Gun Violence as a Public Health Issue
In October 2016, students, faculty and staff from Oregon Health and Science University (OHSU), Portland State University (PSU) and the OHSU-PSU School of Public Health, and a broad array of community stakeholders representing county, state and city government, mental health, advocacy groups, non-profit and volunteer outreach programs, formed an Advisory Committee with the primary objective of convening a series of public forums on gun violence as a public health issue. Universities - including OHSU and PSU - have previously had little involvement in addressing gun violence as preventable public health concerns ever since Congress restricted gun violence prevention funding more than 21 years ago. Yet, our universities also recognize the need to address the impact of conditions like gun violence on the health and wellbeing of the communities we serve in Oregon and elsewhere.

Based on contemporary use of the term “gun violence,” the Advisory Committee operationalized the topic broadly as any incidents of shootings – intentional or unintentional, fatal or nonfatal.

Three forums were planned to: 1) enhance knowledge, disseminate information and identify opportunities for OHSU and community partners to reduce gun violence, including addressing the social and societal conditions that contribute to it; 2) increase awareness and address the broader determinants of gun violence in the form of homicide, suicide and intimate partner violence; 3) promote empathy and healing; and 4) support transparent, honest and ongoing conversations about race relations and implicit bias on our campuses.

**Forum #1: Campus Communities Forum, January 2017**

The first forum focused on ‘home’ – the OHSU and PSU campus communities – with the goals of demonstrating a strong commitment to gun violence prevention from both institutions, engage broader campus communities and develop long-term, strategic solutions for Portland and greater Oregon. The Campus Communities Forum was a 4-hour program featuring Dr. Brian Gibbs as keynote speaker and breakout sessions touching on the following themes:

- Establishing a framework for gun violence as a public health issue
- Gun violence is preventable, not inevitable
- Connecting the dots between multiple forms of violence
- History of gun violence, social unrest and neighborhood destabilization in Black communities
- Working together to prevent violence in our communities
- Predicting, preventing and surviving gun violence while protecting rights of law-abiding citizens
- Healthcare provider wellness and strategies to engage patients on gun safety

“The cycle of violence (all forms, including gun violence) cannot be broken and healing will not begin if trauma is left unaddressed.”

- Dr. Alisha Moreland-Capuia
The Campus Communities Forum was attended by 144 participants from the OHSU and PSU campus communities: 96 from OHSU, 22 from PSU and 26 from the OHSU-PSU School of Public Health. In post-forum evaluations, the vast majority (98%) of respondents were satisfied/very satisfied with the forum; 58 percent rated it as excellent and 39 percent as good. Of written comments submitted, reviewed and coded from all four breakout sessions, 85 percent expressed specific ‘gains’ about what participants reported learning, and 85 percent expressed specific ‘desires’ about more that participants felt could be done, including improvements facilitated by OHSU and PSU, in future work around gun violence prevention.

**Forum #2: Portland Metro Community Forum, April 2017**

"Transforming Pain into Power" was the theme of the community forum. The forum’s objectives were to: 1) Acknowledge, honor and appreciate the significant violence prevention efforts offered in the community; 2) Convene community stakeholders and encourage greater coordination of our collective efforts; 3) Inform the community of OHSU and PSU’s desire to join the larger community table offering academic, research and clinical assets to assist in the effort of violence prevention; 4) Establish a community learning collaborative; and 5) Create a safe space for trauma processing and community healing.

Keynote speaker Dr. Alicia Moreland-Capuia provided a historical trauma framework to elucidate the theory that “the cycle of violence (all forms, including gun violence) cannot be broken and healing will not begin if trauma is left unaddressed.”

The 5-hour forum featured opening and closing sessions, musical performances and five breakout sessions: 1) Strengthening families as a means of preventing violence; 2) Intimate partner violence and interpersonal violence; 3) Turning on thyself: Uncovering deep emotional pain; 4) Fear, trauma and the police; and 5) Young, scrappy and hungry: Unleashing youth potential.

Participants communicated that they saw OHSU/PSU’s role to include:

- Building stronger community partnerships, offering prevention resources through websites and provider networks, and providing continuing education about cultural competence
- Leading training efforts that focus on a trauma-informed care approach and de-stigmatizing mental health problems
- Introducing stories of people who have healed from depression and suicidal ideations, working to address isolation and shame

The Portland Metro Community Forum was attended by 203 participants. In post-forum evaluations, the vast majority (95%) of respondents were satisfied/very satisfied with the forum; 67 percent rated the opening session as excellent and 33 percent as good. Of written comments submitted from all five breakout sessions, 69 percent expressed specific ‘gains’ about what participants reported learning, and 98 percent expressed specific ‘desires’ about more that participants felt could be done, including improvements facilitated by OHSU and PSU, in future work around gun violence prevention.
Forum #3: Portland Business Community Forum, June 2017

Forum #3 was a two-hour program consisting of a keynote address and panel discussion. Participants included corporate representatives, community leaders, representatives from state, county and city government, and OHSU and PSU faculty, students and staff.

Keynote speaker John Rosenthal illustrated how his high profile marketing campaign about the impact of gun violence brought city and state leaders as well as gun owners, dealers and manufacturers to the table. This effort resulted in improved gun safety laws and reduced death and injury rates from gun violence in Massachusetts. He summarized Oregon’s higher gun-related death and injury rates and lack of comprehensive gun safety legislation, framing the challenge and opportunity for forum attendees.

“As a business person, I am an absolute believer that businesspeople working with government can solve any problem that exists. In Boston and Massachusetts, I brought that model to homelessness prevention, gun [violence] prevention and opioid [addiction/overdose] prevention.”
– John Rosenthal

An estimated 75 people attended the Business Forum. In post-forum evaluations, the vast majority (96%) of respondents were satisfied/very satisfied with the forum. Of written comments submitted, 64 percent expressed specific ‘gains’ about what participants reported learning, and 93 percent expressed specific ‘desires’ about more that participants felt could be done, including improvements facilitated by OHSU and PSU, in future work around gun violence prevention.

For Forums 1-3 together, 78 percent of comments combined expressed ‘gains’ about what participants learned, while 92 percent of comments combined expressed specific ‘desires’ for doing more in the future, including specific improvements that could be facilitated by OHSU-PSU.

Summary

After its inaugural year, and based on experiences and feedback from the three forums, the Advisory Committee has identified the following possible future directions and strategies for continuing their work beyond the forums.

1. Expand the base of stakeholders thru statewide collaborations;
2. Leveraging existing partnerships to both identify and advance potential funding opportunities;
3. Convene a series of community forums in rural parts of the state with an emphasis on the type of violence most relevant to the demographic populations;
4. Build website to establish and streamline access to a repository on public health research, strategies, educational guides, emerging or best practices, legislation and public policies that lead to the reduction of all forms of gun violence.
5. Expand awareness and access to: a) trauma informed and/or mental health services and b) community support services for families and others surviving the loss of a loved one due to violence.

The Advisory Committee sees these efforts as taking years, if not decades, in order to have meaningful, long-term, positive impact. The directions/strategies are therefore not limited to what the committee looks to do in just 2017-2018, but are part of a long-term plan that will evolve more comprehensively over time. The committee considers this report a starting place of ideas.
GUN VIOLENCE AS A PUBLIC HEALTH ISSUE
2017 REPORT

COWARDICE ASKS THE QUESTION - IS IT SAFE?
EXPEDIENCY ASKS THE QUESTION - IS IT POLITIC?
VANITY ASKS THE QUESTION - IS IT POPULAR?
BUT CONSCIENCE ASKS THE QUESTION - IS IT RIGHT?
AND THERE COMES A TIME WHEN ONE MUST TAKE A POSITION
THAT IS NEITHER SAFE, NOR POLITIC, NOR POPULAR;
BUT ONE MUST TAKE IT BECAUSE IT IS RIGHT.

DR. MARTIN LUTHER KING, JR.
"All of us at OHSU are torchbearers. We take on the biggest threats to human health, casting light into the darkest parts of our universe, inspiring hope. One of the ways we do this is by becoming a more inclusive community that can respond to violence and racism with compassion, humility and intelligence. This means not only acknowledging that violence is a preventable public health issue, it means understanding that violence can be a reflection of greater structural problems in society."

- Dr. Joe Robertson, OHSU President
1.1 - INTRODUCTION

Historically, America has tolerated the ill effects of deadly violence facilitated by guns. This chronic neglect has contributed to an unacceptable rate of gun violence experienced in cities across the U.S. From shootings by and against police to mass shootings, gun violence is emblematic of social inequities, an end result of inequality and a story too often about race and hate. This clearly expanding national epidemic and image of gun violence permeates all sectors of society, including academic institutions such as Oregon Health & Science University (OHSU), an academic medical center dedicated to healing others, to advancing the frontiers of scientific knowledge, and to teaching and diversity.

Between 2014 and 2016, shootings involving African-American men and law enforcement officers have spanned the nation including California, Dallas, Ferguson, Oklahoma, Baton Rouge, Minnesota, Ohio, Massachusetts, Baltimore, and Portland, Oregon. Despite comprising only two percent of the total U.S. population, in 2015 African-American males between the ages of 15 and 34 accounted for more than 15 percent of all deaths involving the use of deadly force by police. The rate of police-involved deaths among African American males was five times higher than among white males of the same age. Paired with official government mortality data, these numbers indicate that about one in every 65 deaths of a young African American man in the U.S. is a killing by police. Estimates suggest that, in 2015 alone, between 258 and at least 306 Black people were killed by U.S. police.

Self-directed gun violence is also a major public health issue. Suicide-related deaths comprise approximately two-thirds of all gun violence fatalities in the U.S. On average, approximately 58 Americans die by gun-related suicide each day. Patterns of gun-related suicide counter those of homicide in many ways: rates are highest among older white men and in rural areas. However, the root causes of homicide and suicide, including hopelessness, despair, and access to guns during times of hopelessness and despair, are often the same.

In Oregon, an average of 456 people die annually from gun-related injuries, a rate of 11.7 per 100,000. The majority of these gun injury deaths is a result of suicide, followed by homicide and, more distantly, by “legal intervention” and unintentional shootings. The highest gun injury death rates occurred in non-Hispanic white males age 65 and older (38.7 per 100,000), due to suicides, and among young non-Hispanic African American males, ages 15 to 44 (34.8 per 100,000), due to homicides.

On June 12, 2016, 49 individuals were killed and many others wounded in a hate crime inside Pulse, a gay nightclub in Orlando, Florida. OHSU leadership responded with an institution-wide statement expressing condolence, solidarity and support towards members of the LGBTQIA community who may have lost a colleague, friend or family member and who also may be experiencing secondary trauma and fear.
In a statement, OHSU Leadership stressed a commitment to equity in patient care delivery, diversity and inclusion throughout its educational, clinical and research communities and that everyone, no matter their gender, gender identity, race, ethnicity, religion or disability should feel safe. The statement concluded with a list of resources where employees, faculty, and students could go for emotional support.

Less than a month later, five police officers were fatally shot and others wounded in Dallas, Texas, following a peaceful Black Lives Matter protest against police killings in Baton Rouge, Louisiana, and Falcon Heights, Minnesota. This series of events prompted OHSU President Joe Robertson to step forward in his DirectLine (newsletter to the OHSU community) to speak about the epidemic of gun violence across our nation, the impact that gun violence has on the medical community, and the need for healing and positive action. “A community of people dedicated to healing must sometimes turn its attention to healing each other,” he wrote. The President stressed that a more inclusive community could respond to violence and racism with compassion, humility and intelligence by acknowledging that violence is a preventable public health issue; that violence is a reflection of greater structural problems in society; and that the threat of trauma from violence affects all aspects of the university including patients. He also boldly committed OHSU to a more effective action agenda against gun violence.

Consequently, in October 2016, 100 OHSU leaders, faculty, staff and students gathered to mark an institution-wide commitment and the launching of an initiative to address gun violence as a public health issue. Additionally, OHSU joined other peer organizations to call on Congress to lift the perceived “ban” on CDC funding of gun violence prevention research.

OHSU is positioned, as a research university and public health leader, to address gun violence as a preventable public health issue, particularly within Oregon. OHSU’s mission is to improve the health and wellbeing of all Oregonians. As an academic medical center committed to excellence, innovation, leadership and diversity in health care, education and research, OHSU will use research and innovation talents to understand and address this epidemic.
1.2 - ADVISORY COMMITTEE

Background

In October 2016, an Advisory Committee on Gun Violence as a Public Health Issue was formed. The Advisory Committee comprised subject matter experts who are students, faculty, staff from OHSU, the OHSU-Portland State University (PSU) School of Public Health, and a broad array of community stakeholders representing county, state and city government, mental health, advocacy, and non-profit and volunteer outreach programs. Its primary objective was to convene a series of public forums on Gun Violence as a Public Health Issue across OHSU, PSU and metro-Portland communities.

Specifically, the goals for the GVPHI initiative were to convene three forums to: 1) enhance knowledge, disseminate information and identify opportunities for OHSU and community partners to reduce gun violence, including addressing the social and societal conditions that contribute to it; 2) increase awareness and address the broader determinants of gun violence in the form of homicide, suicide and intimate partner violence; 3) promote empathy and healing within and across institutions, workplaces and communities; and 4) support transparent, honest and ongoing conversations about race relations and implicit bias on our campuses.

The GVPHI Advisory Committee adopted a broad working definition of ‘gun violence’ based on a contemporary use of the term, in which any incidents of shootings – intentional or unintentional, fatal or nonfatal – were included. The committee perceived all gun-related injuries to be violent in nature, regardless of intent. Additionally, the committee focused on the upstream, common causes of all types of shooting events, given the public health and primary prevention focus of its members. Thus, gun violence topics ranged from officer-involved shootings to suicide to unintentional shootings by children, although the overarching focus was on homicide and assaults.

Formation and Composition

Thirty-two individuals representing injury prevention, violence prevention, emergency medicine, surgery, nursing, public health, emergency medicine, pediatrics, professional associations, federal and state government agencies, social media, marketing and communications, domestic violence, suicide, homicide, veterans, mental health and trauma-informed care, law enforcement/campus security, clergy, and community based organizations were among the initial list of invitees.
Framing Broad Purpose and Direction

Given the wide range of disciplines, variability in familiarity with the subject of Gun Violence as a Public Health Issue and other competing concerns, framing gun violence through the lens of public health was an initial and ongoing priority for the GVPHIAC. OHSU and PSU public health and clinical and social sciences faculty provided lectures to strengthen knowledge and increase understanding about the public health framework that stressed that gun violence is not inevitable but preventable, and about the intersection of racism, police brutality, and violence in the African American community, history of guns in America, and the impact of gun-related injury and fatalities in both communities, emergency rooms and hospital settings.
Guiding

Several key questions were introduced early to guide our work to help clarify what individuals can do through the lens of public health: What can I do? What will it take? What is the unique contribution of this committee? Also, those questions were used to inform the work of three forum subcommittees.

Subcommittee Focus Areas, Scope, and Goals

Three forum subcommittees representing the campus community, greater Portland community, and the Portland business community were established to identify risk factors and sustainable solutions addressing:

• Individual roles and responsibility – amplifying the discussion about historical trauma and ways to create a safer and more trusting culture through healing, inclusion, and equity;
• Institutional factors – examination of racial tensions in workplace, classroom and broader communities;
• City-wide factors – identify strategies to increase diversity and to ensure inclusion and equity in employment, income, education, and housing across the city and state; and
• Recommendations for policies, public health interventions, and partnerships involving our campuses, local neighborhoods and state-wide communities (e.g., climate engagement, curriculum and faculty development, sustainable healing? and listening sessions, inclusion of local community members as stakeholders in support of academic and corporate sector businesses).

Three community forums were held between January 2017 and June 2017. Community forums were designed separately for the OHSU and PSU campus community, the broader Portland community and the Portland business community.
CHAPTER TWO

COMMUNITY FORUMS
The OHSU Center for Diversity and Inclusion presented a forum on Gun Violence as a Public Health Issue on January 25, 2017, for OHSU and PSU community members. More than 140 people attended.

(OHSU/Kristyna Wentz-Graff)
Objectives, Scope and Focus

The Gun Violence as a Public Health Issue Advisory Committee focused the first of the three forums on ‘home’ – the OHSU and PSU campus communities – to address gun violence in Oregon communities from the perspective of public health. The aim was to inform the statewide conversation toward a reduction in gun-related injuries and deaths through public health research, training, and practice. Forum goals were to demonstrate a strong commitment to gun violence prevention from both institutions, engagement of the broader campus communities, and development of long-term, strategies for Portland and greater Oregon. Additionally, the committee sought to improve the universities’ approach to addressing race, power, and marginalization within campus communities.

Forum Planning Process

The Campus Communities Forum was a 4-hour program featuring the following themes:
- Establishing a framework for gun violence as a public health issue
- Gun violence is preventable, not inevitable
- Connecting the dots between multiple forms of violence
- History of gun violence, social unrest and neighborhood destabilization in Black communities
- Working together to prevent violence in our communities
- Predicting, preventing and surviving gun violence while protecting rights of law-abiding citizens
- Healthcare provider wellness and strategies to engage patients on gun safety

The following themes were discussed for this first forum:
The forum included expert presenters, an expert panel, facilitated breakout groups, and a summary closing session. Equality Works Northwest was enlisted as a community partner.

Format and Structure

The event was a 4-hour program centered primarily around an expert speaker and the breakout sessions. The program included the following components:
Welcome and opening remarks from Dr. David Bangsberg, founding dean, OHSU-PSU School of Public Health and Dr. Joe Robertson, OHSU President. Dr. Bangsberg shared data on the gun violence epidemic and called for respectful conversation and a fact-based public health approach. Dr. Robertson conveyed the university’s commitment to serving the public good and improving the health and well-being of Oregonians, framing the work to address gun violence as an important component of this commitment. These remarks demonstrated OHSU’s and PSU’s dedication to the issue and welcomed engagement of the entire campus communities.

Dr. Brian Gibbs, OHSU Vice President of Equity and Inclusion, gave a presentation entitled “Gun violence as a public health issue” in which he framed the initiative’s vision and purpose, proposed a framework for preventing gun violence, described the interplay between public health and medicine in addressing the issue, and shared historical and contemporary issues in underserved communities. Dr. Gibbs closed his presentation with a very personal story of the death of his nephew, Justin Lyles Gibbs, from gun violence.
Breakout groups were led by expert facilitators (see Appendix A), with one hour of open conversation on the group’s theme and one hour to work toward action items and recommendations. Four breakout groups addressed the following topics:

- Race, power and marginalization: The convergence of different beliefs, different experiences, and different worlds when discussing gun violence.
- When gun violence hits home, identities matter: How politicization, group identities, and intersectionality determine a person’s experience with and interpretation of gun violence.
- Overcoming silence: Discussing exposure to trauma, secondary trauma, and vicarious trauma from gun violence.
- Overcoming silos and silence for medical professionals: Impacts of gun violence on patient and clinical care teams, including emotional and mental health impacts.

To honor everyone's privacy, participants were asked to not share anything said in the meeting to anyone outside the meeting, not using identifying details when sharing stories about others, and taking a five-minute personal break if needed.

A team of 13 professionally-trained support givers were available to provide emotional support as needed during the forum.

**Audience and Venue**

The Campus Community Forum was held on Jan. 25, 2017, at the Collaborative Life Sciences Building, which is a building shared by OHSU and PSU and located on the South Waterfront of Portland.

The audience included students, faculty, and staff at OHSU and PSU, including professors, adjunct faculty, administrators, physicians, nurses, and support staff. The forum was attended by 144 participants from the OHSU and PSU campus communities: 96 from OHSU, 22 from PSU, and 26 from the OHSU-PSU School of Public Health.

**Communications and Outreach**

Resource materials about the forum were compiled and posted on the OHSU News Hub for use by media and other interested external audiences and to raise awareness internally. The OHSU Strategic Communications team used the following platforms to promote the forum:

- Reached out to all major print and broadcast outlets as well as relevant community media, including personal pitches and invitations to select journalist.
- Utilized OHSU/PSU social channels.
- Launched Facebook and LinkedIn ad campaigns targeting local business leaders.

**Forum Evaluation Data**

Advisory Committee members created a 2-page paper evaluation for the Campus Community Forum. Of 144 attendees, 88 (61%) completed evaluations: 46 in breakout session #1, “Race, Power, and Marginalization,”

Selected results of post-forum written evaluations are summarized in Appendix C. Most evaluation respondents identified as female (72%). There was a fairly even distribution between faculty members (24%), other university staff (38%), and students (26%). A large proportion identified as a member of a marginalized community (39%).

The vast majority (98%) of evaluation respondents endorsed being satisfied/very satisfied with the overall forum. Among those who attended the opening session, 58 percent rated it as excellent and 39 percent as good.

**Qualitative Data**

Eighty-eight (88) of 144 participants returned evaluations. Fewer also wrote comments addressing one or more of five open-ended qualitative questions about what participants learned, how their work or studies were affected, how they were personally affected, what future improvements they suggest, and any other general input. Written comments from these five questions were reviewed, coded and tabulated as to whether the participant expressed a ‘gain’ from or a ‘desire.’ For all four breakout sessions combined, 85 percent expressed ‘gains’ in comments about what participants learned, while 85 percent expressed specific ‘desires’ about more that participants felt could be done, including improvements facilitated by OHSU and PSU, in future work around gun violence prevention.

Below are selected quotes from participants:

“I will be more aware of patients’ history when it comes to trust and violence.”

“I want to be more involved in advocacy as a medical provider. In medicine we have powerful voices.”

“I work with students in marginalized neighborhoods. I hope to take thoughts from this evening to my students.”

“Increased representatives/voices related to diverse perspectives of guns [were needed], e.g. conservation.”

“Making this more trauma-informed would be helpful as many people drawn to the talk may have experienced gun violence.”
2.2 – PORTLAND METRO FORUM

Objectives, Scope and Focus

The objective of the Portland Metro Community Forum included: 1) To acknowledge, honor and appreciate the significant violence prevention efforts rendered in the community; 2) To convene community stakeholders and encourage greater coordination and consolidation of our collective efforts; 3) To inform the community of OHSU-PSU’s desire to join the larger community efforts, offering academic, research and clinical assets to assist in violence prevention; 4) To establish a community learning collaborative; and 5) To create a safe space for trauma processing and community healing.

The subtext of the Community Forum was addressing historical trauma. The working theory was that the cycle of violence (including gun violence) cannot be broken and healing will not begin if trauma is left unaddressed. Many studies confirm this sentiment. (Gone, 2009)

Forum Planning Process

In order to involve the larger community in the planning of the Portland Metro Area Community Forum, the committee connected with the Community Peace Collaborative (CPC). The CPC is a group of committed partners that meet regularly to develop solutions, interventions and prevention strategies to reduce violence and crime in Multnomah County. CPC partners include: federal and local law enforcement and prosecution services; state and county juvenile and adult justice authorities; city bureaus; public/private crime prevention and security organizations; public/private housing organizations; public/private education and training organizations; businesses; faith communities; neighborhood coalitions and associations; civic organizations; and public/private health and social services. CPC invited the OHSU/PSU GVPHI Advisory Committee and the OHSU Communications Team to participate in their meetings for three consecutive months, which allowed the committee to authentically engage with the larger community, learn, and educate on the purpose of the forum.

Format and Structure

The forum featured five breakout sessions. Two core questions were posed in each breakout group: 1) What do you think it will take to move an entire community to a place of complete healing? 2) What role do you for see

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for OHSU and PSU in helping communities heal?

There were also counselors available in each group to assist with emotional overflow that might emerge from discussing trauma/violence. Community organizations represented include: Multnomah County Health Department; African-American Coalition on Health; OHSU Avel Gordly Center for Healing; Community Peace Collaborative; Self Enhancement Incorporated (SEI); OHSU-PSU School of Public Health; Mom’s Demand Action; Gun Owners for Responsible Ownership; Mayors Office of Youth Violence Prevention; Multnomah County Department of Community Justice; ACHIEVE/REACH; Healing Hurt People Portland; Physicians for Social Responsibility; Striving to Reduce Youth Violence Everywhere (S.T.R.Y.V.E), PSU Office of the President; and OHSU Spiritual Care Team, Trauma Informed Oregon.

The 5-hour agenda included one hour for lunch and fellowship, and the following program:

The Opening Ceremony included a live band lead by Saeeda Wright singing the song “Powerful” while community partners who work in violence prevention and Gun Violence as a Public Health Issue Advisory Committee members processed down two long aisles carrying signs that read their organization’s name. The processional was intended as a display of the type of community partnerships OHSU-PSU can forge and convene.

Brian Gibbs, Ph.D., M.P.A., OHSU Vice President of Equity and Inclusion, provided the welcome speech. He highlighted specific themes around gun violence as a public health issue that can be prevented. He presented the purpose of our gathering to include greater community collaboration and healing. He then introduced Antoinette Edwards, Director of Youth Violence Prevention for Mayor Wheeler and respected community leader, who served as our emcee for the day. Ms. Edwards asked the audience to stand and facilitated a powerful African tradition of Speaking of Names to honor the lives that were lost to gun violence. It was powerful and emotional because it demonstrated that almost everyone in the room had been impacted in some way.

The keynote speech was presented by Dr. Alisha Moreland-Capuia, Executive Director, OHSU Avel Gordly Center for Healing. She discussed the intersection of fear, trauma and the path to healing. She described the neurobiology of fear, and its connection to trauma and Maslow’s hierarchy of needs, as follows: When individuals are in fear, they are effectively living in the bottom part of their brain. Trauma happens (neurobiologically) when fear never shuts off, when the predominant response is one of survival. If trauma is not addressed, individuals do not think clearly, IQ suffers, and they have coordination problems. From that perspective, violence and aggression take place. Dr. Moreland-Capuia said that gun violence does not happen in a vacuum, but instead is associated with poverty, racism, joblessness, homelessness and other factors. Dr. Moreland-Capuia pointed out that Maslow’s hierarchy of needs teaches us that you cannot satisfy needs like love, self-esteem and creativity until basic needs like food and safety are taken care of. Understanding people’s needs paints a more nuanced picture and moves us closer to a path of improved solutions and healing.

Five breakout sessions topics are as follows (see Appendix A for names of expert facilitators):

• Strengthening families as a means of preventing violence: Explore the impact that violence has on families and explore ways to break the cycle of violence/intergenerational trauma via strengthening families.
• Intimate partner violence and interpersonal violence: The issues of domestic violence.
• Turning on thyself: Uncovering deep emotional pain: The issue of suicide to include precipitating/mitigating factors and prevention.
• Fear, Trauma and the Police: Police shootings and the deeper social and psychological factors that lead to potential excessive use of force/violence. It also addressed the reality that police officers and individuals subject to a police shooting are dealing with fear – in essence, dealing with fear on fear response.
Attendees of the Portland Metro Community Forum joined hands in solidarity. The forum, held on April 22, 2017, at the Highland Christian Center, was the second part of a series of forums on gun violence as a public health issue. (OHSU/Tracy Brawley)

Members of the Gun Violence as a Public Health Issue Advisory Committee gathered on stage holding signs of names of their organization. (OHSU/Tracy Brawley)

Vocalist Saeeda Wright inspired the crowd with her singing. (OHSU/Tracy Brawley)
• Young, scrappy and hungry: Unleashing youth potential: Issues that most challenge the youth of today, but would also uncover the strengths of our current generation and how they can use their ‘super powers’ for the greater common good.

At lunchtime, roundtables were set up to encourage greater fellowship and conversation. Participants discussed the sessions they engaged in and began to generate ideas for what another community forum could look like.

The closing session was a time for reflection. Group facilitators first gave reports on their respective sessions. Then Rochelle Hart offered powerful spoken word. Dr. David Bangsberg, Dean, OHSU-PSU School of Public Health, and Dr. Brian Gibbs encouraged attendees to use the energy built from the day to continue to power their important work. Saeeda Wright and her band closed the session with a rendition of Andra Day’s song “Rise Up.” The entire community stood together in a circle and held hands in solidarity. This healing circle served as an exceptional exclamation point for the forum. Lyrics to “Rise Up” can be found in Appendix B.

Audience and Venue

The Portland Metro Community Forum was held on April 22, 2017, at the Highland Christian Center in Portland, Oregon. The event attracted 203 attendees.

Most evaluation respondents identified as female (64%). There were more attendees from community agencies and the community (58%) than from OHSU and PSU (33%) with nine percent of evaluations not stating an affiliation. A large proportion (47%) identified as a member of a marginalized community.

Communications and Outreach

Proactive news media engagement secured 10 featured placements that positively raised awareness of, and attendance to, the community forum. News outlets include: The Asian Reporter, KATU, The Oregonian, The Skanner, KGW, OPB, Oregon Voter Digest, Patch, KPTV, and Ghetto Rise Media. Posts to the OHSU Facebook page received more than 800 active engagements. The live stream of the opening ceremony received 3,000 views and 134 active engagements.

Forum Evaluation Data

Forum Evaluation Data Advisory committee members created a 2-page paper evaluation for the forum. Of 203 attendees, 115 (57%) completed evaluations: 13 in breakout session #1, “Strengthening Families, etc.,” 13 in breakout session #2, “Intimate Partner Violence, etc.,” 13 in breakout session #3, “Turning on Thyself: Uncovering Deep Emotional Pain, etc.,” 66 in breakout session #4, “Fear, Trauma and the Polices,” and 4 in breakout session #5, “Young, Scrappy, and Hungry: Unleashing the Potential, etc.”

The vast majority (95%) of evaluation respondents endorsed being satisfied/very satisfied with the overall forum. Among those who attended the opening session, 67% rated it as excellent and 33% as good.

Qualitative Data

One hundred and fifteen of 203 participants returned evaluations. Fewer also wrote comments addressing one or more of four open-ended qualitative questions. Written comments from four open-ended qualitative questions were reviewed, coded and tabulated as to whether the participant expressed
a ‘gain’ from or a ‘desire’ related to attending the forum. Of written comments submitted from all five breakout sessions combined, 69 percent expressed specific ‘gains’ about what participants reported learning, and 98 percent expressed specific ‘desires’ about more that participants felt could be done, including improvements facilitated by OHSU and PSU, in future work around gun violence prevention. Selected results of post-forum written evaluations are summarized in Appendix D.

Below are selected quotes from participants at the Portland Metro Community Forum:

"... to reaffirm my commitment to do my part in empowering broken people to heal."

"I didn't look at all the aspect of 'Public Health.' I was surprised gun violence being viewed as 'Public Health.'"

"Wonderful – the spontaneous circle was so heart-touching!"

"Craving more of these conversations in communities. I've been fortunate enough to study critical race theory, so on that front it was nice to see it was made more publicly available."

"It pushed my comfort zone."

"It helped me to better understand the overwhelming trauma my community is experiencing and putting names to what me and my family have been through."

"Gun violence impacts various communities – so where were the Latinos, Asian voices?"

"While CERT is vital in this conversation, what about categorization social ID theory? What about sexism, ageism, classification? I think I was looking for more. Sorry."
Objectives, Scope and Focus

As a major employer, OHSU sees the impact of gun violence on our bottom line – from employee safety and wellness, to increased health care costs and lost productivity. The purpose of the third and final community forum was to convene area business professionals to explore the role business can play in reframing the narrative from the inevitability of violence to its prevention.

Forum Planning Process

The following themes and goals were discussed for the Business Community Forum: creating a business case for gun violence as a public health issue, stress impact on retiring “older” white male workforce and their risk factors for suicide, and provide clear translation of impact and next steps.

Format and Structure

Unlike the other two forums, this third forum did not include breakout sessions. It featured a keynote speaker and panel discussion.

Keynote speaker John Rosenthal illustrated in words, pictures and data how his high profile marketing campaign about the impact of gun violence brought city and state leaders as well as gun owners, dealers and manufacturers to the table and changed gun safety laws and death and injury rates from gun violence for the better in Massachusetts. He then summarized Oregon’s higher gun-related death and injury rates and lack of comprehensive gun safety legislation, framing the challenge and opportunity for the state. “As a business person,” he said. “I am an absolute believer that businesspeople working with government can solve any problem that exists.”

Panelists each added a key perspective:

Dr. Lori Morgan from Legacy Emanuel Hospital shared her experience as a trauma surgeon and about a young man injured in a shooting. The young man impressed upon her the misguided priorities of spending millions to sew up gunshot victims yet send them back to an environment where violence continues, rather than addressing the underlying needs of communities. This incident prompted her to advocate for systems change. “There was not another way for him,” said Dr. Morgan. “Dealing drugs was the only way he could see to be successful. He could’ve fixed the problem. He needed the help and influence to be something different. We patched him up and sent him out. Two years later, he was murdered.”

Dr. Liana Winett from OHSU-PSU School of Public Health shared her research around how we frame gun violence in a narrow manner that
focuses on blame (gangs, mental illness, social isolation, video games) instead of causes such as racism and access to guns. “We have a very difficult time in our culture talking about guns and ammunition and about racism and the role it plays.”

Dr. Kathleen Carlson from OHSU-PSU School of Public Health talked about her revelations from growing up in rural Oregon, where guns are an everyday part of life, while becoming drawn to the field of injury prevention. She shared the story of her grandfather dying by gun-related suicide to illustrate an example of the largest group of gun violence victims in Oregon, white men over age 65. “I remember telling my dad to get all those guns out of Grandpa’s house,” she said. "Dad said to me sheepishly, ‘Sweetheart, we couldn’t take all of the man’s guns from him.’ The last thread of independence is represented by a firearm.”

Greg Goodwin, the former CEO at Kuni Automotive, shared his perspective as businessman having to institute active shooter training at his company. “I can’t understand how we’ve gotten to this point,” he said. “We can’t continue to move on. We have to stop and say it’s enough.” He discussed his work with Friends of the Children, a Portland nonprofit that provides paid, professional mentors for children K-12 with an impressive success rate. The program has kept 93 percent of its children out of the juvenile justice system and helped 85 percent graduate high school.

**Audience and Venue**

The business forum was held on June 20, 2017, at the OHSU-PSU Collaborative Life Sciences Building in Portland, Oregon. About 75 people attended, including about 11 people who came without pre-registering.

Approximately half of evaluation respondents identified as female (54%). Affiliations listed by respondents included the names of five businesses, seven governmental agencies and seven professional and community organizations, in addition to OHSU, PSU and the OHSU-PSU School of Public Health.

One-fourth (25%) of participants identified as a member of a marginalized community.

**Communication and Outreach**

Media coverage to promote the event included: Portland Business Journal, KXL Radio, KEX Radio.

**Form Evaluation Data**

Advisory committee members created a two-page paper evaluation for the forum. Of an estimated 75 attendees, 28 (37%) completed evaluations for the entire forum.

The vast majority (96%) of evaluation respondents endorsed being satisfied/very satisfied with the overall forum. Among those who attended the keynote speech, 96 percent rated it as either good or excellent, while 96 percent said the
panel discussion was either good or excellent.

Qualitative Data

Evaluation respondents also wrote comments addressing one or more of four open-ended qualitative questions about what participants learned, how the forum has impacted participants’ thoughts from a business community perspective, what future improvements they suggest, and any other general input. Selected results of post-forum written evaluations are summarized in Appendix E. Comments from these four questions were reviewed, coded and tabulated as to whether the participant expressed a ‘gain’ from or a ‘desire’ related to attending the forum as a whole. For this forum, 64 percent of comments expressed ‘gains’ in what participants learned. Although only 11 percent of comments offered specific ‘desires’ for improvements in future work, including those that might be facilitated by OHSU and PSU, 93 percent also expressed ‘desires’ in participants’ comments about being personally affected by the forum that potentially relate to future work around gun violence prevention (see example quotes from comments below).

“I learned more about the ease of gun purchase and how to advocate for change in Oregon.”

“Changing the conversation/frame: gun safety vs. bans. MA was awesome example and inspiring. Panel was a great mix/representation of public health and business.”

“We need to form a broad coalition!”

“It’s a result of the keynote speaker, how the business community can impact gun violence without relying on the federal government.”

“Wish there was more information related directly to businesses.”

“Keep it going – bring these forms back at least annually. The community, the business & the OHSU events, please. Don’t lose this momentum. Don’t let $ stand in the way – please prioritize this work and don’t let your excellent beginning be wasted. This effort is incredibly significant. Thank you & much pride in our CDI + OHSU.”
CHAPTER THREE

MOVING FORWARD
3.1 - LESSONS LEARNED

Though the Gun Violence as a Public Health Issue Advisory Committee generally focused on homicide, the focus shifted toward suicide for the Business Community Forum. The audience typically comprised people who were interested in gun violence, guns and public health, and gun safety. The committee did not necessarily reach gun owners, those with less progressive political opinions about guns, and people living in rural Oregon.

In addition, we learned about:
• The need for community partnerships
• Prevention can’t start in the emergency room
• Gaps to address in future work (for example, suicide)
• The context of doing this work in an urban center

3.2 - RECOMMENDATIONS

Any work done to leverage research and academic expertise on the issue of gun violence as a public health issue should be rooted in listening to the needs of the community and building and partnerships with groups already doing this work. Academia cannot by itself solve the problem of gun violence, but has the potential to provide unique, powerful contributions to augment and support existing community efforts.

Community Involvement

Ensuring continued community involvement requires having people at the table who look like members of the community. Some ways to involve the community include:
• Expand to other parts of the state, particularly rural areas
• Perform community-based research to determine community interests, concerns and motivations related to engagement
• Build capacity to engage with impacted communities and colleagues, with the goal of developing champions across the state
• Create a road show or mobile think tank to present to and generate discussions about trauma-informed gun violence approaches among colleagues, law enforcement, community health workers and others
• Develop jargon-free messaging for use with community members, gun owners and others
• Create an evidence-based skills training, maybe online, to teach trauma-informed skills such as mindfulness, emotion regulation and interpersonal communication
• Continue to host community forums
• Create a policy agenda or map for the Oregon legislature, following the Massachusetts model
• Create a spinoff program on race, implicit bias and other forms of hatred
• Launch a practice-based research collaboration, including the communities most impacted

Capacity Building in Affected Communities and within Oregon’s Public Health System

The Advisory Committee recommends supporting existing efforts by working together and strengthening partnerships with public health agencies and organizations, such as state, tribal, and local governmental and non-governmental public health entities, as well as regional health systems (e.g., Providence and others). Be sure to include organizations that are reacting to being over-policed, such as Don’t Shoot Portland, PDX Resistance and Race Talks. The Advisory Committee also recommends meeting with advocates such as Ceasefire Oregon, as well as Portland Police Chief Danielle Outlaw and others in law enforcement to listen to their primary concerns to help identify what kind(s) of research or academic effort may be most helpful to them.

Broaden Dissemination of Information

The Advisory Committee believes that we can expand our reach by:
• Presenting at the Oregon Public Health Association Conference
• Presenting to chambers of commerce and other community stakeholders in five areas of the state, with the support and assistance of a business leader who has volunteered to help
• Both could allow the advisory committee to earn support for policy proposals, funding or assistance disseminating information
• Themes will include trauma-informed healing, engaging local businesses and building a broader base

Leverage Institutional Academic and Research

Given the education nature of OHSU and PSU, there are opportunities to leverage institutional academic and research expertise through the following means:
• Scientific research: There is potential to perform a systematic review about the committee’s work or a related topic. The research may involve a gap analysis that investigates the role of community involvement in gun violence research. It may be possible to add something novel to this realm of research by asking questions in a new way. After the business community forum, the first step would be performing a review of the comments from all three forums. This would inform development of the questions that would guide the research. The Advisory Committee should consider doing a systematic review that includes community-generated questions.
• Resource library: Advisory Committee member Laura Zeigen will create a resource library to assemble citations and resources in a central area, either on Endnote or Box. Committee members would be able to add to the library. An academic librarian would assist people who
want to do additional research in this area.

- Develop age-appropriate gun safety education tools: Use institutional expertise in partnership across institutions and with community to develop training.
- Curriculum development: The School of Public Health could offer a certificate in gun violence prevention or community-based participatory research. The curriculum could require interaction with the communities that the students want to serve to help break down barriers and preconceptions. However, it is important to build personal connections before performing research or training, or to recruit people from the community to learn to do this work.

**Build Awareness for Issues of Structural Racism**

The issue of gun violence relates to the issue of race and the gap in understanding and shared experience among different groups of people. While we focus on the inclusion of the African-American community, we may shift focus away from those who have privilege and don't appreciate losing it. It's important to incorporate both sides. The term “social justice” is complicated because it means something different to everyone and is a buzzword. It's important to figure out how to communicate about these issues, including addressing the misconception that racism is a thing of the past. Frames that focus on “equal access to opportunity” have been shown to be the most effective. Valor and fear could also be effective frames. It's important to note that there is no one solution to all of this.

**Shifting Focus**

The writing group discussed the possibility of shifting the strategic direction from gun violence to a related area such as gun safety or mental health. By shifting to gun safety, we could avoid the political volatility around issue of gun access. By shifting to mental health, we could address broader issues that affect the health and business communities. No consensus was reached. Concerns, challenges and potential actions are summarized in Appendix F.

**Center for Gun Violence Prevention vs. Center for Injury Prevention**

Participants discussed whether to recommend creating a center that focuses on gun violence prevention or more broadly on injury prevention. They reached a consensus to focus on gun violence prevention. The following summarizes the discussion on this point:

- Focusing on injury prevention allows more elasticity in focus

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According to a 2017 study in *Pediatrics*, nearly 1,300 children in this country die from gun-related injuries every year, making it the third leading cause of death for U.S. children.
• An injury prevention focus may be more politically viable
• The Northwest Public Health Training Center at the University of Washington is already designated by the federal government as the regional hub of injury prevention, so focusing on gun violence would stand out
• An injury prevention focus would walk back the advisory committee's focus on national events around racism, discrimination, Black Lives Matter and mass shootings
• Focusing on gun violence prevention would be a more game-changing approach
• Focusing on injury prevention would dilute the original message this effort was born out of
• We want to own this niche and accept the political challenge
• Gun violence is not a big part of the larger discussion on public health and prevention—but it should be
• The forums provided a picture of where gun violence fits in Portland and our society—the traumas, its connection with racism
• Thinking beyond Portland, most of Oregon is rural, and guns have a different role in rural areas (suicide, part of culture, etc.)

3.3 - CHALLENGES

Moving forward on this work requires time and money. It depends on generous time contributions of many people. Currently, there is limited funding for the second year of the advisory committee. In the meantime, the State of Oregon is working to solve its fiscal crisis, which limits our ability to pursue more funding. Another major barrier is the lack of federal money, in part prohibited by Congress since 1996. A related challenge is longstanding misperceptions that other federal funding resources might be in jeopardy if state, tribal, and local agencies work on this issue.

In addition, the work does not have a short-term solution and will require long-term sustained efforts to adequately address issues and ensure that our approach meets the needs of varying audiences.

3.4 - FINAL REFLECTIONS

Through the process of working on and convening the three forums in 2017, the Gun Violence as a Public Health Issue Advisory Committee and the OHSU-PSU School of Public Health learned how all our interests intersect, how to get out of our departmental silos, how to leverage existing community partnerships, and how we need to base our offerings and actions on expressed community needs. Valuable work has been done and more valuable work could be done between OHSU and PSU to help support communities in Oregon around issues related to gun violence as a public health issue.

The Advisory Committee hopes to continue to provide opportunities to promote dialogue, partnership-building, and effective actions to prevent future gun violence across all of Oregon's communities.
Appendix A
Breakout group facilitators

Appendix B
Lyrics of song from Portland Metro Community Forum

Appendix C
Campus Community Forum evaluation summary

Appendix D
Portland Metro Community Forum evaluation summary

Appendix E
Portland Business Community Forum evaluation summary

Appendix F
Notes on discussion to shift gun violence to related area
APPENDIX A
BREAKOUT GROUP FACILITATORS

**Campus Communities Forum**

Kenya Budd, EquityWorks NW
Matt Chorpenning, M.S.W., EquityWorks NW
Sally Eck, M.A., EquityWorks NW
Amelia Harati, B.A., EquityWorks NW
Michael Hulshof-Schmidt, M.S.W., EquityWorks NW
Jennifer Linnman, Ph.D., L.C.S.W., EquityWorks NW
Krystal Ngene, M.S.W., EquityWorks NW
Juanita Range, EquityWorks NW
Diane Solomon, Ph.D., M.A., EquityWorks NW
John Wolfe, L.C.S.W, EquityWorks NW

**Portland Metro Community Forum**

Kimberely Dixon, M.M.O.L., Enough is Enough PDX
Erin Fairchild, M.S.W., Multnomah County
Libra Forde, Ph.D., M.B.A., Self Enhancement Inc.
Frank Franklin, Ph.D., J.D., M.P.H., Multnomah County Health Department
Brandon Hardaway, M.S.W., Q.M.H.P., OHSU Avel Gordly Center for Healing
Michelle Lewis, C.S.W.A, M.S.W., OHSU Avel Gordly Center for Healing
Shea Lott, Ph.D., OHSU Avel Gordly Center for Healing
Ryan Petteway, Ph.D., M.P.H., OHSU-PSU School of Public Health
"What's Going On" by Marvin Gaye

Mother, mother
There's too many of you crying
Brother, brother, brother
There's far too many of you dying
You know we've got to find a way
To bring some lovin' here today, eheh
Father, father
We don't need to escalate
You see, war is not the answer
For only love can conquer hate
You know we've got to find a way
To bring some lovin' here today, oh oh oh
Picket lines and picket signs
Don't punish me with brutality
Talk to me, so you can see
Oh, what's going on
What's going on
Yeah, what's going on
Ah, what's going on
In the mean time
Right on, baby
Right on brother
Right on babe
Mother, mother, everybody thinks we're wrong
Oh, but who are they to judge us
Simply 'cause our hair is long
Oh, you know we've got to find a way
To bring some understanding here today
Oh oh oh
Picket lines and picket signs
Don't punish me with brutality
C'mon talk to me
So you can see
What's going on
Yeah, what's going on
Tell me what's going on
I'll tell you what's going on, ooh ooo ooo ooo
Right on baby
Right on baby

"Rise Up" by Andra Day

You're broken down and tired
Of living life on a merry go round
And you can't find the fighter
But I see it in you so we gonna walk it out
And move mountains
We gonna walk it out
And move mountains
And I'll rise up, I'll rise like the day
I'll rise up, I'll rise unafraid
I'll rise up
And I'll do it a thousand times again
And I'll rise up, High like the waves
I'll rise up, In spite of the ache
I'll rise up
And I'll do it a thousand times again
For you, For you, For you, For you
When the silence isn't quiet
And it feels like it's getting hard to breathe
And I know you feel like dying
But I promise we'll take the world to its feet
And move mountains
We'll take it to its feet
And move mountains
And I'll rise up, I'll rise like the day
I'll rise up, I'll rise unafraid
I'll rise up
And I'll do it a thousand times again
For you, For you, For you, For you
All we need, all we need is hope
And for that we have each other, And for that we have each other
We will rise, We will rise
We'll rise, oh oh, We'll rise
I'll rise up, Rise like the day
I'll rise up, In spite of the ache
I will rise a thousands times again
And we'll rise up, Rise like the waves
We'll rise up, In spite of the ache, We'll rise up
And we'll do it a thousands times again
For you oh oh oh oh, For you

Songwriters: Alfred W Cleveland / Marvin P Gaye / Renaldo Benson
Songwriters: Cassandra Monique Batie / Jennifer Decilveo
APPENDIX C
CAMPUS COMMUNITIES FORUM EVALUATION SUMMARY

144 participants
60% completed evaluations

Question Key

What I learned at the forum will impact…
1 The way I interact with others who think differently than me
2 The way I think about race, privilege, or marginalization
3 The way I think about gun violence
4 Policy work and/or advocacy
5 Teaching
6 Research
7 Public health practice
8 Clinical work

strongly disagree  disagree  neither  agree  strongly agree

Session 1 Race, Power, & Marginalization, n = 45*

Session 2 When Gun Violence Hits Home, n = 17*

Session 3 Overcoming Silos, n = 14*

Session 4 Overcoming Silos for Providers, n = 12*

* Responses left blank are included in the graphs
### APPENDIX D
PORTLAND METRO COMMUNITY FORUM EVALUATION SUMMARY

203 participants  
57% completed evaluations

**Question Key**

| Feedback on specific aspects of the day… |  
|-----------------------------------------|---|
| 1 I know more about the resources available to me and my family after attending this forum |  
| 2 The way I think about gun violence has changed |  
| 3 I learned more about trauma |  
| 4 I felt connected to the people in the breakout session |  
| 5 Today’s theme of “healing” reached me |  

**Session 1 Strengthening Families as a Means of Preventing Violence n = 13**

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<tbody>
<tr>
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**Session 2 Intimate Partner Violence and Interpersonal Violence n = 13**

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**Session 3 Turning on Thyself: Uncovering Deep Emotional Pain n = 7**

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**Session 4 Fear, Trauma, and the Police n = 66**

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**Session 5 Young, Scrappy, and Hungry: Unleashing Youth Potential n = 4**

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<tr>
<td>strongly disagree</td>
<td>disagree</td>
<td>neither</td>
<td>agree</td>
<td>strongly agree</td>
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</tbody>
</table>

* Responses left blank are included in the graphs  
‡ Miscellaneous evaluations (n = 13) without break-out session not included

1 The food was reasonable  
2 Childcare was adequate
APPENDIX E
PORTLAND BUSINESS COMMUNITY FORUM EVALUATION SUMMARY

nearly 100 registered participants
28 completed surveys
18 groups represented:

☐ Business Community Name:
- Happiness Foundation
- Legacy Health
- SRG Partnership
- Signature Health (local business)
☐ Community Agency Names:
- Peace Collaborative
- Partners in Diversity
- Portland Public Schools
- Oregon Medical Association
- South Portland Neighborhood Association
- Korean American Health Professionals Alliance (KAHPA)
- Korean American Coalition (KAC)

☐ Government Agency Name:
- TSA/DH/Port of Portland
- City of Hillsboro
- City of Portland/Mayor Office
- SAIF
- Oregon Business Development Department
- MCHD
- Community Advocate

□ N/A

Question Key

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<th>Feedback on specific aspects of the day…</th>
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<tr>
<td>1 The breakfast was reasonable</td>
<td></td>
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<tr>
<td>2 I know more about the resources available to me and my family after attending this forum</td>
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</tr>
<tr>
<td>3 The way I think about gun violence has changed</td>
<td></td>
</tr>
<tr>
<td>4 Today’s theme of “Leadership, Innovation, and Impact” reached me</td>
<td></td>
</tr>
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- strongly disagree - disagree - neither - agree - strongly agree - n/a
APPENDIX F
NOTES ON DISCUSSION TO SHIFT GUN VIOLENCE TO RELATED AREA

The writing group discussed the possibility of shifting the strategic direction toward gun safety to cater to a broader, statewide audience, while avoiding the political volatility around the issue of access to guns. It could also open the door to potentially train healthcare professionals to talk with their patients about gun safety at home. They did not reach a consensus. The following summarizes the discussion.

Participants raised the following concerns about this strategy:
- Lack of clarity about how effective a focus on gun safety is; for example, a study presented at the Oregon Public Health Association conference last year indicated that many gun owners find these types of conversations insulting
- Lack of relevance in Oregon, where most gun deaths are suicides, which may not be affected by gun safety measures
- Difficulty connecting gun safety with last year’s work, which did not focus on gun safety
- Indirect connection to issues such as mental wellbeing and suicide, which are primary concerns in Oregon

Potential actions around gun safety include:
- Research on the bill or law that allows a person to seek legal assistance removing a gun from a family member they believe to be at risk of shooting someone
- Identifying gun owners who are in favor of gun safety measures and strategizing about how to engage their support

The writing group also discussed the possibility of shifting the focus in 2017-18 toward mental health and wellbeing. It would allow us to address the suicide epidemic in rural communities and substance abuse. They did not reach a consensus. The following summarizes the discussion:

Participants raised the following concerns about this strategy:
- Lack of openness to the idea of needing mental health support among gun-owning communities
- Ideas of masculinity and the gendered nature of gun ownership do not predict someone seeking help
- The community may not be sophisticated enough to connect substance abuse to mental health and suicide
- Even with an understanding of mental health issues, there may not be sufficient access to services in rural communities

Potential actions around mental health and wellbeing include:
- The School of Public Health could set up a funding stream to recruit and train people from communities with a high rate of gun violence, with the hope that they return to their communities afterward and help support them
- Engage younger people because the biggest increase in suicide is among people aged 15-24 and because they can be a tipping point for longer-term, more sustainable change
- Utilize a trauma-informed approach
- Engage local county health departments
- Engage Dr. Kathleen Carlson and other experts to collaborate and identify the communities most impacted by gun violence in Oregon, and find out if those are also the communities with the highest gun ownership rates. Then set up a deliberate recruitment plan for residents of those communities to attend OHSU or PSU and be trained to address these issues.
  - Some of the $1.7 million scholarship fund for PSU students who are the first in their families to attend college could be earmarked for this program.
  - There would need to be some assurance that a program like this would benefit the school and that the
students recruited are academically prepared.

- A limitation is that the universities could not tell students what to major in or what to do with their careers.
- A benefit is that the students would work on this topic in their communities for a minimum of the four years they are in college.

- Set up teams in highly impacted counties that include experts such as doctors, epidemiologists and graduate students who are from the community and understand local issues.
- To get kids interested in the topic and help with recruitment, create curricula for middle and high school students around epidemiology and public health.
- Leverage funding streams for STEM learning in high school to finance curriculum development.