Committee: Injury Control and Prevention

Title: The Role of Epidemiology in Firearm Violence Prevention

I. Statement of the Problem:
In 2010, over 31,000 people died in the United States due to firearm violence. These deaths include homicides, suicides, and unintentional deaths. In addition, firearm injuries in 2010 cost the United States more than $174 billion, or $564 per American. Firearm violence is not a new problem in the United States; it has been tenacious, showing no significant declining trend during the past decade. Firearm violence is both a public safety and a public health problem. A comprehensive approach that is predicated on public health principles and engages multiple fields including health and mental health, education, criminal justice, and social services is needed to prevent these tragic deaths and injuries.

A public health approach includes surveillance to identify the problem, research to determine risk and protective factors, development and evaluation of interventions, and wide scale implementation of effective and promising interventions and policies. The first two components of an effective public health approach involve key epidemiological tools: surveillance and research. Surveillance and research on firearm violence in the United States has been inadequate and needs to be greatly enhanced in order to better understand the patterns, risk factors, circumstances surrounding, and effects of firearm violence. Effective interventions and policies for preventing and responding to the public health crisis of firearm violence depend on strengthening surveillance activities and advancing a research agenda.

II. Statement of the desired action(s) to be taken:
CSTE supports the promotion of the public health approach to violence prevention, and commits to support the National Center for Injury Prevention and Control (NCIPC) in its efforts to reduce violence fatalities and non-fatal incidents. CSTE asks NCIPC at the Centers for Disease Control and Prevention (CDC) to help CSTE define what it might do to enhance understanding that firearm violence is a public health problem and to help ensure that best practices are disseminated. In addition, CSTE encourages CDC to

1. Increase the promotion of the public health approach to firearm violence prevention. This includes more resources dedicated to epidemiology, the cornerstone of public health, and the dissemination of publications on firearm-related violence.
2. Strengthen and expand surveillance of firearm violence deaths and non-fatal incidents into all 50 states. The National Violent Death Reporting System (NVDRS) is a CDC program that links several data sets together to create a more complete picture of the circumstances surrounding violent death. As of March 1, 2013, the CDC funds 18 states to implement the NVDRS. As risk factors and patterns of firearm violence vary by state, the NVDRS needs to be expanded to meet the unique needs of each state while maintaining programmatic integrity. Strengthening and expanding surveillance translates into deeper understanding of modifiable risk.
3. Increase the surveillance of firearm owner behaviors. The Behavioral Risk Factor Surveillance System (BRFSS) is a CDC funded health conditions and risk behaviors survey that is completed by all 50 states, the District of Columbia, and United States territories. This survey is underutilized for understanding behavior towards firearm ownership, storage, and safety. The last time firearm questions were part of the core BRFSS questionnaire was 2004. The three 2004 questions dealt with firearms in or around the home, and whether they are kept loaded and unlocked. These questions should be included in future BRFSS questionnaires. Knowledge around firearm ownership and care is vital to understand the behaviors associated with firearm safety.
4. Increase the availability of new resources to increase capacity for research on firearm violence. Research is needed to understand the patterns, risk factors, circumstances surrounding, and effects of firearm violence. Effective interventions required in-depth research to guide their development and implementation.
III. Public health impact:
Firearm violence is eminently preventable. Implementing a public health approach to firearm violence will prevent many of deaths and injuries that are a result of these acts. It will help mitigate larger societal and economic costs that radiate beyond individual death and injury. Increased surveillance and research on the circumstances around firearm violence will better equip public health professionals in reducing firearm violence in the United States.

IV. References

V. Coordination

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