Gun violence is a persistent and complex social and public health problem. In July 2016, Oregon Governor Kate Brown signed Executive Order no. 16-12, “Enhancing gun safety in Oregon,” which, among other provisions, directed Oregon Health Authority to report annually on gun violence in the state. This CD Summary highlights available data on gun deaths in Oregon, and presents strategies for preventing injury and death. The data presented come from Oregon’s Violent Death Reporting System (OVDRS), which collects data on all violent deaths in Oregon; and the Centers for Disease Control’s (CDC) Web-based Injury Statistics Query and Reporting System (WISQARS)*.

THE NUMBERS
In 2015, 36,252 people died from firearm injury in the United States (including deaths from all ‘intents’, i.e., suicide, homicide, and undetermined intent). This equates to 11.3 deaths per 100,000 people, and is just above the rate of motor vehicle traffic deaths (11.25 deaths per 100,000, or 36,162 total deaths in 2015). Compared to 2010, the rate of firearm deaths nationally increased by 9 percent.

The data from Oregon are even more sobering. Prior to 2010, Oregon had a firearm fatality rate comparable to the U.S. Since then, both the number and rate of firearm deaths have increased, putting Oregon ahead of the age-adjusted U.S. rate. In 2008–2009, approximately 400 Oregonians died each year from gun violence (10.0 deaths per 100,000 population); in 2014–2015, the number increased to 490 firearm deaths annually (11.5 deaths per 100,000 population). This increase is mainly due to an increase in suicide deaths.


INTENT IN FIREARM DEATHS
Firearm deaths occur due to suicide, homicide, legal intervention and unintentional shooting. In Oregon, >82% of these deaths are due to suicide, which is much higher than the national average of 62% (Table).

<table>
<thead>
<tr>
<th>Intent</th>
<th>Oregon</th>
<th>U.S.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>% of total</td>
<td>% of total</td>
</tr>
<tr>
<td>Suicide</td>
<td>82.1</td>
<td>62.0</td>
</tr>
<tr>
<td>Homicide</td>
<td>13.6</td>
<td>34.3</td>
</tr>
<tr>
<td>Legal intervention</td>
<td>2.3</td>
<td>1.3</td>
</tr>
<tr>
<td>Unintentional shootings</td>
<td>1.2</td>
<td>1.6</td>
</tr>
<tr>
<td>Undetermined intent</td>
<td>0.8</td>
<td>0.8</td>
</tr>
</tbody>
</table>

Source: CDC-Injury-WISQARS

TYPES OF INCIDENTS
Most incidents of death due to gun violence involve one person, most often a suicide. However, multiple persons can be involved (e.g., homicide-suicide). From 2003–2015, 140 incidents involved multiple deaths. Of these, homicide-suicide events were the most common (75%), followed by multiple-homicide or homicide-legal intervention events (21%), and suicide pacts or other undetermined events (4%). One mass shooting incident in 2015 resulted in 10 deaths.

WHERE DOES GUN VIOLENCE OCCUR?
Gun violence occurs primarily in the home. Data from 2010–2015 show that firearm homicides often take place at a house or apartment (57%); street or road (17%); park, public use area, or nature area (6%); and parking lot or garage (5%). Firearm suicides often take place at a house or apartment (78%) and park, public use area, or nature area (8%).

Geographically, southern counties in Oregon had the highest firearm death rate, 2010–2015 (Figure 1, verso).

PREVENTING GUN VIOLENCE
Gun violence is not inevitable. Preventing it requires a multi-faceted approach including: addressing community norms about gun safety, gun storage, removal or establishment of distance between gun owner in crisis and a gun, provision of individual mental health care, and collaboration with gun owners, gun shops, and shooting ranges.1-3

Health care providers play an important role in preventing gun violence including: asking patients about firearms;
Rather than asking about guns directly consider saying: “Lots of people have guns at home. What some families in your situation do is store their guns away from home until the person is feeling better, or lock them and ask someone they trust to hold onto the keys. If you have guns at home, I’m wondering if you’ve thought about a strategy like that.”

Harvard researchers also advise healthcare providers to take the “inoculation approach”. When counseling patients it is important to deliver firearm safety messages even if a patient states he/she is not suicidal but is struggling with a painful life crisis. A sample script developed by researchers: “I’m glad to hear you’re not feeling suicidal. I do want to mention this thought. Sometimes a crisis hits and people who are already struggling suddenly experience strong suicidal feelings. Those feelings often go away in a matter of hours or days, but they can feel overwhelming. If a period like that hits, I want to be sure you make it through safely and call for help. One step would be to store your guns away from home until you’re feeling better.”

The Oregon legislature recently passed SB 719, which creates a process for prohibiting possession of deadly weapons (including guns) when that person presents an imminent risk of suicide or of causing injury to another person. Implementation of SB 719 will include recommendations for how health care professionals can provide guidance to family members of patients in extreme risk situations.

**SUMMARY**

Firearm-related deaths continue to be a leading cause of injury death in Oregon. Data can help us understand the factors associated with firearm-related deaths. A multi-faceted approach to preventing firearm violence that includes health practitioners may help reduce these deaths in Oregon.

**FOR MORE INFORMATION**

Visit the Oregon Firearm Safety Organization website:
- [http://oregonfirearmsafety.org/firesafety/](http://oregonfirearmsafety.org/firesafety/)

**REFERENCES**

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