



# Integrating Firearm Safety Education into Routine Visits in a Rural Primary Care Clinic

Kennedy Gerber

Oregon Health & Science University School of Medicine

AHEC Rural Scholars Program, Mt. Angel, OR

## Introduction/Background

- Firearm injury is a leading cause of death in the U.S.
- Oregon’s firearm death rate: 14.2 per 100,000 (higher than national average)
- Primary care providers are well-positioned to provide firearm safety counseling
- These conversation are often avoided due to:
  - Appointment time limits
  - Perceived discomfort
  - Concern for rapport with patients

### Objective:

- Integrate brief firearm safety education into routine visits
- Expand access through clinic-wide bilingual education materials

## Methods

- **Design:** Community education/implementation in a rural family medicine clinic in Mt. Angel, OR
- **Participants:** Primary care patients seen during a 5 week span. Initially limited to:
  - Patients with > 30 min visits
  - English speaking patients (interpreter time constraints)
- **Intervention:** Brief counseling script (per AAP guidelines):
  - Locked firearm storage
  - Separation from ammunition
  - Limiting access to children/unauthorized users
- **Adaptations:**
  - Developed bilingual (English/Spanish) handout based on patient population of clinic site, which included many Spanish-speaking patients
  - Placed materials in all rooms

## Figures



Figure 1: Bilingual Flyer for Firearm Injury Prevention

## Results

- Initial reach limited to a subset of patients due to:
  - Appointment length
  - Interpreter-related time limits
- After workflow changes:
  - Education extended beyond individual encounters
  - Reached across multiple providers and visit types
- Key observations:
  - Framing as routine safety counseling and breaking the ice with personal experience with firearms improved receptiveness
  - Avoidance of direct questioning about firearm ownership maintained rapport
  - Bilingual materials improved access

## Discussion & Conclusions

- Firearm safety counseling can be feasibly integrated into rural primary care
- Framing as routine injury prevention may improve trust
- Clinic workflow changes (MA distribution, handouts) expand reach
- Bilingual materials are important for equitable delivery of education, based on the patient population
- Primary care plays a key role in injury prevention through patient-centered counseling

## Limitations & Future Directions

- Limitations:
  - No formal measurement of patient outcomes
  - Limited ability to fully quantify patient reach
  - No standardized assessment of patient perceptions
- Future Directions:
  - Evaluate patient perception with questionnaire
  - Expand through partnership with law enforcement providing free gun locks to those interested