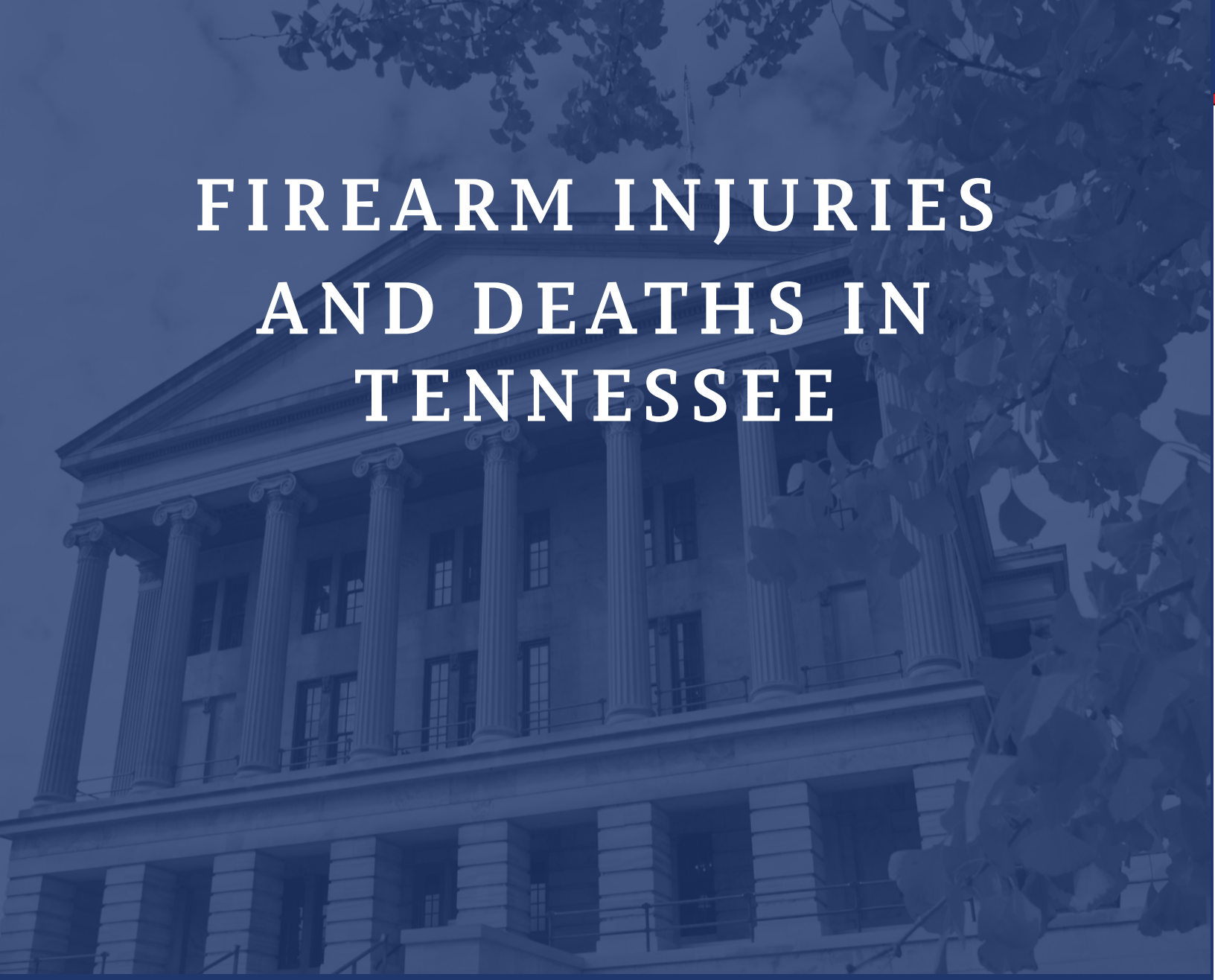

FIREARM INJURIES AND DEATHS IN TENNESSEE

2025 Annual Report

TN Department of Health

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Executive Summary

This report summarizes firearm injury and death surveillance data collected by the Tennessee Department of Health (TDH). Annual firearm injury and death rates are presented for 2023, which is the current year of finalized surveillance data available. The report contains statistics for firearm injuries and deaths by demographics, locations of injury, type of firearms, injury circumstances, health regions, and counties. In addition to death certificate data, data for firearm deaths are included from the Tennessee Violent Death Reporting System. This system includes information from medical examiners and law enforcement reports. Lastly, firearm safety and injury prevention recommendations and relevant additional resources are contained within.

KEY HIGHLIGHTS

Non-Fatal Firearm Injuries

- A total of **3,936 firearm injuries to Tennessee residents** were treated in Tennessee hospitals in 2023. The rate of non-fatal firearm injuries was 55.2 per 100,000 residents. **This is an increase compared to the rate of 51.3 per 100,000 residents in 2022.**
- About **28% of individuals with non-fatal firearm injuries were hospitalized.**

Firearm Deaths

- In Tennessee, **1,588 residents died due to firearms in 2023.** The rate of firearm deaths was 22.3 per 100,000 residents. This an increase from 2022 (21.0 per 100,000 residents) and is **1.6 times higher than the US rate** (14.0 per 100,000 residents).
- In 2023, **suicides (878) were the leading manner for firearm death**, followed by homicides (668).
- The **firearm suicide rate** in 2023 was 12.3 per 100,000 residents and **has increased every year since 2019.**
- **The firearm homicide rate increased from 2022 (8.6 per 100,000 residents) to 2023 (9.4 per 100,000 residents)**.
- Injury location: **Small metropolitan counties had the highest rate of occurrence for firearm suicides** (15.9 per 100,000 residents), while **large metros had the highest rate of occurrence of firearm homicides** (28.8 per 100,000 residents).

Introduction

The purpose of this report is to provide data as prescribed by TCA 68-1-149. The report includes demographic information and circumstances for firearm injuries and deaths occurring in Tennessee and to Tennessee residents. Firearms are a leading cause of serious injuries and deaths with a significant impact on Tennessee residents, families, and communities. This report aims to make available statistics for firearm injuries and deaths for 2023, which is the current year of finalized surveillance data available.

TDH houses three data systems that capture data for firearm injuries and deaths in Tennessee:

1. **Hospital Discharge Data:** Firearm injuries to Tennessee residents treated at a non-federal acute care hospital or emergency department in Tennessee.
2. **Death Certificate Data:** Firearm deaths to Tennessee residents regardless of the state of jurisdiction in which the death occurred.
3. **Violent Death Reporting System Data (TNVDRS):** Firearm deaths where the firearm injury occurred in Tennessee. This system collects data from multiple sources, including death certificates, medical examiner reports, and law enforcement reports.

The distinctions between these three TDH data systems are important for following the statistics presented in this report. For more detailed information about each data system and how the firearm injury or death statistics were prepared for this report, please see Appendix B.

Non-Fatal Firearm Injuries: Hospital Discharge Data

TENNESSEE HOSPITAL DISCHARGE DATA SYSTEM

The Tennessee Hospital Discharge Data System (HDDS) is the data source used to estimate non-fatal firearm injury burden. A non-fatal firearm injury is defined for this report as a bodily injury inflicted upon an individual because of the discharge of a firearm by the user or by another person. A bodily injury can result in an emergency department visit or a hospital stay, and non-fatal means the individual was discharged alive after being treated for the injury.

HDDS contains two types of non-fatal firearms data: hospitalizations and emergency department visits. Hospitalizations are those in which an individual was admitted to the hospital for extended treatment. Emergency department (ED) visits are those in which a person was seen in the ED and discharged the same day after the injury was treated. Hospitalizations are typically severe or even life-threatening injuries whereas ED visits are often less severe. Throughout the non-fatal injury section of this report, these injury groupings (hospitalizations and ED visits) are presented separately to provide some insight into both the severe and less serious non-fatal firearm injuries.

The HDDS consists of medical claims data for patients of Tennessee hospitals. Each record contains multiple codes indicating the diagnoses that were given and/or treated at the hospital. For firearm injuries, these codes provide some insight into the kind of firearm that was used (handgun, large firearm, or other firearm) and the intent behind the injury (self-harm, assault, accident, legal intervention, or undetermined).

The hospital discharge data does have limitations, such as, only non-federal acute care hospitals in Tennessee are included. Records from federal facilities such as Veterans Affairs hospitals and specialty facilities (rehabilitation, psychiatric, and behavioral hospitals) are excluded. Geographic location of the injury's occurrence is also not recorded in HDDS. Since geographic location of the injury is not included in this dataset, location information for non-fatal injuries in this report is presented as the individual's residence. Tennessee residents with firearm injuries also may seek care outside of the state, and these records are not included in this report. Likewise, non-residents who have sought care in Tennessee for firearm injuries have been excluded from these analyses. This section of the report is limited to Tennessee residents who have received care for a non-fatal firearm injury within Tennessee.

DATA OVERVIEW

In 2023, **the rate of non-fatal firearm injuries was 55.2 per 100,000 residents** in Tennessee. This is slightly higher than the rate in 2022 (**51.3 per 100,000 residents**) and much higher than the rate in 2016 (**40.5 per 100,000 residents**).

About **28%** of the 2023 non-fatal injuries **required hospitalization** indicating a greater degree of severity. This percentage has remained relatively stable since 2016.

NON-FATAL FIREARM INJURY INTENT

Understanding the circumstances, including the intent, around a firearm injury is often the best way to determine preventative measures. Since this section of the report is based on hospital data, which focuses on diagnosis and treatment, much of the information surrounding the circumstances and intent of the shooting is unavailable or undeterminable.

The intent categories for non-fatal firearm injuries include:

- **Accidental discharge of firearm**: when an injury occurs while a person is cleaning or playing with a firearm or other incidents of an accidental firing without evidence of intentional harm. *This is the default code for firearm injuries in discharge data when intent is not known.* A patient who comes in and says, "I was shot," and gives no additional information about the situation would likely be categorized as accidental.
- **Assault by firearm**: when a person causes bodily harm to another person using a firearm and intends to do cause discharge of the weapon.
- **Intentional self-harm by firearm**: when a person causes bodily harm to themself using a firearm and intends to do so.
- **Legal intervention involving firearm discharge**: when injury is inflicted by the police or other law enforcement agents acting in the line of duty.
- **Firearm discharge of undetermined intent**: when there is not enough information to determine whether the intent was one of the above categories; events of undetermined intent may only be coded if documentation in the record specifies that the intent cannot be determined.

Fig. 2 FIREARM EMERGENCY DEPARTMENT VISITS BY INTENT, TENNESSEE RESIDENTS, 2023

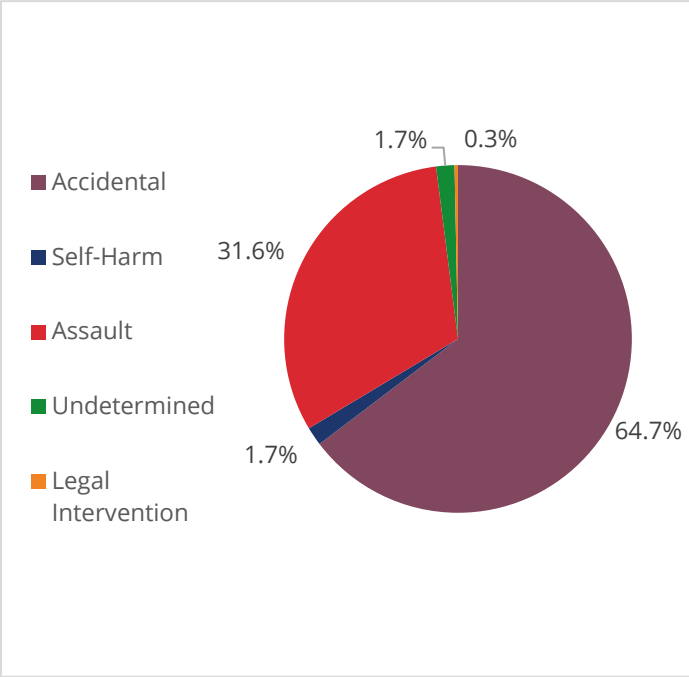
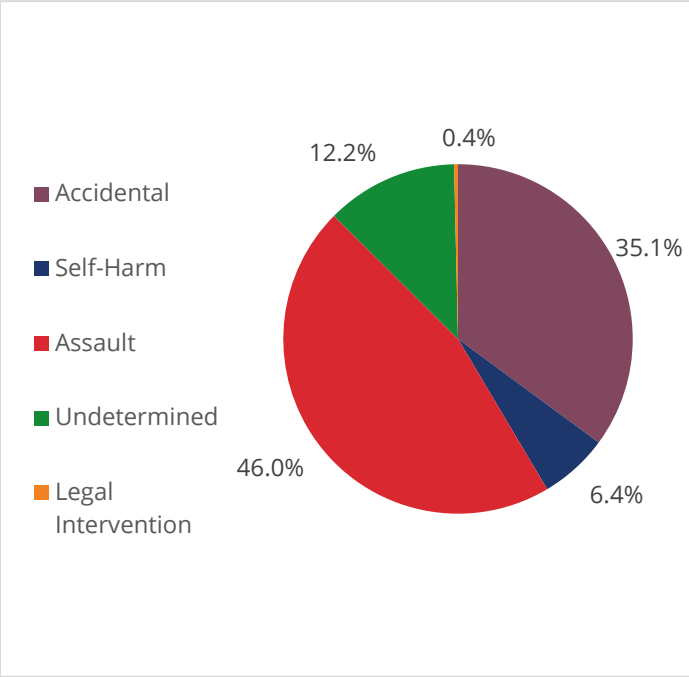


Fig. 2 FIREARM HOSPITALIZATIONS BY INTENT, TENNESSEE RESIDENTS, 2023



About 1.7% of ED visits and 6.4% of hospitalizations for non-fatal firearm injuries were from instances of self-harm; 31.6% of ED visits and 46.0% of hospitalizations were from instances of assault. The remaining injuries are labeled as accidental firearm injuries, firearm injuries due to legal intervention, and firearm injuries of undetermined intent. There were 184 records that were explicitly coded as undetermined intent (about 4.7% of all firearm injuries).

TYPE OF FIREARM

Handguns, large firearms (including rifles, shotguns, and other larger firearms), and other specified and unspecified firearms are the categories available for non-fatal firearm injuries. Injuries from gas-, air-, and spring-operated guns, such as air guns, paintball guns, and BB guns, are not included in this report.

In most cases, the non-fatal injury was caused by a specified firearm other than a handgun or large firearm, or by an unspecified firearm (85.1% of ED visits and 88.5% of hospitalizations). However, in cases where type of firearm was specified, handgun was more frequently the source of the injury. **A handgun was the type of firearm causing the injury in 7.3 times more ED cases than a large firearm, and in 3.7 times more hospitalizations.**

Fig. 3 FIREARM EMERGENCY DEPARTMENT VISITS BY FIREARM TYPE, TENNESSEE RESIDENTS, 2023

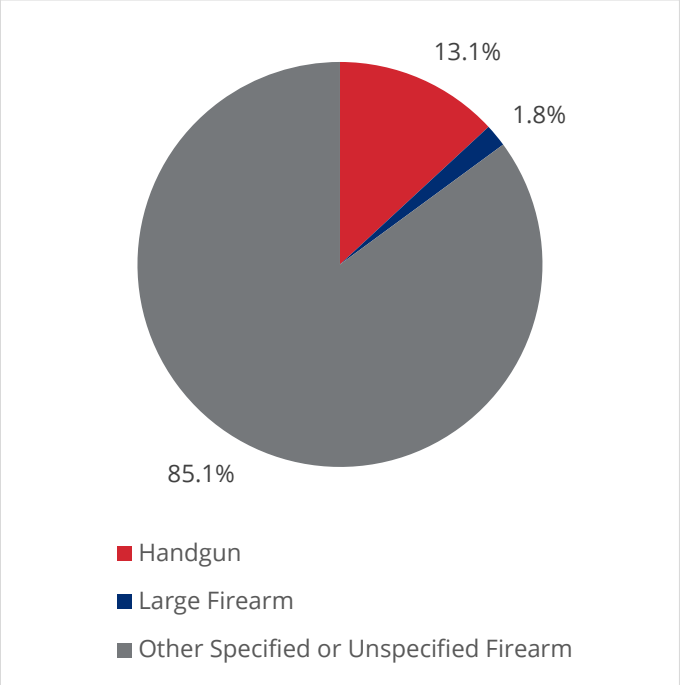
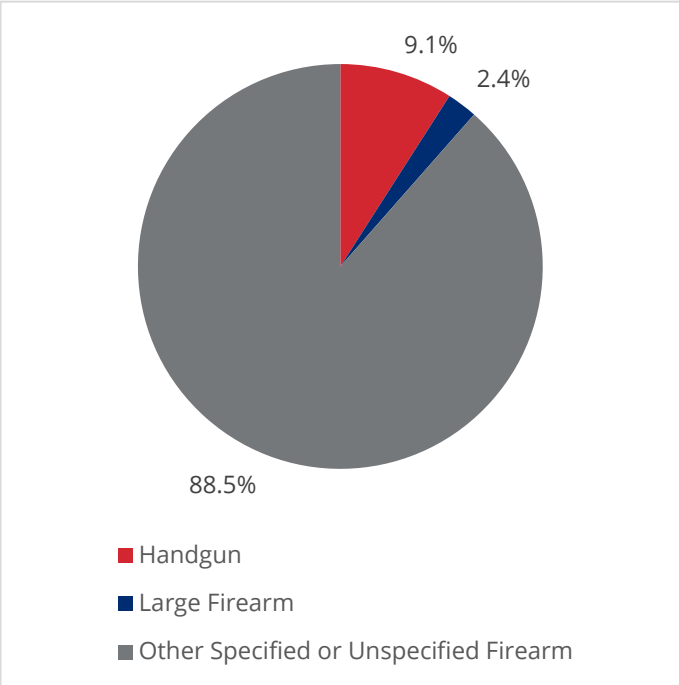


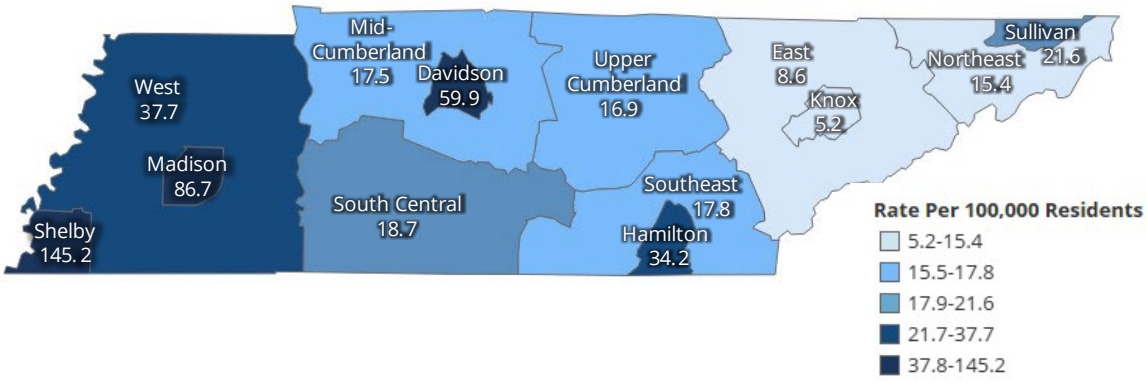
Fig. 4 FIREARM HOSPITALIZATIONS BY FIREARM TYPE, TENNESSEE RESIDENTS, 2023



HEALTH REGION

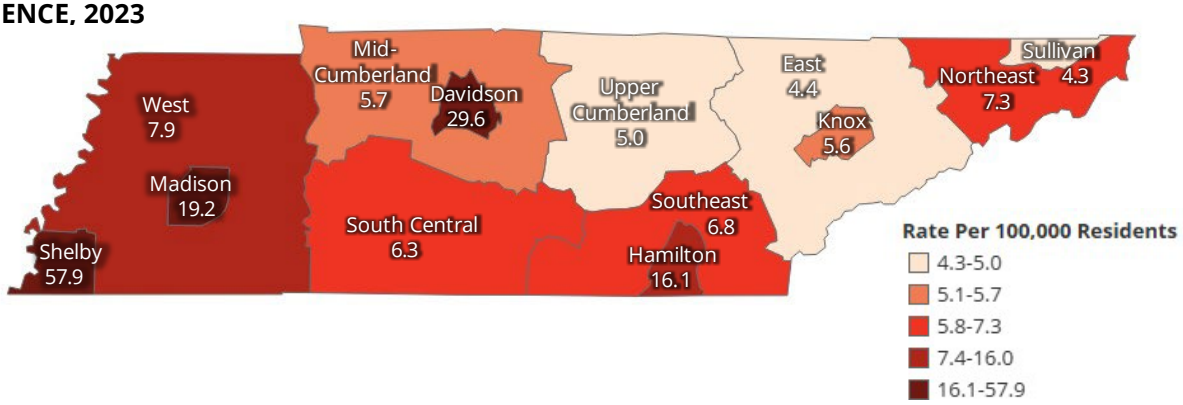
In 2023, residents of **Shelby County had the highest ED visit rate for non-fatal firearm injuries** at 145.2 visits per 100,000 residents. **Madison County residents followed** at 86.7 visits per 100,000 residents. **Davidson County residents had the third highest ED visit rate** for non-fatal firearm injuries 59.9 visits per 100,000 residents. **Knox County residents had the lowest ED visit rate** for non-fatal firearm injuries at 5.2 visits per 100,000 residents.

Fig. 3 RATES OF NON-FATAL FIREARM INJURY EMERGENCY DEPARTMENT VISITS, BY HEALTH REGION OF RESIDENCE, 2023



Residents of **Shelby County also had the highest hospitalization rate for non-fatal firearm injuries** at 57.9 hospitalizations per 100,000 residents. Residents of **Davidson County and Madison County followed** with 29.6 and 19.2 hospitalizations per 100,000 residents, respectively. **Residents of Sullivan County, the East Health region, and the Upper Cumberland region** had lowest rates at or under 5.0 hospitalizations per 100,000 residents.

Fig. 6 RATES OF NON-FATAL FIREARM INJURY HOSPITALIZATIONS, BY HEALTH REGION OF RESIDENCE, 2023

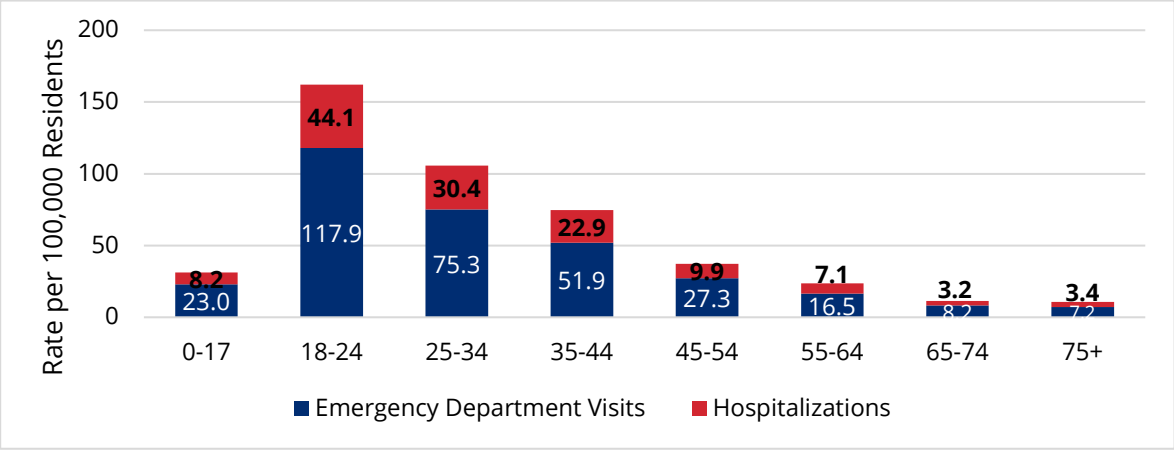


Almost half (46%) of all non-fatal firearm injuries in 2023 belonged to residents of Shelby County, who account for 13% of Tennessee's population.

DEMOGRAPHICS

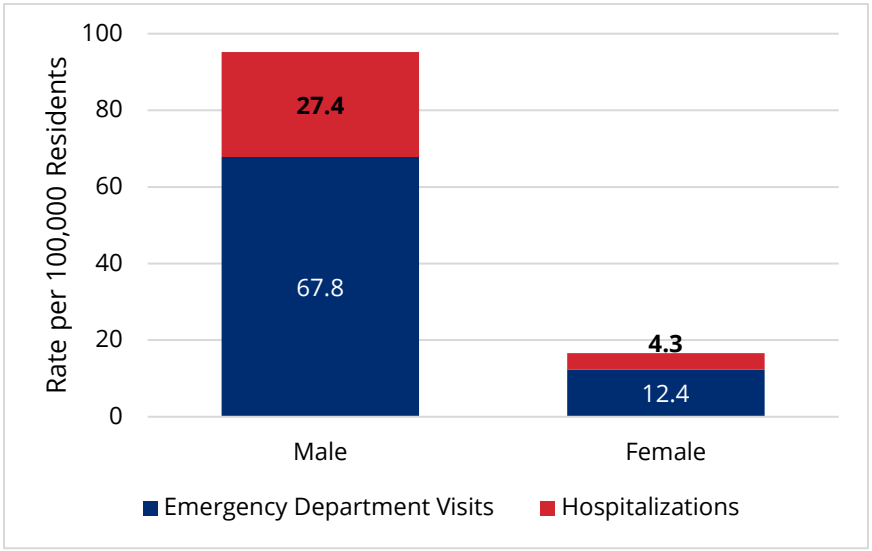
The **age group with the highest ED visit rate for non-fatal firearm injuries was the 18–24-year group** (117.9 visits per 100,000 18–24-year-old residents). Similarly, **the 18-24-year group** had the **highest hospitalization rate for non-fatal firearm hospitalizations** (44.1 hospitalizations per 100,000 18–24-year-old residents). Beyond 24 years old, the ED visit rate and the hospitalization rate both decreased. Residents between zero and 17 years old had an ED visit rate of 23.0 visits per 100,000 residents and a hospitalization rate of 8.2 hospitalizations per 100,000 residents, which were mostly driven by those aged 16 and 17.

Fig. 7 NON-FATAL FIREARM INJURY RATE BY AGE, TENNESSEE RESIDENTS, 2023



Males had a higher ED visit rate and hospitalization rate (67.8 ED visits and 27.4 hospitalizations per 100,000 male residents) **than females** (12.4 ED visits and 4.3 hospitalizations per 100,000 female residents).

Fig. 8 NON-FATAL FIREARM INJURY RATE BY SEX, TENNESSEE RESIDENTS. 2023



Black individuals had a higher ED visit rate and hospitalization rate (159.2 ED visits and 60.6 hospitalizations per 100,000 Black residents), **compared to other groups.** White individuals experienced an ED visit rate of 12.7 ED visits per 100,000 White residents and a hospitalization rate of 4.8 hospitalizations per 100,000 White residents.

Fig. 94 NON-FATAL FIREARM INJURY RATE BY RACE, TENNESSEE RESIDENTS, 2023

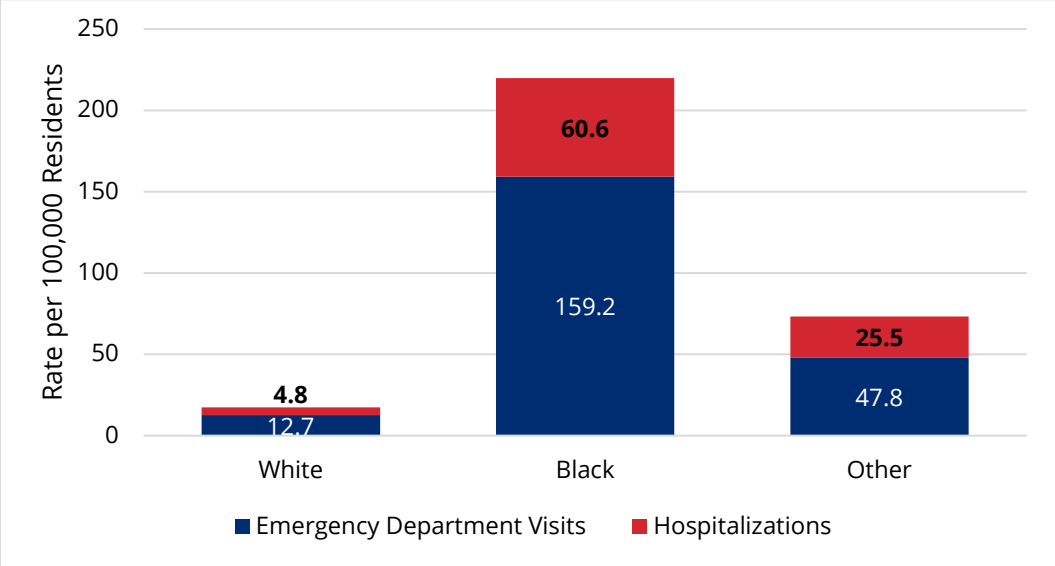
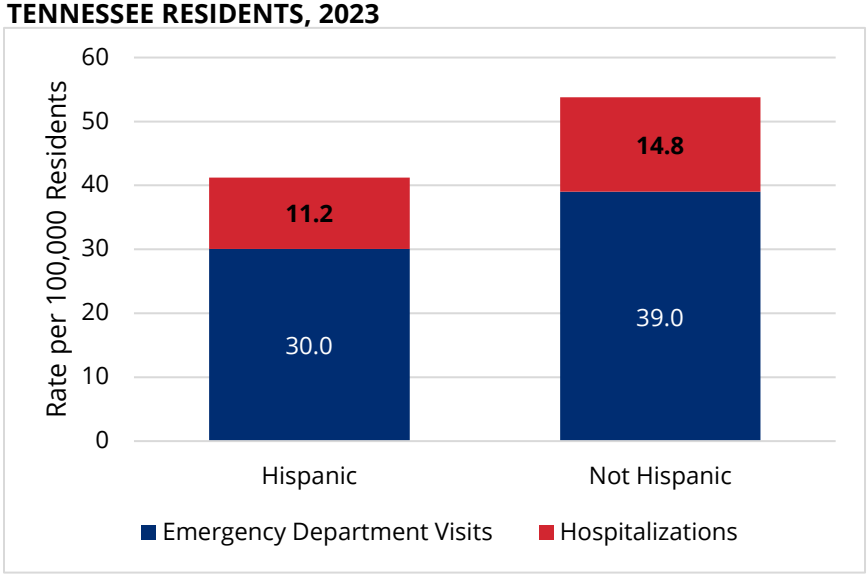


Figure 10 shows that **Hispanic individuals experienced a lower rate of both ED visits and hospitalizations** (30.0 ED visits and 11.2 hospitalizations per 100,000 Hispanic residents) **compared to the non-Hispanic population** (39.0 ED visits and 14.8 hospitalizations per 100,000 non-Hispanic residents).

Fig. 10 NON-FATAL FIREARM INJURY RATE BY ETHNICITY, TENNESSEE RESIDENTS, 2023



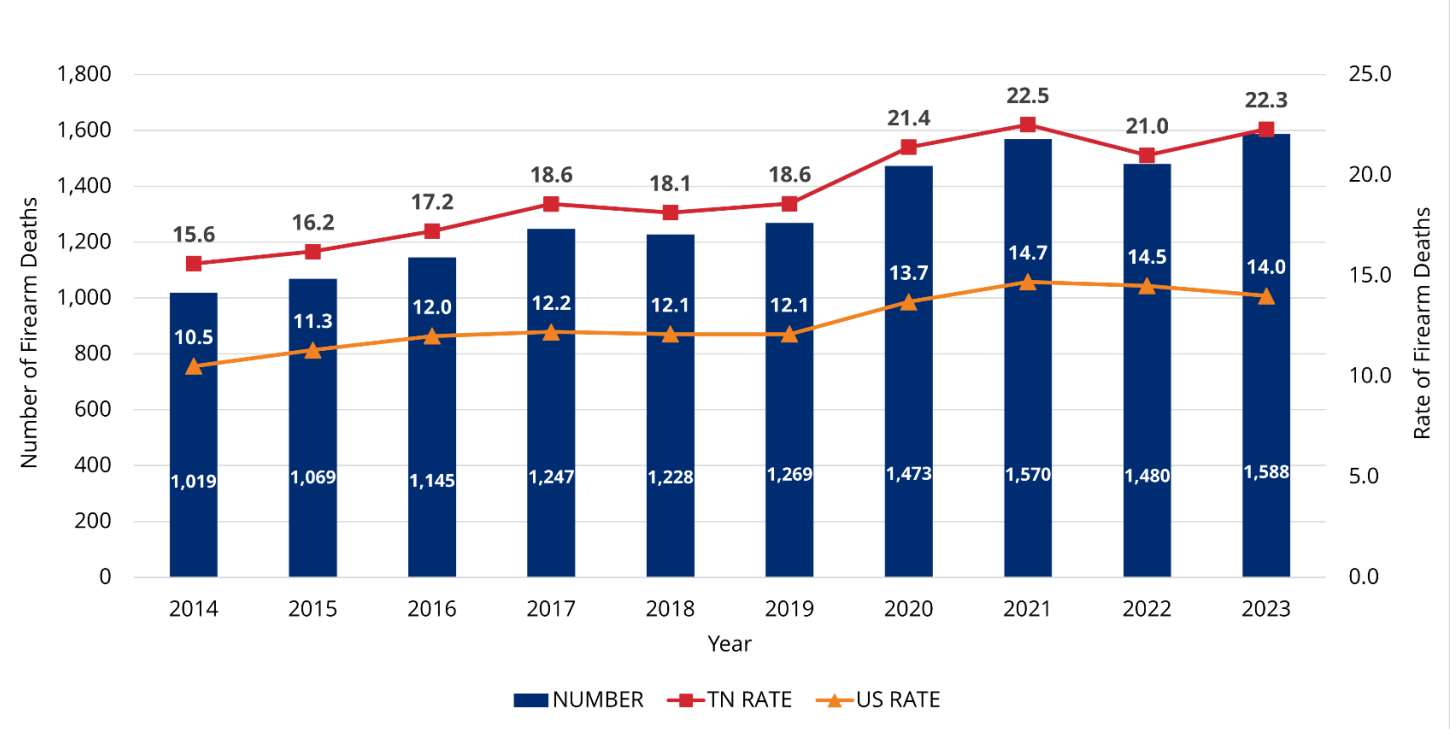
Firearm Deaths: Tennessee Death Data

TENNESSEE DEATH DATA SYSTEM

The TDH Division of Vital Records and Statistics registers Tennessee death certificates which includes cause of death information certified by physicians and medical examiners. Information about deaths occurring out of state for Tennessee resident decedents are collected via an interjurisdictional exchange agreement with 56 other U.S. vital records jurisdictions. **The firearm death statistics presented in this section of this report are based on death events for Tennessee residents regardless of where the death occurred**. For information on how resident firearm deaths are identified, please see Appendix B.

FIREARM DEATH TRENDS

Fig. 11 NUMBER OF FIREARM DEATHS WITH RATES PER 100,000 RESIDENTS, TENNESSEE RESIDENTS AND U.S. RATE, 2014-2023



In 2023, 1,588 Tennessee residents died due to firearm injuries. The crude rate of firearm deaths was 22.3 per 100,000 residents, an increase from 2022 (21.0 per 100,000 residents), and 1.6 times higher than the US rate (14.0 per 100,000 residents). Additionally, **the TN firearm death rate in 2023 is almost 1.5 times higher than 10 years prior in 2014 (15.6 per 100,000 residents). Firearms were the second leading cause of injury death**, next to fatal poisonings which includes accidental drug overdoses.

FIREARM DEATHS BY MANNER OF DEATH, 2023

Suicide was the leading manner for firearm deaths in 2023, **followed by homicide.**

878 Firearm Deaths to **Suicide**

668 Firearm Deaths to **Homicide**

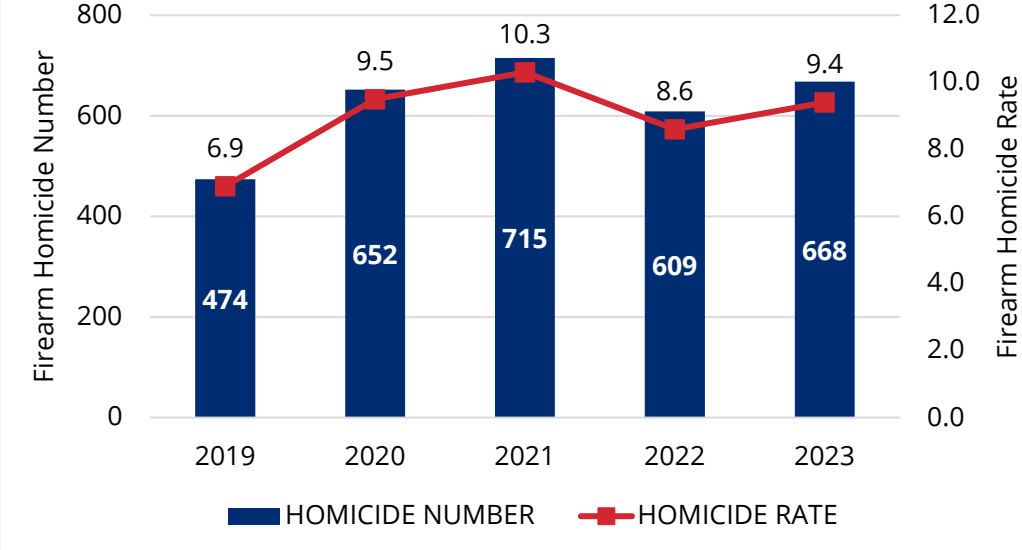
11 Firearm Deaths to **Accidents**

22 Firearm Deaths with **Undetermined Intent**

9 Firearm Deaths to **Legal Intervention**

FIREARM DEATHS BY HOMICIDE, 2019-2023

Fig. 12 NUMBER OF FIREARM DEATHS BY HOMICIDE WITH RATES PER 100,000 RESIDENTS, TENNESSEE RESIDENTS, 2019-2023



The **firearm homicide rate in 2023 was 9.4 per 100,000 residents**, an increase from 8.6 per 100,000 residents in 2022.

The firearm homicide rate in 2023 was **36% higher than in 2019.**

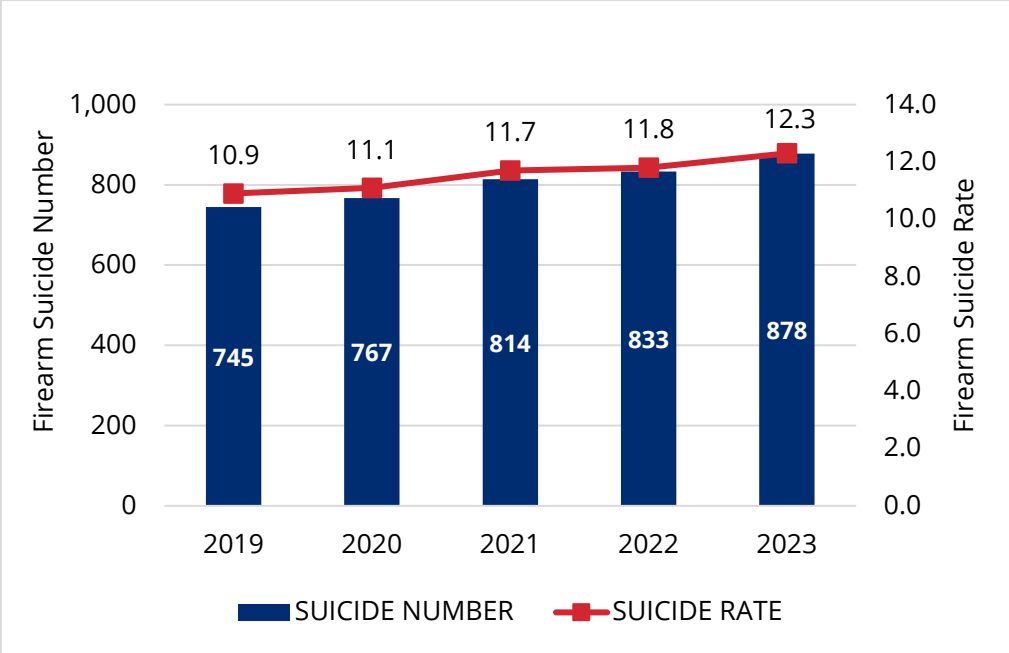
FIREARM DEATHS BY SUICIDE, 2019-2023

The firearm suicide rate in 2023 was 12.3 per 100,000 residents, an increase from 11.8 per 100,000 residents in 2022.

The firearm suicide rate has increased each year since 2019.

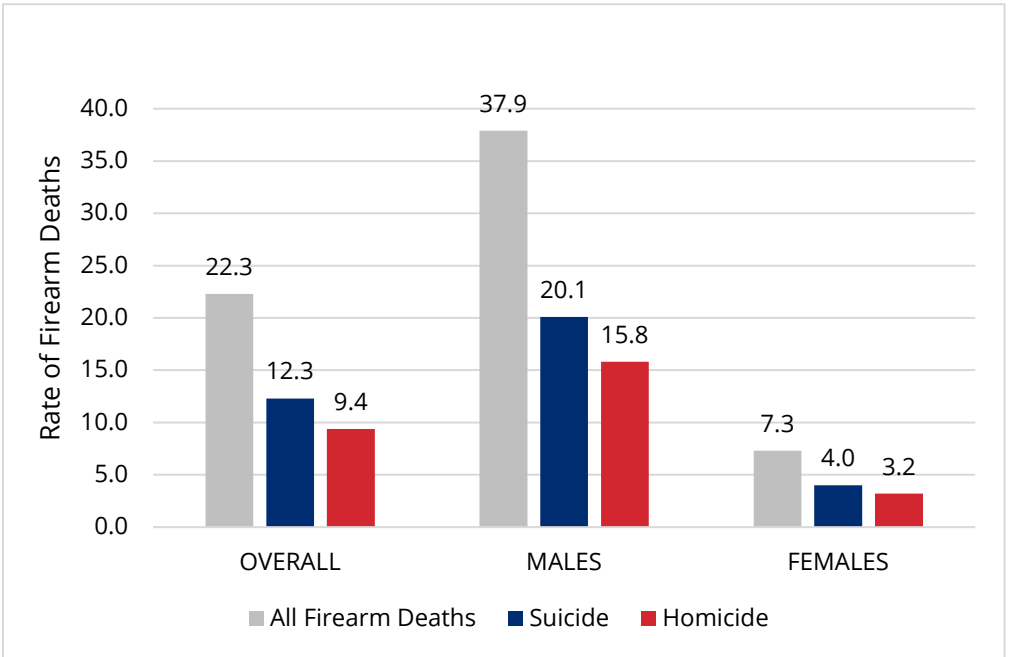
In 2023, firearms were used in 69% of all suicides.

Fig. 13 NUMBER OF FIREARM DEATHS BY SUICIDE WITH RATES PER 100,000 RESIDENTS, TENNESSEE RESIDENTS, 2019-2023



FIREARM DEATH RATE BY SEX, 2023

Fig. 14 RATE OF FIREARM DEATHS BY SEX AND MANNER PER 100,000 RESIDENTS, TENNESSEE RESIDENTS, 2023



Firearm deaths are significantly higher in males at 37.9 per 100,000 male residents in 2023 compared to 7.3 per 100,000 female residents.

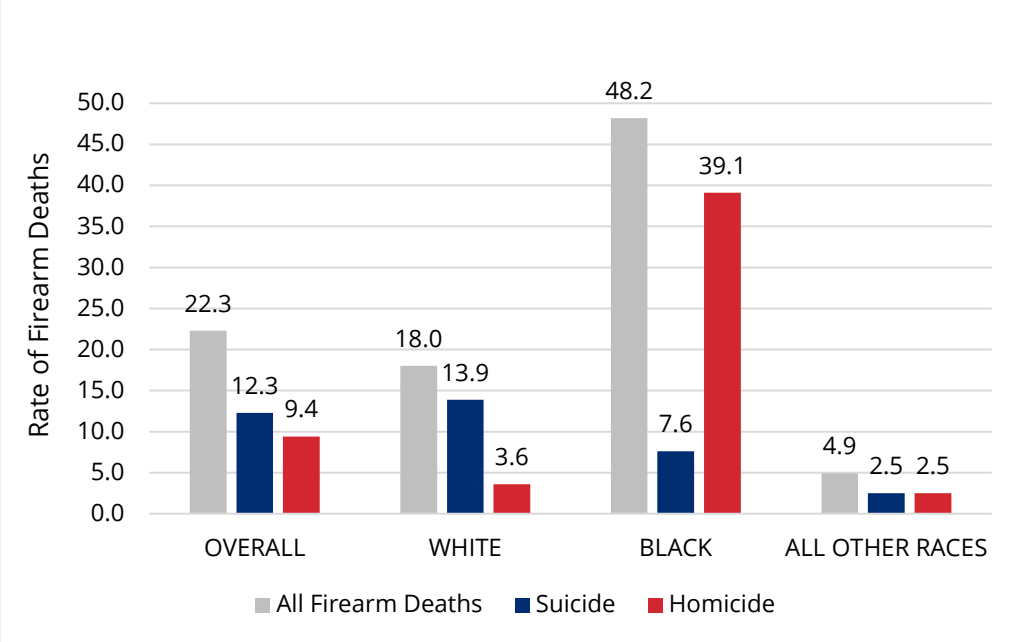
Suicide is the leading manner of firearm death in both sexes.

FIREARM DEATH RATE BY RACE, 2023

There are significant differences in firearm mortality among racial and ethnic groups.

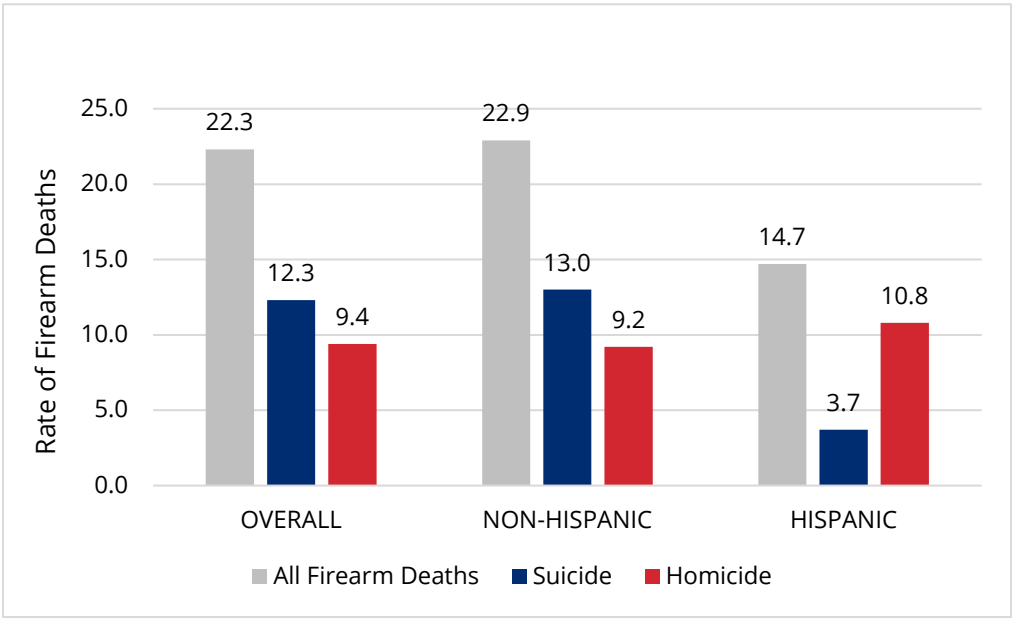
In 2023, **White residents had a higher firearm suicide rate** at 13.9 per 100,000 residents. **Black residents were more likely to die from firearm homicide** at a rate of 39.1 per 100,000. residents.

Fig. 15 RATE OF FIREARM DEATHS BY RACE AND MANNER PER 100,000 RESIDENTS, TENNESSEE RESIDENTS, 2023



FIREARM DEATH RATE BY ETHNICITY, 2023

Fig. 16 RATE OF FIREARM DEATHS BY ETHNICITY AND MANNER PER 100,000 RESIDENTS, TENNESSEE RESIDENTS, 2023

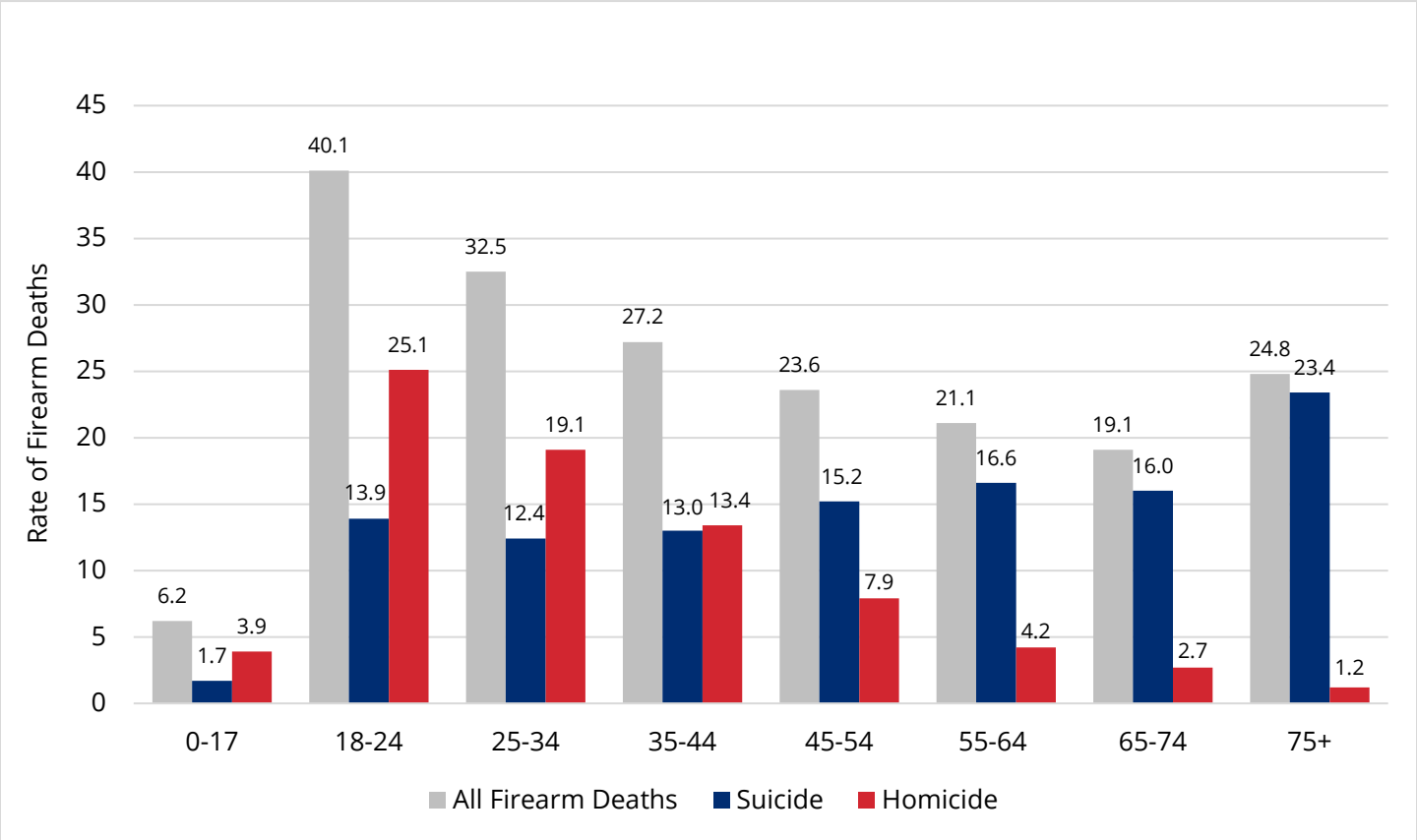


Non-Hispanic residents had a firearm suicide rate of 13.0 per 100,000 residents and firearm homicide rate of 9.2 per 100,000 residents.

Hispanic residents had a higher firearm homicide rate (10.8 per 100,000 residents) than suicide rate (3.7 per 100,000 residents).

FIREARM DEATH RATE BY AGE, 2023

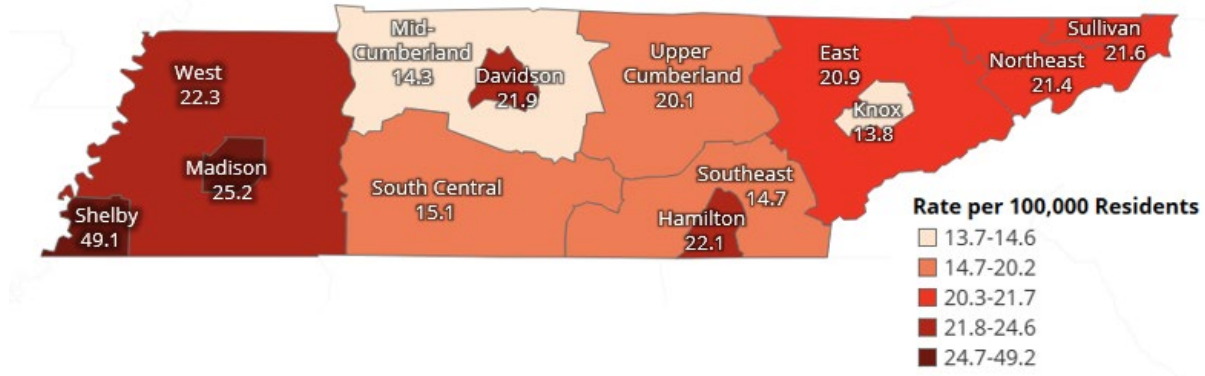
Fig. 17 RATE OF FIREARM DEATHS BY AGE GROUP AND MANNER PER 100,000 RESIDENTS, TENNESSEE RESIDENTS, 2023



The rate of firearm deaths varies by the age of the decedent and manner of death. Overall, in 2023, the **rate of firearm deaths was highest for 18–24-year-olds** (40.1 per 100,000 residents). Additionally, **the 18-24 age group had the highest firearm homicide rate** (25.1 per 100,000 residents), and the firearm homicide rate trends lower for each age group beyond 18-24. The **highest firearm suicide rate was among those 75 and older** at 23.4 per 100,000 residents. Inversely, the 75 and older age group had the lowest firearm homicide rate (1.2 per 100,000 residents). **The firearm suicide rate was lowest among those under 18** (1.7 per 100,000 residents), followed by the 25-34 age group at 12.4 per 100,000 residents.

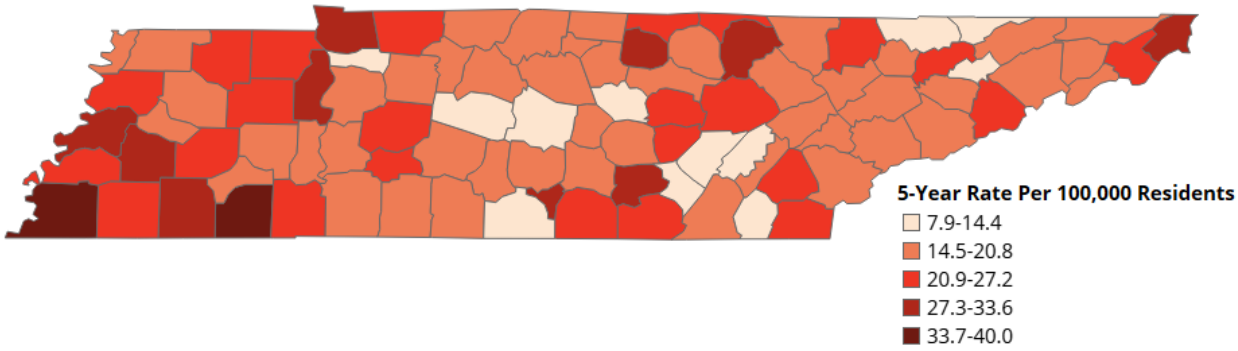
FIREARM DEATHS BY REGION, 2023

Fig. 18 RATE OF FIREARM DEATHS PER 100,000 RESIDENTS, TENNESSEE HEALTH REGIONS, 2023



FIREARM DEATHS BY COUNTY, 2019-2023

Fig. 19 RATE OF FIREARM DEATHS PER 100,000 RESIDENTS, TENNESSEE COUNTIES, 2019-2023



At the county level, single-year firearm death counts are too small for many counties to generate reliable rates for comparison. Therefore, single-year overall firearm death rates by health region, and five-year overall firearm death rates by county, are presented. **The health regions with the highest rate of firearm deaths in 2023 were Shelby** at 49.1 per 100,000 residents, followed by **Madison** (25.2 per 100,000 residents), **West** (22.3 per 100,000 residents), **Hamilton** (22.1 per 100,000 residents), and **Davidson** (21.9 per 100,000 residents). The region with the **lowest firearm death rate was Knox** at 13.8 per 100,000 residents. During 2019-2023, at the county level, Shelby (40.0 per 100,000 residents) and McNairy (34.0 per 100,000 residents) counties had the highest overall firearm death rates. The counties with the lowest overall firearm death rates were Bledsoe County (8.0 per 100,000 residents), followed by Williamson County (8.7 per 100,000 residents).

Firearm Deaths: TN Violent Death Reporting System

TENNEESSEE VIOLENT DEATH REPORTING SYSTEM

The National Violent Death Reporting System (NVDRS) is a surveillance system funded and maintained by the CDC with the goal of collecting de-identified data on violent deaths across the United States[1]. The Office of the State Chief Medical Examiner (OSCME), housed in the TN Department of Health, was awarded an NVDRS grant in 2018 to begin developing a process for implementing this multisource data collection here in Tennessee. The Tennessee Violent Death Reporting System (TNVDRS) has been gathering statewide data on violent deaths since 2020.

Most mortality statistics are gathered primarily using information available on death certificates. The NVDRS, which includes TNVDRS data, is designed instead to collect information from at least three sources for each incident: death certificates (DC), coroner/medical examiner (CME) reports, and law enforcement (LE) reports. The goal is to build as complete a picture as possible of the circumstances contributing to incidents where violent deaths occur, and as a result, more than 600 variables are potentially collected in the system for analysis.

A violent death is defined in our dataset as "a death that results from the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community." In practical terms, this definition identifies homicides, suicides, legal intervention deaths, and deaths due to undetermined intent. We also include unintentional firearm deaths with the express purpose of providing a complete count of all firearm injuries.

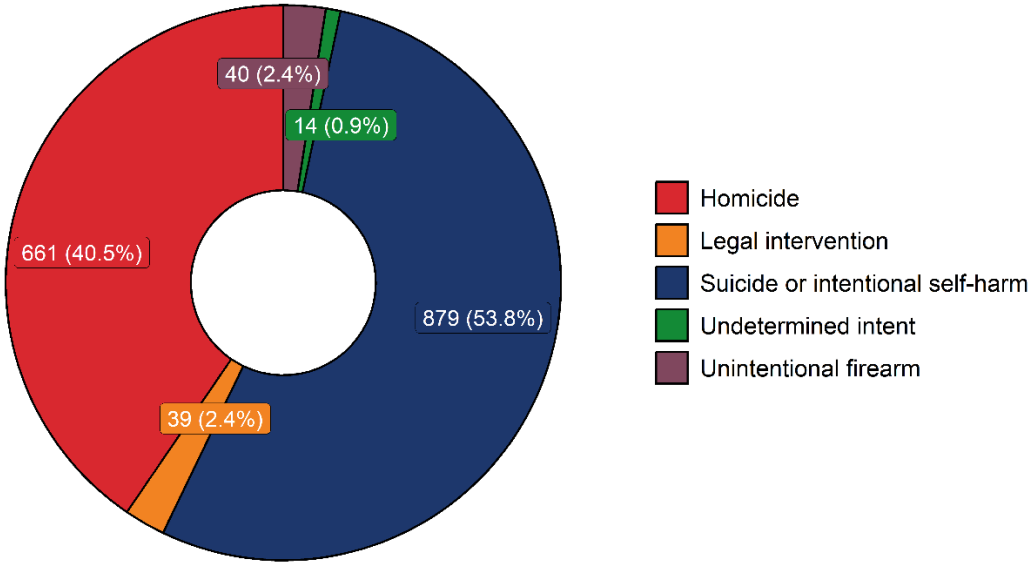
TNVDRS considers two aspects of the incident when identifying whether or not a death meets this case definition. First, the cause and manner of death as described above. Second, the location of *injury* of the decedent. This second criterion is one of the factors that distinguishes our dataset as a unique public health surveillance program: unlike most public health datasets, which are based on residency, we focus on occurrence. TNVDRS captures all violent deaths where injury occurred within the state of Tennessee, regardless of the decedent's residence. This means that the TNVDRS contains information about out-of-state residents who die due to violence in Tennessee, but if a Tennessee resident died due to violence outside of the state, they are not captured by TNVDRS.

While this difference can be helpful by allowing organizations to track trends in violent deaths based on where incidents are **occurring** rather than where decedents happen to *reside*, it is important to remind the reader that violent death counts using NVDRS data will necessarily be different from other data sources presented in this report.

TNVDRS identified 1,633 decedents who died in 2023 due to a firearm injury in the state of Tennessee. In this section, a selection of details involving incident classification, location of injury, firearm characteristics, and circumstances specific to the manner of death for these decedents will be presented.

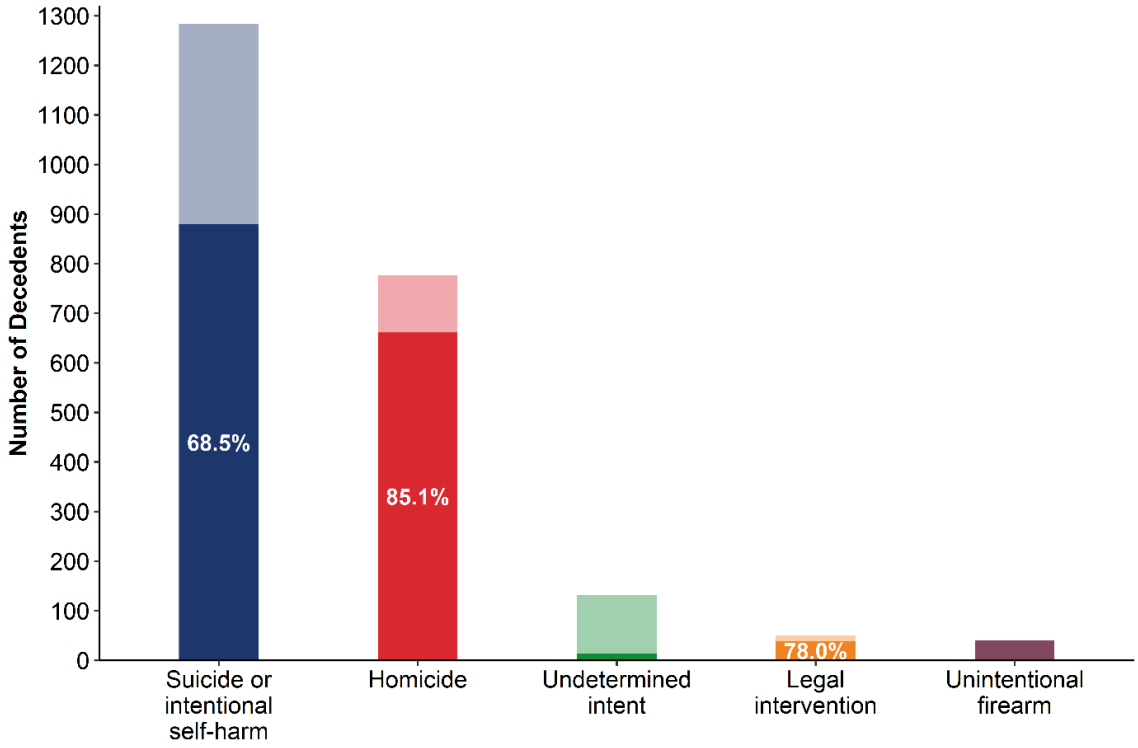
As more information about an incident is gathered, the abstractor generates a TNVDRS-specific abstractor manner of death based on review of all available reports. The abstractor manner of death must agree with at least one of the manners of death state in other data sources: death certificate, CME reports, or LE reports. The abstractor manner of death is used to classify incidents, and it represents a comprehensive review of the data sources. Fig 20 shows the manners of death associated with each firearm injury in TNVDRS for the 2023 data year. The majority of deaths were due to suicide (53.8%), followed by homicide (40.5%), unintentional firearm deaths (2.4%), deaths due to legal intervention by police or other authority (2.4%), and deaths due to undetermined intent (0.9%).

Fig 20. Firearm injuries in TNVDRS by abstractor manner of death, 2023 (N = 1,633)



For a more complete understanding of the variation of firearm injury by manner of death, it is helpful to additionally consider the percentage of violent deaths involving firearms compared to other mechanisms. This percentage varies across different manners of death, as shown in Fig 21. **Overall, the largest number of TNVDRS decedents overall died due to suicide,** and 68.5% of decedents who died due to suicide experienced a firearm injury. Approximately 85.1% of decedents dying due to homicide experienced a firearm injury. While the next largest number of TNVDRS decedents died due to undetermined intent, only 10.6% of these experienced a firearm injury; the percentage is not shown on the figure because of how small the bar is. Seventy-eight percent (78.0%) of decedents who died due to legal intervention experienced a firearm injury. The final bar, representing deaths due to unintentional firearm injury, is shown to give the reader a sense of the total proportion of deaths compared to other manners of death, but due to the definition of the category, all decedents shown here experienced a firearm injury.

Fig 21. Proportion of violent deaths due to firearm in TNVDRS by manner of death, 2023 (N = 1,633)



Geographic information is also available in TNVDRS. TNVDRS collects information on injury location (geographic), residence, and death location. The database enables collection to the census tract level; counts are typically too low in a single year at that level of detail for meaningful analysis. In this report, statistics will be presented using the *county of injury* of each decedent. There is substantial variation in this data by manner of death, separate figures for firearm injury deaths due to suicide and due to homicide will be explored.

To show the geographic occurrence trends without data suppression, Figs 22 and 23 display the mortality rates by 2023 NCHS Urban-Rural Classification. The categories are defined as follows:

- **Large central metro**: counties in metropolitan areas of one million or more population that meet one of three additional characteristics. (1) The county contains the entire population of the largest city, or (2) The county is entirely contained in the largest city, or (3) The county contains at least 250,000 residents of any city in the metropolitan area.
- **Large fringe metro**: Counties in metropolitan areas of one million or more population that do not qualify as large central.
- **Medium metro:** Counties in metropolitan areas of 250,000 to 999,999 population.
- **Small metro:** Counties in metropolitan areas of 50,000 to 249,999 population.
- **Micropolitan:** Counties in micropolitan statistical areas.
- **Noncore:** Counties that did not qualify as micropolitan

Fig 22 uses this classification system to show the mortality rate of firearm suicide injury. **Micropolitan counties have the highest rate of mortality from firearm suicides** (15.9 deaths per 100,000 residents), followed by medium metro counties (14.8 deaths per 100,000 residents), noncore counties (13.8 deaths per 100,000 residents), small metro counties (12.7 deaths per 100,000 residents), large fringe metro counties (11.7 deaths per 100,000 residents), and the **lowest rate is in large central metro counties** (10.6 deaths per 100,000 residents).

Fig 22. Crude rate of suicide injury by urban classification, 2023 (N = 879)

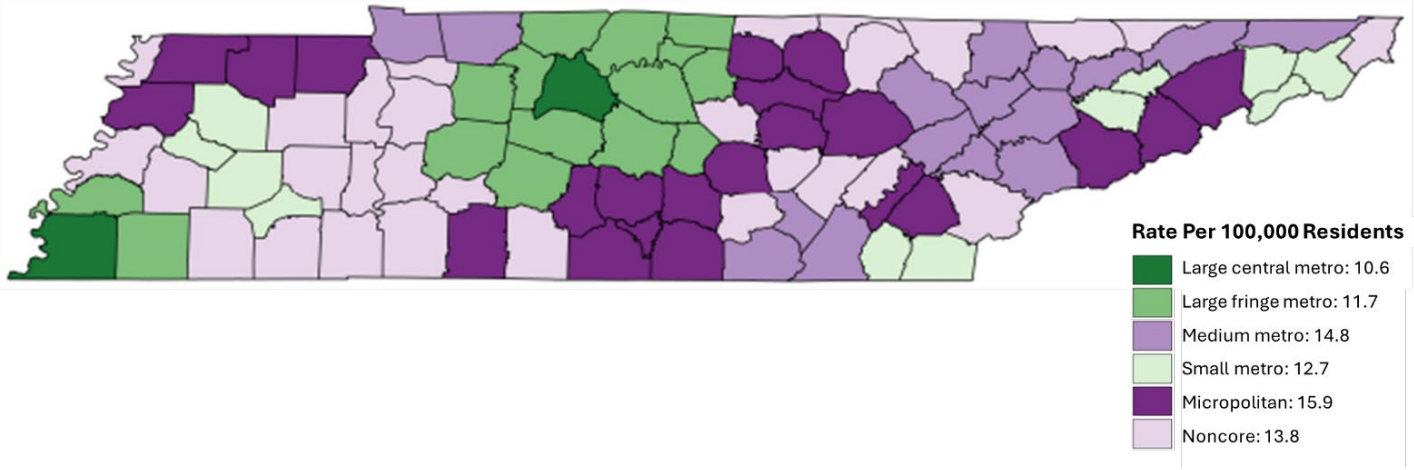
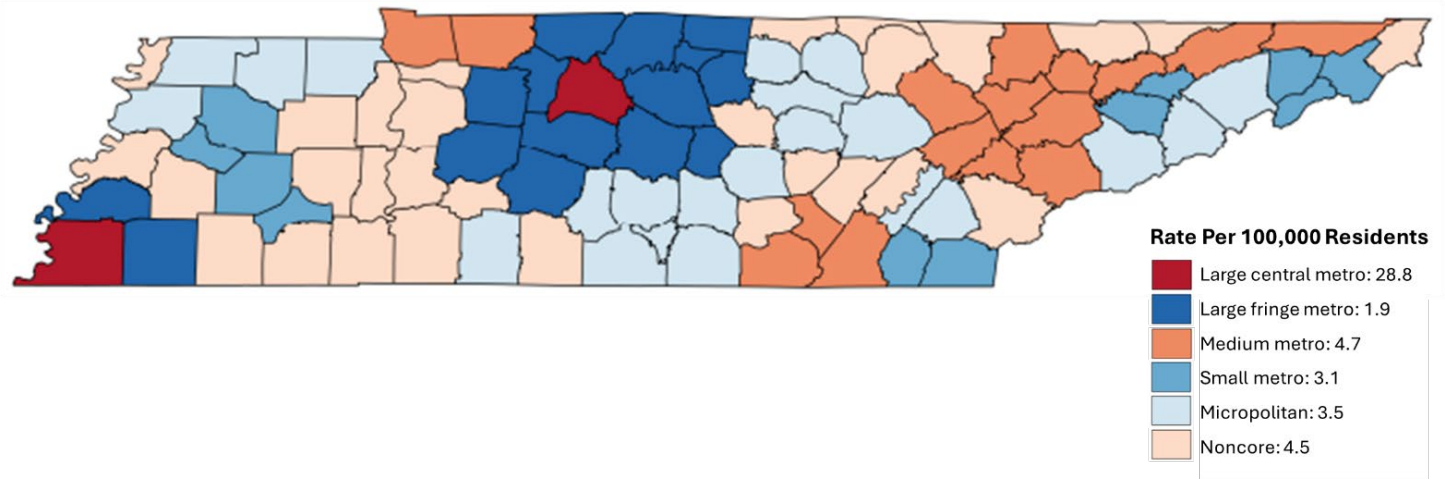


Fig 23 shows the mortality rate of firearm homicide injury. **Large central metro counties have the highest homicide rate** (28.8 deaths per 100,000 residents), followed by medium metro counties (4.7 deaths per 100,000 residents), noncore counties (4.5 deaths per 100,000 residents), micropolitan counties (3.5 deaths per 100,000 residents), small metro counties (3.1 deaths per 100,000 residents), and the **lowest rate is in large fringe metro counties** (1.9 deaths per 100,000 residents).

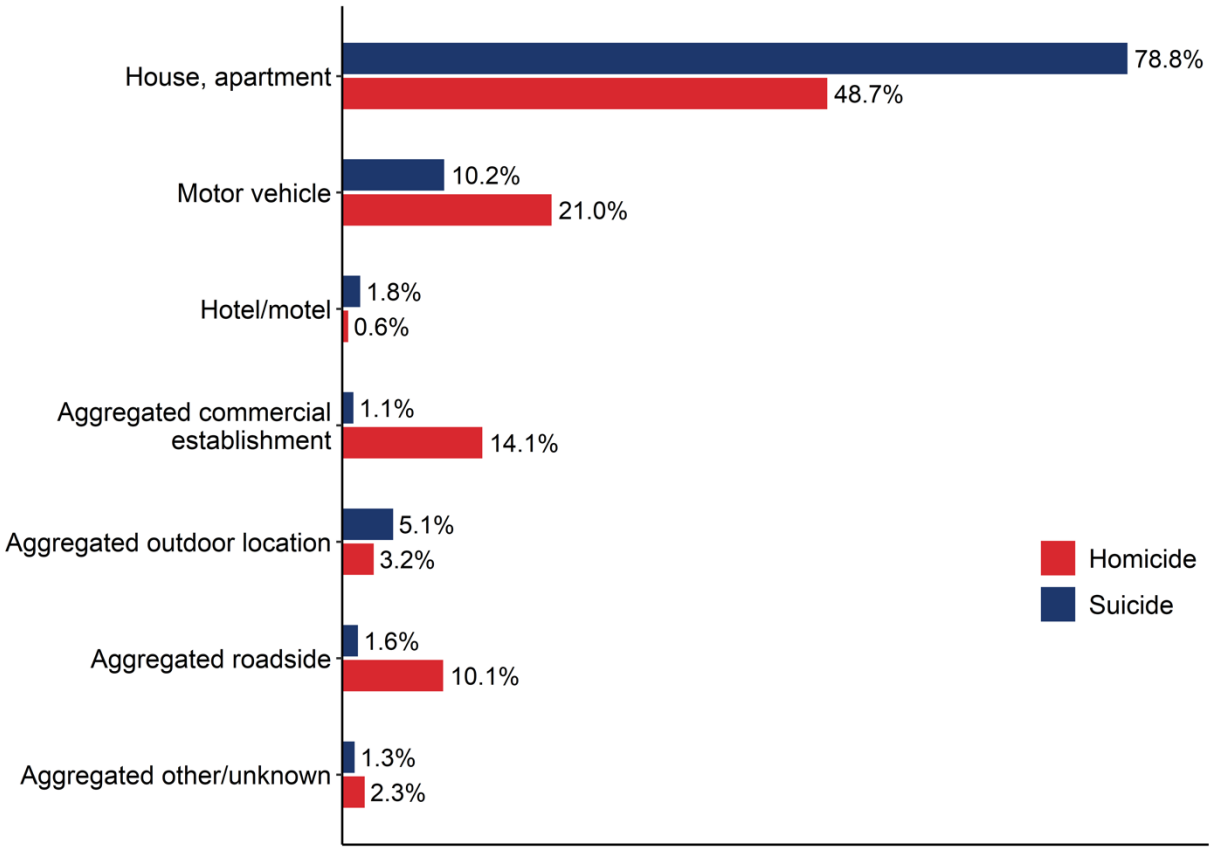
Fig 23. Crude rate of homicide injury by urban classification, 2023 (N = 661)



TNVDRS collects several data elements related to the location of injury, but this report will focus on the category. Fig 24 shows the category of the location of injury by manner of death. **For decedents who died due to suicide by firearm injury, the majority of injuries (78.8%) occurred at a house or apartment, and for almost of all of these, the house/apartment was the decedent's own residence.** An additional 10.2% of firearm suicide decedents were injured in a motor vehicle, and 5.1% were injured in various outdoor locations including natural areas (e.g., woods or river), a graveyard, or a park/public use area. All remaining categories had a very small percentage of firearm suicide decedents.

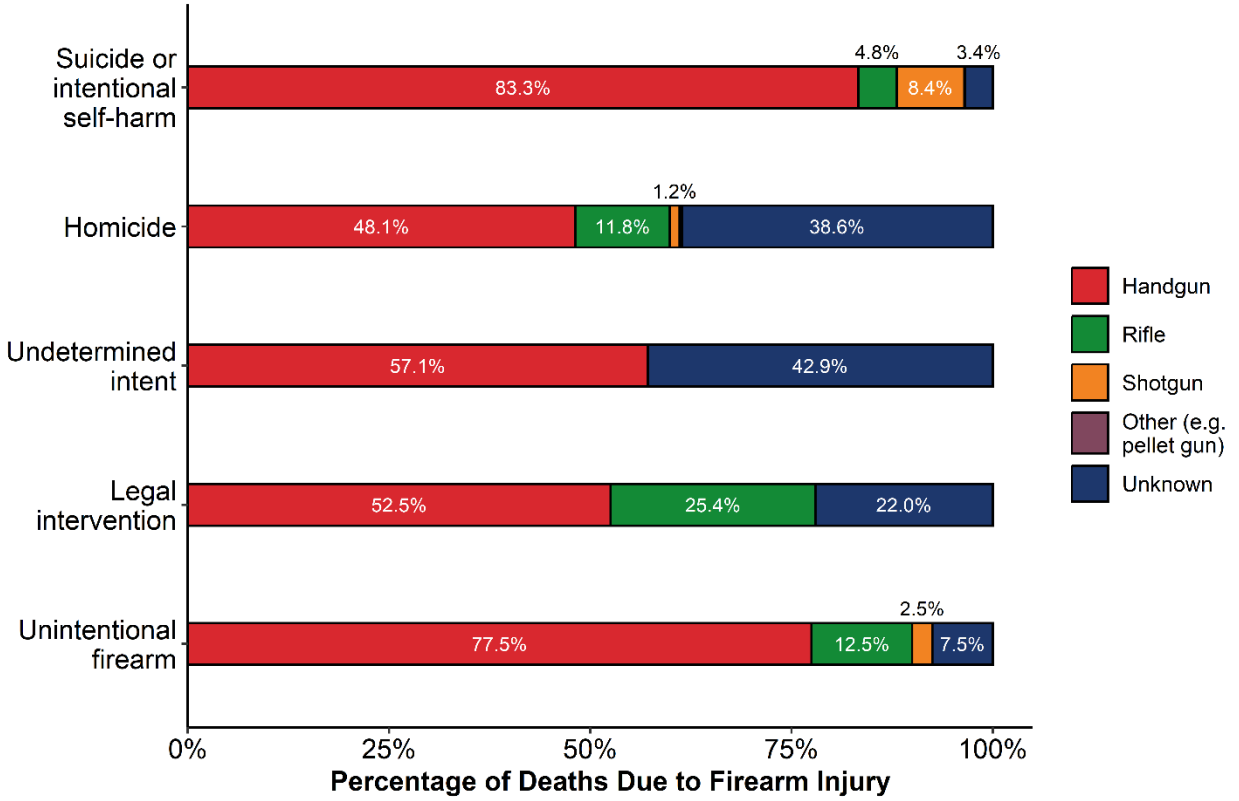
There is more variation in the category of location of injury of decedents who died due to homicide by firearm injury. While the largest percentage of decedents (48.7%) were injured at a house or apartment, about half of them were not the victim's own residence. An additional 21.0% of firearm homicide decedents were injured in a motor vehicle, followed by 14.1% injured at various commercial establishments, including service stations, bar/nightclubs, or retail locations. The remaining category with a substantial percentage of decedents is an aggregated category of roadside locations, including roads, parking lots, and railroad tracks.

Fig 24. Category of the location of injury by manner of death, 2023 (N = 1,633)



TNVDRS also collects multiple data elements related to firearm type, weapon storage, and weapon ownership. This section focuses on the type of firearm used in the incident. For the 1,633 decedents who died due to firearm injury in 2023, TNVDRS identified 1,741 firearms involved. Overall, the majority of firearms were classified as handguns; 66.8% of the total 1,741 firearms were identified in reports as handguns. The percentage of handguns varies substantially by manner of death, as shown in Fig 25 below, but with the exception of deaths due to homicide, where known handguns account for slightly less than half (48.1%) of injuries, the majority of firearms were identified as handguns.

Fig 25. Firearm type by manner of death, 2023 (N = 1,741)



TNVDRS collects information about a wide variety of circumstances associated with each incident, including factors such as mental health status, interpersonal conflicts, and criminal activity. Circumstances are collected from CME reports and LE reports separately, but the aggregation of circumstance variables are presented here, meaning that if a circumstance is indicated in either CME or LE data or both, it is reported here as being endorsed. Circumstance information is available for 1,578 decedents who died due to firearm injury in 2023, so the denominator for any percentages calculated here will reflect this.

Circumstance variables in TNVDRS are endorsed primarily using a checkbox mechanic, meaning that if the variable is checked, it is "Yes," but there is no distinction between whether a circumstance is unknown or confirmed not to have occurred. Thus, the counts indicate merely the decedents for which the circumstance is reported as having occurred in one or both data sources.

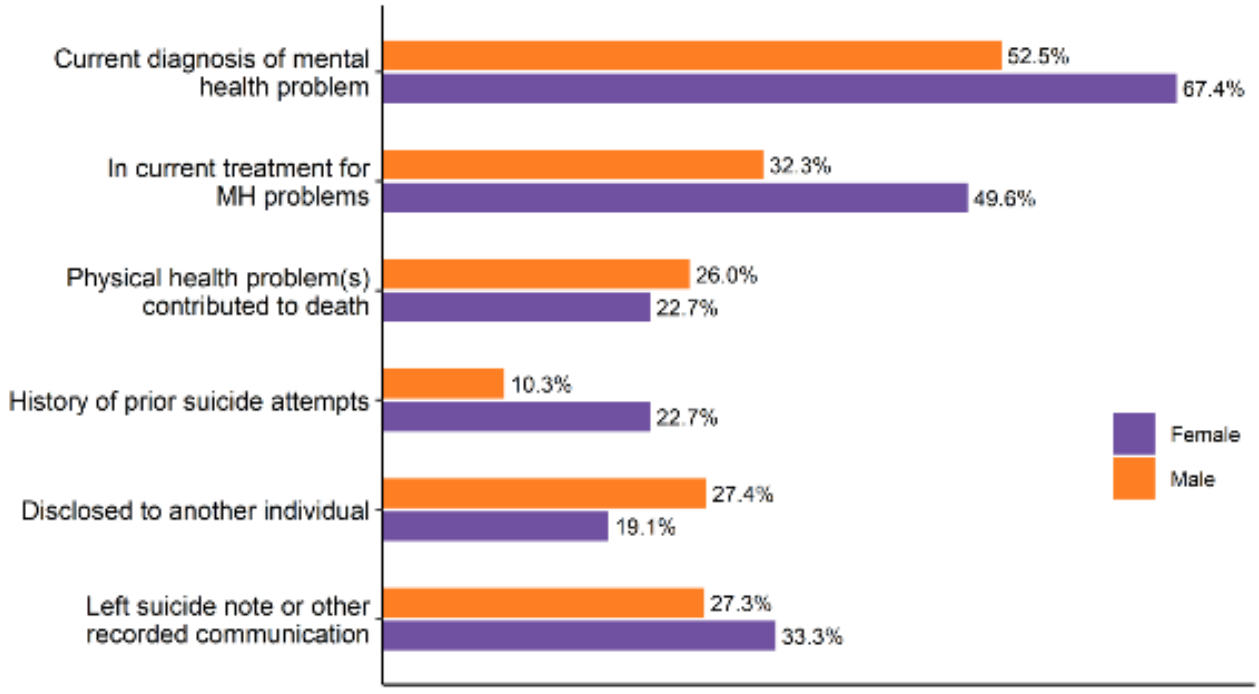
The circumstances discussed in the remainder of this section have been selected as a representative sampling of the information available in TNVDRS. There are many additional circumstances available that are not mentioned here; the TNVDRS website has manner-specific annual reports which are posted yearly.

Fig 26(a) shows circumstances endorsed for decedents dying due to suicide by firearm injury by sex, and Fig 26(b) shows those same circumstances by race. **Female suicide decedents were more likely than males to currently have a mental health (MH) problem at time of death**, as well as to be in current treatment for a MH problem at time of injury, have a history of prior suicide attempts, or to leave a suicide note or other form of recorded communication. **Male suicide decedents were more likely than females to have one or more physical health problems contributing to injury**, meaning that the decedent was experiencing physical health problems that were relevant to the event. **Male suicide decedents were also more likely to have disclosed suicidal thoughts or plans within the month prior to injury**.

In Fig 26(b), all circumstances were more likely to be endorsed for White suicide decedents compared to Black suicide decedents. The percentages are relatively similar indicating that the decedent disclosed to another person prior to injury, although this circumstance was still endorsed for a slightly higher percentage of White suicide decedents.

Fig 26. Selected circumstances contributing to suicide firearm injury, 2023 (N = 859)

(a) By sex



(b) By race

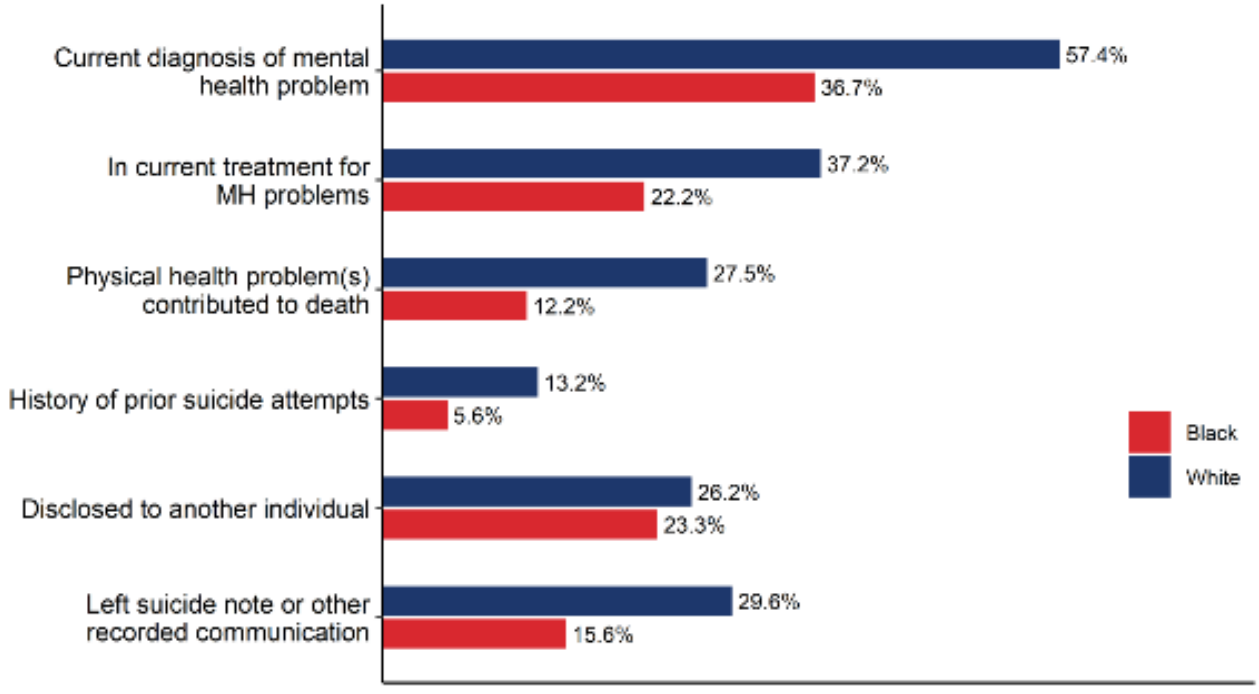
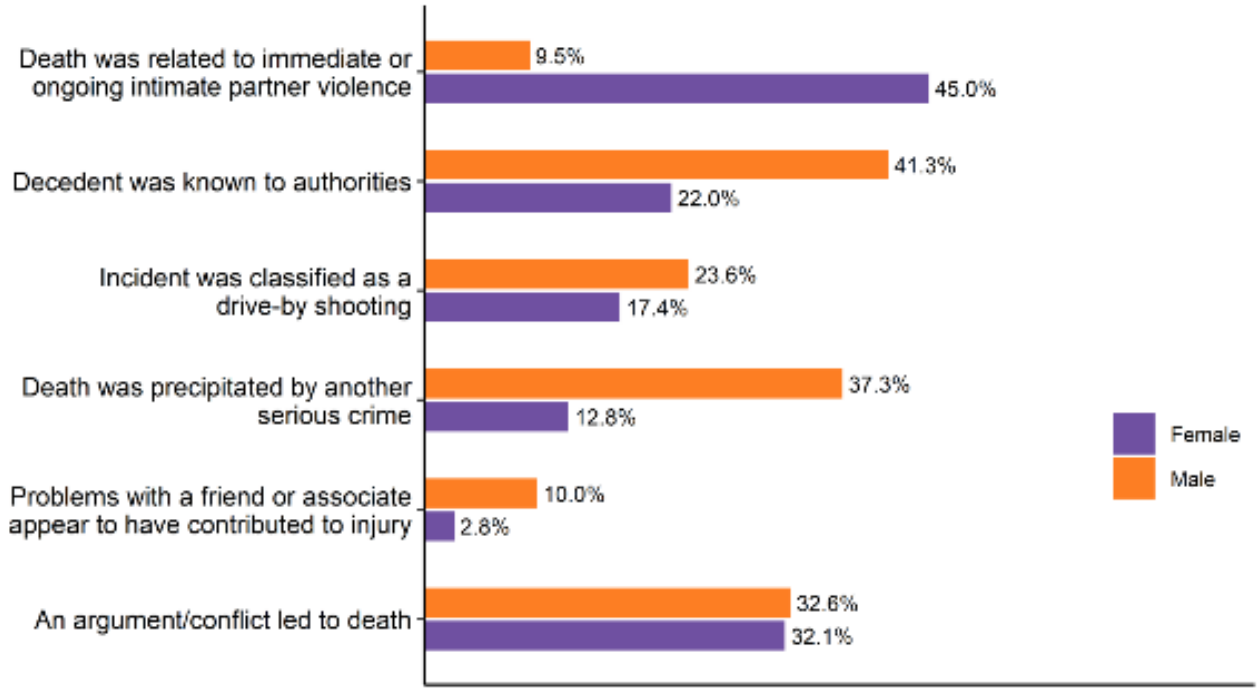


Fig 27(a) shows circumstances endorsed for decedents dying due to homicide by firearm injury by sex, and Fig 27(b) shows those same circumstances by race. **Female homicide decedents were substantially more likely than males to be injured in an incident related to immediate or ongoing conflict or violence between current or former intimate partners.** There was no difference between the percentage of female and male decedents that had an argument or conflict leading to death. A higher percentage of male homicide decedents compared to female had all other circumstances shown endorsed, including being known to authorities prior to injury, being injured in a drive-by shooting, death being precipitated by another serious crime, and problems with a friend or associate contributing to injury.

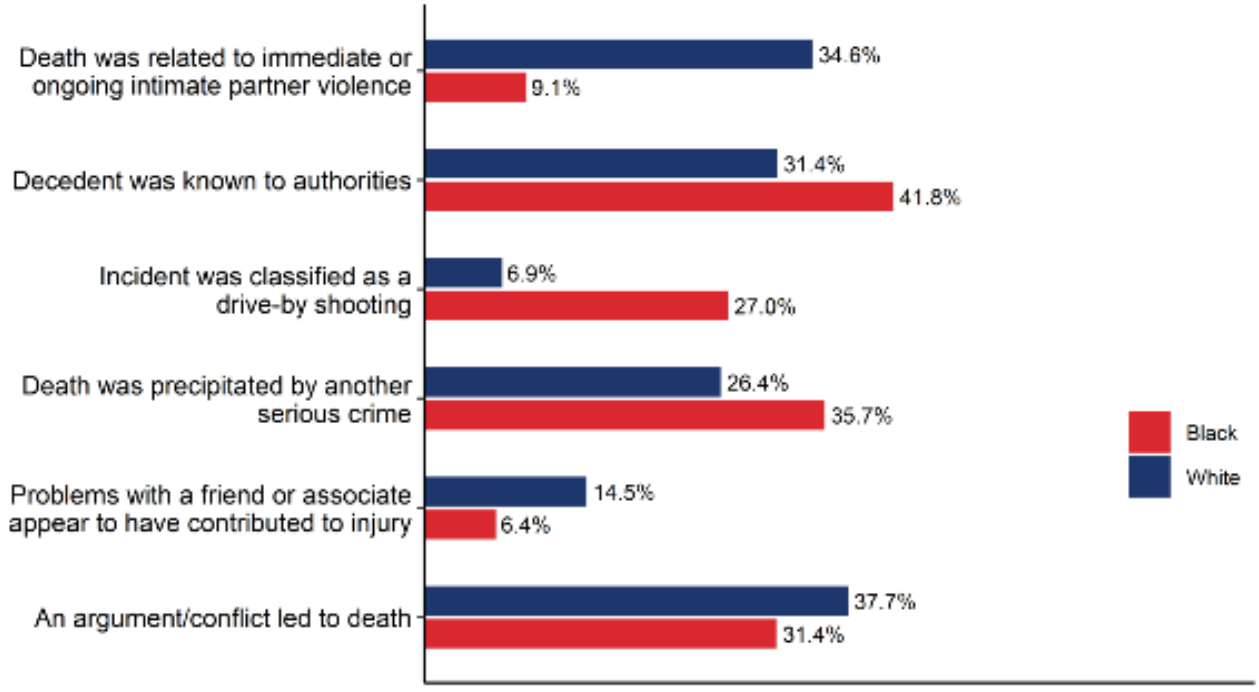
From Fig 27(b), **White homicide decedents were more likely than Black decedents to be injured in an incident related to intimate partner violence**, to have problems with a friend or associate that appear to have contributed to injury, or to have been involved in an argument or conflict that led to death. **Black homicide decedents were more likely than White decedents to be known to authorities prior to injury, to be injured in a drive-by shooting, or for death to be precipitated by another serious crime.**

Fig 27. Selected circumstances contributing to homicide firearm injury, 2023 (N = 627)

(a) By sex



(b) By race



A variety of circumstances that are specific to the manner of death are collected; some of the circumstances listed in the above figures can only be endorsed for the relevant manner of death. This is pertinent because in the review of circumstances to include in this report, figures were not generated for deaths due to undetermined intent, legal intervention, or unintentional firearm injury because the total numbers of these deaths are overall so low that few circumstances have sufficient counts to calculate meaningful statistics. However, **one circumstance was endorsed for a relatively large percentage of unintentional firearm injury decedents: 38.5% of unintentional firearm injury deaths indicate that the person who discharged the firearm was playing with it.** This variable is not limited to children; only half of the decedents with this circumstance endorsed were below the age of 18. This circumstance is not available for other manners of death.

The objective of TNVDRS is to help state and local officials understand why violent deaths occur to aid prevention and support efforts. Although this is a brief summary of the information available in our dataset that pertains to deaths due to firearm injury in TN in 2023, there are additional data products available on the website.

CONCLUSION

In summary, this report highlights the county, regional, and demographic differences of fatal and non-fatal firearms injuries and deaths across the state of Tennessee. It also demonstrates the need for upstream resources to provide safe storage for firearms for children and adults and the continual need to address mental health needs and suicide prevention strategies with providers, community members, and policy makers.

Firearm Safety and Injury Prevention

Safe firearm handling and secure firearm storage are critical in preventing firearm injuries. Individuals and families should ensure their firearms are adequately locked and stored, understand how to safely handle a firearm, and educate children about how to behave around firearms.

- If someone you know is struggling with thoughts of suicide, they can call or text the 988 Suicide and **Suicide & Crisis Lifeline and press 0 for 24/7, free and confidential support.**

- Reduce stigma, misinformation, and shame around suicide by **learning how to recognize and respond when someone in your community may be at risk.** To learn more about the warning signs and what you can do to help, visit**:** https://tspn.org/warning-signs

- **Keep children safe by preventing unauthorized access to firearms.**
  Encourage parents and caregivers to adopt safe firearm storage practices by following the *Be SMART™ steps* and encourage others to do the same. To learn more, visit: https://besmartforkids.org/

- **Promote the availability of free gun cable locks.**
  Make entities that provide firearm training and those promoting safe storage aware of the availability of free gun cable locks through the Department of Safety and Homeland Security's *Safe Store Tennessee* program. To locate a pick-up location in your area, visit: https://www.tn.gov/safety/tnhp/handgun/safestore.html

- **Promote firearm handling education.**
  Encourage gun owners to enroll in certified handgun safety courses to learn responsible firearm handling practices. To find a Tennessee Handgun Safety School near you, visit: https://www.tn.gov/content/tn/safety/tnhp/handgun/locate.html/

- **Share resources that promote firearm handling and safety,** including:
  - Tennessee Department of Safety and Homeland Security: https://www.tn.gov/safety/publicsafety/handgunsafety.html
  - U.S. Department of Veterans Affairs: https://www.va.gov/reach/lethal-means/
  - Vanderbilt University Medical Center Pediatric Trauma Injury Prevention: https://www.vumc.org/injuryprevention/firearm-safety

APPENDICES

Appendix A: Data Tables

NON-FATAL FIREARM INJURY DATA TABLES

Table 1. RATE OF NON-FATAL FIREARM INJURIES PER 100,000 POPULATION, TENNESSEE RESIDENTS, 2023

	Total Non-Fatal Firearm Injury Rate	Non-Fatal Firearm Injury Hospitalization Rate	Non-Fatal Firearm Injury Emergency Department Visit Rate
Statewide	55.2	15.6	39.6
Intent			
Accidental†	31.1	5.5	25.6
Assault	19.7	7.2	12.5
Legal Intervention	0.2*	-	-
Self-Harm	1.7	1.0	0.7
Undetermined	2.6	1.9	0.7
Firearm Type			
Handgun	6.6	1.4	5.2
Large Firearm	1.1	0.4	0.7
Other Specified or Unspecified Firearm	47.5	13.8	33.7
Health Region			
Davidson	89.7	29.6	60.1
East	13.1	4.4	8.6
Hamilton	50.3	16.1	34.2
Knox	10.8	5.6	5.2
Madison	105.8	19.2*	86.7
Mid-Cumberland	23.2	5.7	17.5
Northeast	22.7	7.3	15.4
Shelby	203.1	57.9	145.2
South Central	24.9	6.3	18.7
Southeast	24.6	6.8	17.8
Sullivan	25.9	4.3*	21.6
Upper Cumberland	21.9	5.0*	16.9
West	45.6	7.9	37.7

† Accidental is the default intent code for non-fatal firearm injuries when intent is not explicitly stated. For that reason, these rates are likely inflated.

* Rates marked with an (*) are based on counts less than 20 and are statistically unreliable.

- Rates that have been replaced with a (-) represent counts between 1 and 9 and have been suppressed; in some cases, rates based on counts of 10 or greater have also been suppressed to prevent back-calculating.

Table 2. RATE OF NON-FATAL FIREARM INJURIES PER 100,000 POPULATION, TENNESSEE RESIDENTS, 2023

	Total Non-Fatal Firearm Injury Rate	Non-Fatal Firearm Injury Hospitalization Rate	Non-Fatal Firearm Injury Emergency Department Visit Rate
Race			
White	17.4	4.8	12.7
Black	219.9	60.6	159.2
Other	73.3	25.5	47.8
Ethnicity			
Hispanic	41.2	11.2	30.0
Non-Hispanic	53.8	14.8	39.0
Sex			
Female	16.6	4.3	12.4
Male	95.2	27.4	67.8
Age			
00-17	31.2	8.2	23.0
18-24	162.0	44.1	117.9
25-34	105.6	30.4	75.3
35-44	74.8	22.9	51.9
45-54	37.2	9.9	27.3
55-64	23.6	7.1	16.5
65-74	11.4	3.2	8.2
75+	10.6	3.4*	7.2

* Rates marked with an (*) are based on counts less than 20 and are statistically unreliable.

Table 3. NUMBER OF NON-FATAL FIREARM INJURIES, BY COUNTY OF RESIDENCE, TENNESSEE RESIDENTS, 2023

	Total Number of Non-Fatal Firearm Injuries	Number of Non-Fatal Firearm Injury Hospitalizations	Number of Non-Fatal Firearm Injury Emergency Department Visits
Statewide	3,936	1,114	2,822
Anderson	10	-	-
Bedford	14	-	-
Benton	-	-	-
Bledsoe	-	-	-
Blount	10	-	-
Bradley	28	-	-
Campbell	-	-	-
Cannon	-	-	-
Carroll	13	-	-
Carter	17	-	-
Cheatham	13	-	-
Chester	-	-	-
Claiborne	-	-	-
Clay	-	-	-
Cocke	-	-	-
Coffee	-	-	-
Crockett	-	-	-
Cumberland	-	-	-
Davidson	639	211	427
Decatur	-	-	-
Dekalb	-	-	-
Dickson	21	-	-
Dyer	29	-	-
Fayette	30	13	17
Fentress	-	-	-
Franklin	-	-	-
Gibson	11	-	-
Giles	11	-	-
Grainger	-	-	-
Greene	16	-	-
Grundy	-	-	-
Hamblen	-	-	-

	Total Number of Non-Fatal Firearm Injuries	Number of Non-Fatal Firearm Injury Hospitalizations	Number of Non-Fatal Firearm Injury Emergency Department Visits
Hamilton	191	61	130
Hancock	-	-	-
Hardeman	16	-	-
Hardin	-	-	-
Hawkins	15	-	-
Haywood	17	-	-
Henderson	12	-	-
Henry	-	-	-
Hickman	-	-	-
Houston	-	-	-
Humphreys	-	-	-
Jackson	-	-	-
Jefferson	11	-	-
Johnson	-	-	-
Knox	54	28	26
Lake	-	-	-
Lauderdale	29	-	-
Lawrence	10	-	-
Lewis	-	-	-
Lincoln	-	-	-
Loudon	-	-	-
Macon	-	-	-
Madison	105	19	86
Marion	-	-	-
Marshall	11	-	-
Maury	33	10	23
McMinn	14	-	-
McNairy	-	-	-
Meigs	-	-	-
Monroe	15	-	-
Montgomery	95	27	68
Moore	-	-	-
Morgan	-	-	-
Obion	10	-	-
Overton	-	-	-
Perry	0	0	0
Pickett	-	-	-
Polk	-	-	-

	Total Number of Non-Fatal Firearm Injuries	Number of Non-Fatal Firearm Injury Hospitalizations	Number of Non-Fatal Firearm Injury Emergency Department Visits
Putnam	13	-	-
Rhea	-	-	-
Roane	-	-	-
Robertson	24	-	-
Rutherford	87	20	67
Scott	-	-	-
Sequatchie	-	-	-
Sevier	13	-	-
Shelby	1,848	527	1,321
Smith	-	-	-
Stewart	-	-	-
Sullivan	42	-	-
Sumner	41	-	-
Tipton	36	-	-
Trousdale	-	-	-
Unicoi	-	-	-
Union	0	0	0
Van Buren	-	-	-
Warren	13	-	-
Washington	22	-	-
Wayne	-	-	-
Weakley	-	-	-
White	-	-	-
Williamson	22	-	-
Wilson	26	-	-
Unknown County	-	-	-

- Numbers that have been replaced with a (-) represent counts between 1 and 9 and have been suppressed; in some cases, numbers greater than 10 or zeroes have also been suppressed to prevent back-calculating.

FIREARM DEATH RATE TABLES

Table 4. RATE OF ALL FIREARM DEATHS PER 100,000 POPULATION, 2023

	Firearm Death Rate
Statewide	22.3
Intent	
Accident	0.2
Homicide	9.4
Legal Intervention	0.1
Suicide	12.3
Undetermined	0.3
Health Region	
Davidson	21.9
East	20.9
Hamilton	22.1
Knox	13.8
Madison	25.2
Mid-Cumberland	14.3
Northeast	21.4
Shelby	49.1
South Central	15.1
Southeast	14.7
Sullivan	21.6
Upper Cumberland	20.1
West	22.3

Table 5. RATE OF ALL FIREARM DEATHS, FIREARM HOMICIDES, AND FIREARM SUICIDES PER 100,000 POPULATION, 2023

	All Firearm Death Rate	Firearm Homicide Rate	Firearm Suicide Rate
Race			
White	18.0	3.6	13.9
Black	48.2	39.1	7.6
Other	4.9	2.5	2.5
Ethnicity			
Hispanic	14.7	10.8	3.7
Non-Hispanic	22.9	9.2	13.0
Sex			
Female	7.3	3.2	4.0
Male	37.9	15.8	20.1
Age			
00-17	6.2	3.9	1.7
18-24	40.1	25.1	13.9
25-34	32.5	19.1	12.4
35-44	27.2	13.4	13.0
45-54	23.6	7.9	15.2
55-64	21.1	4.2	16.6
65-74	19.1	2.7	16.0
75+	24.8	1.2	23.4

Table 6. FIVE -YEAR NUMBER AND RATE OF ALL FIREARM DEATHS PER 100,000 POPULATION BY COUNTY OF RESIDENCE, 2019-2023

	Number of Firearm Deaths	Firearm Death Rate
Statewide	7,380	21.2
Anderson	77	19.7
Bedford	49	19.1
Benton	23	28.6
Bledsoe	6	8.0
Blount	105	15.3
Bradley	73	13.3
Campbell	42	21.1
Cannon	14	18.9
Carroll	31	21.9
Carter	65	23.0
Cheatham	33	15.9
Chester	13	14.9
Claiborne	23	14.3
Clay	10	26.2
Cocke	45	24.6
Coffee	56	19.1
Crockett	11	15.7
Cumberland	74	23.7
Davidson	711	20.2
Decatur	10	17.3
Dekalb	12	11.5
Dickson	54	19.6
Dyer	46	25.1
Fayette	54	25.3
Fentress	27	28.4
Franklin	49	22.6
Gibson	51	20.3
Giles	27	17.9
Grainger	32	26.8
Greene	73	20.7
Grundy	19	27.8
Hamblen	39	12.0
Hamilton	348	18.7

	Number of Firearm Deaths	Firearm Death Rate
Hancock	3	8.9
Hardeman	36	28.5
Hardin	29	21.9
Hawkins	46	16.0
Haywood	26	29.9
Henderson	22	15.7
Henry	34	21.0
Hickman	30	23.6
Houston	5	12.1
Humphreys	15	15.8
Jackson	17	28.5
Jefferson	47	16.8
Johnson	27	29.9
Knox	418	17.2
Lake	7	20.6
Lauderdale	36	28.7
Lawrence	44	19.6
Lewis	14	22.0
Lincoln	25	14.2
Loudon	42	14.8
Macon	24	18.7
Madison	115	23.3
Marion	31	21.4
Marshall	30	16.9
Maury	78	15.0
McMinn	60	22.0
McNairy	44	34.0
Meigs	13	20.0
Monroe	46	19.4
Montgomery	247	21.9
Moore	10	30.2
Morgan	16	15.0
Obion	26	17.2

	Number of Firearm Deaths	Firearm Death Rate
Overton	17	14.9
Perry	8	18.9
Pickett	6	23.7
Polk	21	24.0
Putnam	70	17.1
Rhea	19	11.4
Roane	52	19.1
Robertson	64	17.3
Rutherford	243	13.9
Scott	19	17.2
Sequatchie	10	12.4
Sevier	96	19.4
Shelby	1849	40.0
Smith	20	19.7
Stewart	20	28.7
Sullivan	162	20.3
Sumner	159	15.9
Tipton	65	21.1
Trousdale	11	18.6
Unicoi	14	15.8
Union	18	17.8
Van Buren	7	22.6
Warren	37	17.7
Washington	121	18.1
Wayne	13	15.9
Weakley	36	21.7
White	33	23.7
Williamson	110	8.7
Wilson	113	14.7

Appendix B: Data Systems Technical Notes

The data used in this report come from three different surveillance data systems: The Hospital Discharge Data System, the Death Data System, and the Tennessee Violent Death Reporting System. Each data system collects data differently and defines firearms injuries or deaths in different ways.

HOSPITAL DISCHARGE DATA SYSTEM

The data for non-fatal firearm injuries comes from the Hospital Discharge Data System (HDDS). Finalized HDDS data is available for use eighteen months following the close of the data year. For example, data from the 2024 calendar year will be available in July 2026.

To find the firearm injuries within HDDS, the first step is to limit the HDDS data to the non-fatal injuries. This injury data subset is created differently for those who are hospitalized and for those who visited the emergency department. In both, only Tennessee residents who were discharged alive from a non-federal acute care hospital in Tennessee are included. Then, depending on the file, records are kept based on the diagnosis codes and/or external cause codes.

For hospitalizations: Individual had one of the following ICD-10-CM codes in the principal diagnosis field (7th character of code must be A, B, C, or missing):

- S00-S99
- T07–T34
- T36–T50 with a 6th character of 1, 2, 3, or 4
- T36.9, T37.9, T39.9, T41.4, T42.7, T43.9, T45.9, T47.9, and T49.9 with a 5th character of 1, 2, 3, or 4)
- T51–T65
- T66–T76
- T79
- O9A.2-O9A.5
- T84.04
- M97

For emergency department visits: Individual had one of the ICD-10-CM codes listed above OR one of the following external cause codes in any field (7th character of code must be A or missing):

- V00–V99
- W00–X58
- X71–X83
- X92–Y09
- Y21–Y33
- Y35–Y38

Once the injury data subset is created, it is further limited to cases where a firearm injury code appears in any diagnosis or external cause field. The following are the codes that are considered firearm codes for this report (7th character of code must be A or missing):

- W32, W33, W34.00, W34.09, W34.10, W34.19 (Accidental discharge or malfunction of firearm)
- X72, X73, X74.8, X74.9 (Intentional self-harm by firearm)
- X93, X94, X95.8, X95.9 (Assault by firearm)
- Y22, Y23, Y24.8, Y24.9 (Firearm discharge of undetermined intent)
- Y35.00-Y35.03, Y35.09 (Legal intervention involving firearm discharge)
- Additionally, Y38.4 is a firearm code for Terrorism, but it was not present in 2023 Tennessee data.

Records containing the following ICD-10-CM codes, which represent injury from a firearm malfunction, are then removed for the analysis: W321, W331, W341.

It is important to note that each record in the non-fatal data represents one individual's hospitalization or ED visit. An individual can be represented in the data more than once if they are admitted to the hospital from the ED or if they have multiple firearm injuries over the course of the year and visit the hospital to treat those injuries each time they are sustained.

TENNESSEE DEATH DATA SYSTEM

About Tennessee Death Data

The TDH Division of Vital Records and Statistics manages the registration of Tennessee death certificates and the compilation of resident death records for statistical purposes. Tennessee death records are filed electronically through the Vital Records Information Management System (VRISM) by funeral homes, physicians, and medical examiners. Deaths occurring to Tennessee residents in another state are collected via an interjurisdictional exchange agreement with 56 other U.S. vital records jurisdictions. Causes of death are certified by physicians or medical examiners. Tennessee mortality statistics are based on deaths to Tennessee residents regardless of where the death occurred as Tennessee resident population denominators are used for rates.

Cause of Death Coding for Mortality Statistics

Literal text of conditions in the causal chain of events leading to death, and potentially significant conditions that did not directly lead to death but may have contributed, are certified by physicians and medical examiners on death certificates. Using the information provided by certifiers, ICD-10-CM codes are assigned for a single underlying cause of death based on the causal chain by the National Center for Health Statistics (NCHS) at the Centers for Disease Control (CDC). Additionally, ICD-10-CM codes are assigned to each individual condition provided by the certifier on the cause of death section of the death certificate (multiple cause codes). Firearm deaths are identified using the underlying cause of death ICD-10-CM code. For more information about how causes of death are coded please visit the NCHS National Vital Statistics System website: https://www.cdc.gov/nchs/nvss/mortality_methods.htm

Firearm Death ICD-10-CM Codes

The following underlying cause of death ICD-10-CM codes are used to identify a firearm death and the intent:

- U014: Terrorism involving Firearm (Homicide)
- W32-W34: Unintentional Firearm Discharge
- X72-X74: Intentional Self-Harm (Suicide) by Firearm
- X93-X95: Assault (Homicide) by Firearm
- Y22-Y24: Firearm Discharge of Undetermined Intent
- Y35.0: Legal Intervention involving Firearm Discharge

Race and Ethnicity

Single race White and single race Black counts are presented. The category of All Other Races includes single race and multiracial decedents other than single race White or single race Black. Responses of “other race” or “unknown/refused” are imputed to the race of the previous single race death record. Non-Hispanic and Hispanic counts are presented separate from the decedent’s race. Totals include decedents with unknown ethnicity.

TNVDRS

The TNVDRS characterizes death by specific mechanism by allowing an abstractor to list up to three weapons associated with each decedent. We can therefore identify deaths due to firearm injury by searching for all decedents with one or more firearm-type weapons associated with their record.

POPULATION DENOMINATORS

The 2014-2023 Tennessee resident population denominators used for rates in this report are produced by the TDH Population Health Assessment program and are based on the U.S. Census Bureau annual county resident population estimates.

Appendix C: More Firearm Resources

Firearm-Related Reports from Tennessee Government

- **Tennessee Department of Safety and Homeland Security**
  Handgun Carry Permit Statistical Report (Yearly) Mandated by TCA § 39-17-1351

- **Tennessee Bureau of Investigation**
  Firearm Violence in Tennessee, 2013-2016

More Firearm-Related Reports from the Tennessee Department of Health

- **Tennessee Violent Death Reporting System**

  Annual Homicide Report, 2022

  Annual Suicide Report, 2022
- **Child Fatality Review**

  Child Fatality 2024 Annual Report
- **Prevention of Maternal Violent Deaths**

  Infographics and ESSENCE Reports
- **Suicide Prevention Program**

  Suicide Prevention Annual Report, 2025

  Mandated by TCA § 68-1-120

Federal Resources

- **CDC Web-based Injury Statistics Query and Reporting System**
  https://wisqars.cdc.gov/
  Create fatal and non-fatal injury data tables at the national level and fatal injury data tables at the state level.
- **CDC NCHS Firearm and Injury Death Statistics**
  https://www.cdc.gov/nchs/pressroom/sosmap/firearm_mortality/firearm.htm
  https://www.cdc.gov/nchs/fastats/injuries.htm
- **CDC Firearm Violence Prevention Information**
  https://www.cdc.gov/firearm-violence/prevention/index.html

Appendix D: Contact Information

To contact the Tennessee Department of Health about this report, please direct your inquiry to the following points of contact:

- **Questions about Non-Fatal Firearm Injuries, the Hospital Discharge Data System, or to contact the Injury Surveillance Program**:

  Injury.Surveillance@tn.gov

- **Questions about Firearm Deaths or to contact the Office of Vital Statistics:**

  Vital.Statistics@tn.gov

- **Questions about Firearm Deaths or to contact the Tennessee Violent Death Reporting System:**

  TN.VDRS@tn.gov

- **For any other questions, please contact:**

  DoH.Communications@tn.gov