

MDH's Unique Capacity and Capability to Lead Collaborative Gun Violence Prevention Efforts

1. Public health is the **science of reducing and preventing** injury, disease, and death and promoting the health and well-being of populations through the use of data, research, and effective policies and practices. MDH efforts are proactive to prevent the act of violence from occurring rather than addressing the side effects and impact of a violent act.
2. MDH has **existing programming and relationships on which to build** to establish an office of gun violence prevention including prevention of: suicide, substance use, sexual violence prevention, human trafficking, excessive alcohol use.
3. MDH has extensive **experience in participating in and leading collaborative, cooperative efforts** that bring together professionals, communities, and institutions to address a public health challenge or outcome – examples being the Advisory Council on Traffic Safety (co-chair), Sexual Violence Prevention Network (convener), Opioid Emergency Response Advisory Council (OERAC) (member), BCA and MDH collaborative response to human trafficking (co-lead), DCYF and MDH development of continuum of care for prevention of juvenile justice involvement (partner), Statewide Suicide Prevention Taskforce (leader).

General Information

- A nationally representative survey (n=1,271) found that the majority of U.S. adults or their family members (54%) have experienced a firearm-related incident.³ It was reported in 2023 that **nearly 6 in 10 U.S. adults say that they worry “sometimes,” “almost every day,” or “every day,” about a loved one being a victim of firearm violence.**³ This is a pervasive issue impacting the majority of society.
- Public health is the **science of reducing and preventing** injury, disease, and death and promoting the health and well-being of populations through the use of data, research, and effective policies and practices.
- A public health approach to prevent gun violence is a population level approach that addresses both firearm access and the factors that contribute to and protect from gun violence.
- **Public health and the work of MDH is proactive rather than reactive.**

- This approach brings people together from all different corners of gun violence prevention in a common, collaborative effort to:
 - define and monitor the problem,
 - identify risk and protective factors,
 - develop and test prevention strategies, and
 - ensure widespread adoption of effective strategies.
- We do this by working with communities, academic experts, other government agencies, institutions, and those who have been impacted to find evidence-based ways to prevent the violence from happening in the first place.

This proposal aligns with MDH’s existing work and would deliberately *not* duplicate work but build on existing work throughout the enterprise.

- It is really important to note that there are **different patterns of how firearm violence shows up** in Minnesota and so our work has to be tailored to the different experiences of Minnesotans. Some broad categories of firearm violence in MN include:
 - Firearms used in suicides
 - Firearms used in community violence – which includes various forms of violence including fights between individuals or groups, and shootings in public places, such as schools.
 - And firearms used as a tool in domestic violence, sexual violence, and human trafficking.
- Data: Currently MDH **gathers and analyzes some data on firearm deaths** using the Minnesota Violent Death Reporting System (MNVDRS). This data is disseminated via an online dashboard and is used internally and externally by partners in suicide and violence prevention, academia, and by other state agencies. MDH also gathers data on related health conditions and outcomes such as suicide, substance use, domestic violence, human trafficking, alcohol, motor vehicle crash.
- Because so many firearm deaths in MN are suicide related – 70-75% of firearm fatalities are deaths by suicide - much of MDH’s firearm violence prevention efforts fall within our **suicide prevention programming**. MDH’s Mental Health and Suicide Prevention Unit has a robust, statewide system of suicide prevention strategies that has been in existence for over 20 years. The focus includes but is not limited to trainings for communities and healthcare professionals, safe storage education and opportunities, and post-vention (how to support communities after a death by suicide).

- MDH also has an established **Violence Prevention Programs Unit in which we focus on sexual violence prevention and human trafficking.**
 - In a 20-year time span, in Minnesota, firearm injuries were the leading cause of death in intimate violence homicides.
 - Homicide is a leading cause of death for pregnant women in the U.S. with firearms being the most commonly used method in those homicides.
 - In Minnesota: According to MDH data on fatal events associated with law enforcement encounters and calls for service, 3 of 5 law enforcement officers who died of a firearm injury in the line of duty since 2015 (excluding unintentional firearm injuries) died during a response to a domestic violence call.
 - At MDH we have been building data infrastructure to understand and prevent maternal mortality due to violence and supporting training programs to improve health provider capacity to connect people with intimate partner violence and behavioral health services.
 - MDH also coordinates and encourages collaboration among our partners with the Sexual Violence Prevention Network. Violence Free Minnesota and their regular Homicide Reports examining relationship abuse in Minnesota including the use of firearms in intimate partner homicides.
- MDH gathers data on and partners with coalitions to address **substance use and excessive alcohol use.** Substance use, particularly of alcohol and illicit drugs, is another risk factor of firearm violence. Research shows that excessive alcohol use contributes substantially to violent behavior, including that involving firearms. Past violent or aggressive behavior, or even exposure to violent behavior, especially during adolescence, is also associated with later firearm-related violent offenses. MDH is currently partnering with DCYF to create a model continuum of care to prevent youth involvement with the juvenile justice system, which includes prevention of exposure to violence and/or mitigation of impacts if exposure does occur.

Implementation Plans

Year 1: Connection. Year 1 would focus on creating two main inclusive networks. 1) The first would be a network of state government agencies and institutions doing work in gun violence prevention. Specifically, a contact(s) in DPS OJP will be identified for close partnership. Primary prevention of gun violence efforts exist through housing programs, job creation, community connection efforts, suicide prevention, sexual violence prevention, safe storage efforts, crime victims services, mental health and wellbeing efforts, and many other activities and initiatives. MDH would focus on creating a representative network to map these efforts to find overlap and opportunities for collaboration, as well as gaps in services and resources throughout the state.

2) The second would be community organizations that are focused on gun violence prevention efforts through violence interrupters, youth development programming, gun safety education, and other community-building efforts. These resource maps will guide recommendations and action steps to improve statewide efforts around preventing gun violence. This work would involve the Director, Coordinator, and Evaluator. **Data.** Year 1 would focus on assessing data availability and gaps. A survey of state-gathered data would reveal what exists and how better coordination can take place. Through both networks described above, evaluation of existing programming would take place to realize the statewide scope of existing work. The Year 1 report would include baseline figures for gun violence in MN and prevention efforts. MDH would identify data needed to provide a more complete picture of MN gun violence including non-fatal injuries and fatalities as well as strategies to fill in gaps. This work would involve the Director, Epidemiologist, and Evaluator. **Public Health Campaign.** Year 1 will also be used to issue an RFP for a media/communications firm to support the creation and implementation of a public health campaign focused on prevention of gun violence. This will most likely look different in different regions of the state which will benefit from contracted services that bring knowledge and connections of statewide messaging of health and safety concepts.

Year 2: Strategic Implementation. Year 2 would focus on enacting recommendations, creating supportive mechanisms for related work, continuing cross-evaluation efforts to track and assess progress and impact of strategies, continuing to create data collection systems and sharing mechanisms.

Preliminary Timeline:

Year 1

July – September

- Hire Director, Epidemiologist, Coordinator
- Gather preliminary Collaborative Council building on current Statewide Safety Council (Gov's EO)
- Begin landscape analysis of current efforts in govt
- Review data needs
- Hire contractor for public health campaign

January – March

- Complete community-based analysis
- Map all efforts across the state to identify overlap/opportunity for collaboration regionally and topically
- Implement data improvements with sustainable strategies
- Institute evaluation strategies to track impact and progress

October - December

- Complete hiring as needed
- Complete landscape analysis
- Fill out Collaborative Council to ensure representation
- Gather community-based organizations to begin analysis of community-level efforts
- Identify data solutions
- Establish year 1 evaluation strategies

April – June

- Conduct preliminary/baseline evaluation
- Create agreed-upon next steps with Collaborative Council and Community Council
- Complete preliminary report with policy recommendations and programmatic recommendations with agreed-upon next steps
- Role out public health media campaign