

2021 Annual Report to the Legislature

Assembly Bill 521

The BulletPoints Project

CALIFORNIA FIREARM VIOLENCE RESEARCH CENTER AT UC DAVIS



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Executive Summary

In November 2019, the California Firearm Violence Research Center at UC Davis established the BulletPoints Project to develop, disseminate, and evaluate a curriculum to teach medical and mental health providers about firearm injury prevention. In 2021, our BulletPoints team expanded our educational content, broadened our delivery methods to a larger audience, and commenced evaluation of our program.

Our website now includes over 30 sub-pages and over 350 resources for clinicians in California and nationwide. We initiated a well-attended monthly webinar series and our team members gave more than twenty presentations to healthcare organizations around California and across the US. We also created online continuing education workshops and courses for different types of clinicians, and co-authored 16 peer-reviewed publications in the medical literature. Our website and social media presence have established us as a go-to resource on firearm injury prevention for healthcare providers across the country.

Evaluation of BulletPoints efforts shows that our reach continues to grow, and that our presentations and webinars have had a positive impact on participants' knowledge and skills. Participants also report an increased intent to integrate more firearm injury prevention efforts into their patient encounters.

In the future we plan to continue developing evidence-based educational materials, further evaluate the effectiveness of our curriculum, and expand our audience. The firearm violence prevention curriculum we have developed fills a large void in health education, and has been received with great interest and enthusiasm from a diverse array of healthcare professionals across the nation. We look forward to continuing to shape the future of firearm injury prevention.

Amy Barnhorst, MD

BulletPoints Project
Annual Report to the State Legislature

January 2022

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Introduction

The majority of clinicians feel that preventing firearm injury is within the scope of their practice. However, most clinicians do not routinely assess their patients for risk of firearm injury or counsel at-risk patients, often citing lack of knowledge and training in the topic of firearm injury risk assessment and prevention. Access to firearms itself is a significant risk factor for suicide, homicide, and other injury, and clinicians are uniquely poised to help patients mitigate that risk by having informed, risk-based, politically neutral discussions with them.

During the COVID-19 pandemic, firearm purchases increased, as did risk factors for suicide, unintentional firearm injury, and intimate partner violence. This confluence makes the BulletPoints Project's work—expanding education and training to improve clinician familiarity with the benefits and risks of firearm ownership, safety practices, and how to communicate with patients about firearm injury prevention—more relevant than ever.

Passed in 2019, California Assembly Bill 521 requires the California Firearm Violence Research Center at UC Davis (CFVRC) to develop multifaceted firearm violence prevention education and training programs for clinicians to reduce the risk of firearm injury and death in their patients. CFVRC established the BulletPoints Project to create, implement, and evaluate this curriculum.

California Penal Code § 14237 requires the following annual report to the Legislature on specified activities of the BulletPoints Project:

“On or before December 31, 2020, and annually thereafter, the University of California shall transmit programmatic and financial reports on this program to the Legislature, including reporting on funding and expenditures by source, participation data, program accomplishments, and the future direction of the program. The report shall be submitted in compliance with Section 9795 of the Government Code.”

This report to the Legislature includes BulletPoints Project accomplishments, progress, and engagement and evaluation data from January through September 2021, as well as a description of future directions.

Diversity, Equity, and Inclusion

The BulletPoints Project is committed to diversity, equity, and the inclusion of people of all races, ethnicities, genders, sexual orientations, ages, political ideologies, religions, physical abilities, socio-economic statuses, and other differences for which people have been discriminated against, marginalized, or treated unequally. We engage a diverse group of expert consultants to review all materials; ensure that people of different identities and backgrounds are represented in our content; highlight populations disproportionately affected by firearm injury and death; address the structural and social causes of these health disparities; and utilize a variety of modalities to create an accessible learning environment for all learners.

2021 In Brief

Our Mission

The BulletPoints mission is to teach medical and mental health care providers how to reduce the risk of firearm injury in their patients. Our conceptual model guides our efforts toward our long-term goal of reducing firearm-related morbidity and mortality ([Appendix 1, Figure 1](#)).

Our Team

Our team includes multidisciplinary professionals with expertise in many areas that are key for the design, implementation, and evaluation of firearm injury prevention curriculum ([Table 1](#)).

Table 1. BulletPoints Core Team and Expert Consultants		
Name	BulletPoints role	Area of expertise
Amy Barnhorst, MD	Director, BulletPoints	Emergency psychiatrist, leading medical educator, expert in firearm violence, suicide, and mental illness
Garen Wintemute, MD, MPH	Director, CA Firearm Violence Research Center at UC Davis	Emergency medicine physician, leading researcher on firearm violence, Baker–Teret Chair in Violence Prevention at UC Davis
Rocco Pallin, MPH	Director of Education	Firearm injury prevention curricula and firearm policy evaluations
Angela Bayer, PhD	Project Manager	Public health project design, implementation, and evaluation
Amanda Aubel, MPH	Research Data Analyst	Firearm violence research and evaluation
Hilary Gonzales, MPH	Project Policy Analyst	Trauma-informed work for violence prevention
Rameesha Asif-Sattar	Project Policy Analyst	Firearm violence research, community-based clinical work
Kara Toles, MD	Director of Equity and Inclusion	Emergency medicine physician, expert in diversity, inclusion, equitable care, and cultural humility
Megan Ranney, MD, MPH	Expert Consultant	Physician, firearm violence research, clinical prevention
Emmy Betz, MD	Expert Consultant	Physician, firearm violence research, clinical prevention
Chris Barsotti, MD	Expert Consultant	Physician, firearm violence prevention, engaged in firearm community
Alex McCourt, JD, PhD	Expert Consultant	Public health lawyer, firearm policy and violence
Julia Weber, JD, MSW	Expert Consultant	Domestic violence, firearm violence, protective orders
Mike Sodini	Expert Consultant	Firearms industry, intersection of firearms and mental health, engaged in firearm community
Deborah Son, MSW	Expert Consultant	Social work, violence prevention
Nabil Hassan El-Ghoroury, PhD	Expert Consultant	Clinical psychology, marriage and family therapy
Jeffrey Martin Pearl, MD	Expert Consultant	Program director of the UC Davis physician assistant program, medical education
Daniel Konecky, MA	Educational Designer	Online learning strategy and course design

BulletPoints is currently engaging new consultants to serve as local champions for disseminating the curriculum. BulletPoints also continues to involve consultants who have

expertise in curriculum development, active members of the firearm community, and specialists with a variety of clinical training (e.g., nursing, nurse practitioner, physician assistant, social work, marriage and family therapy, and psychology).

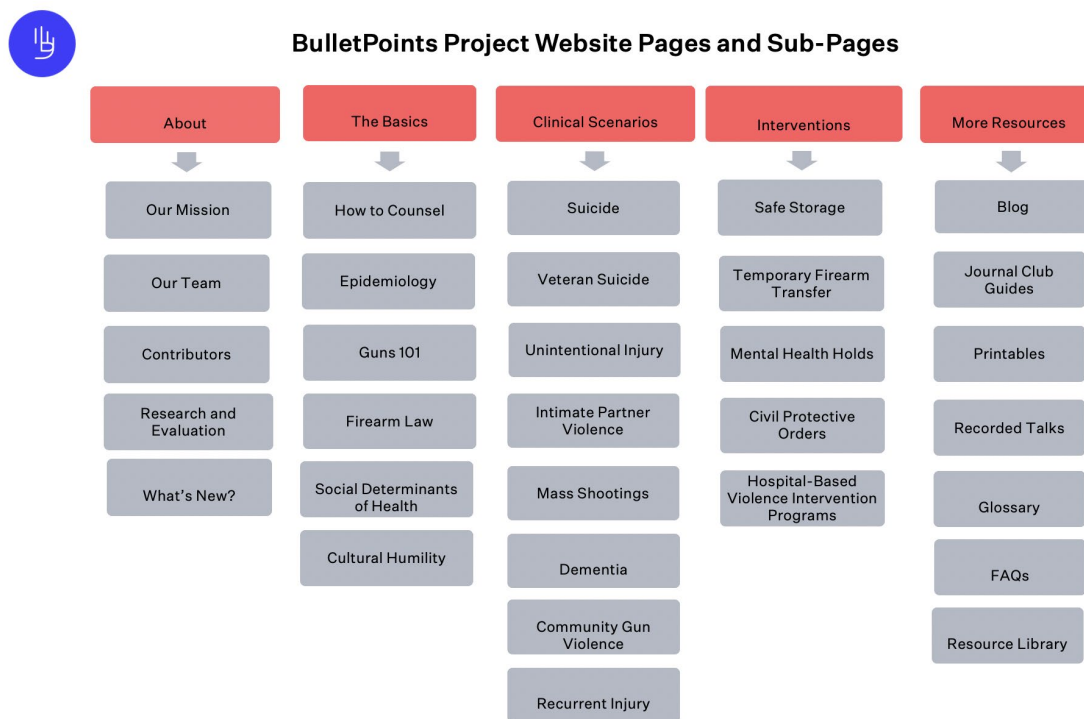
Our Curriculum

From January through September, BulletPoints impacted thousands of educators, clinicians, and public health advocates across the nation. We reached an estimated 16,575 individuals through our website, presentations, webinars, YouTube videos, and mailing list, as well as social media followers and engagements. We also touched an additional 299,765 people, through social media impressions and reach.

Website

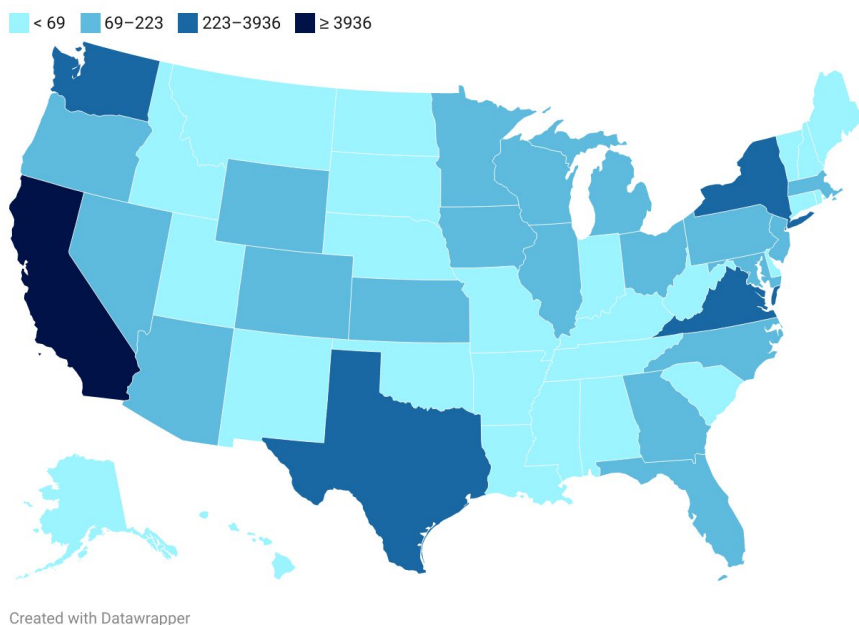
In October 2020, we launched BulletPointsProject.org to serve as a resource for clinicians in California who care for patients at risk of firearm injury. The website provides the best available evidence-based information and tools for clinicians to identify risk for firearm-related harm, have culturally-appropriate and respectful conversations with patients about the risks of firearm access, and intervene as appropriate. The website was a collaborative effort by our multidisciplinary team. ([Figure 1](#) presents an at-a-glance map of our website. [Appendix 1](#), [Figure 2](#) features a snapshot from our webpage.)

Figure 1. BulletPoints Website



From January through September, 9,441 users across 133 countries and all 50 US states (and Washington, DC) visited our website ([Figure 2](#)). Website users initiated 12,591 sessions and viewed an average of 1.9 pages per session. In total, our website received 23,925 page views.

Figure 2. Number of BulletPoints Website Users by US State (January 1—September 30, 2021)



Webinar Series and Presentations

BulletPoints reached clinicians from many different professions through its webinar series and presentations. Of the attendees surveyed, 25% were students or residents, 21% were physicians, and 19% were psychologists ([Appendix 1, Table 1](#)).

BulletPoints hosts a monthly webinar series on relevant topics presented by experts in short, online, lunchtime talks that are open to the public ([Table 2](#)). A total of 207 people attended the five webinars and 240 people viewed the YouTube recordings. ([Appendix 1, Figure 3](#) features a snapshot of a webinar flyer.)

Among the 125 webinar attendees who completed our exit poll, 83% said they had learned something new. One in four (25%) and one in ten (14%), respectively, said they intended to change their teaching and clinical practice. More than half (59%) felt more confident or prepared to discuss firearm injury prevention ([Appendix 1, Figure 4](#)).

Table 2. BulletPoints Webinar Series Topics, Speakers, Attendees, and YouTube Views				
Webinar Topic	Month	Speaker(s) and Affiliation	Number of Attendees	Number of YouTube Views
What Clinicians Can Do	May	Rocco Pallin, MPH, BulletPoints Project	56	76
Epidemiology of Firearm Violence	June	Garen Wintemute, MD, MPH, BulletPoints Project	54	57
Extreme Risk Protection Orders	July	Amanda Aubel, MPH and Amy Barnhorst, MD, BulletPoints Project	32	38
Guns 101 & Firearm Storage	August	Jake Wiskerchen, MFT, NCC, Walk the Talk America	42	57
Dementia & Firearms	September	Emmy Betz, MD, MPH, Firearm Injury Prevention Initiative, Injury and Violence Prevention Center, University of Colorado Anschutz Medical Campus	23	12
Veteran Suicide	October	Brian Tate Guelzow, PhD, San Francisco VA Healthcare System	X*	X*
Note. *The October webinar attendee and YouTube view data is not included in our reach numbers since those numbers are through September 30.				

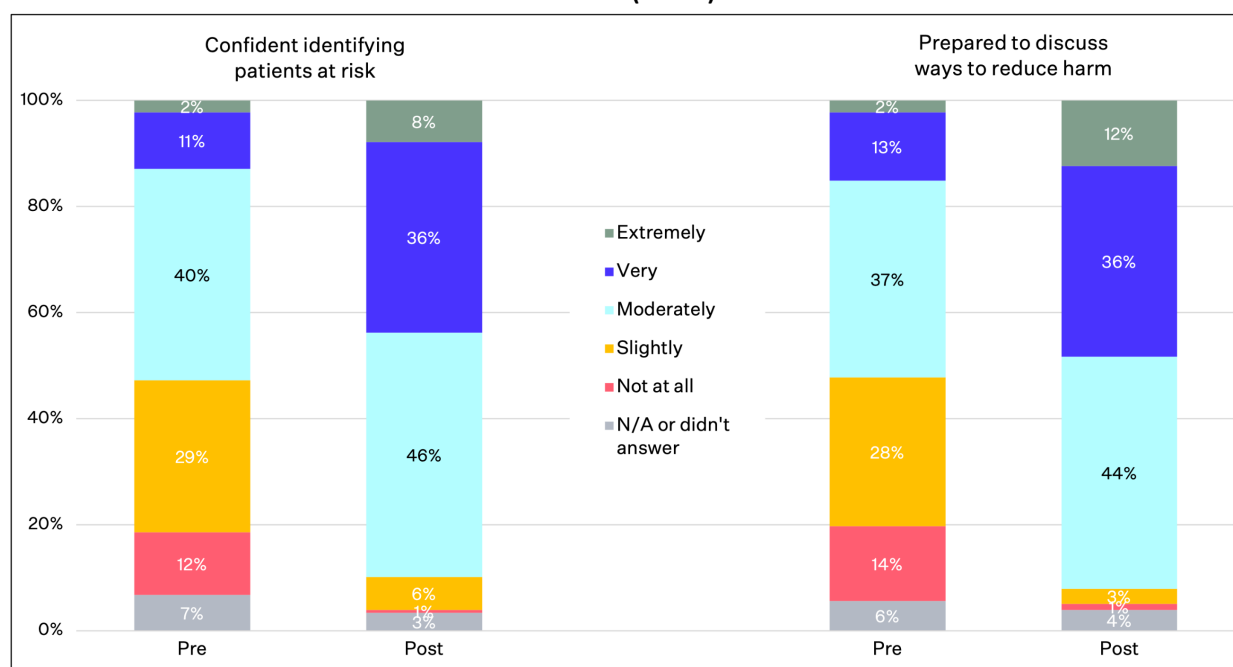
From January through September, the BulletPoints team gave 21 presentations at a wide variety of conferences and events for clinicians, medical trainees, injury prevention and public health experts, researchers, advocates, and the public (see detailed List of Presentations in [Appendix 2](#)). At the 19 presentations for which we had this information, there were an estimated 1,072 attendees.

Among the 170 presentation attendees who completed surveys, their experience with firearms varied: 51% had never owned a firearm and 27% had never used a firearm, while 9% currently owned a firearm and 17% had grown up around firearms ([Appendix 1, Figure 5](#)).

Most presentation attendees (87%) reported learning “a good bit” or “a great deal” from the presentation. When asked how useful the presentation content was for their practice or other professional development, 88% said it was “a good deal” or “extremely” useful. Nearly all participants said they were somewhat (38%) or extremely (52%) likely to change their practice or teaching after attending the presentation.

There were notable improvements in presentation attendees’ confidence and preparedness in this topic. The percentage who felt moderately to extremely confident in their ability to identify patients at risk and engage them in harm-reduction conversations increased by 37 and 40 percentage points, respectively, after attending the presentation ([Figure 3](#)):

Figure 3. BulletPoints Presentation Attendees' Self-Efficacy in Identifying Patients At Risk and Having Harm Reduction Conversations Before and After Presentation (n=178)



Note. N/A means the participant is not currently in clinical practice.

Presentation attendees also demonstrated substantial increases in knowledge between the pre- and post-survey. Their knowledge about legal restrictions around clinicians discussing firearms with patients and the recommended approach for having these discussions increased by 43 and 30 percentage points, respectively. Their knowledge of the epidemiology of firearm injury, reasons for firearm ownership, and safe firearm storage also increased, by 15 to 36 percentage points.

Continuing Education

BulletPoints is in the final stages of developing a continuing education (CE) course, titled *Preventing Firearm Injury: What Clinicians Can Do*. This comprehensive course on clinical strategies for firearm injury prevention, which is accredited by the American Psychological Association for 1 CE unit and the California Medical Association for 1 AMA PRA Category 1 CreditTM, will be available on-demand for medical and mental health professionals in late 2021.

The objective of the *Preventing Firearm Injury* CE course is to educate clinicians on how to identify patients at increased risk for firearm injury and intervene appropriately for the level and type of risk. It was developed using an iterative process in close consultation with our interdisciplinary team of expert consultants ([Table 1](#)). The course focuses on five clinical scenarios in which risk reduction efforts can help prevent firearm-related injury and death: suicide, dementia, intimate partner violence, mass shootings, and unintentional injury. Video

vignettes illustrating clinician-patient encounters are presented and discussed by a narrator. Participants in the course answer questions to show their learning.

BulletPoints has also created CE workshops, titled *What Mental Health Clinicians Can Do to Reduce Firearm Violence and Suicide*, for the California Association of Marriage and Family Therapists and for the American Psychological Association. These one-hour didactic sessions are currently hosted online by each organization for members to access on demand.

Social Media and Outreach

BulletPoints has established a social media presence on Twitter (@BulletPtsProj), Facebook (@BulletPtsProj), LinkedIn (The BulletPoints Project at UC Davis), and Youtube (The BulletPoints Project at UC Davis) to regularly engage with our audience and stakeholders, share timely information and resources with the public, drive website traffic, and develop relationships with experts.

As of September 30, 2021, BulletPoints had 614 followers on Twitter, 60 followers on Facebook, and 43 followers on LinkedIn ([Table 3](#)). From January through September, our posts made 297,820 impressions on Twitter and LinkedIn and reached 1,945 people on Facebook. We also received 2,867 engagements and 574 link clicks across the three networks.

Table 3. BulletPoints Twitter, Facebook, and LinkedIn Performance Metrics (January 1—September 30, 2021)						
	Number Reached	Number of Impressions	Number of Engagements	Number of Link Clicks	Number of Posts	New Followers
Twitter	--	296,370	2,519	475	300	260
Facebook	1,945	--	216	30	65	37
LinkedIn (Aug-Sep)		1,450	132	69	12	44

Note. Reach (Facebook) is the estimated number of unique people who have seen a post. Impressions (Twitter, LinkedIn) are the number of times a post is displayed on a screen. Engagements are the number of interactions with posts, which includes likes, replies and retweets (Twitter), comments and shares (Facebook, LinkedIn), and link clicks. For Twitter, the number of posts, impressions, and engagements include only the first tweet in threads.

On Twitter, we post a monthly “Tweutorial,” which is a thread of 10-12 educational tweets on a core or timely firearm injury prevention topic. ([Appendix 1, Figure 6](#) features a snapshot of one of our Tweutorials.) During 2021, our five Tweutorials made an average of 16,925 impressions and received an average of 98 engagements. For the three Tweutorials that were also posted on Facebook, these reached 216 people and received 16 engagements on average.

As of September 30, 2021, we had 2,031 subscribers on our BulletPoints mailing list. The four 2021 BulletPoints newsletters were opened a total of 878 times and received 97 clicks on the different links they shared.

During 2021, BulletPoints distributed our branded resources to three large healthcare organizations seeking to implement firearm injury prevention in their clinical settings. These included BulletPoints handouts and infographics that could be modified for co-branding by the organizations.

Publications

From January through September, the BulletPoints team co-authored 16 scholarly publications on the causes, consequences, and prevention of firearm violence and suicide as well as firearm ownership, purchasing, and policies. An additional seven manuscripts have currently been submitted or are under review (see detailed List of Publications in [Appendix 3](#)).

Publicity

In 2021, we collaborated with the media and were featured in news stories to spread the word about BulletPoints and to direct people to our website. These appearances included:

- March 30, 2021 – [Chadi Nabhan invited Dr. Amy Barnhorst and Rocco Pallin](#) to discuss the intersection of mental illness and gun violence in his podcast, Healthcare Unfiltered.
- May 4, 2021 – [Dr. Amy Barnhorst wrote an Op-Ed](#) on the rising number of public mass shootings during the COVID-19 pandemic, and how clinicians can intervene when a patient is at risk of mass violence.
- May 13, 2021- Dr. Amy Barnhorst appeared on the podcast [Dose of Dr. Drew](#) for a conversation on mental illness and gun violence.
- May 8, 2021 - The Denver Post spoke with BulletPoints about [the launch of the state-funded center](#) during a time when new gun policies are being created post-mass shootings and the lack of existing federal research.
- July 6, 2021 – [Dr. Joe Pierre at Psychology Today](#) discussed the gun violence epidemic during the COVID-19 pandemic while citing data from the BulletPoints website.
- September 23, 2021 – Shannon Firth discussed the fifth episode of the [BulletPoints webinar series in MedPage Today](#). The episode, on “Dementia and Firearms,” featured presenter and BulletPoints expert consultant Dr. Emmy Betz.

Future Directions

As we move into 2022, our team is focused on developing additional evidence-based, tailored, and widely disseminated materials to continue educating California’s medical and mental health care providers on preventing firearm injury. We will also be rigorously evaluating the reach and the effectiveness of our curriculum. In addition, we plan to engage with new stakeholders, including members of the firearm community and first responders, to better reach those at risk of firearm violence or suicide.

One of our goals is to create a downloadable educational toolkit from our content that can be implemented in a variety of healthcare education settings. This includes discussion guides for seminal journal articles on firearm violence prevention, video vignettes of patient cases in which firearm violence should be addressed by the provider, and sets of PowerPoint slides covering various subtopics. We currently have plans to deliver that toolkit to three medical schools interested in implementing a mandatory two-hour firearm violence prevention course. Once these courses are live, we will evaluate their effectiveness by observing the participants in interviews with standardized patients after completing the class to measure how much their knowledge and behavior has changed.

Currently we are embarking on a project to engage firearm owners and gun shops in California in firearm suicide prevention education. We are also planning an in-person symposium in the spring to train more medical educators on our materials and support them in implementing the materials in their curricula. We look forward to expanding our evaluation efforts, and to partnering further with the many healthcare organizations interested in utilizing our material.

The BulletPoints Project is educating clinicians across California on firearm injury prevention, and has curated a unique, thorough, and easily accessed resource that is widely available to clinicians. Our team looks forward to continuing to grow our materials, broaden our audience, and shape the future of firearm-injury prevention.

2021 BulletPoints Expenditure Report

Current Expenditures

BulletPoints current expenditure allocations reflect the continuation of content delivery through virtual mode.

Personnel expenditures during the second year represent 80% of expenditures from December 1, 2020 through September 30, 2021. Supplies and other expenses totaled 19% of expenses and include website development, continuing medical education, professional services, and other miscellaneous supplies. Travel expenses were significantly less than expected because of COVID-19 and represent less than 1% of expenditures.

EXPENDITURES FROM 12/01/2020 TO 09/30/2021				Total
PERSONNEL (salaries & benefits)				\$ 220,678.24
SUPPLIES AND EXPENSES				\$ 53,181.71
Website Development	\$	4,625.00		
Continuing Medical Education	\$	42,306.25		
Professional Services	\$	3,315.00		
Other Miscellaneous Supplies	\$	2,935.46		
TRAVEL				\$ 2,082.42
TOTAL EXPENDITURES				\$ 275,942.37

Future Expenditures

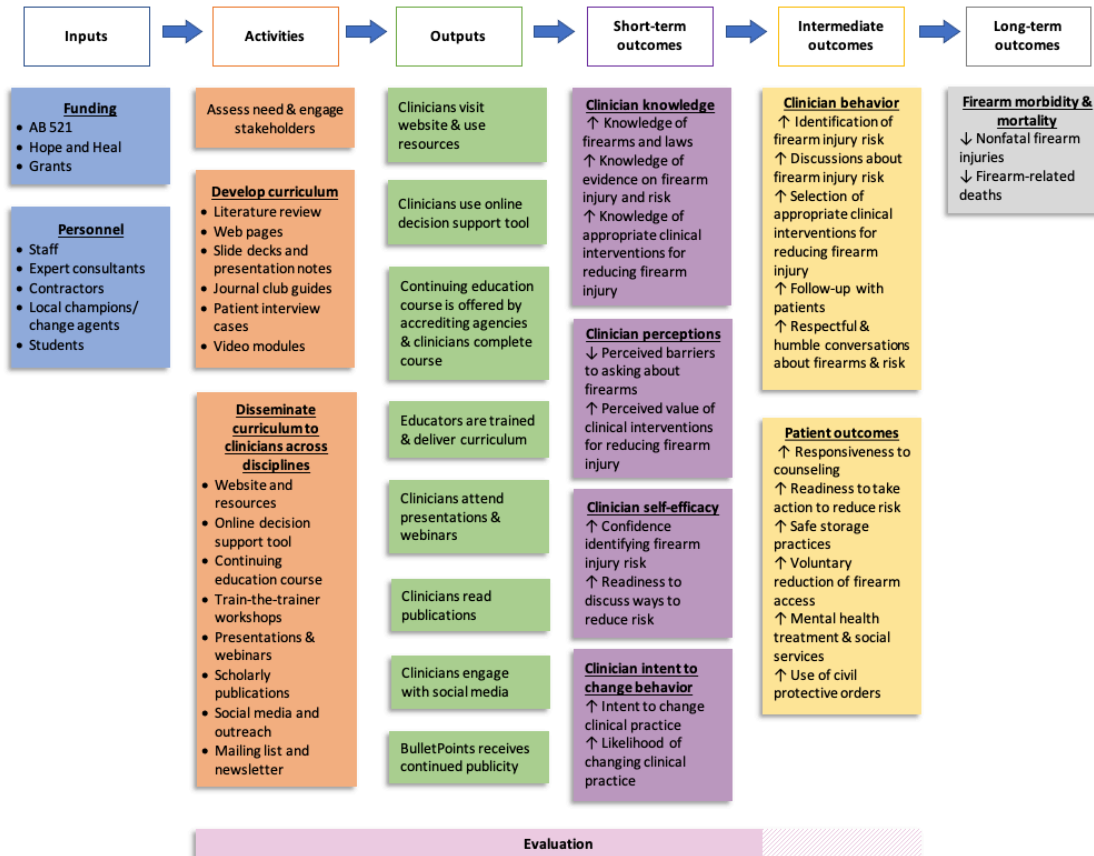
Future expenses are anticipated to increase as we reinstate travel plans to host or participate as lead organizers and presenters in conferences, symposia, and other in-person events. Given the success and availability of our online resources, we anticipate further leveraging of technology through more web content, decision-making support tools, video vignettes for educators to use in the classroom, downloadable articles with discussion questions, and other resources.

The expansion of program evaluation will also incur costs as we hire standardized patients to participate in learner-patient encounters to test trainees' knowledge and skills after receiving the BulletPoints curriculum and compensate staff for study design and data analysis.

We also have plans for a program to engage new stakeholders, including members of the firearm community, in our suicide prevention education. Additionally, we hope to host the in-person Train-the-Trainer workshop we had planned pre-COVID in the spring of 2022.

Appendix 1. BulletPoints Materials, Tables, and Figures

Appendix 1 Figure 1. The BulletPoints Project Conceptual Model (as of September 30, 2021)



Appendix 1 Figure 2. BulletPoints Webpage Snapshot



Clinicians should talk to parents and caregivers about risk of unintentional firearm injury and how to reduce it.

Unintentional firearm deaths happen more frequently in the US than in other countries.¹ For every unintentional firearm death, there are about 83 unintentional nonfatal injuries caused by firearms across the country.² These preventable injuries and deaths may have long-lasting psychological consequences for victims, families, and communities. The risk of unintentional firearm injury can be reduced by safely storing all firearms unloaded, locked up, and separate from ammunition, or by removing them from one's home. For owners who keep a firearm loaded for self-protection, rapid-access secure storage methods may be preferred.

Appendix 1 Table 1. BulletPoints Presentation & Webinar Attendees' Professions (n=292)

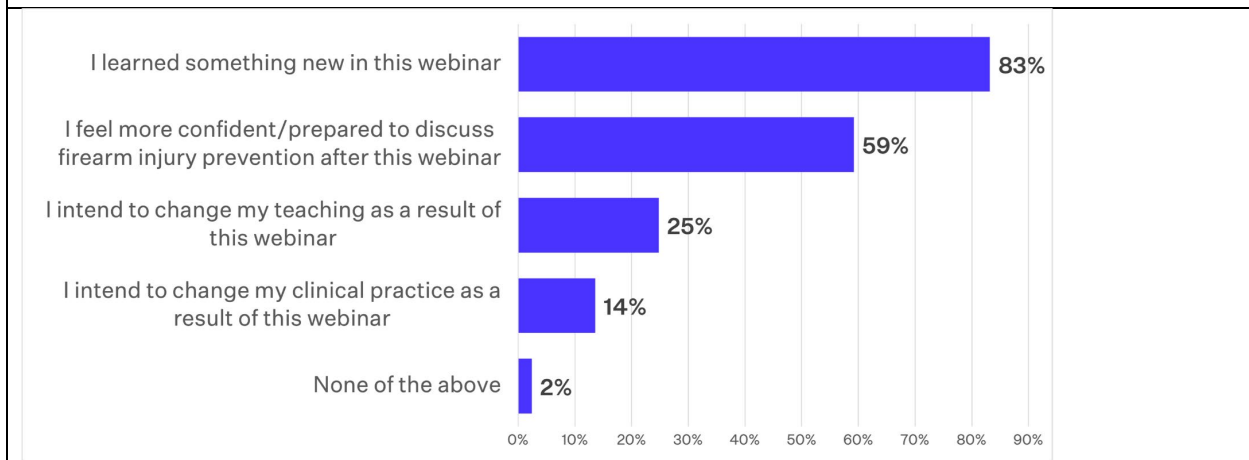
Attendee's Profession	No.	%
Administrator	5	2%
Medical Educator	8	3%
Masters Level Licensed Therapist	4	1%
Marriage and Family Therapist	13	4%
Nurse	7	2%
Nurse Practitioner or Physician Assistant	13	4%
Physician	60	21%
Psychologist	55	19%
Public Health Practitioner	4	1%
Researcher	14	5%
Social Worker	6	2%
Student or Resident	73	25%
Other	61	21%
Didn't answer	4	1%

Note. Categories are not mutually exclusive.

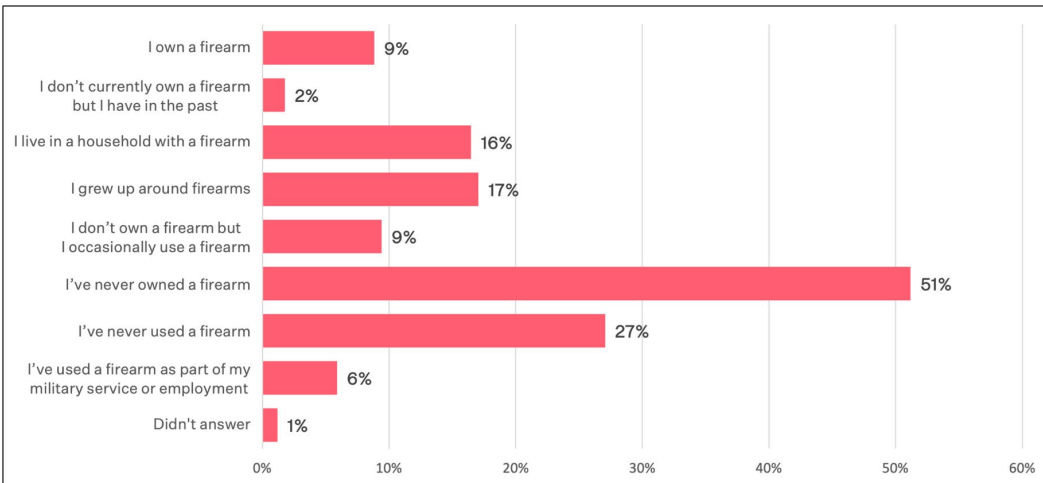
Appendix 1 Figure 3. BulletPoints Webinar Flyer



Appendix 1 Figure 4. BulletPoints Webinar Attendees' Learning Outcomes (n=125)



Appendix 1 Figure 5. BulletPoints Presentation Attendees' Firearm Experience (n=170)



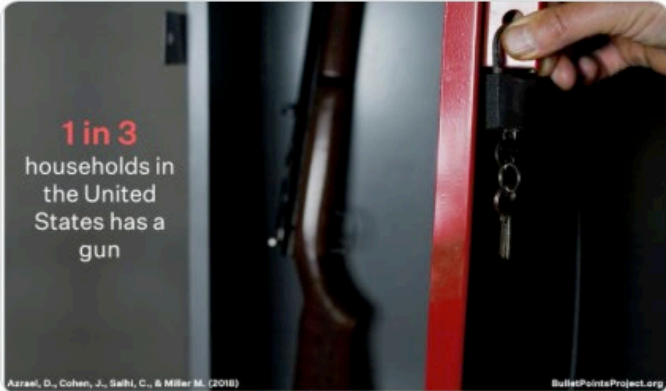
Note. Categories are not mutually exclusive.

Appendix 1 Figure 6. BulletPoints Tweakorial Snapshot

BulletPoints Project @BulletPtsProj

1/ The reality is: 1 in 3 US households has a gun and **#guns** can be important to people's culture & identity.

Clinicians can use a harm reduction approach to reduce risk for **#firearminjury**. When a patient takes steps, even small steps, toward safer gun storage, it's a win.



1:13 PM · Apr 28, 2021 · Twitter Web App

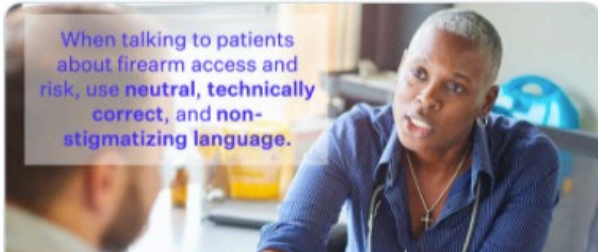
||| View Tweet activity

20 Retweets 4 Quote Tweets 28 Likes

BulletPoints Project @BulletPtsProj · Apr 28
Replying to @BulletPtsProj
2/ So how can you effectively talk with patients about risk and the importance of safe firearm storage? Here are some key points.

1 1 4

BulletPoints Project @BulletPtsProj · Apr 28
3/ Be informed & respectful. Clinicians can become more trusted messengers by learning about firearms & reasons for ownership, using the right language, tailoring messaging, & collaborating with patients to find realistic solutions.



Appendix 2. List of Presentations by BulletPoints Team (January—September 2021)

- Asif-Sattar, R. (2021, January 28). Preventing Firearm-Related Harm: What Clinicians Can Do. California Northstate University's Scrubs Addressing the Firearms Epidemic (SAFE) Group.
- Aubel, A. & Pallin, R. (2021, April 9). Preventing Firearm Injury: What Clinicians Need to Know. Society for Advancement of Violence and Injury Research (SAVIR) 2021 Virtual Conference Learning Lab.
- Aubel, A. & Pallin, R. (2021, May 10). Preventing Firearm Injury & Death: The Physician's Role. UC Davis School of Medicine Transition to Residency Elective.
- Barnhorst, A. (2021, April 25). Preventing Firearm-Related Harm: What Clinicians Can Do. Moms Demand Action Healthcare Provider Network Sacramento.
- Barnhorst, A. & Pallin, R. (2021, May 19). Preventing Veteran Firearm Suicide: What Clinicians Need to Know. 2021 Department of Defense (DOD) & Department of Veterans Affairs (VA) Suicide Prevention Conference.
- Barnhorst, A. (2021, May 20). What Mental Health Providers Can Do to Reduce Firearm Violence and Suicide. Kaiser North Psychiatry Group.
- Barnhorst, A. (2021, June 16). What Health Providers Can Do to Reduce Firearm Violence and Suicide. American Medical Women's Association.
- Barnhorst, A. (2021, August 12). What Mental Health Clinicians Can Do to Reduce Firearm Violence and Suicide. American Psychological Association Annual Conference, CE Workshop.
- Barnhorst, A. (2021, August 17). What Healthcare Providers Can Do to Prevent Firearm Violence and Suicide. Gun Violence Prevention Learning Collaborative, Northwell Health.
- Barnhorst, A. (2021, September 29). ERPOs for Suicide Prevention. Ceasefire PA.
- Barnhorst, A. (2021, September 30). Firearm Injury Prevention: What Pediatricians Can Do. California Children's Hospital Association.
- Gonzales, H. (2021, June 1). Preventing Firearm Injury & Death: What Clinicians Can Do. University of Washington School of Medicine.
- Gonzales, H. (2021, August 26). Firearm Injury Prevention: What Clinicians Can Do. Michigan State University College of Human Medicine & Wayne State University School of Medicine.
- Pallin, R. (2021, March 16). Clinical Strategies for Firearm Injury Prevention. Bay Area Childhood Injury Prevention Network/Safe Kids Coalition.
- Pallin, R. (2021, April 23). Firearm Injury Prevention: What Pediatricians Need to Know. Children's Hospital Los Angeles (CHLA) Pediatric Resident Advocacy Conference.
- Pallin, R. (2021, June 18). Gender Disparities in Firearm Violence and What Clinicians Need to Know. UC Davis Health Women's Conference.
- Pallin, R. (2021, August 5). Clinical Counseling on Firearm Injury Prevention. UCLA School of Medicine Firearm Module.
- Pallin, R. (2021, August 5). Firearm Injury Prevention: What Physicians Can Do. UC Davis Internal Medicine Grand Rounds.
- Wintemute, G. (2021, January). The State of Gun Violence in America. CF Leads Briefing.
- Wintemute, G. (2021, February). Firearm Violence. Public Health 116, UC Berkeley.
- Wintemute, G. (2021, April). Firearm Violence. AMSA at UC Davis Seminar.

Appendix 3. List of Publications by BulletPoints Team (January—September 2021)

Published/In-Press/Accepted

- **Barnhorst, A., Gonzales, H. A., & Asif-Sattar, R.** (2021). Suicide prevention efforts in the United States and their effectiveness. *Current Opinion in Psychiatry*, 34(3):299-305.
- **Barnhorst, A.** & Rozel, J. (2021). Evaluating threats of mass shootings in the psychiatric setting. *International Review of Psychiatry*. Published online ahead of print.
- Hoops, K., Fahimi, J., Khoeur, L., Studenmund, C., Barber, C., **Barnhorst, A.**, et al. (2021). Consensus-Driven Priorities for Firearm Injury Education Among Medical Professionals. *Academic Medicine: Journal of the Association of American Medical Colleges*, 10.1097.
- Kravitz-Wirtz, N., **Aubel, A. J., Pallin, R., & Wintemute, G.** (2021). Public awareness of and personal willingness to use California's Extreme Risk Protection Order Law. *JAMA Health Forum*, 2(6):e210975.
- Kravitz-Wirtz, N., **Aubel, A. J., Schleimer, J., Pallin, R., & Wintemute, G. J.** (2021). Public concern about violence, firearms, and the COVID-19 pandemic in California. *JAMA Network Open*, 2(6):e210975.
- Kravitz-Wirtz, N., **Pallin, R., Kagawa, R., Miller, M., Azrael, D. & Wintemute, G. J.** (2021). Firearm purchases without background checks in California. *Preventive Medicine*, 145: 106414.
- **Pallin, R., Aubel, A. J., Knoepke, C. E., Pear, V. A., Wintemute, G. J., & Kravitz-Wirtz, N.** (2021). News media coverage of extreme risk protection order policies surrounding the Parkland shooting: A mixed-methods analysis. Manuscript accepted for publication.
- **Pallin, R. & Barnhorst, A.** (2021). Clinical strategies for reducing firearm suicide. *Injury Epidemiology*, 8:57.
- **Pallin, R., Teasdale, S., Agnoli, A., Spitzer, S., Asif-Sattar, R., Wintemute, G. J., & Barnhorst, A.** (2021). Talking about firearm injury prevention with patients: a survey of medical residents. Manuscript accepted for publication.
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