Medical Students, Residents, and Fellowship Trainees:

Last month we encouraged members to learn about your state’s stance on firearms to help guide advocacy in your state. We were once again impressed with your efforts! But as we continue to see school and public shootings in the news, and read more research identifying the severity of firearm injury in children—we are reminded there is still much work to be done. This at times may seem like a daunting task, but as you will read in this update, advocacy “can start small” and it “happens every day.”

Our February edition of the AAP SOMSRFT PAVE advocacy update features a piece by Anne Edwards, MD, FAAP, chair of the Department of Pediatrics at Park Nicollet Health Services in Minnesota and chair of the AAP’s Committee on State Government Affairs.

“ADVOCACY HAPPENS EVERYDAY”

Gun injury and violence prevention has been an issue on AAP chapter advocacy agendas for many years. Pediatricians are key messengers to bring forth the child health perspective to the dialogue surrounding gun violence prevention. As we advocate for public policies that we know reduce deaths due to firearms such as assault weapon bans, safe storage laws, and universal background checks, or opposing state legislation that restricts physicians’ ability to counsel patients and families about firearms safety, children count on us to be their voice.

A new study released in the February 2014 issue of Pediatrics reports that at least 10,000 children younger than 20 are injured and killed by firearms each year—underscoring why the issue of gun injury and violence prevention is a pediatric issue and why as pediatricians, we are committed to advocate for commonsense policies that have been shown to reduce gun deaths and injuries.

And yet sometimes with these large, important issues, it can be difficult to know where to begin, to know where one will truly make a difference. It really can start small. Recently, during a routine visit with a teen who was struggling with depression, the conversation came around to safety. While medications had been safely stored, the family, avid hunters, stored their loaded firearms in the basement of the home. The teen knew this, the mother did not.

The mother’s response: “I hadn't thought of those. Thank you.”
This was a good reminder for me that without asking, our conversation would not have occurred. It was also a good reminder that advocacy really does start on an individual basis. Imagine how many more conversations like this can occur, making a difference one family at a time.

Advocacy happens every day and can happen within pediatric practices, at hospitals, in the community, at the state level, and at the federal level.

Advocacy can be:

- A conversation that you have with a patient’s parent about the importance of storing their gun safely.
- Participating in a community meeting and requesting that your local park district put up a sign indicating that guns are not allowed on park district property.
- Writing an op/ed about the importance of physician’s counseling patients and families about gun safety.
- Participating in a rally at your state capitol along with the local Moms Demand Action for Gun Sense in America affiliate.
- Tweeting your state representative them to vote “yes” or “no” on a specific piece of state legislation.

A great example of AAP chapters collaborating with SoMSRFT members to reduce gun violence comes from the AAP Utah Chapter. Utah chapter Past-President Claudia Fruin, MD, FAAP recognized that political atmosphere would make it difficult to pass effective gun laws in Utah, but she still felt strongly that the chapter needed to address this important issue — too many children were dying from preventable deaths due to firearms. Working with Aaron McCoy, MD, a 3rd year pediatric resident, they created Bulletproof Kids Utah, a Web site designed to educate parents, health care workers, and community leaders about the importance of storing guns safely away from children. Together they approached local gun dealers, health care institutions, and other gun safety organizations to collaborate on the site that educates the public about gun safety.

I urge you to think about ways that you can lend your voice in this important discussion and to contact your state AAP chapter to find out what they’re currently doing around the issue of gun injury and violence prevention. The AAP Division of State Government Affairs has put together some excellent resources to help pediatricians working to reduce gun violence at the state level. Take a look at the State Gun Safety Laws chart to find out where gaps between AAP
firearm policy recommendations and your state’s law currently exist. The newly released State Advocacy FOCUS on Assault Weapon Bans, Safe Storage Laws, and Universal Background Checks are a great resource to get you up to speed on these issues.

Remember as with all advocacy, find your passion, find your own unique voice to bring to the conversation. SoMSRFT has a tradition of strong advocacy for children — thank you for the passion and your many voices. And now more than ever, we need everyone — children are counting on all of us to speak up. Together we can make a difference. Together we can accomplish great things.

--Anne Edwards, MD, FAAP
Chair, Department of Pediatrics, Park Nicollet Health Services
Chair, AAP Committee on State Government Affairs

FROM THE AAP PRESS ROOM:

Children Hospitalized from Firearm Injuries: The Suffering Continues After the Gunshot

Every day in the U.S., about 20 children are injured by firearms seriously enough to require hospitalization, and more than 6 percent of those who are admitted die from their injuries, according to a study, “Hospitalizations Due to Firearm Injuries in Children and Adolescents,” in the February 2014 issue of Pediatrics (published online Jan. 27). Researchers looked at children and adolescents younger than age 20 at the time of admission to the hospital in 2009. In that year, 7,391 hospitalizations occurred in this age group because of firearm injuries, and 453 of those young patients died while in the hospital. Most of the hospitalizations resulted from assaults (4,559), and the fewest were from suicide attempts (270). However, injuries from suicide attempts most often resulted in death. The most common types of firearm injuries included open wounds (52 percent); fractures (50 percent); and internal injuries of the thorax, abdomen or pelvis (34 percent). Traumatic brain injuries occurred most often in children.
younger than age 5. Children who survive firearm injuries often require extensive follow-up treatment once released from the hospital, including rehabilitation, home health care, hospital readmission from delayed effects of the injury, and mental health or social services. Study authors conclude the data highlight the toll of gun related injuries that extends beyond high-profile cases, and that pediatricians and other health care providers can play an important role in preventing these injuries through counseling about firearm safety, including safe storage. According to the American Academy of Pediatrics, the safest home for a child is a home without guns, and if there is a gun in the home, it must be stored unloaded and locked, with the ammunition locked separately.

Credit: AAP Press Room

ADVOCATE FOR FIREARM VIOLENCE PREVENTION IN MINUTES

For the third edition of ADVOCATE FOR FIREARM VIOLENCE PREVENTION IN MINUTES, we wanted to focus on our latest PAVE resource: the firearm safety anticipatory guidance pamphlet. As a reminder, each month your PAVE advocacy committee would like to offer medical students, residents, and fellows concrete strategies to advocate for firearm violence prevention which avoid the barriers which often prevent us from advocating (ie time and resources). This month, we ask you to follow 3 simple steps to advocate in minutes:

1) PRINT OFF THE ATTACHED ANTICIPATORY GUIDANCE PAMPHLET
2) DISTRIBUTE IT IN YOUR CLINIC
3) GIVE IT TO FAMILIES DURING VISITS

That is it! Lastly, we would love to hear from those using our ADVOCATE FOR FIREARM VIOLENCE PREVENTION IN MINUTES. Please DON’T BE SHY and write to us (Christian.pulcini@gmail.com) so we can highlight your efforts in the next PAVE advocacy update! Thank you for all that you do!

PAVE PROJECT SPOTLIGHT

The success of any advocacy campaign comes from grassroots support and efforts. The work happening in clinics, communities, residency programs, and medical schools across the country is impressive and appreciated. We want to know what is going on at your school and program! In an effort to share ideas, we will be placing the “spotlight” on a different project each month.

February’s spotlight was shared in a Tweet from Shaili Rajput and takes us to District V: University of Michigan Pediatrics. Whether it’s about car seats, immunizations, or firearm injury, “educating families begins with educating ourselves.” Thus, the University of Michigan
pediatric residency program created a PAVE Advocacy Corner board for their house officer lounge. The corner, shown below, features numerous resources about firearm injury with state specific information. Use PAVE and AAP resources to make an “Advocacy Corner” in your lounge or common workspace to educate others about firearm injury and gun violence prevention.

shaili rajput (@shailirajput)

1/30/14, 3:44 PM
educating families begins with educating ourselves. university of mich peds HO lounge:
@AAPSOMSRFT #PAVE #putkids1st pic.twitter.com/yXPBzmdR4L

SOCIAL MEDIA ADVOCACY FOR FIREARM INJURY PREVENTION

Use social media for advocacy by engaging with the AAP SOMSRFT Twitter and Facebook accounts. Throughout the campaign we will be working to remember and honor those affected
by gun violence, and raise awareness about the public health issue of firearm injury in social media.

We need your help: follow us, like us, tweet or post what is happening at your programs, and retweet or repost our social media advocacy efforts. #PAVE #KeepKidsSafe #PutKids1st. To raise awareness that approximately seven young people die each day from gun violence, according to the Centers for Disease Control and Prevention, change your profile pic to the PAVE logo on the 7th of each month.

POETRY FOR PREVENTION

We will continue to feature a poetry piece in each of our monthly PAVE advocacy updates, share pieces on SOMSRFT’s social media accounts, and among other platforms showcase submissions our website.

We are accepting submissions for poems written by you, pediatricians in training. The poem must have a firearm injury or gun violence prevention focus, but is otherwise open to your own creativity. Feel free to submit a poem in any format and creativity is encouraged: free verse, haiku, limerick (appropriate for pediatric advocate audiences of course), sonnet, etc. Please send your entries to PAVE Tri-Chair, Lisa Costello at costello.lisa@gmail.com

This month’s poetry is a guest submission from Cody Morris & Blane Cato, two 14 year olds from Texas who are taking part in the Scott & White pediatric residency program (last month’s PAVE Project spotlight) art for advocacy project.

February Poetry for Prevention:
Gun safety is always a must
Just like how you clean a car
So you don’t get rust
You can learn it anywhere
From your dad, mom or uncle
Hunters ed, or even a gun fair
Listen now and go learn before long
So you can establish right from wrong

WHAT WE’RE READING, TWEETING, & WATCHING

• An Op-ed by pediatrician Claudia Fruin in The Salt Lake Tribune, “Utah kids need safe gun storage to stay bulletproof.”

• A letter to the editor in the Webster Kirkwood Times from Dr. Maya Moody, Young Physicians Council Co-Chair for the Missouri Chapter of the American Academy of Pediatrics, emphasizing that “Doctors Have the Right To Speak To Firearm Safety”
Five months into our Section’s advocacy campaign, we see how the work of medical students, residents, and fellowship trainees is making a difference. We come from different places and backgrounds, each with different stories and perspectives, and together we are helping to PAVE the way to firearm injury prevention. As members of the American Academy of Pediatrics, we are one team, an amplified voice that remains “dedicated to the health of all children.” Together, we are Pediatricians Against Violence Everywhere!

#Forkids

Pediatricians Against Violence Everywhere Advocacy Team

Thanks:
Thank you Cody Morris and Blane Cato for sharing their poetry with us.

Thank you Dr. Anne Edwards, chair of the AAP Committee on State Government Affairs for her outreach and support of our Section’s advocacy efforts and for all she does to advocate for children.

Thank you Christian Pulcini for helping us be advocate in minutes each month.