dr. David E. Stark, Nigam H. Shah. Funding and Publication of Research on Gun Violence and Other Leading Causes of Death, JAMA, 2017

What We Know

- Research funding for other leading causes of death, illness and disability such as motor vehicle crashes have resulted in implementation of effective policies and interventions that decrease death, illness and disability.
- Lack of research limits progress in reducing the number of deaths and injuries that occur each year due to firearms.
- Federal government funding is influenced by appropriations bills and biases on the part of policymakers. Congress can limit specific topics that are addressed using Federal funds.
- Private funding can fill gaps that government funding creates
- Take-up of research is often contingent on political agendas, rather than the societal utility of the research.
- Without the science that demonstrates what works and what doesn't work, we will continue to design, develop and implement strategies that are **reactive**, rather than **proactive**.

Opportunities

- Move from our comfort zone of publishing data to translating data to effect change
- Make science integral to identifying effective policies and programs
- Consider using impact frameworks to encourage collaboration and shared research agendas. They may assume that research generally has a longer-term, incremental impact, often through shaping the framing of policy problems.
- Increase training opportunities for new gun violence researchers
- Ensure that research questions are informed by practice
- Ensure that there are multidisciplinary collaborations to address the issues through research, dissemination, translation and evaluation

Recommendations

- Congress should fund gun violence research at a level that is similar to that provided for other public health epidemics, such as the opioid overdose epidemic, HIV and infectious diseases.
- In order to foster higher quality research, Congress should provide funding that is needed to improve databases and the access that researchers have to them.
- A core group of experts should identify priority topics in gun violence research. This may include revisiting and updating the 2013 IOM report.
- Congress should provide federal funding for the education and mentorship of gun violence researchers similar to what is provided for students and early career researchers in other fields.
- States should fund gun violence research and translation to practice.
- The private sector should fund gun violence research priorities that link to its mission and vision.
- *Congress, states and the private sector should fund research so that we know what works, not what we think might work.*

POLICIES THAT **REDUCE GUN VIOLENCE** WORK



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