

# FY20 Firearm Injury and Mortality Prevention Funding

Council of Councils  
Concept Consideration



# Background

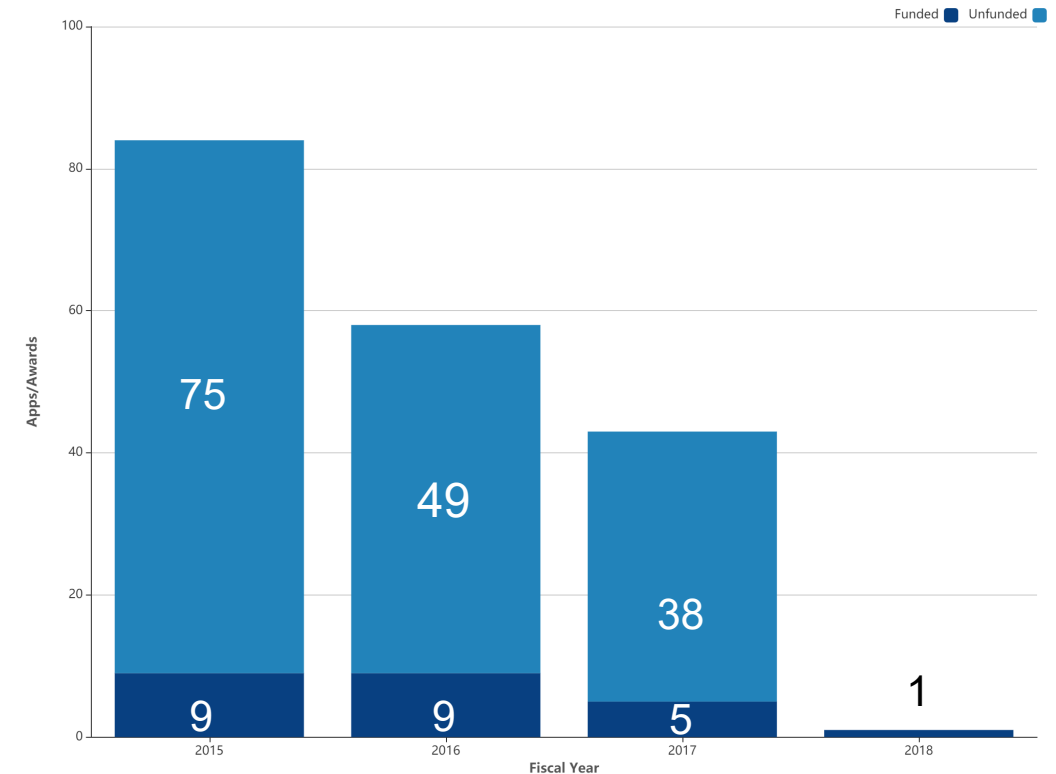
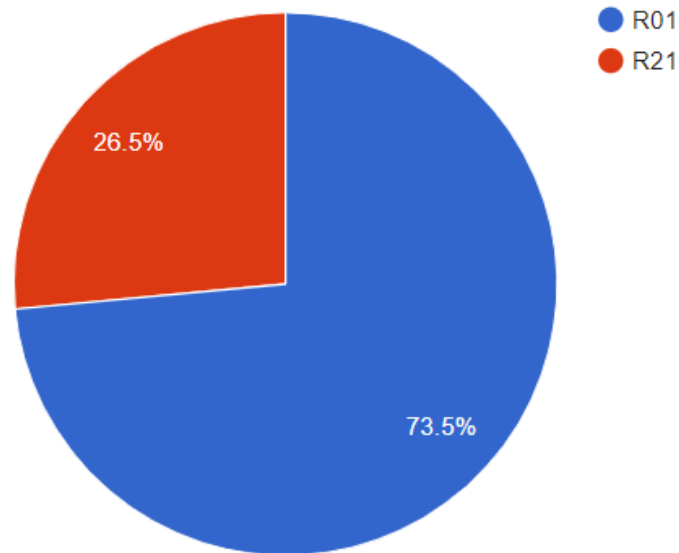
- Firearms account for three quarters of homicide deaths with rates more than 10 times higher among black men than white men ages 20 to 24
- When firearms are involved with violent events (suicide, intimate partner violence, child or elder maltreatment, youth/gang violence, and sexual assault) the risk for injury and mortality increases
- Non-fatal injury and witnessing violent victimization increases risk of physical and mental or behavioral health conditions
- NIH is committed to supporting scientific research to advance efforts to understand, prevent, and address the consequences of firearm violence



# NIH Support for Violence Research: 2013 Program Announcements as an Example

- “Research on the Health Determinants and Consequences of Violence and its Prevention, Particularly Firearm Violence”
  - ([PA-13-363](#), [PA-13-368](#), [PA-13-369](#))
  - Funded 24 unique projects (\$30,469,984 total funding over multiple years); 12 related to gun violence (\$14,191,343)

Project Number of Applications by Activity



- FY 2019 examples:
  - Building Research Capacity for Firearm Safety Among Children
  - Mortality Among High Risk Young Men in the United States
  - Creating Peace: community-based youth violence prevention to address racism and discrimination
  - Firearm Involvement Among Parents and Their Adolescent Children: A Prospective Longitudinal Study of At-Risk Youth
  - M-Health to Decrease Youth Substance Misuse & High-Risk Illegal Firearm Behaviors

- **Firearm Injury and Mortality Prevention Research** - The agreement includes **\$12,500,000** to conduct research on firearm injury and mortality prevention. Given violence and suicide have a number of causes, the agreement recommends the NIH take a comprehensive approach to studying these **underlying causes and evidence-based methods of prevention of injury, including crime prevention**. All grantees under this section will be required to fulfill requirements around **open data, open code, pre-registration of research projects, and open access** to research articles consistent with the National Science Foundation's open science principles. The Director of NIH is to report to the Committees within 30 days of enactment on implementation schedules and procedures for grant awards, which strive to ensure that such awards support **ideologically and politically unbiased research projects**.



## Current Plan

- 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 active grants (not in no-cost extension status) to include firearms research;
  - one-year supplements with budget of up to 200K direct costs.
- Will be reviewed together by a CSR SEP



# Current Plan

- Public health approach:
  - Healthcare and community settings
  - Multi-level considerations (individual, family, peer, community, structural)
  - Victimization and perpetration risk
  - Inclusive of developmental stage, gender, disparity population, comorbid condition or other special population
- Topics include:
  - Innovative methods to improve the ability to identify individuals at risk for injury/mortality
  - Develop and validate accurate and efficient screening procedures in healthcare settings
  - Understand multi-level developmental and contextual factors associated with risk
  - Develop and pilot innovative multi-level interventions in healthcare, online or community settings to prevent injury/repeat injury, retaliatory violence or mortality
  - Implementation research to improve uptake of existing evidence-based programs or practices
  - Precision approaches to determine for whom programs most likely to be effective
  - Assess impact of changes in various laws and policies that may influence impact of prevention efforts

# THANK YOU!

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