

Promoting Safe Firearm Storage in Primary Care

September 18, 2024

Live Webinar, 12:00 pm -1: 00 pm PST,

1 CME/CE Credit

Directly Provided CME /CE Activity by

L.A. Care Health Plan

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Speakers



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Disclosures

The following CME planners and faculty do not have relevant financial relationships with ineligible companies in the past 24 months:

- Leilanie Mercurio, Provider Continuing Education (PCE) Program Manager, L.A. Care Health Plan, CME Planner.
- Johanna Gonzalez, Health Equity Project Manager II, L.A. Care Health Plan, CME Planner.
- Clarise Stroud, Quality Management Nurse Specialist RN II, L.A. Care Health Plan, CME Planner.
- Robert Riewerts, M.D., Clinical Associate Professor of Family Medicine, Keck Medicine, USC, CME Faculty.
- Robert Schentrup, Organizing Manager, Team ENOUGH, Brady United, CME Faculty.

An Ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Commercial support was not received for this CME/CE activity.



At the completion of the activity, learners can:

- Summarize the relevance of firearm injuries in the United States.
- Integrate counseling about safe firearm storage into routine well visit discussions.
- Specify two (2) actions clinicians can take to end gun violence using resources from the “This is Our Lane” movement.
- Identify at least three (3) key risk factors for youth suicide and apply intervention strategies.

Firearm Safety | Safe Storage Options

Many firearm injuries and deaths among children and teens can be prevented by securing and locking up all firearms and ammunition.

There are many safe storage options you can choose from with various shapes, sizes, locking mechanisms (key, mechanical, combination, fingerprint, etc.), and prices.

Trigger and cable locks are designed for unloaded firearms.



Cable lock
(\$)

Trigger lock
(\$)

Lockable gun case, box, or safe



Lockable gun case
(\$\$)

Combination
(\$-\$)

Mechanical
(\$\$-\$\$\$)

Biometric
(\$\$-\$\$\$)

Long gun vault
(\$\$-\$\$\$\$)

America – we have a Public Health Crisis



Back-to-Back Shootings Shake a Bewildered Nation

Chinese Immigrants

Rain Carnage on Concert

at 59 Die

ONE SHOOTING MASSACRE FOLLOWS ANOTHER SHAKING A BEWILDERED NATION TO ITS CORE

'I Will Never Be Able to Hold Her Again. But I Forgive You.'

Flags of White Power And Talking to Friends Of 'Starting a Civil War'

ASSAILING HATE, BUT NOT GUNS

GRIEF AND RAGE ROCK BUFFALO AFTER RACISM FUELS MASSACRE

Suspect Is Arrested in Charleston Massacre as the City Grieves

20 ARE KILLED IN MASSACRE IN EL PASO

Shooting Renews Scrutiny of Walmart Stores for Frequency

0 Shot Dead at Grocery in Buffalo; Attack Called a Hate Crime

STON MASSACRE SUSPECT HELD AS CITY GRIEVES

Element of Most Recent Massacres: Legally Purchased Guns

Upon Tragedy': 24 Days Into Year, 69 Deaths in Mass Shootings

Carnage Has a Long History of Pain, Pride and Dignity



'Who Would Do This to Our Poor Little Babies'



r Clues to What Drove the Gunman

As Neighborhood Mourns, Children Return to School



Parents ponder how much to tell their youngsters.

so Says the President Does Not 'Know Who We Are'

After Wait for Victims' Names in Texas, Families Are Left Devastated



A Sense at the White House of Horror, Loss

Crackling Spray of Gunfire, Then an Unprotected Sp

Shocking Tragedy That Terrorizes, but Without an Obvious Terrorist M

Recalling Nine Spiritual Mentors, Gunned Down During Night of D

Gunman Assaulted His Wife and Broke a Toddler's Skull in a Troubled Life

Families Criticize Police Over Delays in Response

SCHOOLHOUSE MASSACRE

Media Spotlight Seen as a Blessing, or a Curse, in a Grieving Town

The New Normal of America's Workplace

Security Awareness Series

Active Shooter Response - Safety in Public Places

Regularly practicing situational awareness in work and public spaces builds the habit to respond effectively to potential threats, enhancing your ability to stay safe in a variety of situations.

BE PROACTIVE

Seek information and training so you are prepared should an incident arise.

BE AWARE

Be aware of your surroundings and learn the warning signs of disruptive behaviors.

REPORT IT

If you see something, say something! Report any suspicious activities, behaviors or packages.

GENERAL SAFETY TIPS



Take note of emergency exits and evacuation plans.



Steer clear from individuals who may seem suspicious, even in crowded areas.



Avoid isolated, dark and unfamiliar paths. Prefer well-lit areas.



Stagger exit and entrances whenever possible to avoid corraling and jams.



Utilize walls and other barriers to protect your back and sides.



Keep your phone charged and handy in case of emergencies.



Trust your instincts. If you don't feel safe, report the issue and leave.



Maximize the view of your surroundings (i.e., sitting facing the entrance)

In case of imminent danger, or if your life is being threatened:

CALL 911



No matter how rapid the arrival of professional emergency responders, bystanders will always be first on the scene. A person who is bleeding can die from blood loss within five minutes, so it's important to quickly stop the blood loss.

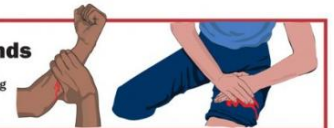
Remember to be aware of your surroundings and move yourself and the injured person to safety, if necessary.

Call 911.

Bystanders can take simple steps to keep the injured alive until appropriate medical care is available. Here are three actions that you can take to help save a life:

1. Apply Pressure with Hands

EXPOSE to find where the bleeding is coming from and apply **FIRM, STEADY PRESSURE** to the bleeding site with both hands if possible.



2. Apply Dressing and Press

EXPOSE to find where the bleeding is coming from and apply **FIRM, STEADY PRESSURE** to the bleeding site with bandages or clothing.



3. Apply Tourniquet(s)

If the bleeding doesn't stop, place a tourniquet 2-3 inches closer to the torso from the bleeding. The tourniquet may be applied and secured over clothing.



If the bleeding still doesn't stop, place a second tourniquet closer to the torso from first tourniquet.

The "Stop the Bleed" campaign was initiated by a federal interagency workgroup convened by the National Security Council Staff, The White House. The purpose of the campaign is to build national resilience by better preparing the public to save lives by raising awareness of basic actions to stop life-threatening bleeding following everyday emergencies and man-made and natural disasters. Advances made by military medicine and research in hemorrhage control during the wars in Afghanistan and Iraq have informed the work of this initiative which leverages translation of knowledge back to the homeland to the benefit of the general public. The Department of the Defense owns the "Stop the Bleed" logo and phrase - trademark pending.



Homeland Security

Office of Health Affairs



**Gun violence
is a public
health crisis.**

A preventable one.

Every day in America, there is senseless gun violence. Shootings in our homes, places of worship, schools and on our streets repeatedly threaten our health and safety. No one is immune to the impact.



The Daily Tar Heel

WEDNESDAY, AUGUST 16, 2023

VOLUME 131, ISSUE 34

ARE YOU SAFE? WHERE ARE YOU? ARE YOU ALONE? **GUYS I'M SO FUCKING SCARED.** HEY- COME ON SWEETHEART- I NEED TO HEAR FROM YOU. CAN YOU HEAR ANY GUNSHOTS? **PLEASE STAY SAFE.** BARRICADE THE DOOR OR IF YOU THINK YOU CAN RUN AND GET TO A PLACE THAT CAN LOCK DO SO. MY TEACHER IS ACTING LIKE NOTHING IS HAPPENING AND I'M LOWKEY FREAKING OUT. **I WISH THESE NEVER HAPPENED.** STAY CALM AND SAFE - WE LOVE YOU. I AM SO SORRY THIS IS HAPPENING. **I LOVE YOU.** WHAT THE FUCK IS HAPPENING? MULTIPLE VOICES AND LOUD BANGING. I'M IN CLASS EVERYONE IS LOSING IT PEOPLE ARE LITERALLY SHAKING. STILL GOING ON AND COMING CLOSER, HOPING IT'S COPS. I'M GONNA FUCKING THROW UP. KINDA WISH I HAD SOMEONE ELSE HERE THOUGH. **PLEASE PRAY FOR US.** PLEASE STAY WHERE YOU ARE AND KEEP YOUR DOORS LOCKED OR FORTIFIED. LOVE YOU SO SO MUCH. ARE YOU HOME? **SOMEONE IS ALREADY SHOT.** IT'S ALSO SCARY HOW UNPREPARED OUR TEACHERS AND STAFF WERE FOR THAT. I'M LISTENING ON THE SCANNER. **I HAVEN'T HEARD ANYTHING YET.** IT WILL BE OK MY LOVE JUST STAY PUT. THERE'S SOMEONE ARMED ON CAMPUS. YOU HAVE A WHOLE COMMUNITY IN THE SAME BOAT WITH YOU. ARE U HIDDEN? LONGEST HALF HOUR OF MY LIFE. I'M SO SCARED TO LEAVE. STAY DOWN. **DO YOU HEAR SHOOTING?** PLEASE LET ME KNOW WHEN YOU ARE SAFE. HEY ARE YOU DOING ALRIGHT. LIKE MENTALLY, THIS SHITS SCARY. I LOVE YOU. IM SAFE STILL. MY TEXTS WON'T GO THRU. I AM SAFE. ACTIVE SHOOTER ON CAMPUS. I'M IN DEY RN BUT I CAN SEE PEOPLE RUNNING AND HEAR SCREAMING. GET UNDER THE DESK!!!! OR RUN IF YOU CAN! PUT STUFF IN FRONT OF THE DOOR! PLEASE BE CAREFUL. I'M SCARED. I'M SO SCARED RN. **OMG. I'M SO SCARED.** HOLY FUCK SOMEONE'S IN MY BUILDING. SAFE? YES YOU? YES. CHECKING IN JUST HOPE Y'ALL ARE SAFE WHEREVER Y'ALL AT. APPARENTLY SOMEONE WAS SHOT IN CAUDILL. POLICE SCANNER SAYS 1 PERSON DOWN NO PULSE. PLEASE STAY THERE WHERE YOU'RE SAFE. ARE YOU SAFE RIGHT NOW? ARE YOU SAFE? **PLEASE SEND LITERALLY ANYTHING.** I HEARD SOMEONE GOT SHOT. CAN YOU CALL ME? ARE YOU OKAY?? IDK WHAT TO DO. I WISH I COULD JUST COME GET YOU. DON'T STOP TEXTING ME.



President Biden

@POTUS

This was the front page of UNC-Chapel Hill's Daily Tar Heel.

No student, no parent, and no American should have to send texts like these to their loved ones as they hide from a shooter.

I'll continue to do all I can to reduce gun violence and call on Congress to do the same.

- Federal gun violence research from a public health perspective stalled out after Congress passed the Dickey Amendment in 1996, which said that federal funding could not be used to promote or advocate for gun control.
- The amendment effectively cut off research dollars to health agencies like the CDC and NIH.



Does Gun Violence Get Enough Federal Research Funding?

Federal research funding and deaths per 100,000 people in the U.S. (2004–2014)

● Federal funding by cause of death □ Deaths per 100,000 people



- \$25 million will be split by the CDC and NIH



 **Washington Post** 
@washingtonpost Follow

With \$2 million, Kaiser Permanente wants to help revive underfunded gun-violence research



With \$2 million, Kaiser Permanente wants to help revive underfunded gun-vio...
The health system, one of the nation's largest, hopes its move will encourage other institutions to study firearm injuries.
washingtonpost.com

1:50 PM - 9 Apr 2018

203 Retweets 510 Likes 

 Bechara Choucair Retweeted

 **Bernard J. Tyson, CEO**  @BernardJTyson · 9 Apr 2018

We are investing \$2M in research for gun injury prevention to save lives and help communities become safer places to live, work and play.



A Growing Public Health Crisis – Firearm-Related Deaths
Every day, many innocent lives are lost due to firearm-related deaths – and many more people are injured. In fact, according to the U.
linkedin.com

 137  593  1.6K 

May 29, 2022

Gun violence is a public health crisis. A preventable one.

In honor of all gun violence victims, Kaiser Permanente will establish a new Center for Gun Violence Research and Education with a focus on gun violence prevention through care innovation, research, and education.

Source: KP Press Release. <https://k-p.li/3N8hhTW>

“We know that firearm injury is a leading cause of preventable death in the U.S., and we can leverage our research capabilities combined with our deep clinical experience to help tackle this issue.”

– Bernard J. Tyson, 2019



By George Isham, Jay Bhatt, Bechara Choucair, David Grossman, Elizabeth McGlynn
April 29, 2019 | Commentary

October 2018--Kaiser Permanente and the American Hospital Association sponsored a workshop at the [National Academies of Sciences, Engineering, and Medicine](#) to examine the current state of the science and the research necessary to enable hospitals and health systems to be more effective in preventing firearm injury and death.

HEALTH SYSTEMS INTERVENTIONS
TO PREVENT FIREARM INJURIES AND DEATH



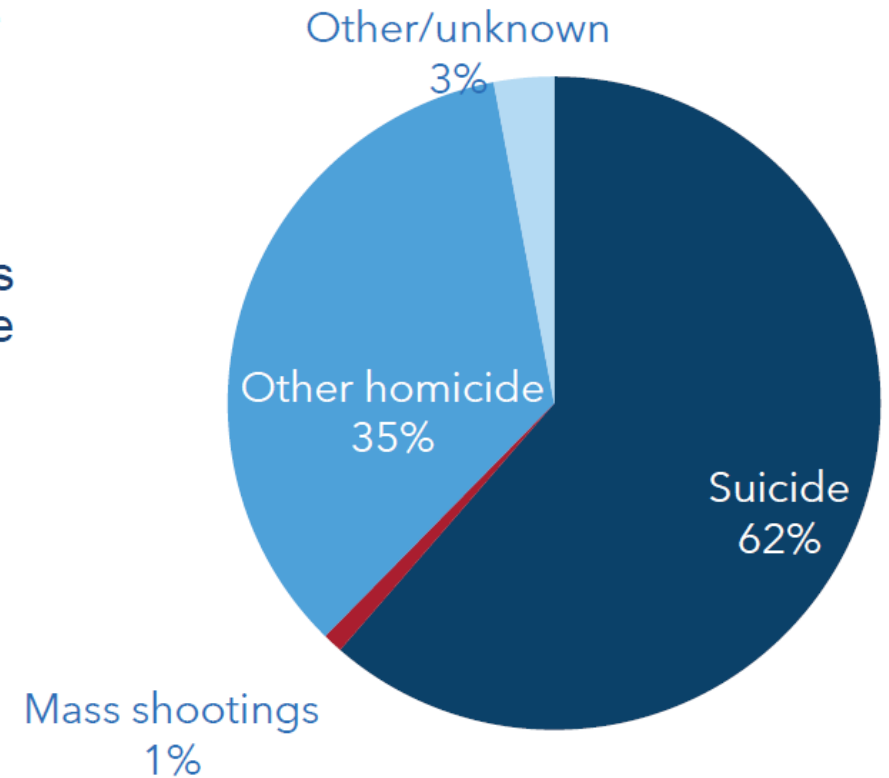


“If it’s not a health problem, then why are all those people dying from it?”

- Dr. David Satcher, US Surgeon General, 1993

Prevalence

- ▲ Firearm violence is a leading cause of premature death in the U.S.
 - In 2020, **45,222** people were killed by firearms in the US, the highest number on record
 - This number is only continuing to rise, up 13.5% from the previous year ([CDC, 2021](#))
 - Annals of Int Med in February 2021 – 7.5 million US adults (just under 3% of the nations population) became first time new firearm owners from June 2019 and April 2021
- ▲ There are over 393,000,000 firearms in circulation in the US. ([CHOP, 2022](#))
 - **44%** of Americans live in a household with a firearm



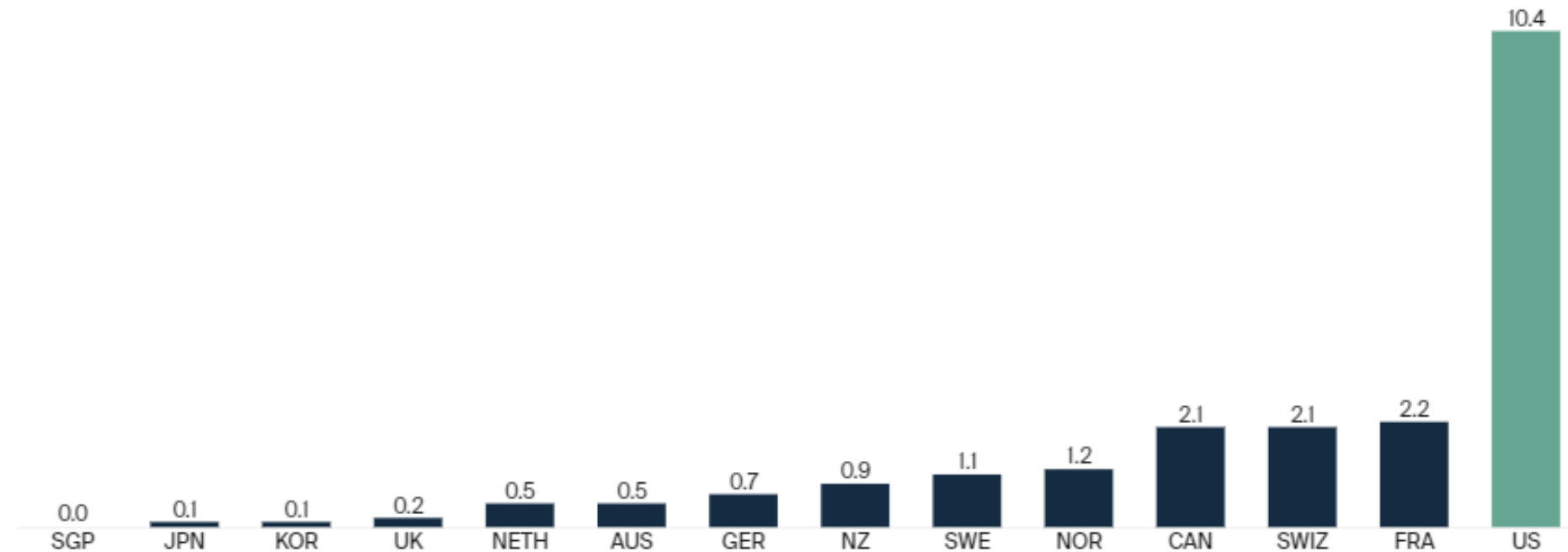
Centers for Disease Control and Prevention. May 4, 2022. *Fast facts: Firearm violence prevention | violence prevention | Injury Center | CDC.*
<https://www.cdc.gov/violenceprevention/firearms/fastfact.html>

Gun violence: Facts and statistics. Center for Violence Prevention. (2022, June 3). Retrieved August 22, 2022, from <https://violence.chop.edu/gun-violence-facts-and-statistics>

PERMANENTE MEDICINE
Mid-Atlantic Permanente Medical Group

The U.S. has the highest rate of firearm deaths, nearly five times that of the second-highest country, France.

Age-standardized rate of death because of firearms per 100,000 people, 2019



[Download data](#)

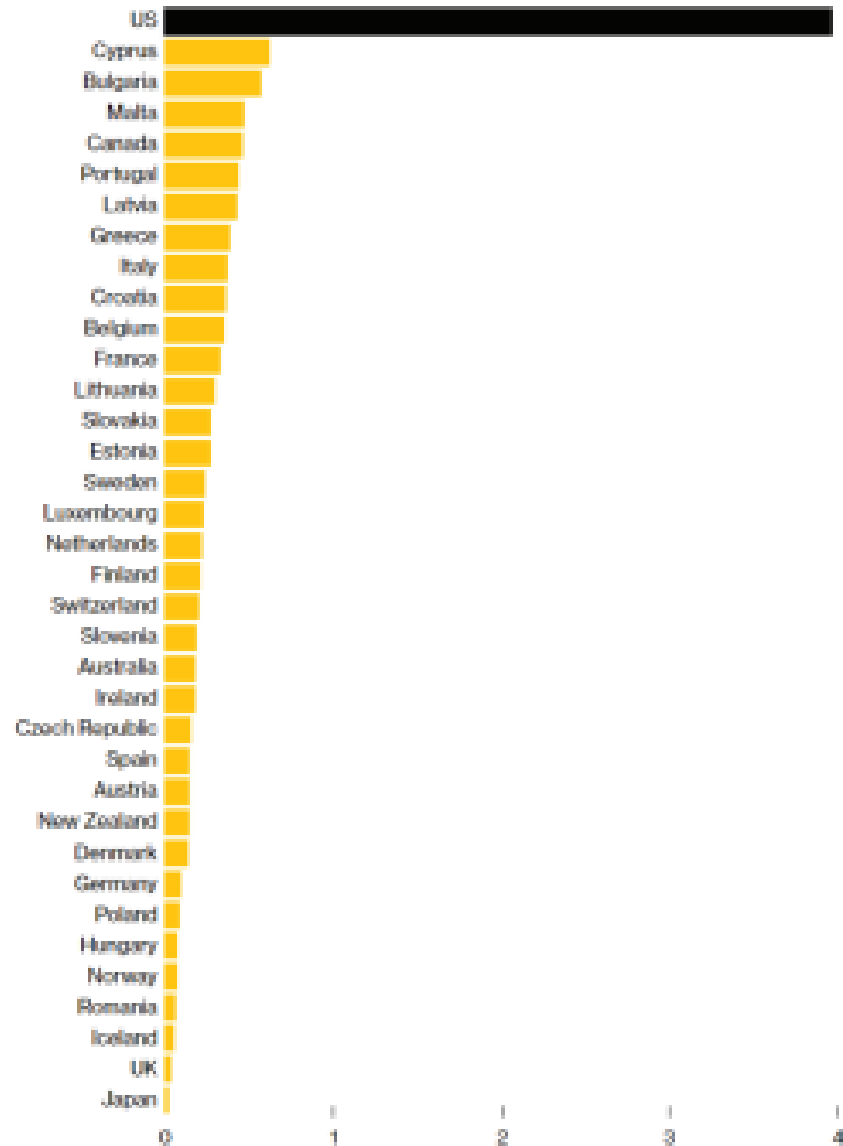
Note: Firearm mortality is an aggregate of physical violence by firearm, self-harm by firearm, and unintentional firearm injuries.

Data: IHME, [Global Burden of Disease](#) database, 2019.

Source: Evan D. Gumas, Munira Z. Gunja, and Reginald D. Williams II, "The Health Costs of Gun Violence: How the U.S. Compares to Other Countries," chartpack, Commonwealth Fund, Apr. 2023. <https://doi.org/10.26099/a2at-gy62>

Firearm-Related Deaths

Gun violence deaths per 100,000 people in developed economies



The unintentional
firearm death rate
in the US is

4x higher

than other high-
income economies

Grinshteyn, E., & Hemenway, D. (2019). Violent death rates in the US compared to those of the other high-income countries, 2015. *Preventive Medicine: An International Journal Devoted to Practice and Theory*, 123, 20–26. <https://doi.org/10.1016/j.ypmed.2019.02.026>

Secondary Impacts Related to Firearm Violence

Mental Health Impacts

- ▲ Trauma and PTSD
- ▲ Behavioral and academic problems
- ▲ Increased risk of substance abuse
- ▲ Survivor's guilt
- ▲ Impaired conflict resolution

Physical Disability

- ▲ Injury causing disability

Social Impacts

- ▲ Incarceration, and homelessness
- ▲ Exacerbate existing inequities



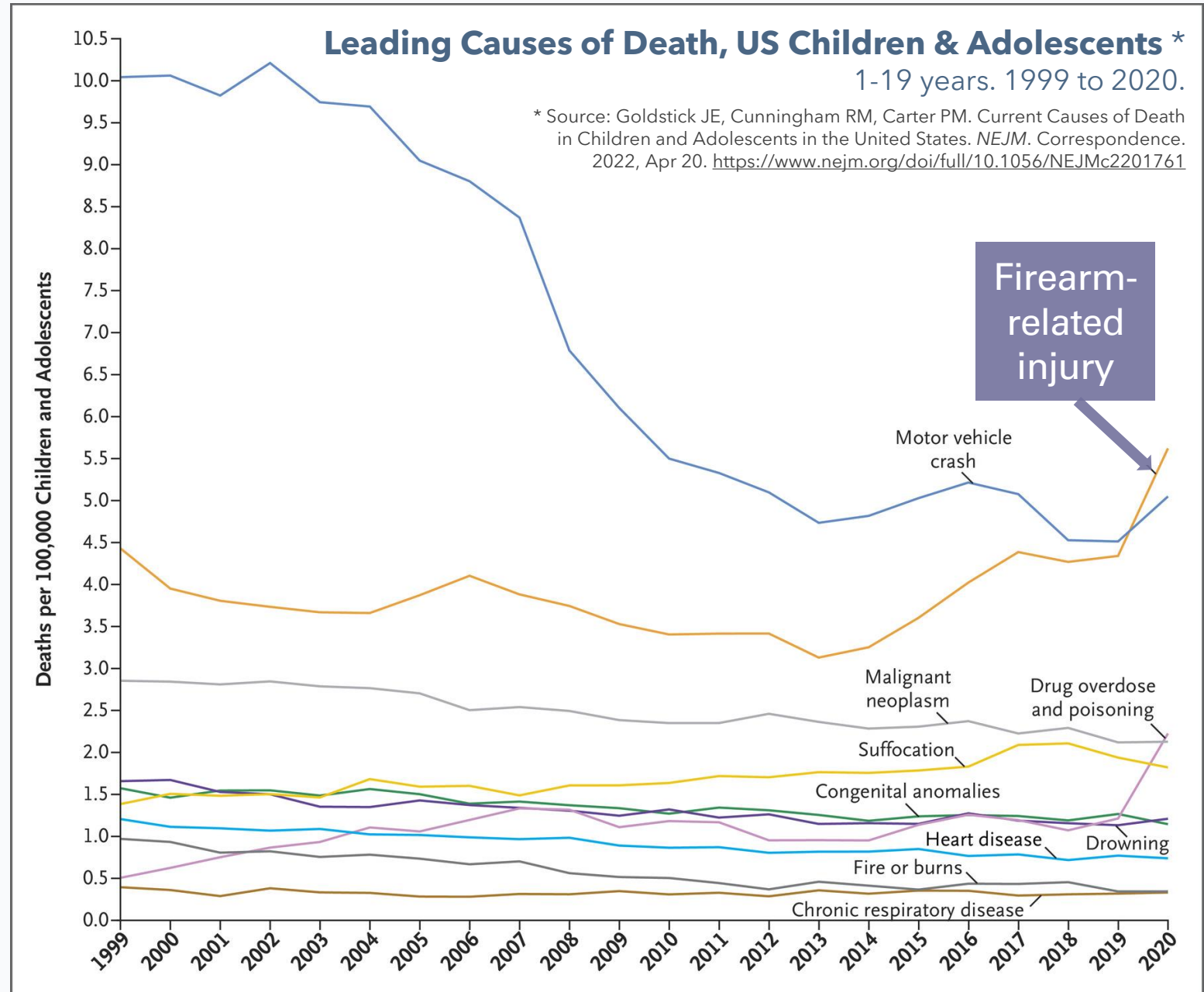
Hink, A. B, Bonne, S., Levy, M., Kuhls, D. A., Allee, L., Burke, P. A., Sakran, J. V., Bulger, E. M., Stewart, R. M. (2019, September). Firearm injury research and epidemiology: A review of the data, their limitations, and how trauma centers can improve firearm injury research. *Journal of Trauma and Acute Care Surgery*. 87(3): 678-689. doi: 10.1097/TA.0000000000002330

Firearm injuries in pediatric population

- Firearm injury is now the number one cause of death for children and teens surpassing motor vehicle accidents, cancer, accidents and COVID-19.
- 3 million children are directly exposed to firearm violence every year, resulting in death, injury and lasting trauma.
- 56% of adolescents can access a loaded firearm.

Sources

1. Andrews AL, Killings X, Oddo ER, Gastineau KAB, Hink AB. Pediatric Firearm Injury Mortality Epidemiology. *Pediatrics* March 2022; 149 (3): e2021052739. [10.1542/peds.2021-052739](https://doi.org/10.1542/peds.2021-052739)
2. Everytown Research & Policy. The Impact of Gun Violence on Children and Teens. 2019 May 29. <https://everytownresearch.org/report/the-impact-of-gun-violence-on-children-and-teens/>
3. Salhi C, Azrael D, Miller M. Parent and Adolescent Reports of Adolescent Access to Household Firearms in the United States. *JAMA Netw Open*. 2021;4(3):e210989. [doi:10.1001/jamanetworkopen.2021.0989](https://doi.org/10.1001/jamanetworkopen.2021.0989)



Mental Health Impacts of Firearm Violence

Mental Health Impacts

- ▲ 62% of parents said they lived in fear of their children becoming victims of a mass shooting, and 71% said the possibility of mass violence was adding stress to their lives
- ▲ One study conducted eight months after patients were discharged found that post traumatic stress among patients was common — 39% of patients reported severe intrusive thoughts and 42% reported severe avoidance behavior
- ▲ Study followed patients five to eight years after having a suffered a gun shot, nearly half of all patients exhibited symptoms for PTSD
- ▲ Other mental health impacts: antisocial behavior, depression, risky alcohol use, substance use

Bernstein, L., Cha, A. E., & Achenbach, J. (2022, May 26). Mass violence takes toll on Americans' psyches. *The Washington Post*. <https://www.washingtonpost.com/health/2022/05/26/mass-shootings-trauma-effects/>

Greenspan A. I. & Kellermann, A. L. (2002, October). Physical and psychological outcomes 8 months after serious gunshot injury. *Journal of Trauma and Acute Care Surgery*, 53(4), 709-16. doi: 10.1097/00005373-200210000-00015.

Vella, M. A., Warshauer, A., Tortorello, G., Fernandez-Moure, J., Giacolone, J., Chen, B., Cabulong, A., Chreiman, K., Sims, C., Schwab, C. W., & Reilly, P. M. (2020). Long-term functional, psychological, emotional, and social outcomes in survivors of firearm injuries. *JAMA Surgery*, 155(1), 51-59. doi:10.1001/jamasurg.2019.4533

Injury and Other Impacts of Firearm Violence

Physical Disability

- ▲ More than 7 out of every 10 medically treated firearm injuries are from firearm related assaults
 - About 2 out of every 10 are from unintentional firearm injuries
 - About 3 out of 5 non-fatal firearm injuries affect those under 30 leading to lifelong trauma
 - Gunshot wounds are the **3rd most common form of spinal cord related injury** behind car crashes and falls
 - An estimated 1,470 individuals suffer traumatic brain injuries as a result of gunshot wounds per year
 - One study found that over 13% of nonfatal firearm injury patients will be readmitted into the hospital within the first six months of being discharged from medical care

Gani F, Sakran JV, Canner JK. (2017). CDC WONDER, <https://wonder.cdc.gov/>

Chen, Y., Tang, Y., Vogel, L. C., & Devivo, M. J. (2013). Causes of spinal cord injury. *Topics in Spinal Cord Injury Rehabilitation*, 19(1). 1-8. doi: 10.1310/sci1901-1.

Deng, H., Yue, J. K., Winkler, E. A., Dhall, S. S., Manley, G. T., & Tarapore, P. E. (2019, January 15). Adult firearm-related traumatic brain injury in the United States trauma centers.

Journal of Neurotrauma, 36(2). 322-337. doi: 10.1089/neu.2017.5591

Joseph, B., Hanna, K., Callcut, R. A., Coleman, J. J., Sakran, J. V., & Neumayer, L. A. (2019, October). The hidden burden of mental health outcomes following firearm related-injuries. *Annals of Surgery*, 270(4). 593-601. doi: 10.1097/SLA.0000000000003473

70

Every month, an average of 70 women are shot and killed by an intimate partner.

Everytown analysis of CDC, National Violent Death Reporting System (NVDRS), 2019.

Last updated: 1.26.2022

- Black children & teens experience a much higher rate of firearm deaths.
- Young persons, males and Black Americans consistently have the highest firearm homicide rates, and these groups experienced the largest increases in 2020.
- Native Americans & Alaskan Natives had the largest increase in firearm related suicide rates in 2020.
- Firearm homicide is more prevalent in urban areas.
- Firearm suicide and unintentional injury are more prevalent in rural areas.

Firearm deaths per 100,000 minors, by race

Between 2006 and 2016, black Americans under the age of 19 had the highest overall rate of death by firearm.

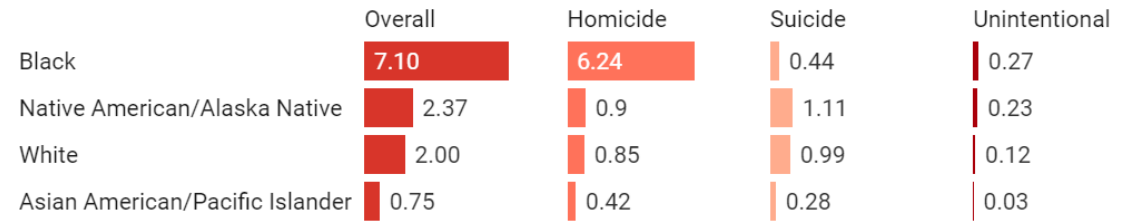


Chart: The Conversation, CC-BY-ND • Source: CDC WONDER • [Get the data](#)

Child and teen firearm deaths, by geography

Children and teens living in rural areas are more likely to die from firearm suicide and unintentional injury than those living in urban areas. All rates are per 100,000 minors in 2017.

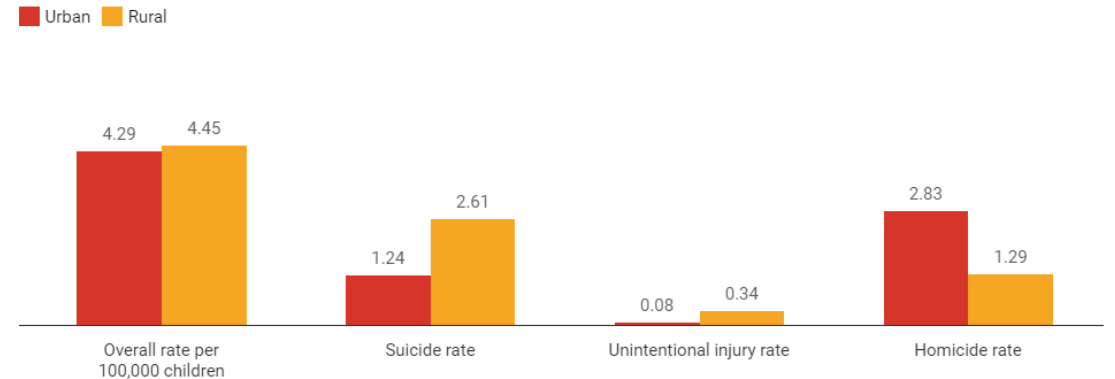


Chart: The Conversation, CC-BY-ND • Source: CDC WONDER • [Get the data](#)

Sources

1. CDC. CDC Wonder: about underlying cause of death, 1999-2020. Atlanta, GA: US Department of Health and Human Services, CDC; 2021. <https://wonder.cdc.gov/ucd-icd10.html>.
2. Daley B. (16 Aug 2019). *The facts on the US children and teens killed by firearms*. *The Conversation*. CC-BY-ND

While less likely to own firearms than white Americans, **African Americans are more likely to own a firearm for personal safety.**

- For some individuals, the need for personal safety outweighs the potential risk: *'Do you know where I live? I could get killed. I need a gun.'*
- Firearm violence in marginalized communities is a complex and intersectional issue tied to systemic injustices, social factors, poverty, and discrimination.

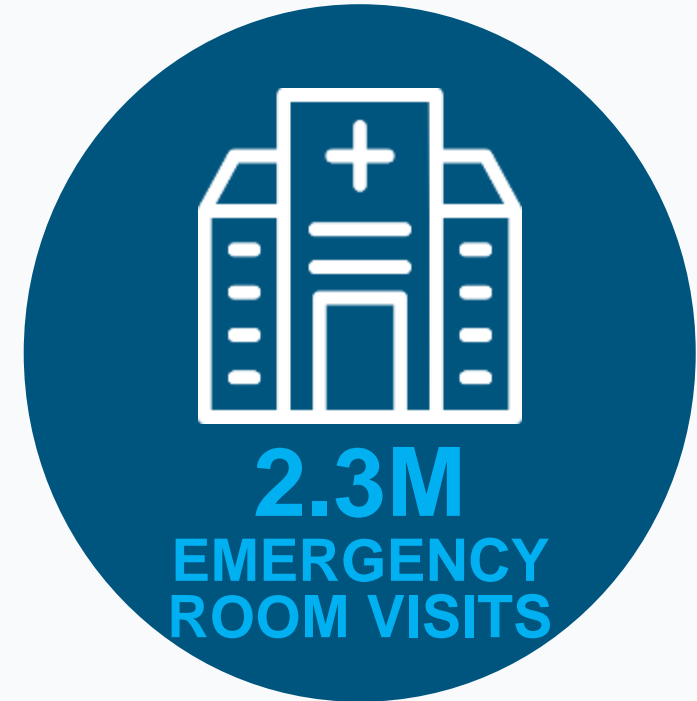
Providers should mitigate member concerns that they might report them to Child Protective Services (CPS).

- While having a firearm alone is not grounds for reporting abuse, families of color are disproportionately affected by CPS reporting.
- More than half of Black children are investigated by CPS during their childhood.
- Compared to white families, Black families are more frequently reported for child abuse and neglect – even for similar circumstances.

Sources

1. Fenton R, Garner T, Hicks K, Slutkin G, Williams B. The Intersection of Systemic Racism and Gun Violence. STAND SAFE Conference. 2020, Sep 22. <https://www.standsafe.org/stand-safe-2020>
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- **2.3 million** emergency room visits
- **376,000** hospitalizations
- **\$8.7 billion** in direct medical costs
 - Acute Care
 - Rehabilitative Care
 - Chronic Care
- Many suicide and assault victims die outside of the hospital
- Care of victims of violence more likely to be undercompensated



Workplace violence



Health care has injury rate almost **4x higher** than all other occupations combined



Half of sampled emergency physicians report being assaulted at work



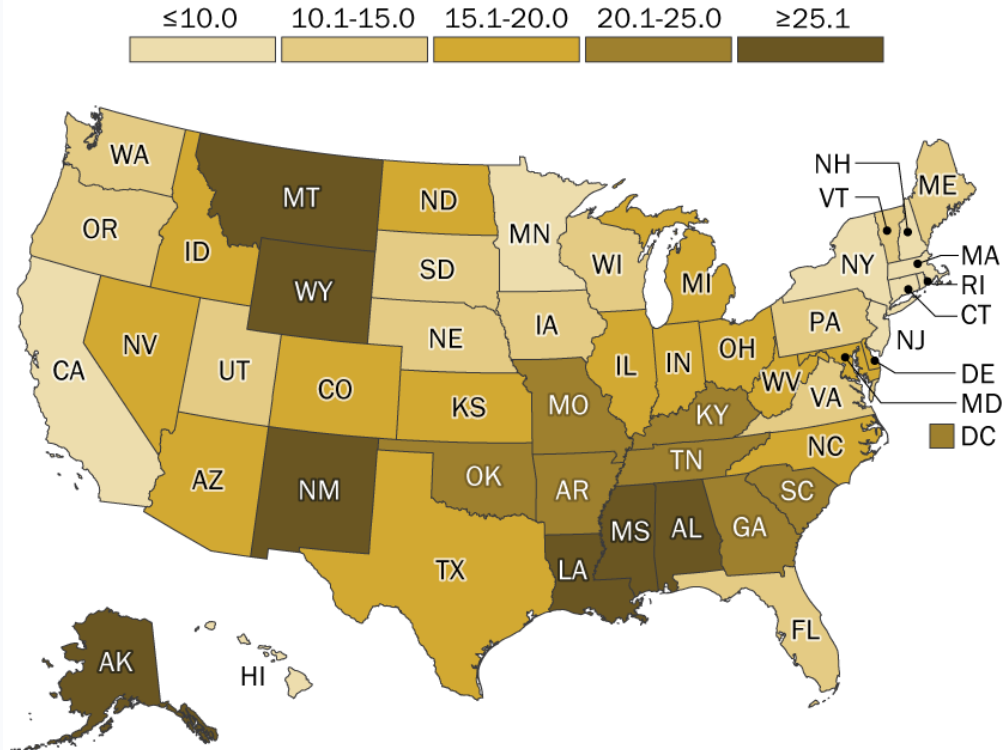
Exposure **pervasive** throughout health care settings



Consequences include: turnover, morale, lost productivity

U.S. gun death rates varied widely by state in 2021

Gun deaths per 100,000 people (age-adjusted), by state



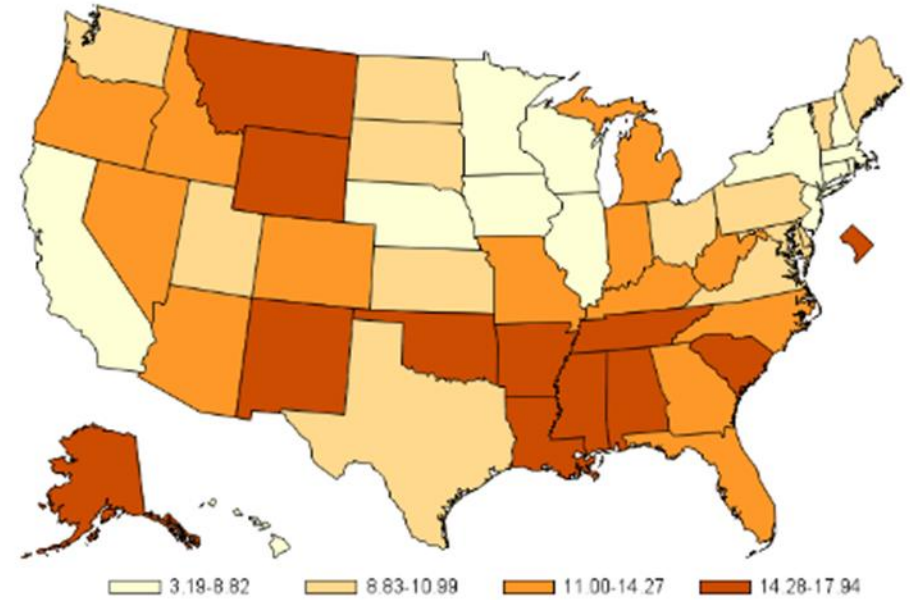
Note: Includes gun murders, suicides and deaths that were accidental, involved law enforcement or had undetermined circumstances.

Source: Centers for Disease Control and Prevention.

PEW RESEARCH CENTER

Gramlich J. What the data says about gun deaths in the U.S. 26 Apr 2023. Pew Research Center. <https://www.pewresearch.org/short-reads/2023/04/26/what-the-data-says-about-gun-deaths-in-the-u-s/>

2008-2014, United States
 Death Rates per 100,000 Population
 Firearm, Violence-related, All Races, All Ethnicities, Both Sexes, All Ages
 Annualized Crude Rate for United States: 10.18



Reports for All Ages include those of unknown age.
 * Rates based on 20 or fewer deaths may be unstable. States with these rates are cross-hatched in the map (see legend above). Such rates have an asterisk.

Produced by: the Statistics, Programming & Economics Branch, National Center for Injury Prevention & Control, CDC
 Data Sources: NCHS National Vital Statistics System for numbers of deaths; US Census Bureau for population estimates.



- **Over 4 million adults** in the state own a firearm. ¹
- **In 2020, more than 1.2 million guns were purchased in California**, a 56% percent increase from 2019 and the highest number since at least 2000. ²
- **Protection against other people** is a primary motivation for firearm acquisition. ¹

Sources

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3. RAND Corporation. Gun Policy in America. <https://www.rand.org/research/gun-policy/gun-ownership.html>

* Estimates of prevalence may vary by source and by year

Firearm Ownership in KP States ³

Adults living in a household with a firearm, 2007-2016



18% California



44% Oregon



39% Colorado



39% Georgia



37% Virginia



34% Washington



21% Maryland



8% Hawaii

In the Clinic | 4 June 2019

Preventing Firearm-Related Death and Injury FREE

Rocco Pallin, MPH, Sarabeth A. Spitzer, BA, Megan L. Ranney, MD, MPH, ... [View all authors +](#)

Author, Article, and Disclosure Information

<https://doi.org/10.7326/AITC201906040>

ABSTRACT

- EPIDEMIOLOGY

- HEALTH BENEFITS,
HARMS, AND RISK
GROUPS

- SCREENING

- PREVENTION

- PRACTICE
IMPROVEMENT

COMMENTS

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Abstract

Deaths and injuries from firearms are significant public health problems, and clinicians are in a unique position to identify risk among their patients and discuss the importance of safe firearm practices. Although clinicians may be ill-prepared to engage in such discussions, an adequate body of evidence is available for support, and patients are generally receptive to this type of discussion with their physician. Here, we provide an overview of existing research and recommended strategies for counseling and intervention to reduce firearm-related death and injury.

Key populations at risk: adolescents and young adults, elderly, firearm injury victims, dementia

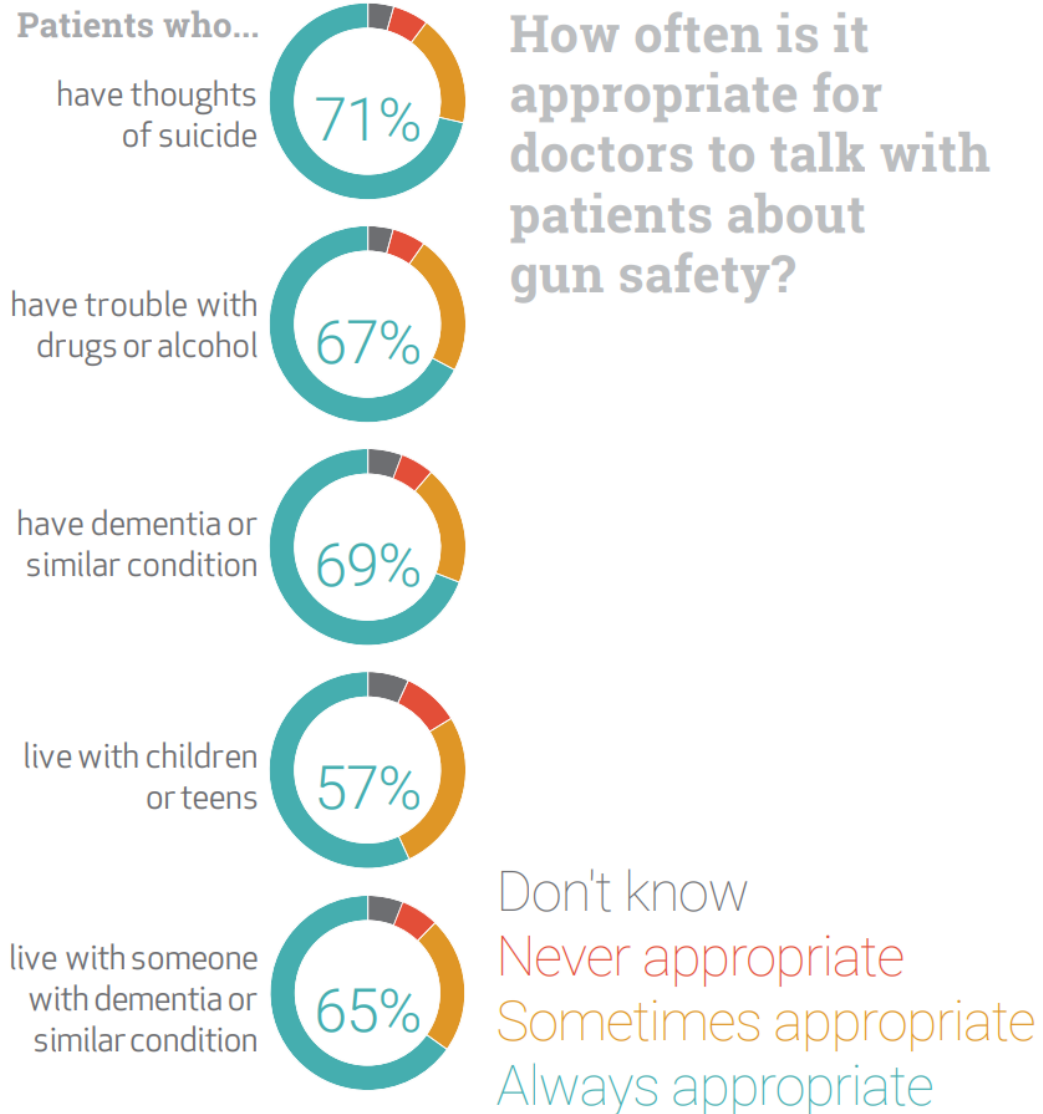
Focus on the household environment

Help patients understand what is known about risk of household ownership, and how little evidence we have about potential benefits of ownership

Counseling regarding safe storage and estimates of protective value

SHOULD DOCTORS TALK WITH PATIENTS ABOUT GUNS?

A majority of adult California residents said it was always appropriate for doctors to talk with patients who keep guns in their homes about the importance of gun safety.

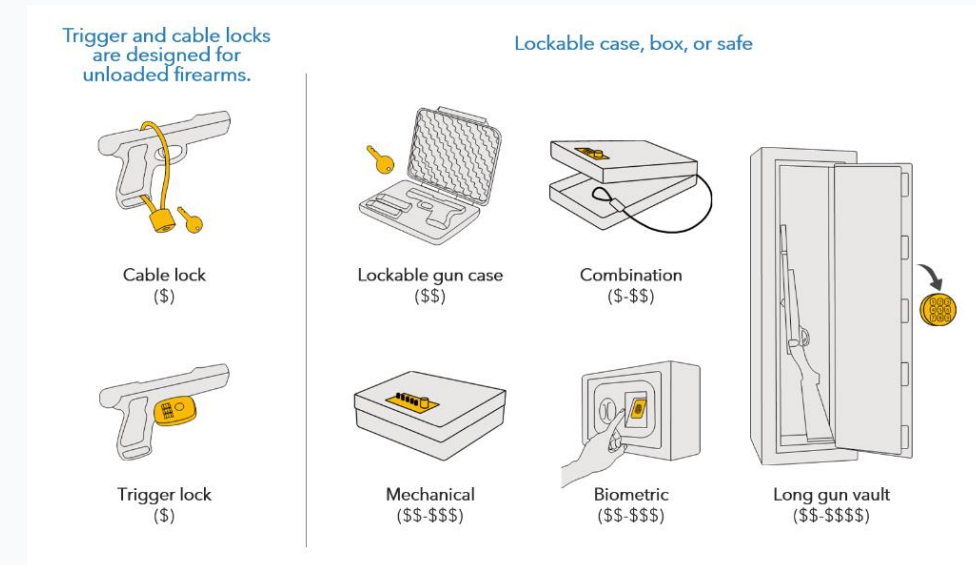


Pallin R, Charbonneau A, Wintemute GJ, Kravitz-Wirtz N. California public opinion on health professionals talking with patients about firearms. *Health Affairs*. 2019;38(10):1744-1751.

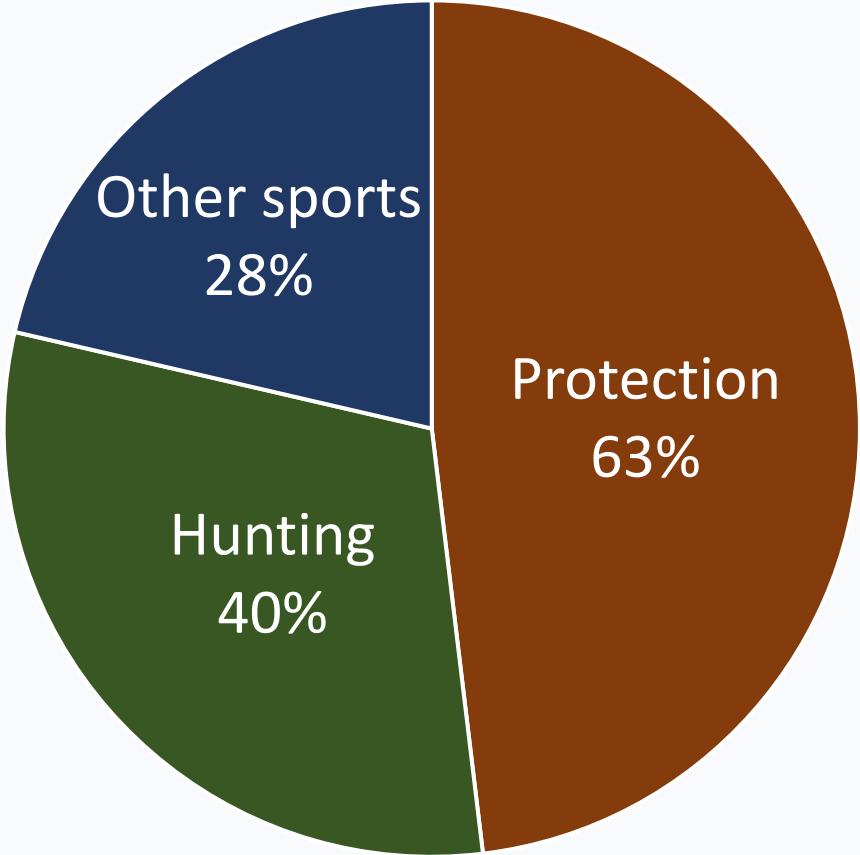
Copyright Project HOPE—The People-to-People Health Foundation, Inc.

Recommend simple and brief messaging

- 1. Establish trust & empathy** – Focus on a shared goal with the patient of keeping the household safe
- 2. Ask and Assess Risk** – focus on appropriate access to firearms, rather than ownership
- 3. Universal Guidance and Counseling** – Share information and resources
 - Securely storing and locking firearms can prevent tragic outcomes – hiding firearms is not enough
 - Secure storage options include cable locks and lockable boxes or cases
 - Encourage conversation with family and/or children as appropriate
 - If you experience resistance or pushback, respectfully let them know why you are asking, note that there are resources available and defer to a later visit
 - **Avoid words like:** gun control, restrictions, surrender; seize; confiscate



Reasons



Guns are considered in safe storage if:

- 1.** Guns are kept locked
- 2.** and unloaded AND
- 3.** ammunition is stored separately

ALL THREE must be present for it to be considered safe storage

Hiding a gun is not “securing” a gun.

You can't rely on curious kids not to find a gun. In fact, one study showed that over 70% of kids in gun owning households knew where the gun was stored, and 36% of those kids had handled the gun



46%

report storing all
guns unloaded
and locked.

30%

report storing at
least one gun
loaded and
unlocked

25%

store all weapons
unloaded and
unlocked

How do you lock a gun?



In California, all guns sold must be accompanied by a “firearms safety device” - a device, other than a gun safe, that locks and is designed to prevent children and unauthorized users from firing a firearm. They are also **inexpensive and readily available** at Walmart and sporting goods stores.

Gun Violence Restraining Order
Red Flag Law
Extreme Risk Protection Order
Firearm Restraining Order

California Code, Penal Code - PEN § **18100**





California's **Gun Violence Restraining Order** allows family members and law enforcement to quickly intervene in a time of crises and temporarily remove access to firearms.

Family and household members

- Spouse
- Parent
- Grandparent
- Child (over 18)
- Stepparent
- Stepchild
- Domestic Partner
- Sibling
- and*



Anyone who has regularly resided on the same property as the subject for the last 6 months

Petitioning for a GVRO



Family/Household members can petition through the court or law enforcement



Others can petition for a GVRO through law enforcement only. Law enforcement can also petition.

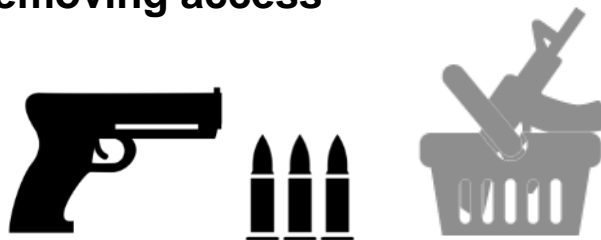
Within 24 hours



Right away



Removing access



First for 21 days



Then a hearing



Either firearms are returned

OR



The GVRO is extended one year



California's Gun Violence Restraining Order

Health Providers Can Speak for Safety

"A patient who is an ex-cop has seemed very unhappy for the last few months and has told his daughter she is better off without him. He keeps many guns around his home, and I am worried about suicide—what can I do?"

"A patient who is an avid gun owner has made threats of violence to his neighbors and has admitted to me during one of our appointments that he has thought about harming them. What can I do to help keep those around him safe?"

"As a primary care physician, I have a close relationship with many of my patients. Recently I spoke with a patient who was distressed that her son, who has attempted suicide in the past, recently purchased a handgun. When she asked him to give the gun to her he refused. What other options does she have to ensure he stays safe?"

**22,000 people die by suicide with a gun every year
in the United States**



The Means Matter

**85% of suicide attempts with a gun are successful,
compared to less than 5% by other means**

Research shows that a majority of Americans (64 percent) who attempted suicide

made a visit to a healthcare professional in the month before the attempt.

But, physicians do not routinely talk to patients about firearm access and the risk of suicide.

Asking about firearm safety does not violate the second amendment.

In all states, it is legal for clinicians to...

- Screen for firearms
- Provide counseling about firearms
- Share information with third parties if necessary

Clinicians can provide:

- Education about safe storage at pediatric visits
- Counseling on firearm safety and lethal means reduction to lower the risk of death by suicide

Sources

- Shultz BN, Lye CT, D'Onofrio G, et al. [Understanding the Role of Law in Reducing Firearm Injury through Clinical Interventions](#). *The Journal of Law, Medicine & Ethics*. 2020;48(4_suppl):146-154.
- Wintemute GJ, Betz ME, Ranney ML. [Yes, you can: Physicians, patients, and firearms](#). *Ann Int Med*. 2016;165:205-213.

Example Questions

Can I trust my health care provider?

- Where will this information be stored and who will have access?
- Will this information be used against me? Are you going to report me to CPS?

Some parents believe that firearm ownership is a confidential issue.

- Some parents may not want their children to know there is a firearm in the home (though many kids know anyway)
- Some parents may not want to share *why* they own a firearm with their clinician and/or child

Potential Responses

This information will only be used to provide you and your child with the best possible care and guidance.

We ask everyone regardless of whether you have guns.

Thank you for sharing and I am glad that you are prioritizing your child's safety. Children are often more curious than we think and they often know where our hiding spots are. Here are some secure storage options that would allow for quick access.

We only care that your child is safe. Whether you want to share information with us or with your child is your decision. If you do decide to talk with your child, this handout has a few talking points that you can use.

HOSPITAL CEOS ACROSS AMERICA UNITE TO FIGHT GUN VIOLENCE

**GUNS ARE NOW THE LEADING CAUSE OF
DEATH FOR KIDS. THIS NEEDS TO CHANGE.**

*As health care leaders, we pledge to use the collective power
of our voices and resources to curb this epidemic, and make
our communities safer for everyone.*

JASON LITTLE, BAPTIST MEMORIAL HEALTH CARE

TOMMY IBRAHIM, MD, MHA, BASSETT
HEALTHCARE NETWORK

RICH LIEKWEG, BJC HEALTHCARE

ALASTAIR BELL, MD, MBA, BOSTON MEDICAL CENTER

NANCY AGEE, CARILION CLINIC

MARCEL LOH, CHA HOLLYWOOD PRESBYTERIAN
MEDICAL CENTER

CHRISTOPHER J. DUROVICH, CHILDREN'S HEALTH

MADLINE BELL, CHILDREN'S HOSPITAL OF
PHILADELPHIA

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OF PITTSBURGH

CHRISTOPHER O'CONNOR, YALE NEW HAVEN
HEALTH SYSTEM

NATIONAL HEALTH CARE CEO COUNCIL ON GUN SAFETY AND VIOLENCE PREVENTION



Alex Wong/Getty Images

President Joe Biden speaks as Rep. Maxwell Frost and Vice President Kamala Harris listen during a Rose Garden event on gun safety at the White House on September 22, 2023 in Washington, DC.

SEPTEMBER 21, 2023

President Joe Biden to Establish First-Ever White House Office of Gun Violence Prevention, To Be Overseen by Vice President Kamala Harris



BRIEFING ROOM

STATEMENTS AND RELEASES

New office will focus on implementing executive and legislative action, including historic Bipartisan Safer Communities Act signed by President Biden, to end the scourge of gun violence in America



Governor Newsom Strengthens California's Nation-Leading Gun Safety Laws

Published: Sep 26, 2023

WHAT YOU NEED TO KNOW: Governor Newsom signed new gun safety measures into law — strengthening the state's public carry regulations, requiring microstamping on handgun cartridges to help trace guns used in crimes, keeping guns away from potentially dangerous individuals, enacting a first-in-the-nation effort to generate funds on the sale of bullets to improve school safety and gun violence intervention programs, and more.

California will be first state to train doctors in how their counsel can prevent gun deaths

- The state of California will pay \$3.85 million to researchers at the University of California, Davis, to train health care professionals to help their patients reduce firearm-related injury and death.
- October 2019--Gov. Gavin Newsom approved the funding. Money will go toward educating a variety of California providers, including practicing physicians, mental health care professionals, physician assistants, nurse practitioners, nurses, health professions students and other specialists.

The BulletPoints project is funded by the State of California and developed by the California Firearm Violence Research Center at UC Davis.

Firearm Law

- <https://www.bulletpointsproject.org/firearm-law/>

Gun Violence Restraining Orders:

- <https://www.bulletpointsproject.org/civil-protective-orders/#gvros>

SF Chronicle Opinion from Amy Barnhorst, MD and Garen Wintemute, MD, MPH. 26 Jan 2023.

- [Opinion: How you and everyone you know can help stop California's mass shootings.](#)

The Bullet Points
Project is a
resource for state
laws related to
firearms.



Three ways for You to Continue this Conversation

A CONVERSATION WITH
THE WHITE HOUSE
OFFICE OF GUN
VIOLENCE PREVENTION

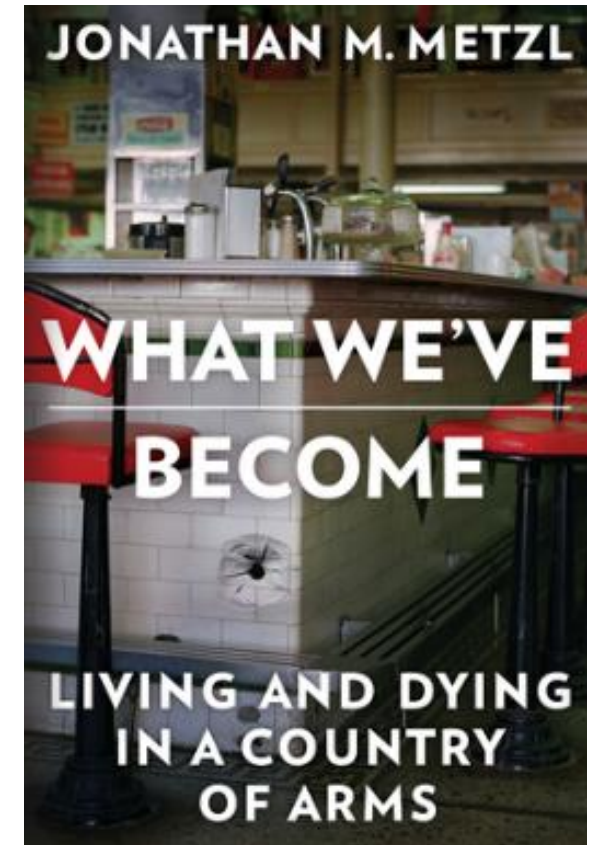
safe SCRUBS ADDRESSING THE FIREARM EPIDEMIC

03
MAY
FRIDAY
2 PM EST/11 AM PST

REGISTER USING LINK BELOW:
<https://shorturl.at/ktvA3>

SPEAKER
GREGORY JACKSON
SPECIAL ASSISTANT TO THE PRESIDENT AND
DEPUTY DIRECTOR OF THE WHITE
HOUSE OFFICE OF GUN VIOLENCE
PREVENTION

Event Silver Sponsor: The Center for Violence Prevention
at the University of Texas Health Science Center at Houston



National Latino/a Medical Student Association Newsletter

Message from Gun Violence Task Force: Brady United is seeking **volunteers to teach HS Students.**

If you are interested, please fill out this form: <https://forms.gle/HVfkmPMDRX6pZcTG9> and feel free to reach out to vp_comms@lmsa.net

1. Firearm injuries are the leading cause of death for children and adolescents.

- CDC, WONDER, Underlying Cause of Death, Injury Mechanism & All Other Leading Causes, 2020. Ages 1-19. Including ICD-10-U07.1 (COVID-19). Analysis by [Everytown Research & Policy](#).

2. It is estimated that 1 in 3 U.S. homes with children under age 18 has a firearm, with 71% of homes reporting that the firearm is kept unlocked and/or loaded.

- Azrael D, Cohen J, Salhi C, Miller M. Firearm storage in gun-owning households with children: Results of a 2015 national survey. *J Urban Health*. 2018;95(3):295-304.

3. Firearm purchases and the risk of firearm injuries have increased during the COVID-19 pandemic.

- Schleimer, J.P., McCort, C.D., Shev, A.B. et al. Firearm purchasing and firearm violence during the coronavirus pandemic in the United States: a cross-sectional study. *Inj Epidemiol*. 2021;8, 43.

4. Most patients believe that discussions about firearm safety in health care settings are appropriate.

- Betz ME, Azrael D, Barber, C, Miller, M. Public opinion regarding whether speaking with patients about firearms is appropriate. *Ann Int Med*. 2016;165:543-550.
- Campbell BT et al. A multicenter evaluation of a firearm safety intervention in the pediatric outpatient setting. *J Peds Surg*. 2020;55:140-145.

5. Studies have shown that brief counseling interventions in clinical settings work to prevent injuries.

- Albright TL, Burge SK. Improving firearm storage habits: impact of brief office counseling by family physicians. *J Am Board Fam Pract*. 2003;16(1):40-46.
- Barkin SL, Finch SA, Ip EH, et al. Is office-based counseling about media use, timeouts, and firearm storage effective? Results from a cluster-randomized, controlled trial. *Pediatrics*. 2008;122(1):e15-e25.
- Campbell BT et al. A multicenter evaluation of a firearm safety intervention in the pediatric outpatient setting. *J Peds Surg*. 2020;55:140-145.
- Grossman DC, et al. Gun storage practices and risk of youth suicide and unintentional firearm injuries. *JAMA*. 2005;293(6):707-714.
- Wintemute GJ, Betz ME, Ranney ML. Yes, you can: Physicians, patients, and firearms. *Ann Int Med*. 2016;165:205-213.

6. Common challenges to pediatric interventions include limited time, lack of knowledge about firearms and safe storage methods, and few resources to share with patients.

- Hoops K, Crifasi C. Pediatric resident firearm-related anticipatory guidance: Why are we still not talking about guns? *Prev Med*. 2019;124:29-32.
- Johnson-Young EA et al. Understanding Pediatric Residents' Communication Decisions Regarding Anticipatory Guidance About Firearms. *J Health Commun*. 2020 Mar 3;25(3):243-250.
- Ketabchi B, Gittelman MA, Southworth H, Arnold MW, Denny SA, Pomerantz WJ. Attitudes and perceived barriers to firearm safety anticipatory guidance by pediatricians: a statewide perspective. *Inj Epidemiol*. 2021;8(Suppl 1):21.

7. In 2016 and 2017, Kaiser Permanente treated more than 11,000 gunshot victims.

- Isham, G, Bhatt J, Choucair B, Grossman D, and McGlynn E. 2019. Health Systems Have a Role in Preventing Firearm Injury. *NAM Perspectives*. Commentary, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/201904c>.

Thank you

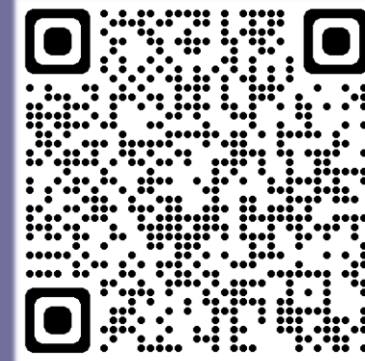


San Diego Pediatrics
+
Care Management Institute

Tools & Resources

<https://sp-cloud.kp.org/sites/FirearmSafety>

rosanna.tran@kp.org



Bridging the Gap: Clinicians' Role in Gun Violence Prevention and Youth Suicide

L.A. Care x Brady United Against Gun Violence Team
ENOUGH.

Presented by Robert Schentrup

September 18, 2024 Live Webinar, 12:00 pm – 1:00 pm PST
1 CME / CE Credit, Directly Provided CME/CE Activity by L.A. Care Health Plan



Disclosures

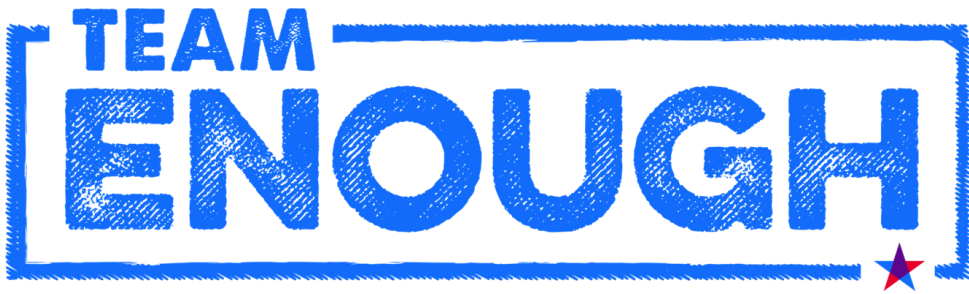
The following CME planners and faculty do not have relevant financial relationships with ineligible companies in the past 24 months:

- Leilanie Mercurio, Provider Continuing Education (PCE) Program Manager, L.A. Care Health Plan, CME Planner.
- Johanna Gonzalez, Health Equity Project Manager II, L.A. Care Health Plan, CME Planner.
- Clarise Stroud, Quality Management Nurse Specialist RN II, L.A. Care Health Plan, CME Planner.
- Robert Riewerts, M.D., Clinical Associate Professor of Family Medicine, Keck Medicine, USC, CME Faculty.
- Robert Schentrup, Organizing Manager, Team ENOUGH, Brady United, CME Faculty.

An Ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Commercial support was not received for this CME/CE activity.





A youth-led and youth focused organizing program that educates and mobilizes other young people, ages 13 to 26, in the fight against gun violence

We recognize the value that young people bring to the movement against gun violence: fresh perspective, drive, a no-nonsense approach and an unapologetic demand for answers and actions to prevent gun violence.

We are **diverse**. More than two-thirds of the Team ENOUGH Executive Council are people of color, diverse faith backgrounds, or LGBTQ+.

We are **intersectional**. We care deeply about gun violence prevention (GVP) and its disproportionate impact on vulnerable communities.

We are a platform to unite student activists from across the country to amplify our voices for greater impact.

Through organizing and action, we will be the generation that ends the American epidemic of gun violence



Brady is a national organization that works across Congress, the courts, and communities, uniting gun owners and non-gun owners alike, to take action, not sides, and end America's gun violence epidemic.



LEGAL



LEGISLATIVE



GRASSROOTS



**END
FAMILY
FIRE**



**COMBATING
CRIME GUNS**





80% of guns used in suicides, unintentional shootings, and school shootings by those under 18 are acquired from the home.

Impact on Historically Marginalized Communities

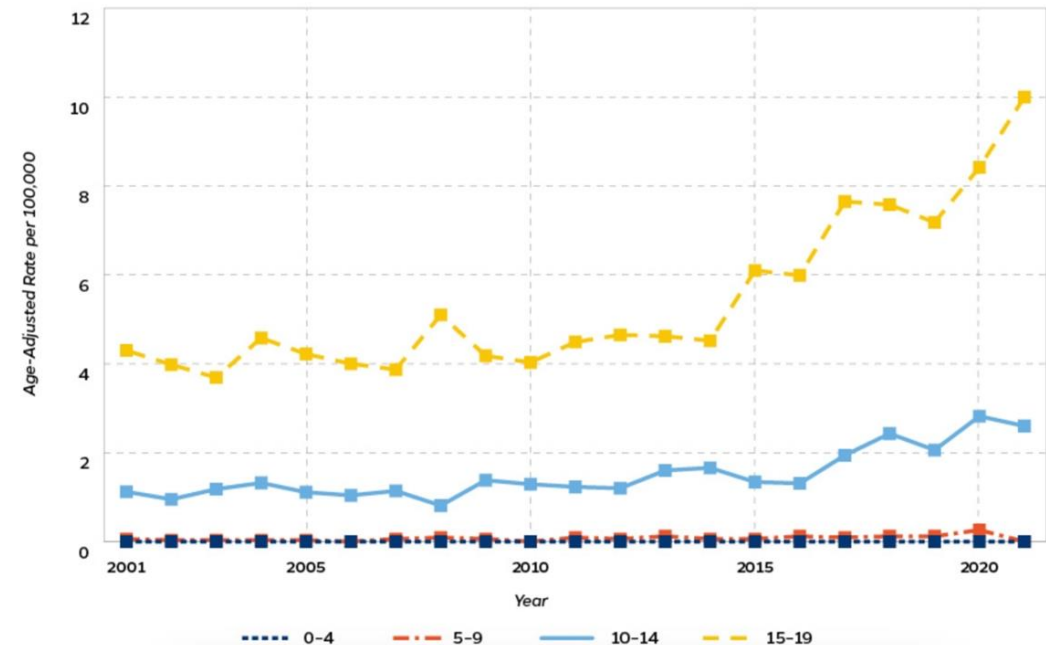
- In 2022, for the first time, the gun suicide rate among Black teens surpassed the rate of gun suicide among white teens.
- Black youth, particularly Black LGBTQ youth, are at disproportionate risk for suicide, and the prevalence of firearms only heightens this risk
- Firearms are the most common method of suicide among Black boys ages 0-19

Impact on Historically Marginalized Communities

Suicide Deaths Among Black Youth Ages 0-19 in the United States by Age Group, 2001-2021

SOURCE: Centers for Disease Control and Prevention (CDC) Web-based Injury Statistics Query and Reporting System (WISQARS)

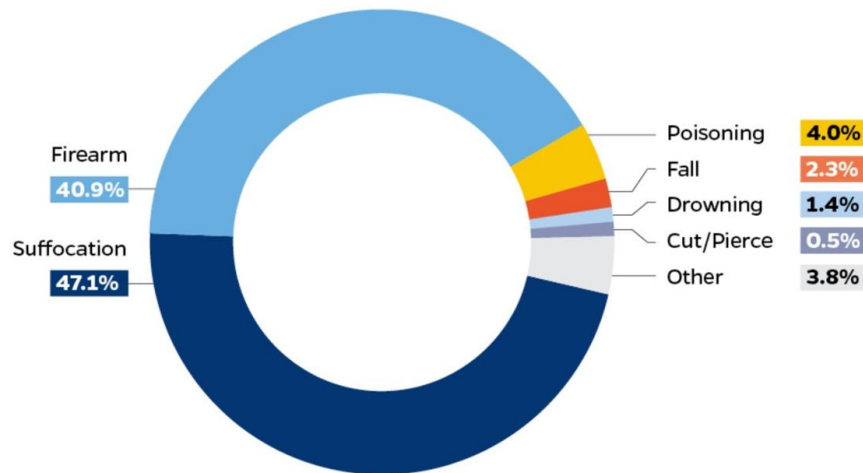
Black youth have the **fastest growing suicide rate** compared to their peers of other racial and ethnic groups – between 2007 and 2020, the suicide rate among Black youth ages 10-17 increased by **144%**; from 1.54 per 100,000 in 2007 to 3.77 per 100,000 in 2020.



Impact on Historically Marginalized Communities

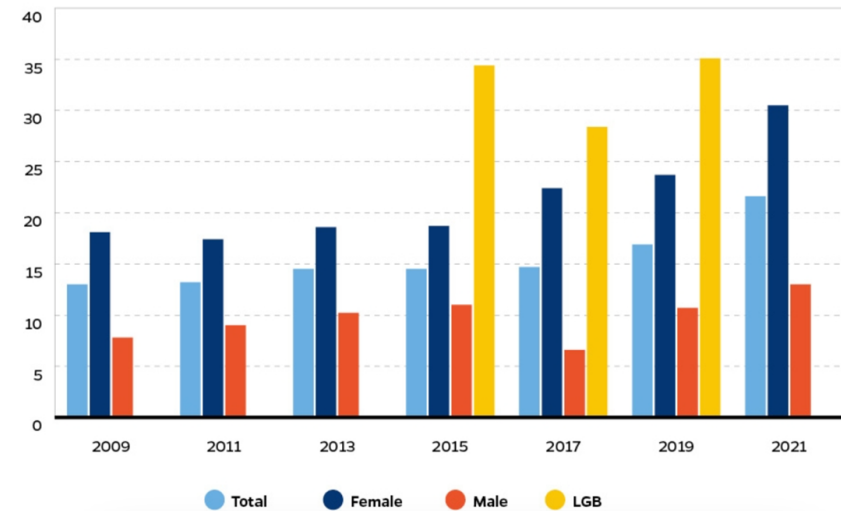
Percentage of Suicide Deaths Among Black Youth Ages 0-19 in the US by Method, 2001-2020

SOURCE: Centers for Disease Control and Prevention (CDC) Web-based Injury Statistics Query and Reporting System (WISQARS)



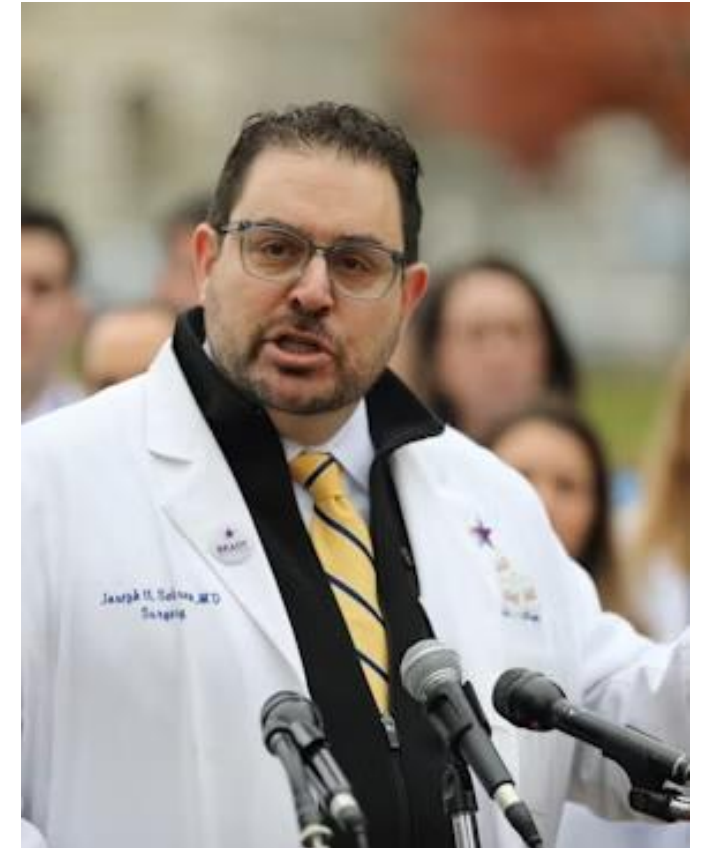
Percentage of Black High School Students Reporting Seriously Considering Attempting Suicide During the Past Year, 2009-2021

SOURCE: Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System (YRBSS). Note: Data for LGB students prior to 2015 and for 2021 is not available.



History of Brady's Medical Work

- [This is our Lane](#) - Mobilizing all members of the medical community who are tackling gun violence as a public health epidemic.
- Have worked with organizations like LMSA, DFA and AMA to do trainings about advocacy at the bedside and in community.
- Were instrumental in the Office of the Surgeon General to writing a report on firearms violence prevention, and the U.S. Department of Health and Human Services declaring firearm violence as a public health crisis.
- Currently working to:
 - Substantially increase firearm violence prevention funding over the next five years.
 - Develop a strategic plan to commission a consensus study through the National Academy of Medicine on firearm violence prevention.
 - Amplify the expertise of healthcare professionals and those affected by firearm violence in the press and media.



How You Can Help

Impact of CA Gun Laws

- In 2021, there were 48,830 firearm deaths in the U.S., of which 3,576 (7.3 percent of the total) were in California, a state with 11.8 percent of the U.S. population.
- From 1993 to 2021, the firearm death rate decreased 49% in California and increased 6% in the rest of the U.S.
- In 2021, if the firearm mortality rate in the rest of the U.S. were as low as in California, nearly 19,000 firearm deaths would have been prevented.

Help Implement New Safe Storage Notification Act

- Starting this school year, all K-12 school districts, county offices of education, and charter schools must send home information about safe firearm storage
 - Is your child's school doing that?
- Are private and charter schools in the area doing the same?



Stay Connected W/ This is Our Lane

- We offer trainings, meetings, and a monthly newsletter.
- In September we are launching our “Playbook,” a resource guide for all providers on how to speak with patients about gun violence.
 - You can access the playbook by signing up, or by emailing jjanflone@bradyunited.org. We would love your help!



VISIT

TeamENOUGH.org

FOLLOW US!

@TeamENOUGH

@Team_ENOUGH

EMAIL ME

rschentrup@teamenough.org





Q&A





L.A. Care PCE Program Friendly Reminders

Friendly Reminder, a survey will pop up on your web browser after the webinar ends (please do not close your web browser and wait a few seconds) and please complete the survey.

Please note: *the online survey may appear in another window or tab after the webinar ends.*

Upon completion of the online survey, you will receive the PDF CME or CE certificate based on your credential, verification of name and attendance duration time, within two (2) weeks after webinar.

Webinar participants will only have up to two weeks after webinar date to email Leilanie Mercurio at Imercurio@lacare.org to request the evaluation form if the online survey is not completed yet. No name, no survey or completed evaluation and less than 75 minutes attendance duration time via log in means No CME or CE credit, No CME or CE certificate.

Thank you!

