Exploring Social Media Conversations on Firearm Violence & Health. A Q&A With Dr. Vivek Ashok

Health Equity

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In a new study, PolicyLab Faculty Scholar Dr. Vivek Ashok and his team looked at how Pennsylvania state policymakers discussed firearm violence on social media. They examined how that messaging aligned with a public health approach to addressing the issue.

We recently sat down with Dr. Ashok to discuss the findings of this work, which was supported by a PolicyLab pilot grant, and what we can learn from it.

The following conversation has been edited for length and clarity.

Q: This is a really interesting study design. Could you tell us a little bit about what makes it unique?

We used a data source common in advocacy and policymaking spaces to track legislation, bills, social media posts and to engage citizens with policymakers on certain issues.

We were able to collate a set of posts on social media that pertain to firearm injury and firearm violence. We pulled these posts and analyzed the content, looking at rhetoric to identify themes. This approach offered an interesting depiction of what state policymakers talk about publicly.

Q: What inspired you to look into the question of how policymakers talk about firearm violence on social media?

We know that there is a concept called the political determinants of health—such as who we vote for, the governmental structures that people operate in, and the policies that shape health care delivery, public health and beyond. I was interested in looking at those political determinants of health.

I wanted to look and see how the language that policymakers use on social media reflects how we look at the problem of firearm injury and firearm violence, and the policies that are put forth.

Q: What did you and your team find?

Out of all forms of firearm injury and firearm violence, legislators talked about mass shootings the most. While absolutely devastating and deserving of national rhetoric, they comprise only about 1 to 2% of firearm injury episodes, whereas the vast majority [of firearm injury] in the United States is firearm suicide followed by interpersonal or community violence. That's for all ages. For children, community or interpersonal violence is the leading cause of firearm injury followed by suicide.

Additionally, health frames were rarely used. The picture of firearm injury and gun violence was rarely painted as a health or public health issue, but rather one through the lens of criminology, policing or advocacy. Policymakers rarely used rhetoric that described the health impacts or health prevention strategies—suicide prevention, for example—that are so necessary to curbing this epidemic.

Q: Was there anything that surprised you about these findings?

There are a couple of things that stood out to me, but weren't necessarily surprising. One was the dearth of health and public health rhetoric. When I've talked to policymakers, they have acknowledged that there is a public health crisis [related to firearm injury and violence], yet when looking at the data, this is not what's represented on social media, at least from 2017 to 2022.

The second thing is the discrepancy between the types of violence that are mentioned on social media and what's actually happening—what we see in clinics, in emergency rooms, in intensive care units—and what policymakers talk about.

Q: Do you see the conversation on social media as at odds with a public health approach to firearm violence, and if so, how?

We found so little discussion on prevention. Policymakers may call for a general end to gun violence or stopping gun violence, but I am specifically talking about prevention of firearm injury through that public health lens, through upstream models, through specific evidence-based policies that are known to work through community violence intervention program funding and through the policies and practices that have worked in many, many states and across the nation. The rhetoric on social media is very general, is emotionally charged and often paints a very broad picture of firearm injury without getting to its roots.

Q: How do you hope your findings could be used by policymakers in how they communicate about firearm violence?

We as public health researchers and physicians can provide [information about the epidemiological realities of gun violence] in tandem with communication specialists who are helpful with framing or combining multiple frames to get a message across and ultimately shape policy narratives for the future.

Q: How did the support you received from the PolicyLab pilot grant shape your work?

It was foundational. I used the grant to support research time, infrastructure expertise from the Qualitative Research Core**,** as well as obtaining data.

Just having access to experts within PolicyLab was invaluable, especially when I was designing the study. I think it was necessary for me to grow as an individual and to have that expertise at hand while I waded into something that was new for me.

The support catalyzed a lot of this work and hopefully will allow us to use this work to have an impact.

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