



U.S. Department
of Veterans Affairs

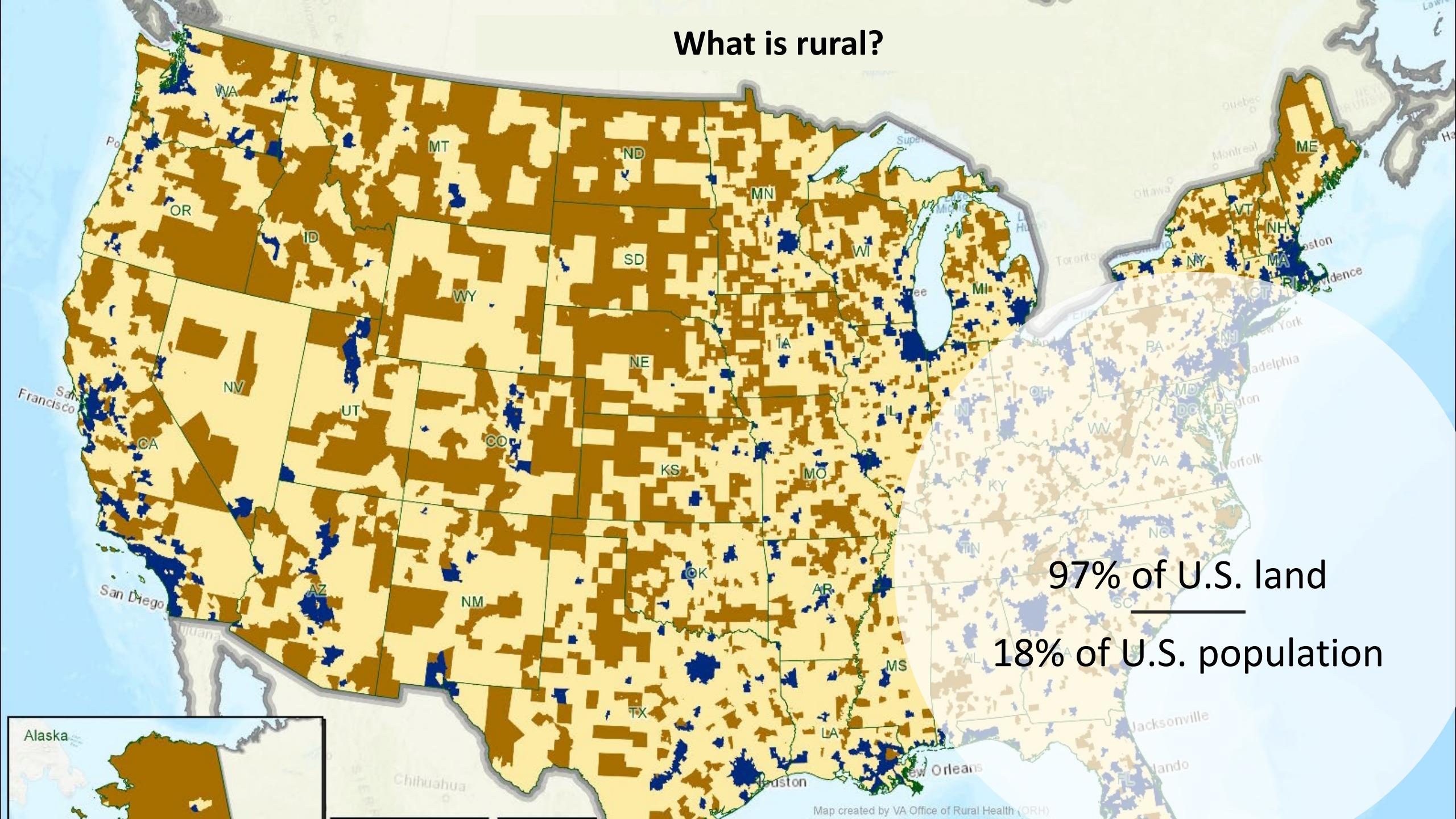


Rural Communities and Suicide Prevention

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What is rural?





The Rural U.S. is Diverse

Rural Stereotypes[1]

- Open country
- Agriculture economy (or other extraction industry, e.g., mining, fishing, logging)
- White
- Uneducated



Rural Realities[1]

- Range of rurality from frontier to large towns.
- Agriculture accounts for less than 1% of rural jobs today
 - Other large sectors: retail, tourism and outdoor recreation, healthcare, education
- Cultural diversity of the rural U.S. is growing





Rural Socio-Economic Challenges

- Higher percentage of individuals live below the poverty line.[2]
- Higher percentage of rural counties score at the worst level on the area deprivation index.[3]
- Lower college graduation rates compared to urban areas.[1]

Rural health Care

- 65% of rural counties are designated health care workforce shortage areas[4], over 75% are behavioral health workforce shortage areas[5]
- Rural primary care providers report being less prepared to screen for and manage suicidal patients[6,7]
- Rural residents in need are less likely to receive mental health or substance use treatment[8]



A photograph of a weathered wooden post with a white and red life preserver hanging from it. The post is set against a bright blue sky with scattered white clouds. In the foreground, there is a field of tall, dry, golden-brown grass. A dark, semi-transparent rectangular overlay covers the lower portion of the image, containing the title and list.

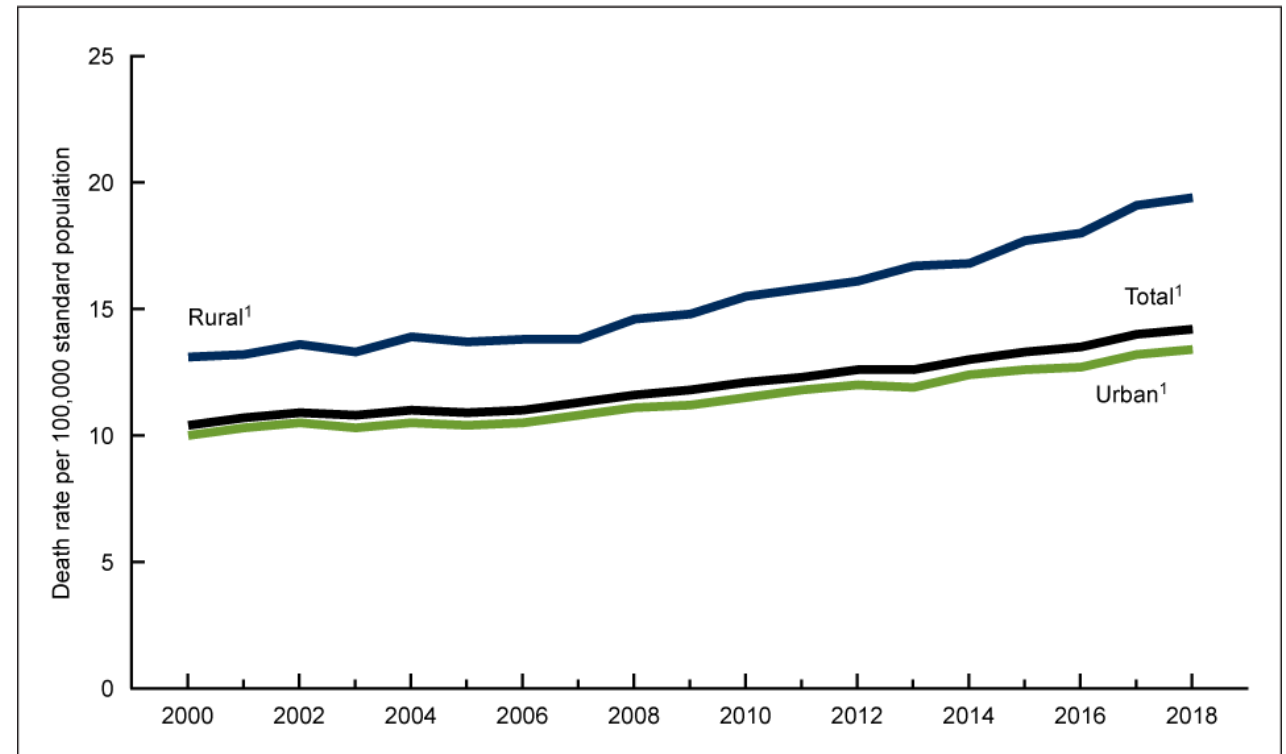
Rural Health Disparities

- Rural residents more likely to report fair to poor health[9]
- Higher rates of diabetes, obesity, infant mortality, malnutrition, poor water quality, etc.[10]
- Greater rates of isolation, especially for vulnerable populations[1,11]

Rural Suicide in the U.S.[12]

- Rural suicide increased 48% from 2000-2018
- Rural suicide rates are higher than urban (19.4 vs. 13.4 per 100,000 in 2018)
- Firearms suicide deaths are more prevalent in rural vs urban areas.

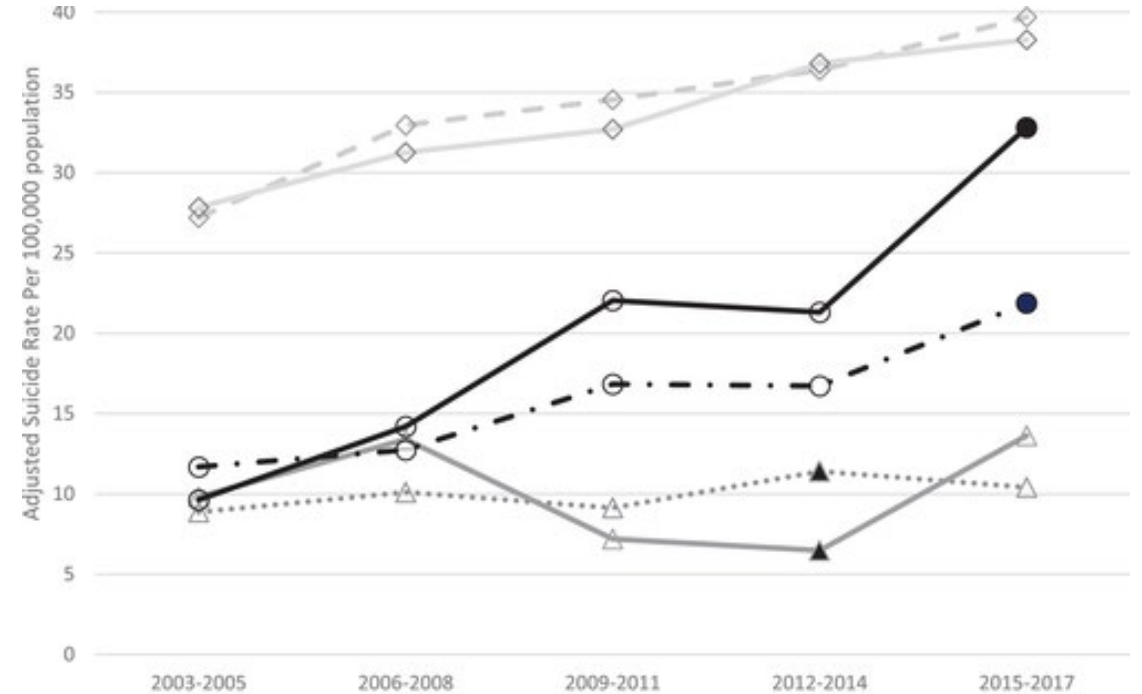
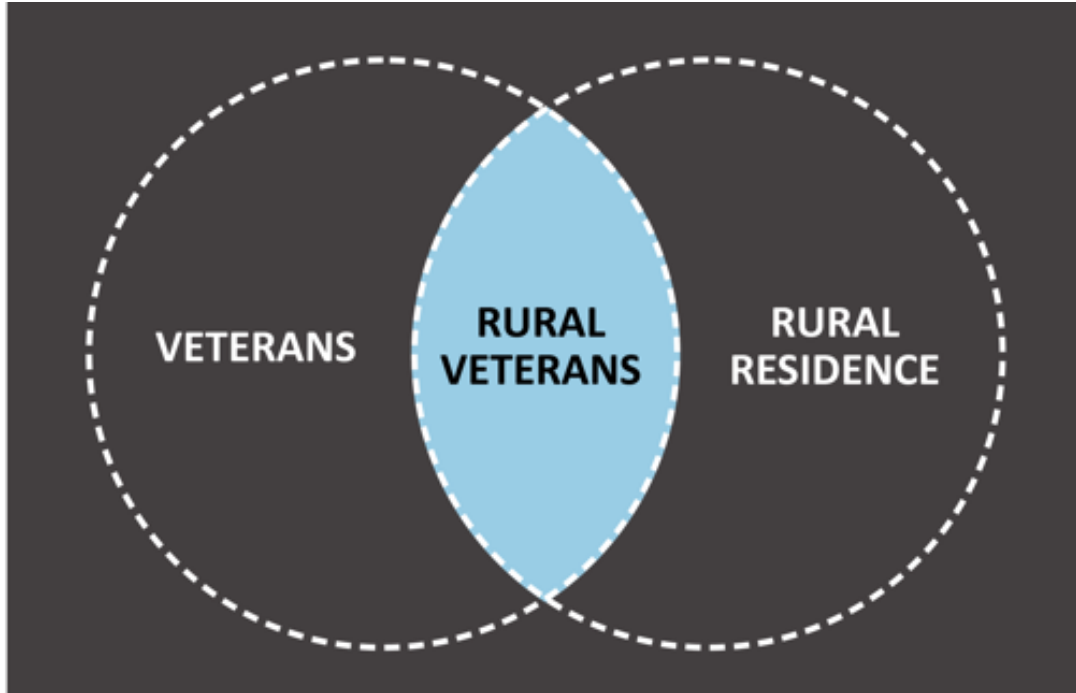
Figure 1. Age-adjusted suicide rates, by urban–rural status: United States, 2000–2018



¹Significant increasing trend from 2000 through 2018, with different rates of change over time; $p < 0.05$.

NOTES: Suicides in all ages are identified using the *International Classification of Diseases, 10th Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0. Age-adjusted death rates are calculated using the direct method and the 2000 U.S. standard population. Classification of the decedent's county of residence is based on the 2013 NCHS Urban–Rural Classification Scheme for Counties, available from: https://www.cdc.gov/nchs/data/series/sr_02/sr02_166.pdf. Access data table for Figure 1 at: <https://www.cdc.gov/nchs/data/databriefs/db373-tables-508.pdf#1>.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.



Rural Veteran Suicide

- Rural Veterans have a 14-20% increased risk of death by suicide[13,14]
- Important to consider rural suicide rates stratified by race[14]

Rural Suicide Risk Factors Around the World[15]

Geography

- Access to services, transportation, geographic isolation

Cultural factors

- Stigma, stoicism, self-reliance

Economic

- Farm stress, poverty, area deprivation

Environmental

- Lethal means access, esp. firearms and pesticides

Interpersonal factors

- Social isolation

Physical and Mental Health

- Chronic health disparities, mental health disease burden



Suicide Risk among Adults in Rural U.S.[16]

Use of firearms account for most of the rural-urban suicide disparity in the U.S.

Substance use, especially alcohol, is more often cooccurring with rural suicides.

Access to and quality of care disparities are persistent in the rural U.S.

Financial and economic factors contribute to suicide risk, but may not contribute significantly the rural disparity.

Fewer studies and lower evidence quality for factors at the outer levels of social ecology.

Strengths In Rural Communities



Land

- Resources
- Recreation
- Peace/Quiet



People

- Resilience
- Social capital



Culture

- Adaptive
- Collective agency

Most best practices have not been examined relative to rural needs

How do you reduce the role of firearms in rural suicide?

How do you effectively overcome cultural and systemic barriers to care?

What combination of strategies are needed for rural communities to reduce suicide rates?





Together With Veterans Rural Veteran Suicide Prevention Program

The Together With Veterans Program (TWV) enlists rural Veterans and their local partners to join forces to reduce Veteran suicide in their community.

TWV is funded by the Veterans Health Administration Office of Rural Health, as an enterprise-wide initiative in partnership with the Office of Mental Health and Suicide Prevention.



Guiding Principles of TWV

Veteran-Driven

- Veterans provide permission and work together to implement TWV in their community

Collaborative

- Community partners play a key role in successfully supporting Veterans and their families

Evidence-Informed

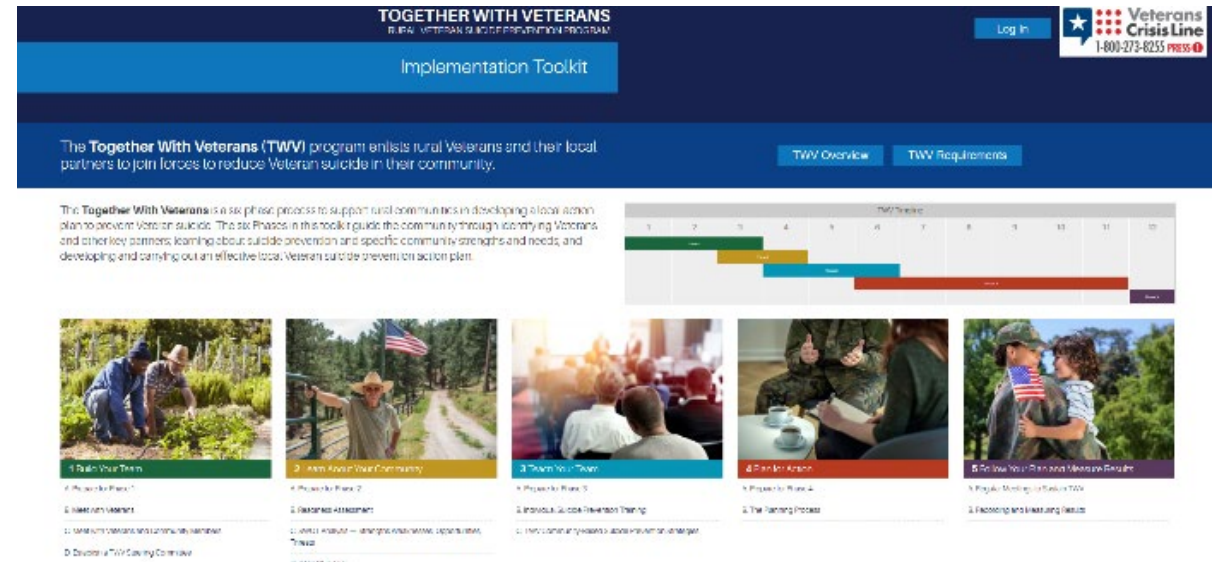
- TWV strategies are drawn from well-researched models that have shown to effectively reduce suicide

Community-Centered

- TWV partnerships develop a unique suicide prevention action plan based on community strengths and needs



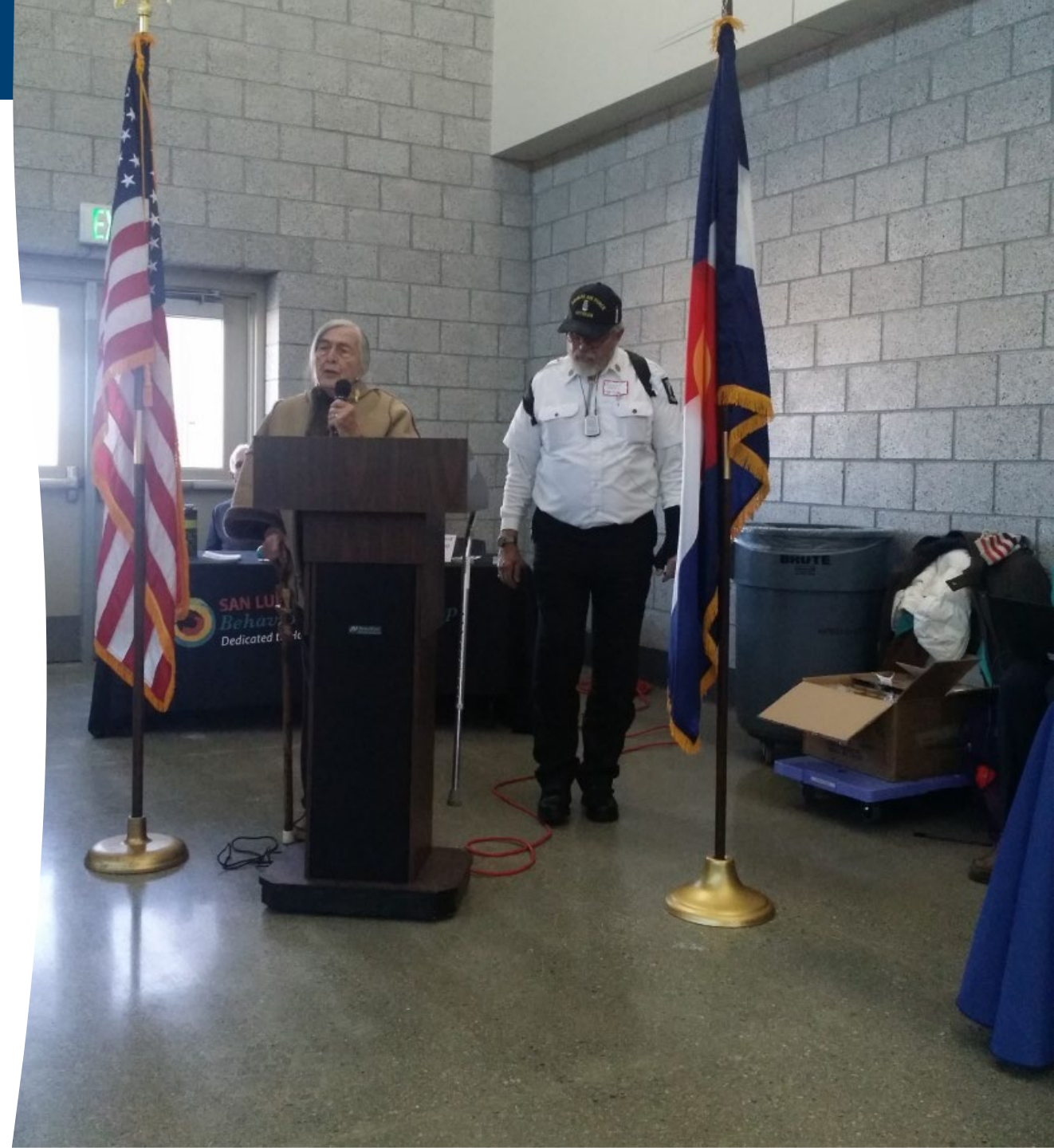
TWV Provides Tools, Training & Technical Assistance to Rural Veteran Leaders



- Tools: Online Portal and Toolkit
- Training in TWV program model, tools, processes and suicide prevention best practices
- Technical Assistance
 - Capacity development
 - Community coaching
 - Peer mentoring

TWV provides trusted leadership in rural communities to:

- Enhance health care collaboration
- Improve care system knowledge of Veterans
- Increase safe storage of firearms
- Increase social connectedness
- Increase help-seeking





Thank you!

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