

**Worcester Board of Health Meeting
Meeting Minutes
Meeting Held at 25 Meade St. Room 109
Monday, August 12, 2024
6:30 pm
Minutes Prepared by Desiree Sutton**

Welcome and Introductions

Board Members Present: Chair Frances Anthes, Vice Chair Chareese Allen, Gary Rosen, Leopoldo Negrón Cruz, and Micheal Perotto.

Staff Present: Dr. Michael Hirsh Medical Director of Public Health; Dr. Matilde Castiel, Commissioner of HHS; Soloe Dennis, Director of DPH and CMRPHA; Jennifer Nakijoba, Chief of Community Health for DPH; Cherry Tangri, Shared Services Coordinator/ Interim Tobacco Compliance Officer; Emile Somda, Maternal and Child Health Manager.

Guests: Attorney Sean Murray and Sargent Thomas Needham of the Worcester Police Department.

Welcoming A New Board Member

Board of Health Chair Frances Athens welcomed new board member Michael Perotto. Michael Perotto introduced himself, mentioning his previous roles, including serving as a former City Council member and as the Chairman of the Election Commission for five years. He also mentioned his part-time work in health and insurance and expressed his enthusiasm for working with the board.

Review and Approve July 8th Meeting Minutes

Michael Perotto made a motion to approve the minutes from July 8, 2024. Chareese Allen seconded the motion. All members voted in favor of approving the minutes as written.

Communicable Disease Update

Dr. Hirsh provided an update on Communicable diseases in Worcester and Worcester County. Dr. Hirsh provided an update on COVID-19 and other local communicable diseases. With regard to COVID there has not been a significant increase in ICU admissions or mortality rates, but there is ongoing transmission among caregivers. Due to staff shortages, institutions have revised their mask policies. Employees are now required to wear masks in common areas and clinical

settings, though patients and visitors are not yet required to do so. The CDC and the Massachusetts Department of Public Health recommend staying home if sick, notifying a supervisor and leaving if symptoms develop while at work, and using available tests, which are still reliable for detecting COVID-19. The isolation guidelines have been relaxed. Positive cases are no longer required to isolate for five days but must wear masks until they are fever-free for 24 hours without medication and are asymptomatic. Vaccination rates are low, with only 18% receiving the monovalent vaccine in September and 14% receiving the booster in April. A new vaccine targeting Omicron variants is expected in the fall.

With regards for other communicable diseases: There was a recent case of measles, the first in 40 years in Massachusetts, it involved an individual who traveled internationally. Extensive contact tracing has not identified any additional cases. There has been an outbreak of a disease formerly known as monkeypox (now referred to as "mpox") in Africa, but no cases have been reported in the U.S. Communities at risk have been warned to practice safer sexual activities and to recognize symptoms early. Dr. Hirsh also mentioned that the Respiratory Syncytial Virus (RSV) vaccine is recommended annually, especially for those over 75 or over 60 with respiratory or cardiac issues. Dr. Hirsh concluded by emphasizing the importance of continued vigilance against communicable diseases.

Mosquito Borne Diseases

Dr. Hirsh also expressed Concerns have been raised about mosquito-borne viruses due to environmental conditions favoring mosquito proliferation. There is an increase in mosquitoes testing positive for West Nile virus and Eastern Equine Encephalitis (EEE). One horse has contracted EEE, and there have been two human cases of West Nile virus in Middlesex County. Previous reports mentioned two Caribbean-origin mosquito-borne diseases, chikungunya which we have zero cases of and dengue fever of which we have seventy-eight cases. Dr. Hirsh stressed that there has been no human-to-human transmission. The tiger mosquito that carries these two diseases is a daytime mosquito which makes it hard to avoid through dawn and dusk avoidance of outside activities. To avoid being bitten it is advised to wear products with DEET and dress in long pant and shirts.

Tick Borne Illness

Dr. Hirsh advises that there is a new tick-borne illness that leads to people developing an allergy to red meat. As of now they are only on the islands, Marthas Vineyard and Nantucket. Dr. Hirsh mentions the impact of climate change on insect illness.

Tobacco License Hearing: Habibi Smoke Shope, 650 Main Street, Worcester

- Division of Public Health Director Soloe Dennis introduced Officer Sargent Needham who outlined an administrative inspection conducted at Habibi Smoke Shop, located at 650 Main St, by Officer Patrick Harrington and Interim Tobacco Compliance Officer



Cherry Tangri on August 1, 2024. The inspection was initiated following complaints of illegal sales of flavored tobacco, marijuana, and alcohol, despite the store not having the necessary licenses for such sales.

- During the inspection, illegal products were discovered hidden behind a false wall in a storage area. Items found included flavored tobacco, marijuana, alcohol (specifically Hennessy cognac), non-prescribed medications, and digital scales with marijuana residue. Additionally, it was noted that customers entered the store asking for flavored vapes, which were turned away by the clerk upon realizing the inspection was ongoing.
- Division of Public Health Director Soloe Dennis Introduces Cherry Tangri to provide historical data of compliance violations for the Habibi Smoke Shope. Cherry Tangri mentioned that since the store's opening in July of 2023 the Habibi Smoke Shope had a prior violation on February 1, 2024, for selling cigars to a minor, for which they had paid a fine and undergone a compliance period. The owner also has another store, indicating familiarity with tobacco regulations. The body camera footage from Officer Harrington, capturing the inspection, was played for review.
- Division of Public Health Director Soloe Dennis referenced to the Inventory Packet provided to the Board Members. Chairperson Frances Athens states the inventory package is fifteen pages long. She also noted that there was a total of 49 boxes with five containing illegal substances which are not legal under the license.

Recommendation from the Division is to revoke the Tobacco License for Habibi Smoke Shope.

Chareese Allen made a motion to revoke the Tobacco License for the Habibi Smoke Shope. Gary Rosen seconded the motion. All members voted in favor of revoking the Tobacco License.

Worcester Division of Public Health Maternal Child Health Unit Update

Division of Public Health introduced Jennifer Nakijoba Chief of Community Health, and Emile Somda Manager of Maternal Health.

- Historical Context: The Worcester Division of Public Health as a leading agency for the Central Massachusetts Regional Public Health Alliance has worked through many grants from as early as 2016.
- Successes:
 - WDPH REACH has trained 26 Doulas and 14 Community Lactation Counselors.
 - Doula Education- Ongoing educational doula campaigns; established a doula directory on the city website.



The City of **WORCESTER**

Public Health

Division of Public Health
Michael P. Hirsh, MD, Medical Director
Soloe M. Dennis, MS, MEP, Director
25 Meade Street, Worcester, MA 01610-2715
P | 508-799-8531 F | 508-799-8572
health@worcesterma.gov
www.worcesterma.gov

- Executed the SOR-PEC: State Opioid Response Prevention in Early Childhood Grant. WDPH has built capacity by collaborating with community partners such as: Together For Kids Coalition; Worcester Health Baby Collaborative; Pernet Health Services; No Evil Project; Coalition of Healthy Greater Worcester; Accompany Doula Care; UMass Memorial Medical Center; Family Health Center of Worcester.
- Held/ Organized the Black Maternal Health Week Celebration to raise awareness and called for action.

Jennifer Nakijoba introduced Emile Somda the Manager of Maternal Health to present on the challenges faced by the Maternal Health division.

- Challenges:
 - Despite previous efforts Maternal Child Health indicators and outcomes keep worsening, especially for the Black and Brown communities.
 - Highlight existing inequities for selected maternal and infant health outcomes.
 - Availability of local data, accurate and publicly accessible to tract MCH indicators & increase driven decision making.
 - Persistent inequities & not enough focus on Black and Brown Maternal Health.
 - Increase Community engagement and education.
 - Funding for Maternal & Child Health initiatives internal & externally.
- Current Projects:
 - Improve access to local data related to Maternal and Child Health.
 - Build and publish MCH data repository/dashboard on MySidewalk.
 - Improve Maternal Health and Reduce Inequity in Maternal and Infant Health outcomes.
 - Form a coalition around Black and Brown Maternal Health that works toward improving Maternal Health and eliminating inequities.
 - Secure new grant funding to enhance MCH initiatives.
 - Broaden and scale source of funding.
 - SOR-PEC: State Opioid Response Prevention in Early Childhood Grant.
 - BSAS funded grant for trauma training, coordination of Father's group and educational social media posts.
 - Worcester Welcome Baby Project: Baby passport to resources a comprehensive guide connecting expectant families with young children to critical services and resources.
 - Worcester Health Baby Collaborative Safe Baby Project: Distribution of baby cribette to new families to promote safe sleep practices. WDPH Has Cribettes on hand if a family need a safe sleep space.
 - Doula Education: a doula can help lower the risk of cesarean delivery, low birth weight complications, and reduce the chances of depression and anxiety.



- Chile Passenger Safety Training and Education; Car Seat Education: Conduct regular car seat safety education, produce educational post and hold/assist with car seat checkups for the Worcester community.
- Our Ask or Takeaway:
 - A focus on maternal and child health is crucial for the well-being of both mothers & their babies.
 - Pregnancy related mortality has NOT improved over the past decade in the United States.
 - Racial and ethnic disparities persist- Black Women and birthing people are 2.6 Times MORE likely to die from pregnancy related complications compared to non-Hispanic white woman.
 - There is a need to secure sustainable funding to enhance MCH initiatives/projects.

Next Meeting Dates and Topics

September 9 at 6:30

October 21 at 6:30

Future Topics

September: Surgeon General's Designation of Gun Violence as a Public Health Issue, Traffic Violence, particularly pedestrian safety.

October: Racial Equity Training with Casey Burns, Community Health Link Update

Adjournment

Michael Perotto moved to adjourn the meeting. Chareese Allen seconded the motion. All members voted in favor. The meeting adjourned at 8:30 PM.

FIREARM INJURY PREVENTION EFFORTS AT UMASS MEDICAL CENTER

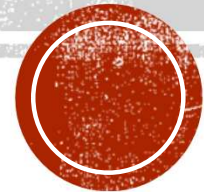
Jonathan Green MD, MSCI

Assistant Professor of Surgery and Pediatrics

UMASS Chan Medical School

Division of Pediatric Surgery and Trauma

September 9, 2024



DISCLOSURES

- I have no financial or professional conflicts of interest



MY PATH TO UMASS PEDIATRIC SURGERY



NEW YORK STATE OF MIND





IF YOU ARE NOT A GATOR, YOU'RE GATOR BAIT!



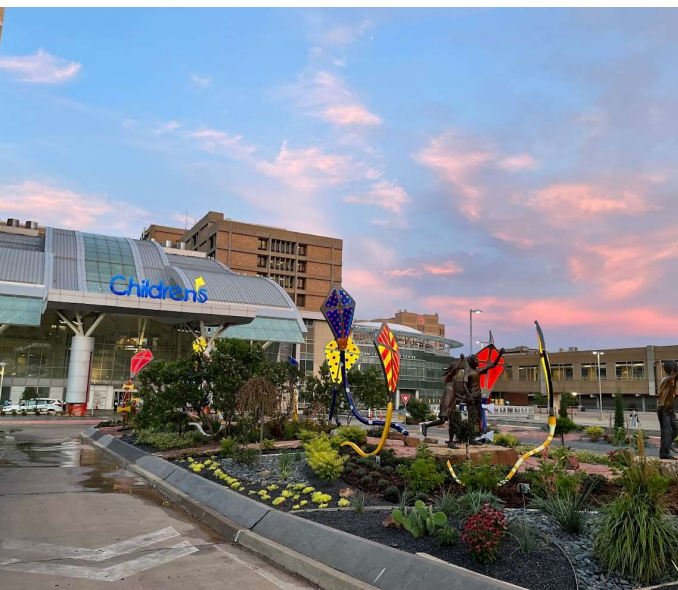




WELCOME TO THE WOO!







OKLAHOMA!



WELCOME BACK TO THE WOO!





Down outside of Marjory Stoneman Douglas High School in Parkland, I
Getty Images

GUN VIOLENCE IN THE UNITED STATES

How many people are shot in the U.S.? How many Americans are injured by guns? These are important questions to answer. We need reliable gun violence data in order to accurately understand America's gun violence epidemic.

The Centers for Disease Control (CDC) provides [annual gun safety data](#). Using data from the most recent years available (2015-2019), Brady established five-year averages of firearm fatalities.

EVERY YEAR ON AVERAGE

115,551

People are shot

FATALITIES

38,826

People die from gun violence

14,062
murdered

23,437
die from suicide

483
killed unintentionally

521
killed by legal intervention

324
died but intent was unknown

547*
women killed by husband or male dating partner*

GUN INJURIES

76,725

People survive gun injuries

34,566
intentionally shot by someone else

3,554
survive an attempted gun suicide

32,759
shot unintentionally

1,376
shot by legal intervention

4,471
shot but intent was unknown

7,957

Children and teens (age 1-17) are shot

FATALITIES

1,663

Kids & teens die from gun violence

864
murdered

662
die from gun suicide

89
killed unintentionally

10
killed by legal intervention

38
die but intent was unknown

GUN INJURIES

6,294

Children & teens survive gunshot injuries

2,788
intentionally shot by someone else

166
survive an attempted gun suicide

2,893
shot unintentionally

101
shot by legal intervention

380
shot but intent was unknown

*This number is a five-year average derived from Violence Policy Center's "When Men Murder Women" analysis of FBI homicide data, 2014-18 (the five most recent years available for this).



EVERY DAY ON AVERAGE

316

People are shot

FATALITIES

106
People die from gun violence

39
murdered

64
die from suicide

1
killed unintentionally

1
killed by legal intervention

1
died but intent was unknown

GUN INJURIES

210
People survive gun injuries

95
intentionally shot by someone else

10
survive an attempted gun suicide

90
shot unintentionally

4
shot by legal intervention

12
shot but intent was unknown

22

Children and teens (age 1-17) are shot

FATALITIES

5
Kids & teens die from gun violence

2
murdered

2
children and teens either die from suicide or survive a suicide attempt.

8
children and teens are unintentionally shot in instances of family fire – a shooting involving an improperly stored or misused gun found in the home, resulting in injury or death.

GUN INJURIES

17
Children & teens survive gunshot injuries

8
intentionally shot by someone else

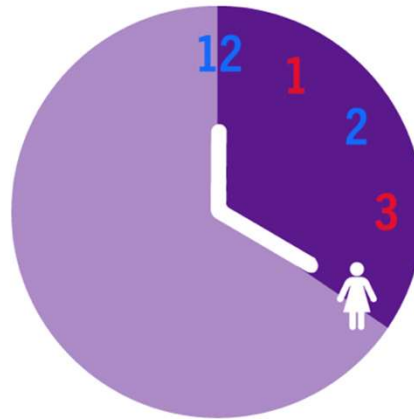
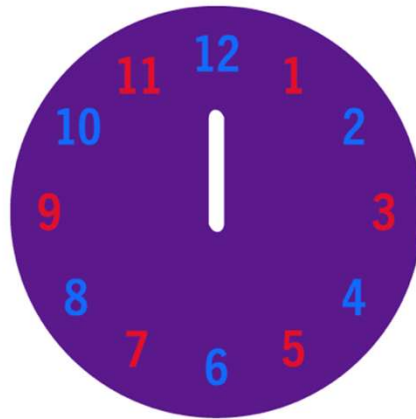
While Brady historically used CDC data to establish averages for gun injuries as well, [recent findings show there are more accurate sources](#). Due to funding restrictions and other constraints, the sample size utilized by the CDC is so small that its estimate of firearm injuries [varies significantly](#). Data provided by Healthcare Cost and Utilization Project's [HCUPnet](#), and collected from emergency departments and databases, gives a more comprehensive picture of gun injuries in the U.S. The numbers below represent a three-year average of the [most recent HCUPnet data](#) available (2013, '14, and '16). It is important to note that data reported for children and teens contains data only for 1-17 year-olds.





**AMERICANS KILL EACH OTHER
WITH GUNS 25X THE RATE OF
OTHER HIGH-INCOME COUNTRIES**





EVERY 16 HOURS
A WOMAN IS SHOT DEAD BY HER
CURRENT OR FORMER PARTNER

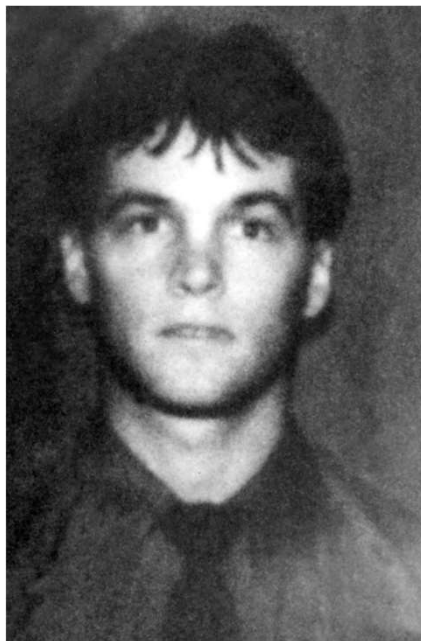


MY CONNECTION WITH FIREARM SAFETY



Officer Jeffrey Green





Det. Steven McDonald





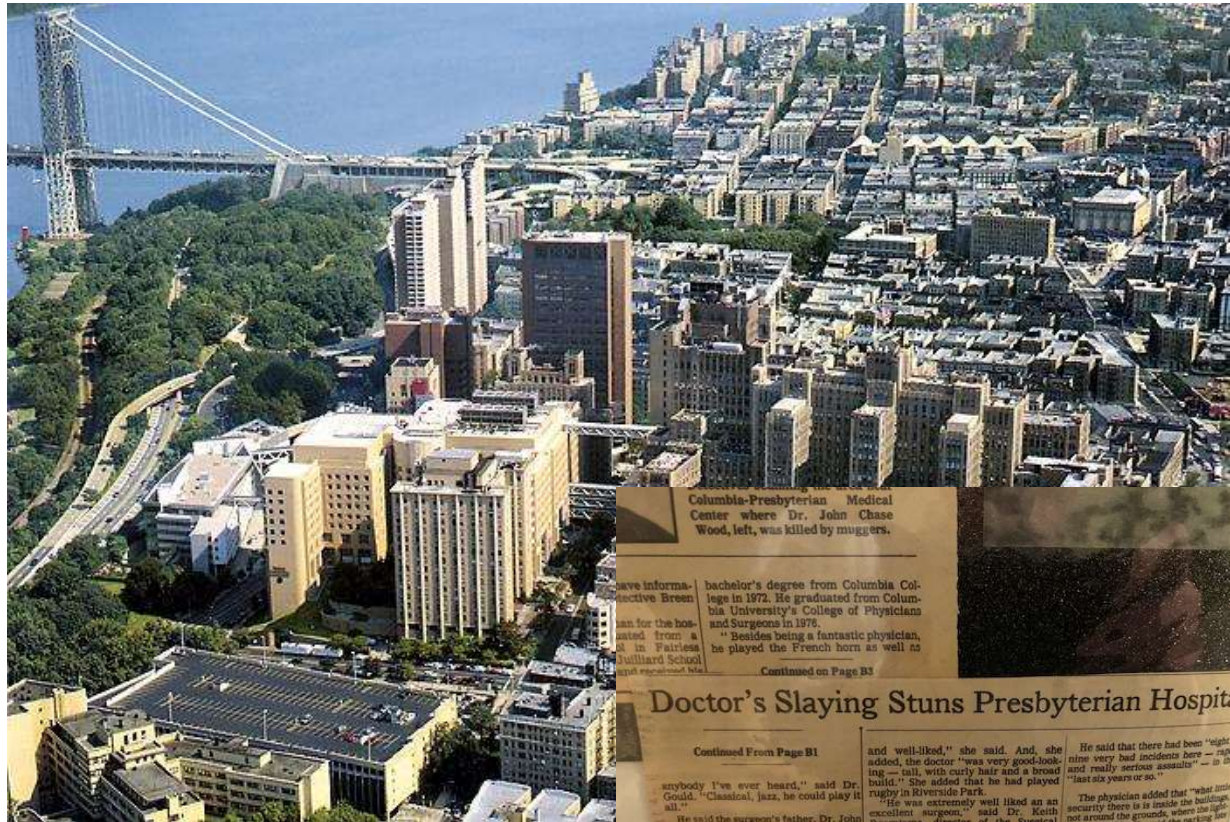


**Dr. Michael Hirsh FACS,
FAAP**





Dr. John Chase Wood II



Columbia-Presbyterian Medical Center where Dr. John Chase Wood, left, was killed by muggers.

...ave informa- bacheior's degree from Columbia Col-
 ...ective Breen lege in 1972. He graduated from Colum-
 ...an for the hos- bia University's College of Physicians
 ...ated from a and Surgeons in 1976.
 ... in Fairless "Besides being a fantastic physician,
 ...hilliard School he played the French horn as well as
 ...nt of ...

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Doctor's Slaying Stuns Presbyterian Hospital

Continued From Page B1

anybody I've ever heard," said Dr. Gould. "Classical, jazz, he could play it all."

He said the surgeon's father, Dr. John Chase Wood, was "a well-known cardiologist in Pennsylvania."

Stuart Parker, a spokesman for the Columbia-Presbyterian Medical Center, said that Dr. Wood, who was one of four children, had another brother who was also a doctor.

Dr. Joyce Ilson, who was in Dr. Wood's medical class, said the young surgeon "was very quiet and unassuming, but he always commanded respect."

"He was very smart and courteous

and well-liked," she said. And, she added, the doctor "was very good-looking — tall, with curly hair and a broad build." She added that he had played rugby in Riverside Park.

"He was extremely well liked an excellent surgeon," said Dr. Keith Resumtama, director of the Surgical Service at Presbyterian Hospital and chairman of the department of surgery at Columbia University's College of Physicians and Surgeons. "John will be missed by all of us."

Another physician at Columbia-Presbyterian Medical Center, who asked not to be named, said, "This is an awful neighborhood, and yet, staff people have to come and go at all hours — and at late hours — and there are very few guards in or around the buildings."

He said that there had been "night or nine very bad incidents here — rapes and really serious assaults" — in the "last six years or so."

The physician added that "what disturbs security there is inside the buildings, not around the grounds, where the lighting is terrible. He said the parking lots were "dark and unguarded."

Richard Zucker, director of the public-interest department of Presbyterian Hospital, said the institution had "an excellent" security force that operated "24 hours a day." He added that while security was not a problem at the medical center itself, the center was working with the police and local community board to combat crime in the neighborhood.

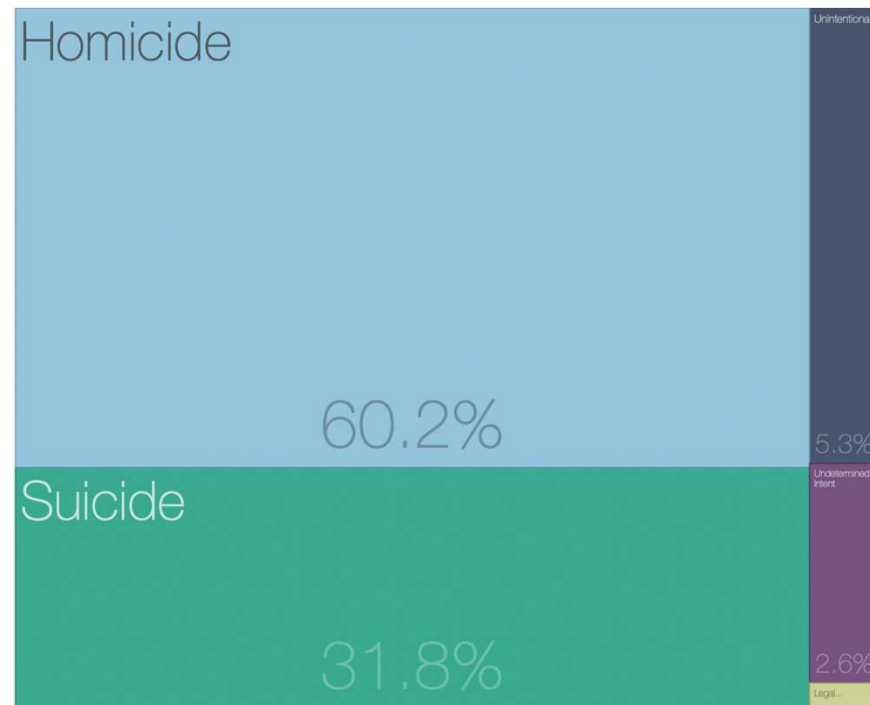
Funeral plans are inconspicuous.



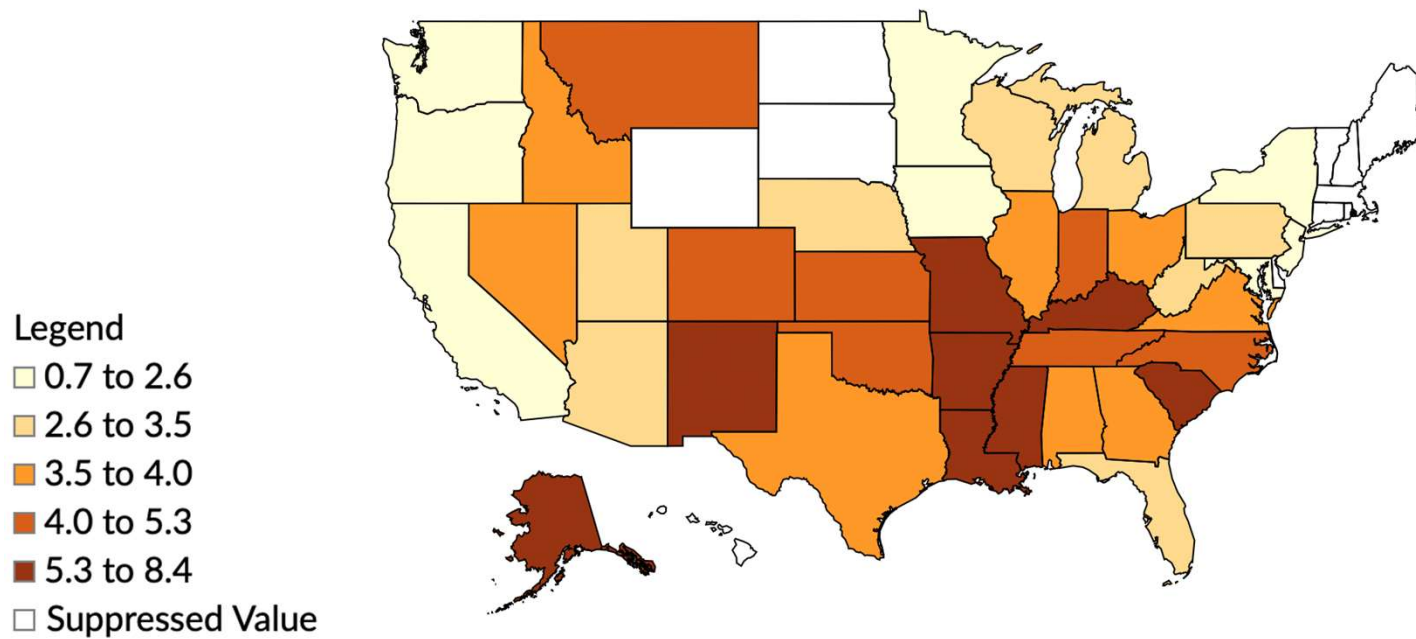
NATIONAL PEDIATRIC FIREARM DATA 2020



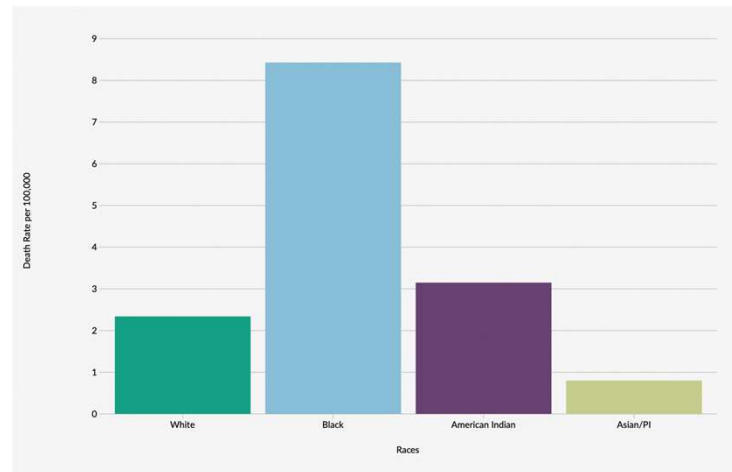
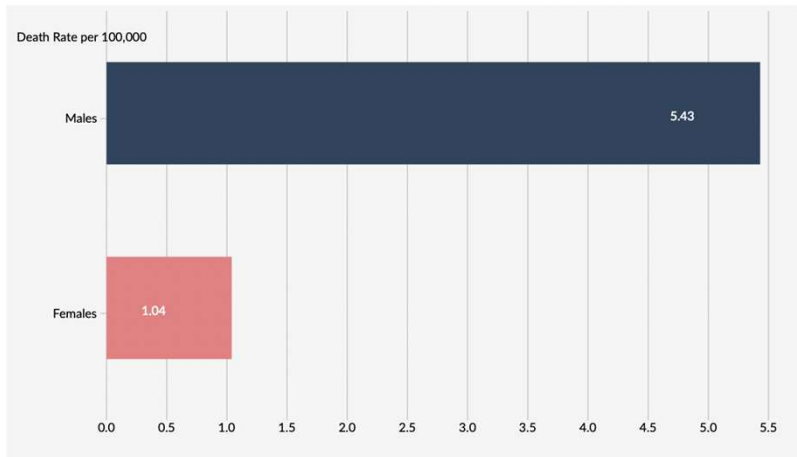
2020 PEDIATRIC FIREARM FATAL INJURIES IN THE UNITED STATES



2020 PEDIATRIC FIREARM FATALITIES BY STATE



2020 PEDIATRIC FIREARM FATALITIES BY RACE AND GENDER



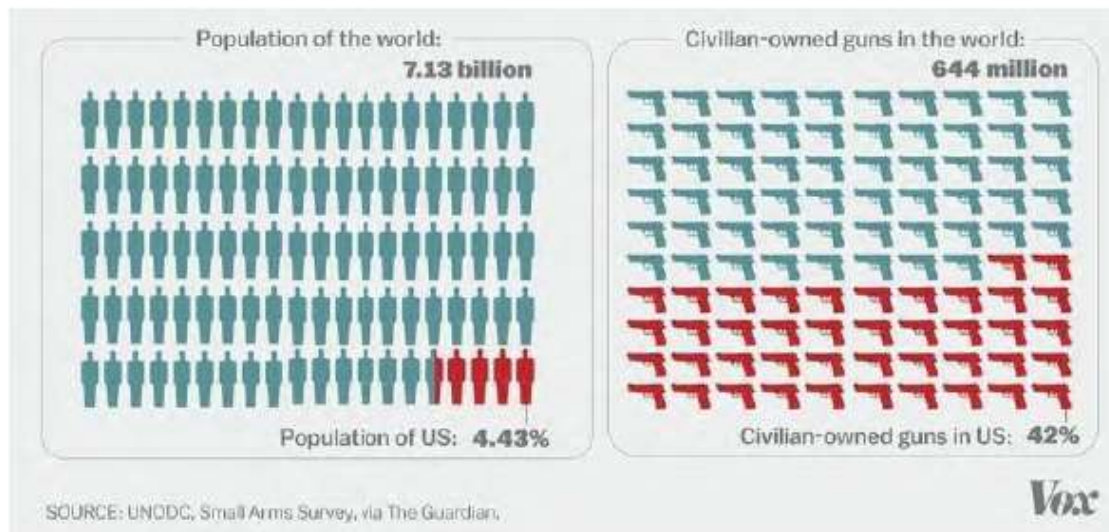
Legend:

- White
- Black
- American Indian
- Asian/PI



HOW CAN WE PREVENT/REDUCE FIREARM INJURIES IN CHILDREN?





Households with guns: 37-45%*
 Individuals owning guns: 27-34%



THE ABC'S OF INJURY PREVENTION

- **A** = **A**nalyze the data
- **B** = **B**uild a Coalition
- **C** = **C**ommunicate the problem
- **D** = **D**evelop the interventions
- **E** = **E**valuate the program
-



DR. BARBARA BARLOW



Safe Children =

Safe Activities

+

Safe Environments

+

Safety Education

+

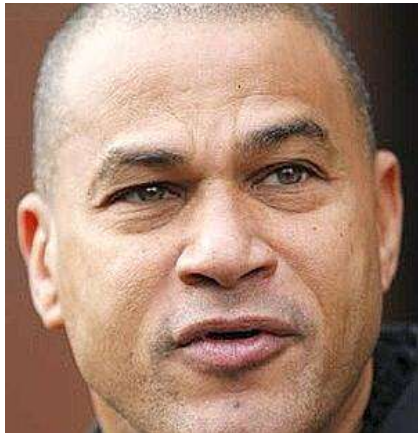
Positive Role Models

+

Community Involvement



GUN BUYBACKS



**FERNANDO MATEO, FOUNDER OF
WASHINGTON HEIGHTS, NYC
GOODS FOR GUNS PROGRAM, 1993**



**MICHAEL P. HIRSH, MD,
CO-FOUNDER OF THE ALLEGHENY
COUNTY GOODS FOR GUNS
PROGRAM, 1994**

**FOUNDER OF THE WORCESTER
GOODS FOR GUNS PROGRAM, 2002**



**MATTHEW MASIELLO, MD, MPH,
CO-FOUNDER OF THE ALLEGHENY
COUNTY GOODS FOR GUNS
PROGRAM, 1994**



WORCESTER GOODS FOR GUNS BUYBACK





Safe Storage Options



gun safe
\$100-\$2000



lock box
\$25-\$100



Trigger lock

\$4-\$30



cable lock

Photo credit: University of Michigan Injury Center

Violence Prevention Initiative

 The Children's Hospital of Philadelphia®



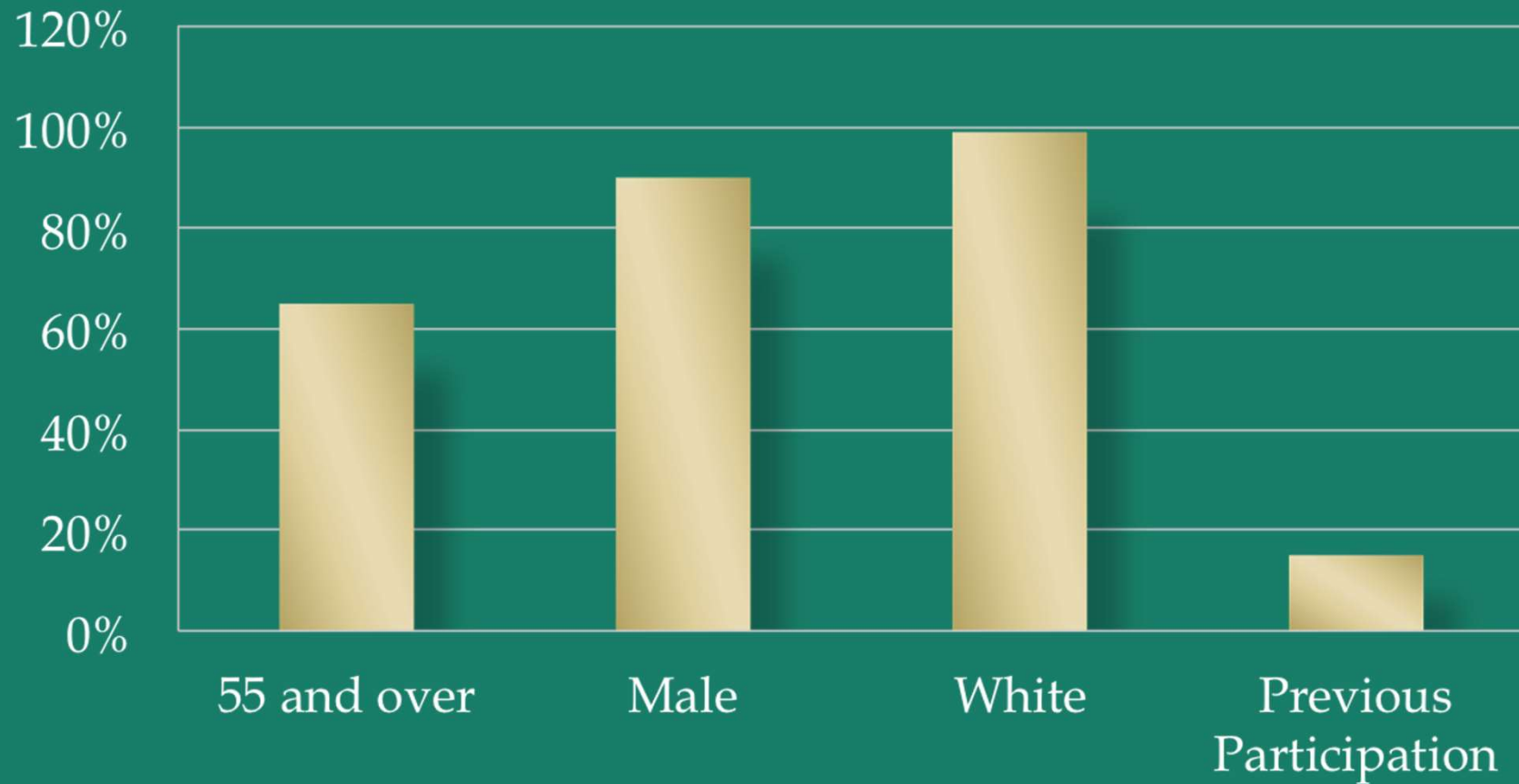
Worcester County, MA Year`	Long Guns	Short Guns	Semi-Auto Long/Short	Replica Guns	Total Guns	Total Cost	\$\$/Gun
2002	67	111	72	0	250	\$12,625	\$50.50
2003	37	116	91	0	244	\$13,550	\$55.53
2004	71	135	99	0	305	\$15,950	\$52.30
2005	43	77	86	0	206	\$11,375	\$55.22
2006	64	77	130	0	271	\$15,200	\$56.09
2007	63	80	74	0	217	\$11,125	\$51.27
2008	27	49	51	0	127	\$6,950	\$54.72
2009	72	93	76	0	241	\$12,150	\$50.41
2010	61	69	65	0	195	\$9,850	\$50.51
2011	48	40	25	0	113	\$5,075	\$44.91
2012	20	50	72	0	142	\$8,400	\$59.15
2013	26	16	43	0	85	\$4,675	\$55.00
2014	4	61	45	0	110	\$6,525	\$59.32
2015	116	122	51	51	340	\$14,100	\$41.47
2016	79	102	46	41	268	\$11,550	\$43.10
2017	96	71	43	51	261	\$10,450	\$40.04
2018	61	21	40	28	150	\$6,275	\$41.83
2019	48	32	35	48	163	\$6,625	\$40.64
2020	8	7	9	2	26	\$1,275	\$49.04
2021	48	28	17	22	115	\$3,950	\$36.70
2022	77	24	41	75	217	\$100.31	\$65.78
2023	20	22	31	7	80	\$8,025	\$100.31

**Are “goods for guns” good for the community?
An update of a community gun buyback
program**

Green, Jonathan MD; Damle, Rachelle N. MD; Kasper, Rebecca E. MPH; Violano, Pina PhD; Manno, Mariann MD; Nazarey, Pradeep P. MD; Aidlen, Jeremy T. MD; Hirsh, Michael P. MD



Demographics Of Survey Participants 2015 (n=109)



GUN BUYBACK PARTICIPATION AND INFLUENCE ON THE COMMUNITY

- 54.2% of survey respondents turned in their firearms for safety reasons
- 86.9% felt the G4G program encouraged neighborhood awareness about firearm safety
- 42.5% felt their homes were now safer



FIREARM VIOLENCE, ACCESSIBILITY TO CHILDREN AND MENTAL ILLNESS

- 22% knew of someone who was a victim of firearm violence
- 83% of participants knew someone who possessed a gun in their home/vehicle
- 62% reported guns remaining in their homes
 - 21% of respondents with remaining firearms stated that children could potentially access



COMMON CRITICISMS OF GUN BUYBACKS

- They do not reduce crime
- They do not fetch guns from criminals or gang members
- They are not cost-effective
- They do not retrieve the weapons of interpersonal destruction
- They challenge 2nd Amendment rights



WHY HAS THERE BEEN SUCCESS IN WORCESTER?

Former WPD Chief Gemme Suggests a Multi-Facet Approach to Gun Violence

- 1) Treat all gun incidents with the same resources as a homicide would engender
- 2) Technology innovation- "ShotSpotter" to identify shooting incidents
- 3) Use discretionary powers of his office to be highly selective in the allotment of gun owner permits
- 4) Community Police/Gang Task Force efforts
- 5) Work with DA Early and Judges to impose heavy sentences on gun brandishers
- 6) Support the gun buyback
- 7) Encourage physicians/med students to ask about the status of gun ownership/storage/access in the home



THE PHYSICIAN'S ROLE IN PREVENTING FIREARM INJURIES

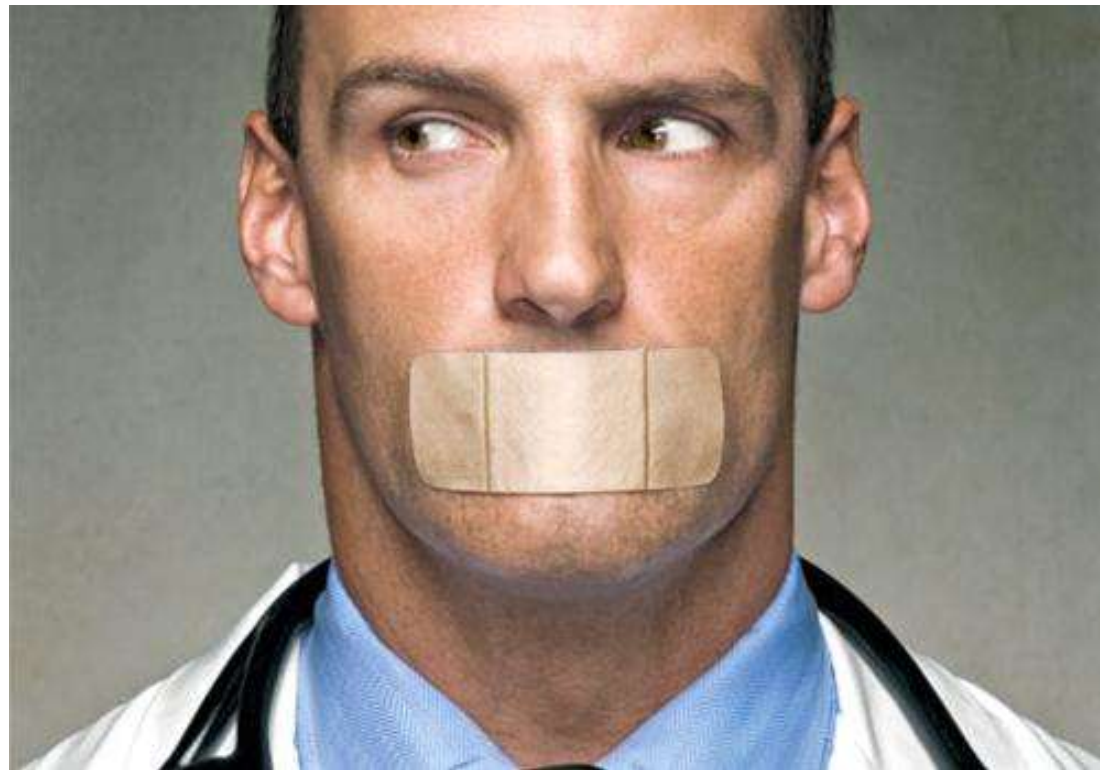


Professional Groups & Parents Agree

- AAP, EAST, ACP, and others recommend **counseling parents about risks and benefits** of keeping firearms in the home
- Majority of gun-owning parents feel this counseling is appropriate



UNFORTUNATELY THIS WASN'T ALWAYS THE CASE





**SAFE (Scrubs Addressing Firearm Epidemic)
UMASS Medical School Chapter**



GUNSENSE TOOLKIT

- **Trigger Lock/Gunsafe**
- **Gun Buyback**
- **Gun Safety Training**
- **Local Police Department Pickup Service**
- **Other Storage Initiatives**
- **Quick Referrals for the Depressed or Angry Patient**



EDUCATE ABOUT THE DANGERS OF FIREARMS



SUGGESTIONS TO REDUCE PEDIATRIC FIREARM INJURIES

- Remove unnecessary firearms from homes
- Safely store firearms and keep them away from children/teens
- Create community ties with physicians, local law enforcement and local government to encourage firearm safety and prevent these events
- Empower and educate providers to speak with families about firearm safety
- Provide quick access to referrals when mental illness is identified
- Educate the next generation of physicians to promote firearm safety and awareness



QUESTIONS?



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7. Scott J, Azrael D, Miller M. Firearm Storage in Homes With Children With Self-Harm Risk Factors. *Pediatrics* 2018; 141.
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10. Green, Jonathan MD; Damle, Rachele N. MD; Kasper, Rebecca E. MPH; Violano, Pina PhD; Manno, Mariann MD; Nazarey, Pradeep P. MD; Aidlen, Jeremy T. MD; Hirsh, Michael P. MD Are “goods for guns” good for the community? An update of a community gun buyback program, *Journal of Trauma and Acute Care Surgery*: August 2017 - Volume 83 - Issue 2 - p 284-288
11. W. Parmet, J. Smith, M. Miller. Physicians, firearms and free speech: overturning Florida's firearm safety gag rule, *NEJM*, 376 (2017), pp. 1901-1903
12. Brittany L. Johnson, Patricia V. Chen, Kristen L. Beckworth, Annalyn S. DeMello, Matthew W. Webb, David E. Wesson, Bindi J. Naik-Mathuria, The American Academy of Pediatrics firearm safety infographic improves firearm safety guidance: A qualitative study, *Journal of Pediatric Surgery*, 2021

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Central Massachusetts Pediatric Gun Violence Prevention Project

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September 9th, 2024



Disclosures

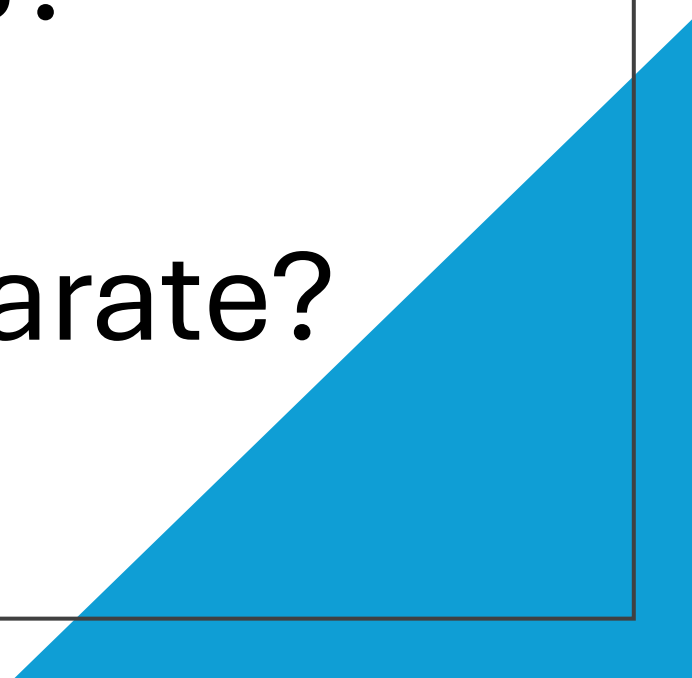
I have no disclosures to
acknowledge at this
time

Personal Background


- Studying history and medicine at Williams College in Williamstown, MA
- Shadowed Dr. Judy Orton at Green Mountain Pediatrics in Bennington, VT



Always asked three questions:

- Are there guns in your home?
 - Are they locked?
 - Is the ammunition kept separate?
- 

Survey of Pediatricians

- Compare their rates of screening for firearms in the home compared to:
 - Sports Safety
 - Car Safety
 - Swim Safety
 - Ask about their role in firearm screening
- 

Survey of Pediatricians

- **Significantly** more likely to screen for sports safety and car safety compared to firearm safety
- **Significantly** more likely to have received formal training for sports safety compared to car safety
- **90%** believe it is the job of a pediatrician to screen for firearms
- **2/3** felt comfortable distributing firearm locks

Pediatrician Focus Groups

- 10 pediatricians from academic and community practices
- Most were never taught to screen
- Many stopped when few patients answered positively
- Two groups independently: **more likely to screen if they had an intervention to offer**

Cable Lock and Poster Distribution

- Five pediatric offices across Worcester County
- Locks received by Worcester Police Department and purchased through AAP CATCH grant
- Posters created via American Academy of Pediatrics



Keep the “safe” in firearm safety

Hiding a gun is not enough! Kids are curious, and studies show they usually know where a family keeps a gun.

Gun safes can lower the risk a curious child will be hurt:



Safe or lockbox for handguns



Locked gun safe for rifles



Gun trigger locks—
inexpensive and effective



Lock box for ammo

Mantenga las armas de fuego seguras

¡Ocultar un arma no es suficiente! Los niños son curiosos y los estudios demuestran que generalmente saben dónde una familia guarda un arma.

Las cajas fuertes para armas pueden reducir el riesgo de que un niño curioso resulte herido:



Caja fuerte o caja de seguridad para armas cortas



Caja fuerte de seguridad para rifles



Candados para gatillos de armas—económicos y efectivos



Caja fuerte para municiones



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Ask your pediatrician about firearm safety and **free trigger locks today!**

Pregúntele hoy a su pediatra acerca de la prevención con armas de fuego y **los seguros para gatillos gratuitos!**

Pergunte hoje ao seu pediatra sobre segurança de armas de fogo e **travas de gatilho gratuitas!**



UMass Chan
MEDICAL SCHOOL

UMass Memorial Health

Cable Lock Distribution

In three months,
we distributed
over 25 locks

Follow up with
11 pediatricians:

9 reported patients
were receptive

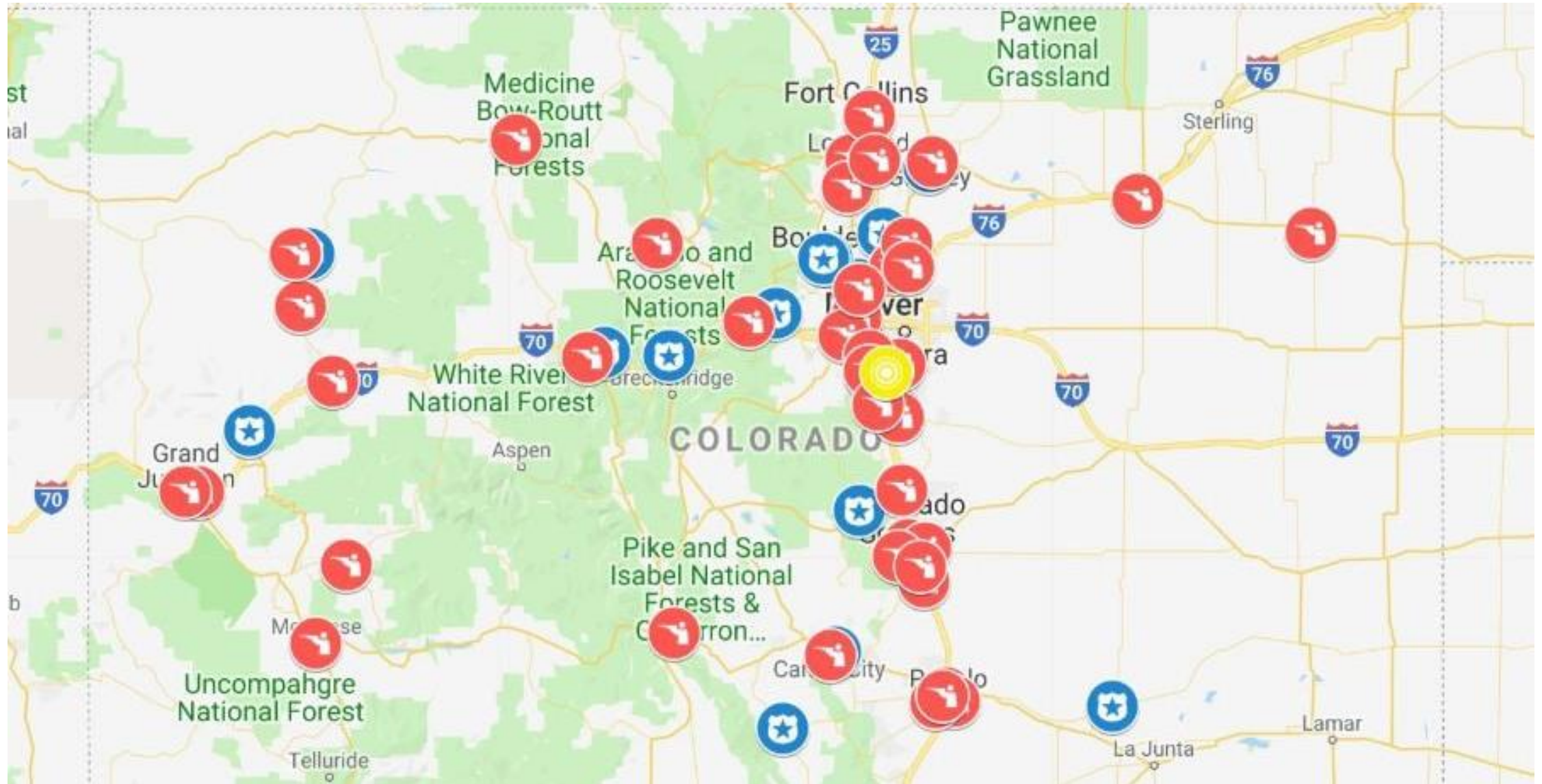
Increased rates of
screening with both the
locks and posters

Patients started
asking about firearm
safety



Statewide Firearm Safe Storage Map

- List of places to legally store a firearm outside the home temporarily
 - Reasons to do so include small children visiting, mental health crisis at home, concern for domestic violence
 - Created for acute care and clinical care settings
-





NJ Firearm Storage Map



Gun Map of Massachusetts

444 views

Last edit was on February 28

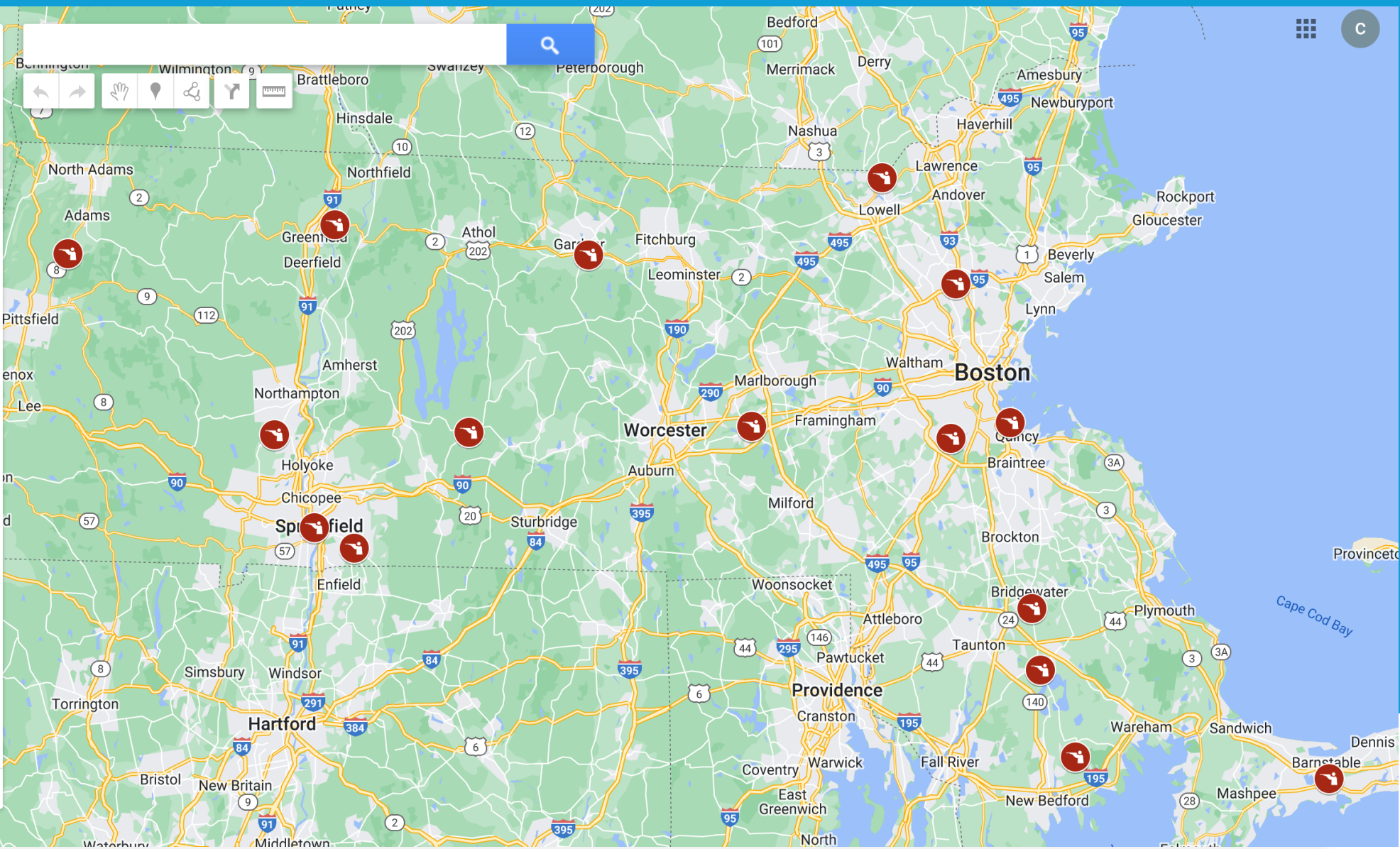
Add layer Share Preview

Firearm Storage Locations

Individual styles

- Cape Gun Works
- B&W Firearms
- Tombstone Trading Compan...
- THE GUN RACK
- Massachusetts Secure Gun ...
- Guns Inc.
- PIONEER VALLEY ARMS
- KC Small Arms
- Precision Point Firearms
- Lakeville Gun Shop
- Eagle Eye Firearms MA
- Guardian Arms
- Eagle Eye Firearms MA LLC
- J&J Arms
- Match Shot Firearms
- On Target Firearms & Indoor ...

Base map





Next Steps

- Cable Lock Distribution
 - Continue to spread existing locks
 - Follow up data
 - Create institutional incentives to continue the project
 - Firearm Storage Map
 - Find statewide entity to assume ownership and maintain the project
 - Requires regular updates to maintain accuracy
 - Increase awareness and access
-



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