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California Public Health Roadmap for Firearm Violence Prevention:

Local Strategies to Reduce and Prevent Firearm Violence

CDPH
California Department of
Public Health

SACRAMENTO
STATE

Executive Summary

Violence is an urgent public health problem affecting hundreds of thousands of Californians each year.[1] While violence impacts all Californians, significant disparities exist due to long histories of disinvestment and structural racism. Black, Latino, Indigenous, Native American, and Alaska Native communities disproportionately experience higher rates of violence, including child abuse, suicide, and firearm violence.[2] These disparities not only result in disproportionate deaths and injuries but also profoundly affect the physical, psychological, economic, and intergenerational harms that violence causes for individuals, families, and communities.[1]

Despite California leading the nation in efforts to reduce firearm violence[3,4,5,6] **and a firearm death rate 43% below the national average,**[7] firearm injuries and deaths continue to significantly impact the health and well-being of Californians, and these impacts are not evenly distributed across communities. Black Californians experience the highest rates of death by firearm, more than twice the rates of any other group.[2] Data show that veterans account for 22% of all firearm suicides in the state.[2] Notably, firearms also continue to be a leading cause of death among California children and adolescents with 156 firearm-related deaths among those ages 1 to 17 in 2023.[8,9] Successes in reducing firearm violence mortality were reversed during the COVID-19 pandemic, with firearm homicide mortality rising and firearm suicide rates increasing.[7] In 2024, the U.S. Surgeon General declared firearm violence a national public health crisis.[10] This declaration recognized that disparities in firearm violence persist due to inequities in risk and protective factors (including the impact of systemic and structural racism) and that it can be prevented through public health solutions addressing its root causes.[10]

The California Department of Public Health (CDPH), through its Violence Prevention Initiative (VPI), is committed to addressing violence as a public health concern. Recognizing the need for effective local strategies for firearm violence prevention, CDPH developed the *California Public Health Roadmap for Firearm Violence Prevention: Local Strategies to Reduce and Prevent Firearm Violence* (Roadmap), focusing on primary prevention strategies to reduce and prevent firearm violence from a public health approach. The Roadmap is the result of a comprehensive formative research effort conducted in partnership with the Institute for Social Research (ISR) at California State University, Sacramento, between 2023 and 2024. Rather than prescribing recommendations, the Roadmap serves as a "menu" of potential strategies, based on each community's unique needs and contexts, and builds upon existing expertise to inform local public health governments, organizations, and partners about current evidence-based and evidence-informed firearm violence primary prevention strategies.

Strategies for Reducing and Preventing Firearm Violence

All forms of violence are interconnected, often sharing similar root causes.[11] Exposure to one form of violence (such as sexual violence, childhood adversity, bullying, intimate partner violence (IPV), and community violence) can increase the likelihood of experiencing other forms of violence—with firearms adding a lethal element and amplifying the potential consequences.[10,11] Understanding current evidence on the key contributors to different forms of violence—including (but not limited to) community living conditions, housing, neighborhood environment, policies, and social norms—is crucial for successful community-led efforts to adopt and implement effective and comprehensive primary prevention strategies.[12]

The Roadmap describes **eight key strategies** local public health organizations can consider when supporting community-led efforts to adopt and implement firearm violence prevention strategies. The first two strategies, *Addressing Racism* and *Elevating Positive Childhood Experiences (PCEs) and Reducing Adverse Childhood Experiences (ACEs),* are noted as ➡ *transformative strategies,* reflecting their potential to deeply influence and shape outcomes across all strategies. They serve as foundational approaches to tackling systemic inequities and promoting long-term cultural change.[13,14]

1. ➡ Address racism (Transformative Strategy):
Racism is an underlying determinant of health and a key contributor to the disproportionate impact of firearm death, injury, and collateral trauma.[15–33] In the United States, Black, Indigenous, and other communities of color have faced centuries of historical trauma and racism alongside contemporary systemic and interpersonal racism. This has created unjust and inequitable conditions such as historical housing discrimination (i.e., redlining), current racial neighborhood segregation, concentrated neighborhood disadvantage, and unequal application of policing practices.[18,32] *Local public health organizations that prioritize addressing racism can do so by creating power-building and civic engagement opportunities, addressing racism within public health institutions, and employing healing-centered engagements.*

2. ➡ Elevate Positive Childhood Experiences (PCEs) and Reduce Adverse Childhood Experiences (ACEs) (Transformative Strategy):
ACEs are potentially traumatic events occurring in childhood and adolescence, and are linked to an increased likelihood of experiencing violence, including firearm violence.[34–36] PCEs are protective factors that can mitigate ACEs' harmful effects.[37–39] Extensive research has shown that experiencing or witnessing violence are ACEs that can lead to other potentially traumatic childhood events.[34–36] For example, child abuse, neglect, and exposure to violence in the home are risk factors for engaging in community violence, a prevalent issue affecting youth and young adults in urban, suburban, rural, and tribal communities alike.[40,41] Addressing ACEs and PCEs is crucial for reducing violence, including firearm violence.[39] *Local public health organizations that consider prioritizing the elevation of PCEs and reduction of ACEs can do so by adopting and implementing policies and programs that address the multiple facets of ACEs and PCEs, promoting parental social connections, and connecting families to home visiting and early learning programs.*

3. Change social norms: Social norms about violence, firearms, and gender can influence attitudes and behaviors related to violence. Norms that are more accepting of violence, adhere to harmful gender stereotypes, or contribute to misconceptions about violent crime can increase the risks of violence.[42–58] Norms around violence, firearm violence, firearm ownership, and firearm storage can vary in complex patterns. While protection from others is the most common reason for firearm ownership, other uses include hunting, sport shooting, and occupational identities (e.g., veterans).[59] Norms for acceptable use of firearms can vary from community to community across geography, culture, political affiliation, and subculture.[45,46] *Local public health organizations that consider prioritizing changing social norms can do so by implementing public health media and social marketing campaigns, tailoring messaging to meet the needs and values of specific populations and communities, and offering evidence-based education programs on positive masculinity, healthy relationships, empowerment, and social-emotional learning.*

4. Strengthen household financial security: Financial insecurity (including poverty, unemployment, housing insecurity, and nutrition and food insecurity) is a well-established contributor to various forms of violence, including firearm violence.[11,21,31,60–77] Thirty-one percent of Californians were either at or near poverty in 2023 and 4.2 million California households (nearly four in ten) were not paid enough to afford basic necessities.[78] Racial inequities persist across employment, wages, wealth, housing instability, high housing cost burden, and food insecurity. All of these conditions disproportionately impact Black, Indigenous, and other people of color.[79–87] Strengthening household financial security can reduce these risks.[40,88–91] *Local public health organizations that consider prioritizing the strengthening of household financial security can do so through policies and programs focused on income support; nutrition and food security; family-friendly workplaces; housing availability, affordability, and stability; and youth and young adult workforce development.*

5. Strengthen social supports: Social cohesion and social connections are crucial protective factors against violence.[92–95] Increased social cohesion and connection, particularly for youth, may protect against community violence, suicide, and self-harm.[43] Studies have found that high social cohesion or collective efficacy in a neighborhood may mediate the contributions of neighborhood disadvantage to firearm violence.[94,95] Individuals who are socially isolated are also at greater risk of violence, such as older adults—among whom suicide rates are higher—and women experiencing IPV.[43] Strengthening these supports can build community resilience and reduce the risk of violence.[92–95] A strong association also exists between a lack of social connection or social cohesion and the need for mental health supports, as research consistently demonstrates that social isolation and loneliness are significant risk factors for developing mental health challenges like depression, anxiety, and suicidal thoughts.[96] *Local public health organizations that consider prioritizing the strengthening of social supports can do so through youth development opportunities, fostering safe and supportive school climates, and educating and elevating awareness, along with increasing acceptance about mental and behavioral health supports.*

6. Improve neighborhood conditions: Neighborhood conditions—including commercial/residential density, green spaces, air quality, and property conditions—influence a community's sense of safety and belonging.[97,98] Negative features in the built environment such as blighted properties have been associated with violent crime.[97,98] Historic and contemporary discrimination and disinvestment have led to racial inequities in neighborhood conditions, with neighborhoods that are majority Black, Latino, or other people of color less likely to have health-supportive elements.[32,99] Evidence has shown that greater accessibility of off-premise alcohol outlets can be associated with firearm violence and other forms of violence.[100,101] *Local public health organizations that consider prioritizing the improvement of neighborhood conditions can do so by activating existing community spaces, increasing the availability of community public spaces, supporting neighborhood greening and maintenance initiatives, and informing land use policies that support community health and wellness.*

7. Improve firearm safety practices: The presence of firearms, especially those not securely stored, increases the risk of firearm injury and death across multiple forms of violence, including suicide, unintentional firearm injury and death, interpersonal firearm violence, intimate partner violence, and mass shootings.[102–112] Current evidence indicates that firearm availability is a risk factor for youth suicide in the United States and that, for every age group, there are more accidental deaths where there are more firearms.[102,105] Studies have found that crises involving suicidal behavior tend to be transient. Access to firearms during these short-term periods of elevated risk is therefore a risk factor for suicide.[106] Improving firearm safety practices, particularly secure storage, is crucial for reducing these risks.[113–124] However, the cost of quality firearm storage devices can be a barrier to secure storage for some firearm owners.[78,125] *Local public health organizations that consider prioritizing improvements to firearm safety practices can do so by promoting secure firearm storage access and education, increasing access for temporary storage of firearms outside the home during crisis, and raising awareness of existing state laws on firearm access.*

8. Implement Community Violence Intervention (CVI) Programs: Community violence—including firearm injuries, homicide, and indirect exposure to firearm violence—impacts all communities, but disproportionately affects Black and Latino youth and young adults in California.[33,126] Common features of CVI programs and models (such as focused deterrence, street outreach and violence interruption, and Hospital-Based Violence Intervention Programs) include employment of people with lived experiences of violence; a focus on individuals and communities most at risk of experiencing violence; direct intervention that focuses on stopping cycles of violence in the immediate term; and case management to connect individuals to resources that prevent future involvement in violence.[127,128] Many programs are backed by substantial evidence of their ability to reduce firearm-related assaults and homicides.[129–137] The successes of CVI programs in stepping in after violence has already happened—such as following a shooting or retaliatory conflict—to help prevent further harm or escalation, and along the prevention spectrum, make them an important part of a comprehensive approach to violence prevention. *Local public health programs can support CVI programs by fostering collaborations and contributing to data collection and evaluation.*

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Introduction

Firearm Violence is a Public Health Issue

Violence affects hundreds of thousands of Californians each year. Violence takes on many forms, influencing nearly all health and mental health outcomes across the lifespan and impacting neighborhoods, schools, businesses, and families across the state. The deaths and injuries that result from violence are only a fraction of the cascading physical, psychological, economic, and intergenerational harms they cause for individuals and communities.[1]

Recognition of violence as a public health problem has evolved over several decades, supported by growing evidence linking violence to a wide array of negative health outcomes and societal costs.[138,139] Many forms of violence—including suicide, sexual violence, childhood adversity, bullying, intimate partner violence (IPV), community violence, and firearm violence—share root causes and impact similar groups of people.[11] Exposure to one form of violence can also increase the likelihood of experiencing another form of violence.[11]

As the California Department of Public Health (CDPH) Violence Prevention Initiative (VPI) summarized in *Preventing Violence in California Volume 1: The Role of Public Health,* the occurrence and impact of violence is not equally distributed. Though violence affects all Californians, there are significant disparities in the burden of and exposure to violence across demographic groups and socioeconomic conditions.[140] For example, in 2022, Black Californians experienced the highest rate of death by firearm, more than twice that of the next highest rate by ethnicity.[2] Individuals from Black, Latino, and Native American and Alaska Native communities disproportionately experience higher rates of violence, including child abuse, suicide, and firearm violence.[2] The highest rate of non-fatal child abuse hospitalizations was among non-Hispanic Black children (23.7 per 100,000), followed by Hispanic children (9.6 per 100,000); Native American and Alaska Native youth (25 and under) had the highest rates of suicide from 2016 to 2021 compared to other racial/ethnic groups; Hispanic youth experienced the highest number of suicides; and Black youth had the highest increase in their suicide rate.[2]

Despite California leading the nation in efforts to reduce firearm violence[3–6] **and a firearm death rate 43% below the national average,**[7] firearm injuries and deaths continue to significantly impact the health and well-being of Californians. Firearms continue to be a leading cause of death among California children and adolescents, with 156 firearm-related deaths among those ages 1 to 17 in 2023.[8,9] In 2024, the U.S. Surgeon General declared firearm violence a national public health crisis, stating, *"Taking a public health approach to firearm violence prevention has the potential to curb the alarming trends of firearm-related injury and death in America and the resulting health impacts."*[10] Though firearm violence affects all Californians, there are significant disparities in the burden of and exposure to firearm violence across demographic groups, socioeconomic conditions, and California geography (see Appendix B). Many local, state, and national organizations are already working on-the-ground to prevent firearm violence and other forms of violence. With evidence amassing on root causes and effective prevention strategies, public health entities can contribute to—and accelerate—this momentum to reduce firearm violence in communities across California.

> A **Key Informant** is any person who contributed to the development of this Roadmap. ***Key Informants*** include: community members participating in Community Listening Sessions, subject matter experts and State agency staff participating in Key Informant Interviews, and local county public health and behavioral health practitioners participating in the CDPH 2024 Violence Prevention Survey.

Since the launch of the VPI in 2015, CDPH has been committed to addressing violence as a public health concern, including in-depth exploration of various specific violence prevention topics. While public health research has gradually expanded its insights into evidence-based violence prevention, research on effective local-level strategies for firearm violence prevention is still emerging. To bridge this knowledge gap, CDPH set out to conduct formative research that could inform California decisions-makers and public health practitioners about effective and promising public health policies and primary prevention strategies for addressing firearm violence and other forms of violence with similar risk and protective factors.

A comprehensive formative research effort on violence prevention—with a key focus on firearm violence—was conducted from 2023 to 2024 (see Appendix C). Through funding from the Centers for Disease Control and Prevention (CDC), CDPH partnered with the Institute for Social Research (ISR) at California State University, Sacramento to conduct research that informed the *California Public Health Roadmap for Firearm Violence Prevention: Local Strategies to Reduce and Prevent Firearm Violence* report (Roadmap). Formative research activities included a comprehensive literature review and policy landscape analysis; data collection with Key Informants, including subject matter experts, State agency representatives and 165 community members who participated in community listening sessions; and a survey of 92 local health jurisdictions (LHJ) and behavioral health department (BHD) representatives.

The resulting Roadmap builds on existing violence prevention expertise to increase knowledge among local violence prevention practitioners about evidence-based and evidence-informed primary prevention strategies and policies for California communities to consider in their local community firearm violence prevention efforts. Designed for any California local public health organization or practitioner to inform their community's specific violence prevention priorities, the Roadmap may provide useful data to facilitate conversations with decision-makers or community members about the impact of firearm violence and the ways in which its root causes—and solutions—are deeply connected with other health outcomes and other forms of violence. For others, it can provide a menu of options for getting started, exploring new strategies, or forging connections and partnerships across sectors.

The Roadmap also serves as a catalyst for CDPH to convene and support LHJs and other local leaders to elevate firearm violence prevention strategies that align with the specific needs and resources of their communities. Community partnerships are integral for prioritizing community-driven approaches, as community members are the most knowledgeable about the unique challenges and strengths within their environments, and their active involvement ensures that strategies are culturally relevant, context-specific, and sustainable.[141] Rather than prescribing a single path, this Roadmap provides a framework that describes opportunities for public health organizations—in partnership with communities—to take meaningful steps towards a healthier, safer, and more equitable California.

The Public Health Approach to Violence Prevention

Public health is the science of reducing injury, disease, and death and promoting well-being of populations using data, research, and effective policies and practices. Public health seeks to improve the health of an entire population through large-scale intervention and prevention efforts that address the underlying causes of disease or injury before they occur. Public health practitioners utilize a four-step process rooted in the scientific method to address population health issues (e.g., deaths and injuries due to firearm violence): define and monitor the problem through data; identify the risk and protective factors; develop and test prevention strategies; and ensure widespread adoption of effective strategies.[142] These steps, adopted by the CDC in the 1990s, have been successfully used to address public health issues. The coordinated adoption and implementation of evidence-based strategies—including education campaigns, community engagement, policy change, and legislation—is credited with significant reductions in injury, disease and death, and improvements in population health and well-being.[143–145] In addition to primary prevention, CDPH acknowledges the importance of secondary and tertiary violence prevention strategies as part of a comprehensive approach to firearm violence prevention, along with all other forms of violence prevention.

California LHJs and BHDs play a critical role in advancing violence prevention efforts in communities. These agencies are uniquely positioned to implement evidence-based strategies to create safer environments through collaboration with cross-sector partners and community leaders. As a component of the Roadmap's formative research efforts, representatives from 50 counties and two city health departments responded to the CDPH 2024 Violence Prevention Survey. Of those who responded, the majority (95%) reported addressing at least one form of violence in their communities, with most sharing that they were focusing on preventing child maltreatment/adversity and suicide. Over half of LHJ and BHD respondents (62% and 58%, respectively) described working on at least one firearm violence prevention effort. Most respondents reported these efforts as formative or in the "internal work" stage (e.g., exploring ideas, gathering information, conducting assessments) as opposed to implementing a well-defined or funded firearm violence prevention program (9% of LHJs and 16% of BHDs). When LHJs were asked to share the help needed to prevent firearm violence, the top three responses included messaging to decision-makers (73%), surveillance data (68%), and guidance on effective strategies (67%).

Key Contributors: Underlying Factors for All Forms of Violence

All forms of violence are interconnected. Different forms of violence—including suicide, sexual violence, childhood adversity, bullying, intimate partner violence, and community violence—can affect the same groups of people, and exposure to one form of violence can increase the likelihood of experiencing another form of violence.[11]

Many forms of violence share similar key contributors. Key contributors are the underlying factors and conditions—including the social determinants of health—that can increase the risks or protect against the likelihood of experiencing violence and significantly impact an individual's health and risk for violence.[11,146] Figure 1* illustrates that different forms of firearm violence share many of the same key contributors as other forms of violence. These key contributors are themselves interconnected, and can occur and accumulate over an individual's lifetime.[12] Understanding the key contributors to violence is crucial for adopting and implementing effective, comprehensive primary prevention strategies for reducing or preventing violence. By examining interconnecting factors, it becomes evident that firearm violence is not an isolated issue but rather one that intersects with other forms of violence and can add a lethal element to situations where other forms of violence may occur. Understanding the key contributors to violence—and how firearms can amplify those situations—can help shape effective firearm violence prevention and intervention strategies.[10,11]

Figure 1: Forms of firearm violence are connected and share key contributors*

Forms of Firearm Violence	Key Contributors to Multiple Forms of Violence						
	Racism	Adverse Childhood Experiences	Harmful social norms	Household financial insecurity	Lack of social supports	Poor neighborhood conditions	Unsafe firearm practices
Suicide/Self-inflicted harm	✓	✓	✓	✓	✓	✓	✓
Unintentional injury/death	✓	✓	✓	✓			✓
Community violence	✓	✓	✓	✓	✓	✓	✓
Intimate partner violence	✓	✓	✓	✓	✓		✓
Interpersonal violence	✓	✓	✓	✓	✓		
Mass shootings	✓	✓	✓	✓	✓		✓
Police-involved violence	✓	✓	✓	✓	✓	✓	

*This table summarizes evidence from the Roadmap's formative research on the best available evidence about key contributors to different forms of firearm violence.

The Strategies

Preventing firearm violence, along with all forms of violence, requires strategies that reflect a community's people and experiences.[10] This section of the Roadmap was compiled to assist local public health organizations and other decision-makers seeking to adopt and implement evidence-based and evidence-informed strategies for reducing and preventing firearm violence. These strategies and examples were selected based on the Roadmap's formative research findings, which identified them as effective or promising, scalable, and aligned with a public health approach. Rather than prescribing recommendations, the Roadmap serves as a "menu" of potential strategies based on each community's needs and contexts, and builds upon existing expertise to inform local public health governments, organizations, and advocates about current evidence-based and evidence-informed firearm primary prevention strategies.

Each strategy is described with a summary of **rationale** for the strategy's application to firearm violence prevention, followed by **examples** of ways they can be implemented by local public health organizations within the context of primary prevention. Examples span the continuum of violence prevention, from upstream to downstream prevention programming, but are not meant to encompass the full range of additional possibilities. The first two strategies, *Addressing Racism* and *Elevating Positive Childhood Experiences (PCEs) and Reducing Adverse Childhood Experiences (ACEs)* are labeled as **transformative strategies**, reflecting their potential to deeply influence and shape outcomes across all other strategies provided. They serve as foundational approaches to tackling systemic inequities and promoting long-term cultural change.

Examples of local efforts to implement these strategies for firearm violence prevention are included as **From the Field** highlights throughout the report. These examples provide valuable insights into how communities across different settings are applying evidence-informed strategies and approaches to address firearm violence.

1. ➡ Transformative Strategy: Address Racism

Rationale

Racism is "a system—consisting of structures, policies, and norms—that assigns value and determines opportunity based on the way people look or the color of their skin."[15] Significant evidence points to the cumulative and generational impacts of toxic stress stemming from experiences of racism.[16,17] Governments, policies, and organizations are also shaped by societal understandings of racism; these institutions then inform the conditions that contribute to community and individual health.[146]

In the United States, communities of color have faced centuries of historical trauma and racism alongside contemporary systemic and interpersonal racism. This has created unjust and inequitable conditions across the social determinants of health.[18] Although racial oppression affects all communities of color, Black people in the U.S. experience specific and significant harms as a result of the country's 400-year history of chattel slavery, exploitation, segregation, and their lingering effects.[19]

> *"We have to acknowledge racialized harm—structural racism—and how that has impacted housing and economic opportunity, educational opportunity, and redress that. I think we cannot avoid redress for the harms caused to marginalized and disinvested communities."*
> *– Key Informant*

This systemic and structural racism—measured through proxies such as historical housing discrimination (i.e., redlining), current racial neighborhood segregation, concentrated neighborhood disadvantage, and unequal application of policing practices—exposes Black Californians to risk factors for firearm violence (such as ACEs and collective trauma) at disproportionate rates. These risk factors compound over generations, contributing to cumulative risk factors and persistent disparities in firearm death and injury.[20–31,33] Racism is also an underlying cause of racial and ethnic disparities in other key contributors to violence explored in this Roadmap, including ACEs and PCEs, household financial security, availability of social supports, neighborhood conditions, and experiences of community violence. Key Informants for this Roadmap routinely referenced the ways that racism deepened inequities and increased the risks of experiencing firearm violence. Examples described by Key Informants included ongoing disinvestment from communities of color and neighborhoods, lack of economic opportunity, increased policing, intergenerational effects of incarceration, decreased social and emotional supports, loss of cultural connections, and accumulated personal and historical trauma.

CDPH's approach to prevention places a priority on addressing racism as an underlying determinant of health for all health outcomes, including firearm violence and other forms of violence.

Addressing Racism to Prevent Firearm Violence

Given its pervasive, wide-reaching impacts, addressing racism unquestionably stretches beyond the scope of firearm violence prevention alone and requires strategies that span all other contributors to firearm violence. Select strategies are addressed in other areas of this Roadmap, including: social norms that protect against violence, income supports, nutrition and food security policies and programs, family-friendly workplace policies, housing access, youth development opportunities, and safe and supportive school climates. Examples of ways for local public health organizations to address racism within the context of violence prevention are organized into three categories: power-building and civic engagement opportunities, addressing racism inside public health institutions, and healing-centered engagement.

Power-Building and Civic Engagement Opportunities

Power-building and civic engagement within communities and local organizations can contribute to social cohesion while simultaneously ensuring that the voices of disproportionately affected communities are centered in future solutions to firearm violence.[147,148] Formative research that informed the Roadmap identified the following examples of ways for local public health organizations to strengthen power-building and civic engagement opportunities within the context of firearm violence prevention:

- **Community-led decision-making and engagement in local planning**, such as participatory budgeting or the inclusion of violence prevention policy recommendations into community plans. These efforts ensure community concerns about firearm violence are addressed, including built environment design and funding, policing practices, and support for victims of violence and their families. Community engagement in these processes can guide community-led policymaking and funding allocations that address community concerns about violence, including built environment design and practices related to policing, surveillance, and support for victims of violence and their families.

- **Fostering inclusive and approachable community and civic engagement** for all community members—including youth, young adults, families, firearm owners, people with lived experiences with violence, LGBTQ+ communities, veterans, and other communities disproportionately affected by violence—is crucial. To make civic engagement opportunities more inclusive, local public health organizations can partner with trusted CBOs, design meetings that acknowledge power dynamics, and address barriers to participation such as transportation, childcare, food, financial compensation for time, and flexibility in meeting times and time commitments.

- **Shifting decision-making power to community members and CBOs**. Examples highlighted by Key Informants included leadership seats for community members on advisory committees, ideally with compensation, and ongoing engagement with community members throughout policy adoption and implementation. One example of this can be found in the County of San Diego's Gun Violence Reduction Program Community Partnership Council (see **From the Field**).

Addressing Racism Through Community Engagement in Program Planning

In 2022, the County of San Diego Board of Supervisors initiated a 9-month Community Health Needs Assessment to better understand the scope and scale of firearm violence and its impact on the community. The resulting Comprehensive Gun Violence Reduction Report describes the communities in San Diego most impacted by firearm violence and promotes strategies such as youth development, mentorship, school programs, and partnership with hospitals and communities to reduce firearm violence.[149] These strategies are aligned with those shared in this Roadmap.

One important feature of San Diego's firearm violence prevention efforts is the County's Gun Violence Reduction Program Community Partnership Council (CPC). Community members and community partners are invited to apply for a two-year CPC term to advise the Gun Violence Reduction Program.[150] Their role includes: providing guidance and recommendations on violence prevention, intervention, and trauma healing strategies across multiple forms of violence; assisting with strategy and resource prioritization; developing recommendations for collective action towards implementation of priority strategies; and contributing to and facilitating information-sharing between the community and County, including its Public Safety Group and Gun Violence Reduction Program Leadership Committee.[151]

In addition to the CPC, San Diego County provides multiple opportunities for community members to contribute their perspectives, including public forums, a community survey, and community presentations.[150] Through these combined approaches, San Diego is focused on making community members the central leaders in firearm violence prevention to increase the efficacy, cultural humility, and healing features of firearm violence prevention programming.[151]

- **Training and technical assistance to build the capacity of existing community organizations.** Key Informants frequently pointed to trusted individuals and organizations (often small, grassroots, and/or led by people of color) that were already engaged in community and violence prevention work. In addition to financial support for these organizations, they called for more technical assistance that supported organizational capacity (e.g., grant-writing, financial management, and evaluation), access to public health data, and use of violence-related data.

- **Civic engagement capacity-building** among community members, researchers, and violence prevention practitioners (especially those with lived experiences with violence) through training on civic engagement, policy adoption and implementation, and advocacy.

Addressing Racism Inside Public Health Organizations

The field of public health has recognized the critical role of racism in health disparities and has increasingly found avenues to address racism, both by actively pursuing efforts to address racial and ethnic disparities and inequities in health outcomes and by addressing racism within its own institutions such as examining histories of racism within the infrastructure of its institutions.[152,153] Key Informants underscored the importance of staying committed to this work as a strategy for addressing firearm violence. Formative research that informed the Roadmap identified the following examples of ways for local public health organizations to continue addressing institutional racism within the context of firearm violence prevention:

- **Continuous learning for local public health leaders about race and racial equity.** Examples highlighted by Key Informants included racial equity training and resources offered through the Capitol Collaborative on Race and Equity (C-CORE) and the Government Alliance on Racial Equity (GARE). Additionally, CDPH and LHJs are collaborating closely to advance racial and health equity in local communities across California. Through the Future of Public Health initiative, LHJs have hired dedicated health equity staff to reduce racial and other health disparities and strengthen equity capacity infrastructure at the local level. CDPH's Equity Technical Assistance and Grant Management Portal also provides LHJs and other local partners with resources to advance equity.

- **Intentional steps to build trust with community members and CBOs.** According to respondents to the CDPH 2024 Violence Prevention Survey, 40% of responding LHJs and 19% of BHDs reported community distrust of public health and government institutions as a barrier to firearm violence work. Building trust is identified as a key strategy in the State Health Equity Plan, and was underscored by Key Informants as a way to improve relationships between communities and government institutions. Examples highlighted by Key Informants included: centering the voices of people with lived experiences of violence, affirming the value of existing formal and informal violence prevention efforts in communities, and "showing up" consistently as fellow community members.

- **Prioritization of communities and researchers of color in violence prevention, including firearm violence prevention efforts.** This could include utilizing research from firearm violence researchers of color such as the Black and Brown Collective, involving communities impacted by violence in data sensemaking, embedding equity throughout monitoring and evaluation, and hiring public health researchers who reflect the communities most impacted by violence.

- **Local public health organizations can address institutional racism by examining procurement and hiring practices and implementing equity-promoting approaches.** For example, procurement processes could be reviewed to avoid unintentionally excluding organizations led by Black, Indigenous, or other people of color which may have smaller organizational infrastructure with leaner operating budgets than what is often requested to meet minimum procurement requirements. Examining opportunities to balance good fiscal stewardship with applicants' ability to demonstrate lived experience, cultural responsiveness, and established community trust can serve as one way to implement equitable policies. To strengthen hiring practices, public health organizations can require implicit bias training for interviewers, ensure diverse interview panels, and/or redact names of schools where individuals earned degrees. Tracking and analyzing workforce diversity data to assess alignment with the communities served is another example of an opportunity to avoid bias.[154–156]

Healing-Centered Engagement

Key Informants emphasized the importance of approaches that promote culturally responsive healing for historical, personal, and intergenerational trauma that have resulted from systemic racism. Formative research identified the following examples of ways for local public health organizations to prioritize healing-centered engagement within the context of violence prevention:

- **Existing program models that integrate healing.** Key Informants highlighted existing organizations and programs that focus on healing-centered and trauma-informed approaches. For example, Community Violence Intervention (CVI) programs run by Homeboy Industries, Advance Peace,[157] FOU Brotherhood, Southern California Crossroads, and Garden Pathways (see From the Field on the following page) use diverse prevention methods, but all prioritize engaging people at risk of committing violence in an intentional process to heal from experiences that put them on a path toward violence. Other organizations (such as Healing Justice, the National Compadre Network's *La Cultura Cura* program, and Communities United for Restorative Youth Justice [CURYJ]) center healing, culturally resonant programming, and restorative justice practices as part of peer learning and leadership development.

"I feel that those closest to the pain is closest to the solution."
– Key Informant

- **Coordination with programs that provide reentry services.** Many Key Informants described the healing and preventive influence of services to people reentering the community after incarceration. Key Informants emphasized the value of coordination and partnership between local public health organizations and the government, criminal-legal, and non-profit entities involved in reentry services. According to these Key Informants, partnerships could reinforce the importance of centering people with lived experiences in the criminal-legal system, include their expertise in the design of reentry programs and policies, and remove barriers as they reintegrate in the community and work to end cycles of violence.

2. ⇥ Transformative Strategy: Elevate PCEs and Reduce ACEs

Rationale

Adverse Childhood Experiences (ACEs) are "potentially traumatic events" that occur in childhood and adolescence, such as experiencing physical, emotional, or sexual abuse; witnessing violence in the home; having a family member attempt or die by suicide; growing up in a household with substance use, mental health challenges, or instability due to parental separation, divorce, or incarceration; or community-level conditions such as poverty, community violence, or migration-related stressors.[34,35]

Research has specifically linked ACEs with violence, including firearm violence.[36] For example, people with childhood exposure to intimate partner or community violence were nearly three times as likely to routinely carry a firearm as those who had not been exposed to violence.[161] The link between ACEs and violence is also cyclical. ACEs are associated with an increased likelihood of experiencing violence. In turn, experiencing violence (including witnessing violence) is itself an ACE, and can lead to other potentially traumatic childhood events. Given that ACEs are also linked with chronic disease conditions such as diabetes, hypertension, heart disease, and obesity, addressing ACEs is a cross-cutting strategy that can support other public health aims and priorities.[88]

Conversely, Positive Childhood Experiences (PCEs) can help protect against the impacts of ACEs or decrease the risks of negative health outcomes. PCEs include protective factors such as positive parent-child relationships, a sense of belonging in school, and feeling supported by friends.[39] Together, the cumulative effect of PCEs have been associated with improved mental health and social-emotional well-being in adulthood.[39] They have also been found to counter or mitigate the harmful effects of ACEs and toxic stress and may lower the risk of poor physical health outcomes.[37,38]

> *"We've heard stories about how students are falling asleep in class and the teacher asked, 'Why are you falling asleep?' It's like, 'My father was chasing my mother all night and I couldn't sleep because I was so afraid.' We know that these issues are interconnected."*
> *– Key Informant*

Addressing ACEs as an underlying determinant of health for all health outcomes, including firearm violence and other forms of violence, is a strategic approach that advances multiple aims within public health.

Elevating PCEs and Reducing ACEs to Prevent Violence

Extensive research suggests that ACEs can be prevented and PCEs can be supported through strategies relevant to the many facets that contribute to ACEs and PCEs, such as family dynamics, experiences of abuse and violence, economic circumstances, and social conditions.[39,41] Elevating PCEs and reducing ACEs can, therefore, be a crucial strategy for reducing violence, including firearm violence. Formative research identified the following examples of ways for local public health organizations to elevate PCEs and reduce ACEs within their community in the context of violence prevention:

- **Programs and policies that address the multiple facets of ACEs and PCEs, such as financial stability, relationships with caring adults, and household conditions.** Elevating PCEs and reducing ACEs requires strategies that span facets such as financial stability; strong, supportive relationships with caring adults; and safe and stable household conditions.[88] Additional resources that summarize strategies that local public health organizations could utilize to elevate PCEs and reduce ACEs within communities can be found through: the California Office of the Surgeon General's campaign and report on ACEs and toxic stress, CDPH's California Essentials for Childhood Initiative, and the CDPH and CDSS All Children Thrive California's *Reimagining Child Wellbeing* resource.

- **Social connection opportunities for parents and caregivers.** Key Informants offered insights corroborated by a recent U.S. Surgeon General advisory: formal and informal opportunities to build social connections can reduce parental stressors.[162] Examples highlighted by Key Informants included parent support groups, school-based family resource centers, parenting skills classes throughout childhood and adolescence, and family-friendly events or programs. Local public health organizations can play a vital role in expanding and sustaining opportunities for social connection by facilitating partnerships with schools, community centers, and faith-based organizations; providing training and resources to community-based organizations and early childhood programs on trauma-informed approaches that strengthen family relationships and resilience; and leveraging data and evaluation to identify gaps in access to parent support services and inform targeted interventions that address the unique needs of diverse communities.

- **Connections for families and caregivers to home visiting, preschool, quality childcare, and other early learning programs.** Evidence-based home visiting and early learning programs can build parenting skills, mitigate parental stressors, and support healthy family dynamics.[36,39,162] They can also help children develop social-emotional skills that build resilience and protect against violence.[37] Examples of home visiting in California include CDPH's California Home Visiting Program, the California Department of Social Services (CDSS) CalWORKs Home Visiting Program, Early Head Start, and programs funded through First 5 local commissions. Examples of preschool programs and quality childcare improvement initiatives include those funded by the California Department of Education, First 5 California, and First 5 local commissions. Local public health organizations can play a role in connecting families to these programs by contributing to outreach and publicity, connecting eligible families to services, or coordinating efforts to reach more families.

3. Strategy: Change Social Norms

Rationale

Social norms are expectations about behaviors and interactions that are informed by cultural and societal beliefs, values, family, friends, education, and media. Social norms about violence influence acceptability of violent behaviors and can serve as either risk or protective factors. Firearm-related norms affect perceptions of ownership, use, and storage practices, which can vary across different communities and cultures.[44-46] For example, owning a firearm may be normalized as part of hunting traditions or passed down through family and reinforced by local culture. These diverse norms influence not only why people own firearms, but how they perceive their use.[44,45] Additionally, gender norms, particularly those reinforcing harmful stereotypes such as hypermasculinity, have been linked to increased risks of firearm violence, IPV, and other forms of harm.[47-49,89,90,163-167] Understanding and addressing these social norms is essential for effective firearm prevention efforts.

> *"When I put my shoes on, I also make sure to grab my gun...I think the effect is not really being able to see the impact because it's becoming so normal just to have a gun."*
> *– Key Informant*

Changing Social Norms to Prevent Firearm Violence

Social norms inform attitudes and behaviors that can protect against or increase the risk of exposure to violence. There is strong evidence that public health campaigns and education programs that target social norms are an effective strategy for changing behaviors.[168] Formative research identified the following examples of ways for local public health organizations to change social norms within the context of firearm violence prevention:

- **Public health media and social marketing campaigns to increase awareness of violence prevention, firearm violence prevention, and firearm safety.** Examples include Los Angeles County Department of Public Health's Secure Your Firearms Secure Your Future campaign, Brady United and The Ad Council's End Family Fire campaign, Project Unloaded's youth-focused social media work (see **From the Field**), and CDPH's Never a Bother campaign. Local public health organizations can also learn from research by organizations like Berkeley Media Studies Group and Hope and Heal Fund that explore the messages that effectively shift social norms about firearms.

- **Tailored messaging about firearm violence prevention and social norms change to meet the needs and values of specific populations and communities.** While still emerging, more data is now available about communicating with different populations—including youth, firearm owners, parents and caregivers, or specific racial and ethnic communities—about firearm violence.[169-171] This evidence touches on both the message and the messenger; for example, studies have found that law enforcement, active duty military, and retired military are viewed by firearm owners as credible messengers about secure firearm storage.[115] Local public health organizations can build on existing research and education campaigns to develop messaging that is culturally and linguistically resonant in their communities.

- **Evidence-based and evidence-informed education programming on positive masculinity, healthy relationships, empowerment of women and girls, and the positive impact of social-emotional learning.** Given the deep links between IPV and firearm violence, evidence-based education programs that shift social norms around gender and relationship norms (e.g., Coaching Boys Into Men, Shifting Boundaries, or the Women's Leadership Project) can also be an effective way to address firearm violence. Resources from the CDC on sexual violence prevention and IPV prevention, as well as CDPH's Sexual Violence/Rape Prevention and Education Program, can provide additional insights for local public health organizations seeking information on evidence-based education on these topics.

From the Field

Changing Social Norms Through Youth-Engaged Social Media Campaigns

Project Unloaded is a non-partisan, non-profit organization working to reduce youth firearm violence by educating, engaging, and empowering young people to change the culture around firearms. Finding inspiration in the Truth Initiative's campaigns to reduce teen smoking, Project Unloaded uses research-tested social media campaigns to inspire teens to consider the risks of carrying and owning firearms.

In 2023, Project Unloaded launched its Guns Change the Story social media campaign in Sacramento. Informed by a nine-month study on how teens perceive firearms, the campaign was specifically designed to engage Black and Latino teens in communities heavily impacted by firearm violence. The campaign uses videos and MadLibs-style storytelling that encourages teens to rethink their own assumptions about firearms and empowers them to shift community social norms about firearm safety. The campaign was expanded in 2024 through a community partnership with the Sacramento Youth Center that engages local teens and content creators to amplify these messages on TikTok and YouTube.

4. Strategy: Strengthen Household Financial Security

Rationale

Financial security is a well-established contributor to health outcomes, including multiple forms of violence and firearm violence.[11,21,31,60–77] Thirty-one percent of Californians were either at or near poverty in 2023,[172] and 4.2 million California households (nearly four in ten) were not paid enough to cover basic needs.[78] Racial income inequality is a persistent feature of California's economy; as one recent report noted, "Black, Latinx, Native Hawaiian/Pacific Islander, and Native American households comprise 42% of all California households, but make up 56% of those living on the edge of economic insecurity."[78,172] Aspects of financial instability associated with firearm violence include:

> *"Invest in the economic security and the stability of families that are living in neighborhoods that haven't had the opportunity to build wealth."*
> – Key Informant

- **Neighborhood and individual poverty.** High neighborhood concentrations of poverty are associated with increased rates of firearm homicide, suicide, and unintentional death for children and young adults.[21] Income inequality has been identified as a risk factor for IPV,[63] firearm homicide victimization,[31] and increasing incidences of mass shootings.[61]

- **Unemployment.** Unemployment works through multiple pathways (e.g., childhood exposure to household financial instability, psychosocial impacts of unemployment, or economically motivated violent crimes like robbery) to increase risks of multiple forms of violence, including childhood adversity, IPV and sexual violence, suicide, and community violence. [11,67] Evidence from 2020 suggests that increased unemployment during the early months of the COVID-19 pandemic was associated with increased firearm violence and homicide.[68] Conversely, employment opportunities can be protective against violence because they can increase income, create social connection, or increase social capital.[11]

- **Housing insecurity.** Housing insecurity—including lack of access to affordable, stable, or healthy housing—is intertwined with economic conditions. Decreased housing affordability has been associated with rising firearm violence (particularly in majority Black neighborhoods),[69] and increased homicide rates.[70] Studies have also found that rates of home foreclosures and evictions are associated with suicide rates.[71,72]

- **Nutrition and food insecurity.** Food insecurity is defined by the UCLA Center for Healthy Policy Research as "limited, uncertain, or inconsistent access to food necessary for healthy life." Nutrition insecurity tends to focus more on the nutritional inadequacy of food that is available, or not, to individuals. Both food and nutrition are common byproducts of poverty; according to the 2021 California Health Interview Survey, 39% of adults in California could not afford enough food.[173] Black adults, families with children, immigrant communities, and Tribal communities tend to have higher levels of food insecurity.[173–175] Higher food insecurity has been associated with higher firearm homicide mortality and suicide attempts.[74–76]

All of these conditions disproportionately impact communities of color. Black, Hispanic, Native Hawaiian or Pacific Islander, and American Indian or Alaska Native people are more likely to be in lower-income households.[79] Racial inequities persist across employment,[79,81,82] wages,[83] wealth,[79] housing instability,[84] high housing cost burden,[85] and food insecurity.[86,87]

Strengthening Household Financial Security to Prevent Firearm Violence

There is robust evidence that efforts to strengthen household financial security can reduce multiple forms of violence, with the CDC recommending this strategy for the prevention of ACEs, child abuse and neglect, IPV, sexual violence, and suicide.[40,88–91] Emerging evidence suggests that this approach is also associated with reduced firearm violence.[176]

Examples of ways for local public health organizations and communities to strengthen household financial security within the context of firearm violence prevention are organized into five categories: income support policies and programs; food security policies and programs; family-friendly workplace policies; housing availability, affordability, and stability policies and programs; and youth and young adult workforce development.

Income Support Policies and Programs

Income support programs are one approach to strengthening household financial security. Research suggests that California's existing income support programs have "dramatically lowered the number in deep poverty."[177] Recent studies also suggest that income support programs are associated with reduced firearm violence.[176] Formative research identified the following examples of ways for local public health organizations to work in partnership with communities to provide income supports within the context of firearm violence prevention:

- **Guaranteed basic income pilot programs.** Guaranteed income programs are receiving significant attention as a promising strategy to reduce poverty in California. Examples include the CDSS California Guaranteed Income Pilot Program; locally funded models in cities like Sacramento, Stockton, and Pomona; and programs in other cities across the United States. Early findings suggest guaranteed

income programs play a role in supporting participants to find full-time employment, enhance well-being, improve housing stability, and alleviate financial scarcity.[178–181] Local public health organizations should continue to monitor the potential of these programs to reduce violence or firearm violence and may consider joining local efforts in support of such programs, as increasing financial security is a cross-cutting intervention that can advance many public health aims.

- **Improved connections to existing federal, state, and local income support programs.** Numerous state and federal income support policies and programs are already available to Californians, such as: federal tax credits like the federal Earned Income Tax Credit (EITC) and Child Tax Credit; state tax credits like the California EITC (CalEITC); Young Child Tax Credit; and cash-based programs like CalWORKs. Local programs also offer income support tools, such as small business microloans, financial literacy training, free basic supplies like diapers, or supplemental cash payments that can be used for these basic supplies. Local public health organizations can facilitate access to these income supports by amplifying outreach and education efforts that encourage families to access tax credits and close gaps in their utilization,[182] as well as connecting eligible families to local income support programs.

- **Local enhancements to existing income support policies and programs.** Examples of local mechanisms that have been used in California to strengthen household financial security include local ordinances to increase minimum wage, create portable benefits for certain categories of workers, or subsidize costs for basic needs such as utilities or childcare. To advance violence prevention efforts, local public health organizations could consider assessing the appropriateness or feasibility of supporting similar income support policies and programs in their communities.

Nutrition and Food Security Policies and Programs

Food security programs act as important income stabilizers in the social safety net by strengthening overall household financial stability and mitigating the potential effects of changes to family income.[86] Policies that reduce food insecurity—including expansions to eligibility for the Supplemental Nutrition Assistance Program (SNAP) and elimination of the SNAP asset test (an assessment of other funds that might be available to purchase food, such as bank account balances)[183]—have been associated with reductions in IPV, other relationship violence, firearm death, and firearm-involved suicide.[184,185] Formative research identified the following examples of ways for local public health organizations to increase food security within the context of violence prevention:

- **Improved connection to existing food security programs.** In California, only 71% of eligible people are enrolled in food assistance programs (compared to 77% nationally).[186] In particular, people who predominantly speak Spanish and people with disabilities have notably low rates of enrollment in CalFresh (California's version of SNAP).[187] Local public health organizations could continue to increase awareness of existing food security programs, particularly in communities who are not currently accessing these benefits. In addition, they could consider partnering with other organizations (such as food banks, food security coalitions, and CBOs) to lower barriers to enrolling in these programs.

- **Enhancements to existing state and federal food security programs.** Given strong evidence that food security programs are associated with reduced violence, local public health organizations could consider supporting program implementation and access, evaluation of program efficacy, and policies that expand programs.

Family-Friendly Workplace Policies

Evidence from numerous studies have indicated that family-friendly workplace policies—including paid family leave, subsidized childcare, and workplace flexibility—can support healthy relationship dynamics for parents and caregivers, reduce familial stress, and strengthen household financial stability.[162,188,189] They can therefore be a powerful way to reduce IPV and exposure to ACEs, both of which are associated with firearm violence.[36,188–190] Formative research identified the following examples of ways for local public health organizations to encourage family-friendly workplace policies within the context of violence prevention:

- **Improved connections to paid family leave and subsidized childcare programs.** Key Informants talked extensively about the challenge of balancing parenting with work and other stressors. While California has existing statewide paid family leave and subsidized childcare policies, community perspectives gathered for this Roadmap suggest a need for greater public awareness about these options and how to access them.

- **Partnerships with employers and other organizations to encourage voluntary adoption of family-friendly workplace policies.** As summarized in *Reimagining Child Wellbeing* and the U.S. Surgeon General's advisory on parental stress, examples of these voluntary workplace policies include adoption of a voluntary living wage, flexible work schedules, access to childcare, employee trainings on stress management, and adoption of voluntary parental, medical, or sick leave.[162,191] As partners, local public health organizations could provide subject-matter expertise and other resources about the benefits of these voluntary policies.

- **Expanded family leave and subsidized childcare.** Local public health organizations can also play a supportive role in community-led efforts to expand family leave and subsidized childcare through local policies. For example, some local municipalities in California have expanded paid family leave for certain categories of employees (such as in San Francisco, Santa Ana, and Goleta). Others (like Sonoma County and the City of Pomona) have passed recent local ordinances to expand availability of subsidized childcare. Local public health organizations could play a supportive role by sharing data, sample legislation, and community perspectives to inform these policies.

Housing Availability, Affordability, and Stability Policies and Programs

Established and emerging evidence suggests that housing stabilization programs—including financial assistance programs for renters, low-barrier housing, financial counseling services to minimize the risk of foreclosure and eviction, and services for veterans experiencing homelessness—may reduce depression, risk for suicide, and other risk factors associated with suicide.[91] There is also evidence that increases in the affordability of housing through the Federal Low-Income Housing Tax Credit program decreased some forms of crime.[192] Formative research identified the following examples of ways for local public health organizations to improve housing within the context of firearm violence prevention:

- **Improved connections to existing housing support and housing navigation programs.** Numerous programs in California are available to support access to safe and affordable housing, including federally-funded Section 8 housing choice vouchers, the CDSS CalWORKs Housing Support Program, and the California Department of Housing and Community Development's Project HomeKey. The Department of Health Care Services (DHCS) Medi-Cal CalAIM transformation initiative also introduced new housing services in 2022 as part of its Community Supports; these include housing transition navigation services, housing deposits, and housing tenancy and sustaining services. Input from Key Informants indicated opportunities to increase awareness and accessibility of these programs. Local public health organizations can play a supportive role by publicizing these existing housing supports, facilitating enrollment, and working with partners to address barriers to these programs.

- **Multi-sector partnership to support housing stability.** Given that housing programs are often administered by local housing agencies or non-profits, partnerships with these housing organizations are critical to improving housing stability. By strengthening partnerships across sectors and intergovernmental agencies, local public health organizations can inform healthy and equitable housing development and support community access to existing housing stability options. The Prevention Institute's *Healthy Development Without Displacement* report provides additional suggestions for ways for public health to partner with housing and community development entities.[193]

Youth and Young Adult Workforce Development

Employment opportunities can protect against violence by increasing income, social connections, social capital, and financial independence.[40] Workforce development programs can have multiple benefits for youth and young adults, including mentorship, development of life and job skills, productive activities to fill spare time, and connections to foster a sense of hope and purpose.[40] Benefits from youth and young adult workforce development can reduce the risks of exposure to multiple forms of violence, including firearm violence, suicide, and community violence.[40] Formative research identified the following examples of ways for local public health organizations to promote youth and young adult workforce development within the context of violence prevention:

- **Summer youth employment programs.** There is strong evidence that summer youth employment programs are a cost-effective way to reduce violence. These programs offer income support, safe spaces, and structure for youth during the summer when firearm violence typically peaks.[194] Many municipalities across the state already have summer youth employment programs. Everytown for Gun Safety developed a guide to implementing summer youth employment programs. This overview provides insights about different aspects of these programs—such as coordination, program promotion, youth and employer recruitment, and training—that local public health organizations could explore.

- **Job training, reemployment, and workforce development programs.** State and federal workforce development grants are available to increase job development, job training, and education for people with barriers to employment. Examples include federal grants authorized under the U.S. Department of Labor's Workforce Innovation and Opportunity Act and the California Workforce Development Board's Breaking Barriers to Employment Initiative. Municipalities across the U.S. also used American Rescue Plan Act funds to invest in programs that linked youth employment and violence prevention. Local public health organizations could support job training, reemployment, and workforce development in their communities by monitoring outcomes from these programs, connecting community partners to active funding opportunities, and encouraging community members to enroll in available programs.

- **Partnerships with business sector entities who can support workforce development.** Key Informants highlighted the critical role of businesses in job creation and the success of workforce development initiatives. By strengthening partnerships with business sector entities, local public health organizations can increase awareness of the mutual benefits of youth and young adult workforce development and increase the number of businesses participating in these programs.

5. Strategy: Strengthen Social Supports

Rationale

The quality and nature of interactions with others can influence the risks of experiencing or perpetrating violence. In a 2023 Advisory, the U.S. Surgeon General reported that social connection—including the number, type, function, and quality of different relationships in a person's life—was a significant predictor of longevity and better physical, cognitive, and mental health.[43] It also highlighted numerous studies that showed how social connections protect against community violence, suicide risk and self-harm.[43] Individuals who are socially isolated are also at greater risk of violence, such as older adults - among whom suicide rates are higher - and women experiencing IPV.[43] Social cohesion is another social support measure focused on "the strength of relationships and the sense of solidarity among members of a community."[195] Studies have found that high social cohesion in a neighborhood may mediate the contributions of neighborhood disadvantage to firearm violence, and that rapid changes in social cohesion during the COVID-19 pandemic were associated with acute increases in firearm ownership and unsafe storage practices.[94,95,196]

"Growing up, my house was that one place everybody was at... Black, brown, White, Samoan, whoever was in the neighborhood, everybody was in my house...My mom was everybody's mom. So, I feel like that helps the kids get some kind of love and attention that they're not looking for it elsewhere. And you don't see that anymore."
— Key Informant

Like the rest of the United States, California is experiencing a mental health crisis.[197,198] There are twice as many deaths by suicide in California than there are deaths by homicide, with a similar ratio seen nationwide.[8,199–201] As firearms are the most common mechanism for suicide, extensive research and public health sources have consistently identified certain groups at higher risk and greater need of mental health supports and services. These include: older adults with physical health problems, individuals with alcohol and/or substance use challenges, individuals with a history of suicide thoughts or plans, and individuals in crisis.[202] Additionally, different patterns by race and ethnicity have emerged: suicide deaths due to firearms showed a small increase from 2020 to 2021 (3.9 to 4.0 per 100,000, respectively). This difference was more pronounced for individuals who are Black (3.5 to 3.8 per 100,000, respectively) and Hispanic (1.5 to 2.0 per 100,000, respectively). For suicides more generally, in 2020 people who were White had the largest suicide rates (17.7 per 100,00) of the demographic groups. For youth, American Indian and Alaska Native had the highest suicide rate from 2018-2021 (15.7 per 100,000; data years aggregated due to small counts and concerns with individual identification). Difference by age also appear in the data, with older adults having the highest rates of suicide of all age groups. In 2020, the rate of suicide for 85 and above was 18.0 per 100,000; and for 85 and older males, this rate was 42.1 per 100,000. Lastly, geographically, we see an overrepresentation of suicide in general, and firearm suicide deaths specifically, within rural counties in California.[2]

Strengthening Social Supports to Prevent Firearm Violence

Social connections can protect against community violence, risk for suicide, and self-harm, while also bolstering upstream factors that influence violence such as educational attainment and economic opportunities.[43] Key Informants emphasized that increased social cohesion and connections, particularly for youth, contributed to community safety by establishing caring relationships, social-emotional supports, and alternatives to violence from an early age. Examples of ways for local public health organizations to strengthen social supports within the context of firearm violence prevention are organized into three categories: youth development opportunities, safe and supportive school climates, and awareness of behavioral health supports and services.

" The main thing is getting [youth] out of the environment where they experience all the trauma. Now you can decompress. Now you can actually be a kid."
– Key Informant

Youth Development Opportunities

Youth development programs—including peer mentorship, adult mentorship, volunteerism, after-school programs, and other school-based programs—can support violence reduction by building participants' interpersonal skills, emotional skills, positive social connections, and resources for support.[40,203] Formative research identified the following examples of ways for local public health organizations to offer youth development opportunities within the context of firearm violence prevention:

- **Free or low-cost extracurricular activities.** Evidence suggests that structured extracurricular activities are an important youth development strategy.[204,206] Key Informants emphasized how extracurriculars could keep youth occupied, create social connections with peers and caring adults, and expose youth to new hobbies and environments. Local public health organizations can facilitate access to low-cost extracurriculars by connecting community members to existing local programs; partnering with the CBOs, faith-based organizations, and schools that offer these programs; sharing information on statewide resources for extracurricular activities such as the California Youth Service Corps; and gathering community member input about opportunities to improve accessibility and affordability of these activities.

- **Youth mentorship programs.** Youth mentoring programs are effective at reducing risk factors for violence and promoting protective factors against violence.[205,206] Key Informants pointed to the particular importance of culturally- and historically-rooted youth mentorship programs. Local public health organizations can help to elevate evidence-based mentoring models (including those that reflect the diverse cultural identities and experiences of youth in their communities), increase access to existing programs, and encourage greater participation in these programs.

Safe and Supportive School Climates

Schools are a uniquely important place to support healthy relationships, peer and adult connections, and other protective factors from early childhood through young adulthood. They are also a key environment where youth spend a substantial portion of their time.[207] Therefore, strategies focused on schools are an important component of violence prevention. Formative research identified the following examples of ways for local public health organizations to create supportive school climates within the context of firearm violence prevention:

- **Development of school districts' Local Control Accountability Plans (LCAPs).** The LCAP process provides opportunities to build sustainable change to improve health and educational outcomes for California students. Examples of suggested strategies that could be considered for adoption include school participation in the California Healthy Kids Survey (CHKS) school climate module; adoption of a "trauma-informed practices" definition and guidelines for implementation; and training for adults in the school setting on trauma-informed practices, self-care, and restorative justice practices.

- **Partnerships with school communities** on comprehensive school climate initiatives and universal school-based violence prevention programs. Social-emotional learning (SEL) frameworks (such as Positive Behavioral Interventions and Supports, or PBIS), trauma-informed and restorative justice practices, and programs (such as Cal-STOP) have been shown to improve social-emotional behaviors, reduce disruptive behaviors, reduce inequities in exclusionary discipline, and improve school connectedness.[109,209,208] Local public health organizations can support these programs by leveraging existing prevention programs that currently operate in schools to directly or indirectly support SEL and life skills development. The CalHOPE Student Support initiative has SEL learning communities in all 58 counties. By collaborating and sharing resources, local public health organizations can enhance SEL in schools without needing to create entirely new programs. Local public health organizations could also partner with schools to provide data analysis capacity and expertise for annual school climate surveys, in support of action planning and decision-making on evidence-based programs and strategies that address identified needs.

- **School-based mental health services.** California's Children and Youth Behavioral Health Initiative (CYBHI) and federal investments made by the Bipartisan Safer Communities Act have facilitated critical improvements in mental health services in schools, while the Mental Health Services Act (MHSA) directs state and county collaboration to ensure that mental health needs do not disrupt students' learning. The Mental Health Student Services Act (MHSSA) further bolsters these efforts by building strong partnerships between county mental health and behavioral health departments and local education agencies, enabling comprehensive support for students and families. Local public health organizations can enhance these efforts by collaborating with behavioral health departments, county offices of education, and schools to strengthen the implementation of CYBHI-led initiatives. This can include providing resources, facilitating training for school staff, and offering ongoing support to ensure the sustainability and effectiveness of mental health programs that contribute to healthier school environments and improved student well-being.

- **Youth leadership programs.** Local public health organizations can support the creation, expansion, or development of peer mediation programs or youth councils focused on promoting specific school climate priorities and needs. The Children's Partnership Peer-to-Peer Youth Mental Health High School Demonstration, the CYBHI campus-based and youth-led programs, Youth Leadership Institute Programs, California YMCA Youth & Government, HOPE Youth Leadership Program and the California Youth Leadership Corps are a few of many programs that share a goal of empowering youth through leadership development, peer support, and community engagement.

- **Existing resources on positive school climate.** Local public health organizations can leverage a wide array of existing resources to understand best practices for creating supportive school climates, as well as to explore additional opportunities for partnerships with schools. These resources include the National Center on Safe Supportive Learning Environments; the California Department of Education's California Safe and Supportive Schools libraries of materials and trainings about fostering a positive school climate; and the Behavioral Health Services Oversight and Accountability Commission's resources on school mental health.

Awareness of Mental and Behavioral Health Supports and Services

Research consistently demonstrates that social isolation and loneliness are significant risk factors for developing mental health issues like depression, anxiety, and suicidal thoughts.[96] The Cal Volunteers' Neighbor to Neighbor Program is one of California's efforts to increase social connectedness among older adults. Given the high number of firearm injuries and deaths attributed to suicide,[2] increasing access to suicide prevention programs and mental/behavioral health services is another strategy to reduce firearm violence. Research demonstrates that increasing access to mental health services can prevent violence.[91] Local public health organizations can support efforts to improve access to mental health and behavioral health services by educating on the warning signs of suicide; implementing evidence-based suicide prevention and mental health programs; increasing awareness and acceptance of mental health and behavioral health services; and supporting awareness and utilization of crisis intervention programs.

6. Strategy: Improve Neighborhood Conditions

Rationale

A person's neighborhood—including commercial/residential density, access to green spaces, air quality, and property conditions—influences their engagement within those spaces, as well as their sense of safety and belonging. Studies have found associations between negative features in the built environment—such as blighted properties, vacant lots, air pollution, and lead poisoning—and crime, including violent crime.[97,98] Greater accessibility of off-premise alcohol outlets (i.e., liquor stores) has also shown an association with firearm violence and other forms of violence; one study found that the combination of heavy drinking with a high density of alcohol outlets significantly increased the risk of being shot.[101,209] Another study indirectly linked poor neighborhood built environments with increased violent crime, increased policing, and therefore a heightened risk of police-involved violence.[210] Conversely, improvements to neighborhood conditions, such as greening of vacant lots and park activation, have been associated with reduced crime and increased community feelings of safety.[192,211–215]

Due to both historic and contemporary discrimination and disinvestment, neighborhood conditions often vary depending on the race and ethnicity of its residents. Majority White neighborhoods are more likely to have green spaces compared to neighborhoods with almost all other racial and ethnic groups, while neighborhoods that are majority communities of color in California are more likely to be exposed to environmental hazards and have dilapidated buildings.[32,99]

Improving Neighborhood Conditions to Prevent Firearm Violence

Improvements to neighborhood conditions—such as increased access to urban green space (i.e., parks, community gardens, trails, tree cover, plazas, among others),[216] safe walking and biking routes, and opportunities for connection and recreation in community spaces—are cost-effective ways to prevent or reduce violence, including firearm violence.[192,214–217] These improvements can make spaces safer to occupy or move through, encourage greater public use of space, reduce police presence, and help community members feel a greater sense of safety and belonging.[214–217] Formative research identified the following examples of ways for local public health organizations to improve the neighborhood environment within the context of firearm violence prevention:

- **Activation of existing public spaces** to encourage public use, create safe environments for recreation, and promote social connections and cohesion. Examples of effective strategies for activating public spaces include community events like the Parks After Dark program used in Los Angeles County and San Diego County, as well as beautification of public spaces through graffiti removal or community art installations.[218,217]

- **Increased availability of community spaces.** Key Informants highlighted how dedicated community spaces (such as youth centers and sports facilities) allow for both formal and informal activities that build social connections, provide recreational activities, and establish mentorships. These spaces were seen as particularly important for youth. Local public health organizations can support these efforts by collaborating with small business owners, local institutions, and other community partners to generate more options for community events and spaces.

- **Neighborhood greening and maintenance.** Greening (such as creating or maintaining green spaces through parks, urban forestry, or community gardens) and neighborhood maintenance (such as restoring abandoned buildings, remediating houses, maintaining vacant lots, and improving street lighting) have been associated with reductions in crime, including firearm violence.[192,214–217,218] Community-led and community-engaged maintenance efforts can be particularly effective.[214,221] Key Informants also suggested that neighborhood greening and maintenance programs could employ community youth. Local public health organizations can support these efforts by learning more about existing greening programs in their communities (including those implemented through the Urban and Community Forestry Program of California Climate Investments) and how they can be supportive partners in their work.

- **Collaborate with existing local health department programs with similar goals of improving neighborhood conditions.** Many of the strategies described above to activate existing public spaces and increase neighborhood greening and maintenance are shared endeavors with other funded public health programs such as those working to promote active transportation and increased physical activity as a means of preventing chronic disease. Aligning similar efforts within a health department allows for more synergistic effort, particularly if a health department does not have dedicated funding for violence prevention efforts. Many of the same social drivers of health (such as the built environment) are shared targets across public health goals and topics.

- **Land use that supports community health and wellness.** Neighborhood conditions also encompass the broader ways in which land is used in a community, including how it is used for businesses, housing, open space, and other facilities. Long-term, holistic improvements to community conditions and safety requires work across all of these facets. Existing resources (including several developed by the Prevention Institute) offer recommendations for how local public health organizations can play a role in healthy land use development, such as bringing a health equity lens to planning, centering community perspectives, and disseminating research on the connections between land use and violence prevention.[219,220]

- **Alcohol outlet density reduction and alcohol access policies.** ChangeLab Solutions has summarized local policy options for reducing alcohol outlet density, including using Conditional Use Permit ordinances to restrict the number of new alcohol outlets and Deemed Approved Ordinances to regulate existing alcohol outlets. The Consortium for Risk-Based Firearm Policy and the Center for Gun Violence Solutions at the Johns Hopkins Bloomberg School of Public Health produced policy recommendations to limit alcohol use and associated violence. These include: increasing alcohol prices, increasing alcohol taxes, limiting the hours and days when alcohol is available for purchase, prohibiting firearm possession at places with on-site alcohol consumption, and prohibiting the purchase or possession of firearms for those with two or more DUI offenses during a 5-year period.[221] Local public health organizations can collaborate with local governments and community members to provide data and research on the effectiveness of alcohol outlet density reduction for violence prevention, gather community input to inform these policies, or otherwise aid in the implementation or enforcement of these efforts, as well as working with community leaders to support community-driven solutions to alcohol access through these, among other, policies, systems, and environmental change examples.

7. Strategy: Improve Firearm Safety Practices

Rationale

Having a firearm—particularly one that is not securely stored—increases the risk for firearm injury and death across multiple forms of violence. For every age group, where there are more firearms, there are more accidental deaths.[102] In 2022, emergency room visits in California were highest for unintentional firearm injuries (7.1 per 100,000) followed by assault-related firearm injuries (5.3 per 100,000).[2] Children ages 10-19 are at highest risk of unintentional firearm death among all age groups. The presence of a firearm in the home is associated with an increased risk of firearm homicide and suicide among household members, irrespective of their personal firearm ownership status.[222] Firearm availability is also a risk factor for suicide which, in 2023, was the leading cause of violent death in California, surpassing homicides (64% vs. 30% respectively) and 39% of these suicides occurred via firearm use.[2,103–105] Studies have found that crises involving suicidal behavior tend to be transient; access to firearms during these short-term periods of elevated risk can therefore increase the risk for suicide by firearm.[106]

"You're supposed to have a license and never the clip in the gun… And they're supposed to be in safes, but nobody does that. I think it's too easy to get one, especially at our age, like 14 to 18. It's easy to get a gun."
– Key Informant

Accessibility of firearms in the home also increases the risk of interpersonal firearm violence.[107,108] For example, the majority of firearm homicides among children, women, and older adults occur at home.[112] In addition, most firearms used in school shooting incidences were accessed at home.[223] Evidence also suggests that unsecured firearms are more likely to be stolen,[224] and that stolen firearms may contribute to violent crime.[110] Women experiencing IPV are five times more likely to be murdered if their abuser has access to a firearm.[111] There are also many well-established associations between excess alcohol consumption and violent behaviors, including firearm violence. A 2023 report from the Johns Hopkins School of Public Health summarized many of the associations between heavy alcohol use and firearm violence, including unsecure storage practices, interpersonal firearm violence, and suicide by firearm.[224]

Firearms that are stored improperly or accessed by people who are known to be a risk to themselves or others can cause lethal, preventable harm. **While the accessibility of firearms is associated with almost every form of firearm violence, it is a particularly important key contributor to suicide and unintentional firearm injury and death.**

Improving Firearm Safety to Prevent Violence

Increasing awareness about firearm safety is an evidence-informed strategy for reducing the risks associated with firearms. Examples of ways for local public health organizations to improve firearm safety within the context of firearm violence prevention are organized into three categories: secure firearm storage access and education, temporary storage of firearms outside the home during crisis, and awareness of existing state laws on firearm access.
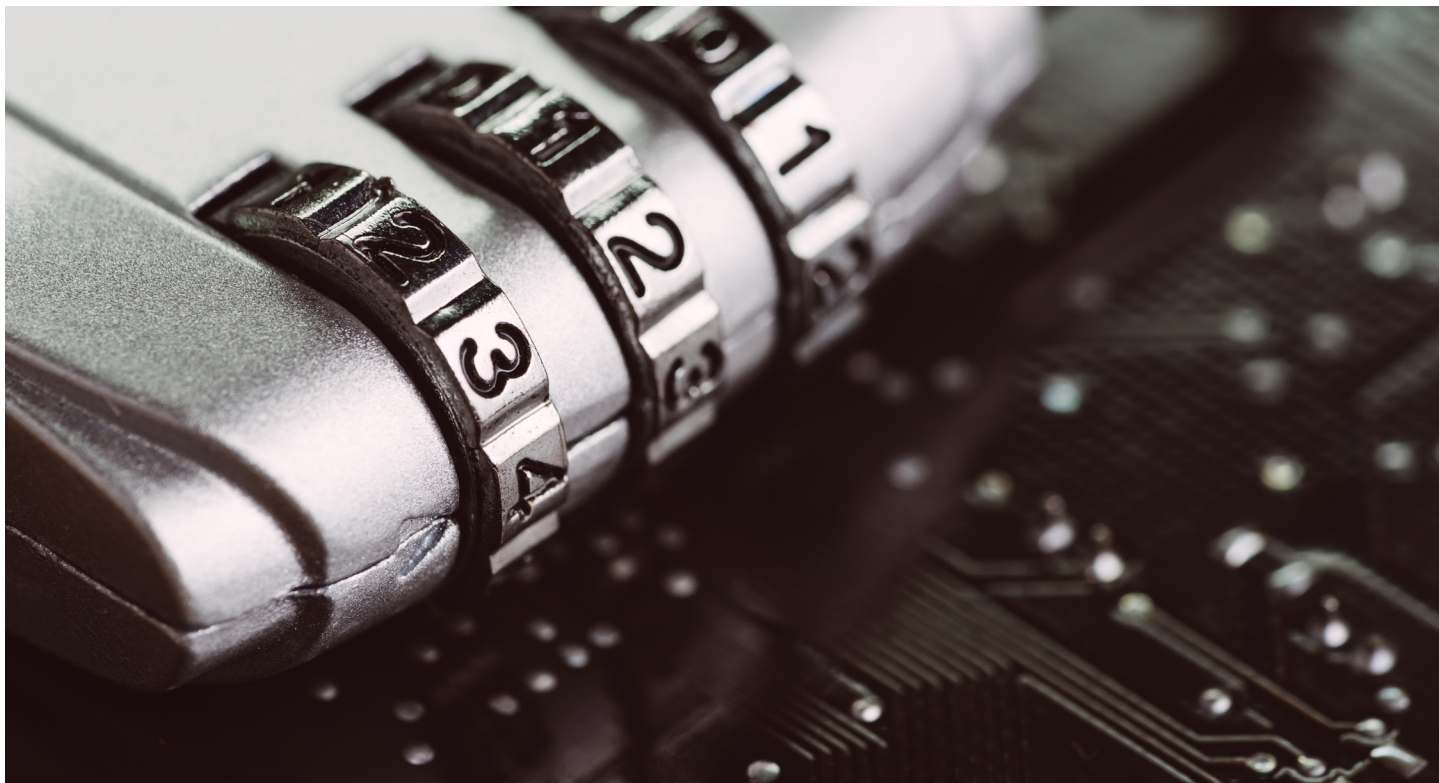
Secure Firearm Storage Access and Education

Secure firearm storage can aid in neutralizing the increased risk of firearm proximity and ownership.[113] California has some of the strongest firearm safety laws in the country, including laws on secure storage and proper safety trainings.[114] Despite these laws, a recent survey found that one-third (37%) of firearm owners in California reported unsecure storage of at least one firearm (i.e., stored loaded or unlocked).[59] People who own firearms for protection (the most common reason for handgun ownership in California[59]) are more likely to store their firearms loaded or unlocked,[225] and cite concerns about ability to access firearms in an emergency as one reason for unsecured storage.[116] Improving firearm storage options, knowledge, and practices may help to decrease the risks associated with firearms in the home.[10] Formative research identified the following examples of ways for local public health organizations to encourage secure firearm storage:

- **Access to free or low-cost firearm storage devices.** The cost of quality firearm storage devices can be a barrier to secure storage for some firearm owners.[125] For example, biometric lockboxes and safes (which are considered more secure storage devices) can be much more costly than a cable or trigger lock.[226] Providing a free, high-quality firearm storage device can make education and counseling efforts more effective.[117] Entities across the state—including law enforcement agencies, district attorney's offices, healthcare providers, and CBOs—are already distributing free firearm storage devices. Partnering with these organizations (or directly providing devices) is one way for local public health organizations to support community access to storage devices approved by the California Department of Justice.

- **Partnerships with local firearm owners and retailers on secure storage training.** Firearm owners, retailers, and ranges are an important part of firearm violence prevention. Gun Shop Projects are a promising program being used in California and across the country to partner with retailers to avoid selling firearms to suicidal customers, provide suicide education resources, and serve as temporary locations for safe firearm storage (see next page).[118] Local public health organizations may learn from other counties with Gun Shop Projects (such as San Diego and Humboldt) about how to effectively implement this model in their communities, including how to build relationships with firearm owners and retailers (see **From the Field**). Key Informants also identified other organizations, such as the California 4-H Shooting Sports Program, scouting programs, and hunting clubs, as important partners for effectively integrating discussions around firearm safety, values, and responsibilities.

- **Secure storage counseling in clinical settings, including routine secure storage counseling and lethal means safety counseling focused specifically on reducing suicide risk.** Several studies have found that clinician-led secure firearm storage counseling is effective at improving firearm storage practices.[105,119–121] Key Informants described opportunities for public health organizations to increase clinical secure storage counseling, such as connecting providers with Continuing Education on lethal means safety counseling and other clinical tools for firearm violence prevention (such as those offered through the BulletPoints Project or Zero Suicide), incentivizing providers to participate in these trainings, and exploring public health research on the ways that clinic-based firearm counseling can be tailored to the cultures, needs, and values in the community.[122–124]

- **Implementation and education about state and local secure storage laws.** There is strong evidence that secure storage laws are associated with decreased firearm injuries and deaths, including youth suicide, violent crime, and unintentional injuries and deaths of children.[227–231] Local public health organizations can support implementation of these laws by increasing awareness of secure storage best practices and existing secure storage laws. Key Informants also discussed the importance of parents reinforcing secure storage education from a young age. California requires that all K-12 school districts, county offices of education, and schools provide annual notifications to students' parents/caregivers about child access prevention and safe firearm storage.[232] Current research and Key Informants encouraged exploration of other ways to integrate secure storage education into parent and caregiver settings, such as home visiting or other caregiver education programs.

Increased Options for Temporary Storage of Firearms Outside the Home During Crisis

Voluntary, legal, temporary storage of firearms outside the home (e.g., with a friend or family member or at a firearm retailer) can be an effective strategy for firearm owners who feel they are at risk of harming themselves or others. A recent study found that about half of firearm owners would be open to self-storage at an off-site facility.[233] California law allows a person to temporarily transfer their firearms to a shooting range or firearm retailer.[234] When certain criteria are met, they may also transfer firearms to an adult who can safely store them to prevent self-harm, without legal risks for the receiver.[237] Formative research identified the following examples of ways for local public health organizations to promote the increased utilization and options for temporary storage of firearms outside the home during crisis:

- **Public awareness of temporary storage options during periods of crisis.** A new federally funded resource, Pause to Protect, offers a national map of temporary storage locations. This resource could be shared with firearm owners, their family members, and service providers alongside education about California's specific firearm transfer laws.

- **Engagement with firearm retailers and ranges to increase the number of temporary storage locations.** The federal Department of Veterans Affairs and SAMHSA recently announced plans to "convene federally licensed gun dealers around offering out-of-home storage,"[235] with a particular focus on veterans and their families. Local public health organizations can support these engagement efforts to help increase the availability of temporary storage locations across California.

From the Field

Humboldt County Public Health Campaigns to Educate on Firearm Access

Humboldt County takes a multisector, multi-strategy approach to preventing suicide, including suicide by firearm. The Humboldt County Department of Health and Human Services works to educate trusted adults and parents, raise community awareness, and equip providers with tools and trainings to prevent suicide and self-harm among vulnerable populations.[239] These efforts include lethal means safety training, which teaches firearm owners different methodologies to keep firearms safely stored.[240] Humboldt County also implements the Gun Shop Project and offers suicide prevention education.[241] The County complements these resources for firearm owners and retailers with trainings to recognize signs of mental health concerns among teens and domestic violence among women, two groups that face particular risks for firearm violence.[242]

The Humboldt County Public Health Department has also employed an innovative partnership to create Keep It Safe, a collaboration between the Suicide and Violence Prevention Program and Substance Use Prevention Program to provide free lockboxes to the community to safeguard firearms and other potentially dangerous products such as alcohol, drugs, cannabis, vapes, and medications.[242,242]

Awareness of Existing State Laws on Firearm Access

California has some of the nation's strongest laws regulating firearm purchase and possession for those who may pose a risk to themselves or others. In addition to these regulations, California has nine different court protection orders—including Gun Violence Restraining Orders (GVROs) and Domestic Violence Restraining Orders (DVROs)—to temporarily restrict access to firearms. Many of these protection orders can be petitioned by the public and are seen as a promising strategy for preventing both interpersonal and self-inflicted violence.[236,237] In the latter circumstance, it is critical that these orders are applied as intended—to prevent harm—rather than being misused in ways that could stigmatize or penalize individuals seeking help. Formative research identified the following examples of ways for local public health organizations to support the implementation of existing state laws on firearm access:

- **Education on appropriate utilization of restraining orders that temporarily restrict firearm access.** Local public health organizations can play a role in education about these restraining orders, including what they are, when they can be utilized, and how to petition for them. Educational resources are already available through the California Office of Emergency Services (CalOES). One example of a local GVRO campaign can also be found in Los Angeles County. In addition to public education and awareness, other recommended strategies for local public health organizations to support application of these restraining order policies are: exploring data on protection order utilization at the local level; engaging community members to understand barriers to utilization, including concerns about racial inequities in use and enforcement; collaborating with criminal-legal system partners on resources (e.g., court advocates) to help people navigate the petition process; and encouraging data collection for transparency and additional research on restraining order use and efficacy.[238] Education efforts should also emphasize the importance of ensuring that individuals who seek help—especially those experiencing a crisis—are not further marginalized or criminalized as a result of a restraining order being issued against them.

- **Implementation of other state and local firearm laws related to firearm access.** This could entail working with local partners (including law enforcement) to understand these laws and identify opportunities to collaborate; educating the public about these laws; and connecting people to resources on firearm violence such as the Office of Gun Violence Prevention's information on existing laws, Hope and Heal Fund's geo-mapped data on firearm homicides, CDPH's Firearm Injury Dashboard, and the Giffords Law Center's summary of California's local firearm access laws.

8. Strategy: Implement Community Violence Intervention (CVI) Programs

Rationale

Community violence is a product of combined societal, community, and relationship factors such as: histories of segregation and oppression, ongoing structural racism, economic policies and opportunity, access to social support services, and neighborhood conditions. These factors and resulting community violence disproportionately impact Black and Latino youth and young adults in California and across the country.[33,126]

Implement CVI Programs

CVI programs employ individuals with lived experiences of violence to interrupt cycles of violence and prevent shootings. As an umbrella term, CVI includes models like focused deterrence, street outreach and violence interruption, and Hospital-Based Violence Intervention Programs. Many CVI programs have proven effective in reducing firearm-related assaults and homicides.[129–137] The successes of CVI programs in intervention—and along the prevention spectrum—make them an important part of a comprehensive approach to violence prevention. Formative research identified the following examples of ways for local public health organizations to engage with CVI programs within the context of violence prevention:

- **Collaboration with CVI programs.** Key Informants saw collaboration between public health and CVI organizations as a way to build a more robust "CVI ecosystem." Collaboration could include: establishing relationships with CVI programs, connecting CVI programs with organizations working on root causes of violence, educating other organizations about the role of CVI in the violence prevention spectrum, connecting CVI organizations with sustainable funding sources, supporting implementation, or contributing to evaluation or data capacity-building for CVI programs.[243]

- **Inclusion of CVI staff as part of the public health workforce.** CVI staff (sometimes known as violence prevention professionals, violence interrupters, or credible messengers) play a crucial role in the success of CVI programs. CVI staff are typically people with lived experiences with violence, are specially trained on intervening after violence has already happened- such as following a shooting or retaliatory conflict, prevention, and trauma-informed wraparound support. They are increasingly acknowledged as part of the health and public health workforce; for example, Medi-Cal's Community Health Worker (CHW) benefit includes Violence Prevention Professionals as part of its definition of CHWs. Acknowledging CVI staff contributions to public safety, making connections to professional development and public health resources, and supporting efforts to increase pay for CVI staff (as was recently done in Los Angeles) are three possible ways that local public health organizations can support CVI as part of the public health workforce.

Conclusion

Firearm violence is a preventable public health issue that demands action. Public health organizations across California are actively engaged in critical prevention efforts that are identifying the root causes of violence, applying prevention strategies, and educating decision-makers and community leaders on the impact and value of those strategies. With additional tools, strategies, and evidence, local public health organizations and other local partners can accelerate the momentum to reduce firearm violence and other interconnected forms of violence.

This *California Public Health Roadmap for Firearm Violence Prevention: Local Strategies to Reduce and Prevent Firearm Violence* report provides a framework for local strategic actions and policy opportunities focused on reducing firearm violence and promoting safer, healthier communities. Drawing on scientific evidence, lived experiences, and expert insights, it suggests strategies that reflect a comprehensive, multi-level approach that addresses the underlying social, economic, systemic, historical, institutional, and environmental factors contributing to firearm violence. It also acknowledges the complex nature of firearm violence and other forms of violence, and the need for ongoing collaboration and adaptation to effectively change the conditions that can lead to violence.

Moving forward, this Roadmap will serve as a guide for local violence prevention practitioners, public health departments, and other public health organizations and partners to implement impactful prevention strategies for their communities. CDPH will continue to play a critical role in supporting these efforts by providing data and expertise, facilitating partnerships, and encouraging communities to collaborate on strategies that align with the goals of the Roadmap. Through a public health approach that addresses the root causes of firearm violence, acknowledges its interconnections with other forms of violence, and creates equitable conditions, we can build safer, healthier communities across a thriving California.

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Appendices

Appendix A: Key Terms

Community Violence: Violence that generally takes place outside the home between people who may or may not know each other. Examples may include assaults, fights, or shootings in public places such as schools, parks, on the streets, and in businesses.[141]

Firearm Violence: In this Roadmap, firearm violence is used to encompass all forms of violence resulting in either death or injury involving a firearm, whether intentional or unintentional. This definition, aligned with the CDC's definition, includes:

- *Intentional self-inflicted:* Firearm suicide or nonfatal self-harm injury from a firearm.

- *Interpersonal violence:* Homicide or nonfatal assault injury from a firearm, including community violence, intimate partner violence, and mass shootings.

- *Unintentional:* Fatal or nonfatal firearm injuries that occur as the result of an accidental firing without evidence of intentional harm.

- *Police-involved violence* (or *"legal intervention"*): Firearm injuries inflicted by the police or other law enforcement agents acting in the line of duty.[244]

Focused Deterrence: As defined by the Johns Hopkins Bloomberg School of Public Health Center for Gun Violence Solutions, "a strategy that creates a balanced partnership between law enforcement and community partners to identify chronic violent offenders and prevent them from engaging in future violence."[127]

Food Insecurity: As defined by the UCLA Center for Health Policy Research, "limited, uncertain, or inconsistent access to food necessary for a healthy life."[173]

Hospital-Based Violence Intervention Programs: As defined by the Johns Hopkins Bloomberg School of Public Health Center for Gun Violence Solutions, programs based inside hospitals that "employ credible messengers to engage gun violence victims to discourage retaliation and connect them with social services that can potentially reduce risks for future violence."[127]

Key Contributor: This term encompasses the multitude of factors and conditions that influence health outcomes, including *risk factors* (which can increase the likelihood of negative health outcomes) and *protective factors* (which can minimize, mitigate, or protect against experiencing negative health outcomes). Key contributors also include the community conditions, often described as *social determinants of health,* that are outside of an individual's control. Key contributors oftentimes disproportionately influence the likelihood of greater risk factors and less protective factors in some communities and not others.

Key Informants: For the purposes of this report, a Key Informant is any person who contributed to the development of this Roadmap. Key Informants include: community members participating in Community Listening Sessions, subject matter experts and State agency staff participating in Key Informant Interviews, and local county public health and behavioral health practitioners participating in the CDPH 2024 Violence Prevention Survey.

Local Public Health Organizations: For the purposes of the Roadmap, local public health organizations include any organization working primarily at the local level that takes a public health approach to violence. Examples include, but are not limited to, local health jurisdictions, behavioral health departments, other government entities, community-based organizations, philanthropic organizations, policy and advocacy organizations, and civic engagement entities.

Nutrition Insecurity: According to the United States Department of Agriculture, "a lack of consistent, equitable access to healthy, safe, and affordable foods that promote optimal health and well-being."[245]

Prevention Spectrum: The continuum of prevention efforts, from stopping violence before it starts (primary) to addressing its immediate consequences (secondary) and supporting long-term recovery (tertiary).[246]

Primary Prevention (of Violence): Prevention that starts before violence happens. Strategies include those that create healthy relationships and environments, reduce risks of violence, and address root causes of violence.[249]

Racism: As described by the CDC, "a system—consisting of structures, policies, practices and norms—that assigns value and determines opportunity based on the way people look or the color of their skin."[15]

Secondary Prevention (of Violence): Prevention that starts immediately after violence happens. Examples may include services like emergency or medical care, addressing short-term consequences, and intervening before imminent violence.[249]

Social Cohesion: As defined by Healthy People 2030, "the strength of relationships and the sense of solidarity among members of a community."[195]

Social Determinants of Health: As defined by the World Health Organization (WHO), "the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, worship, and age, and the wider set of forces and systems that shape daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems."[247]
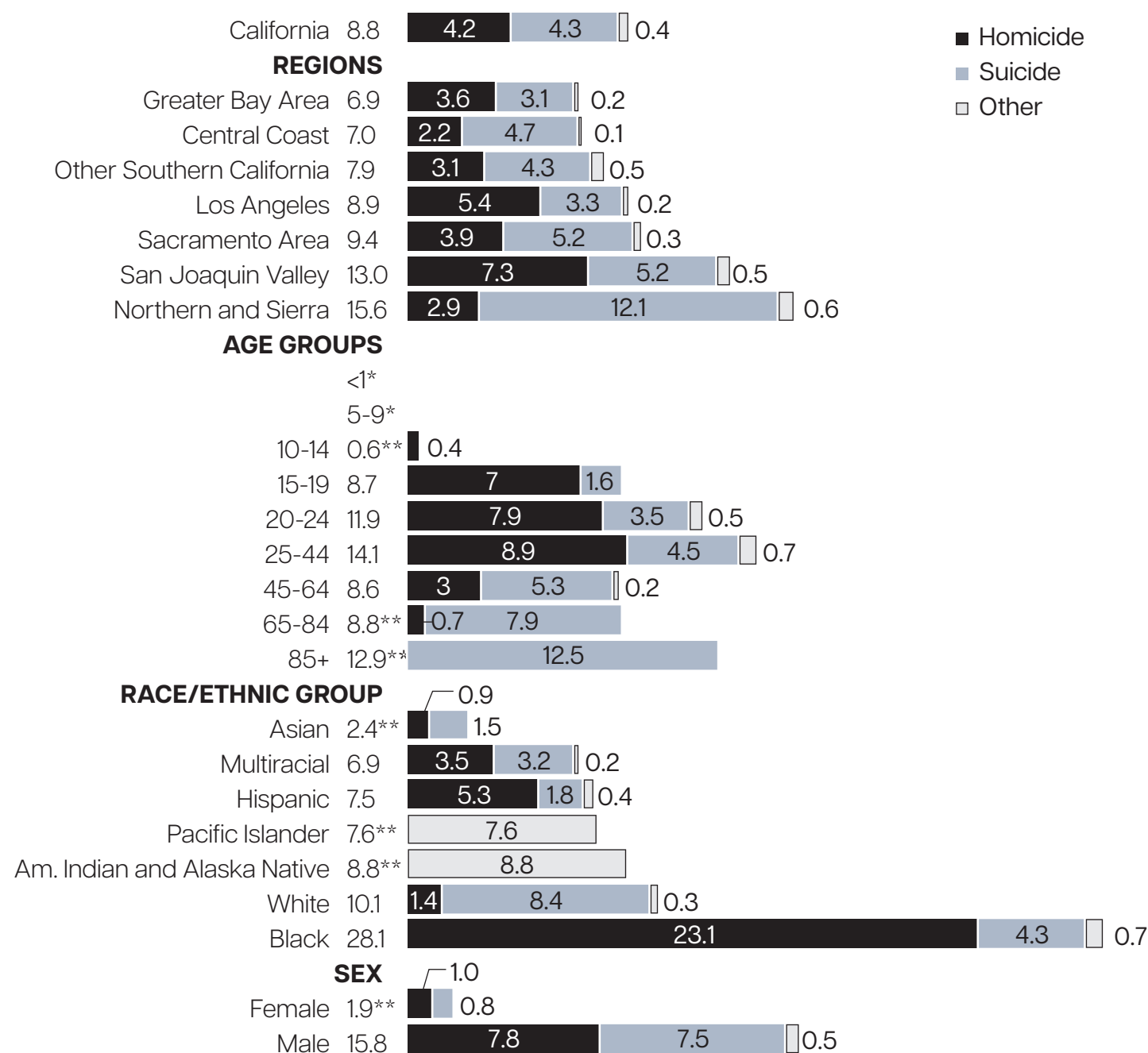
Street Outreach and Violence Interruption Programs: As defined by the Giffords Center for Violence Intervention, "programs that seek to reduce firearm violence through a set of non-punitive, community-led strategies that are designed to interrupt the transmission of violence by engaging those at highest risk through the provision of individually tailored support services."[248]

Tertiary Prevention (of Violence): Long-term approaches after violence happens. These approaches support long-term recovery and healing from the trauma of exposure to violence, such as social support services, community healing services, and mental health services.[249]

Violence: According to the definition used by the CDC and the WHO, "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation."[249]

Appendix B: Disparities in California Firearm Deaths

Total crude rate per 100,000 person-years, by select demographics and intent (2022)

		Homicide	Suicide	Other
California	8.8	4.2	4.3	0.4
REGIONS				
Greater Bay Area	6.9	3.6	3.1	0.2
Central Coast	7.0	2.2	4.7	0.1
Other Southern California	7.9	3.1	4.3	0.5
Los Angeles	8.9	5.4	3.3	0.2
Sacramento Area	9.4	3.9	5.2	0.3
San Joaquin Valley	13.0	7.3	5.2	0.5
Northern and Sierra	15.6	2.9	12.1	0.6
AGE GROUPS				
<1*				
5-9*				
10-14	0.6**			0.4
15-19	8.7	7	1.6	
20-24	11.9	7.9	3.5	0.5
25-44	14.1	8.9	4.5	0.7
45-64	8.6	3	5.3	0.2
65-84	8.8**	0.7	7.9	
85+	12.9**		12.5	
RACE/ETHNIC GROUP			0.9	
Asian	2.4**		1.5	
Multiracial	6.9	3.5	3.2	0.2
Hispanic	7.5	5.3	1.8	0.4
Pacific Islander	7.6**			7.6
Am. Indian and Alaska Native	8.8**			8.8
White	10.1	1.4	8.4	0.3
Black	28.1	23.1	4.3	0.7
SEX			1.0	
Female	1.9**		0.8	
Male	15.8	7.8	7.5	0.5

*   0 deaths listed for "Suicide" and "Other." Less than 11 homicides were reported, and data were suppressed for data de-identification purposes.

**   When no value is shown, less than 11 deaths were reported in a category, and data were suppressed for data de-identification purposes. For Pacific Islander and American Indian and Alaska Native, only overall rates were available. Therefore, the full crude rate is presented as "other."

Source: CDPH EpiCenter, California Injury Data Online.[2]

Appendix C: Methodology for Roadmap's Formative Research Activities

Formative research was conducted between 2023 and 2024 through a CDPH partnership with ISR to inform the development of the Roadmap. These efforts, which represent a snapshot of firearm violence prevention evidence available, included:

Literature Review and Policy Landscape Analysis. A comprehensive literature review focused on key factors contributing to firearm violence, as well as evidence-based and promising strategies for the primary prevention of firearm violence. The policy landscape review focused on evidence about effective state and local legislation and voluntary policy options that 1) have shifted towards a focus on safe communities, firearm safety, firearm accessibility, and 2) addressed the key factors contributing to firearm violence.

Literature was primarily limited to articles released within the last ten years, with exceptions for foundational resources in the field. Given the explicit focus on public health approaches to firearm violence prevention, literature with a public health perspective—such as peer-reviewed journals or from public health organizations—was prioritized; criminogenic or law enforcement perspectives were not the focus for this search. Over 600 sources—including academic articles, government website and reports, evaluation findings, organizational websites, press releases, white papers, and presentations—were reviewed.

Limitations for literature and policy landscape analysis. There is often a significant amount of heterogeneity among programs, policies, practices, and the research methods used to study them; research may show that factors and strategies have different impacts in different communities, or it may not have sufficiently explored these varying impacts. Furthermore, evidence is growing and changing in the dynamic field of firearm violence research; therefore, the research and examples cited in this report are not exhaustive or comprehensive, but rather a guide to research across multiple disciplines about preventing firearm violence and other forms of violence.

Key Informant Interviews. Semi-structured Key Informant Interviews were conducted with 45 State agency representatives, violence prevention practitioners, researchers, and policy experts. Respondents included 12 representatives from State agencies and departments selected by CDPH who described current State efforts to prevent firearm violence both directly and indirectly. The remaining 33 individuals interviewed were selected by CDPH and represented community-based violence prevention program leaders, academic researchers, public health officials, state and national public health and violence prevention leaders, and policy experts. Key questions for this latter group focused on: evidence-based and promising public health strategies and approaches for preventing firearm violence and other forms of violence; differential influence of policies and strategies in different populations, communities, and geographic areas; gaps and needs in firearm violence prevention efforts; and barriers and facilitators to public health strategies and community-driven policy efforts that reduce and prevent violence.

Limitations to Key Informant Interviews. Findings were limited to what interview respondents shared. Therefore, there may be additional firearm violence prevention efforts currently being pursued at the State or local level that are not included in this report, such as efforts led by State and local agencies who did not contribute to data collection, or efforts within a respondents' agency that were not addressed during the interview.

CDPH 2024 Violence Prevention Survey. In Spring 2024, 52 LHJs and BHDs, representing 85% of all jurisdictions (58 counties and three city health departments) responded to the online CDPH 2024 Violence Prevention Survey to provide insight into their violence prevention efforts. Survey questions focused on learning how LHJs and BHDs were currently working to reduce firearm violence, both directly and indirectly, as well as other forms of violence; successes and challenges of those efforts; community and decision-maker support for their efforts; and opportunities for CDPH to play a role in firearm violence prevention.

Limitations to the CDPH Violence Prevention Survey. Data does not represent all LHJs and BHDs, as not all counties completed the survey. In counties where more than one county representative provided a response, responses were collapsed to create a single case for each jurisdiction and department type (LHJ vs. BHD). Findings were limited to what survey respondents shared. Therefore, there may be additional firearm violence prevention efforts within a respondents' agency that were not addressed by the survey respondent.

Community Listening Sessions. With support from 10 CBOs in 10 counties experiencing a high burden of firearm violence, 165 community members shared their personal experiences and insights on firearm violence and violence prevention. Community members represented a wide range of perspectives and backgrounds, including diversity of race/ethnicity, age, gender, firearm ownership, and prior experiences with violence. Community Listening Session questions were designed by ISR and CDPH. Community Listening Sessions were conducted by a selected facilitator within each CBO, with training from ISR staff. With support from ISR, CBO facilitators reviewed and modified questions as appropriate for cultural responsiveness, language, and age of audience. Questions focused on community firearm violence impacts; current firearm violence prevention efforts they see conducted within their community; perspectives on firearm violence prevention needs; and suggestions for how future firearm violence prevention efforts could be successful within their community.

Limitations of Community Listening Sessions. While Community Listening Sessions followed a shared set of questions, aspects of firearm violence or firearm violence prevention strategies received varying levels of attention due to the focus of each conversation, facilitation decisions, and time constraints. Participants were asked to think broadly about different forms of firearm violence, including intentional self-inflicted (i.e., suicide or suicide attempts), interpersonal, intimate partner violence, unintentional, and police-involved. All of these topics were discussed in at least one Community Listening Session; however, suicide and intimate partner violence were less common topics. Finally, this report does not include all of the many individual, nuanced, and personal stories shared by community members. The research team acknowledges the importance of these narratives and expresses gratitude for each participants' contributions to these key themes.

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