

Michael V. Drake, MD

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DIVISION OF AGRICULTURE AND NATURAL RESOURCES

December 21, 2022

The Honorable Nancy Skinner

Chair, Joint Legislative Budget Committee

1020 N Street, Room 553 Sacramento, California 95814

Dear Senator Skinner:

Pursuant to Section 14237 of the Penal Code, enclosed is the University of California's annual report to the Legislature on BulletPoints Project and Financial Plan, Firearm Violence Research Center, University of California at Davis.

If you have any questions regarding this report, Associate Vice President David Alcocer would be pleased to speak with you. David can be reached by telephone at (510) 987-9113, or by e-mail at David.Alcocer@ucop.edu.

Sincerely,

Michael V. Drake, MD

President

Enclosure

cc: Senate Budget and Fiscal Review

The Honorable John Laird, Chair

Senate Budget and Fiscal Review Subcommittee #1

(Attn: Mr. Christopher Francis) (Attn: Ms. Jean-Marie McKinney) The Honorable Kevin McCarty, Chair Assembly Budget Subcommittee #2

> (Attn: Mr. Mark Martin) (Attn: Ms. Sarah Haynes)

Mr. Hans Hemann, Joint Legislative Budget Committee

Ms. Erika Contreras, Secretary of the Senate

Ms. Amy Leach, Office of the Chief Clerk of the Assembly Ms. Sue Parker, Office of the Chief Clerk of the Assembly

Mr. Chris Ferguson, Department of Finance Mr. Jack Zwald, Department of Finance Ms. Gabriela Chavez, Department of Finance

Page 2

Mr. Gabriel Petek, Legislative Analyst Office
Ms. Jennifer Pacella, Legislative Analyst Office
Mr. Jason Constantouros, Legislative Analyst Office
Provost and Executive Vice President Michael Brown
Vice President Theresa A. Maldonado, Ph.D., P.E.
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2022 Annual Report to the Legislature

Assembly Bill 521



The BulletPoints Project

Please direct questions to:

Amy Barnhorst, MD

abarnhorst@ucdavis.edu

Director, BulletPoints Project, California Firearm Violence Research Center Associate Director, California Violence Prevention Research Center at UC Davis Vice Chair for Community Mental Health, Department of Psychiatry and Behavioral Sciences University of California, Davis

This report was authored by Dr. Amy Barnhorst, Dr. Angela Bayer, Amanda Aubel, Hilary Gonzales, and Danielle Sy.

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 2022, our BulletPoints team expanded our educational content, developed important enduring materials, reached larger and more diverse audiences, and continued evaluation of our program.

Our website now includes over 30 sub-pages and over 400 resources for clinicians in California and nationwide. We continued our monthly webinar series and launched a paired webinar-blogpost package to strengthen the featured information provided by firearm injury prevention experts. We also launched an online, on-demand continuing education course on clinical strategies for firearm injury prevention for medical and mental health professionals. Our team members gave more than twenty presentations to healthcare organizations around California and across the US, and co-authored 10 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, particularly through our website, grew significantly during this period. Our presentations and webinars had a positive impact on participants' knowledge and skills and on their intent to integrate more firearm injury prevention efforts during their interactions with patients.

In the future we plan to continue developing evidence-based educational materials, further evaluate the effectiveness of our curriculum, and expand our audiences of diverse healthcare professionals, including by training other educators to implement our curriculum at their institutions. We look forward to continuing to shape the future of firearm injury prevention.

Amy Barnhorst, MD

BulletPoints Project Annual Report to the State Legislature

December 2022

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Introduction

The majority of clinicians feel that preventing firearm injury is within their purview. However, most clinicians do not routinely engage at-risk patients in prevention strategies, 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. Importantly, most adults in the US believe that it is at least sometimes appropriate for clinicians to talk with patients about firearms, especially when patients have risk factors for firearm-related harm.

In the wake of multiple recent mass shootings, healthcare providers and hospital systems are increasingly investing in firearm injury prevention at the provider and system levels. The BulletPoints Project has become a valuable and sought-after resource for educating clinicians about the benefits and risks of firearm ownership, risk factors for firearm injury, and how to talk with patients about reducing that risk.

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 October 1, 2021 through September 30, 2022, 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.

October 2021 through September 2022 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 a wide range of expertise who helped design, implement, and evaluate our 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	
Angela Bayer, PhD	Project Manager	Public health project design, implementation, and evaluation	
Vicka Chaplin, MA, MPH	Director of Education and Outreach, CA Firearm Violence Research Center	Research translation and firearm injury prevention policy	
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	
Danielle Sy	Student Assistant	Dissemination and social media	
Kara Toles, MD	Director of Equity and Inclusion	Emergency medicine physician, expert in diversity, inclusion, equitable care, and cultural humility	
Rocco Pallin, MPH	Expert Consultant	Firearm injury prevention curricula and firearm po evaluations	
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 continues to work with 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).

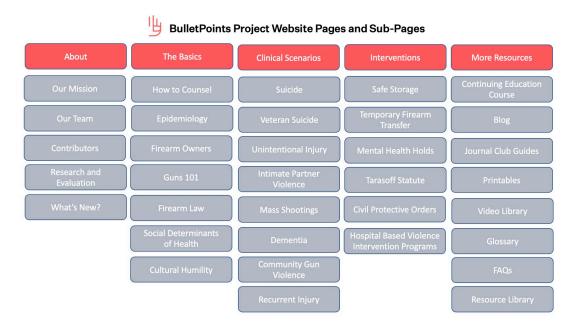
Our Curriculum

From October 1, 2021 through September 30, 2022, BulletPoints impacted thousands of educators, clinicians, and public health advocates across the nation. We reached an estimated 51,234 individuals through our website, presentations, webinars, YouTube videos, continuing education course, and mailing list, as well as social media followers and engagements. We also touched an additional 163,105 people, through social media impressions and reach.

Website

<u>BulletPointsProject.org</u>, launched in October 2020 and updated and expanded on an ongoing basis, serves 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 is a collaborative effort by our multidisciplinary team. <u>Figure 1</u> presents an at-a-glance map of our website. <u>Appendix 1, Figure 2</u> features snapshots from key sub-pages including the How to Counsel page, which includes our new BulletPoints 3A's (Approach, Assess, Act) Framework that guides clinicians through the process of talking with patients about firearm injury prevention.

Figure 1. BulletPoints Website



Between October 1, 2021 and September 30, 2022, 42,798 users across 167 countries and all 50 US states (and Washington, DC) visited our website (<u>Figure 2</u>). Website users initiated 51,098 sessions and viewed an average of 1.4 pages per session. In total, our website received 69,559 page views.

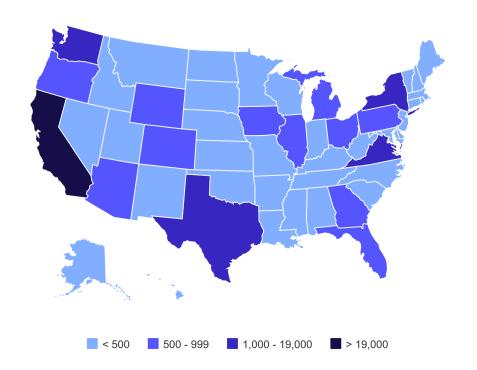


Figure 2. Number of BulletPoints Website Users by US State (October 1, 2021—September 30, 2022)

Webinar Series, Blogs, and Presentations

BulletPoints reached clinicians from many different disciplines and stages of training through its webinar series and presentations. Of the attendees surveyed, 49% were students or residents, 17% were physicians, 9% were public health practitioners or researchers, and 5% were social workers (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 (<u>Table 2</u>). A total of 296 people attended the nine webinars held between October 1, 2021 and September 30, 2022 and 556 people viewed the YouTube recordings. (<u>Appendix 1, Figure 3</u> features a snapshot of a webinar flyer.)

Among the 183 webinar attendees who completed our exit poll, 86% said they had learned something new. Approximately one in four (22%) and one in ten (13%), respectively, said they intended to change their teaching and clinical practice. More than half (54%) felt more confident or prepared to discuss firearm injury prevention after attending the webinar (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
Veteran Suicide	October 2021	Brian Tate Guelzow, PhD, San Francisco Veterans Administration Healthcare System	33	75
Hospital-Based Violence Intervention Programs	November 2021	Esmeralda Huerta, Chevist Johnson, and Nerisha Harris, UC Davis Wraparound Trauma Prevention Program	35	85
Firearm Policy	January 2022	Vicka Chaplin, MA, MPH, BulletPoints Project	43	55
Domestic Violence and Firearms	February 2022	Lisa Geller, MPH, Johns Hopkins Center for Gun Violence Solutions	52	151
Engaging Firearm Owners in Firearm Injury Prevention	March 2022	Chris Knoepke, PhD, MSW, University of Colorado School of Medicine	29	43
The Role of Social Workers in Firearm Injury Prevention	April 2022	Mickey Sperlich, PhD, MSW, MA, CPM and Patricia Logan-Greene, PhD, MSSW, University at Buffalo School of Social Work	29	33
The 3A's Framework for Reducing Firearm Injury	May 2022	Amy Barnhorst, MD, BulletPoints Project	22	50
Voluntary Self-Prohibition	July 2022	Bryan Barks, MHS, Writer, Editor, and Mental Health Advocate	42	30
The Impact of Firearm Violence and Threats on Student Health	August 2022	Robin Cogan, MEd, RN, NCSN, FNASN, FAAN, School Nurse Specialty Program	11	34

Note: Number of YouTube views are from the date the recording was posted online until September 30, 2022.

Building on our webinar series, BulletPoints launched a paired webinar and blogpost package in 2022 to learn more from experts working to reduce firearm injury (<u>Table 3</u>). For this companion series, webinar presenters write a short blog for the BulletPoints website to introduce their topic to our audience in greater detail and encourage interaction during the webinars. The six blog posts averaged 205 views per post on our website.

Table 3. BulletPoints Blog Posts and Views

Blog Title	Month	Author	Number of Views
The Role of Emergency Medical Services (EMS) Providers in Firearm Injury Prevention	January 2022	Avery Baldwin, EMS Provider and MPH Candidate	294
5 Things You Should Know About Domestic Violence and Firearms	February 2022	Lisa Geller, MPH	336
Finding Common Ground: Engaging the Firearms Community in Firearm Injury Research	March 2022	Chris Knoepke, PhD, MSW	142
Leveraging Social Work to Address Gun Violence: A Call to Action	April 2022	Mickey Sperlich, PhD, MSW, MA, CPM, and Patricia Logan-Greene, PhD, MSSW	238
Voluntary Self-Prohibition: The Suicide Prevention Tool I Wish My Doctors Could Offer Me	July 2022	Bryan Barks, MHS	166

When the Impact of Gun Violence is Personal and	August	Robin Cogan, MEd, RN, NCSN,	55
Professional	2022	FNASN, FAAN	

Note: Number of views are from the date the blog was posted until September 30, 2022.

From October 1, 2021 to September 30, 2022, the BulletPoints team gave 23 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 <u>Appendix 2</u>). At the 20 presentations for which we had this information, there were an estimated 999 attendees.

Among the 161 presentation attendees who completed post-surveys, most (85%) 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, 85% said it was "a good deal" or "extremely" useful. Nearly all participants said they were likely (66%) or very likely (30%) to change their practice or teaching after attending the presentation.

There were notable improvements in presentation attendees' perceived self-efficacy to incorporate firearm injury prevention into their clinical practice. After attending the presentation, the percentage who felt confident or very confident in their ability to identify patients at risk increased by 63 percentage points, and the percentage who felt prepared or very prepared to speak with patients about firearms increased by 53 percentage points (Figure 3). The majority of attendees believed it was important or very important for clinicians to intervene to prevent firearm injury, both before (92%) and after (97%) the presentation.

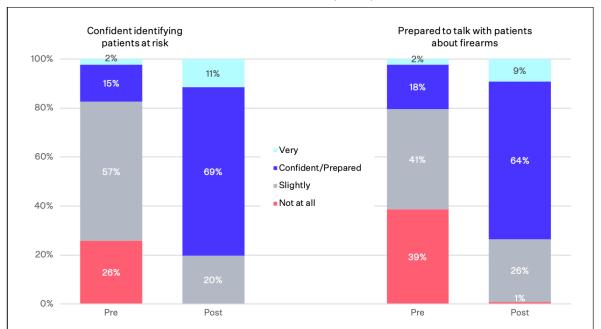


Figure 3. BulletPoints Presentation Attendees' Perceived Self-Efficacy in Identifying Patients At Risk and Talking with Patients About Firearms Before and After Presentation (n=132)

Presentation attendees also demonstrated substantial increases in knowledge between the pre- and post-survey. After the presentation, substantially greater proportions of participants were able to correctly identify the most common reason for firearm ownership (95% vs. 66% before), the cause of most firearm-related deaths in the US (85% vs. 51% before), laws regarding clinicians asking patients about firearms (81% vs. 51% before), and the appropriate clinical scenario in which to recommend a temporary firearm transfer (86% vs. 64% before).

Continuing Education

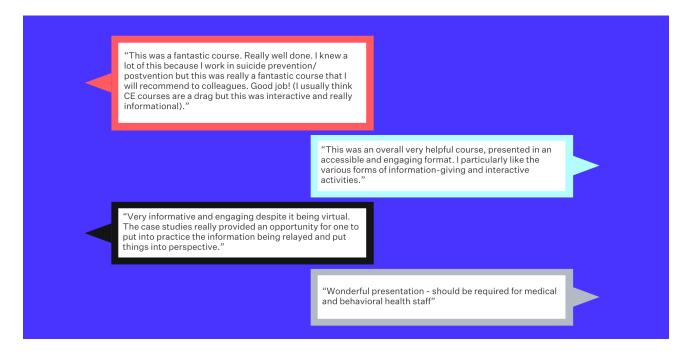
In July 2022, BulletPoints launched a continuing education (CE) course, titled <u>Preventing</u> <u>Firearm Injury: What Clinicians Can Do</u>. This comprehensive course on clinical strategies for firearm injury prevention is accredited by the California Medical Association (CMA) for 1 AMA PRA Category 1 CreditTM and sponsored by the American Psychological Association for 1 CE unit. This enduring resource is available on-demand for medical and mental health professionals on our website and through the CMA education hub.

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 (<u>Table 1</u>). The 60-minute course focuses on scenarios where clinicians can help reduce the risk of firearm-related injury and death, including suicide, dementia, intimate partner violence, unintentional injury, and mass

shootings. Video vignettes illustrating clinician-patient encounters are presented and discussed by our Director, Dr. Amy Barnhorst, and other clinical experts. Learners participate in interactive knowledge check activities throughout the course and complete a final quiz to show their learning (see snapshots of the course's interactive activities in Appendix 1, Figure 5).

Since the launch of the course, 208 learners have registered and 80 have completed the CE course. We have disseminated the course widely via our website, social media, CE partners, and BulletPoints collaborators. Participant feedback for the course has been overwhelmingly positive (Figure 4).

Figure 4. BulletPoints Preventing Firearm Injury Continuing Education Course Learners' Feedback



Explainer Videos

BulletPoints developed and produced four 2-minute <u>explainer videos</u> on core topics in firearm injury prevention: Firearm Ownership, Firearm Injury and Death, How to Counsel, and Safe Firearm Storage. These videos, which use animated infographics to convey information in a quick and accessible way, are available on our website and YouTube channel. We also share them through our social media platforms and presentations. Funding for these videos was provided by the Hope and Heal Fund and the Blue Shield of California Foundation.

Social Media and Outreach

BulletPoints continues to regularly engage with stakeholders and share timely information and resources through our Twitter (@BulletPtsProj), LinkedIn (The BulletPoints Project at UC Davis), and YouTube (The BulletPoints Project at UC Davis) accounts. We closed our Facebook (@BulletPtsProj) account in May 2022.

As of September 30, 2022, BulletPoints had 819 followers on Twitter and 152 followers on LinkedIn (<u>Table 4</u>). From October 1, 2021 through September 30, 2022, our posts made 161,338 impressions on Twitter and LinkedIn and reached 1,767 people on Facebook. We also received 3,447 engagements and 795 link clicks across the three social media networks.

Table 4. BulletPoints Twitter, LinkedIn, and Facebook Performance Metrics (October 1, 2021—September 30, 2022)

	Reach	Number of Impressions	Number of Engagements	Number of Link Clicks	Number of Posts	New Followers
Twitter		157,233	2,745	654	393	202
LinkedIn		4,105	287	134	95	79
Facebook	1,767		415	7	58	37

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. Facebook metrics are from October 1, 2021 to April 30, 2022.

On Twitter, our "Tweetorials," present a core or timely firearm injury prevention topic in a thread of 10-12 educational tweets and have generated high levels of engagement with our followers. (Appendix 1, Figure 6 features a snapshot of one of our Tweetorials.) During 2022, we also developed additional engagement strategies on Twitter. We incorporated live tweeting to pair with our webinars, allowing us to engage with our audience in real time and post relevant slides and resources in sync with our presenters. BulletPoints also participated in live twitter chats for public health campaigns, such as the Action Alliance #BeThere Suicide Prevention Month chat, the National Public Health Week chat, and the Society for Advancement of Violence and Injury Research #SAVIRscientists Twitter chat.

As of September 30, 2022, we had 1,852 subscribers on our BulletPoints mailing list. The eight BulletPoints newsletters sent between October 2021 and September 2022 were opened a total of 6,386 times and received 640 clicks on the different links they shared.

During 2022, BulletPoints distributed our resources to the American Medical Women's Association. These included BulletPoints safe storage handouts and infographics and our updated How to Counsel webpage and framework.

Publications

From October 2021 through September 2022, the BulletPoints team co-authored 10 scholarly publications on the causes, consequences, and prevention of firearm violence and suicide as well as firearm ownership, purchasing, and policies. An additional two manuscripts have been submitted or are under review (see detailed List of Publications in <u>Appendix 3</u>).

Publicity

The BulletPoints team continues to collaborate with the media and be featured in news stories about our work. These appearances have included:

- November 5, 2021 Dr. Amy Barnhorst published an article in <u>MedPage Today</u> discussing the silent epidemic of intimate partner violence in the Gabby Petito case and how provider and public interventions can help prevent similar situations.
- February 24, 2022 Dr. Amy Barnhorst was interviewed for an article in The Trace on the rise of youth gun suicide, particularly among children of color, and how BulletPoints guides healthcare providers to help patients with accessible therapy options that center cultural humility and safer storage of firearms.
- March 2, 2022 Dr. Amy Barnhorst and Dr. Garen Wintemute were interviewed by <u>The Sacramento Bee</u> for an article on a local church shooting and how gun prohibition orders often rely on good faith.
- April 1, 2022 Dr. Amy Barnhorst discussed talking to patients about firearms in an article for the <u>American Psychological Association</u>.
- May 26, 2022 Vicka Chaplin and Julia Lund published an op-ed in <u>MedPage Today</u> about limiting firearm access and addressing social and economic drivers of firearm violence following the Uvalde mass shooting.
- June 8, 2022 <u>The Daily</u> of the New York Times reposted a podcast episode with Dr. Amy Barnhorst on mental health and mass shootings.
- June 25, 2022 Dr. Amy Barnhorst and Dr. Garen Wintemute published an op-ed in <u>The</u> Hill about red flag laws or extreme risk protection order laws.
- August 1, 2022- BulletPoints was featured in the UC Davis Health News for our continuing education course: Preventing Firearm Injury: What Clinicians Can Do.
- August 3, 2022 The BulletPoints Project's continuing education course for healthcare providers on preventing firearm injuries was featured in HealthLeaders.
- September 2, 2022 Dr. Amy Barnhorst and the BulletPoints team were mentioned in <u>The Mirage</u> for receiving grant funding to support a project to engage firearm owners in developing suicide prevention strategies.

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Expanded Engagement Efforts

We have been working with new stakeholders during this period, including members of the firearm community and emergency medical services (EMS) providers.

We have engaged firearm owners from three Northern California counites, Sacramento, Amador, and Nevada, selected given their high rates and burden of firearm suicide, their representation of urban and rural areas, and their proximity to the BulletPoints team. We have sought out collaborations with gun stores and ranges, organizations of gun owners, and firearms instructors in order to talk with long-time and newer gun owners. The goal of this work is to engage firearm owners in articulating suicide prevention needs and developing strategies that are relevant for and acceptable to their communities. We also plan to develop materials to share gun owners' perspectives with healthcare providers (Appendix 1, Figure 2 provides a snapshot of the Firearm Owners page on our website, which we plan to expand as this work continues). Funding for this engagement project is provided by the UC Davis Behavioral Health Center of Excellence.

We also designed and implemented a needs assessment survey with EMS providers to learn more about providers' experiences and perspectives on firearms and firearm-related injury, including their patients' risks, their experiences counseling and serving at-risk patients, their experiences with firearms, and their experiences and preferences regarding firearm injury prevention training. A total of 322 EMS providers, primarily from California (73.5%), participated in the survey. Participants' responses are being analyzed and will be used to develop a curriculum to train EMS providers to better serve their patients at risk of firearm violence or suicide.

Future Directions

As we move into 2023, our team will continue to develop additional evidence-based, tailored materials and focus on widely disseminating them to educate California's medical and mental health care providers on preventing firearm injury.

We are currently developing a Train the Trainers symposium for medical and other clinical educators based around our educators' toolkit. The goals of the symposium are to introduce participants to the concept of a firearm injury prevention curriculum for healthcare providers, provide background information about core BulletPoints curriculum topics, empower participants to institute the curriculum at their institution, and provide brief training in the use of the educators' toolkit. The toolkit will be available on our website and will include PowerPoint slidesets covering core curriculum topics, video vignettes of clinician-patient encounters, and discussion guides for seminal journal articles on firearm violence prevention.

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 broaden our audience and shape the future of firearm injury prevention.

2021-2022 BulletPoints Expenditure Report

Current Expenditures

The BulletPoints Project received a one-time allocation from the California legislature and commenced activities in the 2019-2020 state fiscal year. With this annual report, we have aligned expenses to correspond with state fiscal years for reporting purposes. Expenditures are reported through June 30, 2022.

BulletPoints Appropriation	\$	3,850,000			
	PR	RIOR PERIODS	CURRENT FY		TOTAL
		2019-2021	2021-2022	E	XPENDITURES
PERSONNEL (salaries and benefits)	\$	1,032,890	\$ 870,131	\$	1,903,021
TRAVEL	\$	204	\$ -	\$	204
SUPPLIES AND EXPENSES					
Books, Publications, Subscriptions	\$	3,063	\$ 1,455	\$	4,517
Computers and accessories	\$	8,391	\$ 2,501	\$	10,892
Computer Software	\$	2,921	\$ 2,326	\$	5,247
Conference and Registration Fees	\$	303	\$ 2,082	\$	2,385
Consultants	\$	9,425	\$ 3,315	\$	12,740
Facility (lease, utilities, etc)	\$	22,607	\$ 15,557	\$	38,164
Miscellaneous Supplies	\$	2,865	\$ 960	\$	3,825
Professional Fees and Memberships			\$ 1,330	\$	1,330
Purchased Services	\$	62,296	\$ 109,300	\$	171,596
Training and Staff Development			\$ 5,000	\$	5,000
TOTAL EXPENDITURES	\$	1,144,964	\$ 1,013,957	\$	2,158,921
CARRYFORWARD TO 2022-2023				\$	1,691,079

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

Personnel expenditures are the largest expenditure for the BulletPoints Project, representing nearly 90% of total expenditures to date. Of the remaining 10% of expenditures, purchased services to support the virtual dissemination of content, materials, and social media

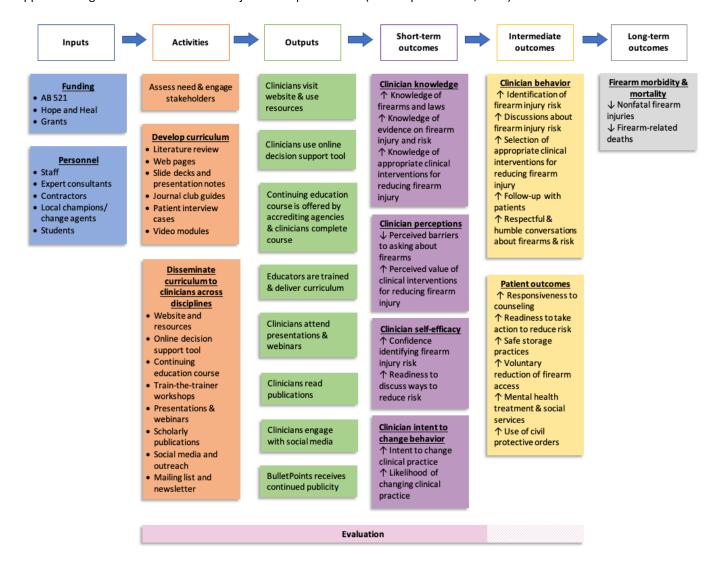
engagement represent nearly 8% of annual expenditures. The remaining expenditures include expert professional consultation fees and miscellaneous supplies (including stock photo purchases) to support content development and delivery. As in previous years, travel expenses are less than expected as remote learning and online meetings have become the norm.

Future Expenditures

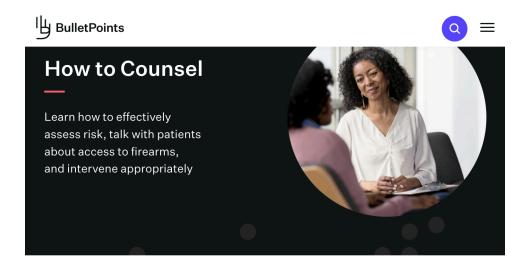
Given the success and availability of our online resources, we anticipate further leveraging of technology through more web content, including our educators' toolkit. We also plan to host a Train the trainer symposium in winter/spring 2023 in collaboration with the California Firearm Violence Research Center's researchers convening.

Appendix 1. BulletPoints Materials, Tables, and Figures

Appendix 1 Figure 1. The BulletPoints Project Conceptual Model (as of September 30, 2022)



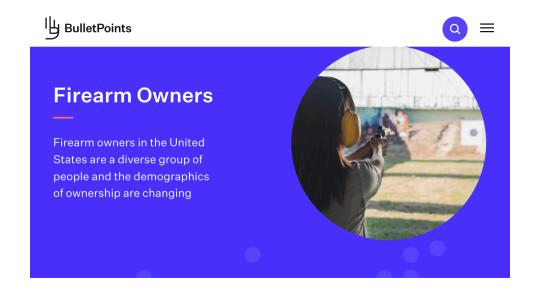
Appendix 1 Figure 2. BulletPoints Webpage Snapshot





Engaging in culturally appropriate and respectful conversations with patients and making evidence-based recommendations can increase the safety of everyone living in homes with guns.

Clinicians routinely ask patients about lifestyle choices that affect their health and safety and that of their families, like diet, exercise, use of car seats, and secondhand smoke. Additionally, patients generally view their healthcare provider as a trusted source of information about their health and safety and that of their family.^{1,2} Many clinicians, however, do not talk with patients about the risks of firearms in the home, even when it's clinically indicated.³⁻⁷





About 4 in 10 households in the US have firearms¹ and firearm owners are a diverse group with various reasons for owning guns.

Firearms are common in US households. Recent surveys estimate that 29% of US adults personally own firearms and that an additional 10% of adults live in households with firearms, but do not personally own them. 2

Appendix 1 Table 1. BulletPoints Presentation & Webinar Attendees' Professions (n=306)

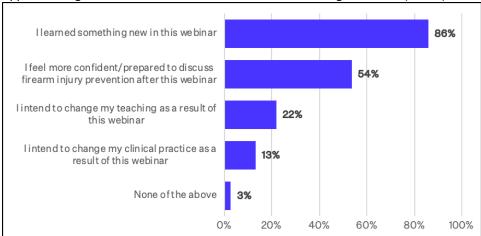
Attendee's Profession	No.	%
Administrator	2	1%
Counselor or Marriage and Family Therapist	3	1%
Medical Educator	5	2%
Nurse	7	2%
Nurse Practitioner or Physician Assistant	3	1%
Physician	52	17%
Policy or Advocacy Work	2	1%
Psychologist	5	2%
Public Health Practitioner or Researcher	29	9%
Social Worker	15	5%
Student or Resident	151	49%
Other	56	18%

Note. Categories are not mutually exclusive. Participants could mark more than one category.

Appendix 1 Figure 3. BulletPoints Webinar Flyer

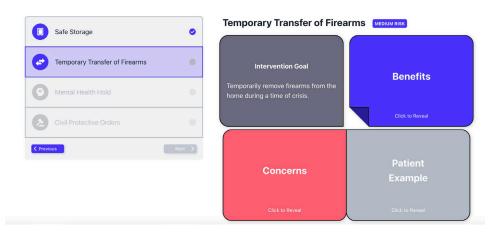


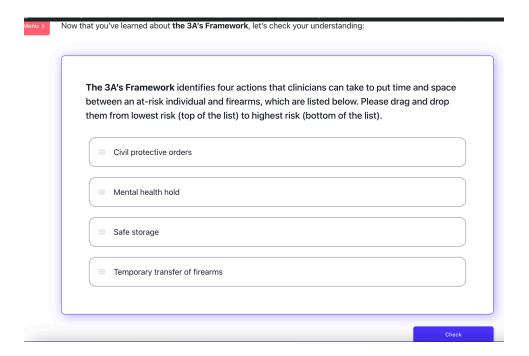
Appendix 1 Figure 4. BulletPoints Webinar Attendees' Learning Outcomes (n=183)



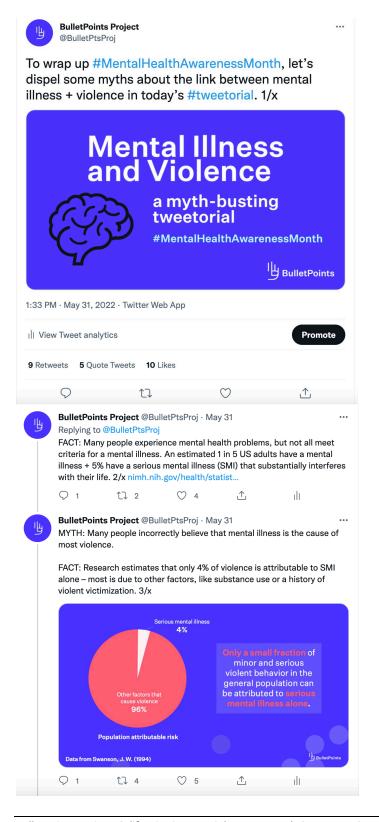
Note. Categories are not mutually exclusive.

Appendix 1 Figure 5. BulletPoints Continuing Education Course Interactive Activities Snapshot





Appendix 1 Figure 6. BulletPoints Tweetorial Snapshot



Appendix 2. List of Presentations by BulletPoints Team (October 2021 —September 2022)

- Aubel, A. (2021, October 22). The BulletPoints Project: Educating Clinicians in Firearm Injury Prevention.
 American Public Health Association.
- Aubel, A. & Gonzales, H. (2022, May 10). Preventing Firearm Injury & Death: The Physician's Role. UC
 Davis School of Medicine Transition to Residency Elective.
- Barnhorst, A. & BulletPoints team. (2021, November 1). Preventing Firearm-Related Harm: What Clinicians Can Do. University of Illinois SOM Rockford.
- Barnhorst, A. & BulletPoints team. (2021, November 2). Preventing Firearm-Related Harm: What Clinicians Can Do. University of Illinois SOM Peoria.
- Barnhorst, A. & BulletPoints team. (2021, November 4). Preventing Firearm-Related Harm: What Clinicians Can Do. University of Illinois SOM Chicago.
- Barnhorst, A. (2022, February 23). Preventing Firearm-Related Harm: What Clinicians Can Do. West Hills Medical Center Grand Rounds.
- Barnhorst, A. (2022, March 31). Clinical Strategies for Firearm Injury Prevention Emergency Medicine Resident Didactic Session. Michigan State University.
- Barnhorst, A. (2022, April 8). Mental Health, Violence & Suicide + Reducing Firearm Injury & Death in Patients. Fresno Madera Medical Society.
- Barnhorst, A. (2022, April 25). Healthcare Strategies to Reduce Firearm Injury and Mortality: The BulletPoints Project. National Academies of Sciences, Engineering and Medicine.
- Barnhorst, A. (2022, April 29). Clinical Strategies for Firearm Injury Prevention Pediatric Emergency Resident Didactic Session. Michigan State University.
- Barnhorst, A. (2022, June 29). Reducing Firearm Injury and Death: What Clinicians Can Do. Kaiser Permanente South Sacramento.
- Barnhorst, A. (2022, July 8). Reducing Firearm Injury and Death: What Clinicians Can Do. Kaiser Permanente San Francisco Grand Rounds.
- Barnhorst, A. (2022, July 27). Reducing Firearm Injury and Death: What Clinicians Can Do. Stanford Medicine: Medicine Grand Rounds.
- Barnhorst, A. (2022, August 2). Reducing Firearm Injury and Death: What Clinicians Can Do. University of San Francisco- Fresno.
- Barnhorst, A. (2022, August 8). The BulletPoints Project & The Clinicians Role in Reducing Firearm Injury and Death. University of California, Davis Pediatric Trauma Systems Meeting.
- Barnhorst, A. (2022, August 26). The BulletPoints Project & The Clinicians Role in Reducing Firearm Injury and Death. Institute for High Quality Healthcare.
- Barnhorst, A. (2022, August 26). Reducing Firearm Injury and Death: What Clinicians Can Do. Trauma Managers Association of CA.
- Barnhorst, A. (2022, September 1). Gun Violence and Health. Kaiser Permanente Los Angeles Virtual Grand Rounds.
- Chaplin, V. (2022, March 16). Domestic Violence and Firearms. University of California, Berkeley Public Health Law Group.
- Pallin, R. (2022, February 26). Clinical Strategies for Firearm Injury Prevention. CA Association of Physician Assistants.
- Wintemute, G. (2022, April 9). What You Can Do About Firearm Violence. UC Davis School of Medicine Alumni Association.
- Wintemute, G. (2022, July 13). Firearm Violence. Western Pediatric Trauma Society.
- Wintemute, G. (2022, August 11). Firearm Violence: What We Can Do. Pediatric Emergency Care and Research Network.

Appendix 3. List of Publications by BulletPoints Team (October 2021—September 2022)

Published/In-Press/Accepted

- Aubel, A. J., Pallin, R., Knoepke, C. E., Wintemute, G. J., & Kravitz-Wirtz, N. (2022). A comparative content analysis of newspaper coverage about extreme risk protection order policies in passing and non-passing US states. *BMC Public Health*.
- Bhatt, A., **Gonzales, H.**, **Pallin, R.**, & **Barnhorst, A**. (2022). Rising Rates of Adolescent Firearm Suicide and the Clinician's Role in Addressing Firearms. *Journal of the American Academy of Child & Adolescent Psychiatry*.
- Buggs, S. A., Zhang, X., Aubel, A., Bruns, A., & Kravitz-Wirtz, N. (2022). Heterogeneous effects of spatially
 proximate firearm homicide exposure on anxiety and depression symptoms among U.S. youth. *Preventive Medicine*.
- Kravitz-Wirtz, N., Bruns, A., **Aubel, A. J.**, Zhang, X., & Buggs, S. A. (2022). Inequities in community exposure to deadly gun violence by race/ethnicity, poverty, and neighborhood disadvantage among youth in large US cities. *Journal of Urban Health*.
- Pallin, R., Teasdale, S., Agnoli, A., Spitzer, S., Asif-Sattar, R., Wintemute, G. J., & Barnhorst, A. (2022). Talking about firearm injury prevention with patients: a survey of medical residents. *BMC Medical Education*.
- Pallin, R., Wright, M.A., Tomsich, E.A., Wintemute G.J., Stewart, S., Kagawa, R.M.C. (2022). Prior drugrelated criminal charges and risk for intimate partner violence perpetration among authorized purchasers of handguns in California. *Journal of Interpersonal Violence*.
- Pear, V.A., Pallin, R., Schleimer, J.P., Tomsich, E., Kravitz-Wirtz, N., Shev, A.B., Knoepke, C.E., Wintemute, G.J. (2022). Gun violence restraining orders in California, 2016-2018: case details and respondent mortality. *Injury Prevention*.
- Pear, V. A., Schleimer J. P., Aubel, A. J., Buggs, S. A., Knoepke, C. E., Pallin, R., Shev, A. B., Tomsich E.,
 Wintemute, G. J., & Kravitz-Wirtz, N. (2022). Extreme risk protection orders, race/ethnicity, and equity:
 Evidence from California. *Preventive Medicine*.
- Pear, V.A., **Wintemute, G.J.**, Jewell, N., Ahern, J. (2022). Firearm violence following the implementation of California's gun violence restraining order law. *JAMA Network Open*.
- Wintemute, G. J., Aubel, A. J., Schleimer, J. P., Pallin, R., Kravitz-Wirtz, N. (2022). Experiences of violence in daily life among adults in California: a population-representative survey. *Injury Epidemiology*.

Submitted/Under Review

- Aubel, A. J., Wintemute, G. J., & Kravitz-Wirtz, N. Anticipatory concerns about violence within social networks: prevalence and implications for prevention.
- Wintemute, G.J. Divergent firearm violence death rates, California and the United States.

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