Firearm Injury and Mortality Prevention Research

Background:
The FY2020 Further Consolidated Appropriations Act (H.R. 1865) provided funding to the NIH to conduct research on firearm injury and mortality prevention and recommended that NIH take a comprehensive approach to studying the underlying causes and evidence-based methods of prevention of firearm injury, including crime prevention. It further noted that research proposed in applications must be ideologically and politically unbiased, that none of the funds could be used to advocate or promote gun control, and that all grantees were required to fulfill requirements around open data, open code, pre-registration of research projects, and open access to research articles.

In response, NIH released two Funding Opportunity Announcements (FOA) that were open from March 20 to May 15, 2020 and were intended to build upon the existing NIH research portfolio and address emerging opportunities to understand and prevent firearm violence injury and mortality.

- R61 Clinical Trial Optional (400K Direct costs per year; 2 year maximum)
- NOSI: Competitive Revisions (parent R01 and R21: clinical trial required, not allowed, and Basic Experimental Studies with Humans Required). To expand the scope of existing R01 or R21 to include firearms research. One-year supplements with budget of up to 200K direct costs. Active grants not in a no-cost extension status were eligible.

The FOAs took a broad public health approach to firearm injury and mortality prevention, encouraging research on interventions delivered by healthcare providers and systems and those delivered in community settings, as well as research that integrated individual, family, interpersonal, community, and structural or system (e.g., criminal or juvenile justice, child welfare, drug courts) approaches to firearm injury and mortality prevention. The FOAs also were comprehensive in their consideration of risk for victimization and/or perpetration across age/developmental period, gender, health disparity population, comorbid conditions (e.g., psychiatric or substance use disorders, progressive cognitive impairment or dementia), or other populations such as pregnant and post-partum women, justice system involved, veterans, and military.

All applications (R61 and NOSI) were reviewed together in a SEP convened by CSR. Funded grants include:
R61:

- Evaluating implementation and feasibility of evidence-based universal screening and intervention strategies for firearm injury and mortality prevention among youth and adults in emergency departments (PI: Thomas McGinn; 1R61HD104566-01)
- A comparison of firearm-related intimate partner homicide in Texas and Maryland: Prevalence, identification of those at risk, and the effect of firearm regulations (PI: Jacquelyn Campbell; 1R61HD104570-01)
- Family Safety Net: Developing an upstream suicide prevention approach to encourage safe firearm storage in rural and remote Alaskan homes (PI: Lisa Wexler; 1R61MH125757-01)
- Mechanisms underlying the association of firearm availability and vulnerability to suicide (PI: Craig Bryan; 1R61MH125759-01)
- Online Storage Maps to Facilitate Voluntary Firearm Storage: Mixed Methods Evaluation (PI: Marian Betz; 1R61MH125754-01)
- Alcohol restrictions and firearm prohibitions based on mental illness: Effects on fatal and nonfatal firearm injuries (Nancy Nicosia; 1R61AA029064-01)
- Firearm Injury and Mortality Prevention with Project Talent (PI: Benjamin Chapman; 1R61AG072408-01)

Supplements:

- 3R01 HD096070-03S1: Impact of State-Level Policies on Maternal Mortality (PI: Maeve Wallace)
- 3R01 AG059613-02S1 : Decision Making Among Older Adults: Firearm Retirement (PI: Marian Betz)

Plans for FY21:

- Appropriations Language is identical to FY20
- Substantive topics and content will likely stay the same
- Longer project periods planned (3-4 years vs. 1-2 years) for FY21 awards to allow time to assess intervention impacts on firearm injuries and fatalities