



Firearm safety in rural America

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Introduction

More Americans died of firearm-related injuries in 2020 than any other year on record, according to the U.S. Centers for Disease Control and Prevention.¹ In fact, firearm-related injuries were the leading cause of death for individuals ages 1 to 44, accounting for more than twice as many deaths as motor vehicle traffic accidents.² Firearm safety and risk reduction efforts in rural communities should be addressed to improve health outcomes for rural residents and support rural health systems.

Analysis

In 2020, 124 Americans died from a firearm-related injury every day,⁴ and an estimated 220 more suffered nonfatal firearm injuries.⁵ Initial hospital costs of firearm injuries exceeded \$1 billion annually, 60 percent of which was attributed to patients with Medicaid and other public coverage programs.⁵ Beyond the emotional and financial tolls, discussing the rising numbers of firearm-related injuries and deaths invites consideration of mental health and psychiatric needs. Approximately 60 percent of firearm deaths were completed suicides.⁶ Analysis of these deaths revealed rural counties suffered higher rates of firearm suicides compared to the rest of the country (see figure).³

Veterans living in rural areas are also particularly vulnerable to injury or death by a firearm. Approximately one quarter of U.S. veterans live in a rural community.¹⁰ Nearly 70 percent of veteran suicides involve a firearm, with rural veterans more likely to die by suicide than non-veteran rural adults or their urban counterparts.¹¹

Figure: Gun rates by urbanization, 2020²

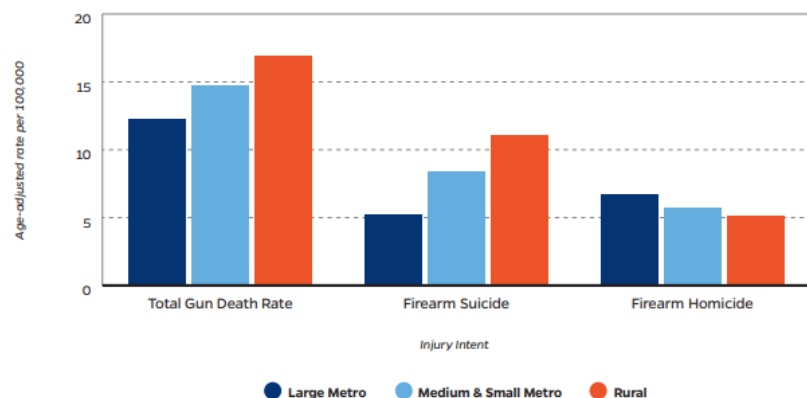
Most rural households have at least one firearm, and approximately half of rural gun owners reported acquiring their first firearm before the age of 18.¹² A comprehensive systematic review found strong evidence that policies supporting the legal use, storage or carrying of firearms decreased firearm self-injuries, as well as unintentional firearm injuries and deaths among young people.¹³

Firearm Suicide Facts

Firearm suicide rates are highest among individuals who identify as white, followed by those who identify as American Indian/Alaska Native (AI/AN).³

Analysis suggests that while the risk of completed suicide by firearm for white males increases with age, similar risk exists for individuals who identify as AI/AN, Asian, or Black between the ages of 20 and 34.³

These demographic specifications are particularly relevant to rural communities, with 75 percent of rural Americans identifying as white⁷ (compared to 44 percent in urban counties⁸) and 19 percent of rural residents aged 65 or older (compared with 15 percent in urban areas.⁹)





Other national professional organizations that promote the health and firearm safety of Americans have published policy statements on this issue aiming to protect and promote the health and well-being of vulnerable Americans, including the American Medical Association, American Academy of Family Physicians, American Academy of Pediatrics, American Public Health Association, American Psychological Association, and American College of Surgeons.¹⁴⁻¹⁹

Policy recommendations

Suggested actions center around mitigating the risk of rural firearm injury and death by promoting education, information, and access to safe firearm storage, ammunition storage, and mental health services. Recommended policy actions include:

Education and trainings

- Include firearm safety education in curricula for health professional programs.
- Encourage the development and implementation of specific training for rural EMS and emergency department staff to manage shooting incidents.
- Support firearm safety training for high school students and families.
- Incentivize the completion of a safety course to purchase a firearm or ammunition, including retaking the course every 5 to 10 years. Accordingly, incentivize safe firearm and separate ammunition storage to participants upon completion of the training.

Information and resources

- Educate health care providers, teachers, school administrators, parents, and students in rural communities about the 988 mental health hotline as a resource.
- Include resources about safe firearm storage with each gun sale, as exemplified by the New Hampshire Firearm Safety Coalition.²⁰
- Provide educational resources on safe and separate ammunition storage with every ammunition purchase.
- Feature 988 mental health hotline and 911 emergency hotline information on ammunition and firearm storage boxes.

Community action

- Encourage state representatives to establish county-wide committees to launch community firearm safety and education campaigns.
- Develop and implement best practices and screening tools to assess the risk of firearm injury to oneself or others in rural primary care settings.
- Conduct background checks on every individual prior to their purchase of any firearm at a gun show and/or auction.
- Collaborate with other organizations such as the Indian Health Service and Veterans Affairs to create specific interventions aimed to reduce the prevalence of firearm injury and death for residents in rural areas.
- Partner with Project ChildSafe and law enforcement to promote access to free cable-style firearm locks²¹ in rural communities.

Conclusion

Federal and state policymakers should consider the measures listed above to improve firearm safety, reduce mortality and injury associated with firearms, and serve Americans who are disproportionately affected by firearm-related injuries and fatalities in rural communities across the country.



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