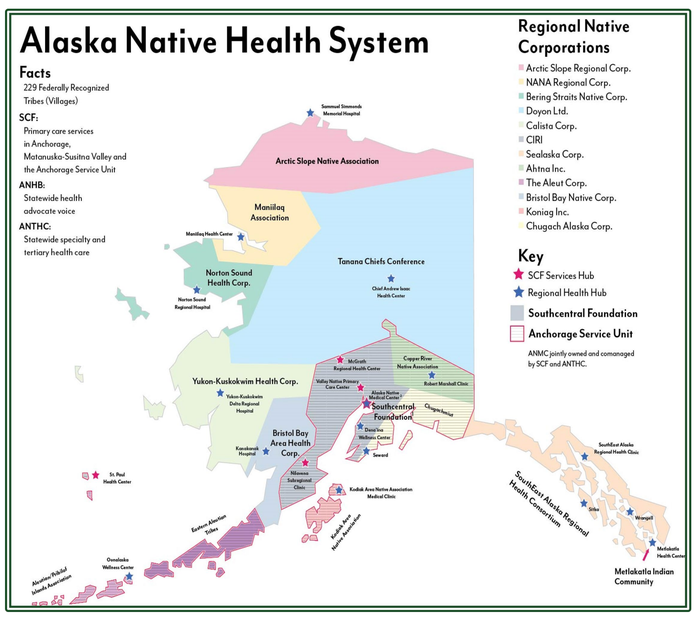
Partnering for Prevention: Implementing Safe Firearm Practices in a U.S. Tribal Health System

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INTRODUCTION

Nearly half of all Americans (40%), and most Alaskans (65%) live in homes with firearms, which are used for subsistence, sport, ceremony, and protection. Alaska has one of the highest per capita firearm-related death rates in the US; 3/4 of firearm deaths are suicides, and Alaska Native people face disproportionately high risk. Most people who die by suicide access health services in the prior year, making health systems important sites for secondary prevention intervention. Safe firearm storage can reduce suicide risk, yet little evidence exists to inform delivery of firearm-safety programs in health care settings. This CDC-funded study used a human-centered design and community-based participatory research to develop and pilot a firearm safety intervention at Southcentral Foundation, an Alaska Native health organization serving 70,000 people through 2 large urban care centers and 14 rural clinics, most of which are accessible only by small aircraft.



METHODS

Beginning in 2023, we conducted semi-structured interviews with 20 Tribal health system patients, called customer-owners, and 20 providers/leaders to identify firearm suicide prevention priorities. Thematic analysis identified stakeholder intervention preferences and priorities. We facilitated discussions of qualitative findings with 3 health system leaders (including customer-owners and 2 providers) to co-design a culturally grounded firearm suicide-prevention intervention. Finally, we piloted the intervention to assess intervention reach, acceptability, and feasibility.

RESULTS

Tribal health system stakeholders strongly endorsed implementing firearm safety interventions. Most customer-owners (80%) and providers (95%) endorsed firearm safety assessment in primary care and other interventions (Table 1). Key themes related to preferred interventional approach included: 1) connect and communicate, 2) educate and train, 3) destigmatize and normalize, 4) safety and prevention resources, and 5) adapt and tailor (Table 2). Facilitated discussions with leaders informed co-design of **Safe Homes, Safe Hearts**, a culturally grounded tabling intervention that promotes and distributes firearm-safety and suicide-prevention resources. From May–September 2025, the intervention was delivered 13 times in two urban and six rural communities. The pilot distributed more than 2,400 firearm cable and trigger locks, 1,300 ammunition boxes, and 50 handgun cases, along with firearm-safety and 988 information, to more than 1,000 community members.

Intervention priorities	Customer-Owners n (%)	Provider-Leaders n (%)
Gun locks and cabinets*	20 (100)*	14 (70)
Resource map and temporary storage options*	20 (100)*	8 (40)
Trainings: firearm safety; lethal means counseling; suicide awareness, mental health, and communication	15 (75)	17 (85)
Raise awareness through community events and/or visual media	9 (45)	15 (75)
Offer incentives for training and/or locking firearms	6 (30)	-
Support groups for concerned family members and/or people with suicide risk	4 (20)	6 (30)
Promote 988 resources	4 (20)	3 (15)

Table 1. Tribal health system stakeholder priorities for firearm suicide prevention interventions
*Indicates items that researchers asked about; all others were spontaneously suggested by participants.

Theme	Customer-Owner Example	Provider-Leader Example
Connect & communicate	"You need to address someone who has suicidal ideation, delicately but truthfully and with candor. You can't pussyfoot around it." (CO-55)	"I will generally ask 'Are there firearms in your home?' If so, 'how are those stored? What is your awareness around firearm safety?' And we just kind of have an open conversation and dialogue about what it looks like for that family…" (PL-16)
Educate & train	"A suicide prevention gun control class would help people here be more interested in coming…People in town here that are Native that are fighting with suicide, offer them an incentive." (CO-30)	"Yeah, it's called CALM, Counseling on Access to Lethal Means, and it's very easy to find on the Zero Suicide site." (PL-10)
Destigmatize & normalize	"[I would like] if it becomes more common [to] hear people on the campus saying: 'oh my provider was asking me if I had guns in the house'. It should be a comfortable question especially in Alaska, almost everybody has a gun." (CO-20)	"Like if you knew when you went to the doctor they're going to talk about firearms. That's what's going to become the norm. And then we're going to empower the providers to be able to talk about it and how to do so in a way that's least likely to cause any sort of angst." (PL-18)
Safety & prevention resources	"Referring them possibly to talking circles, or to encourage them to have one-on-one counseling if they're hesitant to be with a group of people. Maybe they don't want anyone to know that kind of thing." (CO-29)	"I love that we just recently got those locks from the VA. I think that is a huge step." (PL-15) "Definitely would like storage if there's outside storage that you could utilize." (PL-19)
Adapt & tailor	"They always bring [guns] up at - all the bad things about it instead of well, how can a rifle get us a tasty moose. They always talk about how it can hurt someone. But I think about how can it help someone, you know? I get both angles." (CO-45)	"I can't think about gun control too much, because I get frustrated, but about hunting and whatever, right? We know that subsistence is a big part of people in Alaska's lives, so we need to know how to have those conversations in a tactful way that is supportive." (PL-11)

Table 2. Key themes and illustrative quotes

IMPLEMENTATION



CONCLUSIONS

Stakeholders across a large Alaska Tribal health system strongly support firearm-safety interventions as a component of suicide prevention. Patients and providers endorsed incorporating firearm-safety assessment into primary care and normalizing nonjudgmental conversations about safe storage across the health system. Findings underscore the importance of contextually relevant interventions that promote awareness, communication, and access to safety resources. **Safe Homes, Safe Hearts** reached >1,000 people and was feasible to implement and highly acceptable among urban and rural community members. Next, we will adapt the intervention for a multisite hybrid effectiveness-implementation trial to assess its effects on safe firearm-storage behaviors and identify factors needed for sustained, scalable delivery.

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