

# Language: A Powerful Tool in Prevention

How IPC's Gunlock and Firearm Safety Project is exploring safe and person first language to create inclusive communication.

Presenters:

Angie Raymond Leduc

Jim Esdon

## 2017 at DHMC

- It was becoming apparent firearms were a risk to child and adolescent health and safety
- Clinical staff were reluctant to initiate a discussion because of concern that the patient's family might consider the discussion intrusive and result in animosity
- Some staff had no firearm knowledge and were concerned that might interfere with a coherent message getting out.



### Firearm Safety in the Home

Keep Your Family Safe



# Dartmouth Health Gun Lock & Safety Committee

**Committee members:** Dr. Eileen Granahan, Dr. Suzanne Tanski, Deb Samaha, Jim Esdon, Elaine Frank, Kathy Stocker, Carrie Koloski, Angie Leduc

**Committee Purpose:** To bring together key stakeholders and experts in healthcare, suicide prevention and firearm safety in an effort to reduce the severity of both suicide and unintentional injury or death by firearms.

## Guiding principles:

- Prioritize the pediatric population without being exclusive of other age groups.
- Recognize that all opinions are valid and foster a safe, judgment free culture that supports working toward the common goal of reducing suicide and unintentional injury or death by firearms.
- Share in information, resources and knowledge to support both individual and collective efforts toward the common goal of reducing suicide and unintentional injury or death by firearms.

# Dartmouth Health Gun Lock & Safety Committee

## Strategies

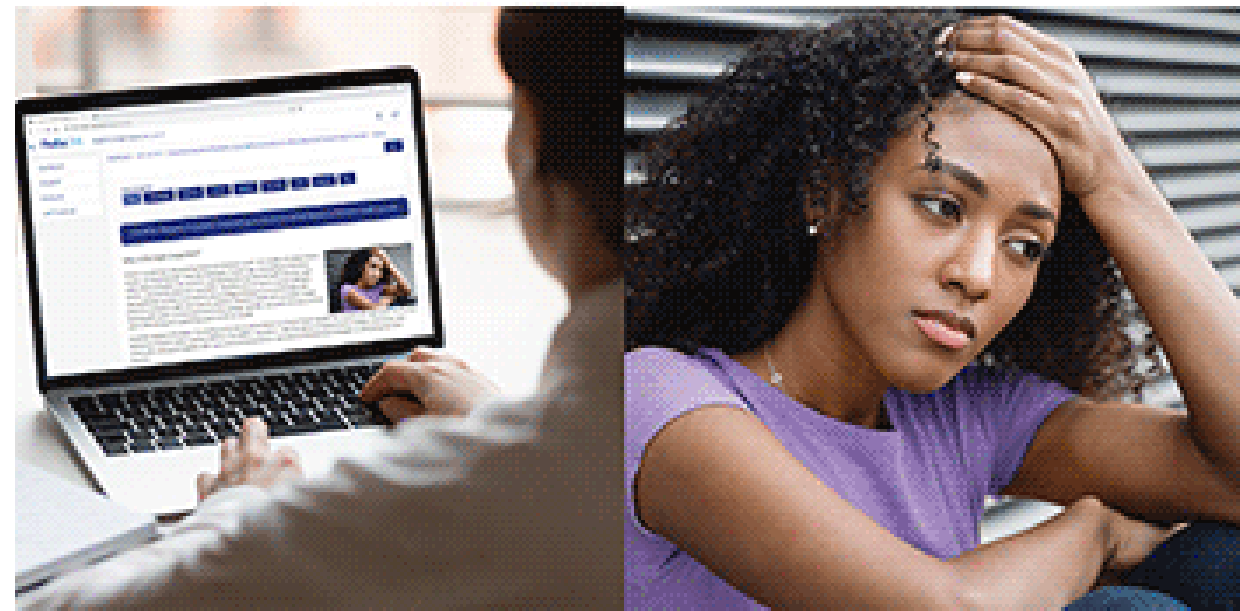
- Provide education and resources to staff, providers, patients and families on firearm safety and reducing access to lethal means.
- Provide gun locks to staff, patients, their families and the community.
- Provide education (CME) to providers about CALM, gun safety and suicide prevention.
- Provide easy access to medical documentation for providers about firearm safety.

## Counseling Access To Lethal Means

- CALM teaches clinicians, gun owners, and the general public strategies to reduce an at-risk person's access to things that could easily kill them including firearms.
- CALM uses collaborative methods that preserve life, liberty, and the at-risk person's decisional autonomy.
- CALM began in New Hampshire and was the brainchild of Elaine Frank, a past Director of the Injury Prevention Center.

# CALM for Pediatric Providers: Counseling on Access to Lethal Means to Prevent Youth Suicide

**PediaLink**  
The AAP Online Learning Center



# PROJECT PROCESS

Screening

Conversation

Education

Gun lock

Follow up

# Dartmouth Health Gun Lock and Safety Committee Project

Ariel Porter MD<sup>1,2</sup>, Kathy Stocker<sup>1,2</sup>, Susanne Tanski MD MPH<sup>1,2</sup> and the Gun Lock Safety Committee

<sup>1</sup>Dartmouth Health Children's, Lebanon, NH; <sup>2</sup>Boyle Community Pediatrics Program, Lebanon, NH; <sup>3</sup>Geisel School of Medicine at Dartmouth, Hanover, NH



## INTRODUCTION

- New Hampshire has no laws requiring firearms to be stored in a certain way. <sup>A</sup>
- New Hampshire ranks 5<sup>th</sup> per capita ownership (52.1 *registered* guns/1000 people). <sup>A</sup> (HOWEVER: Gun registration is NOT required in NH)
- NH deaths from firearms is at 8.9/1000 <sup>A</sup>
- Suicide is the 2nd highest cause of death among adolescents, and firearms are the most common method of suicide in this age group, raising concern for firearm access. <sup>B</sup>
- **Our three interventions: 1) gunlocks, 2) education, and 3) documentation**

A) sources: wisevoter.com RAND, ATF, CDC  
B) Beidas et al., 2020, Pediatrics Perspectives

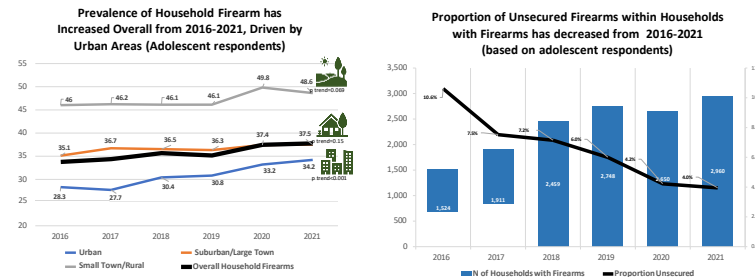
## PURPOSE AND GOAL

To reduce the severity and incidence of both suicide and unintentional injury or death by firearms.

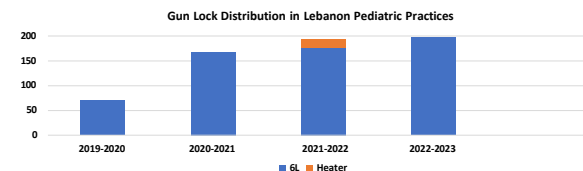
## WHO?

Healthcare and mental healthcare providers, social workers, nurses, prevention specialists (i.e. CHaD (NH) Injury Prevention Program, CALM, and Moms Demand Action), firearm safety professionals, law enforcement, patients and their families.

## SYSTEM LEVEL DATA



## LOCAL INTERVENTION DATA



## Gun Screening

Since 2015 for 12-22 year olds

Since September 1, 2023 for 0-5 yr (9m, 18m, 2y, 3y, 4y, 5y, Asked with Lead and TB risk q's)

## Patient Survey View

Does your child live in or regularly visit a building built before 1978 or chipping paint, recent or ongoing renovation or remodeling, or li

Yes No Unsure

If there are guns in your home, are they kept locked?

Yes, locked Yes, unlocked No guns in home

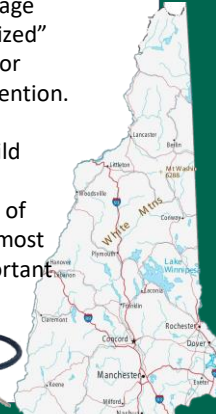
## Provider Report/Synopsis View

Health Exposures	08/31/23
Fluoride in primary source of water?	Yes
Have a dentist?	Yes
Live in/visit buildings with potential lead?	No
Guns in home	Yes, unlocked
Contact with person with TB / Positive test for TB?	No
Travel to countries with TB?	Yes
Child lives with someone who smokes/tobacco?	No
Would like help quitting for self or family member?	No
Would like help to quit tobacco intervention	0

## ADVOCACY AND ACTION

Recent studies affirm that firearm storage behaviors are “dynamic and individualized” without a universal recommendation for evidence-based practice at injury prevention.

Discussion on this topic during well child visits and education on safe storage behaviors are vital in the identification of those within the pediatric population most at risk of harm. Asking about this important topic speaks to child safety not to any political statements.



## POTENTIAL BARRIERS

- “Live Free or Die”: Informal and nonjudgmental manner with the preservation of constitutional rights of individuals.
- Availability of resources and education with limited distribution locations.
- Efficiency and importance of medical documentation regarding firearm ownership and storage.

## ACKNOWLEDGMENTS

Dartmouth Hitchcock Medical Center Gun Lock Safety Committee: Angie Raymond LeDuc, James Esdon, Kathy Stocker, our social workers, Dr. Steve Chapman, Dr. Susanne Tanski, Staff at Molly's Place and within the departments of Pediatrics, Emergency Medicine, Primary Care, and Psychiatry

[HOME](#)[ABOUT](#)[FIREARM LIFE PLAN](#)


## Other Age Groups

- How can we help seniors who have firearms in their home as they age?
- Normal aging, medications and medical conditions can lead to physical, emotional and cognitive challenges.
- Create a Firearm Life Plan
- This allows early decision making about firearms in the home and disposition.





## Gun Shop Project & NH Firearm Safety Coalition



**CONCERNED ABOUT  
A FAMILY MEMBER  
OR FRIEND?**

**ARE THEY SUICIDAL?**

- Depressed, angry, impulsive?
- Going through a relationship break-up, legal trouble, or other setback?
- Using drugs or alcohol more?
- Withdrawing from things they used to enjoy?
- Talking about being better off dead?
- Losing hope?
- Acting reckless?
- Feeling trapped?


**SUICIDES IN NH**  
far outnumber homicides

**FIREARMS ARE THE  
LEADING METHOD**

**ATTEMPTS WITH A GUN  
ARE MORE DEADLY**  
than attempts with other methods

**HOLD ON TO THEIR GUNS**

- Putting time and distance between a suicidal person and a gun may save a life.
- For other ways to help, call the National Suicide Prevention Lifeline: **1-800-273-TALK (8255)**

  
www.nhsc.org

## Video: Self-Defense Firearms & Safe Storage

- [learn.aap.org/pluginfile.php/4064/mod\\_scorm/content/1/scormcontent/assets/miUZ3jzMxRKCiyNJ\\_7lmeS2xNZ4pNo-os-Tactical Firearm Instructor Discusses Safe Storage.m4v](https://learn.aap.org/pluginfile.php/4064/mod_scorm/content/1/scormcontent/assets/miUZ3jzMxRKCiyNJ_7lmeS2xNZ4pNo-os-Tactical%20Firearm%20Instructor%20Discusses%20Safe%20Storage.m4v)

## Safe storage

- Gunlocks are one tool
- Other ways to secure firearms include: Biometric safes and lockboxes, Lockable metal cabinets, and locked hard cases.
- Always remember that children are smart and may know where your keys are if using a storage device without a keycode or combination. Ask them sometime.
- Keep ammunition and magazines locked up and separate from the firearm.
- New project includes identifying off-site safe storage in NH
  - VT Firearm Storage Program: <https://vsp.vermont.gov/firearmstorage>

## The current landscape

### NY Times Articles:

[How the Pandemic Reshaped American Gun Violence](#)

[How has Gun Violence Changed in Your Neighborhood](#)

The share of residents who lived near at least one fatal shooting rose in most communities, but stayed about the same in Lebanon, N.H.

Note: Figures may not sum due to rounding.

	'16-'19	'20-'23	Change
<b>Lebanon, N.H.</b>	0.1%	0%	-0.1
Large cities	31%	38%	+6.9
Medium cities	16%	19%	+3.7
Small cities	9.0%	11%	+2.0
Rural areas	3.0%	3.7%	+0.7

### Concord, N.H.

#### LOW GUN HOMICIDE RATE

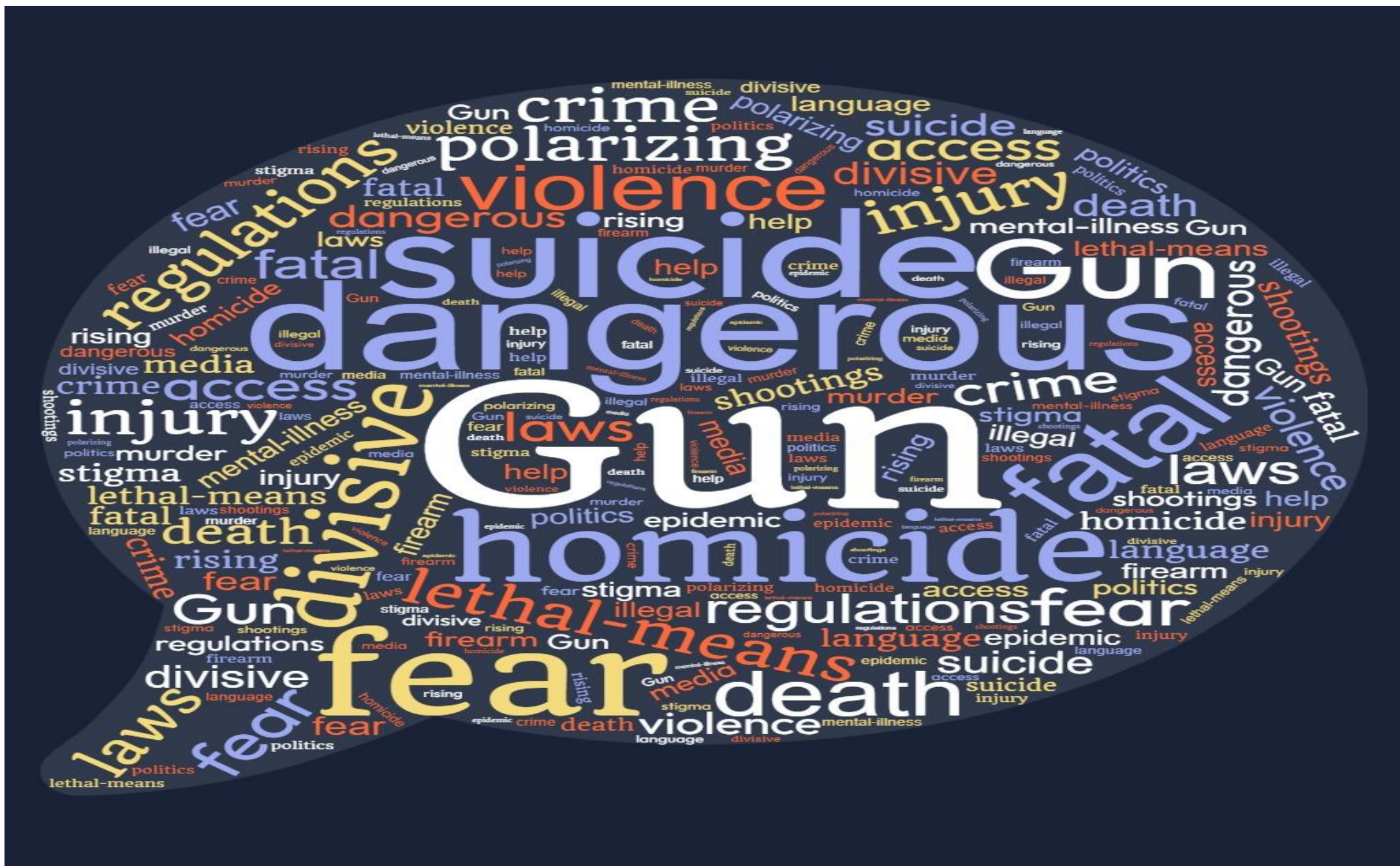
There were at least **4 fatal shootings** in Concord from 2020-23. This map shows how many shootings were within a quarter mile of each block. About 8 percent of people lived near a shooting.

## Firearm (“Gun”) Violence

- **Ripple effects:** Firearm homicide and suicide can have a ripple effect in communities—reaching beyond the people immediately impacted by the deaths and affecting friends, families, and coworkers.
- **High risk for death:** Firearms can lead to deadly injuries and are often used in homicides and suicides.
- **Growing racial and ethnic gaps:** The COVID-19 pandemic may have worsened existing social and economic stressors that increase the risk for firearm homicide and suicide, particularly among racial/ethnic minority communities.
- **Poverty effects:** Counties with higher poverty rates had higher firearm homicide rates. People living in these areas experienced higher increases than those living in counties with the lowest poverty rates. Higher county poverty levels were also associated with higher firearm suicide rates.
- **Multiple stressors:** Multiple factors, including social, economic, and physical conditions in communities, contribute to firearm homicide and suicide risk, as well as racial and ethnic inequities.
- **Preventive actions urgently needed:** The increases in firearm deaths and widening disparities have heightened the need for comprehensive preventive actions. Programs, policies, and practices can have immediate and lasting benefits

[Firearm Deaths Grow, Disparities Widen | VitalSigns | CDC](#)





# Gun Violence in New Hampshire

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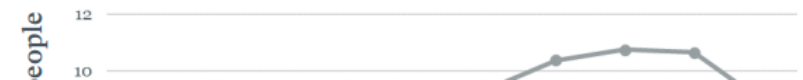
## OVERVIEW

In an average year, **143** people die and **133** are wounded by guns in New Hampshire. New Hampshire has the **44th-highest** rate of gun violence in the US.

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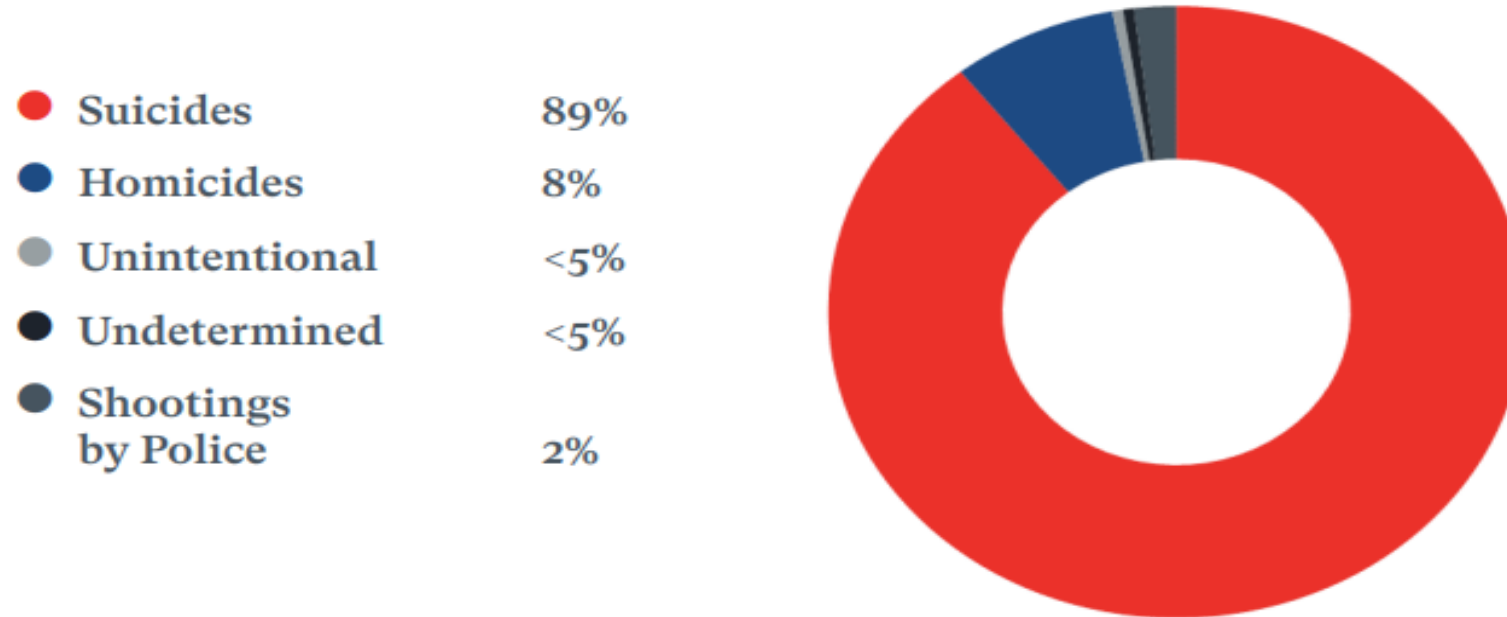
## GUN DEATHS OVER TIME

In New Hampshire, the rate of gun deaths increased **39%** from 2011 to 2020, compared to a **33%** increase nationwide. The rate of gun suicides increased **61%** compared to a **12%** increase nationwide. Data on gun homicides was not consistently available in New Hampshire during this time period.



## GUN DEATHS BY INTENT

In New Hampshire, **89%** of gun deaths are suicides and **8%** are homicides. This is compared to **59%** and **38%** nationwide, respectively.





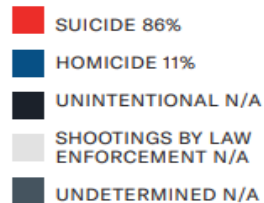
# Gun Violence in Vermont

## INTRODUCTION

This fact sheet is a summary of data contained in EveryStat for Gun Safety, a free, interactive website that contains data about gun violence by state, county, race and ethnicity, gender, and intent. These materials have been designed for users to better understand how gun violence impacts the communities they care about.

Visit the tool at [everytownresearch.org/EveryStat](https://everytownresearch.org/EveryStat)

### GUN DEATHS BY INTENT IN VERMONT



**IN AN AVERAGE YEAR, 74 PEOPLE DIE BY GUNS IN VERMONT. WITH A RATE OF 11 DEATHS PER 100,000 PEOPLE, VERMONT HAS THE 36<sup>TH</sup>-HIGHEST RATE OF GUN DEATHS IN THE UNITED STATES.**

In Vermont, 86% of gun deaths are suicides and 11% are homicides. This is compared to 61% and 36% respectively, nationwide.

# Suicide Data: New Hampshire



Suicide is a public health problem and leading cause of death in the United States. Suicide can also be prevented – more investment in suicide prevention, education, and research will prevent the untimely deaths of thousands of Americans each year. Unless otherwise noted, this fact sheet reports 2021 data from the CDC, the most current verified data available at time of publication (January 2024).

## 10th leading cause of death in New Hampshire

- 2nd leading cause of death for ages 10-24
- 2nd leading cause of death for ages 25-34
- 3rd leading cause of death for ages 35-44

- 6th leading cause of death for ages 45-54
- 8th leading cause of death for ages 55-64
- 17th leading cause of death for ages 65+

### Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
New Hampshire	223	15.10	29
Nationally	48,183	14.04	

See full list of citations at [afsp.org/statistics](https://afsp.org/statistics).

42% of communities did not have enough mental health providers to serve residents in 2023, according to federal guidelines.

Five times as many people died by suicide than in alcohol related motor vehicle accidents.

The total deaths to suicide reflected a total of 4,095 years of potential life lost (YPLL) before age 65.

90% of firearm deaths were suicides.

50% of all suicides were by firearms.

# Suicide Data: Vermont



Suicide is a public health problem and leading cause of death in the United States. Suicide can also be prevented – more investment in suicide prevention, education, and research will prevent the untimely deaths of thousands of Americans each year. Unless otherwise noted, this fact sheet reports 2021 data from the CDC, the most current verified data available at time of publication (January 2024).

## 9th leading cause of death in Vermont

- 2nd leading cause of death for ages 10-24
- 2nd leading cause of death for ages 25-34
- 3rd leading cause of death for ages 35-44

- 4th leading cause of death for ages 45-54
- 7th leading cause of death for ages 55-64
- 13th leading cause of death for ages 65+

### Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Vermont	142	20.36	13
Nationally	48,183	14.04	

See full list of citations at [afsp.org/statistics](https://afsp.org/statistics).

Over **six times** as many people died by suicide than in alcohol related motor vehicle accidents.

The total deaths to suicide reflected a total of **2,501 years** of potential life lost (YPLL) before age 65.

**89%** of firearm deaths were suicides.

**52%** of all suicides were by firearms.

## What we know & what works

### Suicide Prevention

- Identify risk & protective factors
- Recognize the warning signs
- Intervene with a person at risk
- Connect the person at risk to help
- **Reduce access to lethal means**
- Person first language
- Safe language

### Firearm Safety

- CALM
- Safe use
- Safe storage
- **Reduce access to lethal means**

### Violence Prevention

- Reduce risk factors
- Increase protective factors
- **Reduce access to lethal means**





Messaging that Promotes  
Hope, Help, and Recovery

## *Framework for Successful Messaging*

### ■ **STRATEGY**

Strategy involves planning and focusing messages, so they are as effective as possible

### ■ **GUIDELINES**

Using any specific guidance or best practices that apply.

### ■ **POSITIVE NARRATIVE**

Ensuring that the collective voice of the field is "promoting the positive" in the form of actions, solutions, successes, or resources.

### ■ **SAFETY**

Avoiding content that is unsafe or undermines prevention



## Do's & Don't of Effective Prevention Messaging

- **Do** frame the conversation as a health issue. Talking about prevention as a health issue puts it in a context that our society has learned to view positively and openly.
- **Do** use realistic, real-life examples. Rather than emphasizing what COULD happen to a person who chooses an unhealthy/unsafe behavior, provide examples and stories from individuals who HAVE lived experience and how it has impacted their life.
- **Do** help individuals identify potential consequences. It is difficult to relate to broad, general concepts and more effective to talk specifically how an unhealthy/unsafe behavior may affect a person's daily life.
- **Do** engage peers as messengers. Individuals respond best to others whom they can relate to. First-person accounts by peers with lived experience can often engage individuals who may be resistant to more general prevention messages.
- **Do** give the message that there are resources for help and provide the information for connecting to those resources.

**Don't** lecture, guilt, or shame.

**Don't** encourage sensation-seeking.

**Don't** use scare tactics.

**Don't** demean those who may be actively engaged in an unhealthy or risky behavior.

**Don't** Use illustrations or dramatizations which may inadvertently teach people ways to participate in the unhealthy activity or risky behavior.

## Person-first and Destigmatizing Language

- **Person-first language** is a way to **emphasize the person** and view the disorder, disease, condition, or disability as **only one part of the whole person**. Describe what the person “has” rather than what the person “is.” **Person-first language avoids using labels or adjectives to define someone**, e.g., *a person with diabetes* not *a diabetic*; or *person with cancer* not *cancer patient*; or *a person with bipolar disorder* not *a person who is bipolar*.
- Some communities, however, prefer identity-first language because they consider some characteristics as inseparable parts of their identity. Those who prefer identity-first language consider it a way to show pride in who they are and their membership in a community of similar people. The deaf and autistic communities, for example, often show a strong preference for identity-first language. When possible, ask if a person or group uses identity-first language (*deaf students*) or person-first language (*students who are deaf*). Default to using person-first language if preference is not known or cannot be determined.

[Person-first and Destigmatizing Language | National Institutes of Health \(NIH\)](#)



# Your Language Matters

The words you use matter. You can better reach youth, break down negative stereotypes and give teens hope by choosing words that are more relatable and promote understanding.

This simple but caring approach may help youth feel more comfortable and willing to talk openly about mental health and to reach out for support early.

Your presentation will resonate more effectively and honestly by choosing the best words for your audience. Included here are suggested words and phrases to help teens be more open and receptive to your message.

It only takes one person to make a difference. Lead by example. Be that person.

**A person is not their mental health condition. You wouldn't say someone "is cancer," so we wouldn't say someone "is bipolar." Use words like "has," "lives with" or "experiences" instead. Talk about mental health in a way that encourages hope and empowers youth. Words like "brain disorder/disease," "mentally ill" and "suffers from" can be intimidating to teens and give the illness the power.**

## Tips for Talking to Youth

### Consider saying

Mental health condition

Mental health

My daughter has bipolar disorder

Person with a mental health condition

Lives with, has or experiences

### Instead of

Brain disorder or brain disease

Mental illness

My daughter is bipolar

Consumer, client or patient

Suffers from, afflicted with or mentally ill



## Tips for Talking About Suicide

### Consider saying

Suicide attempt/  
attempted suicide

Died by suicide/  
suicide death

Took their own life

Died as the result of self-  
inflicted injury

Disclosed

### Instead of

Failed suicide or  
unsuccessful attempt

Successful or  
completed suicide

Committed suicide

Chose to kill  
him/herself

Threatened

When talking about suicide, consider other meanings your words may have. For example, “committed suicide” implies that suicide is a crime. You can help eliminate the misunderstanding and stigma that prevent people from speaking up and getting support by choosing words that are more clear and neutral.



**NAMI** Ending the Silence

National Alliance on Mental Illness



Created October 2015



## Conversations on Access to Lethal Means (CALM Conversations)

The effectiveness of CALM is not limited to clinical interactions. Many people at risk for suicide do not ever seek or receive formal mental or physical health care for these issues. Fortunately, CALM can be implemented by anyone who is concerned about a relative, friend, or someone with whom they work. These workshops add specific CALM strategies to typical gatekeeper training and also offer participants the opportunity to observe and practice the techniques. If your work frequently puts you in touch with people who are at their lowest—perhaps you're a defense or divorce attorney, tend bar, serve eviction notices, teach court-ordered drunk driving classes—this workshop may help you save lives.



## CALM-SAFE: Firearms Education for Providers

CALM-SAFE (Supporting Alliances through Firearms Education) is a 90-minute program to help providers who are not familiar with firearms to develop a culturally sensitive vocabulary and basic understanding of firearms to help them feel more comfortable and effective when speaking to gun owners about safe storage. Participants in this course will learn about basic firearm types, components, operation, and vocabulary, with an emphasis on safe handling practices and accurate terminology when discussing firearms. The course also features demonstrations of safe storage options using a variety of locking mechanisms and basic disassembly options. The course also leaves ample time for questions about firearms in a safe, nonjudgmental space. If you would to make means safety a part of your risk management and safety planning process but do not feel comfortable discussing firearms, this might be the course for you.



## Lethal Means Academy

A Lethal Means Academy is an interactive, day-long session that provides participants with the tools to implement a local, community-based strategy to reduce the use of firearms in suicide attempts. The Academy provides an overview on why means matter when it comes to preventing suicide, an introduction to firearms and gun culture presented by firearm instructors and/or gun retailers, a review of adaptable suicide interventions and training/outreach tools for gun owner groups, a brief CALM training, a review of relevant local and federal gun laws, basic training in implementing systems-wide change, and an opportunity for planning next steps locally. The Academy is customizable to reflect the local conditions on the ground and interests of the sponsor and participants.



## Understanding this is complex AND worth thinking differently about

- To understand this is a public health issue – so we should use public health models to address it.
- Understand the perspective of owners of firearms, we don't have to agree, but we have to understand.
- Being careful and thoughtful with language to be inclusive, find common ground and get someone to help.
  - Use best practices
  - Avoid causal language, stigmatizing language, blame & shame
- Remember a person carry's out the act of violence, the firearm is the available weapon.
- Lethal means come in many forms and there is easy access to all lethal means
  - Firearms are one of the most dangerous lethal means
- We must continue to reduce access to all lethal means, especially firearms
- We must be more collaborative, work across belief systems to find the common goal of saving lives

## Resources

- [CALM for Pediatric Providers: Counseling on Access to Lethal Means to Prevent Youth Suicide | shopAAP](#)
- [Violence Prevention Home Page \(cdc.gov\) \[cdc.gov\]](#)
- [Center for Prevention Programs and Partnerships | Homeland Security \(dhs.gov\) \[dhs.gov\]](#)

### Safe & Effective Language:

- [NAMI NH Language Matters](#)
- [Writing Respectfully: Person-First and Identity-First Language – NIH](#)
- [Health Equity Guiding Principles for Inclusive Communication](#)
- [Person First and Destigmatizing Language](#)
- [Language Matters Infographic on Addiction](#)
- [NAMI NH Your Language Matters](#)
- [Do's & Don'ts of Effective Messaging for Substance Abuse Prevention – Prevention Solutions at EDC](#)