

Proposal to the Task Force on Community Safety and Firearm Suicide Prevention OHSU Gun Violence Prevention Research Center

Research Team

The research team at the OHSU Gun Violence Prevention Research Center is led by Kathleen Carlson, MS, PhD, an injury epidemiologist and Professor at the OHSU-PSU School of Public Health who has conducted injury and violence prevention research since 2000. Dr. Carlson is also a Core Investigator at the Portland VA Healthcare Center, conducting Veteran injury and suicide prevention research since 2006. Since 2016, Dr. Carlson and her team have been focusing on firearm injury research. As of 2022, Dr. Carlson has served as Director of the [Gun Violence Prevention Research Center](#) housed at the OHSU-PSU School of Public Health.

Under Dr. Carlson's leadership, the Gun Violence Prevention Research Center comprises a research team of 19, including 8 Masters level team members and 7 at the doctoral level. Team members will accomplish different parts of the Task Force work where their experience, expertise, and skills are consistent with the project needs. A program manager will coordinate the work and Dr. Carlson will provide leadership, guidance, and oversight. Team members are experienced and skilled in unintentional and violent injury prevention (including unintentional firearm injury, and firearm homicide and suicide), biostatistics and statistical mapping, epidemiology, qualitative research (including focus groups and interviews), program evaluation, health education, community behavioral health, health advocacy, public health policy, and program management.

Fully immersed in firearm injury prevention, our team has experience navigating the sensitive political and cultural aspects of the topic and working with interest holders from diverse backgrounds. We have partnered with gun owners in our work and are members of the Oregon Firearm Safety Coalition, a collaboration of public health experts and gun owners focused on firearm suicide prevention. For some of our team members who have lived experience with gun violence, their dedication to the work is personal. Dr. Carlson has a unique background as an Oregonian with rural Lane County roots who was raised with and owns firearms, and who has also lost a family member (a Veteran) to firearm suicide.

In addition to the relationships established with state and local partners through our work (see our project descriptions below), Dr. Carlson's leadership roles in several national injury prevention organizations provide access to national experts in firearm injury prevention. She has served on the Board of Directors of the Society for Advancement of Violence and Injury Research (SAVIR) and chairs the American Public Health Association's (APHA's) Injury Control and Emergency Health Services Section.

Our Research

The research briefly described below provides evidence of our team's **experience and expertise relevant to the Task Force work, highlights research findings that will inform the work, and reveals the breadth of state and local partnerships built across projects** that will help facilitate the work.

Prevention of Firearm Injuries Among Rural Veterans. We have used VA healthcare and vital records data to describe fatal and nonfatal firearm injuries among rural vs. urban Veterans nationally, with a detailed examination of injuries among Oregon Veterans. We have also completed a cost analysis of firearm injury care in the VA; conducted qualitative interviews with Veteran firearm owners, VA health care providers, and Veterans who have experienced firearm injuries; launched a [Veterans' firearm injury data dashboard](#); and developed a firearm injury prevention toolkit for rural VAs that is currently being implemented and evaluated.

Use and Implementation of Oregon's Extreme Risk Protection Order (ERPO) Law. Our team has analyzed data from all 835 ERPO petitions filed in Oregon from 2018 (the year the law took effect) through 2023, with ongoing extraction and analysis of 2024 petitions. Our work has shown that Oregon's ERPO law is being used as intended to address a variety of imminent threats including suicide, assault, domestic violence, mass violence, and threats to schools, but that there are gaps in the law's implementation as well as varying levels of the law's use across Oregon counties. We have published a [fact sheet](#) and [research brief](#) summarizing our

findings through 2022. We have also conducted analyses of the records with a focus on the law's use to prevent suicide and mass violence (those analyses are currently being finalized for publication). This year, we partnered with the Oregon Health Authority (OHA), through their CDC-funded Comprehensive Suicide Prevention program, to conduct a series of qualitative interviews with professionals involved in ERPO implementation (e.g., law enforcement officers, court clerks, judges, domestic violence, and suicide prevention organizations) to learn about barriers and facilitators to the implementation of Oregon's law across rural and urban counties.

Development and Implementation of the Gun Violence Review Commission (GVRC) for Multnomah County. Close to thirty state and local multidisciplinary organizations, including law enforcement, criminal justice, county and state health and human service agencies, behavioral health organizations, community-based organizations working in violence prevention and intervention, and gun violence survivors, serve on the GVRC. Commission members comprehensively review gun violence incidents and share information from their organizational records or personal experiences about the defendants and victims/survivors involved in the cases. Reviews across multiple cases reveal patterns of need and missed opportunities for prevention and intervention. Commission members develop recommendations to address these needs, which are then implemented by an Implementation Team composed of state and local changemakers.

Oregon AVERT (Advancing Violence Epidemiology in Real-Time). In collaboration with OHA and the U.S. Centers for Disease Control and Prevention (CDC), we use data from Oregon's syndromic surveillance system (that collects near real-time information from emergency departments across the state) to analyze firearm injuries and other violent injuries statewide, increase the timely reporting of violent injuries, and share data with community partners working to prevent or respond to violent injuries. This work began in 2020 as the FASTER project with a focus on firearm related injury. The [FASTER Data Dashboard](#) is updated quarterly and includes geographically specific firearm-related fatality and emergency department data for Oregon counties.

Implementation and Effectiveness of Healing Hurt People. This project uses a quantitative and qualitative approach to evaluate the implementation of Healing Hurt People-Portland (HHP), a Hospital Violence Intervention Program (HVIP) managed and run by the Portland Opportunities Industrialization Center (POIC), at OHSU and Legacy Emanuel trauma centers. HHP's Intensive Case Managers, who have lived experience with gun violence, work with patients at the bedside to address and diffuse victims' trauma and prevent retaliation. They provide up to 18 months of wraparound support – in the form of housing, mental health care to process trauma, and job placement – to encourage a life without violence. The results of our evaluation work will help inform the expanding HVIP efforts in response to Oregon's 2022 House Bill 4045, which provided funding to expand HVIP capacity across the state, and which POIC helps oversee.

The Epidemiology of Firearm-Related Injuries Presenting at Two Level 1 Trauma Centers in Oregon. This project collects and analyzes data from the electronic health records (EHR) of all patients who presented to the OHSU and Legacy Emanuel emergency departments with firearm injury from 2010 to the present. The overall goal is to review the surrounding incidents leading up to, and resulting from, firearm injury occurring locally to inform tailored prevention strategies.

Research Approach

The following tasks will be completed to address each of the topics cited in Senate Bill 1503:

- **Identify and summarize peer-reviewed articles in academic journals and the “gray literature”** (e.g., white papers, government documents, and reports from national and local non-governmental organizations) to ensure that the work, on each topic area, is informed by research findings and the expert opinions of those deeply entrenched in the topic areas.
- **Extract data from databases created for our research projects or from existing state and local data systems** that our team currently has access to or can acquire access to with our long-standing relationship with the Oregon Health Authority (the data steward for many state databases), and with our established relationships with law enforcement. These data sources include:

- State databases including the Oregon Student Health Survey, the Oregon Behavioral Risk Factor Surveillance System (BRFSS), and the Oregon Violent Death Reporting System will provide information on **suicide ideation**.
- To gather data related to locations and events targeted in **community safety threats**, we will access state and county police shooting records (where available), Gun Violence Archive data (a reputable online archive of gun violence events collected from law enforcement, media, government, and commercial sources), Oregon Violent Death Reporting System data, Hospital and Emergency Department Discharge Data, Oregon Emergency Medical Services (EMS) Information Systems pre-hospital data, Oregon Trauma Registry data, and AVERT emergency department data (*described above*); we will also examine ERPO court records (*described above*) and our reviews of OHSU and Legacy Emanuel medical records for patients presenting with firearm injury in the emergency department (*described above*) for evidence of locations or events targeted in community safety threats as well as evidence of threats made to hospital staff and safety protocols employed; we will report on our work to map those locations where interpersonal firearm injuries occurred (see a map our team developed [here](#)).
- For **ERPO implementation and use**, we will provide updated summaries of the court record data collected for our study of ERPO use in Oregon through 2024 and a summary of the interviews with professionals involved in implementation of the ERPO law currently being conducted by our team (*described above*).
- For **domestic violence as a risk factor for community safety threats and suicide**, we will identify ERPO court records (*described above*) that involve domestic violence disputes and review them for evidence of threats of suicide and homicide. Oregon Violent Death Reporting System data will also be examined for cases involving domestic violence in the last 5 years. We will also review Gun Violence Archive data for the last 5 years for evidence of reports of suicide or homicide that also involved domestic violence.
- For information on **risks to first responders**, using the last 5 years of data, we will review the Gun Violence Archive for evidence of reports of firearm injury risks to first responders in community violence and suicide situations and also utilize Oregon Violent Death Reporting System data to examine violent deaths among first responders.
- **Conduct policy scans** to describe: (1) the way in which existing state, local, and organizational policies related to suicide prevention may be facilitating or impeding **suicide prevention** support; and (2) the existing policy environment in Oregon that may impact the **capacity for police stations or other entities to implement voluntary surrender or holding of firearms**.
- **Conduct a scan of safety protocols** used by hospitals, behavioral health facilities, and other organizations (as directed by the Task Force) to address gun violence threats as well as protocols addressing the care and needs of gun violence survivors.
- **Conduct virtual interviews with national and local organizational leaders and experts working on the topic areas**; to identify and recruit interviewees, we will benefit from partnerships we have established in our current work and will use a “snowball” research technique that ask interviewees to identify others for interviews; the interview guides developed for the interviews will be informed by the literature reviews and policy scans conducted as well as our team’s experience and expertise in the topic area. For the **suicide prevention** topic, we will conduct at least 10 one-on-one interviews with leaders and program managers from local non-profit organizations and government agencies in Oregon focusing on suicide prevention and conduct at least 5 one-on-one interviews with national and local academic experts; for the **community safety** topic, we will conduct at least 10 one-on-one interviews with leadership at urban and rural hospitals and behavioral health facilities and at least 5 one-on-one interviews with national and local experts; for the **ERPO** topic, we will conduct at least 10 interviews with police departments across the state, in urban and rural areas, and gather their perspectives on their capacity to implement voluntary surrender or holding of firearms and we will interview the executive director of the Oregon Firearm Safety Coalition to learn of the results of that group’s recent outreach to firearm retailers related to the retailers’ capacity to hold firearms for gun owners who voluntarily

surrender them; to learn about **barriers to implementing best practices for community safety and suicide prevention**, we will include, in the one-on-one interviews with local leaders and program managers in non-profit organizations in Oregon proposed above, questions about perceived barriers to implementing best practices and strategies for overcoming them; for the **domestic violence** topic, we will conduct at least 10 one-on-one interviews with local leaders and program managers in non-profit organizations in Oregon that focus on domestic violence and conduct at least 5 one-on-one interviews with national and local academic experts; for risks to **first responders**, we will conduct at least 10 one-on-one interviews with leaders in state and local government agencies and non-profit organizations in Oregon that include or represent police (e.g., unions, sheriffs' association), behavioral health response units, firefighters, emergency medical technicians, and paramedics and at least 5 one-on-one interviews with national and local academic experts who focus on firearm injury risk to first responders.

Deliverables

The following outcomes and deliverables will result from the work described above:

- Annotated bibliography with brief summaries of the literature/reports reviewed.
- Interview guides and description of interviews conducted for each subject area sorted by topic and interviewee type
- Individual research briefs summarizing the findings from the data systems reviewed.
- Individual research briefs reporting on the findings of the interviews conducted for each topic area.
- Individual research briefs summarizing the results of the policy scans conducted and a compilation of protocols identified.
- Map of Oregon identifying locations/events targeted in community safety threats.
- Monthly PowerPoint presentations for Task Force meetings to provide a summary of the research process and the findings of the research conducted.
- Assistance with Task Force report due Sept. 2025.

Timeline

We will take direction from the Task Force members as to the timeline and sequence of the work, but we would suggest that we conduct the literature reviews, policy scans, and data extraction for all the topic areas as a first step. Our goal would be to complete those tasks for all the topic areas by the end of January 2025 and develop the related deliverables throughout the process. At each monthly meeting from October through February, as we finish those tasks for each topic area, we would report on the findings. The results of the literature reviews, policy scans, and data extraction would provide background information for the Task Force members to consider in determining the scope and focus of the research moving forward on each topic area. The next steps would be to conduct the interviews for each topic as well as complete any additional tasks identified by the Task Force, report on the results as those interviews/tasks are completed and develop the related deliverables. We would have those tasks completed by the end of July 2025 so that the Task Force receives its last report during its August 2025 meeting. In August and September, we would assist the Task Force with preparing the report due to the legislature on Sept. 15, 2025.

Budget

The work described will largely involve staff time so that \$194,412 will be allotted to personnel costs; \$4,000 will be allotted to honoraria offered to individuals who agree to be interviewed to acknowledge their willingness to share their time and expertise. Total direct costs = \$198,412. OHSU requires an overhead charge of 26%, for a total of \$51,587 in indirect costs. Total direct and indirect costs for the proposed work = \$249,999.