Oregon Task Force on Community Safety and Firearm Suicide Prevention

Community Safety Best Practices

Prepared by the OHSU Gun Violence Prevention Research Center

Background

Firearm injury is a public health crisis impacting communities across Oregon, resulting in 642 deaths in Oregon in 2023 alone.[1] The majority of these firearm-related deaths in Oregon were firearm suicides (76%).[1] For every person killed by a firearm, more will suffer nonfatal firearm injuries.[2] In 2023, there were a total of 761 firearm injury emergency department visits across Oregon.[3]

Most Americans recognize a need for interventions to reduce gun violence, with 79% of Americans identifying gun violence as either a moderately big or major problem in a 2024 survey.[4] To effectively respond to the firearm injury crisis in Oregon and beyond, there is a need to implement evidence-based interventions and policies that recognize the full breadth of the problem and work to address the causes and consequences of firearm injury. It is important to consider both the existing evidence supporting various policies, as well as the political and social context within Oregon, to determine what policies and practices may be most effective within the state.

The OHSU Gun Violence Prevention Research Center was tasked with creating a report for the Task Force on Community Safety and Firearm Suicide to identify community safety best practices and describe barriers to their implementation. Through consultation with national and state experts and review of existing literature, we have identified five community safety best practices to consider in Oregon: policies that address social, structural, and economic drivers of violence, community violence intervention, firearm purchaser licensing, risk-based firearm removal policies, and secure firearm storage. The following report summarizes the evidence and identifies barriers and facilitators to implementing each of these five best practices in Oregon.

Methodology

The OHSU Gun Violence Prevention Research Center sought to examine best practices for promoting community safety, as well as the barriers and facilitators to these practices. First, we sent emails to 38 academic experts (defined as researchers with publications related to firearm violence prevention in the peer reviewed literature). We aimed to engage a diverse group of academic experts from across the U.S. Emails included brief questions about these experts' views on community safety best practices. Questions included:

1. Based on your knowledge of the literature and your experiences in the field, what are the top 3-5 most impactful, evidence-based best practices for reducing firearm violence (including self-harm, interpersonal violence, and/or community violence)? (Best practices may include community-based efforts, policies, etc.)
2. Can you share why you believe these to be the most effective?
3. What would you say are the primary barriers to implementation for the policies/practices you listed? (And/or, conversely, the facilitators of implementation?)

We received responses from 17 experts, whose names and affiliations are listed at the end of this report. Our team reviewed the best practices identified from these expert responses while considering Oregon's policy landscape. We identified the following five promising policy/practice areas to explore in more detail: policies that address social, structural, and economic drivers of violence, community violence intervention, firearm purchaser licensing, risk-based firearm removal policies, and secure firearm storage. We then reviewed the literature on these policies, including peer reviewed literature and grey literature, and examined the status of each in Oregon.

Expert Opinions on Community Safety Best Practices

Academic experts identified a variety of community safety best practices. We aggregated these responses, grouping some into broader policy categories. Best practices identified included:

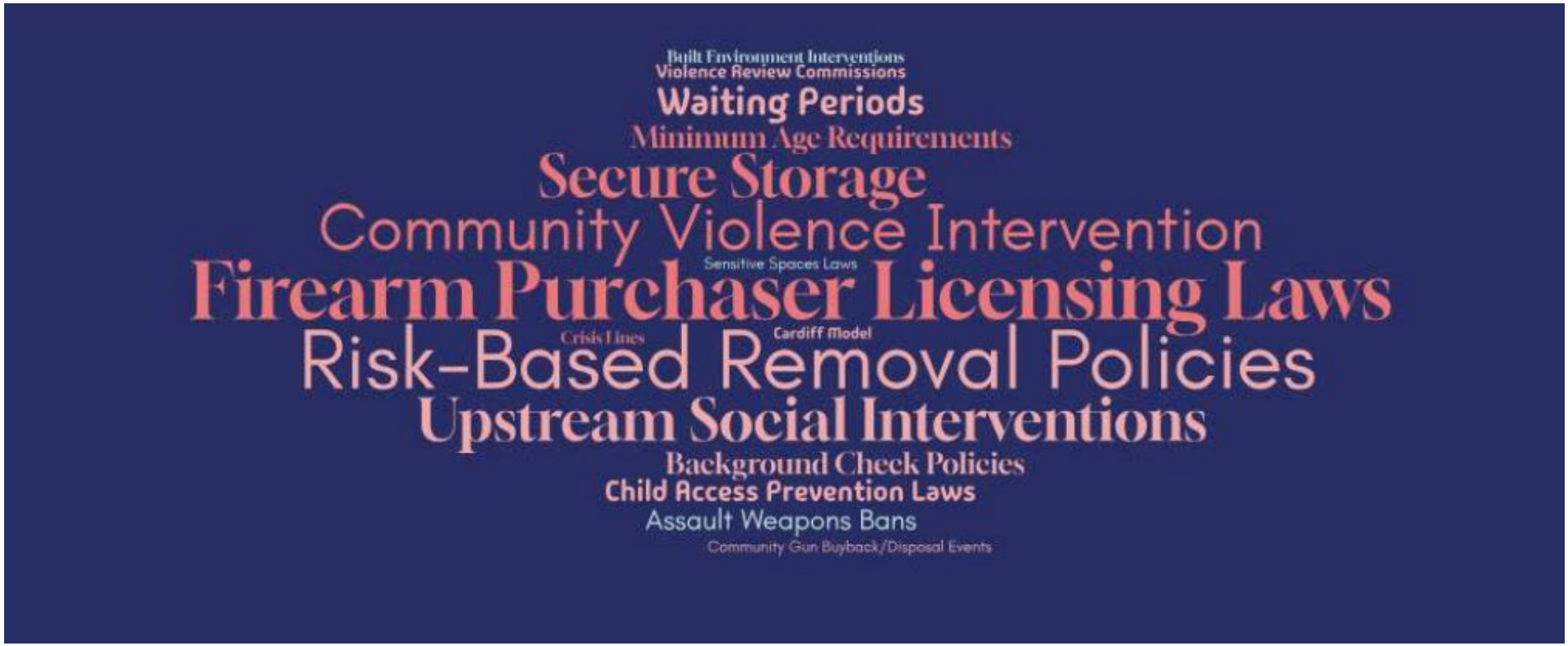
- Firearm purchaser licensing laws
- Risk-based firearm removal policies (including Extreme Risk Protection Order laws, Domestic Violence Restraining Orders, and prohibitions associated with mental illness or criminal convictions)
- Secure firearm storage (including secure storage laws, lethal means counseling, and collaborative community efforts to promote legal and temporary out-of-home firearm storage)
- Violence reduction councils/gun violence review commissions
- Community violence intervention (CVI)
- Upstream social interventions/Social policies that address social, structural, and economic drivers of violence
- Background check policies
- Waiting periods for firearm purchasing
- Child-access prevention laws
- Minimum age requirements for firearm ownership and purchasing
- Ban on sale of assault weapons and high-capacity magazines
- Policies limiting guns in public spaces
- Cardiff violence prevention model (a collaborative approach to understanding where violence is occurring by combining and mapping both hospital and police data on violence)
- Focused deterrence
- Community gun buyback/disposal events
- Targeted crisis lines (e.g., Veterans crisis line)
- Built environment interventions (e.g., greening, blight remediation, and improvements in lighting)

These experts also provided explanations or rationale in support of these best practices. Common reasons for identifying these practices included the strength of the evidence base and high public support. Experts also identified the importance of community-driven interventions and the inclusion of diverse voices and communities, including firearm owners, when implementing any of these potential interventions.

Experts identified barriers to the implementation of these best practices, many of which were applicable across interventions. Common barriers included:

- Political tensions/political will
- Lack of sustainable funding, investment, and resources
- Variable implementation of policies
- Lack of investment in research to strengthen the existing evidence base in support of these policies/practices
- Lack of understanding of the risks of firearm access
- Societal norms and messaging around firearm ownership, storage, and safety
- Cultural acceptability
- Structural racism, which has resulted in existing disinvestment in communities with high rates of violence and contributes to continued lack of will to invest in these communities

The word cloud on the following page displays the variety of policies and practices that experts recommended, with more frequently recommended policies appearing in larger font sizes.


Built Environment Interventions
Violence Review Commissions
Waiting Periods
Minimum Age Requirements
Secure Storage
Community Violence Intervention
Sensitive Spaces Laws
Firearm Purchaser Licensing Laws
Crisis Lines
Cardiff Model
Risk-Based Removal Policies
Upstream Social Interventions
Background Check Policies
Child Access Prevention Laws
Assault Weapons Bans
Community Gun Buyback/Disposal Events

Addressing Social, Structural, and Economic Drivers of Violence

Firearm violence impacts all Oregonians, but some communities face disproportionate impacts driven by social, structural, and economic disparities. The Aspen Health Strategy Group, an initiative of the Aspen Institute, highlights these disparities in their report on reducing the health harms of firearm injury, noting that "structural factors such as poverty, living in an area with low social mobility, or being in a historically marginalized group affected by structural racism also substantially increase risk of a firearm injury or death."[1]

Community violence and firearm homicide disproportionately impact communities of color in Oregon, due in part to policies and practices such as sundown laws, redlining, restrictive zoning practices, neighborhood disinvestment, and gentrification that have created barriers to home ownership and contributed to economic instability, gaps in educational attainment and income, and unequal access to health care among Oregon's Black and African-American population.[2-4] Centuries of structural colonialism also compound the discrimination that has led to health disparities among Native American and Alaska Native populations in Oregon.[5] Black/African American and Native American/Alaska Native Oregonians experience the highest rates of fatal and nonfatal firearm injury in the state.[6-7]

Firearm suicide risk disproportionately impacts rural Oregonians and Veterans compared to those in urban areas[8] and non-Veterans.[9] While this is driven in part by differential access to firearms,[10] there are also various social determinants of health that contribute to these disparities in firearm suicide risk, including economic opportunity, education, and housing.[11] Additionally, Oregon's shortage of mental and behavioral health providers is particularly acute in rural areas, which, combined with stigmatization of mental illness, may prevent or deter those in rural areas from receiving behavioral health care.[12]

Recognizing the "upstream" causes of the unequal distribution of the firearm injury burden in Oregon is important when considering effective strategies for prevention. Some strategies that have been explored to address the social, structural, and economic drivers of violence include income support, educational opportunities, expansion of affordability and accessibility of healthcare, and built environment or environmental design policies. For example, research has documented associations between the presence and generosity of the federal Earned Income Tax Credit (a cash transfer program intended to alleviate poverty among low-income families in the U.S.) and reductions in youth violence,[13] firearm suicide,[14] and interpersonal firearm violence.[15] Additionally, greater state and local spending on welfare programs (e.g., unemployment insurance, work incentive programs, and public assistance programs) and education have each been linked to significant decreases in local firearm homicide rates.[16] Addressing food insecurity may also help reduce firearm violence, with research finding associations between state-level expansion of Supplemental Nutrition Assistance Program (SNAP) benefits and reduced firearm suicide deaths,[17] and access to SNAP benefits and reduced firearm homicide and suicide among Black youth.[18]

Upstream interventions may be costly upfront but may have the most far-reaching impacts. In addition to reducing firearm violence, upstream interventions may impact other health and wellbeing outcomes, with one estimate finding that socioeconomic factors such as education, income, and social support impact 47% of health outcomes.[19] Additionally, gun violence currently costs Oregon $8.1 billion each year, of which at least $89.1 million is paid by taxpayers.[20] Upstream interventions targeting the social and structural determinants of health and violence may result in cost savings in the long-term.[21]

Community Violence Intervention

Community violence is a deliberate act of harm that occurs between two or more individuals in public places.[1] Youth between the ages of 10-34, particularly in Black and Latino communities, are disproportionately impacted.[1] High rates of violence in these communities are driven by decades of discriminatory policies that have created barriers to educational attainment and economic stability.[2-3] There is increasing recognition that relying solely on arrests, surveillance, and punitive measures will not achieve reductions in community violence.[4]

Community Violence Intervention (CVI) programs use "credible messengers" – individuals with lived experience of gun violence – to build relationships with and address the needs of individuals at high-risk for gun violence by providing connection to services and supports, conflict mediation, and mentoring.[4] CVI programs have been shown to be effective at reducing violence and related outcomes.[5,6] For example, an analysis of 24 CVI programs across the U.S. found that these programs reduced violent crime by an average of 30%.[5] Academic experts noted particular benefits of CVI, including being community-driven, evidence-based, and responsive to local needs.

Dozens of CVI programs are being implemented in Oregon. For example, **Healing Hurt People – Portland** is a Hospital-Based Violence Intervention Program offered by the Portland Opportunities Industrialization Center that meets survivors at the hospital bedside after violent injury and provides social and emotional supports for a year or longer.[7] The **Youth Empowerment Shelter** in the Dalles conducts outreach and engages youth ages 10-24 in services and activities, identifies potential conflicts, and resolves disputes prior to acts of violence.[8]

CVI programs lack funding to successfully sustain implementation over time and adequately pay their workers. CVI programs are often grant funded for 1-2 years and, after funding ends, programs stall along with the hard-won relationships that CVI workers have built with their communities.[4] Further, CVI workers are often underpaid and struggle with financial instability.[9] Along with regular exposure to violence and stressful situations inherent in working in CVI programs, burnout and turnover among CVI workers is common.[9]

Successful implementation of CVI programs requires sustained funding to ensure programs are implemented consistently over time and CVI workers are paid a livable wage.[4] CVI programs also require robust social and emotional support and ongoing training for CVI workers.[9]

In 2023, the Oregon legislature allocated $10 million dollars to support CVI programs through grants administered by the Department of Justice.[10] This funding has been removed from the 2025-27 budget for the Department of Justice that was passed by the House of Representatives in the current 2025 Regular Session.[11] Advocates and CVI organizations have urged lawmakers to reincorporate this funding into the budget to sustain and promote CVI programs in the state.[11]

Firearm Purchaser Licensing

Firearm purchaser licensing (FPL) laws, also known as permit-to-purchase laws, create requirements that individuals obtain permits prior to purchasing firearms to ensure that individuals pass a background check and fulfill any additional requirements (e.g., firearm safety training) prior to purchasing a firearm.[1] FPL laws have withstood recent legal challenges under the Supreme Court's *Bruen* framework.[1]

Research supports the effectiveness of FPL laws at reducing:

- **Firearm homicide:** Nationally, FPL laws have been associated with an 11% reduction in firearm homicide in urban counties.[2] Additionally, the implementation of a FPL law in Connecticut was associated with a 28% reduction in the state's firearm homicide rate,[3] whereas the repeal of such a law in Missouri was associated with at least a 24% increase in the state's firearm homicide rate.[4]
- **Firearm suicide:** The implementation of a FPL law in Connecticut was associated with a 33% reduction in the state's firearm suicide rate,[3] whereas the repeal of such a law in Missouri was associated with at least a 16% increase in the state's firearm suicide rate.[5]
- **Mass shootings:** States with FPL laws were associated with a 56% lower risk of fatal mass shooting incidents compared to states without this policy.[6]
- **Diversion of guns to criminal use:** FPL laws may reduce firearm trafficking, with studies finding that fewer crime guns recovered by police were originally purchased in states with FPL laws.[7-8]
- **Law enforcement officer-involved shootings:** Firearm purchaser licensing laws were associated with a 28% lower rate of law enforcement officer-involved shootings.[9]

Oregon passed a firearm purchaser licensing law in 2022 through Ballot Measure 114. This law requires individuals to obtain a permit from local law enforcement every five years to purchase a firearm and requires a photo ID, fingerprinting, safety training, a criminal background check, and a fee payment to apply for a permit.[10]

The implementation of this law has been fraught and has been held up by legal challenges in state and federal courts.[11] Law enforcement agencies, which are responsible for providing permits, have reported lacking the funding, infrastructure, resources, and personnel to create and implement a permitting system in a timely manner.[12] Other opponents of the law have expressed concerns around the cost of the permit and the accessibility and availability of required training courses, as well as racial equity concerns related to disparate enforcement and the requirement to go to a law enforcement agency to obtain the permit.[13] There is a need to address these concerns through collaboration with the firearm-owning community to ensure equitable implementation of this law in Oregon.

While this law has been contentious in Oregon, states that have successfully implemented firearm purchaser licensing laws have reported high levels of support among firearm owners, with 74% of firearm owners supporting the policy in these states compared to 59% of firearm owners in states without firearm purchaser licensing.[1] This increased support may suggest that these states have found ways to overcome these challenges to implementation. Recommendations from the Johns Hopkins Center for Gun Violence Solutions also address many of the concerns around equity and accessibility and encourage community engagement and dedicated funding to support the implementation process.[1]

Risk-Based Firearm Removal Policies

Risk-based firearm removal policies, such as Extreme Risk Protection Order (ERPO) and Domestic Violence Restraining Order (DVRO) laws, provide mechanisms to temporarily prohibit firearm purchasing and possession from those at risk of harming themselves or others through civil court orders. Often, those closest to an individual may be the first to notice changes in behavior or warning signs of increased risk of suicide or interpersonal violence. Risk-based firearm removal policies allow for intervention before these tragedies occur.

Oregon's ERPO law, which took effect on January 1, 2018, allows family/household members and law enforcement officers to petition a civil court for an order to temporarily restrict one's access to firearms or other deadly weapons if the court determines that individual is at imminent risk of harming themselves or others.[1] If an ERPO is granted, law enforcement officers serve the order to the respondent (the individual subject to the ERPO) and submit ERPO information to state and national data systems to prevent firearm purchasing. The respondent must surrender all deadly weapons and concealed handgun license to law enforcement, a federally licensed firearms dealer, or another eligible third party within 24 hours of service. An ERPO remains in effect for one year, unless the order is dismissed or renewed. Between 2018 and 2024, 1,039 ERPO petitions were filed in Oregon, 78% of which were granted.[2] Most petitions were filed by law enforcement officers (62%), followed by family/household members (27%).[2] Petitions commonly mentioned threats or concerns related to assault or homicide (87% of petitions), self-harm or suicide (64%), domestic violence (39%), and harm to children (17%), with most petitions citing multiple threats or concerns.[2]

Oregon's DVRO law, known as the Family Abuse Prevention Act (FAPA), was initially passed into law in 1977, but the requirement that those subject to a FAPA be prohibited from possessing firearms took effect on January 1, 2020.[3-4] Family/household members may petition for a FAPA if they have experienced abuse within the last 180 days and if there is imminent risk of future bodily injury or sexual assault to the petitioner or their children.[3] Whereas ERPOs focus solely on weapon dispossession, FAPAs offer additional protections, including no contact provisions and temporary custody orders. FAPAs remain in effect for two years, unless renewed. FAPAs are utilized significantly more frequently than ERPOs; from 2018 to 2021, there were 37,533 FAPAs filed in Oregon compared to only 484 ERPOs.[5]

Research supports the effectiveness of these risk-based firearm removal policies. In a multi-state study, it was estimated that one suicide was prevented for every 13-17 ERPOs issued.[6] Additionally, prohibiting individuals subject to DVROs from possessing firearms is associated with significant reductions in intimate partner homicide rates.[7]

Effectiveness of these laws hinges on implementation. Research on DVRO laws across the U.S. has identified barriers to enforcing firearm prohibitions, including lack of guidance for law enforcement and legal and practical constraints to law enforcement authority.[8-9] Interviews with professionals involved in ERPO implementation in Oregon have revealed similar challenges, with law enforcement officers questioning how to enforce the orders given the lack of legal mechanisms for confirming whether respondents truly surrendered their firearms.[10] Enforcement of these firearm prohibitions may be strengthened through additional court proceedings (e.g., requirements that all respondents submit a declaration of firearm surrender form to the court and/or attend a compliance hearing).[10-12] In Oregon, FAPA respondents are statutorily required to file a declaration of firearm surrender within two judicial days of the order being granted and may face contempt proceedings if this is not filed, but this practice is not commonplace nor statutorily required for ERPOs.[4] Another barrier to ERPO implementation identified by professionals in Oregon was training, with most interviewees describing a need for more training on ERPOs, particularly for law enforcement officers.[10] Specialized behavioral health teams or units and firearm dispossession units within law enforcement agencies and district attorneys' offices may support implementation and enforcement of ERPOs and DVRO firearm prohibitions as well.[10,12]

Secure Firearm Storage

Secure firearm storage practices, which consist of storing firearms locked, unloaded, and separate from ammunition, may help prevent firearm-related injuries and deaths among firearm owners and other household members.[1] Unsecure firearm storage has been associated with increased risks of firearm suicide (generally and among youth in particular), unintentional firearm injury among youth, and firearm theft.[2-4] Still, fewer than half of all firearm owners in the U.S. report storing all of their firearms locked and unloaded.[5]

Secure storage may be incentivized and encouraged through educational campaigns, community-based interventions, and lethal means counseling. Interventions in healthcare or community settings that provide counseling on secure storage are associated with increases in secure storage practices, especially when firearm storage devices (e.g., lockboxes) are distributed.[6-7]

Secure storage may also be legally required through secure storage and child access prevention laws. Secure storage laws are associated with reductions in firearm suicide and unintentional injury, particularly among youth.[8-9] Still, a law's effectiveness may be dependent on firearm owners' knowledge of the law and changes in firearm storage practices. The Johns Hopkins Center for Gun Violence Solutions has published a model policy guide for developing and implementing secure storage laws, which includes recommendations around educating the public about the law and evaluating the law through research and data collection.[10]

In 2021, Oregon passed a law requiring firearm owners to secure firearms with an engaged trigger or cable lock, in a locked container, or in a gun room when not being used by the firearm owner.[11] Violation of this law may result in a civil penalty, including a maximum fine of $500 (or $2,000 if a minor obtains access to the firearms as a result of the violation). Firearm owners may also be held liable in a civil lawsuit if a firearm not stored securely is accessed by an unauthorized person and used to injure a person or property within two years of the violation.[11]

Educational campaigns may help increase public awareness and knowledge of Oregon's secure storage law and of the benefits of secure storage more broadly. Oregon's schools may play a critical role in educating parents about the risks of firearm access among youth, the importance of secure firearm storage, and the existence of the secure storage law. For example, in 2020, Oregon's Lake Oswego School District passed a resolution directing the District to increase efforts to educate parents about the importance of secure firearm storage by adding information on the District website and collaborating with law enforcement, health agencies, and non-profits on educational efforts.[12] In 2022, California passed a bill requiring all school districts to distribute information on the state's secure storage law annually so that parents may be aware of the law and of the benefits of secure firearm storage.[13]

Educational campaigns and secure storage device distribution require funding and resources. Educational materials should be developed in collaboration with trusted messengers (e.g., firearm owners and retailers, Veterans, etc.), as has been done with the National Shooting Sports Foundation's Gun Storage Check Weeks.[14] Additionally, firearm owners cannot securely store firearms without access to secure storage devices. While cable locks are widely distributed, firearm owners have expressed limited utilization of these devices and a preference for other secure storage devices.[15-16] Providing options of secure storage devices and considering the preferences of firearm owners may increase the effectiveness of distribution efforts, but these efforts will need sustainable funding. In Washington, $1 million allocated by the state legislature to the Office of Firearm Safety and Violence Prevention has enabled greater distribution of secure storage devices to firearm owners across the state.[17] Greater funding and resources are needed to support secure storage efforts in Oregon.

Academic Experts

The following experts contributed feedback and insights for this report:

Ruth Abaya, MD, MPH
Associate Professor of Clinical Pediatrics, Children's Hospital of Philadelphia; Senior Director, Health Alliance for Violence Intervention

Michael D. Anestis, PhD
Executive Director, New Jersey Gun Violence Research Center; Professor, School of Public Health, Rutgers University

Shani A. L. Buggs, PhD, MPH
Associate Professor, Emergency Medicine; Centers for Violence Prevention, University of California, Davis

Cassandra Crifasi, PhD, MPH
Co-Director, Center for Gun Violence Solutions; Associate Professor, Department of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health

Shannon Frattaroli, PhD, MPH
Director, Center for Injury Research and Policy; Professor, Department of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health

Stephen Hargarten, MD, MPH
Founding Director, Comprehensive Injury Center; Senior Science and Policy Advisor, Professor, Medical College of Wisconsin

Joshua Horwitz, JD
Co-Director, Center for Gun Violence Solutions; Dana Feitler Professor in Gun Violence Prevention and Advocacy, Distinguished Professor of the Practice, Department of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health

Woodie Kessel, MD, MPH
Assistant Surgeon General, US Public Health Service (Ret); Co-Director, UMD Prevent Gun Violence: Research, Empowerment, Strategies and Solutions (PROGRESS) Initiative; Professor of the Practice, University of Maryland School of Public Health

Christopher Knoepke, PhD, MSW, LCSW
Assistant Research Professor, Medicine-Cardiology; Firearm Injury Prevention Initiative; Injury & Violence Prevention Center, University of Colorado Anschutz Medical Campus

Ali Rowhani-Rahbar, PhD, MD, MPH
Director, Firearm Injury & Policy Research Program, School of Medicine; Bartley Dobb Professorship for the Study and Prevention of Violence, Department of Epidemiology, School of Public Health, University of Washington

Joseph B. Richardson, Jr., PhD, MA
Co-Director, UMD Prevent Gun Violence: Research, Empowerment, Strategies and Solutions (PROGRESS) Initiative; MPower Professor, University of Maryland Strategic Partnership: MPowering the State

Julia Schleimer, PhD, MPH
Firearm Injury & Policy Research Program, Department of Epidemiology, University of Washington

Sara Solomon, MPH, RD
Deputy Director, Penn Injury Science Center; Co-Director, REACH, University of Pennsylvania

Daniel Webster, ScD, MPH
Bloomberg Professor of American Health, Department of Health Policy and Management and School of Education, Johns Hopkins Bloomberg School of Public Health

Douglas J. Weibe, PhD
Director, U-M Injury Prevention Center; Institute for Firearm Injury Prevention; Professor, Epidemiology, School of Public Health, University of Michigan

Garen Wintemute, MD, MPH
Director, Violence Prevention Research Program; Director, California Firearm Violence Research Center; Distinguished Professor of Emergency Medicine and Baker-Teret Chair in Violence Prevention, University of California, Davis

April Zeoli, PhD, MPH
Policy Core Director, Institute for Firearm Injury Prevention; Associate Professor, Health Management and Policy, School of Public Health, University of Michigan

We thank these individuals for sharing their time and expertise to help advance firearm injury prevention in Oregon.

References

Background

[1]Centers for Disease Control and Prevention. WISQARS Fatal and Nonfatal Injury Reports. Accessed June 16, 2025, at https://wisqars.cdc.gov/reports/.

[2]Schnippel, K., Burd-Sharps, S., Miller, T.R., Lawrence, B.A., & Swedler, D.I. (2021). Nonfatal firearm injuries by intent in the United States: 2016-2018 hospital discharge records from the Healthcare Cost and Utilization Project. *West J Emerg Med, 22*(3), 462-70.

[3]The Oregon Firearm Injury Data Dashboard. Accessed June 16, 2025, at https://visual-data.dhsoha.state.or.us/t/OHA/views/FASTER1000/FASTERProjectIntroduction?%3Aiid=2&%3Aembed=y.

[4]Schaeffer, K. (2024, July 24). Key facts about Americans and guns. PEW Research Center. https://pewrsr.ch/48hGvdx.

Addressing Social, Structural, and Economic Drivers of Violence

[1]Aspen Health Strategy Group. (2024). Reducing the health harms of firearm injury. The Aspen Institute. https://www.aspeninstitute.org/wp-content/uploads/2025/05/Firearm-Injury-FINAL-LoResX.pdf.

[2]Oregon Bureau of Labor and Industries. (n.d.). Racial discrimination. Accessed June 21, 2025, at: https://www.oregon.gov/boli/civil-rights/Pages/racial-discrimination.aspx.

[3]Gibson, K.J. (2007). Bleeding Albina: A history of community disinvestment, 1940-2000. *Transforming Anthropology, 15*(1), 3-25.

[4]Oregon Health Authority, Public Health Division. (2022). Healthier Together Oregon Annual Report. Year 1: September 2020-December 2021. Accessed June 21, 2025, at: https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le4220.pdf.

[5]Oregon Department of Education. (n.d.). Essential understandings of Native Americans in Oregon. Accessed June 21, 2025, at: https://digitalcollections.library.oregon.gov/nodes/view/32390.

[6]Centers for Disease Control and Prevention. WISQARS Fatal and Nonfatal Injury Reports. Accessed June 16, 2025, at https://wisqars.cdc.gov/reports/.

[7]The Oregon Firearm Injury Data Dashboard. Accessed June 16, 2025, at https://visual-data.dhsoha.state.or.us/t/OHA/views/FASTER1000/FASTERProjectIntroduction?%3Aiid=2&%3Aembed=y.

[8]Oregon Health Authority, Public Health Division, Injury and Violence Prevention. (n.d.). Firearm safety: Firearms and suicide. Accessed June 21, 2025, at: https://www.oregon.gov/oha/ph/preventionwellness/safeliving/pages/firearm-safety.aspx.

[9]U.S. Department of Veterans Affairs. (2023). Oregon: Veteran suicide data sheet, 2021. Accessed June 21, 2025, at: https://www.mentalhealth.va.gov/docs/data-sheets/2021/2021-State-Data-Sheet-Oregon-508.pdf.

[10]U.S. Department of Veterans Affairs Office of Suicide Prevention. (2024). 2024 National Veteran Suicide Prevention Annual Report. Accessed June 21, 2025, at: https://www.mentalhealth.va.gov/docs/data-sheets/2024/2024-Annual-Report-Part-1-of-2_508.pdf.

[11]Denneson, L.M., Bollinger, M.J., Meunier, C.C., Chen, J.I., Hudson, T.J., Sparks, C.S., & Carlson, K.F. (2023). Veteran suicide and associated community characteristics in Oregon. *Preventive Medicine, 170*.

[12]Center for Health Systems Effectiveness. (2022). Behavioral health workplace report to the Oregon Health Authority and state legislature. Accessed June 21, 2025, at: https://oregonarchive.org/wp-content/uploads/2023/04/Behavioral-Health-Workforce-Wage-Study-Report-Final-020122.pdf.

[13]Dalve, K., Moe, C.A., Kovski, N., Rivara, F.P., Mooney, S.J., Hill, H.D., & Rowhani-Rahbar, A. (2022). Earned income tax credit and youth violence: Findings from the Youth Risk Behavior Surveillance System. *Prev Sci, 23*(8), 1370-1378.

[14]Asa, N., Ellyson, A., & Rowhani-Rahbar, A. (2025). State earned income tax credits and firearm suicides. *JAMA Network Open, 8(*3).

[15]Rowhani-Rahbar, A., Schleimer, J.P., Moe, C.A., Rivara, F.P., & Hill, H.D. (2022). Income support policies and firearm violence prevention: A scoping review. *Preventive medicine*, *165*, 107133.

[16]Kim, D. (2019). Social determinants of health in relation to firearm-related homicides in the United States: A nationwide multilevel cross-sectional study. *PLoS Med, 16*(12).

[17]Sokol, R.L., & Austin, A.E. (2024). State expansion of Supplemental Nutrition Assistance Program eligibility and rates of firearm-involved deaths in the United States. *Injury Prevention, 30*(6), 462-467.

[18]Johnson, E.D., Hoge, C., Jahangir, T., Livingston, M.D., Komro, K., & Woods-Jaeger, B. (2025). Does state-level supplemental nutrition assistance program access reduce firearm mortality among black youth? A two-way fixed effects analysis of age-stratified and cause-specific outcomes across 22 states, 2000–2020. *BMC pediatrics*, *25*(1), 1-8.

[19]Hood, C.M., Gennuso, K.P., Swain, G.R., & Catlin, B.B. (2016). County health rankings: relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine*, *50*(2), 129-135.

[20]Miller, T.R., & Lawrence, B. (2019). Analysis of CDC fatal injury: 2019 and HCUP nonfatal injury: 2019. *EveryStat.* Accessed June 25, 2025, at: https://everystat.org/?_gl=1*qvhijk*_ga*NDMzNjIwNjgzLjE3NDQ4MzgxNTU.*_ga_68QYBV181T*czE3NTA4NzIxOTckbzUkZzEkdDE3NTA4NzIzMjEkajU3JGwwJGgw#cost.

[21]Thornton, R.L.J., Glover, C.M., Cené, C.W., Glik, D.C., Henderson, J.A., & Williams, D.R. (2016). Evaluating strategies for reducing health disparities by addressing the social determinants of health. *Health Affairs*, *35*(8), 1416-1423.

Community Violence Intervention

[1]Centers for Disease Control and Prevention (2024, May 16). About Community Violence. Accessed June 20, 2025, at: https://www.cdc.gov/community-violence/about/index.html

[2]Gibson, K. (2007). Bleeding Albina: A history of community disinvestment, 1940-2000. *Transforming Anthropology, 15*(1), 3-25.

[3]Oregon Health Authority, Public Health Division. (2022). *Healthier Together Oregon Annual Report. Year 1: September 2020-December 2021.* https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le4220.pdf

[4]Buggs, S. (2022). *Community-Based Violence Interruption & Public Safety.* Arnold Ventures.

[5]Braga, A.A., Weisburd, D., & Turchan, B. (2018). Focused deterrence strategies and crime control: An updated systematic review and meta-analysis of the empirical evidence. *Criminology and Public Policy, 17*(1), 205-250.

[6]Buggs, S., Webster, D. & Crifasi, C. (2022). Using synthetic control methodology to estimate effects of a Cure Violence intervention in Baltimore, Maryland. *Injury Prevention, 28*(1), 61-67.

[7]Portland Opportunities Industrialization Center. (n.d.). Community Safety Programs. Accessed June 30, 2025, at: https://www.portlandoic.org/community-safety/programs.

[8]Youth Empowerment Shelter. (n.d.). Helping youth in crisis thrive again. Accessed June 30, 2025, at: https://yeshelter.org/.

[9]Webster, D.W., Tilchin, C.G., & Douchette, M.L. (2023). *Estimating the Effects of Safe Streets Baltimore on Gun Violence: Executive Summary.* Johns Hopkins Center for Gun Violence Solutions.

[10]S.B. 5506, 82nd Oregon Legislative Assembly, 2023 Reg. Sess. (OR 2023). https://olis.oregonlegislature.gov/liz/2023R1/Measures/Overview/SB5506.

[11]Bernstein, M. (2025, June 15). Advocates urge Oregon lawmakers to restore $10M for community violence intervention. *The Oregonian*. https://www.oregonlive.com/crime/2025/06/advocates-urge-oregon-lawmakers-to-restore-10m-for-community-violence-intervention.html#:~:text=In%202023%2C%20the%20state%20awarded,according%20to%20the%20Justice%20Department.

Firearm Purchaser Licensing

[1]Villarreal, S., Barnhorst, A., Bonnie, R., Chavis, K., Crifasi, C., Frattaroli, S., Roskam, K., Swanson, J., Washington, S., Horwitz, J. (2025). Firearm purchaser licensing: Research evidence to inform state policy. https://publichealth.jhu.edu/FPL-Report.

[2]Crifasi, C.K., Merrill-Francis, M., McCourt, A., Vernick, J.S., Wintemute, G.J., & Webster, D.W. (2018). Correction to: Association between firearm laws and homicide in urban counties. Journal of Urban Health, 95(5), 773-776.

[3]McCourt, A., Crifasi, C., Vernick, J., Kagawa, R., Wintemute, G., & Webster, D. (2020). Purchaser licensing, point-of-sale background check laws, and firearm homicide and suicide in 4 US states, 1985–2017. American Journal of Public Health, 110, 1546-1552.

[4]Webster, D., Crifasi, C.K., & Vernick, J.S. (2014). Effects of the repeal of Missouri's handgun purchaser licensing law on homicides. Journal of Urban Health, 91(2), 293-302.

[5]Crifasi, C.K., Meyers, J.S., Vernick, J.S., & Webster, D.W. (2015). Effects of changes in permit-to-purchase handgun laws in Connecticut and Missouri on suicide rates. Preventive Medicine, 79, 43-9.

[6]Webster, D.W., McCourt, A.D., Crifasi, C.K., Booty, M.D., & Stuart, E.A. (2020). Evidence concerning the regulation of firearms design, sale, and carrying on fatal mass shootings in the United States. Criminology & Public Policy, 19(1), 171-212.

[7]Crifasi, C.K., Buggs, S.A.L., Choksy, S., & Webster, D.W. (2017). The initial impact of Maryland's Firearm Safety Act of 2013 on the supply of crime handguns in Baltimore. RSF: The Russell Sage Foundation Journal of the Social Sciences, 3(5), 128-140.

[8]Collins, T., Greenberg, R., Siegel, M., Xuan, Z., Rothman, E.F., Cronin, S.W., & Hemenway, D. (2018). State firearm laws and the interstate transfer of guns in the USA, 2006-2016. Journal of Urban Health, 95(3), 322-336.

[9]Crifasi, C.K., Ward, J., McCourt, A.D., Webster, D., & Doucette, M.L. (2023). The association between permit-to-purchase laws and shootings by police. Injury Epidemiology.

[10]ORS §§ 166.505. Permits to purchase firearms. Available at: https://oregon.public.law/statutes/ors_166.505.

[11]Macuk, A. (2025, March 12). Timeline: Measure 114's long legal saga, and where it goes from here. KGW8.

[12]Bernstein, M. (2023, Feb 22). Oregon Measure 114: Sheriffs, police chiefs tell judge their agencies are 'unprepared' to support gun permit program. The Oregonian.

[13]Crowley, I. (2022). Opponents line up against Oregon gun control proposal on November ballot. The Observer.

Risk-Based Firearm Removal Policies

[1]ORS §§166.525 to 166.543. Extreme Risk Protection Orders. Available at: https://oregon.public.law/statutes/ors_166.525.

[2]Our team analyzed Oregon's ERPO court records from January 1, 2018, through December 31, 2024. Data were abstracted from court records provided by the Oregon Judicial Department.

[3]ORS §§107.700 to 107.735. Family Abuse Prevention Act. Available at: https://oregon.public.law/statutes/ors_107.700.

[4]H.B. 2013, 80th Oregon Legislative Assembly, 2019 Reg. Sess. (OR 2019). https://olis.oregonlegislature.gov/liz/2019R1/Measures/Overview/HB2013.

[5]Oregon Secretary of State & Oregon Audits Division. (2023). Advisory report: Increased awareness and training could enhance the effectiveness of Oregon's Extreme Risk Protection Order law. Report 2023-26. https://sos.oregon.gov/audits/Documents/2023-26.pdf.

[6]Swanson, J.W., Zeoli, A.M., Frattaroli, S., et al. (2024). Suicide prevention effects of Extreme Risk Protection Order laws in four states. *J Am Acad Psychiatry Law, 52*(3), 327-37.

[7]Zeoli, A.M., Malinski, R., & Turchan, B. (2016). Risks and targeted interventions: Firearms in intimate partner violence. *Epidemiologic Reviews, 38*(1), 125-39.

[8]Frattaroli, S., Zeoli, A.M., & Webster, D.W. (2021). Armed, prohibited and violent at home: Implementation and enforcement of restrictions on gun possession by domestic violence offenders in four US localities. *Journal of Family Violence, 36*(5), 573-586.

[9]Vittes, K.A., Webster, D.W., Frattaroli, S., Claire, B.E., & Wintemute, G.J. (2013). Removing guns from batterers: Findings from a pilot survey of domestic violence restraining order recipients in California. *Violence Against Women, 19*(5), 602-616.

[10]Valek, R., Teichman, R., Stahla, G., Rakshe, S., DeFrancesco, S., & Carlson, K. F. (2024). Understanding the Implementation and Use of Oregon's Extreme Risk Protection Order Law Through Interviews with Professionals Involved in Implementation. Oregon Health & Science University Gun Violence Prevention Research Center. Oregon Health and Science University – Portland State University School of Public Health.

[11]Zeoli, A.M., Frattaroli, S., Roskam, K., & Herrera, A.K. (2019). Removing firearms from those prohibited from possession by domestic violence restraining orders: A survey and analysis of state laws. *Trauma, Violence, & Abuse, 20*(1), 114-125.

[12]Ellyson, A.M., Adhia, A., Shanahan, S., Alsinai, A., DiMascolo, L., Reygers, M., Bowen, D., & Rowhani-Rahbar, A. (2024). Firearm restrictions in domestic violence protection orders: Implementation, vetting, compliance, and enforcement. *Criminology & Public Policy, 23*(4), 803-832.

Secure Firearm Storage

[1]Violano, P., Bonne, S., Duncan, T., Pappas, P., Christmas, A.B., Dennis, A., Goldberg, S., Greene, W., Hirsh, M., Shillinglaw, W., Robinson, B., & Crandall, M. (2018). Prevention of firearm injuries with gun safety devices and safe storage: An Eastern Association for the Surgery of Trauma systematic review. *J Trauma Acute Care Surg, 84*(6), 1003-11.

[2]Anestis, M.D., Khazem, L.R., & Anestis, J.C. (2017). Differentiating suicide decedents who died using firearms from those who died using other methods. *Psychiatry Res, 252,* 23-28.

[3]Grossman, D.C., Mueller, B.A., Riedy, C., Dowd, M.D., Villaveces, A., Prodzinski, J., Nakagawara, J., Howard, J., Thiersch, N., & Harruff, R. (2005). Gun storage practices and risk of youth suicide and unintentional firearm injuries. *JAMA, 293*(6), 707-714.

[4]Hemenway, D., Azrael, D., & Miller, M. (2017). Whose guns are stolen? The epidemiology of gun theft victims. *Injury Epidemiology, 4*(11).

[5]Crifasi, C.K., Doucette, M.L., McGinty, E.E., Webster, D.W., & Barry, C.L. (2018). Storage practices of US gun owners in 2016. *Am J Public Health, 108*(4), 532-537.

[6]Rowhani-Rahbar, A., Simonetti, J.A., & Rivara, F.P. (2016). Effectiveness of Interventions to Promote Safe Firearm Storage. *Epidemiol Rev, 38*(1), 111-24.

[7]Runyan, C.W., Becker, A., Brandspigel, S., Barber, C., Trudeau, A., Novins, D. (2016). Lethal means counseling for parents of youth seeking emergency care for suicidality. *West J Emerg Med, 17*(1),8-14.

[8]Kivisto, A.J., Kivisto, K.L., Gurnell, E., Phalen, P., & Ray, B. (2021). Adolescent suicide, household firearm ownership, and the effects of child access prevention laws. *Journal of the American Academy of Child & Adolescent Psychiatry, 60*(9), 1096-1104.

[9]Athey, A., Nestadt, P.S., Rogers, M.L., Dunton, Z., McCourt, A., & Wilcox, H.C. (2024). A national evaluation of the impact of child access prevention laws on rates of youth suicide and other youth firearm deaths. *Journal of the American Academy of Child & Adolescent Psychiatry* [In Press].

[10]Carey, T., Fleisher, K., McCourt, A., Hoops, K., & Crifasi, C.K. (2025). Safe storage model policy guide. Johns Hopkins Bloomberg School of Public Health.

[11]S.B. 554, 81st Oregon Legislative Assembly, 2021 Reg. Sess. (OR 2021). https://olis.oregonlegislature.gov/liz/2021R1/Measures/Overview/SB554.

[12]Administrative School District No. 7j. Lake Oswego School District. Resolution on Secure Gun Storage. https://loswegok12.granicus.com/MetaViewer.php?view_id=3&clip_id=506&meta_id=46029.

[13]A.B. 452, California Education Code, Section 48986. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB452.

[14]National Shooting Sports Foundation. (n.d.). Gun Storage Check Week. Accessed June 20, 2025, at https://gunstoragecheck.org/.

[15]Anestis, M.D., Moceri-Brooks, J., Johnson, R.L., Bryan, C.J., Stanley, I.H., Buck-Atkinson, J.T., Baker, J.C., & Betz, M.E. (2023). Assessment of firearm storage practices in the US, 2022. *JAMA Netw Open, 6*(3), e231447.

[16]Haag, M.B., Dennis, C.H., McGaughey, S., Gilbert, T.A., DeFrancesco, S., Gallardo, A.R., Hoffman, B.D., & Carlson, K.F. (2024). Survey of Firearm Storage Practices and Preferences Among Parents and Caregivers of Children. *Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health*, *26*(1).

[17]Washington State Department of Commerce. (n.d.). Safe storage program. Accessed June 20, 2025, at https://www.commerce.wa.gov/community-safety/safe-storage/.