

Date March 8, 2021

TO: The Honorable Representative Rachel Prusak, Chair
House Health Care Committee

FROM: Rachael Banks, Director
Public Health Division
Oregon Health Authority

SUBJECT: Firearm Violence and Injuries in Oregon

Chair Prusak and members of the committee; I am Rachael Banks, Public Health Director at the Oregon Health Authority. I am here to testify on suicide, homicide and accident injuries related to gun violence as a public health issue.

Firearm related suicide, homicide and accident injuries remain a serious issue in Oregon. 566 Oregonians died by firearm in 2019.ⁱ To put this number into perspective, firearm deaths exceeded motor vehicle traffic incidents by nearly 12% (11.9% or 506 deaths).ⁱⁱ Firearm injuries affect people in all stages of life. Males are nearly six times more likely than females to die from a firearm injury.ⁱⁱⁱ

Suicide is the No. 1 cause of firearm deaths; homicide is the No. 2 cause of firearm deaths in Oregon. Legal interventions account for a small percentage of firearm deaths in Oregon – only 2% (11 of 566). Four out of five firearm deaths are suicide deaths. Firearms are the primary means used in suicides, accounting for over 50% of suicide deaths in 2019. A disproportionate number of Oregon firearm suicides occur in rural areas.

During the COVID-19 pandemic in 2020, there was a significant increase in firearm related emergency department admissions compared to the year prior, beginning in April 2020 and continuing through September 2020. Emergency department firearm admissions in Oregon increased 1.6 times in June and July 2020 as compared to June and July 2019.^{iv}

Public health research and practice has shown that there are effective ways to reduce firearm violence and injuries.

Protective factors at the individual, family and community level can decrease the likelihood that a person becomes a victim or perpetrator of violence, including by firearm. For example, youth violence and youth suicide can be decreased by increasing skills in problem solving, fostering connections to a caring adult in their family or school, and providing access to mental health and substance abuse services.^v

Putting time and distance between someone who is thinking about suicide and a firearm can save lives. Research indicates the interval between deciding to act and attempting suicide can be as short as 5 to 10 minutes. Research also indicates that people tend not to substitute a different method when a highly lethal method, such as a firearm, is unavailable or difficult to access.^{vi}

Intimate partner homicide was reduced by 7% in states with laws limiting access to firearms for persons under domestic violence restraining orders.^{vii}

Safe storage of firearms can reduce the risk of suicide by removing easy access to lethal means. This includes storing firearms locked in a secure place (e.g., in a gun safe or lockbox), unloaded and separated from the ammunition.^{viii} However, a 2016 national survey found that 54% of gun owners did not store their firearms securely and in 34% of those cases there were minors living in the home.^{ix} The 2018 Oregon Healthy Teens Survey revealed that over 40% of participants believed they could obtain a loaded firearm in under 10 minutes from their home or a friend's home.

To prevent adult suicide and homicide and prevent youth accident injuries caused by gun violence and make meaningful strides toward addressing health inequities, we need a comprehensive approach. When we address the shared risk and protective factors of injury and violence, we can align diverse, multi-sector interventions that equitably improve institutional inequities, create affordable housing with access to transportation, stimulate economic opportunities and job growth, and improve access to health care. This approach can be expanded through local action that increases social connectedness and a sense of belonging, creates meaning, and builds resiliency at the community level.

The Oregon Health Authority-Public Health Division appreciates the committee addressing this important topic. Thank you for the opportunity to testify today. I am happy to answer any questions you may have now and in the future.

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- ⁱ “Oregon Vital Statistics Annual Report”. *Oregon Center for Health Statistics*, <https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/ANNUALREPORTS/Pages/index.aspx>. Accessed March 4, 2021.
- ⁱⁱ National Center for Health Statistics, National Vital Statistics System.
- ⁱⁱⁱ “Oregon Violent Death Reporting System”. *Oregon Healthy Authority*, <https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/INJURY/FATALITY/DATA/Pages/nvdrs.aspx#dashboard>. Accessed March 4, 2021.
- ^{iv} Oregon Association of Hospitals and Health Systems. Hospitalization discharge data and emergency department data.
- ^v “Connecting the Dots”. *Centers for Disease Control and Prevention: Injury Prevention & Control: Division of Violence Prevention*, <https://vetoviolence.cdc.gov/apps/connecting-the-dots/content/home>. Accessed March 5, 2021.
- ^{vi} “Preventing Suicide: A Technical Package of Policy, Programs and Practices”. *Center for Disease Control and Prevention*, <https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>. Accessed March 4 2021.
- ^{vii} “Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices”. *Center for Disease Control and Prevention*, <https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>. Accessed March 4, 2021.
- ^{viii} “Preventing Suicide: A Technical Package of Policy, Programs and Practices”. *Center for Disease Control and Prevention*, <https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>. Accessed March 4, 2021.
- ^{ix} Crifasi et al. (2018). Storage Practices of US Gun Owners in 2016. *American Journal of Public Health*: <https://www.ncbi.nlm.nih.gov/pubmed/29470124>.