

PROTECTING RURAL VETERAN MENTAL HEALTH IN MINNESOTA

In Support of HF4588: Rural Veterans Mental Health Access Task Force

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The Problem

Minnesota is home to approximately 296,000 veterans of whom a significant proportion live in rural communities (Minnesota Department of Veteran Affairs, 2024). According to U.S. Census data compiled by the Rural Health Information Hub (2024), 7.4% of Minnesota's adult nonmetro population are veterans, compared to 5.4% in metro areas, meaning that rural Minnesotans are more likely to have served than their urban counterparts.

Even before recent cuts to VA staffing, rural veterans faced a system that made accessing care challenging. Nationally, nearly half of all rural veterans are unenrolled in VA care despite being eligible (VA Office of Rural Health, 2023). The research evidence on what this means for mental health outcomes is clear:

- Rural veterans are **70% less likely to receive any mental health care** compared to their urban counterparts (Teich et al., 2017).
- Rural VA users die by suicide at a rate of **33.3 per 100,000** compared to 29.1 per 100,000 for urban VA users (Shiner et al., 2021).
- Nearly **half of veterans with an unmet mental health need report significant barriers to care**, including cost and logistical challenges (Lewis et al., 2024).
- VA staffing increases have the greatest impact where staffing is already lowest and **rural facilities are disproportionately among the most under-staffed** (Shafer et al., 2024). This means cuts to VA staffing will more severely impact access to mental health care for rural veterans

Why a State-Level Task Force

Federal VA cuts are narrowing the safety net for rural veterans at a time when significant barriers already exist. A Minnesota task force on rural veteran mental health access would provide state-level accountability, coordination, and targeted outreach.

Specifically, the task force may:

- Monitor the impact of federal VA staffing reduction on rural Minnesotans in real time
- Coordinate between state agencies, VA facilities, community providers, and veteran service organizations to prevent gaps in care
- Drive targeted outreach to rural veterans currently unenrolled in VA care who represent a population that would benefit from increased suicide prevention outreach
- Generate Minnesota specific data/research to inform future state policy which is currently limited

The Ask

I urge you to support HF4588 and establish a Minnesota task force on rural veteran mental health access. As federal support changes, Minnesota has the opportunity and the obligation to ensure that the veterans who live in rural communities are not left behind.

References

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