

**Final Report**

Ohio Chapter, American Academy of Pediatrics

Store It Safe Firearm Safety Project

July 29, 2019 – June 30, 2021

## **Introduction**

The Ohio Chapter, American Academy of Pediatrics (Ohio AAP) established the Store It Safe (SIS) Program and Partnership in 2015. Compared to other countries, American children are 9 times more likely to die of an accidental gun injury. Discussion around gun safety can be emotional and not productive between organizations and citizens. SIS focuses on increasing awareness of the risks of unsecured firearms in the home with a goal of standardizing the approach by all audiences.

The Store It Safe Firearm Safety Project engaged pediatric primary care locations in focused quality improvement and collaborative learning on the best practices for addressing firearms safety through discussions and resources at well-child visits for families with children two to five years of age. The multi-faceted project consisted of: distribution of gun boxes in pediatric offices; education on messaging for providers and families on safe storage of firearms; and data collection through chart reviews and family surveys. Ohio AAP members and practices were recruited to participate.

The project launched in fall 2019; due to the impacts of the COVID-19 pandemic, the project timeframe for practice participation was extended. Five practices completed the project, participating for at least six months from September 2019 to May 2021. During participation these practices improved the frequency and documentation of discussion of firearm safety, and distributed an average of 60 gun boxes per practice. Education and standardized materials were provided, as well as coaching from the Ohio AAP, to facilitate these changes.

The results of the SIS project indicate that focused messaging on firearms safety can improve discussions between providers, patients and the public. Further spread of resources, safe storage devices, and identified best practices will continue in Ohio and nationally.

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## **Executive Summary**

The Ohio Chapter, American Academy of Pediatrics (Ohio AAP) operated the Store It Safe Firearm Safety (SIS) Project in five pediatric primary care locations in Ohio between September 2019 and May 2021. Participants used quality improvement (QI) techniques to improve the frequency and quality of discussions on firearms safety, and provided safe storage devices (gun boxes) to families. Discussion of firearms safety increased from 2% of the time at baseline to 71% of the time in five months for participating practices.

## **Information and Qualifications**

Principal Investigator Mike Gittelman, MD, FAAP, is the immediate Past-President of the Ohio AAP, and a pediatric emergency room physician at Cincinnati Children's Hospital, Medical Center in Cincinnati. He is a Professor of Clinical Pediatrics at the University of Cincinnati School of Medicine. He completed his undergraduate work at Swarthmore College and his medical school training at the Medical College of Pennsylvania. He completed his residency in pediatrics at St. Christopher's Hospital for Children in Philadelphia, PA and a fellowship in emergency medicine at Cincinnati Children's Hospital Medical Center.

His area of expertise is within the field of injury control. Prior to their formation of a Council, he served as the Chairperson for the American Academy of Pediatrics' Section on Injury and Poison Prevention. He also served as a Co-Director for the Injury Free Coalition for Kids in Greater Cincinnati (IFCK), on the Executive Board for the National IFCK, and as Co-Director of the Comprehensive Children's Injury Center at Cincinnati Children's Hospital. He is involved in resident education on injury prevention, in particular relating to sports safety, firearm safety, playground safety, drowning prevention, and toy safety. His works with high-risk communities in an effort to reduce pediatric injuries have been well recognized and published.

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One of his research interests has been to study the impact of an injury prevention emergency room encounter on promoting behavior change. He is nationally recognized and he has published extensively within the field of injury control.

Co-Principal Investigator Sarah A. Denny, MD, FAAP, is a member of the Ohio AAP Board of Directors and a primary care physician at Nationwide Children's Hospital and Associate Clinical Professor of Pediatrics at The Ohio State University College of Medicine. She received her medical degree from Wright State University and completed her residency in pediatrics at University of Washington, Seattle Children's Hospital. Dr. Denny served on the Executive Council of National AAP Council on Violence, Injury, and Poison Prevention. Her interests include injury prevention and patient education, specifically related to bicycle helmets and safe sleep.

Both Drs. Gittelman and Denny brought injury prevention expertise and leadership to this project, and have been working over the past decade to develop this program with the assistance of the Ohio AAP staff, board and quality improvement team. The Ohio AAP has managed more than ten other QI programs and was given the distinction of becoming a portfolio QI sponsor for the ABP as the first membership Chapter to receive this honor, as well as one of the first 10 organizations to have this authority nationally. Additionally, this project has operated under the oversight of the Planning, Implementation, and Performance Committee of the Ohio AAP, which is made up of various medical directors for other programs, and leadership from hospitals, institutions and pediatric health experts in Ohio. The Ohio AAP CEO and COO have overseen the work and project team, as well as providing high-level concepts and guidance.

## **Literature Review**

### *Firearm Injuries in Pediatrics*

Firearms continue to be a significant source of morbidity and mortality among United States (US) children. Globally, 9 out of every 10 children under the age of 15 killed by guns reside in the United States.<sup>1</sup> More than 3,000 children and adolescents died of a gunshot wound in the United States in 2016. These deaths accounted for 15.4% of all Americans between the ages of 1 and 19 who died in 2016, and a quarter of those killed by injury. In the US, firearms account for almost as many annual deaths as motor vehicle crashes (MVCs); in some states firearm deaths surpass MVC deaths.<sup>2</sup> There are about 20,000 Emergency Departments visits each year due to firearm-related morbidity in the pediatric age range alone.<sup>3</sup>

### *Firearms in the Home*

Nationally, 1 in 3 homes with children has a gun. A significant percentage of gun-owning parents store their guns loaded or unlocked, underestimating the risk of injury to their children.<sup>4</sup> Making guns inaccessible to children is essential since young kids are curious and older teens are impulsive. In one study, 75% of school-aged children found a firearm within 15 minutes of being in a room; ¾ of these children handled the firearm and 50% pulled the trigger.<sup>5</sup>

### *Injury Prevention Counseling in Pediatrics*

There are many approaches to teach families injury prevention in primary care, however, based on a survey conducted by the Ohio Chapter, American Academy of Pediatrics (Ohio AAP) in fall 2011, most pediatricians report that their injury prevention anticipatory guidance with families is suboptimal due to a lack of resources, knowledge base, product availability, and efficient processes to address injury prevention in primary care – before an injury occurs. Educational interventions to prevent injuries can increase awareness about potential injury

patterns and encourage the use of proven safety products. During every health supervision/well-child visit, there is an opportunity for the primary care physician to provide injury anticipatory guidance to families. These discussions allow the physician to discuss potential sources of injury as the child meets developmental milestones in the coming months.

Anticipatory guidance about injury prevention has been shown to be associated with improved child and family functioning.<sup>6-7</sup> Bass and colleagues showed that injury prevention counseling during an office visit is associated with increased motor vehicle restraint use, safe home hot water temperature, smoke alarms in the house, and increased use of outlet covers, decreased falls, and decreased home and auto passenger injuries.

However, pediatricians face several challenges to offer this type of counseling to families. One barrier is that pediatricians themselves are not adequately educated about injuries, especially due to their limited exposure during residency training. In a survey by Wright, 98.5% of chief residents reported counseling parents on at least one injury prevention topic.<sup>8</sup> However, they admitted that the topics they chose for counseling were ones in which they had received education. Another barrier is that primary care physicians (PCPS) simply do not have enough time to discuss all injury prevention topics. PCPs would have to spend approximately 25% of their time during each patient visit to address all prevention-related counseling recommendations by the United States Preventive Services Task Force, one-third of which is injury-related.<sup>9</sup>

#### *Role of Counseling in Firearm Safety*

Primary care providers have an obligation to educate families about firearm safety while discussing other topics related to injury prevention. This type of counseling by practitioners is recommended by professional societies and national task forces.<sup>10-12</sup>

According to one study, 1 out of every 2.5 patient-families counseled about safe firearm storage practiced safer storage behaviors after receiving proper anticipatory guidance and improved access to firearm safety resources.<sup>13</sup> This is important because it has been demonstrated that safe storage is linked to positive outcomes such as lower rate of completed suicide and unintentional injury;<sup>14</sup> decreases by as much as 70% have been documented.<sup>15</sup> In another study, Carbone et al showed that gun safety counseling, along with written information and gun lock distribution resulted in significant improvements in safe gun storage behaviors.<sup>16</sup>

### *Infrequent and Ineffective Firearms Counseling*

Unfortunately, these important firearm safety discussions infrequently occur with families in the primary care setting.<sup>17</sup> Most practitioners fail to counsel on gun safety, with only 1 in 5 counseling more than 10% of their patient families.<sup>18</sup> Barriers such as a lack of confidence about the topic, unavailable resources, or concerns about parental responses have been cited. In addition, in a recent survey of Ohio pediatricians, ¾ felt that it was their responsibility to counsel families about safe gun storage and ¾ would provide education and gun storage boxes if given the resources.<sup>19</sup>

The Ohio AAP has been working with gun advocates, police, families and practitioners to develop standardized gun safety messaging that parties from both sides of this polarized issue agree upon. Through this partnership the Store it Safe program was developed.

### *Safety Products and Injury Prevention*

The most frustrating fact is that the majority of childhood injuries and deaths, from all causes including firearms injuries, are preventable and not “accidental.” For example, window guards have been shown to significantly decrease falls from windows by at least 50%.<sup>20</sup> Using child safety seats reduces the risk of deaths to infants and children in motor vehicle crashes by

more than 70%; preschoolers utilizing booster seats are 59% safer in motor vehicle crashes.<sup>21</sup>

Bicycle helmets have been shown to reduce the risk of head injuries by as much as 85%<sup>22</sup>.

Properly functioning smoke alarms can reduce the risk of death in house fires by 50%.<sup>23, 24</sup>

Even with effective injury prevention products available, injuries continue to harm children in great numbers. A disproportionately high number of injuries occur among economically disadvantaged and minority children.<sup>25</sup> Living in poverty has been associated with a higher risk for severe injury. Unfortunately, this higher risk population has less access to, and more difficulty paying for, safety products. In addition, many of these families are unaware of the common childhood injuries and how to prevent them.<sup>26, 27</sup>

### *Quality Improvement in Pediatric Practices*

In 2009, the ABP developed a new requirement for pediatricians involving quality improvement (QI) outcomes. Every five years, to maintain board certification, pediatricians are now required to participate in a minimum of two quality improvement training programs to improve outcomes in their practice, rather than just completing continuing medical education and testing. This type of approach to training physicians has been shown to take training to the next level and truly integrates new concepts and tools into practice.<sup>28, 29</sup>

### **Current Status (Ohio, Regionally, and Nationally)**

In Ohio, the Store It Safe program is unique in the formation of a partnership between non-traditional partner organizations. This has aided in the development of materials and talking points that are focused on bridging the gap between best practices in firearms safety counseling and provider/family comfort in the conversation. The use of these practices as part of a focused quality improvement collaborative for pediatricians, combined with the distribution of gun lock

boxes, has not been found to be present in the review of literature and existing resources in Ohio, the regional or national level.

Other programs at the regional and national level have sought to education families and/or provide safe storage options outside of quality improvement work. At the regional and national level, partnerships between healthcare organizations, law enforcement and firearms experts or advocacy organizations are less emphasized than in Ohio. National campaigns are often supported by one partner or a smaller group; the efficacy of these campaigns is often debated by other organizations and data on their impacts varies. The most commonly used of these programs include:

- Project ChildSafe, a program of the National Shooting Sports Foundation to promote firearms safety and education. <https://projectchildsafe.org/>
- End Family Fire, a partnership between Brady and the Ad Council, its mission is to encourage safe gun storage in the home. <https://www.endfamilyfire.org/>
  - ASK Campaign, a portion of the End Family Fire project focused on encouraging parents to discuss firearms in the homes of friends and relatives where a child spends time. <https://www.bradyunited.org/program/end-family-fire/asking-saves-kids>
- The Eddie Eagle GunSafe program from the National Rifle Association, a gun accident prevention program that seeks to help parents, law enforcement, community groups and educators navigate discussions on what a child should do if they find a gun. <https://eddieeagle.nra.org/>

## **Future Trends**

Trends in the discussion of safe firearm storage show increasing willingness for physicians and healthcare providers to engage in conversations with patients and community members on this topic. A study conducted by the Ohio AAP in fall 2018 identified perceived barriers and supports needed for increases in firearm safety discussions among pediatricians. Seventy two percent of respondents agreed that it is the responsibility of the physician to discuss firearm safety; however, only 39% felt they had adequate training. Anticipatory guidance about firearm safety occurred infrequently with 80% of physicians reporting counseling at less than half of well child visits, regardless of patient age. The most commonly cited barriers to providing counseling were: lack of time during office visit and lack of resources to provide to families. The majority (55%) of respondents agreed they would counsel more if given additional materials and training in firearm safety. Seventy-four percent reported they would distribute gun safety devices to families if their practice had them. Overall, primary care pediatricians agree that it is their responsibility to discuss firearm safety but feel they are limited by a lack of education, time and resources. The Ohio AAP Store It Safe program seeks to provide the necessary education and resources to address these barriers in the future.

## **Financial Issues and Considerations**

The largest financial consideration for sustaining and spreading the lessons learned in the SIS Firearm Safety Project is the cost of safe storage devices. Each gun lock box is estimated at \$20.00 cost; practices distribute 8 to 12 boxes per month on average, creating the cost to fund a practice for gun box distribution annually of approximately \$2,400.00. This is a large barrier for many pediatric practices, particularly smaller or independent community practices. In addition, space in the offices to store gun lock boxes is a barrier that has been encountered in this project;

many offices cannot store more than 1 to 2 months' worth of boxes at a time, creating possible additional costs for off-site storage, transportation, or shipping.

### **Education and Training Issues and Considerations**

Practices who participated in the Store It Safe Learning Collaborative were provided with a wide variety of education and training on firearms safety and safe storage topics, as well as topics relating to quality improvement. Training was provided by a Practice Coach, as well as Medical Directors with expertise in injury prevention and firearms safety discussion. Practices who initiated the project in the fall of 2019 received in person meetings until March 2020; due to COVID-19 pandemic restrictions, practices who joined later during the project conducted all meetings via webinar and phone meetings

Training on the above topics began early in the project with a Practice Kick-off Meeting. This meeting covered the project data collection process, materials, basic QI education, and practice baseline confidence and procedures. At least two additional Practice Meetings were held with the Practice Coach with each participating location. The second meeting focused on review of practice data to date, discussion of the first and second Plan-Do-Study-Act (PDSA) cycles used to track progress and changes, and practice specific questions or interest areas. The final Practice Meeting addressed sustainability of changes, the final of three PDSA cycles required, and final practice data.

During the project practices also participated in three Hot Topic Webinars, which were featured live as well as recorded for later review. These webinars provided more clinical guidance from the project Medical Directors on topics related to safe storage, firearms safety discussions, and the Store It Safe program. A varied focus for each call provided different education, including: discussing difficult topics with families; advocating for safe storage and

injury prevention at the local or state level; and the resources and supports available from the Ohio AAP as part of the broader SIS program.

Taking the time to educate participants on various injury prevention topics was key to the project's success, as providers shared with the project team their lack of training on injury prevention, and more specifically safe storage or firearms safety, during medical school and residency training. In order to appropriately integrate injury prevention into the primary care setting in the future, additional training on this topic must be integrated into the training that physicians receive.

### **Legislative and Regulatory Issues and Considerations**

The discussion of firearm safety by physicians is an issue with many legislative considerations. A notable example is the Privacy of Firearm Owners Act<sup>30</sup>, a bill enacted in Florida in 2011 that restricted physician from asking about firearms in the home. A lawsuit was filed within 1 week of the bill's signing; medical membership organizations and individual physicians, including five pediatricians, were the plaintiffs. After several decisions and appeals, the full panel of the 11th U.S. Circuit Court of Appeals found that the law violated the First Amendment rights of doctor in a 10-1 decision in 2017. Other states –at least Minnesota, Missouri, and Montana in 2021 – have restrictions on how physicians can collect and store firearm information, but do not broadly prohibit physicians from discussing the topic. However, asking about firearms and counseling on safe storage remain not only lawful, but the recommendation of many expert medical groups, such as the American Academy of Pediatrics.

### **Data and Information Issues and Considerations**

A key lesson learned in the development of the SIS program was the importance of considerations for data collection on firearms safety. Early planning and conversations with

partners from varied backgrounds, from healthcare providers to firearms experts, led to a broader understanding of the concerns about collecting firearm information. Many families have reported concerns regarding documentation of firearm ownership in electronic medical records.

Therefore, a commitment of the SIS program is to ensure providers improve discussion and documentation of their anticipatory guidance on firearms safety, without compromising the trust of patients or documenting firearm ownership in any records.

### **Analysis of Findings**

Data was collected from the five participating practices through several methods: provider confidence assessment at the beginning and end of the project; monthly data collection through random chart reviews for the focus age group; narrative interviews with the practice coach and providers three times during the project; family feedback surveys; and tracking of gun box distribution. The results of each of these data pieces are described below.

#### *Provider Confidence Assessment*

In the Practice Kick-off Meetings each lead provider was assessed for confidence in discussing various topics related to firearms safety. The results indicated that providers on were on average somewhat confident in discussing most areas of firearm safety at the beginning of the project; by the end of the project the average confidence had increased to confident, with some providers indicating they are now very confident in discussing some areas of firearms safety. The largest increase was demonstrated for provider confidence regarding providing firearms safety resources; this was largely attributed by providers to the access to lock boxes and handouts on this topic during the program. The family handout is included as Attachment A and the provider education handout as Attachment B. The results of the confidence assessment are shared in the table below.

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Practice	Firearms Safety (Overall)		Barriers Methods for Injury Prevention		Firearms Safety in the Homes of Friends or Relatives		Providing Firearm Safety Resources	
	Pre-Project	Post-Project	Pre-Project	Post-Project	Pre-Project	Post-Project	Pre-Project	Post-Project
Practice 1	Somewhat	Very Confident	Confident	Very Confident	Somewhat	Confident	Somewhat	Very Confident
Practice 2	Somewhat	Confident	Confident	Confident	Somewhat	Confident	Not at all confident	Very Confident
Practice 3	Confident	Very Confident	Confident	Very Confident	Somewhat	Confident	Somewhat	Very Confident
Practice 4	Somewhat	Confident	Somewhat	Confident	Somewhat	Confident	Not at all confident	Confident
Practice 5	Somewhat	Confident	Confident	Very Confident	Not at all confident	Confident	Not at all confident	Very Confident

*Monthly Data Collection*

Monthly data collection occurred through the use of an online tool to capture chart review data; providers submitted at least 10 baseline charts for two consecutive months prior to their participation in the project. During participation of at least five months, providers submitted at least 5 random chart reviews for patients two to five years of age per month. The Data Collection Tool is included as Attachment C. The tool assesses if discussion occurred for five topic areas: Firearm safety discussion; Barrier methods to prevent injuries; Providing Store it Safe materials or discussing Store It Safe; Recommendation of use of a locked storage device for firearms and potentially dangerous items; and Firearm safety in the homes of friends or relatives. At least three of the five areas must be indicated to be considered complete documentation for the visit. The tool also captures data on the frequency providers offer lock boxes and families accept boxes.

The results of this data collection are included as Attachment D. Notably, during two months of baseline data collection practices reported 0% and 2% of charts reviewed included documentation of firearms safety counseling. However, within five months practices had, on

average, increased documentation of firearms safety discussions to 71%. Data collected on lock box distribution began with active project participation, as no participating practices had lock boxes prior to the project. Initially practices were unclear on proper data submission for this measure; by Month 2 practices were able to report consistent data. As practices became more confident in discussing firearms safety at every visit, the number of families offered a lock box increased; conversely, as more families were offered boxes, less of the overall percentage of families accepted boxes. Provider and practice demographics are also included with the data charts.

### *Narrative Interviews*

During the Practice Coach meetings, participating providers shared qualitative feedback regarding their experiences in the project. These interviews provided individualized QI coaching as well as capturing feedback on areas not present in the data collection tool. Topics discussed during narrative interviews that contributed to project learnings included:

- Family feedback to discussions on firearms safety: Providers shared that they did not encounter negative reactions from families when discussing firearms safety as a part of overall barrier methods for injury prevention. This created a natural fit for the conversation in other areas that are expected during these visits. In addition, the guidance on non-judgmental approaches to the conversation were reported as positive changes by all participants. In particular, the phrasing of the question to “Are all guns in the home stored locked?” was cited as an improvement over asking “Do you own a gun?”
- Distribution of lock boxes: These interviews provided opportunities to understand why families do not always accept a lock box. In most cases, providers shared that families who indicated they own firearms but did not accept a lock box reported already having safe storage for their

firearms. A small number of families was reported as stating they would prefer to purchase their own lock box. Having lock boxes ready for distribution assisted practices in their confidence approaching this topic as well.

- Barriers to firearms safety discussions: Participants shared that time remained a barrier throughout the project; many competing topics are present at these visits, and ensuring all topics are covered can be difficult. This was addressed through combining the discussion of firearm safety with other areas of injury prevention. However, many providers did not frequently discuss firearms safety in the homes of others the child visits, unless it was initiated by the parent. For example, if a family indicated that a grandparent or friend has a firearm when asked about safe storage.

- COVID-19 impacts: This project began prior to COVID-19 impacts; three practices had begun the project prior to restrictions being put in place. Two of those three practices continued participating despite the pandemic measures, and one paused participation for several months, resuming participation in fall 2020. Two additional practices began the project in the fall of 2020. Practices reported that the impacts of COVID-19 were minimal for most of the project, but did lead to less caregivers being present as most allowed only one parent at each visit. Practices also experienced time constraints when families asked for extra time to discuss COVID concerns. However, participants also shared that discussing firearm safety became more important when knowing children were spending more time at home.

- Additional learnings: One practice noted that gun box acceptance was more common among male parents; however, this was not reported by the other sites when discussed in follow up interviews. Practices also reported that having lock boxes for distribution improved their

confidence in addressing firearms safety with families in other age groups, such as adolescent suicide risks.

### *Family Feedback Surveys*

Participants provided families with an anonymous feedback survey as part of data collection for participating ages. The survey captures information regarding what was learned during the discussion and family plans for using gun boxes if accepted, or reason for not accepting a box. The surveys are voluntary for families. A total of 61 surveys were returned by participating practices during the project.

Of the surveys returned, 98% (60/61) indicated that the provider discussed firearm safety at the visit; 45% of families reported learning something new about firearms safety at the visit. 72% of the survey respondents indicated they received a gun box at the visit, and 90% of those families plan to use the gun box in their own home or car. Only 7% plan to provide the gun box to a friend or family member. Families planned to “always” use the lock boxes for safer gun storage 84% of the time. Four total respondents indicated they will use the lock box to store medication.

16 responses were captured from families who did not accept a gun box; the majority of those (87%) stated that they did not accept a lock box because they do not own a gun. One response was recorded for each of the other options “I don’t think I would use it” and “It wasn't offered to me.”

Surveys also assessed who families prefer to receive information on firearms safety from. Healthcare providers were most commonly cited, by 46% of respondents; gun manufacturers and gun advocacy groups were the next most common responses, at 33% and 31% respectively.

Community organizations were also included as a preferred source of information by 28% of families.

*Gun Box Distribution*

Each practice was provided with 20 gun boxes for distribution following the kick-off meeting for the project; this quantity was provided based upon practice storage needs and incentivizing continued project participation. Practices were offered additional gun boxes throughout the project as they continued engaging in project activities. The total number of gun boxes distributed by the Ohio AAP to each practice was tracked, with an average of 70 boxes requested by each practice across five months of project participation.

<b>Gun Box Distribution to Participating Practices</b>					
<i>Practice</i>	<i>Month 1</i>	<i>Month 3</i>	<i>Month 5</i>	<i>Sustainability Gun Boxes</i>	<i>Total</i>
Practice 1	20	20	20	20	80
Practice 2	20	10	10	10	50
Practice 3	20	20	20	20	80
Practice 4	20	10	20	10	60
Practice 5	20	20	20	20	80

**Conclusion**

The project substantiates the hypothesis and previous data that, while physicians feel it is their duty to discuss firearm safety, this counseling occurs infrequently. By helping to identify some of the most common barriers to providing counseling, such as lack of confidence and resources to address unsafe storage, our project has developed a framework for targeted interventions focused on addressing these key issues. Participation in a MOC Part IV QI program

within pediatric offices can increase discussion and provision of resources to improve firearms safety for small children.

In this pilot project of five practices, participating pediatricians found that they were sometimes surprised that families were open to this conversation, and felt that the training on how to address firearms storage in a nonjudgmental way improved the results of discussions. All participating physicians improved their confidence in discussing firearms safety from the beginning to the end of the project, and plan to sustain changes made during the SIS Learning Collaborative. The monthly data indicates a notable increase in documentation and discussion of key safe storage topics following the implementation of the project and materials.

Distribution of lock boxes was a key to improving the confidence of providers. The numbers of lock boxes needed by families were smaller than originally anticipated. This was reported by providers as due to many families already having safe storage options in their homes. A benefit of the smaller demand for lock boxes is longer sustainability for providers using them in the project and less cost for possible spread to other practices in the future.

### **Recommendations**

The pilot of the SIS Learning Collaborative was effective in illustrating that participating physicians and their teams can implement discussion and distribution of safe storage for firearms into the work flow of their office for young children. It is the recommendation of the Ohio AAP that the lessons learned be spread to additional pediatric providers, as well as others who provider care for small children. Future activities may focus on broader spread of education and resources (such as handouts and gun boxes) to multi-disciplinary partners, which can be accomplished through Continuing Medical Education programs, community awareness efforts, or other outreach.

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In addition, the Ohio AAP has begun work on an expansion of the SIS program to include adolescent suicide prevention. Recent data has demonstrated alarming trends in increasing adolescent suicide attempts and fatalities, as well as teen mental health crisis. The distribution of lock boxes to community partners and providers who interact with adolescents and their families has been initiated by the Ohio AAP; however further work to determine best practices for pediatric providers in screening for adolescent depression and addressing safe storage of lethal means is needed. The Ohio AAP recommends additional QI work on this area in 2021 to be followed by dissemination of results and practical implementation options to many partners.

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