Gun Violence Prevention:

An Academic Public Health Framework

January 2023

EXECUTIVE SUMMARY

There are a number of barriers to effectively implementing strategies that can prevent firearm fatalities and injuries across the country. These factors include the deep national divide on public policy around firearms, the historical lack of funding to support gun violence research, and the challenges we face with framing gun violence as a public health or health equity issue rather than solely a criminal justice problem, with the disproportionate impact of firearm violence falling on Black, Indigenous, and People of Color communities.

While this is true for homicides, suicides also represent 60 percent of firearm deaths and show very different demographic patterns. A public health approach to the firearm violence problem, that elevates strategies which are rooted in empirical evidence and invests in the next generation of leaders for long-term change, stands to contribute to the evolving national movement that focuses on addressing violence.

As the voice of academic public health, the Association of Schools and Programs of Public Health (ASPPH) developed a framework that can guide academic public health institutions as they engage in the issue of firearm violence prevention. ASPPH intends this report to contribute to the growing national movement that attempts to address gun violence and to support Schools and Programs of Public Health (SPPHs) in advancing solutions to this national crisis. This report provides recommendations for actions SPPHs can take in four strategy domains —education and training, research, policy and advocacy, and practice.

This report will be updated regularly as the national conversation on gun violence evolves, and ASPPH will formally reassess its progress in this area in three years.

INTRODUCTION

Gun violence is a public health crisis that continues to devastate individuals, families, and communities across the nation.

100+

lives are lost to firearm violence daily

2-3 times

as many people who die are injured by firearms, with some suffering permanent disability.[1]

Over half of firearm-related deaths are due to suicide

4 out of 10

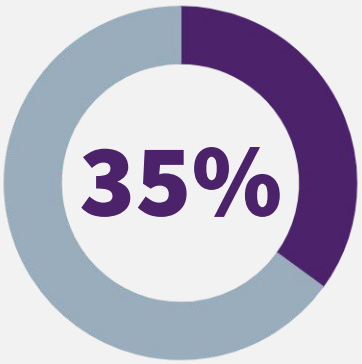
are a result of homicide

1 in 100

deaths are due to unintentional injury[2]

Firearms are also the leading cause of death in children and youth in the US and are the primary mechanism of death in pediatric suicides and homicides.[3] Despite this overwhelming burden of death, injury, and disability, there has been a substantial paucity of action on the issue nationally.

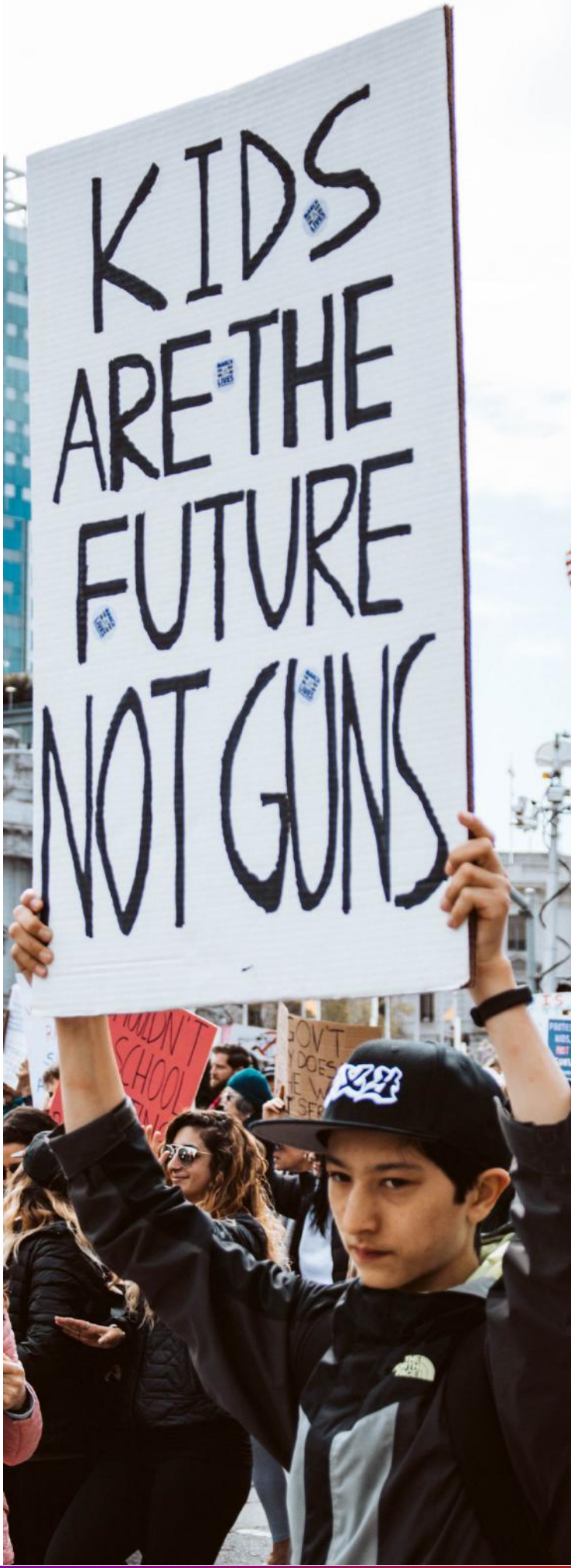
Firearm deaths grew nearly



between 2019 and 2020 against the backdrop of the COVID-19 pandemic, further suggesting the need for national action.[4]

There continues to be a number of barriers that stand in the way of effective prevention strategies on a national level. Historically, the nation has been deeply divided on its perception of firearms, making gun violence one of the most politically polarized topics among Americans. Although firearm homicides disproportionately affect Black and Brown young men in highly segregated communities, there is a tendency to frame the problem as a criminal justice issue rather than an issue of health equity and racial justice. Firearm suicides, which disproportionately affect middle-aged White men, are often framed as a behavioral health issue rather than a complex public health problem related to firearm access.[5]

The academic public health community is in a unique position to elevate the visibility of gun violence as an important national health problem and in turn to catalyze collective action through a shared evidence-based public health approach.



In the summer of 2022, in response to public outcry for legislative action around recent mass shootings across the nation, Congress passed the *Bipartisan Safer Communities Act*, the first significant gun safety legislation to advance through Congress in nearly 30 years.[6] ASPPH issued a statement in support of this legislation and urged SPPH members to express their support to Congress as well. In 2019, Congress also softened the interpretation of the Dickey Amendment to the federal appropriations bill, which had been effectively a decades-long restriction on the Centers for Disease Control and Prevention (CDC) funding for research which stated that none of the funding that was awarded for research could be used to advocate for gun control. The amendment was added to the National Institutes of Health (NIH) appropriations bill starting in 2011.[7]

Congress clarified that the ban on the use of federal dollars for "advocacy" of the promotion of gun control did not extend to a ban on research. This paved the way for the CDC and the NIH to conduct and fund research on the causes of gun violence[8] and every Congressional appropriations cycle since 2019 has included funding for gun violence prevention research at the CDC and NIH. These more recent actions signal recognition among policymakers of the damaging impact of gun violence across the country, as well as an appetite to advance policies that move beyond political motivation. While this is a critical step in the right direction, the US is even farther away from eradicating the gun violence epidemic than in past years. Additionally, as Congressional leadership changes, the needs and conversation around gun violence will inevitably evolve in the coming years.

Recognizing the urgency of the issue and the opportunity to act, ASPPH has made a renewed commitment to work to end gun violence. In order to guide that work, ASPPH established the Task Force on Gun Violence Prevention. The Task Force reviewed existing literature, identified needs and gaps, and developed recommendations for strategies informed by evidence that can be used by SPPHs, as well as ASPPH as an organization, to enhance impact across the broader stakeholder community.

The Task Force included expert representatives from 13 schools and programs of public health (See Appendix 1). Four domains are addressed in this report that emerged from the Task Force:

EDUCATION AND TRAINING

RESEARCH

POLICY AND ADVOCACY

PRACTICE

Three cross-cutting themes were also identified in the context of each domain:

1. **emphasizing a public health perspective in the national conversation,**
2. **elevating strategies that are rooted in empirical evidence, and**
3. **investing in the next generation of public health professionals for long-term change.**

The Task Force's overall recommendations start on Page 18.

ASPPH presents this framework as a guide for academic public health institutions to inform their actions related to gun violence prevention. ASPPH recognizes that there is a diversity of capacity and priorities in SPPHs, and each institution will need to continue to assess its readiness and ability to act on specific recommendations. Knowing the full spectrum of SPPHs, this report was developed to encourage SPPHs to embrace recommendations aligned with institutional capabilities, while acknowledging that there may be other complementary approaches adopted by SPPHs. ASPPH intends this report to contribute to the growing national momentum to address gun violence. In particular, this is done to point out a way for SPPHs to play a role in advancing solutions to this national crisis. This report is a living document and it will be updated regularly as the national landscape on firearm violence evolves.

CROSS-CUTTING THEMES

The Task Force discussed three cross-cutting themes that should inform each strategy domain that can guide the work of SPPHs and of ASPPH. These themes include:

emphasizing a public health perspective in the national conversation

elevating strategies that are rooted in empirical evidence

investing in the next generation of public health professionals for long-term change

These themes reflect fundamentally the particular role that SPPHs play within the national public health and social and political landscapes. In addition, given the commitment of academic public health to advance health equity, support for gun violence prevention activities in education, research, policy and advocacy, and practice aligns with an emphasis on building talented and diverse faculty, students, and community partners to address inequities related to firearm violence.

The work of academic public health should always be informed by evidence, reinforcing the centrality of data and truth and social justice to the work of public health.

It behooves SPPHs, ASPPH, and the world, to ensure a public health approach, rooted in the principles of prevention with attention to maximizing health for all while narrowing health gaps, is at the heart of any action we take. Fundamentally, academic public health invests in the next generation in a way that can be continued by those who will carry the work of public health forward in the coming decades. These themes should inform all the strategies adopted by SPPHs and ASPPH and inform the thinking of the Task Force.

EDUCATION AND TRAINING

Investing in the development of expertise in gun violence prevention in the next generation of public health professionals is critical to achieving long-term change. The unique role of academic public health in addressing gun violence should inform the design of education in public health and training programs from undergraduate to master to doctorate. It is especially imperative to demonstrate the connection between gun violence and broader public health issues, particularly health equity, diversity, and social determinants of health.

SCHOOLS AND PROGRAMS OF PUBLIC HEALTH

In SPPHs, education and training should begin with the development of gun violence prevention curricula grounded in the broader context of health equity, diversity, and social determinants of health.

Gun violence prevention should be a priority in SPPHs, commensurate with its societal burden, and this should be reflected in curricula and pedagogic approaches. SPPHs should start by initiating an environmental scan to inventory faculty expertise on gun violence prevention, with the goal of identifying training needs for both faculty and students. The scan should also strive to gauge interest and experience in gun violence prevention across faculty and students. It will also be important to note the emergence of existing training and education models to prompt ideas at other institutions.

For example, the University of Michigan has a suite of training opportunities including a Massive Open Online Course (MOOC), a T32 training program, courses, and internships focused on firearm injury prevention.[9] With the guidance of ASPPH, member schools and programs should begin to identify existing and new best practices to incorporate gun violence prevention into curricula. SPPHs should then prepare to distribute competency-based modules pertaining to gun violence prevention and disseminate best practices for incorporating gun violence prevention resources into curricula, particularly existing certificates and programs on aligned topics like injury prevention. The use of innovative education methods, such as online courses or summer/winter institutes, and rewards for adopting such models will be important to encourage institutional adherence to the new curriculum.

EDUCATION AND TRAINING

ROLE OF ASPPH

With member schools and programs of public health across the country, ASPPH is well-positioned to coordinate efforts to develop and integrate gun violence prevention into curricula for education in public health. Through existing and new partnerships, ASPPH should support efforts to develop competency-based modules focused on gun violence prevention and widely distribute best practices for incorporating these modules across ASPPH's membership. As a leader in academic public health, ASPPH should encourage and ensure the incorporation of the topic of gun violence prevention in a substantial proportion of courses. ASPPH should also play a key role in providing guidance to SPPHs on updating and expanding their curricula in the long term. This can be accomplished through a clear expectation of skills to be developed by both members and ASPPH staff and demonstrated through the Association's priorities and actions.

RESEARCH

The US has fallen behind with respect to the collection of data and the funding of research around gun violence. Long-time restrictions on federal funding for gun violence research have contributed to this data lag. Federal support for gun violence research at the CDC and NIH has been restricted until recently, and is still wildly underfunded. Gun violence produces the same number of deaths each year as sepsis but receives one percent of the federal research dollars that sepsis research receives. Funding from foundations and non-public entities is also critical. Meaningful, accurate, and timely data are essential to fully understand the gun violence epidemic and in turn, develop effective public health interventions.

SCHOOLS AND PROGRAMS OF PUBLIC HEALTH

Given the complex political dynamics associated with gun violence, it is important for SPPHs to assess opportunities and threats for research engagement on gun violence and gun violence prevention specific to their institution.

Upon this assessment, SPPHs should encourage university research offices to consider gun violence research for seed funding. This can serve as a gateway to larger federal and external funding opportunities for SPPHs and facilitate potential collaborations for shared research on this issue through joint funding mechanisms.

SPPHs should also promote the creation of innovative structures to advance research in gun violence prevention, by facilitating the development of faculty-mentor research investigator matching opportunities, providing opportunities for students to engage in research related to gun violence prevention through mentor matching, and promoting the development of faculty and staff groups aligned to address gun violence.

SPPHs should also nurture a new generation of gun violence research scholars through activities ranging from pursuing large-scale funding mechanisms, such as health equity center grants, to encouraging faculty attendance at research seminars and meetings. These activities further encourage strong alignment with SPPH's shared goals to center health equity in all aspects of their work and to attract more diverse faculty and students. With support from ASPPH, it is important for SPPHs to expand and improve information sharing across institutions and investigators, as well as encourage the exploration of joint research opportunities with other schools and programs, particularly given the current need for research due to a lack of prioritization of the topic and a sufficient flow of dollars toward gun violence research.

RESEARCH

ROLE OF ASPPH

As a coordinating body, ASPPH can play a critical role in facilitating and disseminating information sharing through its new Member Center data repository system known as **"The Hub."** The platform will provide an accessible home for research findings, course materials, policy statements, and other resources to help SPPHs identify and use best practices in gun violence prevention for education, research, policy and advocacy, and practice within a public health context.

ASPPH should also encourage collaboration in gun violence prevention research within SPPHs through leveraging existing initiatives that facilitate partnerships across research institutions. Additionally, ASPPH should provide support to its members in the development of case studies as a helpful tool for SPPHs to share and potentially replicate successful models.

POLICY AND ADVOCACY

Recent actions from Congress have signaled a growing recognition of the impact of gun violence across the country, and some motivation to advance policies that can bridge partisan divides. With the passage of the Bipartisan Safer Communities Act and recent funding granted to the CDC and NIH to fund gun violence research, SPPHs can play an important role in building upon this momentum. With inevitable shifts in Congressional leadership, the needs around gun violence will continue to evolve creating both challenges and opportunities for the academic public health community.

SCHOOLS AND PROGRAMS OF PUBLIC HEALTH

SPPHs should work with their internal government relations and public relations teams to conduct a thorough scan of the institution's position on gun violence, as well as to learn more about the role of their legislators.

Given the fickle political landscape, SPPHs can also play an important part in advocating to the donor community for more funding opportunities in gun violence prevention rather than relying on federal investments alone. Current academic-led advocacy models, such as Boston University's Activist Lab, the University of South Florida College of Public Health's Activist Lab, and the University of Michigan's Public Health IDEAS for Preventing Firearm Injuries can be leveraged and replicated to generate activity in gun violence prevention.[10]

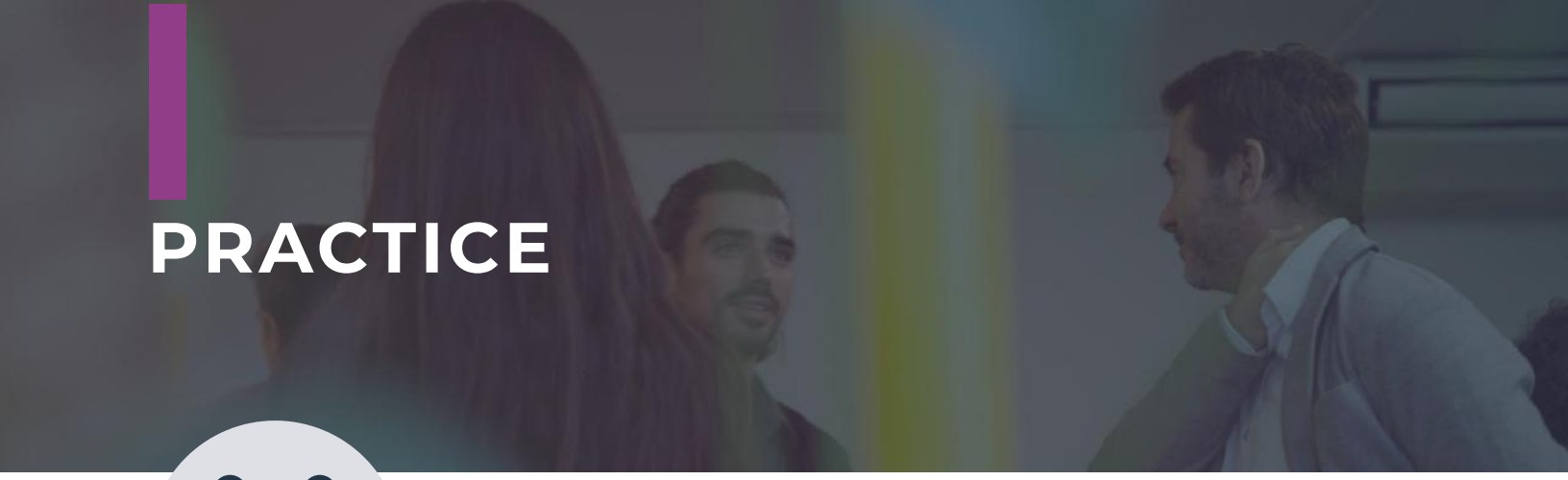
With the guidance of ASPPH, schools and programs of public health should share and disseminate useful information on existing advocacy models, tools, materials, and opportunities among faculty and students. Ultimately, SPPHs should be prepared to incorporate advocacy and action into public health curricula, while also promoting engagement opportunities with relevant organizations. This engagement can include the creation of internships and field placements, as well as collaborations with other university-led initiatives such as the 120 Initiative led by presidents of Washington DC area universities and colleges.[11] SPHHs can also promote scholarship and work on global gun violence with allied conferences such as the Consortium of Universities for Global Health and the World Health Summit.[12]

POLICY AND ADVOCACY

ROLE OF ASPPH

With members from across the country located in Republican and Democratic states/districts, ASPPH can play a leading role at the federal level in advocating for gun violence prevention on behalf of the academic public health community. ASPPH should begin by developing a legislative agenda for gun violence prevention, by working with SPPHs to identify areas of strength which can justify advocacy for more federal funding for research, particularly at the CDC and NIH, training grants, large-center funding mechanisms such as cross-disciplinary centers and equity centers, and support for academic partnerships. ASPPH's Advocacy Team should also develop and distribute tools to enable members to advocate in support of legislative priorities focused on gun violence prevention. This includes and is not limited to Advocacy 101 trainings for faculty and students, policy briefs, and toolkits. ASPPH is well-positioned to elevate its legislative agenda across congressional offices, as well as relevant federal agencies, while also drawing on individual members to reinforce the ASPPH legislative agenda pertaining to gun violence prevention.

In addition to featuring the Task Force's work at ASPPH's annual meeting in 2023, the association should also engage with other stakeholders that embrace similar missions, such as the American Public Health Association (APHA), Association of American Medical Colleges (AAMC), American Academy of Pediatrics (AAP), and the RAND Corporation, through participation in meetings and conferences led by these groups. ASPPH should also continue its engagement with other relevant coalitions, such as the Federation of Associations of Schools of Health Professions (FASHP), and gun safety organizations, while cultivating new relationships. It is also important to engage with the firearm owner community, and the industry, as the industry is responsible for technology development such as micro stamping, trigger locks, gun safety, trigger pressure, and owner identification methodologies that restrict who can fire a particular firearm and can limit the harms of firearms. Throughout the process of relationship building, other entities could also be identified such as gun shops that have been working with public health partners in order to decrease firearm suicide through the identification of factors that indicate a potentially risky sale and/or purchase. This will help expand ASPPH's broader impact on this issue while ensuring the association always has a seat at the table as it pertains to gun violence prevention discussions. ASPPH staff should also enable its members to engage with the Executive Branch to ensure public health priorities are considered in strategies for funding opportunities.



PRACTICE

The process of how recommendations ultimately get translated into practice will be critical in addressing the challenge of gun violence. SPPHs already have strong expertise in forging practice-based partnerships. Within the context of gun violence prevention, these partnerships must be particularly formed with affected communities and those at high risk of gun violence. In addition, community organizations that advocate for gun violence prevention and gun safety are also important collaborators. Gun violence prevention initiatives within the community are with and always for the community.

SCHOOLS AND PROGRAMS OF PUBLIC HEALTH

Schools and programs of public health are well-positioned to develop robust and innovative partnerships with affected communities to catalyze community action on gun violence prevention.

Community engagement activities can be leveraged to inform the design and implementation of appropriate interventions, while also serving as a basis for case studies to share across the public health community to help reduce gun violence.

Additionally, SPPHs should embrace practice models that have been successfully applied to other public health issue areas. These models include using capstone, practicum, and thesis options as mechanisms to focus applied learning and assess competencies specific to gun violence prevention, as well as inviting alumni who have chosen a relevant practice area to engage as guest lecturers, featured speakers, or adjunct faculty.

PRACTICE

ROLE OF ASPPH

ASPPH can play a critical role in promoting the inclusion of practice-based experiences linked to gun violence prevention through CEPH certification, while also advocating for funds to support community-based partnerships. ASPPH should also encourage the role of schools and programs of public health in capturing structural and institutional enablers that have resulted in community-level violence.

The recognition can be enhanced by conveying findings via media outlets and advocacy efforts. ASPPH can also play an active role in creating guidelines around community engagement on this topic.

KEY ELEMENTS OF COMMUNICATION AND MESSAGING

The national divide on gun rights complicates the conversation around preventing gun violence. For this reason, it is important for the field of public health to communicate about gun violence prevention in a way that also engages firearm owners. ASPPH should lean into existing research on messaging related to gun violence prevention and develop a suite of carefully crafted advocacy messages and tools informed by this data. These resources can then be adopted by schools and programs of public health to help adapt messages based on differences in state ideology and changes in the political climate. Additionally, ASPPH should provide media training for SPPH leaders and faculty and develop sustainable training modules that schools and programs can carry forward in the future. It is important for SPPHs to involve their public relations and government relations specialists early in the process to help tailor these messages, given varying political dynamics and institutional positions on gun violence prevention.

CONCLUSION

ASPPH and SPPHs are uniquely positioned to take collective action to contribute towards reducing the consequences of gun violence in the US. The Task Force encourages all SPPHs to assess their individual institutional capabilities and identify those issues they can take on among the Task Force's list of recommended strategies. By embracing specific tools developed by ASPPH, SPPHs will also have an opportunity to share and update models in education and training, research, policy and advocacy, and practice concerning gun violence prevention.

The academic public health community can also serve as a trusted resource in the broader public health community to help navigate relevant stakeholders on actions necessary to tackle the gun violence epidemic.

In addition to real-time tracking, ASPPH will also formally re-evaluate the progress of the report's recommendations three years after the report is published.

RECOMMENDATIONS FOR STRATEGIES THAT CAN BE ADOPTED

FOR SCHOOLS AND PROGRAMS OF PUBLIC HEALTH			
EDUCATION AND TRAINING A	**RESEARCH B**	**POLICY AND ADVOCACY C**	**PRACTICE D**
Inventory faculty expertise on gun violence prevention with the goal of identifying training needs and relevant faculty.	Assess opportunities and threats for research engagement on gun violence prevention.	Advocate to the donor community for more funding opportunities in gun violence prevention.	Develop robust and innovative community partnerships whereby schools and programs of public health can catalyze community action in this space.
Disseminate best practices for incorporating gun violence prevention resources into curriculum, especially existing certificates and programs on aligned topics like injury prevention.	Encourage scholarship in gun violence prevention including in research seminars and meetings.	Leverage current academic-led advocacy training models to generate activity in gun violence prevention, (such as the BU and USF Activist Labs).	Utilize capstone, practicum, and thesis options as mechanisms to focus applied learning and assess competencies specific to gun violence prevention.
Ground gun violence prevention curriculum in the context of broader topics of equity and social determinants of health.	Promote the creation of innovative structures to advance research in gun violence prevention.	Disseminate advocacy tools and resources specific to gun violence prevention among faculty and students.	Invite alumni who have chosen a relevant practice area to engage as guest lecturers, featured speakers, or adjunct faculty.
Distribute and adopt competency -based modules pertaining to gun violence prevention.	Promote the development of faculty and staff groups aligned to address gun violence.	Promote scholarship and work on gun violence with allied conferences such as CUGH, World Health Summit, and others.	Develop case studies on successful interventions to share across the public health community to help reduce gun violence.
Encourage adherence to modules by rewarding the use of innovative education methods, including online courses and summer/winter institutes.	Encourage university research offices to consider gun violence research for seed funding, as a gateway to larger federal and external funding opportunities.	Explore engagement and join forces with other initiatives (e.g. DC Gun Violence 120 Initiative)	Partner with affected communities to reduce the impact of gun violence.
	Facilitate the development of faculty-mentor research investigator matching opportunities.	Share best practices in advocacy with other schools and programs of public health.	Encourage the adoption of public health principles in gun violence prevention programs by expanding the role of academia as “conveners” on the topic of gun violence prevention.
	Expand and improve upon data/information sharing between institutions and investigators.	Provide advocacy opportunities and training for faculty and students.	
	Encourage schools to explore collaborations for promoting joint research on this issue (joint mechanisms and groups)	Incorporate advocacy and action into the public health curriculum.	
	Provide opportunities for students to engage in research related to gun violence prevention through mentor matching.	Identify opportunities for internships and field experiences for students within groups that lead gun violence prevention advocacy efforts.	
	Encourage Center grant and other large-scale mechanisms to nurture a new generation of gun violence research scholars.		

The timeframe presented is intended largely for heuristic purposes; different SPPHs may be able to achieve particular actions on different timeframes depending on local context.

FOR ASPPH	
TIMELINE	
May be achievable in a shorter timeframe	Create and distribute best practices for incorporating gun violence prevention into curriculum
	Develop competency-based modules focused on gun violence prevention
	Develop curricular best practices to incorporate advocacy around gun violence in education in public health
	Develop legislative agenda for gun violence prevention
	Develop tools and means to enable members to advocate in support of ASPPH's agenda
	Add session on gun violence prevention to 2023 Annual Meeting agenda
May take longer to achieve	Widely disseminate competency-based modules in gun violence prevention to SPPHs
	Develop and distribute advocacy tools, resources, and trainings focused on gun violence prevention
	Facilitate information sharing through the ASPPH member center repository, "The Hub"
	Encourage the role of SPPH in capturing structural and institutional enablers that have resulted in community-level violence and enhance recognition through advocacy and media outlets
	Encourage a substantial proportion of courses at SPPH to incorporate gun violence prevention resources within curriculum
	Assist SPPH in updating and expanding their curricula in gun violence prevention
	Help ensure dissemination of knowledge and research findings across institutions and other partners, such as policymakers, stakeholders, and the public

APPENDIX 1

ASPPH Gun Violence Prevention Task Force

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[11] The 120 Initiative: **https://consortium.org/gunviolenceprevention/**

[12] Consortium of Universities of Global Health: **https://www.cugh.org/**

[13] World Health Summit: **https://www.worldhealthsummit.org/**