



# KEEPING KIDS SAFE

Firearm Injury Prevention Efforts at Children's Hospitals

February 2025



CHILDREN'S  
HOSPITAL  
ASSOCIATION

# TABLE OF CONTENTS

Foreword .....	2
Background .....	3
Methods .....	4
Findings .....	4
Policy & Advocacy Opportunities .....	12
Conclusion .....	13
Acknowledgements .....	13
Learn More & Take Action .....	14

Secure Firearm Storage .....	6
Violence Intervention Programs .....	7
Educating the Pediatric Health Care Workforce .....	8
Community-Based Violence Prevention Work .....	9
Researching Effective Firearm Safety Approaches .....	10
Advocating for Firearm Safety Policies .....	11

## FOREWORD

Firearms are the leading cause of death for children and teens in the United States, surpassing motor vehicle crashes in 2017.<sup>1</sup> This trend has continued, with 2022 data showing an average of seven American youths die from firearm injuries every day.<sup>2</sup>

For every child death caused by a firearm, an average of 2.5 nonfatal firearm injuries occur among children.<sup>3</sup> Each year, 720 children qualify for disability status after experiencing a nonfatal firearm injury. What's more, nonfatal injuries increase health care expenditures by \$100 million.<sup>4</sup>

In June 2024, then U.S. Surgeon General, Vivek Murthy, MD, MBA, declared firearm violence a public health crisis.<sup>5</sup> The scope of the problem is well known among the nation's children's hospitals. Pediatric health care professionals are taking action to keep children safe and to support families and communities as they recover from the trauma caused by firearm injuries and deaths. This report describes children's hospitals' firearm injury prevention efforts, encourages collaboration, and presents advocacy opportunities to support the essential role children's hospitals play in firearm injury prevention.

Firearm injuries and deaths are preventable, and children's hospitals are deeply committed to keeping children safe. Children's hospitals are respected and trusted leaders in clinical care, research, medical education, and community advocacy – all of which contribute to a comprehensive approach to prevent deaths and injuries from firearms.

# BACKGROUND

Firearm-related injuries and deaths include those due to suicide, homicide, unintentional shootings, shootings associated with legal intervention, and shootings of indeterminate intent.<sup>2</sup> Homicide is the leading cause of firearm deaths for youth of all ages.<sup>2</sup> Suicide is the second most common cause of firearm deaths for teenagers (66%), and unintentional shootings are the second most common cause for toddlers and preschoolers (49%).<sup>2</sup>

## Secure, separate storage

In the United States, 4.6 million children live in a home with at least one loaded and unsecured firearm.<sup>2</sup> If a family does keep a firearm at home, storing that firearm securely can save lives. Experts recommend firearms be stored unloaded and locked up in homes and vehicles; ammunition should be locked up separately.<sup>6,7</sup>

Studies have shown that secure, separate storage of firearm and ammunition is associated with a 78% decreased risk in self-inflicted firearm injuries and an 85% decreased risk of unintentional firearm injuries among children.<sup>8</sup> Several types of firearm secure storage devices for different preferences and needs are available.<sup>9</sup>

## Firearms and suicide

Firearms are the most lethal mechanism in suicide deaths, with a fatality rate up to 85%.<sup>8,10</sup> Firearms accounted for 43% of adolescent suicide deaths between 2001-2019,<sup>10</sup> with the number increasing by 40% since 2013.<sup>2</sup> Living in a home with a firearm increases the risk of suicide attempts involving a firearm.<sup>10</sup> Of youth who die by firearm suicide, 90% access the firearm in their own home or a relative's home.

## Childproofing to prevent unintentional injuries

Just as families lock up medications and install fences around pools, secure firearm storage is a key component of childproofing. Children are naturally curious, and even toddlers are strong enough to pull the trigger on a firearm.<sup>6</sup>

About half of unintentional firearm injury deaths among kids and teens occur in their own homes, often when a child is playing with or exploring a loaded, unsecured firearm.<sup>6</sup>

## Racial disparities

There are significant racial disparities in firearm injuries and deaths. Black youth are approximately six times more likely to die from a firearm injury than their white peers.<sup>2</sup> From 2013 to 2022, the firearm death rate among Hispanic/Latino youths increased twice as much as their white peers.<sup>2</sup> In addition, studies have shown that poverty is associated with higher rates of firearm homicides and suicides.<sup>11</sup>

### Reducing the risk

To prevent firearm injuries and deaths, it is essential to address various factors that increase risk.

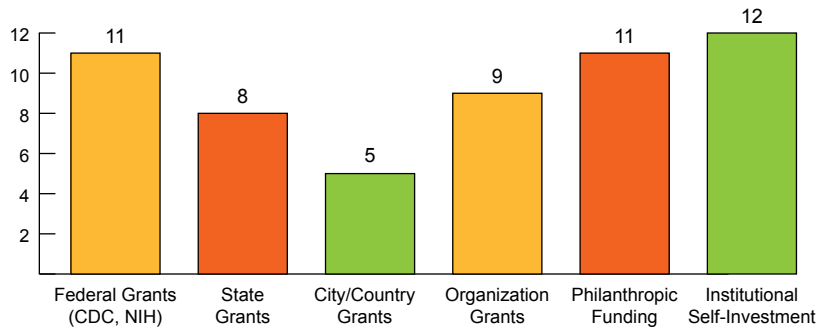
- Physical risks, such as loaded and unsecured firearms.
- Psychosocial risks, such as prior exposure to violence or trauma.
- Economic and structural risks, such as experiences of poverty or racism.<sup>12</sup>



In addition, 27 children’s hospitals provided information about how their firearm injury prevention work is funded. Children’s hospitals utilize various funding mechanisms for this important work. Twelve hospitals (44%) report self-investing institutional or departmental funds for firearm injury prevention activities. Eleven hospitals (41%) receive foundation, philanthropic, or endowment funds from their institution’s board. These institutional investments are frequently paired with grant funding from local, state, or federal government, universities, and advocacy organizations.

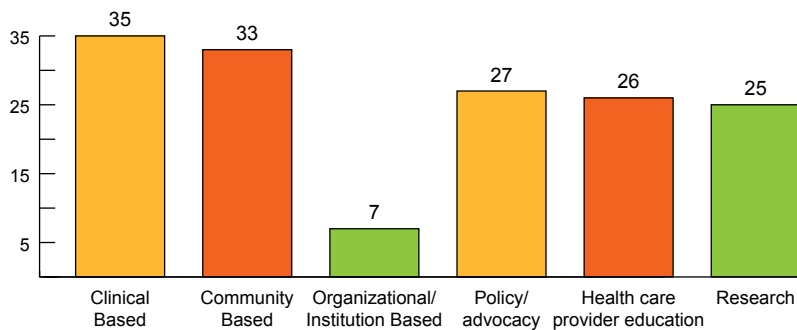
## Current & Past Funding Sources

\*Data from 27 hospitals



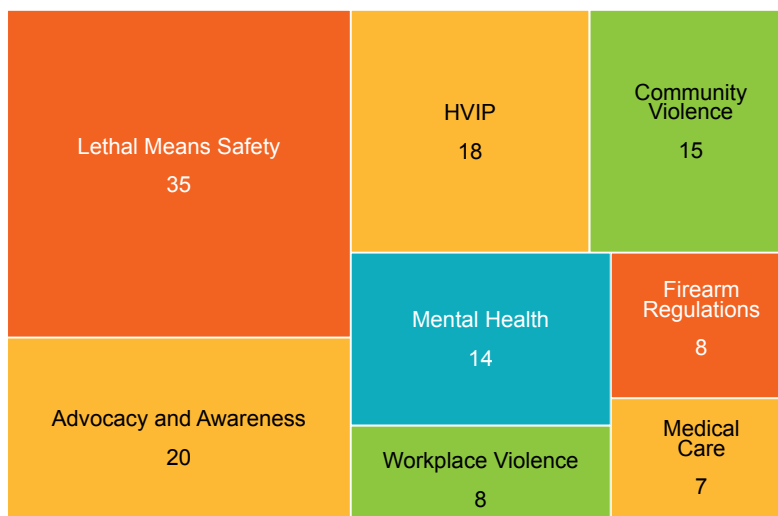
## Type of Work Funded

\*Data from 38 hospitals



## Focus of Hospital Activities

\*Data from 38 hospitals



Prior examples include:

**Federal grants:** National Institutes of Health (NIH), Centers for Disease Control & Prevention (CDC), and the U.S. Department of Justice.

**State and local grants:** State judicial offices, county or state health departments (several utilizing American Rescue Plan Act pass-through funds), police, and sheriff departments.

**Organization grants:** Safe Kids Worldwide, United Health Foundation, Urban Child Institute, Cardinal Health Foundation’s Preventing Youth Suicide Collaborative, American Foundation for Suicide Prevention, and American Academy of Pediatrics.

The 38 children’s hospitals included in this report participate in more than 250 unique firearm injury prevention activities. Efforts include:

Secure firearm storage counseling in the clinical setting. Many hospitals integrate programs such as the [Be SMART campaign](#), which provides a framework for secure storage for parents, caretakers, and community leaders.

Partnership and coalition building, including with law enforcement and firearm sport organizations.

Hospital or community-based violence intervention programs (HVIP).

Community firearm safety events and violence prevention programming.

Education for health care providers and community leaders about firearm safety.

Researching firearm injuries and effective firearm safety approaches.

Trauma informed mental health care.

Legislative advocacy at the local, state, and federal levels.

# SECURE FIREARM STORAGE

Secure firearm storage saves lives.<sup>9</sup> Pediatricians and children's hospitals routinely provide anticipatory guidance as a form of injury prevention. This may include guidance about car seats, pool safety, safe sleep practices, and locking up cleaning supplies and medications.

Secure firearm storage counseling is also a component of childproofing a home. Lethal means safety, an evidence-based, suicide prevention practice, guides families to limit access to methods that could be used for self-harm or suicide attempts.<sup>13</sup> This includes secure storage of firearms. Of the 38 children's hospitals that provided information about their firearm injury prevention activities, 35 hospitals (92%) reported safety interventions such as counseling on secure firearm storage and distributing storage devices.

## Case Study

### “NO QUESTIONS ASKED”

*Monroe Carell Jr. Children's Hospital at Vanderbilt in Nashville, Tennessee expanded its distribution of cable locks beyond behavioral health settings. Modeling from the work of Lindsay Clukies, MD at St. Louis Children's Hospital, their team placed firearm cable locks in clear boxes with signage in multiple languages and included QR codes that linked to the institution's injury prevention center and Be SMART resources. These boxes were placed near reception desks in the hospital's acute care emergency, pediatric intensive care, and cardiac intensive care units. Any patient, family member, or employee is free to take a cable lock free of charge, no questions asked. Within 12 hours of placing 20 cable locks in each unit, they had all been taken. The team quickly re-stocked, ultimately distributing over 250 cable locks in the first 24 hours and more than 1,500 in the first five weeks.*

Most of the cable locks were donated by the Tennessee Department of Safety & Homeland Security.

*The team at Monroe Carell is exploring sustainable funding sources and opportunities to expand the effort to more units. They also hope to offer more types of secure firearm storage devices so families can choose the option that works best for them. These efforts are coupled with research by hospitalist Kelsey Gastineau, MD, MPH, including a two-site randomized controlled trial that evaluates the effectiveness of Be SMART educational materials.*

Other children's hospitals, such as **Primary Children's Hospital**, in Salt Lake City, Utah, and **Cook Children's Medical Center**, in Fort Worth, Texas, also offer “no questions asked” distribution of secure firearm storage devices.

**Children's of Alabama**, in Birmingham, and **UPMC Children's Hospital of Pittsburgh** use Be SMART educational materials for secure storage education in clinic and community settings.

Trigger locks are distributed at all 35 of **Norton Children's Hospital's** pediatric primary care practices across the state of Kentucky. During regular visits, healthcare providers not only address the child's physical health, but also take the opportunity to discuss firearm safety with parents and caregivers.

**Children's Nebraska**, in Omaha, has partnered with the Omaha Police Department and local shooting ranges to offer families secure firearm storage options outside of the home.

**Children's Memorial Hermann Hospital**, in Houston, Texas, hosts community events to distribute firearm safety kits. Injury prevention champions disseminated 10,000 firearm safety kits in the first 94 days of the program.

**Seattle Children's** formed the Washington State Firearm Tragedy Prevention Network in 2016 – a forum of organizations, individuals, and businesses from a wide range of backgrounds who work together to prevent firearm tragedies. Over the last 10 years, the Seattle Children's team has hosted 30 events focused on secure firearm storage where they have distributed over 14,000 secure firearm storage devices. These events use evidence-informed firearm safety practices and have been evaluated with research. In addition, Seattle Children's Community Health team is piloting a program to increase access to safe firearm storage devices and education by training and supplying external health care organizations and community-based organizations to support the implementation of their own secure firearm storage programs.

# VIOLENCE INTERVENTION PROGRAMS

Eighteen children's hospitals reported their institutions have or are in the process of developing hospital-based violence intervention programs (HVIP). HVIPs are multidisciplinary programs in which medical staff and community partners provide comprehensive, trauma-informed medical, mental health, and socioeconomic services to victims of violent crimes with the goal of interrupting the cycle of violence.<sup>14</sup>

In addition to integrating with community-based organizations that support social drivers of health and mental health, children's hospital HVIPs often partner with adult hospitals, academic medical centers, law enforcement agencies, and city/county governments. Many of these programs are being developed in partnership with The Health Alliance for Violence Intervention (HAVI), which provides national expertise and advocacy for HVIPs.<sup>14</sup> HAVI has a pediatric-focused HVIP subgroup.

## Case Study

### PROJECT UJIMA

*Children's Wisconsin, in Milwaukee, was one of the first hospitals to develop a HVIP. Project Ujima, which will mark 30 years of service in 2026, was founded to provide much needed support for victims of interpersonal violence in the Milwaukee area. The name Ujima, Swahili for "collective work and responsibility," embodies the program's team-based approach that integrates care with a wide variety of clinical and community partnerships. Referrals for Project Ujima come through several streams, including law enforcement and the Milwaukee Homicide Review Commission, standardized injury criteria in Children's Wisconsin's emergency department, and self-referrals.*

*Project Ujima serves victims of interpersonal violence, as well as their family members, of all ages. The program relies on a multidisciplinary team including community health advocates who provide case management and address unmet social drivers of health, mental health professionals who provide immediate trauma-informed crisis support and connection to long-term services, and a nurse who provides support in navigating physical care follow-up and education on wound care or adaptive equipment needed for injury recovery. Project Ujima addresses immediate needs and provides support for 12-18 months.*

*In 2024, Project Ujima received referrals for more than 600 individuals in need of support following a violence-related incident and provided immediate follow-up support to more than 1,400 individuals. In addition to serving their clients, Project Ujima contributes to the field through the development of best practices for referral optimization, integration of patient outcomes in program evaluation, and through community-wide efforts to combat violence. This work has been funded through a combination of federal and state grants, as well as philanthropic and operational funds. Paula Roberts, director of Community Health Integration at Children's Wisconsin, has led the team with a culture of continuous improvement, adapting to the changing needs of the community over time and with a focus on a collaborative approach.*

These children's hospitals also lead, participate in, or are developing an HVIP:

- American Family Children's Hospital
- Ann & Robert H. Lurie Children's Hospital of Chicago
- Children's Hospital of Philadelphia
- Children's Mercy
- Children's Minnesota
- Children's National Hospital
- Cincinnati Children's Hospital Medical Center
- Cook Children's Medical Center
- Dell Children's Medical Center
- Doernbecher Children's Hospital
- Johns Hopkins Children's Center
- Le Bonheur Children's Hospital
- Nationwide Children's Hospital
- Riley Children's Health
- University Hospitals Rainbow Babies & Children's
- Yale New Haven Children's Hospital

# EDUCATING THE PEDIATRIC HEALTH CARE WORKFORCE

Children's hospitals are responsible for educating and training many pediatric health care professionals. In this way, children's hospitals ensure their employees are ready to serve as firearm safety educators. Education efforts include grand rounds presentations, online modules, in-person workshops, lunchtime lectures, and student/trainee electives, each focused on firearm injury prevention.

## Case Study

### VIRTUAL REALITY TRAINING

*At Cincinnati Children's Hospital Medical Center, a team led by pediatrician-researchers and digital technology experts, Joe Real, MD, MEd and Matt Zackoff, MD, MEd, leverages virtual reality (VR) for firearm injury prevention training. Fueled by concern about firearms as the leading cause of death in children and teens, the team sought to apply their extensive experience with VR education for health care providers to the increasingly important issue of preventing firearm injuries.*

*The Cincinnati Children's team partnered with the Center for Gun Violence Prevention at Massachusetts General Hospital (MGH), including topic experts who developed a firearm safety counseling curriculum used in simulated standardized patient encounters. Together, they developed a VR intervention that teaches health care providers to screen for and counsel on firearm safety during clinical encounters. The VR intervention was evaluated in community focus groups and through usability testing with medical trainees.*

*A 2023 randomized controlled trial demonstrated the VR intervention, paired with didactic training, was associated with improvement in pediatric residents' skills and confidence related to firearm safety screening and counseling. Recently the team received funding to implement the VR intervention in 10 medical schools in partnership with MGH and the New England Journal of Medicine. The team is expanding the VR curriculum to include simulated cases with child and adult patients, as well as specific populations such as veterans. In addition, the Cincinnati Children's team has received a federal grant from the NIH to automate the VR intervention using artificial intelligence and assess its feasibility and acceptability among practicing clinicians.*

For staff education, several children's hospitals are using the free, online module [Counseling on Access to Lethal Means \(CALM\)](#). This module was developed by the Zero Suicide Institute to help health care and social services providers feel more comfortable with lethal means counseling for suicide prevention. The Center for Violence Prevention at [Children's Hospital of Philadelphia](#) has a pillar focused on Professional Development and Training. They have trained some 650 multi-disciplinary health professionals on safe storage counseling, in addition to offering trainings on trauma-informed care, secondary traumatic stress prevention, and training teachers in strategies for building positive and productive classroom environments.

[Children's Hospital of Orange County](#), in Orange, California, is one of several children's hospitals that hosts an annual "Wear Orange for Gun Violence Prevention" event to raise awareness and inspire action. In addition to training their own staff, a team at [American Family Children's Hospital](#), in Madison, Wisconsin, has trained nearly 100 pre-hospital medical providers on firearm injury prevention strategies.

Children's hospitals are also training community members to address the firearm violence crisis. At least eight children's hospitals use the [Stop the Bleed Program](#) curriculum (developed by The American College of Surgeons) to train hospital staff and community members to stop bleeding in a severely injured person.



# COMMUNITY-BASED VIOLENCE PREVENTION WORK

Children's hospitals frequently work alongside their communities to promote the health of children they serve in and out of the hospital. Community engagement for many children's hospitals includes addressing firearm violence. Children's hospitals are partnering with law enforcement agencies, schools, youth activities, sports shooting organizations, and other community stakeholders to promote safe firearm practices.

In 2017, Dan Guzman, MD, a pediatric emergency medicine physician at **Cook Children's**, cared for a child who died after their six-year-old sibling accidentally fired an unsecured firearm. This tragic experience inspired Guzman to create the Aim for Safety® Action Team – comprised of key stakeholders who expand the reach of messaging, resource distribution, and organizational/policy change for firearm safety. Aim for Safety offers a comprehensive firearm safety education program, including distribution of secure storage devices and “train the trainer” offerings. The program has trained all Fort Worth school resource officers, school counselors, and truancy officers, with reach in other school districts as well.

Since 2012, **Ann & Robert H. Lurie Children's Hospital of Chicago** has convened Strengthening Chicago's Youth (SCY), the city's largest violence prevention collaborative. SCY was established to advance a public health approach to violence prevention and work towards the hospital's vision of making Chicago the healthiest city in the nation for children. Its mission is to connect, collaborate, and mobilize with partners to address the root causes of violence and implement evidence-based strategies for prevention. Today, SCY brings together more than 4,500 individuals representing a broad range of sectors, neighborhoods, and experiences with violence and criminal justice. The collaborative also supports an advocacy agenda to address firearm violence, access to mental health care, and juvenile justice reform. Other key violence prevention initiatives include the Juvenile Justice Collaborative, a care coordination program for youth in the justice system, and the medical center's Hospital-Based Violence Intervention program, a community-clinic collaboration supporting recovery and healing for youth survivors of violent injury.

**Manning Family Children's**, in New Orleans, Louisiana, has made great strides in community engagement for firearm safety by building a program that leverages data-driven interventions and robust local partnerships. In collaboration with the New Orleans Health Department, Office of Violence Prevention, grassroots organizations like Ubuntu Village, NOLA Peace Ambassadors, and the Be SMART campaign, the hospital uses gun violence rates and census data to strategically focus on neighborhoods with high levels of firearm violence and significant populations of households with children. Community survey data reveal that biometric safes are highly appealing to firearm owners due to their ease of use and security, making them an ideal intervention to encourage secure firearm storage. Each month, the hospital conducts several community outreach events where comprehensive firearm safety education is provided, and free biometric firearm safes are distributed. This impactful work is supported by funding from federal American Rescue Plan dollars, municipal grants, and philanthropy, underscoring the hospital's commitment to evidence-based community outreach.

**Mary Bridge Children's Hospital**, in Tacoma, Washington, has partnered with the Tacoma Police Department for two firearm giveback events. These events allowed community members to drop off unwanted firearms. The team also provided secure firearm storage devices coupled with safety counseling.

# RESEARCHING EFFECTIVE FIREARM SAFETY APPROACHES

Children's hospitals are leaders in research to advance child health. Firearm safety is no different. Children's hospitals are analyzing firearm injury trends and disparities, evaluating secure firearm storage devices and counseling techniques, applying quality improvement to implementation of firearm safety practices, and partnering with communities to understand how they can address the firearm public health crisis together.

Several children's hospitals have research teams dedicated to firearm injury prevention. Others partner with academic affiliates and universities, advocacy organizations, or local fatality and injury review boards.

Katherine Hoops, MD, at [Johns Hopkins Children's Center](#) in Baltimore, Maryland, is leading a research study named Adopting Comprehensive Training for Firearm Safety in Trauma Centers (ACTFAST). This study aims to evaluate a toolkit designed for universal firearm access screening and secure firearm storage counseling in trauma centers, including pediatric and adult arms of the trial with participants across the country. The study is supported by a grant from the CDC. This work occurs within the Johns Hopkins Bloomberg School of Public Health, Center for Gun Violence Solutions, which leverages clinical and research opportunities to prevent firearm violence at every age. The center performs research to identify evidence-based solutions to prevent firearm injuries and translates this work into policy advocacy, both locally and nationally.

[Children's Minnesota](#), in Minneapolis, is running a randomized-controlled trial comparing firearm safety screening tools for use in multiple languages. [Children's Wisconsin](#) is leading an NIH funded study, Pediatric Acute Trauma Trajectories. The study has successfully enrolled more than 140 trauma victims, with preliminary findings linking discrimination, peri-traumatic dissociation, and parental experience of neglect with the development of post traumatic distress symptoms in youth victims of interpersonal violence. Ongoing analysis will look at injury factors that lead to psychiatric symptoms in these youth and describe any changes in brain functioning through functional MRI techniques. [Children's Medical Center Dallas](#) is investigating firearm prevention information on social media to determine best practices when educating caregivers. Washington DC's [Children's National Hospital's](#) "Safer through Advocacy, Firearm Education, and Research" (SAFER) group performs research in several domains of firearm injury prevention, including lethal means access, utilization, and expenditure data related to firearm injuries, mental health care after traumatic injuries, associations between bullying and firearm carrying, and racial/ethnic disparities in firearm injuries. [Doernbecher Children's Hospital](#), in Portland, Oregon, carries out research to evaluate its clinical programs, including a violence intervention program and firearm lockbox distribution during lethal means safety counseling. [Arkansas Children's Hospital](#), in Little Rock, holds a contract with the Arkansas Department of Health and the Commission on Child Abuse, Domestic Violence, and Rape to host and organize the state's Infant and Child Death Review program. Through their leadership, a team of experts and stakeholders reviews all unexpected deaths, including those due to firearms, and publishes best practice recommendations for prevention. A team at [University of Iowa Stead Family Children's](#), in Iowa City, has researched rural youth's attitudes towards firearms and how firearms are stored in rural homes with children.

Several children's hospitals are applying quality improvement (QI) methodologies to firearm injury prevention. [Seattle Children's](#) participates in the Emergency Medical Services for Children Innovation and Improvement Center's ED STOP Suicide QI Collaborative. The focus of this work is to increase provider competence and confidence when providing firearm safety screenings and safety devices when patients present to the emergency room in a mental health crisis. [The Children's Care Network affiliated with Children's Healthcare of Atlanta](#) is participating in the Children's Healthcare of Atlanta Quality Academy for integration of firearm safety counseling into several community pediatric primary care practices. [Nationwide Children's Hospital](#), [Akron Children's Hospital](#), and [University Hospitals Rainbow Babies & Children's](#) participate in the Ohio Pediatric Trauma Quality Improvement Program, which includes review of data and prevention initiatives specific to firearm injuries. [Children's Mercy Kansas City](#), in Missouri, is partnering with a team from the University of Kansas who received a five-year CDC grant to evaluate implementation of their hospital-based violence intervention program in partnership with a community organization that provides wrap-around socioeconomic support for patients. The hospital is applying Lean QI methodology for current and ideal state mapping, which has led to immediate policy changes and improvements in care for violently injured youth.

# ADVOCATING FOR FIREARM SAFETY POLICIES

Children's hospitals are engaged in advocacy efforts at local, state, and federal levels. Advocacy efforts include writing op-eds, providing testimony at legislative hearings, writing public comments for administrative rulemaking, and appearing in the media, all with the goal of influencing policies to keep children and teens safe from preventable firearm injuries.

## Case Study

### STATE LEGISLATIVE ADVOCACY

*At [Children's Hospital Colorado](#), team members' experiences caring for victims of firearm violence, such as victims of the 2012 Aurora movie theater mass shooting, served as an impetus to get involved in firearm injury prevention advocacy. A team of epidemiologists and emergency medicine physicians performs research on the prevalence of firearm injuries and deaths in Colorado. This data has been used to highlight the importance of several firearm safety legislative actions in the state.*

*A Children's Hospital Colorado pediatrician was invited to provide testimony to the United States Senate Committee on the Judiciary, Subcommittee on the Constitution, regarding safe storage measures. They also provided testimony in support of secure firearm storage legislation at the Colorado State Capitol. The [state legislation](#) passed in 2021 and was recently expanded to include secure firearm storage in vehicles. The pediatrician advocates appeared in the media, with effective messaging focused on responsible firearm ownership. Children's Hospital Colorado physicians also supported the development of a state [Office of Gun Violence Prevention](#), which was established via legislation in 2021. The Office provides educational campaigns and grant programs largely focused on keeping children safe.*

[Riley Children's Health](#), in Indianapolis, Indiana, also works closely with local policymakers. The health system has a representative on the Marion County Health Department's Gun Violence Steering Committee that is working to develop a secure storage campaign. [Stanford Medicine Children's Health](#), in Palo Alto, California, has hosted a roundtable discussion with a California state legislator to share policy ideas for firearm violence prevention.

Several children's hospitals partner with advocacy organizations to amplify firearm safety messaging. For example, [UPMC Children's Hospital of Pittsburgh](#) partners with [CeaseFirePA](#), an organization dedicated to ending the firearm violence epidemic in Pennsylvania through community organizing, campaigns, and policy advocacy. Together, they educate policymakers at the local, state, and federal levels about firearm violence and the potential impact of their decisions from a pediatric-focused perspective.

# POLICY & ADVOCACY OPPORTUNITIES

The former U.S. Surgeon General's June 2024 advisory on firearm violence as a public health crisis outlined recommendations for a public health-based approach to addressing the crisis, including research investments, community violence prevention and education, lethal means safety, and mental health support.<sup>5</sup> Collectively, children's hospitals across the country are employing each of these recommended strategies. Additionally, children's hospitals have multiple opportunities to advocate for policies that support this important work.

## Advocate for increased federal funding for firearm injury prevention research

Most children's hospitals included in this report rely on philanthropic or self-invested funds to carry out firearm injury prevention work.

While this demonstrates hospitals' and communities' financial commitment to the issue, the funding is not reliable, sustainable, or sufficient to address this public health crisis.

Furthermore, several hospitals report grant funding to support this work has expired or will expire in the next few years. For example, state and county department of health grants that use funds from the American Rescue Plan Act (2021) must be spent by the end of 2026. For decades, firearm injury prevention research has been un- or under-funded at the federal level.<sup>15</sup> In 2019, Congress appropriated \$25 million for firearm violence research to be split between the CDC and NIH, the first dedicated federal funding for more than 20 years.<sup>15</sup> This funding led to significant growth in research on firearm injury prevention; however there is much more work to be done to understand the leading cause of death in kids and teens in the United States.<sup>16</sup>

## Advocate for state Medicaid implementation of firearm injury prevention coverage

As demonstrated by these findings, incorporating firearm safety screening and counseling is a priority for children's hospitals. This work is happening in a variety of clinical settings including primary care, emergency departments, and inpatient units. Program development, education, and material costs have largely been funded by community organization grants, philanthropy, and the hospitals' own budgets. The American Academy of Pediatrics recommends routine anticipatory guidance surrounding firearm safety.<sup>17</sup>

However, most health care providers are not directly reimbursed for firearm safety counseling.

In September of 2024, the Biden administration announced several executive orders and actions, including guidance from the Centers for Medicare and Medicaid Services (CMS), that allow states to use Medicaid to reimburse health care providers for counseling on firearm injury prevention.<sup>18</sup> In addition, this CMS guidance reinforced prior guidance that state Medicaid programs may reimburse health care providers for services rendered as part of violence intervention programs.<sup>18</sup> While not yet widely adopted, these are important advocacy opportunities to shape state Medicaid programs to sustainably support clinical firearm injury prevention efforts.

## Advocate for prevention of unintentional or intentional, harmful firearm access

Secure firearm storage saves lives.<sup>9</sup>

While a number of state laws require secure storage, no federal policies exist.<sup>19</sup> It is very common for pediatric health care providers to counsel on secure firearm storage in several clinical settings, including routine childproofing anticipatory guidance at check-ups and lethal means safety guidance for suicide prevention. In the last year, legisla-

tion has been introduced in Congress to promote secure storage through evidence-based training on firearm safety counseling for health care providers,<sup>20</sup> as well as funding for health care providers to obtain and distribute secure storage devices.<sup>21</sup> Neither of these bills have passed. Creative approaches to legislation that promotes health care providers' role in firearm safety counseling and suicide prevention are paramount to keeping kids safe.

## Advocate for broader access to trauma-informed mental health treatment

Firearm injuries and violence exposure lead to increased rates of anxiety, depression, and post-traumatic stress disorder among youth.<sup>22</sup>

A study of children and teens who suffered non-fatal firearm injuries showed that more than three out of five did not receive mental health support within the first six months after their injury.<sup>23</sup>

When family members are impacted by firearm violence, children suffer consequences as well, bearing significantly increased rates of psychiatric and substance use disorders.<sup>24</sup> Increased funding for training of trauma-informed mental health professionals and for day-to-day expenses of sustainable mental health practices is greatly needed to bolster the mental health workforce. Mental health parity, including equivalent reimbursement rates for mental and physical health care and restrictions on coverage limitations, will ensure universal access to mental health treatment.

## CONCLUSION

Children's hospitals across the country are integral to addressing the public health crisis of firearm violence. Along with the advocacy opportunities outlined above, it is important to address poverty, early experiences of violence, and structural racism, which often increase the risk of firearm injury for children.<sup>12</sup>

As leaders in promoting child health, children's hospitals should leverage their clinical, research, and advocacy expertise to keep children safe. Ample opportunities exist for collaboration among children's hospitals with a shared goal of preventing firearm violence. Children's Hospital Association is committed to fostering these connections and advocating for policies that promote this work.

## ACKNOWLEDGEMENTS

Many thanks to the hospitals that shared their firearm injury prevention activities, experiences, and expertise. This report highlights only a fraction of ongoing efforts. Your work is necessary, valued, and transformational. There is still much work to be done. Thank you to the passionate pediatric health care professionals who are dedicated to preventing firearm violence. Special thanks to [Elizabeth Ireson, MD](#) for her efforts to collect this information and author this report on behalf of the Children's Hospital Association.

# LEARN MORE AND TAKE ACTION

- A CHA toolkit provides guidance for navigating conversations about firearm injury prevention work with hospital leaders.
- CHA is a partner on a five-year [AdCouncil campaign](#) to raise public awareness and motivate action to address firearm violence.
- The [Hospitals United](#) campaign seeks to reduce injuries and deaths caused by firearms with prevention strategies that are part of routine health care. The campaign is meant to help parents and families feel empowered to ask other parents about access to firearms.
- The former U.S. Surgeon General's [Advisory on the Public Health Crisis of Gun Violence in the United States](#) outlines the scope of the problem.
- [Be SMART](#) and [Project Safe Child](#) have a variety of accessible materials for secure firearm storage education.
- The Johns Hopkins Bloomberg School of Public Health [Center for Gun Violence Solutions](#) shares resources, including firearm violence injury data (state-specific and nationally), evidence-based policy recommendations, and advocacy priorities.
- Northwell Health's Center for Gun Violence Prevention hosts a [Learning Collaborative for Health Systems and Hospitals](#) to share best practices and collectively take action.
- The [Health Alliance for Violence Intervention](#) partners with health care organizations to provide support for the development and operation of hospital-based violence intervention programs.
- [Wear Orange](#) is an annual opportunity, typically a weekend in June, to host or participate in events focused on building a future free from gun violence.
- [Safe Kids Worldwide](#) and [Injury Free Coalition for Kids](#) are examples of organizations that support injury prevention work through national and local organizing. Each year they partner with several child health and injury prevention organizations to mark [National Injury Prevention Day](#), typically in November.

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