

Firearm Safety and Older Adults

Primary Care Review – 2/10/26

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OREGON



GWEP

Disclosures

- I do not have any financial disclosures
- I do not own firearms

Objectives

1. Recognize the unique risk firearms pose for older adults
2. Demonstrate how a provider would ask a patient about firearm safety
3. Understand how to securely store firearms in the home, as well as how to transfer them out of the home

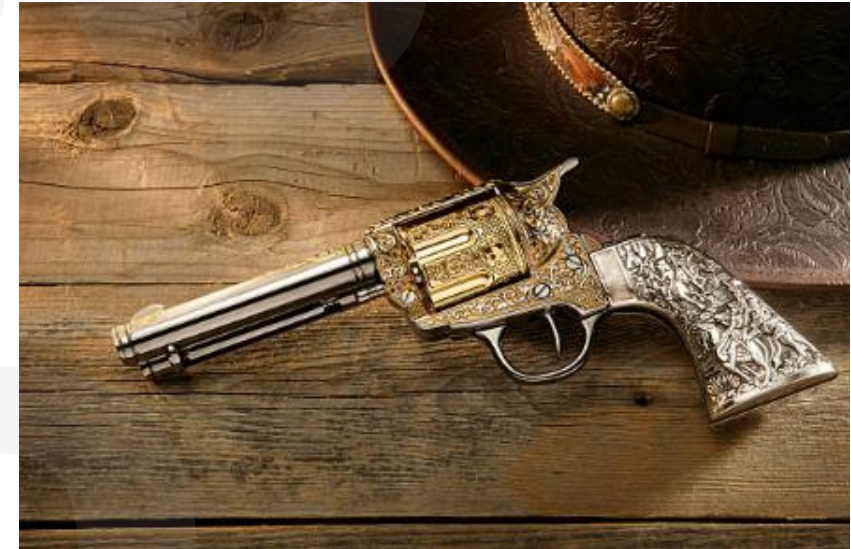
Understanding firearm ownership



Protection



Hunting, recreation



Inheritance, gifts

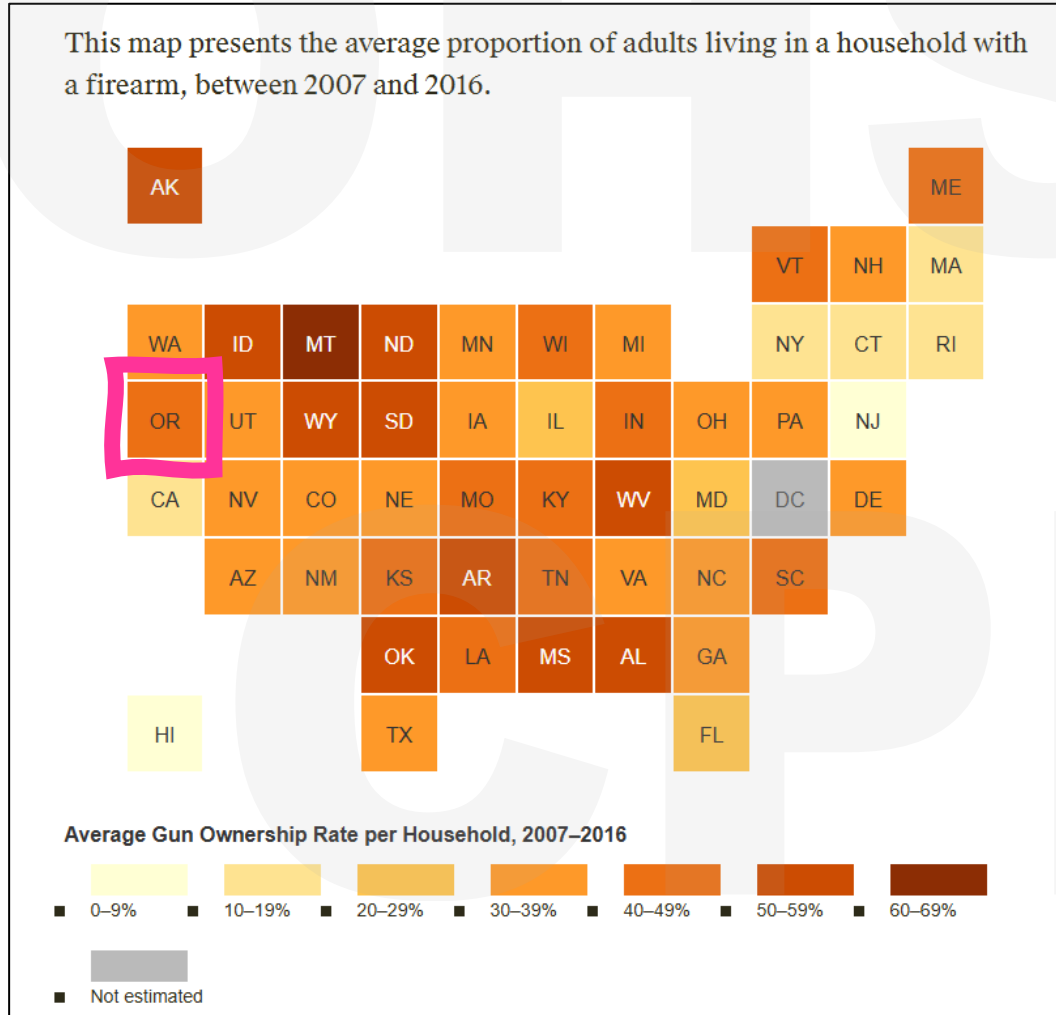
Types of firearms



Other weapons

- Knives, other sharp utensils
- Swords
- Bow and arrow, spears
- Power tools
- War souvenirs

% adults in the U.S. who own a firearm

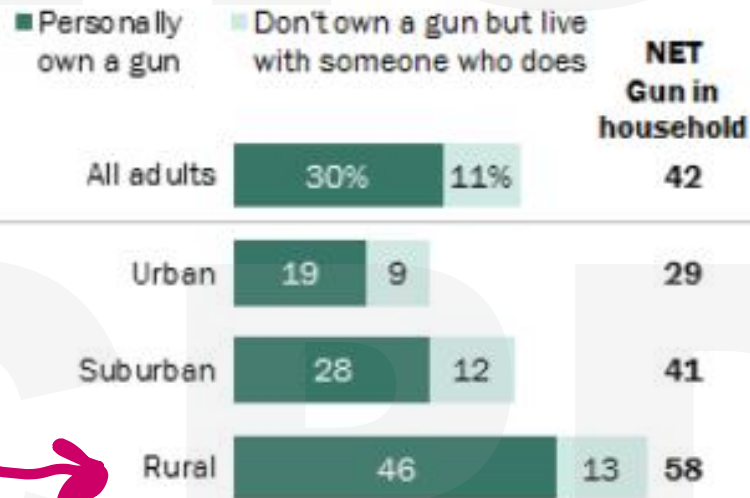


- 3 out of 10 own a firearm
- 4 out of 10 live in a household with a firearm

Higher firearm ownership in rural areas

Nearly six-in-ten rural Americans have a gun in their household

% of U.S. adults saying they ...

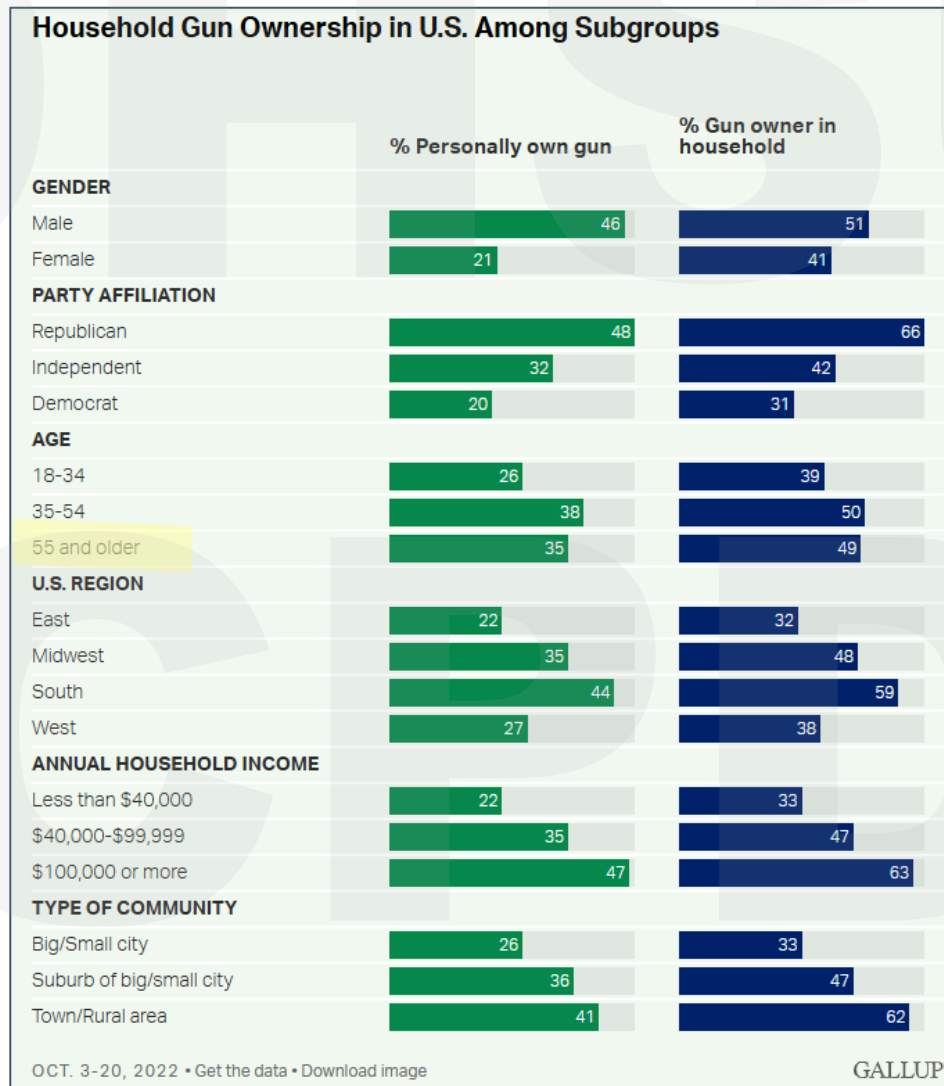


Note: Figures may not add to subtotals indicated due to rounding.
Source: Survey of U.S. adults conducted March 13-27 and April 4-18, 2017.

PEW RESEARCH CENTER

<https://www.pewresearch.org/short-reads/2017/07/10/rural-and-urban-gun-owners-have-different-experiences-views-on-gun-policy/>

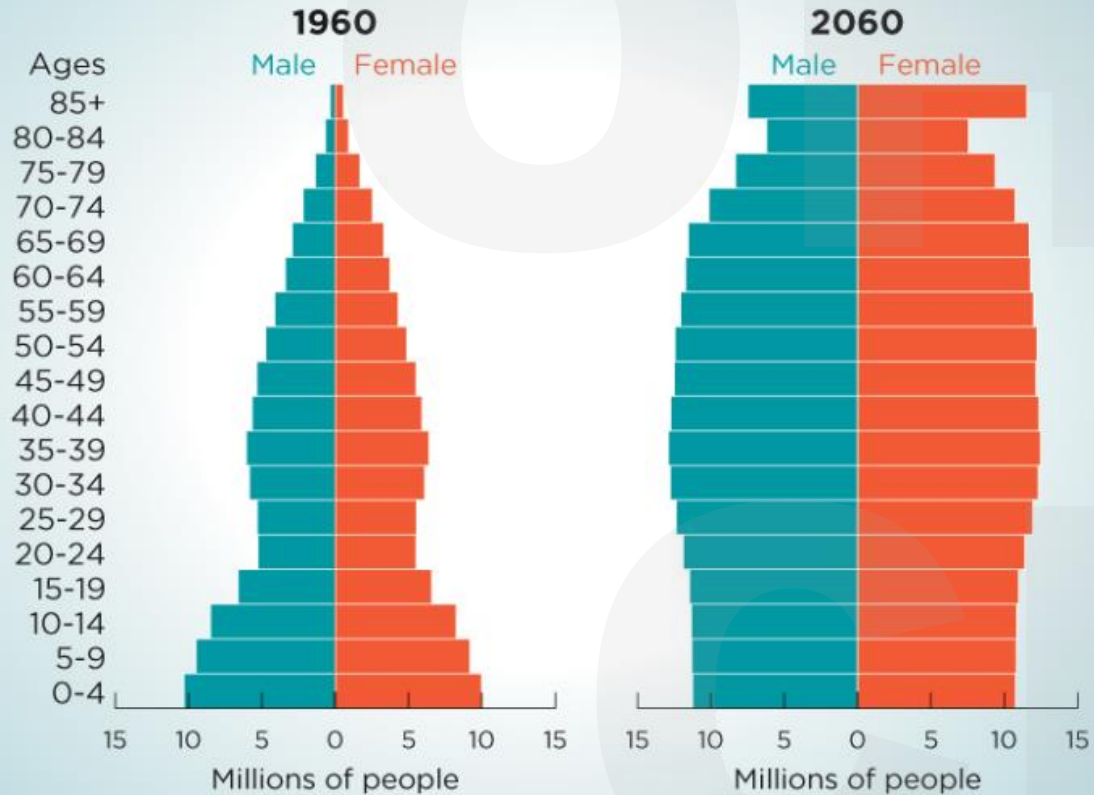
% older adults with firearms



<https://news.gallup.com/poll/405260/diminished-majority-supports-stricter-gun-laws.aspx>

From Pyramid to Pillar: A Century of Change

Population of the United States

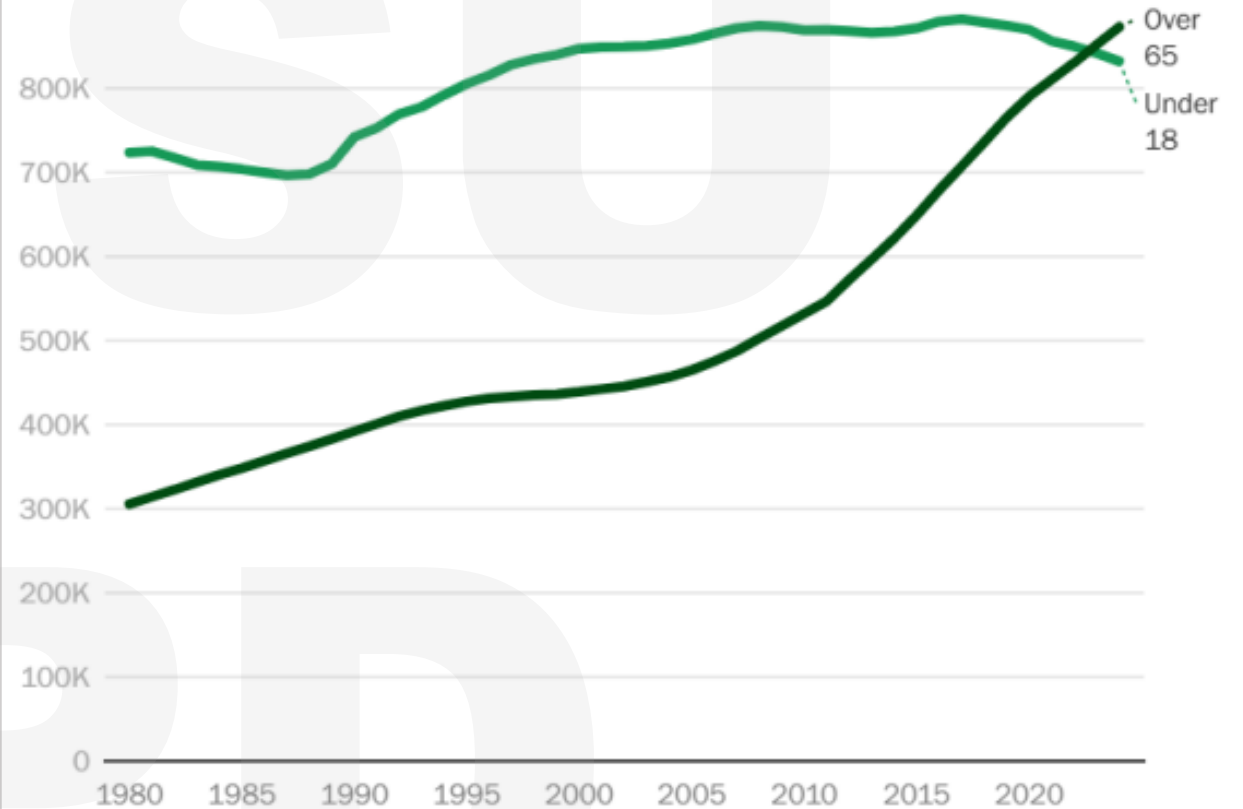


United States[®]
Census
Bureau

U.S. Department of Commerce
U.S. CENSUS BUREAU
[census.gov](https://www.census.gov)

Source: National Population
Projections, 2017
www.census.gov/programs-surveys/popproj.html

Oregon had twice as many residents under 18 as over 65 in the early 1980s. Now, there are more seniors than kids.



Data through 2024

Source: Oregon Office of Economic Analysis • [Get the data](#)

 OREGONLIVE
The Oregonian

Projected # of those with dementia in the U.S.

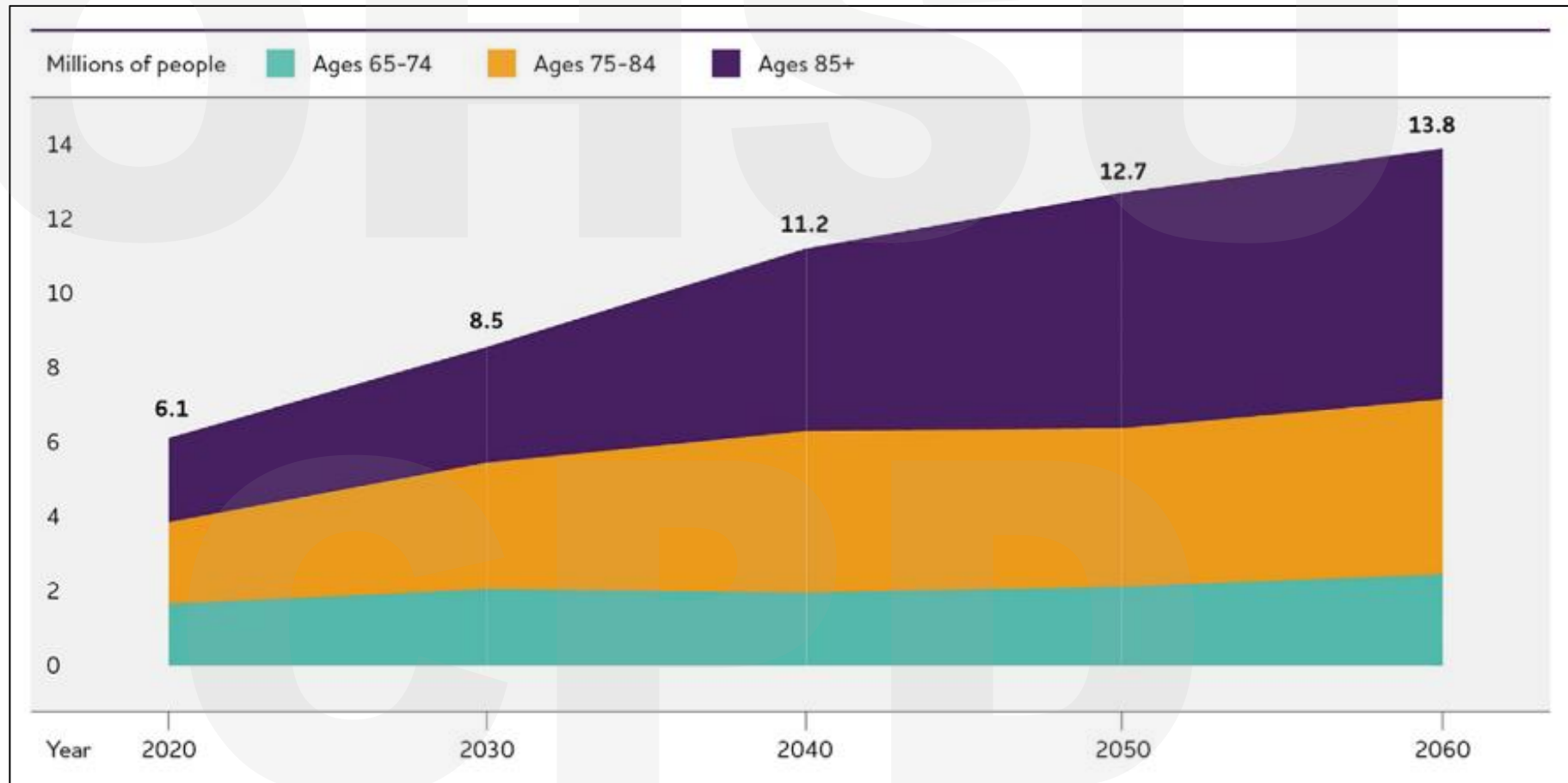



FIGURE 5 Projected number of people age 65 and older (total and by age) in the U.S. population with Alzheimer's dementia, 2020 to 2060. Created from data from Rajan et al.^{A5,241}

A photograph of a paved road winding through a lush, green forest. A white car is driving away from the camera in the center of the road. The road has white lane markings and a crosswalk. The background is filled with dense trees and foliage. A semi-transparent grey box is overlaid on the upper half of the image, containing text in red and blue.

**If there is access to a firearm
the risk of injury is *very* high
because of the deadly means**

#ThisIsOurLane

All Intent Deaths due to Firearm, All Ages, Years 2019 to 2023



United States

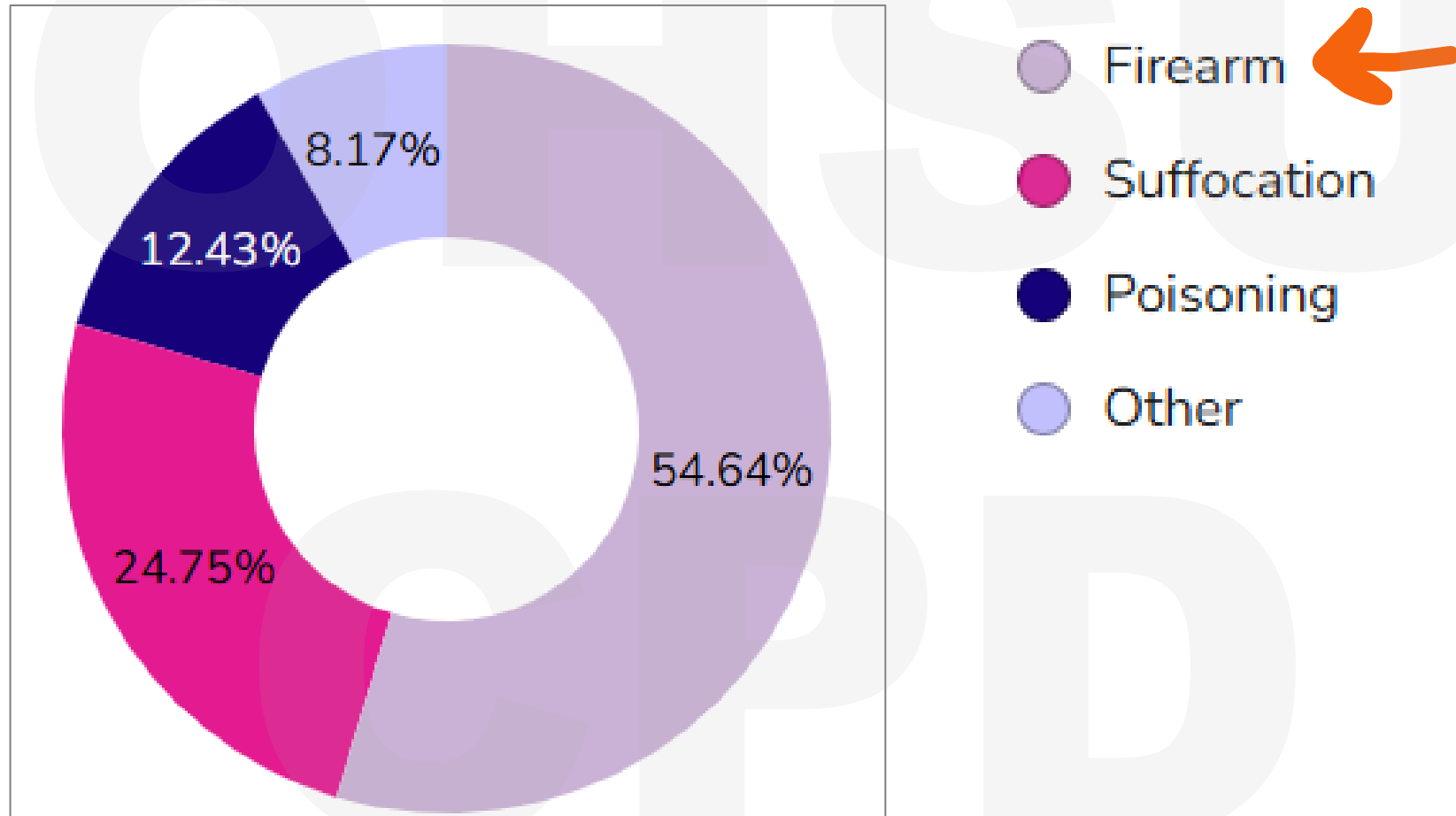
Number of deaths: 228,691
Fatal injury rate (per 100,000): **13.60%**



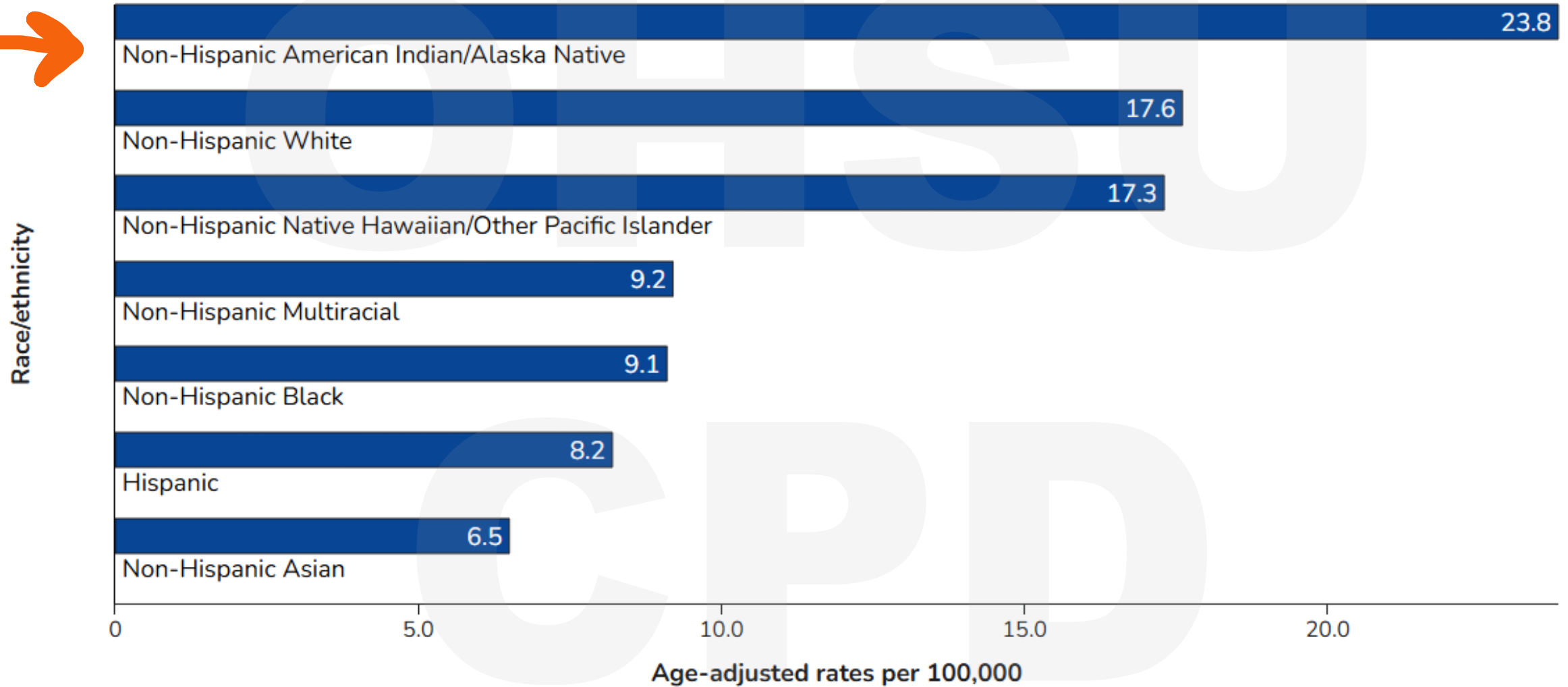
Oregon

Number of deaths: 3,125
Fatal injury rate (per 100,000): **13.81%**

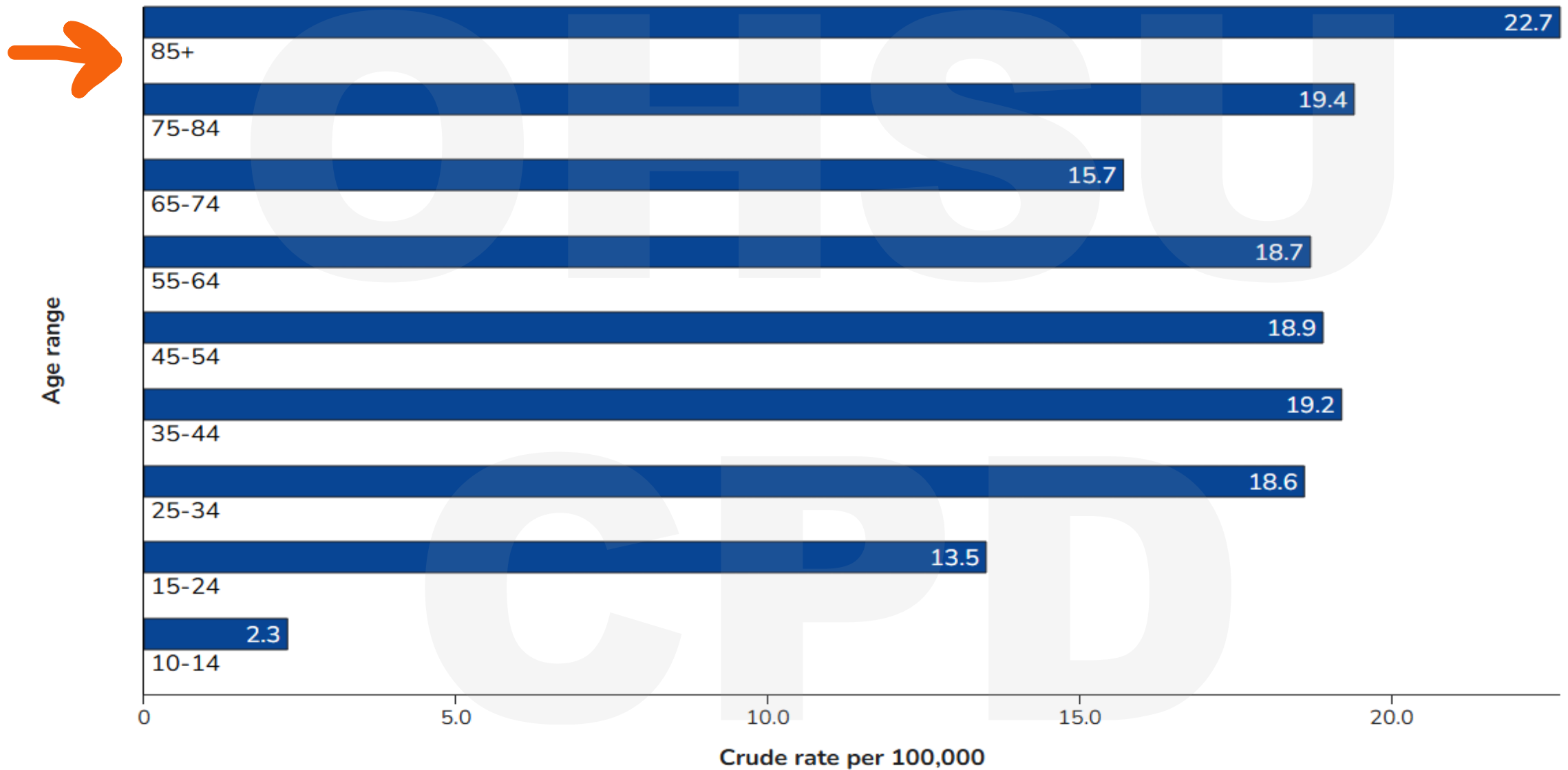
Firearms are the most common method used in suicides, data from 2022



American Indian/Alaska Native peoples have the highest rates of suicide in 2023



People ages 85 and older had the highest rates of suicide in 2023



Older adults and suicide

- More likely to die by suicide than younger adults, the age group at the highest risk is >85yo
- Use firearms as the means for suicide
- Die by suicide over homicide

What puts older adults at higher risk of suicide?

- Functional decline
- New or accumulating health problems
- Social isolation and loneliness
- Stressful life events (death in family, financial problems)
- Depression
- **Dementia**

How do we better support older adults through physical, functional, and social changes?

Most suicides are **impulsive**. Of people who survive suicide, 66% said they made the decision within <1 hour, and 25% said they made it within <5 minutes, of their attempt



9 out of 10 people who survive a suicide attempt **do not die by suicide in the future**



It is OK to be direct and ask your patient/friend **“are you having thoughts of suicide”?** You will not cause them to complete suicide by asking



Ted Talks How To Talk About Guns and Suicide: <https://www.youtube.com/watch?v=PwBgcjDVxxE>

Simon OR et al. Characteristics of impulsive suicide attempts and attempters. Suicide Life Threat Behav. 2001;32:49-59.

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

ID #: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns _____ + _____ + _____

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL: _____

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

- Look at **question #9** of the PHQ9 to assess for suicidal thoughts
- The Geriatric Depression Scale (GDS) does not have a comparable question

Crisis Lines

for suicidal thoughts and mental health support

National Crisis Line

English or Spanish, 24/7

- 988 (text or call)

Trans Lifeline

English or Spanish, peer support, 7a-1am PST

- Call 1-877-565-8860

Veteran's Crisis Line

For Veterans, their family/friends, 24/7

- Call 988 + press 1, or text 838255

Oregon Text line

English or Spanish, 24/7

- Text OREGON to 741741

Cognitive changes in dementia

Can impact a person's ability to safely handle a firearm:

- **Poor judgement**
 - **Memory loss**
 - **Difficulty understanding situations**
 - **Trouble recognizing people**
 - **Mood and personality changes**
 - **Impulse control**
- affect ability to safely handle a firearm,
know if it's loaded, how to clean it
- mistakes a known person
for an intruder
- More likely to have
depression or aggressive
behaviors leading to suicide
or homicide

It's the disease, not the person!

Behaviors in dementia

- More likely as dementia severity progresses
- 80-90% of patients with dementia will have one or more behavioral symptoms
- Dementia behaviors include:
 - **Depression**, anxiety, **aggression**, irritability, sleep problems, apathy, disinhibition, wandering
 - **Psychosis** = paranoia, delusional thinking, hallucinations

Worrisome patient behaviors - examples

- Tom believes there are people upstairs (when there are none)
- José is frustrated easily and will strike out without warning
- Randy believes his wife cheated on him (remembering an event of the past)
- Celia wakes up in a fright not recognizing her partner

For persons with dementia, the greatest risk of firearm injury is:

January						
S	M	T	W	T	F	S
		1	2	3	4	
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					



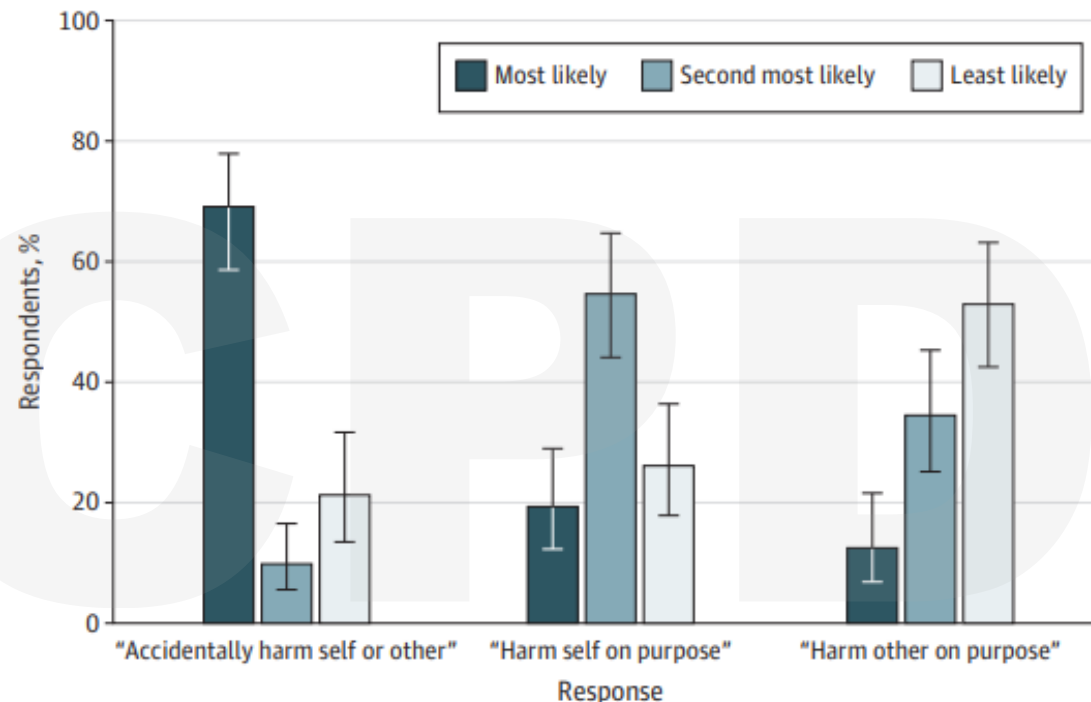
**I. Recent dementia diagnosis
(within 3 months)**

**II. Early onset dementia
(diagnosis before 65yo)**

**III. Dementia with psychosis symptoms
(paranoia, delusions, hallucinations)**

Caregivers fear accidental injury by persons with dementia, when in fact suicide is the more likely outcome

Figure 1. Rankings of Responses Among 124 Caregivers to the Question, "Which Is Most Likely for a Person With Alzheimer Disease?"



Firearm safety by dementia stage

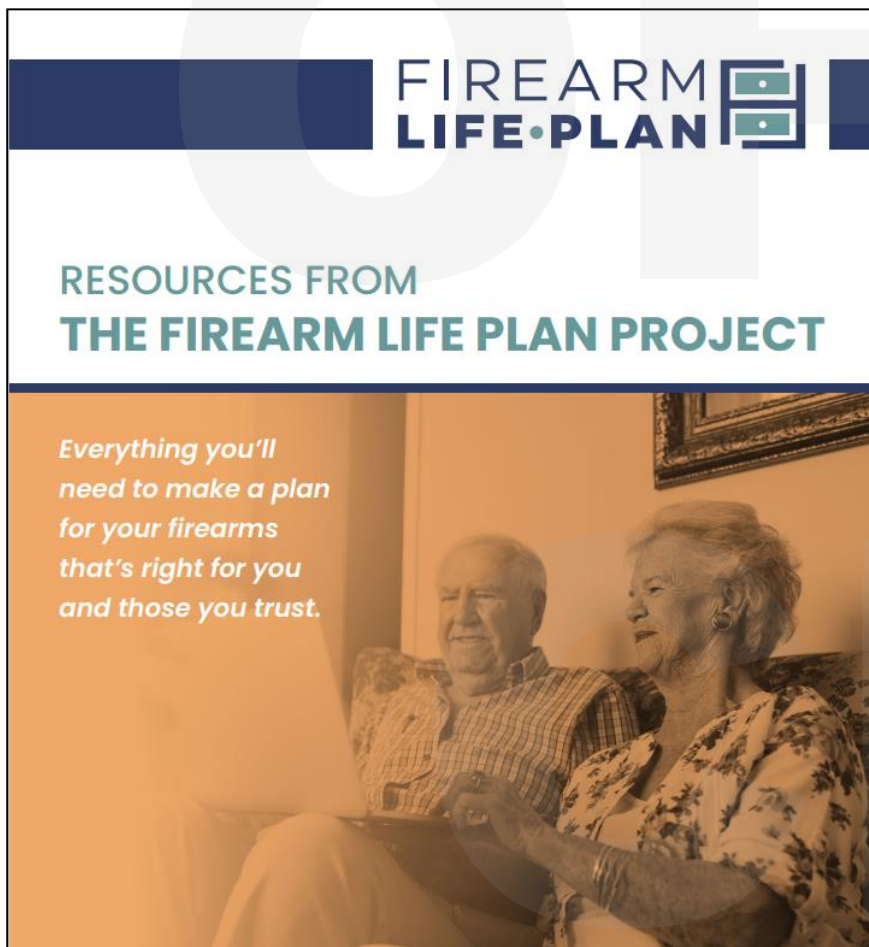
Mild cognitive impairment (MCI) and mild dementia

- Safety with firearms is uncertain, case-by-case
- Include the patient in the conversation
- Assess for worrisome behavioral symptoms
- Consider re-training with firearms specialist or safety course
- Do interval assessments, plan for firearm retirement

Moderate-severe dementia

- Unsafe to have unsupervised access to firearms
- Counsel caregiver to secure firearms in the home or transfer them out of the home

Care Planning: Firearms



FIREARM LIFE PLAN

RESOURCES FROM
THE FIREARM LIFE PLAN PROJECT

Everything you'll need to make a plan for your firearms that's right for you and those you trust.

The graphic features a photograph of an elderly couple sitting together, with the text overlaid on a dark blue and white background.

Firearm Life Plan Toolkit

<https://firearmlifeplan.org/>

Agreement With My Family About My Firearm(s)

To my family:

The time may come when I can no longer make the best decisions for the safety of myself and others. Therefore, in order to help my family make necessary decisions, this statement is an expression of my wishes and directions while I am still able to make these decisions.

I have discussed with my family my desire to control possession of my firearm(s) as long as it is safe for me to do so.

When it is no longer safe for me to have access to my firearm(s), I desire _____ (person's name) to tell me.

I trust my family will take the necessary steps to protect me and those around me while still protecting my dignity and rights.

Signed _____
Date _____

Firearm Advance Directive

<https://safetyindementia.org/firearms-faq>

Caregivers can use help!

- Most adults (89%) support limiting firearm access to those with dementia
- Most caregivers have not created a plan for what to do with firearms for persons with dementia
- **Most caregivers (>75%) want their providers to talk with them about firearm safety with regards to dementia, but very few (5%) have discussed firearm safety with their providers**



Why don't providers talk about firearm safety?

1. Concern about potential liability
2. Discomfort with discussing firearms
3. Worry that patients will be uncomfortable
4. Lack of time

Tolat ND, Naik-Mathuria BJ, McGuire AL. Physician Involvement in Promoting Gun Safety. *Ann Fam Med*. 2020;18(3):262-264

Betz ME, Flaten HK, Miller M. Older Adult Openness to Physician Questioning About Firearms. *J Am Geriatr Soc*. 2015;63(10):2214-2215

How to talk about firearm safety with your patients

- Ask all patients at risk about firearms in the home
 - Normalize the conversation – **focus on the disease, not the person**
 - Have humility and curiosity
 - Use respectful language
- The earlier the better, to include the patient
-  **Add a firearms question to your visit templates** 
- This can be a sensitive conversation, make sure you have time, or circle back at a future visit
- Refer to trusted members of the community

Which older adults to screen for firearm injury?

There are no universal screening guidelines, but these factors confer higher risk

- Severe depression, h/o suicide attempt, bipolar, psychosis
- History of violence, intimate partner violence
- Substance abuse
- Recent death in family, job loss, functional decline
- Cognitive impairment or dementia
- Children in the home (grandchildren)
- Physical impairment that could make operating a firearm unsafe
(worsening hand tremor, severe vision loss)

Rather Than...	Consider...	Rationale
Firearms and firearm ownership		
"Gun"	"Firearm"	"Firearm" may be more neutral
"Restriction," "surrender," or "confiscation" (unless as an outcome of enforcement activity)	"Transfer," "relinquishment," or "temporary removal"	Avoids provocative language; distinguishes between enforcement and voluntary actions
"Assault weapon," "assault rifle," or "military-style rifle"	"AR15-style rifle," "AK-style rifle," "semiautomatic rifle," "Rifle"	Avoids terms that gun owners may perceive as pejorative or inaccurate
"Firearm safety counseling" to describe counseling about secure firearm storage	"Firearm responsibility," "prevention of unauthorized access," or "secure firearm storage" counseling	"Firearm safety" connotes safe firearm handling (e.g., how to safely use a firearm); focuses on access (vs storage) avoids linkage to storage-related laws
"Are your firearms locked up?"	"Do you prevent access of your firearms by unauthorized individuals" (e.g., untrained, unable to control firearms owing to strength/age, unable to understand risks, altered judgment or perception)	Shifts focus from the item to the at-risk user, drawing on standard principle of responsible firearm ownership (preventing unauthorized access)
"All guns should be stored unloaded and separate from ammunition"	Responsibly "stage" firearms intended for defensive purposes; responsibly "store" firearms used for hunting or recreation	Acknowledges that norms and preferences for staging or storage vary according to use (e.g., a personal defense weapon is often stored locked but loaded and quickly accessible)
Suicide		
"Commit" suicide	"Die by" or "die of" suicide	"Commit" implies criminality of the act and assigns blame
"Successful" or "failed" suicide attempt	"Died by suicide," "completed suicide," "killed themselves," "survived an attempt"	Avoids assigning moral judgment to outcome of attempt or implying that suicide death is a good outcome
"X caused the suicide"; "it was out of the blue"	Acknowledge that suicide is complex with no single cause and that there are often warning signs	Avoids oversimplifying suicide and encourages awareness of warning signs
"Suicide is inevitable"; "they'll always find a way"	Acknowledge that suicide can be prevented and that most people who survive a suicide attempt do not later die by suicide	Supports rationale for reducing access to firearms and other lethal methods during often brief (hours or days) periods or risk to prevent death
Omitting practical tips for seeking or providing help	Emphasize that asking people about suicide does not increase their risk; provide basic suicide warning signs and hotline resources	Supports efforts to make it easy to give and find help

Case 1 - Thomas 78yom

- CC: increasing anxiety
- An established patient who was diagnosed with dementia 4 years ago. Lives with his wife Sharyl, his primary caregiver, who accompanies him today.
- Sharyl shares that lately when someone has come to the front door Thomas has become frightened. This last time he yelled to her that someone was about to break in and hurried to the bedroom. The person turned out to be their neighbor bringing over a piece of mail delivered to them incorrectly.
- **You wonder if he has access to firearms, how do you ask?**



How to ask about firearm access

“Are there firearms in your home?”

“Does the patient have access to any firearms?”

“Because of the risk of injury, I ask all of my patients with memory problems if there are firearms in the home?”

Case 1 - Thomas 78yom

- On further questioning, you learn that Thomas keeps a gun in the top drawer of his dresser, and Sharyl is worried that he was rushing to the bedroom to get his gun for protection.
- **How do you advise them?**



What can you advise a caregiver?

1. Secure the firearms in the home, so the person with dementia does not have unsupervised access
2. Make the firearms less lethal*
 - remove ammunition, disable trigger mechanisms
3. Transfer the firearms out of the home

* counsel the caregiver to call a local gun shop or law enforcement if they are unsure how to handle the firearm

Four principles of firearm storage

1. Locked
2. Unloaded
3. Separate from ammunition
4. Inaccessible to unauthorized people

Secure firearm storage reduces injury risk for everyone in the home!

Securing firearms in the home



Cable lock



Safe or lock box



Locker

Tom Sargent Safety Resource Center 700 S.W. Campus Drive, Portland,
Oregon 97239 (Lobby of Doernbecher Children's Hospital)
Phone number: [503-418-5666](tel:503-418-5666)

Braner Family Safety Resource Center 335 S.E. 8th Ave., Hillsboro,
Oregon 97123 (2nd floor of HMC hospital) Open by appt only
Phone number: [503-418-5666](tel:503-418-5666)

Locking storage

Firearms

People who die from accidental shooting were more than three times as likely to live in a home with a firearm.¹
If you, or someone in your household, owns a firearm, let us help make sure it is locked up safely.



Combination safe

7"W x 7.5"H x 3"D

16 gauge steel housing is durable and pry resistant. Includes 4 foot steel security cable.

\$25



Quick access safe

10"W x 5"H x 12"D

Programmable touch pad with backup keys. Quick access spring-loaded door

\$95



Biometric safe

14"W x 10"H x 10"D

Solid steel. Stores up to 100 fingerprints. Tamper indicator and Interior light

\$85



Combination trigger lock

For transportation, adding an additional level of safety, and/or larger firearms unable to be kept in a safe

\$10



Cable lock

For use as a temporary or backup safety measure; does not replace a firearm safe. Up to 5 per household

Free

Transferring firearms out of the home

Temporary:

For those at imminent risk, or to give time for a more permanent solution

- Trusted individual (family, friend, neighbor)
- Shooting range
- Local retailer
- Law enforcement agency

Permanent:

- Sell, gift, or surrender

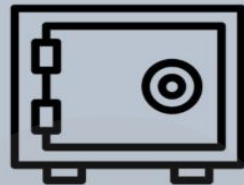
IN HOME STORAGE

LOCK BOX OR LOCKING DEVICE

- Person with dementia should not have access to key or PIN
- Gun can still be accessible by authorized users
- Gun must be unloaded for some devices
- Some may be easy to break into
- Lock boxes can be too small for some items, particularly rifles



GUN SAFE



- Person with dementia should not have access to key or PIN
- Gun can still be accessible by authorized users
- Can store guns of many sizes
- Can be more expensive than smaller devices
- Large size, requires more space in home
- Cannot change combination on dial safes

DISASSEMBLE OR DISABLE

- May be a good option if person with dementia is anxious about not having access to firearms
- Can give most parts to other people without background checks
- Some firearms cannot be easily disassembled
- Call local law enforcement or gun shops if unsure how to disassemble or disable firearms



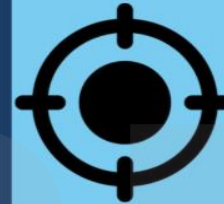
OUT OF HOME OPTIONS

FAMILY, FRIEND, NEIGHBOR

- Quick and easy way to get firearms out of home
- May require a background check, depending on state
- Firearm is stored with a trusted person
- Some people are not allowed to possess firearms
- Person with dementia may be anxious if firearms not accessible



GUN SHOP OR SHOOTING RANGE



- Trusted member of firearms community
- Some shops may provide pickup services or private lockers
- Some facilities may need a background check or won't store firearms - call ahead to check

GIVE AWAY OR SELL

- Firearms can be sold through gun shops, retailers, or other services
- May require specific forms or process for permanent transfers, such as a legal power of attorney
- Check with local law enforcement for buy-back or donation options
- Laws and regulations vary state-by-state, consult with a firearm retailers for more information



Case 1 - Thomas 78yom

- Provide education about the risk of firearms for persons with dementia
- Ask how the firearm is secured in the home?
- **Counsel Sharyl to make the firearm less lethal as she explores next steps – securing firearm in the home vs. transferring out of the home**
- Set up a follow-up visit



Case 2 - Russ 82yom

- CC: new patient visit
- He moved to Oregon last month. His wife died earlier this year, and he moved to be closer to his adult children. He has COPD, DM2, and recently broke his hip after a GLF.
- The medical assistant tells you that his depression screening on rooming was abnormal.
- You ask about depressive symptoms, and he expresses feeling very sad **“I know I am a burden to my family” “I wish it would all be over”**.
- On further questioning you learn he has multiple handguns in the home.



- **What are your next steps?**

How to talk about firearm safety: when there are suicidal thoughts

“If someone had too much to drink, we hold their car keys. Similarly, if someone is in a crisis, we hold onto their gun while they get through the time of crisis.”

“We know that patients going through hard times may have thoughts about ending their lives. We also know that these thoughts often pass quickly. Placing time and space between that thought and action can keep you safe. Is there someone you would trust to hold your firearms while you are feeling this way?”

Case 2 - Russ 82yom

- Ask about suicide and assess for imminent harm
- Involve your behavioral health team, provide crisis resources if indicated
- **Express urgent concern and ask if there is someone he would trust to hold onto his firearms while he is feeling this way**
- Schedule follow-up



<https://lock2Live.org>

Lock to Live



You or someone you know may feel hopeless, down, or alone right now. Many people have gotten through times like this, and you can too.

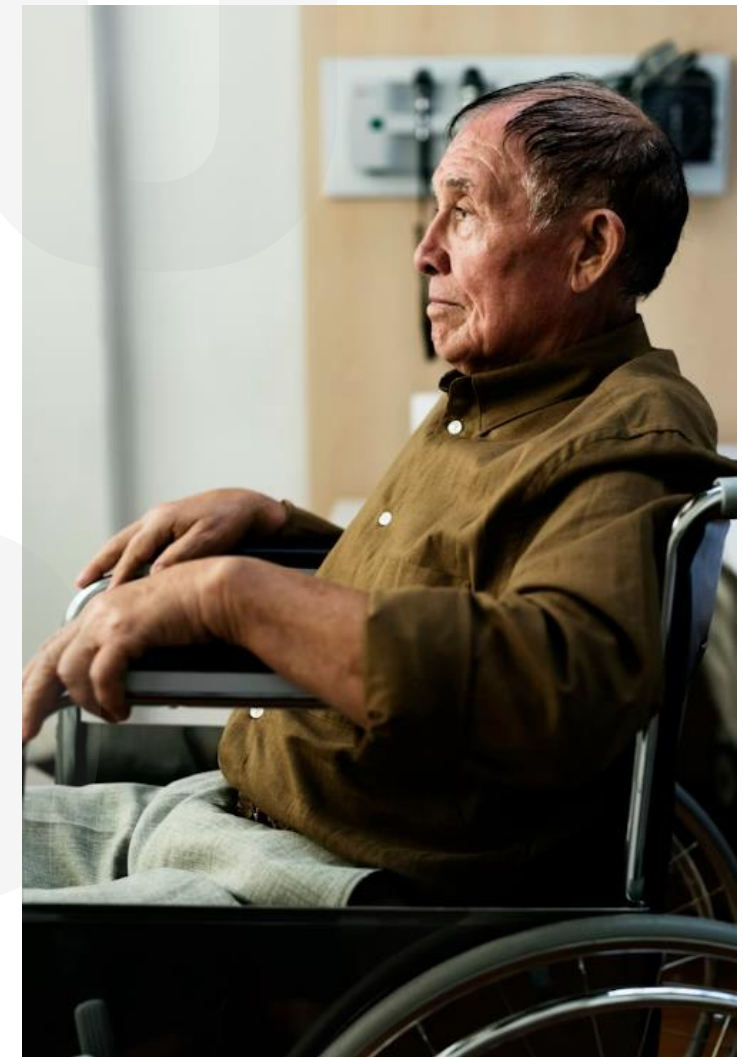
This tool can help you make decisions about temporarily reducing access to potentially dangerous things, like firearms, medicines, sharp objects, or other household items.

Patient resource:

- Tool to support decisions about safe storage of dangerous items for adults at risk of suicide
- Includes cost and legal considerations based on personal preferences

Case 3 - Dakota 81yom

- CC: dementia follow-up
- Dakota was diagnosed with dementia earlier this year after he became lost driving to a local grocery store. His daughter moved in with him and has joined the visit today.
- After learning about the risk of firearms for persons with dementia, you ask if there are any firearms in the home. The daughter replies **“oh yes, dad is a retired sheriff. He owns a couple handguns and hunting rifles. He’ll often go into his shop to clean them. Owning guns is apart of his identity, he would never get rid of them!”**
- Dakota has been following along, he stiffens his posture and looks away.
- **How would you advise them?**



How to talk about firearm safety: for persons with dementia

“Let’s talk about the different ways we can keep someone with memory problems safe from a firearm injury.”

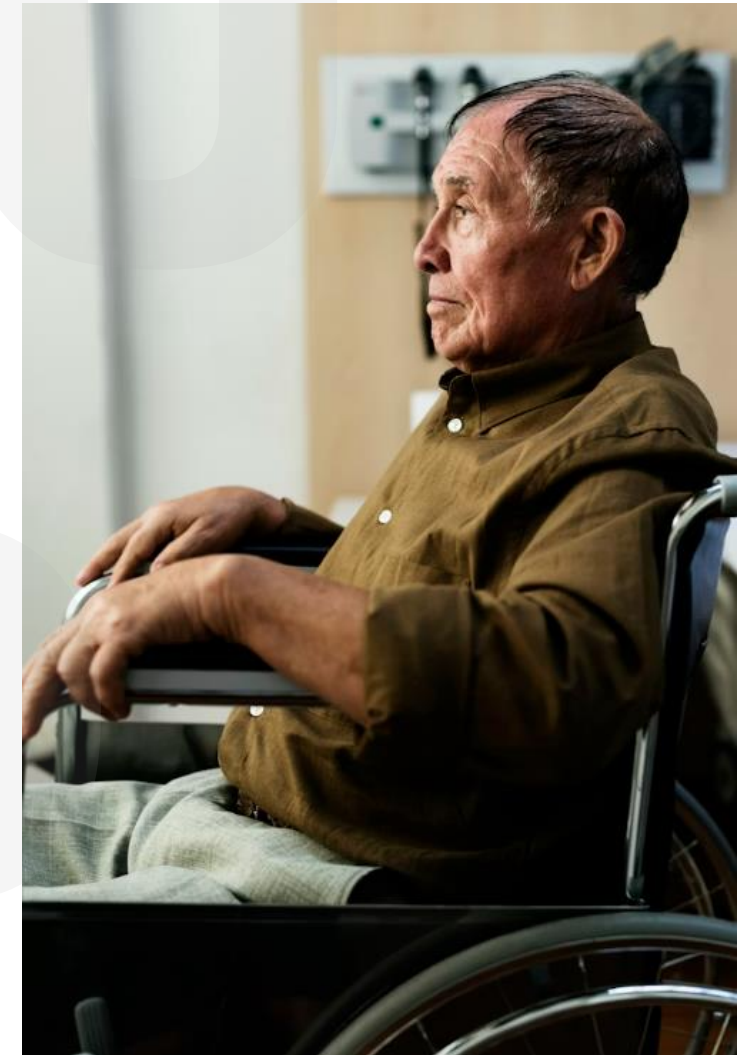
“As someone’s memory declines, they may forget how to safely use a firearm or mistake a loved one from an intruder.”

“When someone is confused from dementia it is our job to keep them safe. It does not mean they are a bad person or were unsafe with their firearm in the past.”

“It can be hard to think about a loved one becoming dangerous to themselves or others, but the changes from dementia can cause depression, confusion and behavioral problems. These changes increase the risk of firearm injury, and thus it’s important to create a plan to keep everyone safe.”

Case 3 - Dakota 81yom

- Include Dakota in the discussion
- Acknowledge emotional response (fear, anxiety, defensiveness) and importance of firearms in his life.
- Normalize the conversation about firearm safety in dementia. Share your goal of injury prevention.
- **Start by recommending that Dakota not have unsupervised access to his firearms. Advise safe storage of firearms.**
- Offer possibilities, such as 1) picking a firearm retirement date or 2) designating a person who would let him know if he is no longer safe to use firearms
- Plan for interval assessments



Legal considerations: sales and possession of firearms for persons with dementia

There are **no federal laws** preventing sales, possession, or transfer of firearms for persons with dementia, there are very few state laws:

- Federal law does state that one cannot sell or transfer firearms to “**prohibited persons**” which includes those “**adjudicated as mentally defective**” as determined by a court
- Hawaii prohibits firearm possession for persons under treatment of “organic brain syndromes”
- Texas prohibits persons with “chronic dementia” from having a license to carry

Extreme Risk Protection Orders (ERPOs) “Red Flag Laws”

- Allow family or law enforcement to petition a judge for temporary removal (2 months – 1 year) of firearms for someone deemed a danger to themselves or others
- Exist in 21 states (including Oregon)
- A caregiver could use this in a crisis

ERPO: vignette from dementia case in Oregon

“The respondent was diagnosed with Alzheimer’s disease and **refused their doctor’s recommendations to dispossess their firearms**. The respondent’s spouse had noticed a decline in their mental state and increased threatening and erratic behavior. The respondent had **expressed a desire to harm themselves and threatened to shoot their spouse** while pointing a loaded gun. The respondent had seven firearms in their home. A law enforcement officer was the petitioner.”

What should caregivers know about transferring firearms?

- Often a point of confusion due to lack of legal guidance and state variation
- Establishing legal power of attorney, or guardianship, simplifies transfers
- Caregiver should check their state's laws regarding transfers, as it may require documentation and background checks
- If there is imminent risk or refusal by the person with dementia, then caregivers should explain the situation to whomever they are transferring the firearm too, and ensure they can bring in the firearm without the owner present

Legal considerations: for transferring firearms out of the home for persons with dementia

Federal law

- Federal Firearms Licensees (FLL = those who are licensed to deal firearms) need to complete an ATF "firearms transaction record" form with transfers – this includes a background check and has the same language about "prohibited persons".
- "Firearms Transaction Record" form, F 5300.9:
<https://www.atf.gov/file/61446/download>

Laws regarding private transfers (by unlicensed individuals) are state specific

- In Oregon you must go through a FLL except for immediate family or estate transfers

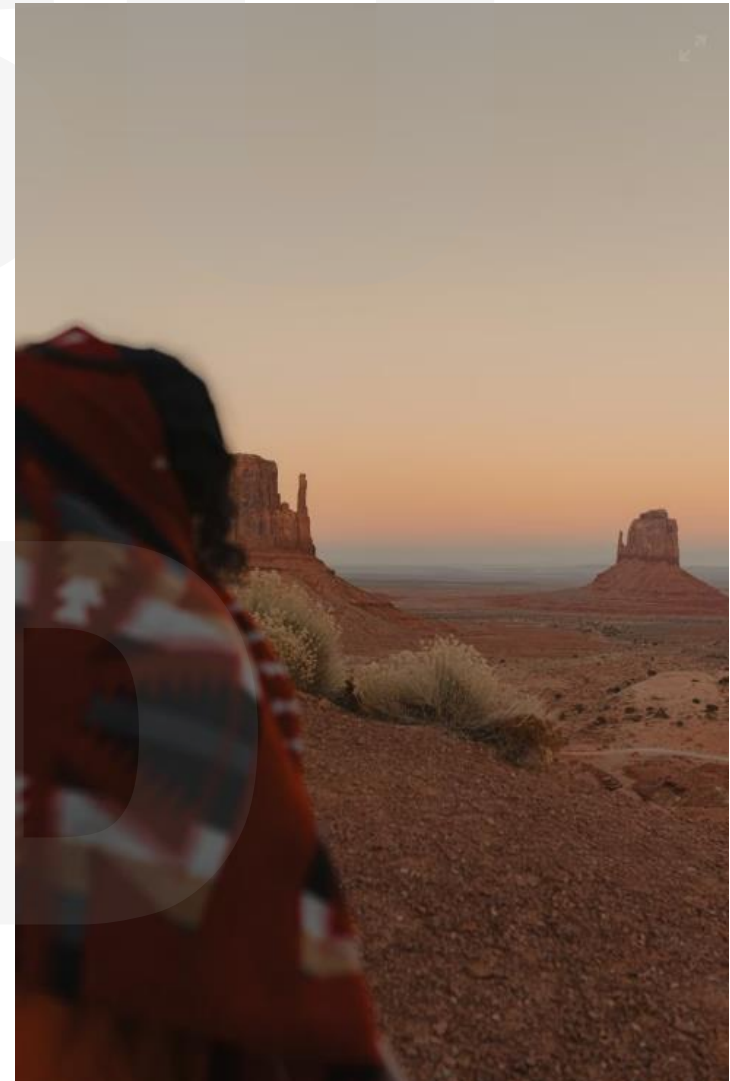
Firearm regulation on Tribal lands

- Tribal governments have their own laws (which may vary from state law) regarding firearm possession and transfers
- Each tribe has its own Code of Law, caregivers should check with local tribal authorities with questions

National Indian Law Library

to search Tribal Codes and Constitutions:

<https://www.narf.org/nill/index.html>



Resources

For patients & providers

- Firearm Life Plan Toolkit: <https://firearmlifeplan.org>
- Lock to Live: <https://lock2Live.org>
- Safety in Dementia: <https://safetyindementia.org/firearms>
- OHSU/HMC family safety resource center:
<https://www.ohsu.edu/doernbecher/tom-sargent-safety-center>
- Ted Talks - How To Talk About Guns and Suicide:
<https://www.youtube.com/watch?v=PwBgcjDVxxE>

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- <https://news.gallup.com/poll/405260/diminished-majority-supports-strict-gun-laws.aspx>
- <https://www.pewresearch.org/short-reads/2017/07/10/rural-and-urban-gun-owners-have-different-experiences-views-on-gun-policy/>
- <https://www.rand.org/research/gun-policy/gun-ownership.html>
- <https://wpln.org/post/tennessees-gun-laws-can-be-complicated-here-are-some-of-the-basics/>
- <https://ohsu-psu-sph.org/wp-content/uploads/2025/08/AVERT-Listening-Sessions-Firearm-Suicides-and-Suicide-Attempts-in-Oregon.pdf>

Images:

- If not otherwise cited, images were either personally taken or open sourced from <https://unsplash.com/>



Thank you!

Reach out with questions: browrobi@ohsu.edu