

## Transcript

### **Team-Based Care: Gun Safety Conversations in Clinical Care – A Community and Behavioral Health Lens**

Dr. Bigham: Welcome to Team-Based Care, a podcast for the interprofessional health care team produced by the Office of Continuing Professional Development at the University of Wisconsin School of Medicine and Public Health. I'm Dr. James Bigham, your guest host for this episode. I'm a clinical professor in the Department of Family Medicine and Community Health at the University of Wisconsin School of Medicine and Public Health. This podcast is approved for continuing education credit. More information will be shared at the end of this episode. At this time of the recording, my guests and I have no relevant financial relationships with in eligible companies to disclose. In this episode, we're going to explore how clinical conversations encouraging firearm injury prevention can and should be approached through trauma-informed, community-centered, and behavioral health lenses. These perspectives center on harm reduction and help the healthcare team engage in respectful dialogue that builds trust, embodies cultural humility, and promotes healing. To share insights on how healthcare professionals can navigate these sensitive conversations, we're joined by two incredible guests, two folks that I'm glad to call my friends. Anthony Anthony Cooper Sr. Sr. is with us today. He's the CEO and founder of Focus Interruption, a pioneering organization specializing in community violence intervention and prevention in Dane County. Anthony's relationship is rooted in deep commitment to creating safer, more inclusive communities through innovative and compassionate approaches. Thanks for being with us.

Anthony Cooper Sr. Sr: Yeah, thank you so much for having me. We're also joined by Bethany Garcia Garcia, who's a licensed psychologist and mental health professional at UW Health here in Madison, Wisconsin. Bethany Garcia specializes in mental wellness and goal setting, bringing available behavioral health expertise to the conversation. Thank you so much for being here as well.

Bethany Garcia: Excited to be here today.

Dr. Bigham: All right. So I'm excited. I just want to get right to this. So I'm hoping just to hear a bit of background from both of you. So could each of you just briefly share your background and what brings you to this conversation about firearm injury prevention and clinical care?

Bethany Garcia: Yeah, I'll take that one first. So I am one of three behavioral health supervisors in collaborative care, which is a model of brief integrated care that we have

implemented at UW Health. And what brings me to this conversation about firearm injury today actually started shortly after the school shooting that happened locally at Abundant Life Christian School. That incident really shook me personally. And one thing that I often ask my patients when they're going through something, you know, some kind of similar event that, you know, shakes them emotionally is what is your sphere of influence? And so after that incident, I reflected on that question myself. And for me, that is the work that I do in collaborative care. So I met with my manager for collaborative care. We reflected on how are we assessing firearms within our program and how can we do that better? And that really was where I could have an impact in the care that we provide our patients.

Dr. Bigham: awesome thanks, Coop?

Anthony Cooper Sr. Sr.: well um man so I guess it kind of just to kind of out simplify but then also expand on it quite a bit just the fact of one being someone who has been identified as someone who has actually had traumas from firearms um I've not only um the first person I saw that who was shot was a very close friend of mine by gang violence, I was probably 11, right? And so, and not really understanding at that time, one trauma, but not understanding that we're, I knew that it was something that should not happen, but I started seeing people that are in my community, outside of my community, that were being, that were either they were either doing the violence or also the other part of it is also being a part of the violence in one way or another and so I knew that one as I was changing my life around and being able to bring other people with me and really noticing like oh man what's trauma right and really digging deep into that but then also one of the things that what we talk about quite a bit. I feel like it's probably more set now when we have to start really having the bigger conversations, the generational trauma that is happening throughout our community. When I think of my close friends, when it was 15 of us, there's only four, right? So whether if it was from incarceration or from acts of violence that happened in our community, which ultimately led to death. So my thoughts are like, okay, how can we not only change the narrative, but also making sure that we're getting people to understand it's not just the inter-practice community. Gun violence and violence as a whole affects everyone. It affects our babies as they're navigating and kind of figuring out what is right for wrong. And then also for our parents who have continued to live in it, but yet never knew that there was something that they had to do or knew that they were even being affected by it, right? You know, I have some friends of mine that who, even to this day, you know, they don't even like to be around fireworks because of the things that they've either been a part of or, excuse me, or also who have been affected by gun violence as well. So, you know, like, I mean, when I was 14, I can never tell you PTSD. I couldn't even have the language to be able to talk about the other challenges and things of that nature. But now we can sit at a table and say like, man what's going on with you and so people are starting to talk about

what is it um the matters of the heart right that's that ultimately either led to gun violence or have been a part of the some type of way yeah

Dr. Bigham: Thanks for sharing i mean lived experience for many of us i think is what's drawn us into this space and trying to understand more for the sake of having an impact as far as harm reduction. I'd love to take a step back and for our listeners, especially try to better understand just the landscape that we find ourselves in here in America. We have a very unique culture around firearms in America. And I'm wondering from your perspective roles, how do you see firearm related harms showing up in the lives of the communities with whom you work or the patients with whom you work? Bethany, do you want to take that first?

Bethany Garcia: Yeah. So as a mental health professional, I think the most prominent way that this shows up in the work that we do is related to suicide deaths. Firearms are a very lethal means of suicide. I think the statistic is somewhere upwards of 90% of all suicide attempts that involve a firearm end in the death of the individual. Suicide is often a very emotion-driven decision made in a moment of immense psychological pain, often where the person is not capable of accessing the parts of their brain in charge of logical, rational decision-making. And so for me as a mental health professional, a lot of the conversations around firearms reflect back to safety planning. When I'm talking to someone about safety planning surrounding suicidal ideation, what the language I'll often use is I want to put as many barriers between you and making that choice. And there's just not a whole lot of room when it comes to a firearm. It's very, it's very vast. There's organically not a whole lot of barriers. The good news is, is that we can create barriers. We can put things in place that slow down the process of the person accessing that firearm. And that gives the other parts of their brain a chance to catch up to say, actually, maybe I don't want to do this. What was it that I talked to my therapist about that I should do in this time? Maybe I should call 988 instead. And so I think as mental health providers, we really have a very high, a very strong responsibility to have these conversations with patients as it relates to suicide.

Dr. Bigham: Yeah, it's important to be working upstream. We want to absolutely make sure we have a chance to intervene before there's potential for injury. And in a state like Wisconsin, we know over 70% of firearm deaths are suicides.

Bethany Garcia: Yes.

Dr. Bigham: And so if we're going to be working on this we got to be working upstream 100 and coop you in the work you do with focused interruption you're also working with communities and individuals unfortunately after there's been a firearm injury and so we

talk a lot about just in the whole spectrum here up and downstream and tell me more about the work you're doing and and how you're intervening and trying to kind of break up that cycle .

Anthony Cooper Sr. Sr.: so well first i want to say thank you for what you said um because it's a couple of different things there because i think sometimes the especially when it comes to um you know i'll be very frank as you know you and i we talk offline quite quite a bit so um you know especially when you talk about black communities a lot of time we don't talk about hey it's like all right well yep you have this agency that responds to the hospital responds to the scene being able to navigate with families being able to also um after someone has been shot um but then also um we don't talk about what are the other challenges there the not only the trauma piece of it but then also because some of the people that who have won't talk about suicide as much that in some of our urban communities and i even hate using the word urban because it just sounds whatever right um right but but at the same time but it happens right there are there are young there are young men um adults fathers who are trying to figure things out or whatever and sometimes when we we have to also come back to that as a conversation a suicide right because sometimes for some people when you say hey i'm just gonna forget it i gotta do whatever i have to do in order to to to support my family at times if we dig deep that's also another version from my from and i'm not a doctor so i i want to make that clear but there's also another version of suicide because i'm willing to go all out to do whatever i have to do because what i've tried to i tried the right way i tried to do all these other things that were um i tried to seek help and things of that nature, but have not been able to do that. So with our agency, we've been able to connect those dots and also build wraparound services for individuals. That means that's the prevention side of things when we talk about firearms, but also afterwards to be able to let people know that they care, right? But I think also something else that we have to make sure that we talk about Because there's not enough. And this is I feel men, women, black, brown, white, whomever, are actually going to talk to a therapist. So that's a that's a that's a that's a missing piece that is happening in all of our community, because a lot of times folks are saying, hey, there's nothing wrong with me. One of the things that where I think was so powerful when someone told me, they said, I love the fact that you show up, but also you're consistent. And I don't have to have I don't have to I don't have to be a part of something. I'm just here. Right. To be able to talk, you seek someone as help. And I think that's a piece that we're for our agency, a focus interruption has been able to help to make sure we can kind of help someone if they decide to. And even the word help sometimes can be misleading because we want to make sure this is a partnership that we're standing side by side. So if they want to see a therapist, we have the ability to be able to point them the right way. I've had people that have actually

said, hey, can you sit in my first conversation with me? And then I walk away. But at the same time, we'll still have conversations behind that. So now they feel as though they're being supported in both ways.

Dr. Bigham: Yeah, I think that's important to recognize that there are many different types of barriers people may have. There may be some stigma, actually not maybe, there is stigma around our mental health care and even accessing mental health care. It's important to make sure that you're in that space to help cultivate trust and help people kind of feel like they can't get plugged in to get the care they need. We're sitting here today talking about a topic that for a long time felt like it was unspeakable. is something that, like, folks, it was hard to actually get to. And folks sort of said, oh, you know, firearms is not a health care issue. That's this other thing. And so we've seen a shift. The fact we're sitting here today and having this conversation, our listeners are, you know, living in a world where this is becoming more on topic. And I'm kind of struck by the fact that we should take a minute and just kind of unpack, like, how did we get here? What is it you feel has kind of changed in our culture that we can now talk about this?

Anthony Cooper Sr. Sr. : To me, I feel like I feel like the conversation, I don't feel like that we didn't necessarily talk about it. I think now our universities are having a little bit broader conversation about it based on the fact that now it's hitting in different places in a different way. Right. So when we talk about suicide or we're talking about people just feeling unsafe and feeling as though that they have to carry a firearm. Right. But then also, and then you tie the other piece to it, the mental health aspect of it, is that the fact that we're, you know, mental health is differently in different ways. You know, I have people that we're even from the university or or just in our community that sometimes they say, oh, like, man, I wasn't I felt like I wasn't like this until I got here. right and it was like like wow but then to me that you know again i'm not a doctor and i'll make sure i'll say that is that i'm like wow i often wonder how often was this person feeling as though they were trapped in their own body uh or right and then and now they're they have this feeling that is uncontrollable and now they find themselves whether it's incarcerated whether if just carrying a firearm and doing something that they shouldn't have done, putting one of their hair in, you know, voices, you know, all types of things that can possibly happen. But what can we do as a community to find the best way of being able to find support for those individuals? Because mental health, it can hit all of us in one way or another. And what are we doing when something does go off? What are we doing to make sure that we're talking to a therapist or talking to someone of support that can help me or help that person along the way. Yeah, that's good. You make a great point there that this has been an issue. It has been talked about in some circles, but a good subset of the population, I think, was able to kind of ignore it because it was kind of like someone else's. It's over there. It was theirs. Right. But now we're recognizing more and

more it's ours. Right, exactly. it's a community-wide or kind of a, there's no life untouched by this. Bethany, what have you seen as far as, as you're engaging these conversations and it's becoming more of what you're doing with your clinical practice? Have you felt a culture shift on this?

Bethany Garcia: I really have. You know, I think that one thing I have noticed on the clinical side of things is that we have a much larger population health lens. So there seems to be a much better acceptance and understanding that so much of someone's health outcomes aren't exactly related to what happens in the doctor's office, right? Or whether or not they're taking their medication or if they have the right diagnosis. So much of it comes from what's happening in their environment. And so housing matters, food insecurity matters, transportation matters, your relationships matter. Right. All of these things matter. And so not just the medications I'm prescribing. Right. And so I think because of that, talking about firearm injury prevention has become so much more of a focus in clinical environments, much like talking about using seatbelts. You know, this is a, this is a public health concern and something that we need to be, we need to be educating folks on and connecting them to their community and giving them resources so that they can live the healthiest life, life possible.

Dr. Bigham: yeah that the a bit of a shift in focus and then more of that panning back having a population health lens and that actually in some way sidesteps the the politics that many people are afraid to get into so talking about responsibility and harm reduction instead of things like rights or laws that's a helpful kind of way to shift this i want to get back to a bit of what you're talking about coop just with respect to the impact folks often feel um related to firearm related harms and you know as you're doing hospital -based prevention work i'm just worrying a bit more about how you employ a trauma -informed approach as you're doing your work so i think that's an important thing to actually understand more globally the impact and how that plays out and even when you're interacting with someone how you might counsel someone right

Anthony Cooper Sr.: so one of the things it's a big question yeah yeah i'm just like all right all right but i got it i got it i got it so so so one of the things is first off we have to meet people where they're at yeah right but then also i think that we're um and which helps especially in our community is the fact that where even though if you may see me responding at the hospital or responding um at the scene of a crime is the fact that where they one i'm someone that's trusted in the community and then two they know that i'm going to be consistent they know my team will be consistent and being able to find out that we allow law enforcement to do their job that's their job investigating the scene our whole thing is we want to care we care about the health of that person their families and you know what's

next because there's not a cookie cutter approach to the way how we do the work it is more of being able to be repetitive and a consistent piece of it but then allowing people to know that they are that they are a part of the community And I feel like I'm cold switching, so I'll say how I normally say it is the fact that they are a part of the village that they live in, right? Because just a lot of times people feel so separate. I can't count on one hand, but how many people say, hey, you know, I should stay in the house, right? Because it's not that they don't want to be able to go and navigate. It's just sometimes they feel like that's the safest place where they can be. and so when you're able to help people to allow them to know like hey you know what this is going and there's nothing wrong with standing in the house for my people that who do not necessarily like some folks just like that but but there is a piece that where you allow people to know that i'm also a part of your community you know i um something that i've mentioned this before as far especially when you talk about even the campus a lot of times it's two two separate worlds you You know, one of the things that it was an article some years ago, I believe it was 2022 or 2021, was talking about the tail of two cities. But it's actually three. Right. And so in the deeper you really dig into that is probably even a couple more that where it's sometimes not necessarily talked about. And so how are we able to navigate and cultivate a relationship to help people build and learn about not only the great city that we live in, but then also the great people that are living in the city who are trying to build with their families and things of that nature and with the hope of being able to retain, but also not only retain, but then also allow people to know, like, hey, look, this is a community that cares, that wants to see people do the best that they can. right and but they also have to i think even as a community we also have to be able to allow people to show up as themselves right i mean because i could have came down here with a suit on and they're like oh you know things of that nature and uh and the suit would have probably represented something else and you know because also the court advocacy will so but it's it's still the whole thing of we can sit down at a table and talk about the challenges that not only that we see but then also the things that we want to be able to do together. Because even though in this conversation, I think one of the things that I would say about you, James, Dr. Brigham, I know you go by many names, the jokester. Wow, that is getting cut. But one of the things I love about even in talking with you, just over the years now is that it has been it's a consistent relationship we may not see each other every day but we are still able to be able to talk about the challenges and also the things that where we talk about you know safe storage and things of that nature and then also talk about where are you seeing things from your point of view right where you say things from your point of view and being honest with each other i think that there's so and i won't get to the sandbox theory but that's i made later but that's just something i think that where we've gotten away from that just as people of being able just to kind of talk about hey we know that just last night there was a there was someone that who was who was shot let's talk a

little deeper wasn't man i wonder how how is this kid's feeling i wonder you know how his mother's feeling how's his father so what else is going on what do you think are some of the challenges that are happening in the household and being able to really kind of pierce through that to be able to get to whatever the next step may be um for them and their family yeah i mean this is hard work yeah this is not about statistics exactly right and it's not even about like trends it's about the individual and their own unique experience exactly i think you need to say that again because sometimes sometimes could i say the same thing right how much this is heart you know the heart of the the work that we're doing because this is not it's not hard work because we care about the families that we work with and we care about people right and we're able to show up right and so um you know because at the end of the day if we weren't doing it from our hearts i'm pretty sure many of us won't be here right now.

Dr. Bigham: yeah i think uh it's showing up and showing love.

Anthony Cooper Sr.: yes exactly in many ways so Bethany when you're working with the patient behavioral health is this really intimate close space you're cultivating trust tell me more about how you're you're finding your way into the space you talk about a really vulnerable thing which is potentially like risk of self-harm with a firearm it's a it's a big topic yeah it's probably not your first question

Bethany Garcia: No, no, we don't hop to that one first. Yeah, no, I one thing that really stands out that seems to be a theme in many of the responses so far has been consistency. And I think that that is really crucial in the work that we do with folks in psychotherapists, too. Um, one thing that makes collaborative care a little bit different from traditional mental health treatment is that we're integrated within the primary care setting and we really seek to engage people in care. And so if someone misses their appointment, if someone cancels their appointment, we are actively reaching out to re-engage that person. It's a very relationship-based model that really prioritizes having many frequent contacts with the person in more traditional brief psychotherapy appointments, but also just in outreach in between those appointments too. And so I think that that is really important when we are circling back to how we talk about firearms, because when I'm working with a patient and as I'm guiding my team in these conversations, we often need to have that foundation of the relationship in order to have these conversations be effective and going in with a lot of humility, too. I'm not a firearm owner. I didn't grow up with firearms. And so I need to understand my potential bias and my life experience and how that impacts maybe my view of this conversation or a person's experiences. and really recognizing that it's a privilege that I have, that I don't feel so unsafe that I don't have to carry a firearm with me 24-7, right? That comes from a place of privilege that not all of my patients have. And so, you know, I

think that meeting people where they're at showing up consistently doing that heart work just in a different setting is equally important in the therapy space too definitely Dr.

Bigham: yeah i think that's important to make sure that we're being culturally responsive we're creating emotionally safe environments especially if someone's experienced trauma yeah definitely there's a role to play and just really almost explicitly helping people understand that they're going to be in a safe relationship or in a safe space. The beauty of the collaborative care model is it's really an extension of the primary care provider's relationship. And it all happens within the space of the PCP's clinic. And it's a warm transfer, which is a beautiful thing. So we're trying to leverage and cultivate trust and help the patient just to signal that this is a trusting relationship. And it's kind of within the place where they receive their medical home, which is great.

Anthony Cooper Sr.: I think one of the things, too, I thought was beautiful about what you said is that, because we all know it takes time, right? Any relationship, it takes time. And I think that we're, you know, I feel like the fact that we're being able to show up consistently and at least allowing people. I'll say that you're basically giving people nuggets of being able to say, hey, look, I'm part of your team now. I'm a part of your, we're a part of this unit, whatever that may be or however you want to call it. and i want to see you do well right sometimes it starts just from there right um you know it starts i mean because in elementary school things of that nature that's where it should start right but then i think you know gradually sometimes some of those things change you know as those our younger people are dealing with day-to-day life right and then our parents are dealing with day-to-day life and also trying to figure out you know what that next step and especially they have other additional challenges, food insecurities, housing insecurities, education, and so on and so forth, you know, and so of helping folks understand that where, hey, you have purpose, and also I want to be a part of your purpose. I think it really, really, it grabs people in a different way, and it helps them understand that where we are going to be used together. Where at times they may have felt like they were pretty much by themselves.

Dr. Bigham: You're both doing really great work. You're doing it.

Bethany Garcia: Thank you. You're doing it. I see it. And I know both in your personally, so I know that it is actually being translated into real-world application. This didn't just happen overnight. No one just... No. It happened. So there's some barriers. Yeah. and maybe we can have a little polite conversation around like what are some barriers that if folks are sitting here thinking like oh i want to lean in i want to get started i want to do this thing are there some barriers we have to make sure that we're thinking about and addressing so that we don't step in it before we get started just think about the person who might want to just get going on this what what might we encourage them to be thinking about as far as the the

barriers to finding success Anthony Cooper Sr.: I think a lot of times sometimes it may be as simple as being able to really understand the community you live in right um and being able to well the community you live in and also the community you work in and and not just as or just showing up as dr such and such or you right really navigating you know go visit some of the communities uh hopefully they're out there go to um you know go to the festivals and things of that nature and trying to understand and embrace get to know people right and you know i think that that is one of the things that would helps but also i think that again going back to consistency of what does that look like and then also you know find yourself a village that way you can be honest with as well because sometimes you have people who are very good-hearted people who really want to but don't want but also the pushback is don't feel like you have to come in as a savior right come in as authentically you and then and then navigate from there and also know that everyone's not going to connect with you that's okay but find other like -minded people that often at times have different experiences and being able to navigate those relationships. I think that is a way of being able to kind of start and kind of gradually grow. So it sounds like build a relationship, don't force one. Right, right, exactly. Let it kind of naturally become what it's going to be. Right, and I'm going to say something. Don't edit this. So because I think, especially when it comes to, I think sometimes some of the challenges even with the university, right? some folks may say oh all right i really want to know the black community but if you're only coming to me because you just want a black friend that's never going to work with me and other people that you know from other nationalities because we have to let's just talk as human i don't you know you know what's a transaction yeah right right transaction right exactly you know let's just talk you know like hey all right you i mean we're not going to get into sports right now because I'm not going to go there. But just know that someone here has a rival team. It's all right.

Dr. Bigham: To be clear to the listeners, we're divided on Packers-Bears. And we're still making peace go, Packo. We're still making peace.

Anthony Cooper Sr.: But you know what? But even in that because I meet you where you are at at some point, I would like to go to a Packer game with you.

Dr. Bigham: And I pray for you. I pray for you nightly.

Anthony Cooper Sr.: but i i say all of i i say all of that because i think that we're the more and more that we're able to really feel i'm going to say the thing that i didn't want to say earlier so when we're when we're all kids it's a sandbox right this is i always call it the sandbox theory when we were kids and we played in the sandbox together sometimes if you put sand on my hair i put sand on your hair you may get mad at me i get mad at you but at the end of the day we're still able to come back to the same sandbox and play as kids and know

each other and still like, hey, you know, enjoy life in the sandbox. I think as we continue to grow and be the people that will be growing and evolved to adults, we forget what that sandbox felt like. And we need to get at some point, there's pieces of that, that relationship piece that we need to get back to. That's just, yeah.

Dr. Bigham: It's a good word. So Bethany, I'm wondering if you could share a little bit, just one quick success story you've had as you've engaged patients on this.

Bethany Garcia: Yeah, I think speaking to kind of a programmatic level, some successes that we've had. So we did implement a training program for clinicians. That was when we sat down and kind of thought through this problem, we recognized that, yeah, there's some systemic barriers to getting resources. You know, our clinicians didn't have access to gun locks in a way that we wanted them to. But the biggest problem was our clinicians comfort in asking these questions and providing the education that patients really needed. And so we did a half day training. James came, gave a wonderful training to our team. They got some hands-on training with gun locks. We also implemented some different resources into the EMR, the electronic medical record for our clinicians so that we could fold in best practices into our already existing workflows so that it wasn't a huge change for a clinician. It was easy to access them. And really, when we looked at the results after this little quality improvement study. I think the biggest win that makes me the most proud is that a third of our team shared that three months post-training, they had already given out a gun lock, which is awesome. And we just saw a really robust shift in how comfortable our clinicians were in hosting these conversations. We had a lot of folks sharing how they had never, you know, they had never attended a training before. And then now, you know, I'm, I'm having all of my clinicians kind of circle back to me and say, Hey, you know, remember that high risk patient I talked to you about, we were able to make a safety plan for their firearm and I gave them a gun lock. Like I can't even, I, I, the stories like that have been so numerous and that I think is the work because that's going to have a trickle down effect into our community and into people's lives.

Dr. Bigham: And you're shifting culture. You're like making it on topic to really go there and doing it in a way that the patients feel like they're being cared for. They're being shown love, right? Yes. And really making it sustainable work, right? So this is part of our onboarding now. This is something ongoing that we're really committed to moving forward.

Dr. Bigham: That's great. Coop, I want to just wrap up asking you one kind of big question, but many of our listeners are going to be part of the healthcare team clinicians and i'm wondering if you could just give a nugget of advice for a new clinician who's thinking about engaging this worker somebody who hasn't done it before because you're gonna you know approach their community what would you recommend

Anthony Cooper Sr.: would recommend definitely engaging with agencies like ours um to being able to just have the the conversation right and coming you know coming with coming with the fact that hey you don't know it all right but then also and that and i'll be the first to say i would i would never come to any space and act like i know it all because i don't right but i think also that has been almost a part of my superpower because i'm able to still you know we're able to dialogue on what the things we don't know but also the things that we can learn together and i can say as a physician sometimes we make the mistake of thinking we know and so that's just a good word for us to like maybe take a quick time out and step back and actually see like who else is in this space doing good work to actually understand kind of the landscape yeah because again it kind of really just takes things it allows us to be able to navigate differently but then also being able to bring our strengths to the table and also to be able to bring our strengths which includes our experiences but then also some of be able to share our art the things that what we failed at also um and i think that where if being able to come into our space that is kind of the thing that what we do right um we are actually we will be hosting some trainings and things that i think you're up here pretty soon being able to just talk about you know how do you meet someone where they're at how are you able to be able to navigate the different pieces whether it's being able to navigate trauma but also So being able to be a part of the community, being able to get folks involved, whether it's volunteer or just being able to make sure that people are aware. One of the things I do want to mention as far as the whole thing, even with gun locks, right? I think we have to also be able to look at ways of being able to have the broader conversation, gun locks and, right? Yes. You got it. 100%. You know, because once we're able to do that, you know, other safe storage, you know, but then also because I can only imagine how many kids are being saved by the fact of from a gun lock, but also having safe storage, saving their lives and also saving the lives of their families. So I just want to make sure that's being said, too.

Dr. Bigham: Yeah, so comprehensive, so secure storage, and that can also include things like a cable lock or trigger lock, but could be safe. also training is important so folks should make sure that they have training if they own a firearm.

Anthony Cooper Sr.: and and i'll be quiet after this one part too but then also i think about the individuals who are not even thinking about gun locks right because of but there's a training piece in communities that also need to be able to hear this as well because even though joe bob i would obviously may be carrying a firearm illegally but think about if he's still if someone is also talking or he sees the language about hey if you're carrying a gun lock it up because you never know what may happen right you never know your child or someone may end up getting a hold of that firearm as well because we've had had those situations happen I mean throughout the country but we've had those situations happen

also in our community but oh I just thought I can just keep it there until something happens now we just lost a baby so So that's just how real it is for me. You know, I just want to make sure those things are being brought to the table. Yeah, thank you for having this discussion.

Dr. Bigham: Yeah, thank you for sharing me. This is a very real topic. And I think in many ways, as we're engaging in these conversations and encouraging clinicians and our healthcare teams to get involved, it's because of the very real impact on human lives. And so this isn't just about trying to give out cable locks or just trying to be able to enter something into the electronic health record. It's actually about real harm reduction and helping people bring front of mind what they can and really should be doing to make sure they keep themselves, their families in our community safer. And it's going to take all of us. Right. Exactly. All right. Well, this was so much fun. I really enjoyed this conversation. I have a sense we could keep going for another hour. So we may wrap up and then turn mics off and then just keep going. But I really do want to say thank you so much to Bethany Garcia. Thank you so much Anthony for being here

Anthony Cooper Sr.: Yeah no problem really appreciate it i know it's kind of hard for you to call me anthony everyone calls me coop so so so yeah which is my last name is Anthony Cooper Sr. so but yeah, i kind of i feel the strain you okay

Dr. Bigham: I'm okay I'm gonna actually have Bethany Garcia walk me through it later so thanks coop so there are a couple of key points that i heard as i'm just kind of reflecting on our time together really this this isn't one issue it's actually many issues. And as we think about this, it's really a cycle. And there's a lot of work to be done upstream to really make sure that we can reduce risk of harms. There isn't one culture here. It's not an urban or a rural or suburban. It's really a nuanced and very individualized experience. And so all of us engaging in this need to make sure we're tailoring our approach to the individual. That's going to actually help us as we're building trust, as we're building those relationships. And really, in many ways, health systems have a role to play in prioritizing this work to ensure that we're effectively doing this work. And it's not for the sake of the health system, but for the sake of the patients for whom we provide care, for the places and communities for whom we provide care. So I hope our listeners have found this to be a helpful, enjoyable conversation. I want to give all of you an encouragement to consider what a next step might look like for you as far as getting involved in this important and life-saving work. If we're going to shift culture on this, it's going to take all of us. And that includes folks from various backgrounds. So we're so glad for all of you for listening. As we wrap up, I'm going to remind you that continuing education credit is available for this podcast through the Interprofessional Continuing Education Partnership at UW-Madison School of Medicine and Public Health. To claim credit, you text this code **N-U-W -D-E-M** to the number 608 -

260-7097. Again, the number is 608-260-7097. The text code is **N-U-W-D-E-M**. Your feedback is important to us, so please complete an evaluation for this episode. It'll be included in the show notes. We'll also have some resources and references if you want to do some further study. Until next time, thank you so much for listening. Be well.