

**RURAL QUALITY OF LIFE: OPPORTUNITIES
AND CHALLENGES FOR THE
RURAL CARE ECONOMY**

HEARING

BEFORE THE

**COMMITTEE ON AGRICULTURE,
NUTRITION, AND FORESTRY**

UNITED STATES SENATE

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RURAL QUALITY OF LIFE: OPPORTUNITIES AND CHALLENGES FOR THE RURAL CARE ECONOMY

TUESDAY, MARCH 22, 2022

U.S. SENATE,
COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY,
Washington, DC.

The Committee met, pursuant to notice, at 10:08 a.m., via Webex and in room 562, Dirksen Senate Office Building, Hon. Debbie Stabenow, Chairwoman of the Committee, presiding.

Present: Senators Stabenow, Brown, Bennet, Gillibrand, Smith, Boozman, Ernst, Marshall, Tuberville, Grassley, Thune, Fischer, and Braun.

STATEMENT OF HON. DEBBIE STABENOW, U.S. SENATOR FROM THE STATE OF MICHIGAN, CHAIRWOMAN, U.S. COM- MITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY

Chairwoman STABENOW. Good morning. I call this hearing of the U.S. Senate Committee on Agriculture, Nutrition, and Forestry to order.

Let me just say in the beginning it was great to be with Senator Boozman yesterday on the Mall for National Ag Day on the Mall. We appreciate the Association of Equipment Manufacturers for putting that together.

I was thinking about today and how we so focus on supporting our farmers, as we should, our farmers and ranchers, and another piece of this is supporting the quality of life for them and their families. This is not just on the farm. This is folks who want to live in the small towns around Michigan and around the country and certainly in a small town like where I grew up, in Clare, Michigan. To do that, we have to make sure that there is a wide variety of support and services available so that they can continue to enjoy what I think is just an incredibly important quality and rich quality of life, of being, of living, in rural America.

We want to welcome our Under Secretary Torres Small, and we welcome our witnesses this morning. It is wonderful to have you here to discuss the opportunities and challenges of the rural care economy.

Everyone deserves a great quality of life in America and quality care at every stage of life no matter where they live. One in five Americans live and work and raise their families in small towns, surrounded by mom and pop shops, family farms, and neighbors

who double as the local doctor, the fire chief, the mayor, or the school teacher.

The COVID-19 pandemic exposed vulnerabilities in our rural communities, as we know, putting a strain on families, our work force, and our health care system. The opioid epidemic continues to take the lives of our friends and neighbors. As a native of rural Clare, Michigan, I can tell you firsthand that rural American remains resilient and resourceful. Building a sustainable economy starts with reliable access to child care, elder care for our parents and grandparents, and health care, including mental health and substance abuse services.

We all know a small business owner who sets store hours based on if, and when, they have someone available to take care of their young children or their aging parents. It is a godsend for their growing business when their local government and neighboring businesses team up to build a new child care center with the help of the USDA, and it is even better for the small business owner when her folks can stay in the very community where they grew up now that their local hospital has the modernized equipment and telehealth services to expand treatments or their local community center gets new digital tools to stay connected to friends and family.

That is exactly what we have seen in Alcona County, Michigan, where USDA Rural Development and resources helped connect seniors with their families and friends through technology. Loneliness is tough on our seniors, but USDA is helping us beat it.

We all know someone whose life has been changed as well by the opioid epidemic. As they work on their recovery, they may need to lean on new telemedicine services for addiction treatment because they cannot get to the clinic three towns over.

We all have a friend who is spread thin driving all around the county to get critical community health services, taking up hours of their day and spending a lot of gas. It makes a big difference when they can get their health care needs met in one place.

In Michigan, for example, Allegan County residents worked with USDA to purchase and renovate a building to consolidate the county's medical, dental, behavioral health, and other care management services, and they were able to become a certified community behavioral health clinic and provide more people with mental health services and addiction treatments.

We all know a farmer who cannot take time to check in on their own health, physical or mental, when they are trying to keep the family farm afloat 24-7. The work the American Farm Bureau Federation does in its Farm State of Mind Program, in partnership with Michigan State University, for example, is taking the stigma out of mental health treatment so farmers know that they can, and should, seek the help they need.

I ask unanimous consent that the statement from the American Farm Bureau Federation be entered into the record. Without objection.

[The prepared statement can be found on page 78 in the appendix.]

Chairwoman STABENOW. Our witnesses will attest, I am sure, that strengthening the care economy helps rural communities

thrive, and I am sure Under Secretary Torres Small will share about how the USDA is a trusted partner with the local communities that you serve.

I ask unanimous consent to enter into the record statements of support from the Rural Policy Research Institute and the Bipartisan Policy Center. Without objection, so ordered.

[The prepared statements can be found on pages 81-86 in the appendix.]

Chairwoman STABENOW. With that, I will turn to my friend, the Ranking Member from Arkansas, Senator Boozman.

**STATEMENT OF HON. SENATOR JOHN BOOZMAN, U.S.
SENATOR FROM THE STATE OF ARKANSAS**

Senator BOOZMAN. Thank you very much and thank you for calling this hearing today, Chairwoman Stabenow. I look forward today, with my colleagues, as we examine the rural quality of life and care economy. I also look forward to hearing from Under Secretary Torres Small and our other witnesses.

Thank you for being here, Under Secretary.

There is no question that families in rural America need access to affordable, quality health care, child care, and elder care in their communities. USDA Rural Development has a number of programs to help purchase, construct, and improve rural health clinics, child care centers, nursing homes, and other facilities to meet the need and buildup the rural care economy. I strongly support the USDA Rural Development programs that make funding available to these vital services, and we appreciate the Under Secretary's hard work in providing leadership in this area.

However, we should not approach this as a "Field of Dreams" scenario, where if we build it, they will come. Rural economic viability, a strong economic floor, is what is necessary to support a care economy. Federal policies and regulations can have an outsized impact on the economy of rural America. We have seen it time and time again, and we are seeing it right now. If we truly want rural America's families to have access to quality health care, child care, and elder care, then we must provide the stability and certainty necessary for our farmers and ranchers and the businesses they support to thrive.

Unfortunately, the current economic and policy environment is far from stable for our rural communities. The economic headwinds facing Americans today are simply staggering, and rural America is taking a heavier hit. Inflation is at the highest it has been in more than four decades, at 7.9 percent. With half of the U.S. population under the age of 40, this is the highest inflation many have seen in their lifetime.

Since President Biden has taken office, food prices have increased by more than eight percent, which is the fastest rate of food price inflation of any President since Jimmy Carter. Also, gasoline prices are up nearly 50 percent, electricity prices are up more than 30 percent, and piped gas utility prices are up 25 percent. The average price of unleaded gasoline is now at \$4.25 a gallon.

Last week, the Mayor of Monette, Arkansas, Bob Blankenship, spoke about how diesel prices are approaching \$5 a gallon and his concerns about what fuel expenses may do to Monette's budget and,

ultimately, operations of essential services if city officials are forced to make difficult budget choices.

The numbers are equally dire for our Nation's farmers and producers. Farm production expenses will be a record high of \$412 billion in 2022, an increase of \$54 billion or 15 percent since the President entered office. Whether it is regulatory decisions like canceling the Keystone XL Pipeline, placing a moratorium on conventional energy development on Federal land, or failing to follow through on campaign promises to implement strong biofuels measures to reduce prices at the pump, and support our Nation's farmers, the actions of this Administration have certainly not been good for rural quality of life.

The common theme I hear from farmers and other rural Arkansans when I am back home every weekend is frustration with misplaced priorities and misguided policies, proposals like doing away with the stepped-up basis or standing up programs to achieve the 30x30, without focusing on efforts to release disaster funding farmers have been waiting for. Agriculture is the economic driver for the vast majority of rural America, and the decisions that harm agriculture or place the needs of the industry in the background do nothing to foster rural communities.

For example, as our Nation's ag stakeholders continue to face supply chain disruptions, high input costs, tariffs, and uncertainty surrounding global commodity prices, there is still no nominee for either USDA's Under Secretary of Trade or Chief Agriculture Negotiator at USTR. This means there is no trade agenda currently standing up for our Nation's farmers and producers in a time of hyper uncertainty surrounding global commodity markets.

When we seek to work with the Administration on possible solutions to address some of the most pressing issues facing the world today, like extending the deadline for CRP signup, to help mitigate already high inflation and food security concerns made worse by Russia's ruthless invasion of Ukraine, USDA declines. Shouldn't we be doing everything in our power to address this and other issues that will very likely negatively impact global commodity markets for years to come? Again, misplaced priorities seem to be the common theme of the Administration.

I would like to have Secretary Vilsack testify before our Committee, who, despite interest from myself and many of my colleagues, has not appeared before our Committee since his nomination hearing in February 2021. That is more than a year ago. That is simply unacceptable.

Madam Chair, I appreciate you holding today's hearing. I did enjoy being with you yesterday at the Agri-Fair, seeing all the kids climbing on the tractors and this and that. I really look forward—I know everyone is interested as we go forward—beginning really addressing the problems that I talked about as we go forward with the Farm Bill. Like I said, I know you are excited about that; I am excited about it. Thank you very much.

Chairwoman STABENOW. Thank you very much. I am excited. I am excited to go to Arkansas and have an opportunity with you to do a field hearing.

I will say, to underscore, there were lots of things that you raise, all of which I am anxious to discuss. I will say, yesterday out on

the Mall, we saw a biodiesel garbage truck, basically, that DC is using biodiesel. You know. Right now in the short run, if we want to help our farmers have cleaner fuels and be able to tackle the economic crisis, we need more biofuel; we need more biodiesel. This is something that I feel very strongly about.

Eventually, I want to drive by the station and not even have to worry about the price, in my electric vehicle. There is a lot of good things, and the electric trucks that are coming online for our farmers is pretty exciting.

A lot to talk about. We need to do that in a separate hearing, but certainly around gas prices and what I think is actually price gouging that is going on is not helping our farmers or anybody else. Today, a very important discussion.

We want to welcome back our Under Secretary Torres Small. Congratulations again on your Senate confirmation. We are so pleased you are in this role.

Before coming to Rural Development, Under Secretary Torres Small was a United States Congresswoman for the fifth largest district in the country. As a member of the House Agriculture Committee, Xochitl helped champion the needs of dairy farmers and sponsored legislation to help local produces in rural communities invest in infrastructure to navigate new markets.

The granddaughter of farm workers, Xochitl Torres Small grew up in the borderlands of New Mexico. She continued serving rural New Mexico as a field representative for Senator Tom Udall. She has a law degree from the University of New Mexico School of Law and an undergraduate degree from Georgetown University School of Foreign Service.

Thank you so much for being with us today, and I will turn it over to you for five minutes prepared response, comments. Whatever other comments or information you would like to have in the record, we would be happy to accept it. Under Secretary, welcome.

**STATEMENT OF THE HONORABLE XOCHITL TORRES SMALL,
UNDER SECRETARY FOR RURAL DEVELOPMENT, U.S. DE-
PARTMENT OF AGRICULTURE, WASHINGTON, D.C.**

Ms. Torres Small. Thank you, Chairwoman Stabenow; thank you, Ranking Member Boozman and members of the Committee, for this opportunity to discuss the rural care economy.

This, as you know, is literally an issue of life and death. It is also an everyday issue of quality of life when it comes to rural Americans and an existential issue of the future of rural America. When it comes to health care, both physical and mental, elder care and child care in rural places, that enables families to enjoy every chapter of their lives in the places they want to call home.

The phrase “care economy” may sound general, but it is deeply personal to each of us. It makes me think of a phrase—when I hear the phrase, I think about a woman in Arkansas who had complications during her pregnancy and she wanted the best start for her baby. Every day she left her house to go up to a hill where there was good enough service so she could upload her vitals and send them to the University of Arkansas High-Risk Pregnancy Program. That is the power of technology, that a dedicated mom and a network of care can make those first moments safer.

We have work to do to make that care easier to access, and the numbers explain why. Since 2010, 135 rural hospitals have closed, and an additional 453 are vulnerable to closure. Rural care is, of course, more than hospitals, but the rest of the picture is similarly bleak. There are fewer nursing homes in rural America even though the average age in rural America is higher. More than 60 percent of rural residents live in a mental health desert, and more than 60 percent of rural families also live in a child care desert.

As we all know, lack of good care has ripple effects. Addiction and substance misuse destroy lives and whole towns across rural America. When a sole community hospital closes, per capita income actually decreases by four percent and unemployment increases by 1.4 percent—1.6 percent. When parents cannot find care for their children, they have trouble keeping their jobs. When you do not have the care you need in the place you live, people start moving.

That is why rural people are stepping up to the challenge. The Indian medical center in Gallup, New Mexico, recently worked with Rural Development to get better internet to their facility, which they then used to set up a Wi-Fi hotspot to serve that area. During COVID, a granddaughter who had not spoken to her grandfather for a long time was able to reach out to him during his final days. She was not able to be with him in his room because of the pandemic, but she connected to the medical center's Wi-Fi in the parking lot, and they were able to see each other and say their final goodbyes.

As both of these stories show, the bipartisan infrastructure law's unprecedented investment in broadband can, when combined with rural determination and ingenuity, help bridge the divide in the rural care economy. It allows Rural Development to be there for rural workers, who know what they need to care for their community, to keep doors open and find other ways to reach rural residents.

I also hope we talk about how creative flexible thinking can address core issues like staffing because human capital is the thread that holds the care economy together. Without it, everything else unravels. Lack of staff, both in terms of time and experience is also one of the greatest barriers to accessing Rural Development programs. Thankfully, in the American Rescue Plan, Congress helped Rural Development change that with a five percent set-aside for staffing, technology, and technical assistance for applicants to our Emergency Rural Health Care Grants. This allowed Rural Development to hire industry specific staff, to create a user-friendly application portal, and to provide technical assistance for customers to apply in record time.

While some Federal programs of this scope can take years to stand up, Rural Development understood the urgency of the moment. We stood up this brand new approach in less than six months. It is a great example of the impact we can make when our programs are appropriately resourced and we have the capacity to administer them.

I look forward to working with all of you to make sure we use Rural Development to its absolute fullest potential to support the rural care economy and the people who depend upon it. I look forward to your questions. Thank you.

[The prepared statement of Ms. Torres Small can be found on page 44 in the appendix.]

Chairwoman STABENOW. Thank you so much. Six months is pretty fast, Under Secretary. Congratulations.

Let me first start, and of course, members, we will each take five-minute rounds in questions.

Nineteen rural hospitals closed in 2020. Nineteen. I remember I grew up with my mom being director of nursing at a small hospital in Clare, and the only reason they have now survived is that they are part of a bigger system that is Statewide. We have 19 rural hospitals in 2020, the largest number to close in a single year since 2005. By late 2021, twice as many rural residents were dying of COVID-19 as people who lived in urban communities. Why were rural communities hit so much harder?

Ms. Torres Small. That is such a great question, and it does go back to the care economy, making sure that we have good places of care all across the country and access nearby. I have been inspired to see, as you said, the increased coordination and partnerships that happen within rural communities and the health care they provide.

During COVID, what we saw for hospitals that were successful is that they were working together. I was in Alabama recently, and they talked about patients going to one place because there were not intensive care units in another hospital, but then that hospital taking on some of the load for non COVID 19 patients. That kind of collaboration is crucial so that we can survive the next challenge that we will face.

Chairwoman STABENOW. As you mentioned, Congress has given USDA tools to support the health and quality of life in rural communities. You mentioned addressing hospital closures, emergency health care needs during the pandemic, opioid misuse, for example. Could you speak more about what these investments mean for a rural family and how do these USDA investments help keep rural people in the communities where they want to live?

Ms. Torres Small. At every stage of life, there are challenges that if you do not have a rural care economy you might have to choose to leave. That is why it is so crucial when it comes to having child care so that parents can get to work and so that there is more employment in the area, or whether it is elder care so that people can age in the place that they love and finding ways to make that more accessible. Mental health care with telehealth is a crucial opportunity. The start of life. When you talk about rural hospitals, often when they are in financial stress, one of the first things that closes is the maternity ward, the OB ward, and so being able for people to start their lives in the place that they want to be.

Chairwoman STABENOW. Well, thank you. Let us talk a little bit more about the alarming spikes in drug overdoses and a hidden epidemic really within the COVID pandemic. We know that roughly one out of five of those living in rural communities are struggling with mental illness.

For the first time in the Farm Bill's history, the 2018 Farm Bill included an entire section on rural health. How do rural hospitals and clinics use these funds to improve care for patients? Could you

speak a little bit more about that? What is USDA doing to address the ongoing issue of substance use disorder?

Ms. TORRES SMALL. One of the ways rural hospitals are using the resources provided is to look at their financials. We have been able to set up a technical assistance program that works with rural hospitals to identify what their challenges are in covering their bills and to better make use so that they can have a more sustainable model. That has been incredibly successful. We really appreciate that investment.

In addition, when it comes to taking on opioid abuse and the challenges that we have seen in the epidemic there, we have seen really exciting models. Winrock is doing—has a collaboration that has received a Delta Health Services Grant to make sure that they are reaching—training on NARCAN in places that people had not thought of. All of the volunteer EMT services, for example, reaching out to them when so often it is actually they are reaching out to the paid firefighters, for example. Having that rural expertise has really helped us find new ways to tackle the opioid epidemic.

Chairwoman STABENOW. Thank you. Finally, let me just say we all know that families, individuals across the country, small businesses, large businesses are struggling with higher prices, and certainly families are struggling with the prices and what happens in terms of returning to work and so on. Unfortunately, with a global pandemic that shut the entire economy down, not just the United States but the globe, putting this back together and dealing with food supply chains and manufacturing supply chains and transportation supply chains and all of this is a huge task. We all know that. How can USDA investments in the rural care economy lower costs for families?

Ms. TORRES SMALL. You are absolutely right. When we look at the impact of the global supply chain right now and the challenges from the COVID-19 pandemic, the last thing that people, as they are struggling to get food on the table, can handle is if their child care provider gets COVID and they cannot bring them in to receive care or if they are worried about the mental health services that they need as they are trying to cope with this. Rural Development is crucial to be there for that care economy, to keep it open, as we all try to tackle these economic challenges together.

Chairwoman STABENOW. Great. Well, thank you very much.

Senator BOOZMAN.

Senator BOOZMAN. Again, thank you so much for being here. One of the concerns I have, you mentioned the importance of community hospitals. Certainly, you lose your community hospital; you lose your doctors; you lose the best paying jobs in town. Very important.

One of the things—it is not just this Administration, but it is administrations in general. It is just a regulatory burden that we are seeing that the hospitals face. You know, you go and visit with these folks, and it is difficult. Medicare cuts, you know. This last time, we were able to reverse like an 8 to 10 percent Medicare cut for some specialties. The list goes on and on.

The ability to acquire grants, you know. The Federal Government has kind of moved to the grant program. They are telling me now that some of these things are getting such that it is so com-

plicated to try and get your transportation grant or whatever grant. It might cost \$150,000 to hire a consultant to get it done.

I guess what I would like, you know, for you to kind of agree to, that we have got to reverse that. You know, that we cannot continue. You know, we say one thing, and yet—and again, you are the Federal Government. I am the Federal Government. We cannot continue to put additional burdens that actually go against what we are saying.

The other thing—so I would like for you to talk about that.

Then also, a commitment. As we talk about rural hospitals and stuff, USDA needs to be talking to CMS and vice versa. See what I am saying? It all goes together. I do not see that we are communicating very well in that regard at all because these policies really are having a very negative effect.

The biggest problem I see with rural America is losing population. We have got 75 counties in Arkansas; 55 of them lost significant population. You lose your turn-back dollars. You dig yourself into a deeper hole. That is all about creating, I think, economic opportunity. We take that away to a certain extent by again just forcing all of these rules and regulations.

Ms. TORRES SMALL. Thank you so much for that question about the model for hospitals and how you can have a financially stable approach as well as coordination, the need for more coordination, and then opportunity when it comes to economic opportunity.

The first part about financial models and adapting to that regulation, I am very grateful for the technical assistance program that you all supported because it has allowed us to look at, to support, rural hospitals in terms of their balance sheets. What are the changing challenges that they have, and how can they best shape their business model to address that so from a—we can get in there and help support to become more economically viable.

As you mentioned, that also means making grants more accessible. I was looking recently at a—talking with a hospital that received a Community Facilities Grant. It can be life-changing. I mean, to have—to get to go from having to store all of your medical equipment in a Coke machine because that is the refrigerator that they could find, to then being able to shift and have one that, you know, beeps when the temperature changes or goes out of order. Makes a huge difference for their ability to function.

Those grant dollars are hard to get, and the numbers show why. CF grants, last year's \$24 million grants across the country, but when you look at guaranteed loans, it was 10 times as much, \$242 million. Then CF direct loans was over a billion dollars. The competition for that grant money is high.

Senator BOOZMAN. Competition is high, but also in these rural communities they do not have the ability to get the grant writers. That is a big problem. That is a simple thing. That is a doable thing. A lot of these other problems are very, very difficult, but that is one we can fix.

The other commitment that I would like to have is we have got to get the FSA and Rural Development people in place in the States. You know, we talk about these things. If your boots on the ground are not there, it is not happening. Okay? That is a big problem.

The other thing I would like for you to comment on very quickly, USDA recently changed rules governing its ReConnect broadband program by increasing levels of speed to 100 over 20 megabits per second when determining whether an area is eligible for funding. I think everyone on this Committee supports expanding broadband to rural areas. There are serious concerns about vastly increasing the standard from 10 over 1 to 100 over 20. What we do not want to do is encourage overbuilding in areas that already have broadband at the expense of those lacking basic access. Will you commit to making sure that does not happen?

Ms. TORRES SMALL. We will commit to making sure that there we are taking all of the funding into consideration and doing everything we can to make sure they are complementary. It is crucial that we are using this money in a wise way, this funding in a wise way.

Senator BOOZMAN. Right. You talked about all these things we can do with broadband, you know, walking up to the top of the hill and things like that, which is so, so very important. All I am saying is let us get it to the areas that do not have it, as opposed to the areas that have pretty good that want better.

Ms. TORRES SMALL. One of the opportunities that Rural Development has is to create a backbone, that more can be—that can be used to expand service even further. In doing that, being able to have some of those upload speeds is crucial, like with those vitals. It was about the level of service, to upload as well as to download, in order to be able to communicate that.

I do think there is a concern about not leaving rural communities in the slow lane but also making sure that we are reaching communities that do not have service at all, and that is why the priority there is crucial.

Senator BOOZMAN. Right. No, slow is better than none.

Thank you, Madam Chair.

Chairwoman STABENOW. Thank you very much.

Senator Bennet.

Senator BENNET. Thank you, Madam Chair, and thank you. I have got relatives in Lee County, Arkansas. I just have to say that to Senator Boozman. I completely agree on the broadband point. I think that—

Senator BOOZMAN. I am extra special nice to you because you have constituents.

Senator BENNET. I know. That is right. I think they probably vote for you, too.

Much more important than that, I think this infrastructure—you know, the broadband package in the infrastructure bill. You know, finally, this town is going to stop subsidizing the largest telecom companies in America and instead build broadband in rural parts of this country because of what we have done with Senator Portman and Senator King from Maine. It was a tripartisan bill, and I am very pleased. I hope it comes to everywhere in Arkansas that needs it because a lot of people need it, and in Michigan. Kids do not need to be doing their homework in grocery store parking lots.

I want to thank you for holding this hearing. It is really, really important to my State. I want to start by thanking the extraor-

dinary people in rural Colorado, the health care providers that have fought through and sustained our communities during this COVID challenge. Even before COVID, they did not have the—everybody here knows they did not have the resources they needed to do what we needed them to do.

In the first year of COVID, from February to February, I actually traveled to all of Colorado's 64 counties, 47 of which are rural and frontier. Just last week, I had a conversation again with some rural providers, and they shared with me the challenges that they are facing to keep their doors open. I have heard a similar lament all over the State, which is we need to update health infrastructure and we have to address the mental and behavioral health crisis, especially facing our young people. The suicide rate in rural Colorado for young people is twice as high as it is in urban parts of my State.

Secretary Torres Small, you mentioned in your testimony that hospitals are closing across rural America. Indeed, that is true. With other challenges, these closures contributed to COVID-19, listen to this, being twice as fatal for rural Americans than other Americans. That is one of the reasons why I wrote the Hospital Revitalization Act, which would invest \$17 billion in our rural hospitals and clinics that are physically deteriorating all at the same time, all across our country.

Secretary Torres Small, could you tell us about the economic costs and other consequences of hospital and clinic closures in rural communities and why we should invest in our rural health infrastructure? I have one other additional quick question. Thank you.

Ms. TORRES SMALL. The economic costs are crucial when it comes to the impact in rural health care, whether it is the closure of an elder care facility, which I know in La Junta recently there was a closure and Rural Development helped build a new senior living facility to replace that. That is crucial.

My parents actually—my grandparents ended up retiring in Colorado, and they chose the place specifically because there was a good living facility in a rural area where they could retire. That is the direct impact that it can have.

When it comes to having those mental health care services that are crucial, you know, farmers' stress is an incredibly challenging issue. The American Farm Bureau, along with the National Farmers Union recently did a survey that showed that 74 percent of farmers have been directly impacted by the opioid crisis. Being able to provide that mental health support is crucial for rural America.

Senator BENNET. Thank you. Your parents, I am sure, came over Raton Pass to make it to La Junta. We are very happy to have them there.

Madam Secretary, the COVID-19 pandemic has shed light on the mental and behavioral health crisis that has been under the surface for years and years. According to Mental Health America, Colorado ranks 47th in prevalence of mental health versus access to care. Screenings for depression in Colorado increased 600 percent over the past year.

This is—again, everybody is being affected by this, but it is particularly our young people, as a former school superintendent, where I see the challenges of COVID. This is something I hear

about from everyone in Colorado, but in rural Colorado barriers like work force shortage, low reimbursement, and stigma are only intensifying the problem.

I have been working with a number of colleagues on proposals to address the crisis in the short term and the long term. For example, as the 988 Suicide Prevention Lifeline is fully implemented this summer, we were able to secure another \$100 million to help with implementation in the latest Appropriations Bill.

I know that you are largely focused on closing the digital divide to help improve and sustain telehealth and other remote services, which I am grateful. Secretary Torres Small, would you be able to identify any other USDA initiatives that would need more support from Congress to help address the mental and behavioral health crisis that we face?

Ms. TORRES SMALL. This is related to closing the digital divide, but it is not just about getting the fiber to the places that need it. It is about having the technology on the receiving ends.

The distance learning and telemedicine grants are crucial. I have seen across the country places where they have been used to provide mental health services in rural schools, which limits the stigma because they can access it right in their school. That is, I think, a great opportunity to get that mental health service across the country in a way that makes it more accessible for rural communities.

Senator BENNET. Thank you, Madam Chair. Thank you.

Chairwoman STABENOW. Thank you very much. Important questions.

Senator ERNST. Then I believe we have Senator Gillibrand virtually with us. Senator Ernst.

Senator ERNST. Okay. Thank you, Madam Chair.

Thank you, Under Secretary Torres Small, for being here and for your testimony today. I appreciate you sharing your ideas, your insight, and for representing the Biden administration for today's hearing on something that we can all get behind, which is supporting our rural communities and rural America.

I will have to say I have been hoping, just as the Ranking Member has been hoping, to have Secretary Vilsack join us here in the Senate Agriculture Committee in person, and I continue to ask him to finally come before us to answer some of our questions. We do hope to have that very soon, but I do appreciate you being here today, Under Secretary. Thank you for your testimony.

Today, on National Ag Day, we have heard a lot about the importance of our rural communities. It is something that absolutely is very near and dear to me. As some of you may know, I grew up on our family farm in southwest Iowa, not far from where I still live today, in Montgomery County. I know firsthand the hard work of our farmers and our farm families, what they put in day-in and day-out to make their living and to provide the food and critical goods for our State, our country, and the whole planet. There is no question that supporting our rural communities is a top priority for me.

Today, we have heard a lot about how this Administration wants to work to support those communities. I want to believe that the Biden administration does want to support rural America, and I

know that Iowa farmers want to believe that, too. The unfortunate reality is that after a year in office President Biden's track record, along with the agenda and the specific plans he is proposing, are telling a very different story.

First, let us look at the President's track record after more than 14 months at the helm. Heading into the 2020 election, the President talked a really big game in Iowa and throughout the Midwest when it comes to standing up for biofuels. While he was out in Iowa, talking to farmers on the campaign trail, he would say, for instance, "A Biden-Harris administration will promote and advance renewable energy, ethanol, and other biofuels to help rural America and our Nation's farmers." Iowans believed him.

Then this past December, after failing to meet the November 30th deadline as required by law, President Biden took action to reopen the finalized 2020 RVO rule and propose 2021 and 2022 volume obligations that strip out billions of gallons of biofuel demand. The decision was an about-face by a President who campaigned on his supposed support for renewable fuels.

The reality is that these RVOs will slash demand for biofuel and will have devastating, long-lasting consequences for Iowa farmers and producers. In their rush to appease coastal elites and promote electric vehicles in the name of green energy, the Biden administration is snubbing biofuel, a readily available energy solution that deserves full consideration.

Then there is the President's record on free trade and free trade deals, something that is critical for our farmers. At first, the Biden administration announced they would be putting domestic policy ahead of considering negotiations on new free trade agreements. We need action now, and unfortunately, the President has shown a reluctance to forcefully engage on free trade.

In fact right now, a critical trade position is being left vacant by the President. After more than a year in office, the Administration has yet to fill the position for the USDA's Under Secretary for Trade and Foreign Agricultural Affairs, and this has been mentioned already this morning. It is a position that is critical for American farmers and producers so we can build and maintain strong relationships with our trading partners around the globe.

Then just last week, the administration withdrew their nominee for the USTR's Chief Agriculture Negotiator, a position Iowa farmers and producers have been waiting over six months to get confirmed.

At the same time, the President has been insistent on returning farmers to the harmful over-regulation of the Obama era, specifically with an over-regulation of the Obama era known as Waters of the U.S. or the WOTUS rule. They are working to renew that.

As you can see, the Administration's record for rural America has been less than stellar to say the least.

You know, I know my time is expiring. I could go—I have many, many more examples of where the President has taken a full-on assault of rural America. I am glad that we are discussing how can we be supportive. There were a lot of promises made by this President; he has yet to live up to them.

With that, Madam Chair, I yield back.

Chairwoman STABENOW. Thank you very much.

Senator Gillibrand, are you with us?

Senator GILLIBRAND. Thank you, Chairwoman.

Chairwoman STABENOW. Good morning.

Senator GILLIBRAND. Under Secretary Torres Small, in your testimony, you articulated the many challenges that rural communities face, particularly when it comes to accessing comprehensive health care. Even before the COVID-19 pandemic, rural hospitals have been closing at an alarming rate in our State of New York.

My Rebuild Rural America Act would create a Rural Future Partnership Fund that would provide multiyear, flexible block grants to support rural revitalization, with support for health care services as an eligible use of funds. Do you believe that the rural communities should have a dedicated Federal grant opportunity made available to them that allows for communities to make long-term investments?

Ms. TORRES SMALL. Senator Gillibrand, thank you for your vision for rural communities, and I think it reinforces some of the conversation we were having earlier today with Senator Boozman about how do we make funds more accessible to rural communities. I know I am in a rural community when I am in a room full of people who care deeply about their home but none of them are a grant writer. We have got to find ways to make sure that those communities can truly access our funds.

I appreciate your work there and hope that that is an opportunity where we can work together and provide the technical assistance that you may have. It is certainly our job to follow Congress's lead on that work, but we are eager to find ways to support regional innovation and additional access to grants.

Senator GILLIBRAND. Thank you. Our national investment in rural areas and small towns has not always matched their contribution. Instead of prioritizing the potential of rural communities invested in opportunities such as work force development training, many rural communities have been left on the sidelines. This is one of the reasons it is so important that we must increase our investment in rural communities to train the next generation of health care workers, child caretakers, and nursing home staff.

Your testimony is focused on rural health care, and we know how important health care work force development is to achieving our shared rural health goals. What can we do to most effectively invest in our rural health care work force, particularly when it comes to addressing equitable health outcomes for communities of color?

Ms. TORRES SMALL. Thank you so much, Senator. I have seen a lot of exciting ideas from communities across rural America, and Rural Development is uniquely positioned to help support those exciting visions. Whether it is establishing a child care cooperative—we have seen the wages for cooperatives be higher, up to a dollar higher, than the industry standard. That is one idea that a rural community may have that we may be able to support.

Whether it is doing more work force training through telecommunications through a distance learning and telemedicine grant is another opportunity that we have seen impact. I think actually in New York, in your own State, there was a recent DLT grant to train firefighters. That is another way, again, to support that work force.

The real, I think, option is how do we link the resources across a rural area to best leverage and train the future work force in the rural care economy.

Senator GILLIBRAND. Well, there is one idea. I secured \$3 billion in the American Rescue Plan to establish the Health Force. It is the first national community health worker grant program for the Centers for Disease Control and Prevention so that State and local health departments have resources to train and employ community health workers.

How should we be incorporating community health workers into the rural health and social services framework? Are there any examples of community health worker models in rural America that you know about that we should learn from?

Ms. TORRES SMALL. That is such a great question, and it speaks to that need for coordination and interagency work. I am really pleased that this Committee invested in a rural health care liaison, and that is a great opportunity for us to be able to share the examples that we see on the ground and communicate with CDC, for example.

I mentioned the worker co-ops. We have seen a lot of interest in that recently, and I think it could be an opportunity to share lessons learned. I have also seen economies of scale work really well. There was a Delta Health Partnership that was working to have shared training for work force by leveraging all of the different regional health care providers in a community. Working to collaborate regionally, I think, is a great opportunity to train rural care economy workers.

Senator GILLIBRAND. Thank you. As we rapidly approach the 2023 Farm Bill, we are at a unique opportunity to maximize our investments in our rural communities. Many of these communities are at a disadvantage when it comes to securing Federal funding as they could be competing against larger metropolitan areas with more resources and expertise in securing these funds. Do you think there should be a fund that is solely dedicated to the economic revitalization and work force development for rural America?

Ms. TORRES SMALL. Well, I certainly will follow what Congress does, but I have seen that Rural Development, with its being the sole agency with a mission for rural communities, has an impact in getting out funds to rural areas. I deeply appreciate the investments in that and am happy to provide any technical assistance as you pursue other options.

Senator GILLIBRAND. Thank you.

Thank you, Madam Chairwoman.

Chairwoman STABENOW. Thank you so much.

Senator Smith.

Senator SMITH. Thank you, Madam Chair and Ranking Member Boozman, and thank you for this Committee.

Secretary Torres Small, it is wonderful to see you again. Welcome to the Committee. I really appreciate this conversation about health care and broadband, but I am going to pivot to talking about rural housing issues and the rural housing programs at USDA. I am the Chair of the Rural Development Subcommittee with the Ag Committee, with Senator Ernst, and so this is a matter of great interest to me.

I know from so many conversations with Minnesotans that if you do not have a safe place to call home nothing else in your life works, not your education, your job, your health, none of the basis of life. Certainly before the pandemic, there was a shortage of affordable, livable housing, especially in rural communities. As we emerge from the pandemic, this is even a bigger issue. In fact, I would even go so far as to say that our housing market is broken. The supply of housing that people want, it does not exist at a price that people can afford.

In Minnesota, nearly 10,000 families live in affordable, rental, rural housing that was originally financed with USDA loans, and the average income of these residents is about \$17,000. They are much more likely to be people of color. Sixty-seven percent of these households are headed by women. These are the essential workers that work in low-wage jobs in agriculture, in food processing. They are the people that take care of our children and our elders. They make our communities work, and yet they are really struggling.

Here is the problem. Once the mortgages on these affordable units financed by USDA loans mature or they are paid off, the property owners do not need to keep those units affordable any longer. They can change them to market rates, and then we lose that affordable housing that we need so much.

Secretary Torres Small, could you talk about what we should do, what USDA should do, to preserve affordable housing in rural communities?

Ms. TORRES SMALL. It is such an important question. As you recognize, Rural Development has influenced or supported about 400,000 units all across rural America, and it is some of the folks who need that housing the most. It is connected to the rural care economy and making sure that they have a safe place to live.

We recognize that as those loans mature the ability to retain that rental housing is crucial, also to retain the rental assistance that comes with it. There is—the preservation funds are crucial to be able to not just retain that stock but make sure that stock is in good order. Right?

Senator SMITH. Exactly.

Ms. TORRES SMALL. That it is a safe place for people to be.

Then in addition to that, you know, there are questions about how do we also invest in a housing stock in the future, what are the opportunities for new building in addition to those preservation funds, and certainly in another hearing I look forward to exploring that further with you.

Senator SMITH. Right. What do you think that we should be doing, that USDA should be doing, to make sure that native communities and communities of color in particular are not left out of USDA work around affordable housing in rural places?

Ms. TORRES SMALL. Certainly as we look at affordable housing, there are different models that are crucial. Having the trust in a community is vital to be able to support programs like single-family housing developments or developments in multifamily housing and being able to have those trust relationships. We have seen strong pilot programs where there is relending to rural housing nonprofits in Native American communities or tribal in Indian Country, and there has been enormous success with that relending

with Native CDFIs to be able to then reach new people who could take advantage of single-family housing opportunities.

Senator SMITH. Thank you. I think that is a great point as well.

We also know that elders living in rural places are really motivated to want to continue living at home as long as they can, to continue living in their community as long as they can. If this is going to happen, they have to stay connected to services and to friends and family and to their community. How can Rural Development work with other branches of the Federal Government to support elders in rural communities who want to stay living at home?

Ms. TORRES SMALL. This definitely seems to be one of the themes of the hearing is the need for coordination—

Senator SMITH. Yes.

Ms. TORRES SMALL—to be able to provide that. We certainly know that there is fewer Medicaid-supported services for home care in rural communities, which is where sometimes the transportation is needed most. Again, Rural Development can help by supporting new models for service, whether that is a cooperative, where there is lower turnover which also supports elder care, or whether it is a business that is looking for a B&I loan, guaranteed loan, to be able to provide some of that home care. Certainly coordination and making sure that there is a financial plan for sustainability for those efforts is crucial and coordinating with Federal agencies to ensure that everyone is on the same page there.

Senator SMITH. Thank you very much.

Thank you, Madam Chair.

Chairwoman STABENOW. Thank you very much.

We will move to our second panel given that we have no further members here to ask questions on the first panel. We want to thank our Under Secretary very, very much for your leadership and hard work.

As we transition, I do feel compelled to lift up a couple of positive things here that have been happening for rural America with the Administration. Certainly, the Infrastructure Bill, which gave us the opportunity for real investments in high-speed internet, and we want to make sure those things are happening in every corner of rural America and at the speeds that are needed to be able to do what we need to do. We are grateful for having done that and the strong support from rural groups like American Farm Bureau and so on to make sure we got for the first time—we have been talking about Infrastructure Week for I do not know how long. I have been here a long time. We have talked about Infrastructure Week. We finally got it done.

Then I just want to give one other shout-out as folks are coming up and also reinforce what colleagues have said, that we need to get our trade positions filled, both this Committee and with my Finance Committee hat on. We need to get those trade positions filled. There is no question about that, and I am pushing to do that.

Having said that, that is not all of the story. I have to say, in spite of that—and we have got to get those filled—2021 was a record year for exports despite all the challenges. We have got to make sure now with what is happening in Ukraine, all the dynam-

ics there that complicate things. 2021 was a record year for exports.

I do have to give a shout-out to the Administration. We have great news on cherries in India. We are opening up markets there. In Vietnam, we are opening up markets on corn and wheat and pork. We have a great victory for our dairy farmers through USMCA as well. There are positive things happening for farmers and rural America as we move forward, all the challenges that have occurred because of a worldwide pandemic and all the ramifications of that.

All right. Thank you very much.

Welcome to our second panel and so pleased to have all of you with us. Let me turn to colleagues that are going to be making introductions. I believe that Senator Smith has our first introduction today.

Senator SMITH. Thank you, Madam Chair. I want to welcome Dr. Henning-Smith to the Senate Ag Committee. Dr. Henning-Smith is an associate professor at the University of Minnesota School of Public Health, Deputy Director of the University of Minnesota Rural Health Research Center, and Deputy Director of the University of Minnesota Rural Health Program. In these important roles, Dr. Henning-Smith leads research to identify the barriers to health and wellbeing for rural people and communities and for older adults, and her work has helped us to see the diversity of rural communities and what we need to do to meet people's needs no matter who they are or where they live.

Dr. Henning-Smith is known for identifying practical policy solutions to the big questions, like how do we improve access to health care, how do we advance health equity and get at the social determinants of health like food and safe housing and preventative care, especially for people who have historically faced barriers to opportunity.

Dr. Henning-Smith holds a bachelor's in international relations, master's degrees in public health and health services research, and a doctorate in health services research policy and administration. She will speak today about the value of research and development to rural health.

I thank you for being here today.

Chairwoman STABENOW. Thank you very much. We have two of our members coming back to make other introductions. They are not quite here, so I am going to ask Senator Boozman to make an introduction at this point.

Senator BOOZMAN. Yes, I thank all of you for being here. You all are in the helping people business, which is so, so very important. We really do appreciate that.

I want to introduce Dr. Douglas Holtz-Eakin. Dr. Holtz-Eakin has a distinguished record as an academic, policy advisor, and strategist. Currently, he is the President of the American Action Forum and most recently was a commissioner on the congressionally chartered Financial Crisis Inquiry Commission.

He was the sixth Director of the nonpartisan Congressional Budget Office from 2003 to 2005. Following his tenure at CBO, Dr. Holtz-Eakin was the Director of the Maurice R. Greenberg Center

for Geoeconomic Studies and the Paul A. Volcker Chair in International Economics at the Council on Foreign Relations.

Dr. Holtz-Eakin serves on the boards of the Tax Foundation and National Academy of Social Insurance, and he is also a member of the Aspen Economic Strategy Group.

Thank you again, Dr. Holtz-Eakin, for joining us today.

Chairwoman STABENOW. Thank you so much. Well, I am going to introduce our next witness, Dr. Shoshanah Inwood. I know that Senator Brown is on his way and may interrupt me here in the middle of this, but I want to proceed at this point. I know he is so pleased that you are here.

Dr. Inwood is an associate professor and rural sociologist in the School of Environmental and Natural Resources at Ohio State University. I have to say as a Michigan State grad twice, it takes a lot for me to make this introduction, naturally. Pleased to have you here.

In recent years, her work has focused on the needs of farm families and the needs they have for accessing adequate health insurance and child care, addressing barriers to intergenerational farm succession, and exploring the contribution of local food systems to rural development. Dr. Inwood's integrated research and extension program explores the impact of national, State, and local efforts to create economic development through food and agriculture, and addresses the question of who will be the next generation of farmers in light of a shrinking and aging farm population.

We are so pleased that you are with us.

I am going to turn to Senator Bennet for our next introduction.

Senator BENNET. Thank you. Thank you, Madam Chair. That is very kind of you.

It is my honor to introduce to the Committee Dr. Joseph Carrica from La Junta, Colorado. Joseph Carrica, III, from La Junta, Colorado. Dr. Carrica is the CEO of Southeast Health Group, which provides critical services to six rural counties in southeast Colorado, including primary care, psychiatric care, physical therapy, mental health counseling, and treatment for substance abuse.

Dr. Carrica currently serves as the past President of the Colorado Behavioral Health Care Council, our State's leading association of community behavioral health providers. He is also a certified addictions counseling with a doctorate in interdisciplinary leadership from Creighton University.

I wanted the Committee to hear directly from Dr. Carrica because he is one of the top advocates in our State, I think probably in the country, for ensuring rural communities receive exceptional health care.

He has also made it a priority to connect farmers and ranchers with mental health support. As this Committee appreciates, farmers and ranchers across the country have endured profound stress because of the uncertainty over everything from drought to trade to global commodity markets. It has been a very, very, very difficult time for America's farmers and ranchers, and that is why Dr. Carrica launched a grassroots initiative to promote suicide prevention and awareness about mental health among farmer and ranchers in southeast Colorado. The initiative was so effective that it has been extended across the entire State.

Dr. Carrica, I am really grateful for your work in rural Colorado and for making the trip to Washington, DC. Welcome to the Committee and thanks for your testimony today.

Thank you, Madam Chair.

Chairwoman STABENOW. Thank you, Senator Bennet.

As promised, Senator Sherrod Brown, who has been trying to be two places at once. Until we get “beam me up, Scotty,” we are going to be challenged I think, but, Senator Brown.

Senator BROWN. Thank you, Madam Chair and Ranking Member Boozman. Thank you. Senator Bennet, good to hear your comments.

No disrespect to the Chair if I duplicate anything that she said, but it is my honor to introduce Professor Shoshanah Inwood from The Ohio State University. She is accompanied by her daughter, Ivah, who is also here. Dr. Inwood is a rural sociologist. She focuses her research in supporting the wellbeing of Americans in the food and agriculture sector to spur local economic development.

Every member of this Committee recognizes that many of the farmers we meet are closer in age to us than they are to the staff sitting behind us in hearings like this. That is why we need to take concrete steps to support beginning farmers and beginning ranchers. Professor Inwood’s research has highlighted the importance of supporting rural families to encourage entrepreneurship and to boost rural economies. In the last several Farm Bills that a group of us have worked together on, to support beginning farmers and ranchers, and I know the Chair and the Ranking Member have been integral in pursuing those efforts.

As Dr. Inwood will discuss, when we support farm families and our rural communities, we get more young farmers; we spur innovation. It allows us to build the kind of dynamic food systems, to encourage entrepreneurship, and to promote resilient supply chains that help get food to stores and to our homes.

Prior to joining Ohio State, Dr. Inwood was a graduate—she is pretty much an Ohioan now. She graduated from Oberlin College. She was a faculty member of the Department of Community Development and Applied Economics. She took a side trip to the University of Vermont.

In addition to being recognized as an expert in her discipline, she also was a farmer about six miles from the farm I worked on, in Lucas, Ohio, in Richland County, for a period of several years.

Madam Chair, thanks for giving me the chance to do this today. I have to return to the committee I am chairing, but thank you, Senator Stabenow.

Chairwoman STABENOW. Thank you so much. Not everyone gets introduced twice before the Committee, but we appreciate all of you, frankly, all of you being here.

We will turn first of all for five-minute opening comments and anything else you would like for the record. I believe that we have Dr. Carrie Henning-Smith, who is with us virtually as well.

Dr. HENNING-SMITH. Yes, I am.

Chairwoman STABENOW. Great. All right. Well, thank you. We will start with you. We appreciate the fact that you are with us virtually. Dr. Carrie Henning-Smith.

STATEMENT OF CARRIE HENNING-SMITH, Ph.D., DEPUTY DIRECTOR, RURAL HEALTH RESEARCH CENTER AND RURAL HEALTH PROGRAM, UNIVERSITY OF MINNESOTA, MINNEAPOLIS, MINNESOTA

Dr. HENNING-SMITH. Thank you, Chairwoman. Thank you, Ranking Member Boozman and distinguished members of the Committee. Thank you for the opportunity to provide testimony today and to do it virtually, with appreciation to good broadband, too.

Everyone should have access to the opportunity for good health and good quality of life no matter where they live. Yet, on average, rural residents die sooner and have poorer health outcomes than urban residents. The COVID-19 pandemic has only made things worse, with higher COVID death rates in rural areas for most of the pandemic.

It is important to note, however, that rural areas and rural residents are not monolithic. One in five rural residents today is Black, indigenous, or a person of color, and health outcomes for rural BIPOC residents are significantly worse than for rural White residents and for all urban residents. Rural counties with a majority of Black or indigenous residents have the highest premature death rates of any county in the country.

Access to health care is one contributor to rural health disparities. Since 2010, 138 rural hospitals have closed their doors. Rural areas have also seen a decline in other health care services. These include nursing homes, pharmacies, and obstetric units. From birth to end of life, it is more difficult to access the care you need in rural areas.

There are many causes for the decline in rural health care services. Reimbursement rates, uncompensated care, and access to health insurance are large contributors as are the general overhead costs in low-volume settings. Health care work force availability is another huge contributor and was made worse by the pandemic.

Solutions for this may include training and pipeline programs as well as financial incentives for providers. However, solutions must also focus on the overall vitality and appeal of rural communities, including strong infrastructure, job opportunities, housing, child care, and education.

The issue of rural health and quality of life is not limited to health care services. Infrastructure policy is also health policy. An urgent infrastructure challenge is access to reliable and affordable broadband internet. At the beginning of the pandemic, Congress and the executive branch acted quickly to ensure that health care was continued, resulting in a dramatic expansion of telehealth services, expanding options for rural health care delivery.

Despite gains in telehealth, however, broadband connectivity remains an issue in many rural communities. Inclusion of \$65 billion in funding for broadband connectivity buildout in the bipartisan infrastructure law was needed, but implementation will be critical. The USDA has a unique role to play in ensuring that broadband connectivity is built out equitably, particularly in rural communities.

I have laid out several challenges in rural health and health care, but rural areas also have considerable strengths. Rural residents and organizations can be incredibly resourceful and innova-

tive. Many rural areas also have particularly strong social capital. This social fabric provides a tapestry on which strong health and health care can be built given the right support through investment in infrastructure and resources.

Moving forward, the USDA has a critical role to play in supporting rural health. I was honored to consult on the development of the Rural Health Liaison position in the 2018 Farm Bill, and I thank members of this Committee for your leadership in that important work. The creation of that position symbolized and strengthened the importance of the USDA in rural health although the USDA has long been doing work that has improved rural health and quality of life.

The USDA can play a significant role in ensuring that rural providers are equipped for the 21st century. Whether this is through ensuring adequate rural broadband access, data collection and research, or investment in capital infrastructure, the USDA is a needed partner for rural health.

Thank you again for the opportunity to testify today, and I look forward to any questions you might have.

[The prepared statement of Dr. Henning-Smith can be found on page 50 in the appendix.]

Chairwoman STABENOW. Thank you so much. We will next hear from Dr. Shoshanah Inwood.

STATEMENT OF SHOSHANAH INWOOD, Ph.D., ASSOCIATE PROFESSOR, SCHOOL OF ENVIRONMENT AND NATURAL RESOURCES, THE OHIO STATE UNIVERSITY, WOOSTER, OHIO

Dr. INWOOD. Thank you, Chairwoman Stabenow and Ranking Member Boozman, for the opportunity to testify. My comments today are based on over a decade of USDA and more recent CDC-funded research examining how the availability, affordability, and quality of child care affects the economic development and quality of life of America's farmers and ranchers and their rural communities.

As a land-grant university scientist, I have had the privilege of traveling across the country, interviewing and surveying thousands of farmers and ranchers across our great nation. My testimony today reflects their lived realities.

Our national research indicates child care is a critical, yet undervalued, work force attraction and retention issue in the farm sector that has the potential to undercut Congress's investments in growing the next generation of farmers. Many Federal programs, such as BFRDP, tend to focus on access to land, capital, production skills, and market development, all of which are critical. However, farmers are also family based businesses. Successfully recruiting and retaining farmers requires recognizing the fact that many young people are in their prime childbearing years and have children.

Our pre-pandemic national survey found almost two-thirds of all farm families with children under 18 report child care difficulties due to affordability, availability, and quality. We found child care has direct economic impacts by affecting the farm's production and marketing systems, which, in turn, affects farm viability, risk management, farm safety, farmer mental health, and quality of life.

Our research has consistently found child care is an issue that affects all of agriculture regardless of farm size, production system, or geographic location.

There are many benefits to growing up on a farm, and farmers shared with us how much they love to live and work on the farm with their kids. However, farm parents are working parents, and child care accommodations of some kind are necessary to ensure farm work can get done in addition to ensuring farm safety.

Family care is a highly desired care arrangement and works well for farmers with able family nearby. However, a significant number of farmers shared how their parents' age and declining health limited their capacity to care for the kids. One farmer who relied on her mother for child care described how upon returning home from the fields she found her daughter's diaper had not been changed for 6 hours. She realized her mother suffered from dementia, yet she still needed her mother to watch her daughter and found herself in the sandwich generation, caught between taking care of her children, aging parents, and the farm operation.

Farmers also reported finding child care for children with special needs to be especially challenging.

These issues are particularly significant for beginning, first-generation, and women farmers. Over 67 percent of first generation farmers experience child care problems. A farm father said he hoped his young son would be his little sidekick, but he admitted he had not thought about a baby not being able to be out in the sun all day or the dangers of large livestock and machinery and was now struggling to balance care and farm work. Women are one of the fastest growing groups of farmers. They are twice as likely as men to report that child care is an important factor in farm decisions.

Child care is expensive, and farm families are struggling to find affordable, high-quality care. In Ohio, it costs \$10,000 a year for infant care. Rural areas suffer from scarcity of essential services. Before COVID decimated the child care sector, a 2018 study found that three in five rural communities lacked adequate child care supply. In other cases, farmers shared that child care and schooling options were so low quality they would not send their children. Formal daycare providers are typically open from 7:30 a.m. to 5:30 p.m. and closed on weekends. Yet, the rhythms of farming rarely correlate to this rigid schedule.

Our research indicates that child care can shape business decisions and limit economic growth. Initiatives to create direct marketing opportunities for farmers rarely consider how the availability of child care correlates with market schedules, which can result in lost sales and income. Farmers are making difficult labor cost calculations. On one hand, hiring employees will let farmers spend more time with their children, but child care would let them do the field work themselves more efficiently than an employee.

The impacts of COVID have exacerbated these issues. The National Farm Medicine Center found in the early months of COVID, as daycare and school shut down, 58 percent of farmers reported that taking care of kids became harder and 57 percent reported that changes in child care and schooling negatively their ability to get farm work done.

What is to be done? The USDA-HHS Guide to Strengthen and Expand Child Care Facilities in Rural Communities does an excellent job of identifying opportunities for building the physical infrastructure needed for rural child care. Yet, we hear from farm parents that the issues of availability, quality, and cost also need to be tackled.

To increase the availability of child care as a broader economic development strategy, we must increase the pay for providers while lowering the cost to families. As we address rural broadband connectivity, we can leverage our cooperative extension system to develop and deliver in-person and online provider professional development. These investments can create good-quality jobs, improve child development, and mobilize the parental work force while building more prosperous and robust rural communities.

The consequences of not making these investments is a threat to America's food, fiber, and fuel supply. In some cases, the pressure to juggle kids and farms is too much, leading some farmers to divorce and others to exit from agriculture. Other farmers shared they purposely decided not to have children for fear they cannot raise both a child and a farm. Even for farmers deeply committed to raising their children on farms, accessing, arranging and negotiating child care introduces new stresses. Child care is an ordinary stressor with the power to amplify extraordinary stressors, such as extreme weather, commodity market volatility, or public health issues.

In response to the question, what do you want decisionmakers to know, farm parents have consistently replied, if America wants farms and farm families, we need help and support with child care.

Thank you.

[The prepared statement of Dr. Inwood can be found on page 58 in the appendix.]

Chairwoman STABENOW. Thank you very, very much for those comments. Now we will hear from Dr. Joseph Carrica.

STATEMENT OF JOSEPH CARRICA, III, Ed.D., CHIEF EXECUTIVE OFFICER, BEHAVIORAL HEALTH, SOUTHEAST HEALTH GROUP, LA JUNTA, COLORADO

Dr. CARRICA. Good morning, Chair Stabenow, Senator Boozman, and members of the Senate Agriculture Committee. Thank you to Senator Bennet for the kind introduction, and thank you all for the opportunity to testify today.

I am Dr. Joseph Carrica, III, but I simply go by J.C. I am the CEO of Southeast Health Group in southeast Colorado, where the cattle outnumber the people seven to one. I am also a fourth-generation Otero County resident as my Basque sheepherder family homesteaded in Colorado in 1909.

Southeast Health Group is located in the historic agricultural plains of southeast Colorado, nowhere near mountains or skiing, and we are largely represented by farmers, ranchers, ag workers, and their families.

I would like to briefly touch on several of the important mental health and substance use issues we are seeing in rural Colorado, but before I do, I would like to acknowledge the great partnership we have with Colorado State University Extension Office, the Colo-

rado Department of Agriculture, AgrAbility, Farm Bureau, Rocky Mountain Farmers Union, Mountain Plains Mental Health Technology Transfer Center, the National Council on Mental Health Wellbeing, the United States Department of Ag, and the Farm and Ranch Stress Assessment Network. These organizations have done a tremendous job in Colorado bringing rural stress to the forefront of mental health and substance use discussions. We share products, promote each other's programs, and cross-train on what we find to be effective interventions for our agricultural community that I still call home.

I would also like to thank Senators Jon Tester and Chuck Grassley for the Seeding Rural Resilience Act, which recognized that farmers, ranchers, and other rural Americans are at a particular risk of suicide given a variety of stress inducing factors, including social isolation, economic challenges, and poor access to mental health resources and support services.

In the spring of 2021, we were notified that we were awarded a CCBHC Readiness Grant. While we began to develop our competencies as an organization regarding services to veterans and Native American, indigenous peoples as a requirement of CCBHC, we found an opportunity to begin mimicking special population work for rural stress and embedded our ag advisory board into our CCBHC transformation. This advisory board develops culturally competent marketing material while providing training and education on behavioral health interventions.

Most recently, members of this advisory group developed a Soil Health and Mental Health: Growing Together support group. It has volunteer representation from the seed industry, the water conservation district, crop protection, behavioral health, ag research, and of course, our farmers and ranchers. During conversations on weather, commodities, the increased price of fertilizer and diesel, bank loan payments coming due, and how to deal with the end of legacy ranches and farms as children are not returning to take over operations, mental health check-ins covertly happen in those discussions.

As a result, this summer we created a safe space in Rocky Ford, Colorado, melon capital of the world, where we offer free coffee, donuts, and conversation two days a week. All of our ag advisory committee's efforts now are coined the Coffee Break project.

CCBHC funding allowed Southeast Health Group to purchase and deploy nearly 100 iPads, with data packages included, into the region to accommodate those that have access to care issues, whether that is transportation, profound remoteness, or simply the fear of having your car or flatbed pickup seen in our parking lot. This teleservice now keeps five therapists very busy.

It is also clear that COVID has worsened the opioid epidemic across the U.S. Rural communities have especially been hit hard with heroin overdoses, the resurfacing of methamphetamine, and now the acceleration of fentanyl distribution and deaths. I was granted the privilege of being appointed to the Colorado's Opioid Crisis Recovery Funds Advisory Committee, and while I believe the settlement funds across the State will undoubtedly help us build infrastructure to address this opioid addiction problem, it is going to take cross-system, across-aisle collaboration to develop a well co-

ordinated effort over a couple of decades to have measurable impacts. We are seeing early wins in our region by introducing opioid-addicted patients to alternative health care options through our pain management program that is coordinated by our physical therapy and physical health departments.

As I come to the end of my presentation, I would be amiss to not mention the concern I have for my athletes. I have coached girls fast-pitch softball for over 20 years at the collegiate, high school, and club levels and am gravely concerned about the COVID-19 pandemic effects on my kids. It is extremely important that our rural schools have the ability to provide consistent mental wellbeing supports and provide our educators and administrators training on useful and effective interventions.

Thank you again for your invitation and allowing me to share just a glimpse of the great collaborative efforts currently happening in Colorado to address rural stress supported by our CCBHC award and the Farm and Ranch Stress Assistance Network program. Thank you for your time.

[The prepared statement of Dr. Carrica can be found on page 63 in the appendix.]

Chairwoman STABENOW. Thank you very much.

Now we have Dr. Douglas Holtz-Eakin, no stranger to testifying before committees, and we welcome you.

**STATEMENT OF DOUGLAS HOLTZ-EAKIN, Ph.D., PRESIDENT,
AMERICAN ACTION FORUM, WASHINGTON, DC**

Dr. HOLTZ-EAKIN. Well, thank you, Chairwoman Stabenow, Ranking Member Boozman, and members of the Committee. It is a privilege to be here today. I have submitted a written statement for the record. Let me make a few points, and then I look forward to answering your questions.

The first point is that as important as these Federal programs are, neither they nor the rural economy in general can withstand poor overall macroeconomic performance. Now at the moment, there are many good things about the U.S. economy. Gross domestic product, a measure of income, grew at an annualized rate of seven percent in the fourth quarter of last year; that is very fast. We have an unemployment rate of 3.8 percent, not historically low but outstanding. We have seen wages rise year over year by about 5.1 percent, and for nonsupervisory production workers, the lower end of the income distribution, even faster, 6.7 percent. At the moment, there are 1.7 job openings for every person looking for a job in America. There is a lot of good news out there.

The Achilles heel of the U.S. economy is the inflation that has emerged over the past year, year over year, at 7.9 percent, which has outstripped all of those wage gains. Some of the numbers are even more daunting. If you look at the bundle of food, energy, and shelter that is over 50 percent of the typical American's budget, inflation is at an 8.4 percent annual rate. That is the real pain that people are feeling on the ground. Individual prices are rising faster. Energy overall is up 25.6 percent. Gasoline is up 38 percent in the past year. The overall environment is not a particularly hospitable one for Americans right now.

My second point is this inflation did not just happen. It is the result of policy decisions that were made. There are really two components, as I laid out in my written testimony. In part, it is reminiscent of the 1970's, where COVID has produced supply shocks much like the oil price shocks of that era, and those costs have to get passed on to consumers. We have seen supply chain difficulties all across the globe, in especially the United States. Labor market policies had a big impact on that.

The second part is simply excessive demand stimulus in the United States, which is really personified by the American Rescue Plan. The ARP passed last March was passed at a time when the U.S. economy was growing at 6.5 percent and it was a well-known fact that we were expanding at an extremely rapid rate. In terms of sort of macroeconomic stimulus, it is exactly the wrong time. In contrast to the CARES Act, which intervened when we really needed help in the second quarter of 2020, the ARP came at a time when the U.S. economy was expanding at a very rapid rate.

It was also inappropriately large. My old shop, the Congressional Budget Office, does a calculation of the gap between actual activity in the U.S. economy, GDP, and the potential activity in the U.S. economy, potential GDP. In fact, that was a third of the American Rescue Plan. There is no reason to solve a \$600 billion problem with a \$2 trillion stimulus.

It was too big, it was at the wrong time, and it has generated substantial inflation which persists to this day and which will take a long time to wring out of the economy. I listened to Chair Powell talk yesterday, and he expects that it will take three years for the Federal Reserve to return to the two percent target that it has had.

The third point is that these are not the only policies that have contributed to the problems. There are energy specific policies where the Administration has not been particularly supportive of domestic production and where its response to global oil price rises, both before and after the Russian invasion of Ukraine, are really quite small and ineffective. Dropping the moratorium on leases will do little. Tapping the SPR is more symbolic than real.

On the trade front, it has really hurt the rural economy. There have been some direct actions it has taken to put tariffs on fertilizers, for example, which have raised costs for America's farmers. There has been its conclusion that the phase one agreement with China is not working, but in response to making that conclusion, it did not drop the tariffs imposed on China. As a result, U.S. farmers continue to face the retaliation that came from the imposition of those tariffs. There is an opportunity, which the Administration has not taken, to improve the trade policies and help the rural economy in the United States.

As I elaborated in my written testimony, some of the specifics that are under consideration in the Build Back Better Act and other variations on those policies are either a macroeconomic danger of the type in the American Rescue Plan or poorly designed in their attempt to reach their target audiences. I would be happy to elaborate on those during the questions.

Thank you for the chance to be here, and I look forward to the discussion.

[The prepared statement of Dr. Holtz-Eakin can be found on page 67 in the appendix.]

Chairwoman STABENOW. Well, thank you very much and look forward to the many opportunities to debate you about all the small businesses and restaurants and families and hospitals and local communities who have survived the pandemic because of the American Rescue Plan.

Let me first start and ask J.C.—we will call you J.C. That would be easier if that is what you would like to do.

Let me just start out by saying, as the author, with my good friend, Senator Roy Blunt, of the Certified Community Behavioral Health Center model, I am so pleased to hear you speak about that today. I am very impressed by the way you have used CCBHC's startup funding and USDA funding to both expand telehealth services and to reach out to folks in the community who need it. I wonder if you might talk a little bit more about how this model, community model for high standards and community behavioral health services, gives rural clinics like yours the flexibility to really meet local needs.

Dr. CARRICA. Thank you for the question, and again, thank you for the opportunity to be a CCBHC. One of the things that is intriguing about the CCBHC is the prospective payment system that is allowable, and that is transformational for especially small clinics like ours. We are now funded through what we call an encounter-based system. You provide a service; you get a payment. While we are able to provide what I think to be adequate and, at most times, high-quality services, it does not allow us to think upstream and really look at what communities need, what small counties need, what regions need.

A PPS system would allow us to build and plan infrastructure into the future. Rather than counting widgets of care, we would be measuring outcomes and the work that we have done, and we should be able to see those outcomes in three to five years. Right now, when you are paid on an encounter-based system, a fee-for-service system, it is very hard to build a strategic plan that is more than one year long. It seems to be just budget modification after budget modification. PPS systems allow you to build for the future and develop strategy, which I think can achieve desirable outcomes specific to the regions and community members you serve.

Thank you.

Chairwoman STABENOW. Thank you very much. This is really the community health model. When we have what we call FQHC, that is broadly supported on a bipartisan basis, they are using that model that you are talking about. The whole point on behavioral health, mental health, and substance abuse services is to say, health care above the neck should have the same kind of funding and structure as health care below the neck.

I would just have to add a good news point as you are talking about three to five years for outcomes. We were absolutely thrilled that after only two years on the original demonstration project that Health and Human Services indicated that there was a 63 percent reduction in folks sitting in the emergency room because there was no place else to go, 60 percent less time in jails, which is why law

enforcement is so hugely supportive of moving forward, and 41 percent decrease in homelessness.

I am hoping that if we can get the bill passed that we have done, that some many of our colleagues here on the Committee are co-sponsoring—and we would love to have everyone on the bill. To take this model nationwide and give you the full funding, permanent funding you are talking about, I am hopeful you can get results in less than three to five years because I really think that we have seen that and it is very, very positive.

Dr. Inwood, let me say this Committee has a long bipartisan track record of supporting the next generation of farmers, including getting more women and young families involved in agriculture. We know that women are often tasked with not only, as you said, being the principal farm operator but also the principal family caregiver, which is the challenge that you spoke about with child care. What improvements should USDA make to the beginning and young farmers program as we look at the next Farm Bill to address these challenges?

Dr. INWOOD. Thank you for the question, Senator Stabenow. I think one of the things that is so important to realize in the difference between beginning and first-generation farmers versus multi-generation farmers is that we know that multi generation farmers are coming with extra access to land and knowledge and skills. What we are seeing is that they also come with additional community resources, particularly through family and community networks. Young and first generation farmers are moving to communities because of good soil and access to markets but not necessarily to the community connections which are so critical for child care.

I think starting to include these people-centered policies around child care, putting the availability of how do we include curriculums and modules around how does child care fit into your whole farm plan, would be an excellent opportunity to start making that realistic vision and building a more prosperous farm business.

Chairwoman STABENOW. Great. Well, thank you very much.

I will turn now to Senator Boozman.

Senator BOOZMAN. Thank you, Madam Chair. Senator Fischer is very busy today, and so what I would like to do is give her my time now and then get back in the queue.

Chairwoman STABENOW. All right. Senator Fischer.

Senator FISCHER. Thank you. Thank you, Senator Boozman, for your kindness. Thank you, Madam Chair, for holding this hearing today. Thank you to our panel members.

J.C., you mentioned the number of cattle to people in your area. I would just say, in Nebraska we have four cattle for every person in the State, and I happen to come from a family ranch where we have in my county 30 cattle for every person.

You mentioned mental health. You mentioned behavioral health. I fully understand that we are fortunate to even have our family doctors, our general practice doctors in rural areas. Specialists are few and far between, very, very difficult to come by.

Dr. Inwood, when you mentioned child care, that is difficult at best for anybody in a rural area, especially those who live on their land, and it is impossible when you live 30, 40, 70 miles to your

nearest community. In my case, that would be a community of 3,000 people. I would say I am the member of this Committee, if not in the U.S. Senate, with the greatest understanding of what being rural truly means in the United States of America and especially what being rural means in very sparsely populated areas.

I have a question for Dr. Henning-Smith. Great Plains Health in North Platte, Nebraska, began expanding its use of telehealth to remote clinic sites before COVID-19 hit us. While this allowed Great Plains to be ahead of the curve when dealing with the pandemic, the true value of telehealth in Nebraska is the ability to provide quality health care to rural communities. It allows doctors to provide services to rural Americans who otherwise may have to drive over an hour in order to visit a doctor.

Dr. Henning-Smith, can you tell us about some of the barriers that telehealth still faces and the value that it has for rural communities, particularly in filling gaps in that specialty and primary care, and how we can leverage technology better to address these needs?

Dr. HENNING-SMITH. Yes. Thank you for the question. I have to say my grandmother was from rural Nebraska. It is near and dear to my heart, and I appreciate—

Senator FISCHER. Oh, what area of rural Nebraska?

Dr. HENNING-SMITH. She was from outside of Blair, Nebraska.

Senator FISCHER. Ah, okay.

Dr. HENNING-SMITH. I really appreciate the question on telehealth. It has the potential and already is filling a lot of the gaps in access to care, particularly access to specialty care. As you say, that is a particularly important and urgent need in rural places. We just do not have enough people to fund a specialist for each rural area, and so we need to find ways to connect patients with the care that they need.

Yet, there are gaps that remain, and those gaps are largely about infrastructure. The availability of broadband and a reliable connection is essential to be able to use telehealth, either as a provider or a patient. Also, we need the right equipment. People need to have devices in their hand. Whether they are accessing telehealth with a smartphone or an iPad or a tablet or whatever else they are using to connect, they need to have access to that. In both cases, the broadband infrastructure and the access to devices—

Senator FISCHER. Right.

Dr. HENNING-SMITH [continuing]—is more rare in rural communities.

Senator FISCHER. Right. I totally agree with you on that. We have to get broadband deployed all across this country.

For all of you, I have a question. When I am back in the State, which just is about every weekend, what I am hearing from Nebraskans is their concern about inflation and the prices of food and the prices of gas. That is the No. 1 concern. It has been for many, many months, long before the Ukraine situation that we are facing. It is a deep concern for families across the State.

Do you have concerns that inflationary pressure on essential products, like food, could have impacts on the health of rural families as their incomes are continually squeezed by these higher prices?

Also, how has the high cost of gas impacted people living in rural communities? Do you have concerns that that is going to affect their decisions on if they can even afford to drive many miles to access that health care?

We have family practice physicians in the community closest in my county, but for any kind of specialty it is about 130 miles or more, or more, to be able to reach a specialist. With food, gas—I am asking the indulgence of the Committee Chairwoman if we can quickly, you know, kind of hit on the stresses that families face.

Chairwoman STABENOW. All right, if we can do this quickly. An important question, but we will do this quickly. Thank you.

Senator FISCHER. Thank you very much.

Dr. INWOOD. Okay. Well, first of all, thank you so much for the question. We have a lot of families from Nebraska and farmers from Michigan who have also been very helpful in us understanding what these issues are.

The issue of being able to get to work in order to have enough money to pay for all those essential services, like food and rent, which you alluded to, is critical. Child care is what enables families to get to work. When we hear about the distance, of farmers driving up to 30 minutes for child care providers, that exactly is a stress. We need to think about how can we do more child care provider training within communities, whether it is home-based care or more localized cooperatives, that can alleviate some of those additional stressors of driving.

Dr. CARRICA. Thank you for the question. As a community and mental health center, it is our expectation to get the service to the person in need. We are actually taking the iPads to people's residence so that they can access care from home.

We are also experimenting with trying to get providers into more communities. We have purchased three tiny homes in the last three years, and what we do is we deploy those tiny homes into those communities to try to get access to care closer to those people and where they live. The abilities of those tiny homes allow us the mobility to move those from community to community and try to embed those services closer to people that may not have the means to come to a city for care.

Dr. HOLTZ-EAKIN. Well, I sort of do not think you should ask the economist about people's mental health, but we do know from lots of survey data that this is the No. 1 issue across America. There is no question about that.

We also know that people are not optimistic about dealing with it quickly. One of the striking things in the data has been the rapid rise in inflation expectations from under three percent in January 2021 to over six percent now. It is not that they feel stressed at the moment; it is they feel stressed for the foreseeable future.

Senator FISCHER. That is across the board.

Dr. HOLTZ-EAKIN. That is the concern.

Senator FISCHER. Okay. Thank you.

Chairwoman STABENOW. I am going to turn Senator Bennet.

Senator BENNET. Thank you. Thank you, Madam Chair. I appreciate it.

Dr. Carrica, it is great to see you. Thank you for being here. I have seen, obviously, what you are doing in person, and I really am

grateful that you are here to share it with the panel. I would like to just start with you and Dr. Henning Smith.

We have all been hearing about the lack of parity and the need to better integrate mental and behavioral health with primary care. I have been learning that there are things we can do to try to do that, like increasing reimbursement for mental health providers, encouraging integration and support for primary care practices, bringing care to communities like schools, as you mentioned. I have been working closely with Senators Burr and Cornyn to try to develop some of these issues.

I wonder whether you would be able to highlight why improved reimbursement and integration models are important for long-term improvements in the mental and behavioral health system. If you could wave some magic wands about how those reimbursements work and to be able to create more integrated care, what would they look like? What else can we focus on in the long term to be able to create more integrated care, and is it important, to begin with?

Dr. CARRICA. Thank you for the question. Certainly, it is important. Anytime we can integrate care, it is care that is more efficiently delivered, more appropriately delivered, more timely. You also have the ability in an integrated setting to work as a health team, a team of health care professionals that can bring their level of expertise to the table to better diagnose and treat that particular person's need.

The importance of working across systems is something we also need to keep in mind. We are still facing a work force shortage, and trying to find enough people to provide the level of care necessary to all the people in need is a barrier and one that is going to be around a long time.

One of the things we are working with our FQHC on in our region is how to unite our systems closer together from a care delivery process, one of which they will do the screenings in the FQHC and start the initial behavioral health support. In the event the person has complex needs and needs more additional support, they would deploy basically the mental health center to help step in and provide adjunct services or whatever additional services the FQHC may not be able to do.

I believe that reimbursement rate is a factor. It is getting more and more difficult to recruit therapists into the profession. Part of that is burnout, or "burnt out," as we are calling it now. I think we need to be able to take the behavioral health profession and make it one that is compensated at a level that is more enticing to help with our work force shortage.

Senator BENNET.

[Inaudible—off microphone.]

Chairwoman STABENOW. Yes.

Senator BENNET. Dr. Carrica, just while you are here, I wonder whether, from southeast Colorado, you could give America a perspective on the fentanyl and methamphetamine crisis that we are seeing in this country. What kind of effect is it having on your community, on our community? If there are any rays of hope you can give us, what do those look like, and how can we help?

Dr. CARRICA. Absolutely. Thank you. I can tell you about six months ago I was walking out of softball practice. We were actually in downtown Rocky Ford, Colorado.

Senator BENNET. The melon capital of the world.

Dr. CARRICA. Melon capital of the world. As I was crossing the street, there was an overdose happening right in front of the public safety building. What was encouraging to me was a 19-year-old gentleman gets out of his car—pulls over, gets out of his car, and goes over to help that person in distress. We were able to get EMS involved, and EMS was able to revive that person, bring them to life with the assistance of NARCAN.

That same fire chief is on my Rocky Ford advisory council, and now he has 75 cases of NARCAN that he is distributing to the community. I am encouraging all my behavioral health providers to keep it in their glove compartment box. The pharmacy in Rocky Ford now is prescribing or handing out NARCAN as well.

I think the first start is to get people to identify and accept that there is a problem and not look the other way. Unfortunately, it takes situations like that one, where it happens right in front of you, to make you understand that it is there and that is all of our issue to try to solve.

We are working closer with EMS. We are working closer with law enforcement. We also work very close with our ERs to do a continuity of care plan from the emergency room to our outpatient, as well as our transitional residential treatment programs, to better address the downhill effects.

What we need to do a better job with, Senator Bennet, is getting education into the schools and get it in there early and explain to kids, explain to educators these effects that we are currently facing. We need to focus a lot more upstream, I believe, as well.

Senator BENNET. Thank you, Madam Chair.

Chairwoman STABENOW. Thank you very much.

Senator BOOZMAN.

Senator BOOZMAN. Thank you very much, Madam Chair.

Dr. Holtz-Eakin, you mentioned that Chairman Powell said that it would take three years to get down to two percent, and again, that is with raising interest rates, affecting the economy, and things like that. If we did do Build Back Better, in light that it would result in hundreds of billions of dollars, perhaps a trillion dollars, worth of deficit spending, what would that do to that timeframe? It certainly would be longer than three years, I would assume, or the economic—or the stress on the economy would have to be much greater to get us back in line, into a favorable line.

Dr. HOLTZ-EAKIN. Yes, I think you framed it up correctly. I mean, you could still attempt to hit a 3-year trajectory, but you would have to raise rates more sharply and rapidly up front. That enhances the risk that you actually make the mistake of tipping the economy into a recession. That is a risk the Federal Reserve faces already. That would make it even larger.

Senator BOOZMAN. Right. Very good.

Dr. Carrica? Did I get it right? Close?

Dr. CARRICA. Yes, sir.

Senator BOOZMAN. I am Boo-zman
[phonetic], Bo-zman

[phonetic], whatever.

Dr. CARRICA. I understand.

Senator BOOZMAN. Tell me—I am interested. Tell me, when you have your coffee sessions—I have done a lot of work. I am on the veterans committee and this and that, but we have done a lot of work with veterans to this side. As you have the individuals sitting around and they are talking, what are they talking about?

You mentioned legacy. You mentioned high input costs, not getting labor. You know, all of those kinds of things. Worrying perhaps that they are the ones that are going to lose the family farm, you know, that has been in generations. Can you talk a little bit about that?

Then the other thing is I would like for you to talk about how inflation is playing a factor in your survival as community health care. I know your nurse cost, your—and yet, you know, we are decreasing Medicare and, you know, all of these things where Medicare is flat, which is actually a tremendous decrease now with the inflationary spiral. If you could do that quickly for us, we would really appreciate that.

Dr. CARRICA. My pleasure. I will say that at our Coffee Break office we also have a veterans' time and we meet twice a month.

Senator BOOZMAN. Very good.

Dr. CARRICA. It is our veterans service officers as well as our American Legion post commanders. While the conversations between us and our ag community and the veterans community are a little bit different, the conversations always focus on barriers and how we can collaboratively work together in a sensible approach to increase access or education, or to reduce administrative burdens that sometimes create complexity for admission into services.

How do we fast-track people in? How do we get them quickly evaluated so that while they are in that moment where they are vulnerable and willing to accept treatment—we have to take advantage of that moment and get them in. We cannot wait two to three weeks and say, you know, we will get you in then, because they will change their mind.

A lot of the things that happen around those conversations are very organic. We will just sit around the table, and we will just say, what are you planting today? What are you planting this week? The next thing you know is they start talking about seed cost. They start talking about fertilizer. They talk about diesel fuel. They talk about their child going off to college and how excited they are, but in the same breath they talk about how they have lost some help and reliable help around the farm.

Those are the organic conversations that happen around these coffee moments, and they are very—we are embedding those conversations very much into our mental health center and better understanding the needs and desires and how to outreach those prospective patients, for example.

Quickly, on the question on inflation, I can tell you we started budget planning last week for July 1 through June 30th and right now we are projecting a 15 percent deficit, our expenses over revenue. That is scary. It is scary when we are talking about going in knowing we are going to have at least that type of deficit and

yet knowing that human capital is important and we cannot start conversations around reducing staff.

Then what do you do? When you have 15 offices over 10,000 square miles, what offices do you start cutting hours? That is scary because that limits access. We try to be within 30 minutes or 30 miles of very covered life, in addition to our iPad utilization.

I hope that answers your question.

Senator BOOZMAN. No, very good.

Dr. CARRICA. Thank you.

Senator BOOZMAN. Again, inflation is such a difficult thing, you know, in so many different areas.

Dr. Holtz-Eakin, our Committee really does not have a lot to do with a lot of the care provisions. Were there any care related provisions you are aware of that you believe would negatively impact quality of life in rural America that have come up in other committees?

Dr. HOLTZ-EAKIN. I think one of the concerns is the design of the child care subsidies actually provides tremendous incentives for child care price inflation. The subsidies—the out-of-pocket is capped for most individuals at a level where most folks would not care what the cost would be. If the price went up, it just got passed on to the taxpayer. That is a bad set of incentives when looking at the system as a whole.

Senator BOOZMAN. Right. Thank you, Madam Chair.

Chairwoman STABENOW. Thank you very much.

Senator Smith.

Senator SMITH. Thank you, Madam Chair. I am going to direct my—appreciate this hearing very much. I am going to direct my first question to Dr. Henning-Smith, who I believe is joining us remotely.

Dr. Henning-Smith, I want to talk about rural health care and my Rural Moms Act. I want to thank you and the University of Minnesota Rural Health Research Center for collaborating with me on this legislation, and I am so pleased that this legislation, which I worked with Senator Murkowski and others, was signed into last just last week.

Colleagues, what this law will do is to increase resources for rural providers who want to provide maternal health care. It expands telehealth to include prenatal and labor and birthing and postpartum services. It supports training for doctors and nurses and other providers to deliver maternity care in rural communities so that we have more people trained to take care of expectant moms during pregnancy and delivery and also more people who can do home visits after delivery.

Dr. Henning-Smith, could you talk about the specific challenges that people face seeking maternity care in rural areas and how this new legislation will help in these communities?

Dr. HENNING-SMITH. Yes. Thank you for the question, Senator Smith, and thank you especially for your leadership on the Rural Moms Act. I was delighted to see that passed into law.

Fundamentally, rural areas do not have the access to obstetric care that urban areas do. Fewer than half of all rural counties have a hospital with an obstetric unit, and that has been declining over the past couple of decades. There are a bunch of reasons why we

are losing obstetric services in rural areas, but regardless of the reasons the fact is that that has strong implications for the health and wellbeing of pregnant people and their babies.

We see higher maternal mortality rates and higher infant mortality rates in rural communities. Within that, we see issues of racial justice, with the highest maternal mortality and infant mortality rates among rural, Black, and indigenous residents. We have heard harrowing stories, including from Minnesota, of people needing to travel hours, sometimes while in labor, to try to access an obstetric unit.

In our own research from the University of Minnesota Rural Health Research Center, we have found in those counties that have lost a hospital-based obstetric unit the rate of out of hospital births—which might include a planned home birth and that might be really happy and really good, and it might include a birth on the side of the road or something else very harrowing—and the rate of births in hospitals without an obstetric unit, so in the emergency room, no one's ideal situation, both of those go up when a community loses their obstetric unit.

For reasons of patient safety, of satisfaction and quality of life and provider wellbeing, the Rural Moms Act is so important.

Senator SMITH. Well, thank you. I am very excited to work on implementation of this bill. You know, one of the things that is I think cool about this bill is that we learned about—we put together this idea with a lot of input from rural providers themselves who told us that what—they really gave us the idea of creating these innovation networks in rural communities so that providers could have more colleagues and more opportunity to share information and experience and practice with one another, which is one of the challenges in obstetrics when you work in a community where you might only be delivering, you know, one baby a week or something. You do not have that same kind of practical work happening all the time. I just really appreciate the help that we got from rural providers on this.

Now mostly, Madam Chair, this will be implemented at HHS, but I think there is an opportunity for us with USDA to think about how to, again, do some of the partnership that we have been talking about to make sure that as this gets implemented it is working for people in rural communities as it has been designed to be.

Now I just want to followup, and I am going to bring this to Dr. Inwood. I just left a committee hearing at the Health, Education, Labor, and Pensions Committee, talking about child care and the deep need for child care, especially in rural communities. It was a big topic of conversation. We know the deep challenges of affordable access to child care in rural communities. Could you just talk to us a little bit about the unique challenges that we face when it comes to providing child care in rural communities?

Dr. INWOOD. Absolutely. I think one of the biggest challenges, Senator Smith, is something that you have alluded to many times, which is also just the distance and the low number of providers in those rural communities and also the cost. I am sorry, the quality.

You know, one of the things I think that we really need to be investing in our rural communities is the quality of our providers.

It is important to recognize it is not just in home providers and centers but also schools. Schools are one of the most important child care facilities that farmers and many rural entrepreneurs are relying on because it is a safe place that children can be in during the day. Ensuring that we have quality schools is another component of addressing child care and also economic development in our rural communities.

Senator SMITH. Absolutely. Well, thank you.

I know Senator Braun was part of that committee hearing as well. Lots to work on here. Thank you very much, Madam Chair.

Chairwoman STABENOW. Thank you so much.

Senator Braun.

Senator BRAUN. Thank you, Madam Chair. I wish we had more than five minutes on the initial questioning here, but—when I look at anything, when you have got a problem you are dealing with, you know, I want to make sure that we are not trying to fix something that is not significantly broken. In this case, I think there is probably the argument to be made that something needs to be done. Then I look at what is the long-term solution.

I am going to ask my question to Dr. Holtz-Eakin eventually. You have got the perspective of coming back from being, I think, a CBO Director in the early 2000's, when the snapshot of our balance sheet as a Federal Government was much different. It was right when we started to embrace borrowing money, running more stuff through a Federal Government that has gotten, in my opinion, less and less equipped to deal with simply because we have not produced the results.

When you look at rural health care, you look at health care in general. I have been the outspoken Senator about before you try to throw more government at it should we reform the system first. Health care is similar to agriculture in many ways, increasingly dominated by large corporations that have gotten so far away maybe from the Hippocratic Oath, that it is close to 20 percent of our GDP when it is delivered, 10 to 12 percent of GDP by 25 other countries that do things differently.

It begs the question, why would we want to be doing more, and should we look at reforming the industry first, especially in the context that now in anything that we choose to do through the Federal Government we are borrowing 30 percent of every dollar we spend currently. In any new program, by definition, we are borrowing 100 percent of it. Is that a healthy long-term plan?

How important is it to get at the root and maybe making health care transparent, competitive, getting an engaged health care consumer, like I did in my own business 15 years ago, which is immensely effective, or do you we need more government when we have Leader Schumer asking what more can the government do for another problem out there?

Dr. HOLTZ-EAKIN. Let me say two things, Senator. First, I share your concern. From the vantage point of 2003, when I was first the CBO Director, it was clear that the arrival of the retirement of the Baby Boom generation would require deep reforms to Social Security, Medicare, Medicaid, and we have done none of those things. We are four years away from the exhaustion of the Hospital Insurance Trust Fund. We are 10 years from the exhaustion of the So-

cial Security Trust Fund. We have had to patch the Disability Insurance Trust Fund.

Over that period, we did not take care of known problems and we instead added new programs and are proposing new programs yet again. Many of them are not fully covered by taxes and thus financed with borrowed money. That pattern is not sustainable, and it should be a deep concern to everyone.

On the health care front, health care is the single most important Federal cost. It is across the entire spectrum of activities, from the Veterans Administration to Medicare, Medicaid, and things like that. One of the most important things about the way we run these programs is there is an open ended draw on the Treasury. You would love to run a business where you had an open-ended draw on the taxpayer if things did not go—

Senator BRAUN. Or the printing press in the basement.

Dr. HOLTZ-EAKIN. Or both. Until there is some attempt to more broadly use things like bundles of payment that say, this is what you can have to do this episode of care and there is a quality measure composed on that, we will continue to have the problems of the legacy of fee-for-service medicine, which is very expensive and not particularly high quality.

Senator BRAUN. That is a good point. I must point out as well that the marquee Federal Government health care initiative, Medicare—we have been paying into it as employers and employees since the 60's—goes completely broke here in 4.5 years. I believe it is real close to 18 percent benefit cuts. Of course, what we will do is borrow more money because we can do it in the current.

It really begs the question of why do we want more Federal Government to be involved in any of this, particularly when the health care industry is broken to begin with.

Dr. HOLTZ-EAKIN. I would really encourage you to look hard at Medicare where you get the opportunity. Prior to the pandemic, so before all the emergency borrowing we have seen in the past two years, Medicare alone was responsible for one-third of Federal debt outstanding. That is a cost center that needs to be addressed.

Senator BRAUN. You know, I think that is obvious. I remember the first year I was on the Budget Committee. We actually got together as a Budget Committee back then. We did not at all this year. It was one of the Senators on the other side of the aisle, when I bemoaned that question of why don't we do budgets, do deficits and debt make any difference anymore, and why don't we preemptively fix something that actuarially we have known for decades with Medicare and Social Security. "Senator Braun, we just do not have the political will to do it." That was an interesting early committee meeting that has played out unbelievably to be the dynamic that drives this place.

Thank you.

Chairwoman STABENOW. Thank you very much. A lot of important things to debate on all of these subjects. Thank you very much.

I believe Senator Thune has arrived and will be our last questioner unless somebody else arrives. Senator Thune.

Senator THUNE. I will bet these guys are very relieved to know that they are finally at the end.

Chairwoman STABENOW. That is right.

Senator THUNE. Thank you, Madam Chair, and I want to thank everybody for participating.

Let me just ask Dr. Holtz-Eakin, we have seen inflation hitting all aspects of the economy. Food prices are up. Gas prices are up. What is inflation's effect on the health care system, and does it result in more cost shifting for workers who have insurance through their jobs? Maybe can you touch on how that affects Medicare and Medicaid?

Dr. HOLTZ-EAKIN. All good questions, Senator. The health care system is going to face rising input costs like everyone else. We have got transportation costs for the supplies. We have got wage costs for the employees. Facilities costs. You know, shelter is now a central part of the inflation problem. That is going to spread to commercial real estate.

Broadly, input costs are going to rise. People are going to face budget deficits in their planning. Certainly, that is something that I worry about in my business. You have to find a way to accommodate that. Will it be cutting off care, or will it be raising the cost of that care? Neither is a particularly attractive option. Then the health care sector is going to face a lot of that over the next year.

For workers, they are getting wage increases, but those wage increases are not enough to keep up with inflation. If their health insurance goes up, the typical response of employers is to minimize the amount of wage increases they give to sort of cover the benefit bill, and you just do not get a cash increase. That exacerbates the problem they face. That is a cost shifting onto workers that will be prevalent over the next two or three years. I think that will be quite clear.

Senator THUNE. As you know, I come from a rural State, and naturally I am very concerned about the closure of hospitals and nursing homes in rural America, which is why I find the Biden administration's position on nursing home mandates and staffing to be so perplexing. As it is, nursing homes are competing with fast-food restaurants and, in bigger cities, Amazon warehouses to find workers.

Let me be clear. We all want nursing homes to be safe and our loved ones to have quality care, but the President just proposed new requirements on staffing and potential enforcement penalties that make me wonder if anyone is thinking about how rural nursing homes are going to be able to make it. USDA's Rural Development initiatives can be helpful here, but they cannot be a substitute for other policies that fail to consider the needs of rural America.

Could you tell me your perspective on how Federal mandates are going to affect access to care in rural America?

Dr. HOLTZ-EAKIN. I certainly think this is a concern in the specific in rural America. These mandates on the nursing homes to have, you know, fewer multi-patient rooms, more single rooms, higher staffing requirements, these are all costs of doing business. They are going to be mandated cost increases that are not obviously easy to cover given the business model.

Again, unpleasant choices will be present. Do we raise the prices? Do we close different branches to make things go? That is inevitable.

This is a general problem with the regulatory State, which is that we have programs that fund things but with the other hand we are raising the cost of doing those very activities. The Biden administration finalized \$200 billion worth of regulatory costs in its first year in office. That is the largest number of any administration since we started tracking this, and it is raising the cost of business at a time when inflation is already pressing people and making things difficult.

Senator THUNE. Yes. Well, let me just say, because it is National Ag Day today, that I want to thank profoundly farmers and ranchers in South Dakota and across the country for their tireless efforts to feed and clothe the world.

I want to express my frustration at the fact that I do not believe we are focusing enough on the numerous challenges that rural Americans are currently facing as a result of high inflation. You have got rising food and energy costs. There is a lot of global commodity market uncertainty and volatility.

I think those are the types of things that I would like to see the Committee, Madam Chair, focus on. I again would urge the Committee to follow through on a request that Senators Marshall, Ernst, and I have made to hold a hearing on the current agricultural supply chain challenges and ideas for improving the situation for our producers. We all hear it. Input cost, does not matter what it is, diesel fuel, fertilizer, equipment, everything is going through the roof. I think we are going to really see the results of that in the ag economy in this next season as they start planting crops and harvesting those crops. I hope we can have a hearing on that subject.

I thank all of you for being here today, and with that, I will yield back my time. Thank you.

Chairwoman STABENOW. Well, thank you very much, Senator Thune.

Let me just say, in closing, that there is no question that costs are up. Good news is prices are up; the economy is strong. Bad news is input costs are up.

I am very pleased as a result of funding that we put in the American Rescue Plan that the Biden administration is moving forward now as it relates to fertilizer inputs. We need to be making those in America, not relying on other countries.

Same thing with the supply chains, we need to have more resiliency in our supply chains. That is why the money we put in the American Rescue Plan to help support small-and medium size meat processing operations, to create competition, to make sure we are not relying on the big four companies. They are primarily international. It is really important. There is no question on supply chains.

Again, coming out of a global pandemic. We hope we are coming out of this. With supply chains broken down, the economy shut down in America, as well as all over the world, I am not surprised that our generation, which is facing something we have not faced in our generation, is now having to figure out how we put all these

pieces back together and match them up. We have got a lot of challenges.

Prices are going up, and we have got to continue to do everything we can to support our growers and our families to bring those down, which brings us back to today because that also relates to the things that directly relate to families who want to live in rural Michigan, who want to live in rural America. Certainly it is what is happening on inputs on the farm. It is also what is happening for families. It is also child care. It is also care for our moms and dads and grandpas and grandmas. It is also not driving three counties away for mental health help or health help, and all the other things that we need so that folks will want to live, so that the next generation of farmers, young people, farmers will want to come and stay. I want them to stay in rural Michigan. That is what this is all about.

We have heard from our witnesses today that the care economy is important and needs to be supported as part of the whole picture. Whether that is child care, elder care, or health care, mental health, physical, behavioral health, our rural families' ability to access quality of life care is important, is key to economic prosperity for all of us.

There is a lot of great work that is being done. We appreciate what you are doing. I look forward to continuing our strong relationship with the USDA and rural communities across our country as we work to improve access to quality care services at all stages of life.

In addition, we will—at this point, the record will remain open for five business days for members to submit additional questions and statements.

With that, the hearing is adjourned. Thank you very much.

[Whereupon, at 12:19 a.m., the Committee was adjourned.]

A P P E N D I X

MARCH 22, 2022

**Statement by
Xochitl Torres Small
Under Secretary for Rural Development
Before the Senate Agriculture Committee
March 22, 2022**

Chairwoman Stabenow, Ranking Member Boozman, and Members of the Committee, thank you for the opportunity to come before you today to discuss the state of the care economy in rural America. Health care, elder care, child care, and behavioral care, among others, are critical to rural America—they allow families to live their entire lives in the place they want to call home. The Biden-Harris Administration has been clear about its commitment to a better caring economy and at the U.S. Department of Agriculture’s (USDA) Rural Development, we have people on the ground, doing our part to keep rural care doors open for our rural customers.

The tools at USDA Rural Development have never been more important to maintaining the physical infrastructure of the care economy. Since 2010, 135 rural hospitals have closed, and another 453 are vulnerable to closure.¹ Sixty-two percent of rural hospitals do not have intensive care unit beds. In 2015, thirty-nine percent of rural hospitals were operating at a deficit compared to forty-six percent of rural hospitals today.² The number of health care occupations is projected to grow sixteen percent from 2020 to 2030,³ yet in 2020 alone the actual workforce shrank more than three percent⁴. Further, even though approximately 20 percent of Americans live in rural areas, barely one-tenth of physicians practice there and more than sixty percent of all Primary Medical Health Professional Shortage Areas in the United States are in rural areas.⁵ COVID-19 brought the critical need for access to care into very sharp focus—lack of access to care costs lives. As COVID swept the country, it proved to be nearly twice as fatal for rural Americans compared to urban Americans.⁶

The same challenges extend to the rest of the care economy. There are fewer nursing homes in rural America, many are housed inside struggling hospitals, and rural areas often do not have Medicare-certified home care agencies. Even before the pandemic, nearly sixty percent of rural families lived in a child care desert, with too few child care slots or no providers at all.⁷ The pandemic made it harder for rural families to access these programs – with one in eleven⁸ licensed child care providers closing before between December 2020 and March 2021⁹. And,

¹<https://www.beckershospitalreview.com/finance/staffing-crisis-payment-cuts-put-453-hospitals-at-risk-of-closure.html#:~:text=More%20than%20135%20rural%20hospitals,rural%20hospitals%20closed%20in%202021>

²<https://www.chartis.com/resources/files/Crises-Collide-Rural-Health-Safety-Net-Report-Feb-2021.pdf>

³<https://www.bls.gov/ooh/healthcare/home.htm>

⁴<https://www.beckershospitalreview.com/workforce/healthcare-workforce-is-3-5-smaller-one-year-after-its-2020-peak-analysis-shows.html>

⁵<https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport>

⁶<https://www.cidrap.umn.edu/news-perspective/2021/09/rural-americans-more-likely-die-covid-19>

⁷<https://www.americanprogress.org/article/5-facts-know-child-care-rural-america/>

⁸<https://info.childcareaware.org/media/new-report-finds-fewer-child-care-providers-and-increased-prices-highlighting-need-for-significant-federal-investment-in-child-care>

⁹<https://info.childcareaware.org/media/new-report-finds-fewer-child-care-providers-and-increased-prices-highlighting-need-for-significant-federal-investment-in-child-care>

child care costs have long been out of reach for working families, rising faster than inflation and family incomes¹⁰. As the COVID pandemic becomes endemic, mental health stressors persist in rural America yet more than sixty percent of rural residents live in a designated mental health providers shortage area.¹¹

The care economy faces a number of challenges—federal and state reimbursement rates, workforce, affordable access, transportation to care facilities, and culturally-competent care, to name a few. While the federal government works as a whole to tackle these issues, Rural Development’s tools are focused on keeping care in communities, and keeping doors open. I look forward to working to tackle these issues and partnering with Congress to keep care in your communities.

Health Care

Rural America cannot exist without healthcare systems. In the face of an emergency, every second can matter, and when getting treatment for long-term illnesses or basic routine screenings and primary care, accessibility and consistency is crucial. That care is especially important for rural families, who require affordable, accessible maternal health care for mothers. Yet, as hospitals face threats of closure, obstetrics (OB) is among the first practices at risk of being cut. Between 2004 and 2014, 179 rural hospitals eliminated OB services.¹²

For rural communities that lose access to OB services, mothers are faced with significantly more time in the car. For women experiencing difficult pregnancies and births, that time is critical and can be directly correlated with health outcomes. The rate of women who die for reasons relating to their pregnancy is more than a third higher for rural women compared to urban women.¹³ Already rising maternal mortality rates also disproportionately affect women of color. Black women are three times as likely to die from a pregnancy-related complication.¹⁴ Many factors contribute to this disparity—including quality of care, underlying conditions, and lack of culturally-competent care. Roughly half of Black and Native American rural residents live in economically distressed areas,¹⁵ and are less likely to be insured or have the means to access consistent prenatal care. If we want rural communities to succeed, we need to support mothers’ access to care. Rural Development works closely with the Department of Health and Human Services to support positive health outcomes in rural mothers.

New models of care, supported by innovative investments in infrastructure can help bridge these divides. At Rural Development, we are working to address this crisis by supporting rural hospitals’ financial viability so that OB programs are less likely to be eliminated. In the Community Facilities program, we have expanded access to COVID-19 vaccines, testing, and

¹⁰ <https://www.whitehouse.gov/wp-content/uploads/2021/08/Costs-Brief.pdf>

¹¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7681156/>

¹² <https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/rural-health/09032019-Maternal-Health-Care-in-Rural-Communities.pdf>

¹³ <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/rural/publications/2020-maternal-obstetric-care-challenges.pdf>

¹⁴ <https://www.cdc.gov/healthequity/features/maternal-mortality/index.html>

¹⁵ <https://www.aspeninstitute.org/wp-content/uploads/2021/12/TR-FP-3-Rural-Capital-singles-FINAL.pdf>

supplies, while strengthening rural health care providers. Congress and President Biden also provided \$500 million through the American Rescue Plan for USDA to create the Emergency Rural Health Care Grant Program. The program will provide \$350 million to help rural hospitals and local communities increase access to COVID-19 vaccines and testing, medical supplies, telehealth, and food assistance, and support the construction or renovation of rural health care facilities. It also provides recovery funds that compensate for lost revenue or staffing expenses due to COVID-19. In addition, the program provides up to \$125 million in grants to plan and implement models that help improve the long-term viability of rural health care providers, including health care networks that allow rural providers to collectively address community challenges and develop innovative solutions. The outpouring of interest for this new grant program has been overwhelming and speaks directly to the tremendous need for this support from our rural hospitals.

The Emergency Rural Health Care grants also represent an administrative success for Rural Development. The American Rescue Plan provided a five percent set aside for staffing, technology, and technical assistance for applicants. This has allowed Rural Development to hire industry-specific staff, create a user-friendly application portal, and provide technical assistance for our customers to apply in record time. While some federal programs of this scope often take years to stand up, Rural Development understood the urgency of supporting rural hospitals immediately. We stood up a brand-new approach to health care support in less than six months, speaking to the possibilities when programs are appropriately resourced and given the capacity to administer them.

Child Care

Child care in rural areas is both a critical support system for working parents as well as a driving force for economic stability as a major employer in rural areas. Child care is also a driving employment force in rural areas. Child care providers are largely very small businesses and they employ almost a million people across America, and often child care centers are one of main employers in very remote areas.¹⁶

COVID-19 highlighted the difficulty a robust workforce has operating without sufficient access to affordable child care—parents faced hard choices as they aimed to maintain productivity while also keeping kids engaged in school and occupied during work hours. The pandemic also disproportionately impacted working mothers, more than four percent of whom have left the workforce since February 2020 compared to three percent of men.¹⁷ As the pandemic becomes endemic and Americans return to work, child care is essential to supporting rural economic output.

Yet, operating child care facilities is capital intensive and often provides low financial returns. Additionally, distance and transportation make customer retention difficult in rural areas.

¹⁶ https://www.bls.gov/ooh/personal-care-and-service/childcare-workers.htm#:~:text=in%20May%202020,-_Job%20Outlook,on%20average%2C%20over%20the%20decade

¹⁷ <https://www.apa.org/monitor/2022/01/special-workforce-losses>

In some communities, community-based and family-centric child care is predominant, while center-based care is more predominant in others. Yet other rural communities have adopted a cooperative model, in which parents and community members form a cooperative to self-own the facility, tying the success of the facility to the success of the community itself.

The Biden-Harris Administration and Rural Development aim to support this creativity, and help communities explore flexible avenues to support child care needs in rural communities. This creativity requires partnership—not just across rural America, but within the federal government itself. Rural Development and the Department of Health and Human Services' (HHS) Administration for Children and Families partnered to develop a Joint Resource Guide to further their commitment to support rural families. The resource encourages investment in high-quality, affordable child care, and early learning opportunities because this is a critical component of building and strengthening economic prosperity in rural communities.

Rural Development offers Rural Cooperative Development grants of up to \$200,000 to nonprofit corporations and institutions of higher education to operate Rural Cooperative Development Centers, which provide technical assistance to new and existing cooperatives, like child care cooperatives. In response to the tremendous need in this area, Rural Development increased Community Facilities obligations for child care facilities in rural areas from \$864,000 in Fiscal Year 2020 to over \$9 million in Fiscal Year 2021.

This collaboration and investment aims to bolster child care options and increase the supply of child care and early learning facilities which is fundamental to revitalizing rural communities and the rural economy.

Behavioral HealthCare

Before COVID-19, behavioral health issues were on the rise across rural America. COVID-19 compounded these issues—opioid use and overdose deaths are again on the rise, and farmers and ranchers are experiencing high levels of stress. Access to affordable care, availability of rural providers, and barriers associated with seeking care all stymie rural Americans seeking behavioral health care.

The opioid and mental health crisis are disproportionately impacting rural America. In 2015, the overdose death rate for rural areas surpassed that for urban areas, more than four times what it was in the 1990s¹⁸. Eighteen percent of rural Americans have a mental illness, and COVID-19 exacerbated mental stress in rural areas. Yet, as many as sixty-five percent of rural areas do not have psychiatrists and 60 percent of rural individuals live in a mental health care provider shortage area.¹⁹

The Biden-Harris Administration and Rural Development are working to take on these challenges head-on. Rural Development plays two important roles in helping to manage this

¹⁸ <https://www.cbha.org/about-us/cbha-blog/2020/august/small-towns-and-rural-areas-hit-hard-by-opioid-c/>

¹⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7681156/#:~:text=Mental%20Health%20Providers,-There%20is%20a&text=It%20is%20estimated%20that%20as,provider%20shortage%20areas%20%5B13%5D>

crisis—helping provide planning, education, and training for communities, and providing vital telemedicine connectivity to rural behavioral health units.

One such example is the nearly \$1 million in funding that Rural Development provided through the Delta Health Care Services program to deliver an opioid and substance misuse training, education, and awareness program in north-central and northeast Arkansas, a region that suffers high rates of opioid overdose deaths and risk factors for substance use. Education will include live presentations, community event participation, and online learning modules focused on opioid and substance misuse identification and response. The project will also deliver hands-on, risk-free simulation training to adults and youth in the region to help them recognize and react to opioid overdose.

Rural Development also operates the Distance Learning and Telehealth (DLT) Grant Program and the Community Connect Grant Program. DLT aims to increase the adoption and use of technology via telemedicine offers opportunities for improving rural behavioral health care in the future. In some cases, applicants have helped place telemedicine carts at rural hospitals, rural health clinics, and rural penitentiaries for health care and behavioral health care purposes. Community Connect provides funding for broadband deployment to unserved rural communities and includes two years of free high-speed internet service for critical community facilities for the purpose of delivering educational, health care, and public safety opportunities to their communities. Rural Development is also deploying more than \$1.15 billion in appropriated funds for the ReConnect program, supplemented by nearly \$2 billion in funding through the Bipartisan Infrastructure Law to deploy high-speed internet services to rural areas, ensuring that currently unserved rural residents will have access to telehealth services in their home.

The benefits of connecting rural communities to the health resources of larger ones cannot be understated—it saves transportation time and child care time rural residents, opens up access to providers where one might not be available, and increases affordability. The Biden-Harris Administration and Rural Development are working to close the digital divide for rural American so that they can have access to the tailored resources necessary to serve the unique challenges in rural areas.

Elder Care

Another aspect of care in rural America I would like to discuss today is elder care, which gives elderly adults the ability to live the end of their lives in the social fabric of their life-long communities. Roughly seventeen percent of the rural population is sixty-five or older, compared to roughly thirteen percent in urban areas.²⁰ The trends in nursing home closures across the country, especially in rural communities, are deeply concerning. Between 2008 and 2018, 472 nursing homes in 400 nonmetropolitan counties closed and 10 % of the nation's 1,976 nonmetropolitan counties are considered to be nursing home deserts.²¹ Each closure results in

²⁰ <https://www.census.gov/library/stories/2019/10/older-population-in-rural-america.html#:~:text=More%20than%201%20in%205,to%2013.8%25%20in%20urban%20areas>

²¹ <https://rupri.public-health.uiowa.edu/publications/policybriefs/2021/Rural%20NH%20Closure.pdf>

residents being relocated, often further away from families and friends, which is stressful on those residents and their rural communities.

Transportation also poses one of the largest barriers to older adults successfully aging in place in rural communities²², followed by barriers related to accessing health care, workforce, and home health care. In the caring economy, the quality and dependability of relationships between the person receiving care and the person providing care is key to successful outcomes. In rural areas, caregivers are often required to travel long distances to access rural clients, both discouraging workforce and limiting the number of clients they can serve. Caregiver turnover can be devastating to elders, people with disabilities, and children—it severs trust and consistency necessary to provide intimate care to vulnerable populations.

Rural Development continues to support telemedicine technology to reduce transportation and travel burdens for elderly citizens, while working to keep doors open at inpatient elder care facilities. Most states across the country take advantage of Community Facilities funding opportunities to construct facilities in rural areas, including nursing homes and assisted living facilities. Rural Cooperative Development Grants also support the development of elder care cooperatives in rural areas.

At Rural Development, we understand the importance of supporting rural residents' desire to spend their entire life in the place they call home.

Conclusion

The care economy is critical to rural America—it is not just the way to keep rural Americans healthy but is also an economic driver and support system for our rural communities. As the statistics show, the situation is dire. Clinics, care units, hospitals, and nursing homes are at risk across rural America.

Ultimately, creating a caring economy that works for people in rural, urban, suburban and tribal communities alike will require significant modifications to health care policy and also requires significant investments in training and appropriately compensating the critical frontline workers who provide care. Rural Development plays a support role to the rural care economy—we provide equipment and facilities to attract a robust workforce and support the best care on the ground. We connect the most rural residents so they can connect with their caregivers and loved ones. Providing flexible programing is key to this mission, and I look forward to working with this Committee to support the rural care economy and our rural communities.

²² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4265215/>

**Testimony for the Record Submitted to:
The United States Senate Committee on Agriculture, Nutrition, & Forestry**

**For the Hearing:
“Rural Quality of Life: Challenges and Opportunities for the Rural Care Economy”
Tuesday, March 22, 2022 at 10:00am EST
562 Dirksen Senate Office Building**

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Chairwoman Stabenow, Ranking Member Boozman, and distinguished members of the Committee, thank you for the opportunity to provide testimony in today’s hearing. I’m honored to have this opportunity. I am currently an Associate Professor in the Division of Health Policy and Management at the University of Minnesota School of Public Health, Deputy Director of the University of Minnesota Rural Health Research Center, and Associate Director of the University of Minnesota Rural Health Program.

I have devoted my career to rural health, working to ensure that everyone has the opportunity for good health and quality of life, no matter where they live. Unfortunately, though, for many rural residents today, living in rural areas means fewer opportunities for good health, increased barriers to timely access to affordable and high-quality health care, and more limited access to the basic infrastructure necessary to participate in our current economic and social systems. Altogether, these rural-specific challenges are costing lives and limiting the prosperity of our entire nation.

Rural Health Disparities

Rural residents have worse health and greater risks of mortality than urban residents. On average, residents of large metropolitan areas live 2.5 years longer than residents of rural areas,¹ and that disparity has gotten worse in the past two decades.^{2,3} From 1999-2019, the rural-urban difference in mortality rates tripled.² Compared to urban residents, rural residents have higher death rates from all five leading causes of death: cancer, cardiovascular disease, chronic lower respiratory disease (COPD), stroke, and unintentional injury.^{3,4}

Those grim statistics predate the COVID-19 pandemic, which only made rural health inequities worse. While the very beginning of the pandemic was a distinctly urban phenomenon in the United States, the situation quickly became worse for rural residents.⁵⁻⁷ By September of 2020, the COVID-19 death rate was higher in rural places than in urban places, and it has remained higher for most of the pandemic.^{8,9} According to research from the RUPRI Center for Rural Health Policy Analysis, as of March 15, 2022 the cumulative mortality rate for COVID-19 in rural

America was 370 per 100,000 people, compared with 281 per 100,000 people in urban America.⁸

Access to Health Care in Rural America

There are many reasons that rural residents experience health inequities, including differences in access to the social drivers of health, like housing, transportation, education, and job opportunities. I will return to some of these later in my testimony, however, when talking about rural health, it makes sense to start with a discussion of rural health care.

I'll start by outlining the realities facing rural communities when it comes to accessing health care. Since 2010, 138 rural hospitals have closed their doors.^{10,11} For years, rural health care providers and patients have faced workforce challenges, low patient volumes, and long travel distances to obtain treatment. Unfortunately, these issues have only been exacerbated by the COVID-19 pandemic. Because of this, the Chartis Center for Rural Health also estimates that 453 rural hospitals are currently operating at margins like those that closed throughout the last decade, meaning that they are particularly vulnerable to closure.¹¹

In addition to hospitals, rural areas have also seen a decline in other health care services in recent decades. These include nursing homes,¹²⁻¹⁴ pharmacies,^{15,16} and obstetric units.¹⁷⁻²⁰ Today, fewer than half of all rural counties have a hospital in which you can give birth. Ten percent of rural counties have no nursing home.¹² Between 2003-2018, 1,231 rural pharmacies closed, amounting to 16.1% of all rural pharmacies.¹⁶ From birth to end of life, it is more difficult to access the care you need in rural areas.

There are many causes for the decline in rural health care services. In some cases, it is difficult to afford the necessary overhead costs of keeping the lights on and the staff employed and well-trained in low-volume settings. Reimbursement rates, uncompensated care, and access to health insurance are also large contributors to hospital and health services vulnerability.²¹ There have been fewer hospital and unit closures in states that have expanded Medicaid,^{10,18,21} and we have seen a particularly pernicious loss of services in the southeast.^{10,19} As rural America begins to emerge from the COVID-19 pandemic, addressing these longstanding issues is more urgent and important than ever.

In addition to the issues mentioned above, health care workforce availability is a huge contributor to the challenge of maintaining rural health care services, and is one that has been amplified by the COVID-19 pandemic. Health professional shortage areas (HPSAs) are disproportionately located in rural areas.^{22,23} According to the Bureau of Health Workforce, as of the first quarter of this year (2022), 68.3% of all primary care HPSAs are in completely or partially rural areas, as are 68.5% of all dental HSPAs and 66.4% of all mental health HPSAs.²³ Solutions for this may include training and pipeline programs, as well as financial incentives for providers. However, solutions must also focus on the overall vitality and appeal of rural communities, including strong infrastructure, job opportunities, housing, child care, and educational opportunities.²⁴

Over the last few years, hospitals in rural communities have been tested to their limits. Often, they were providing crisis care in dated facilities. In fact, one in ten Critical Access Hospitals is more than 25 years old.²¹ This means that rural providers are working with an influx of patients in dated buildings, and are often not equipped with the best technology and devices. The United States Department of Agriculture's Community Facilities Programs is a key source of infrastructure funding for rural communities and their health care providers. The program offers direct loans, loan guarantees, and grants to improve essential public services across rural America. Many rural health care providers have taken advantage of this program.

As the Committee continues to consider ways to enhance access to and quality of health care in rural America, Rural Development programs like Community Facilities and the Rural Business-Cooperative Service programs have been essential programs for resources, as well as associated technical assistance and trainings, that should be used as a blueprint. These have been successful. They have improved health care infrastructure and as we prepare for future public health emergencies, these programs should be part of our public health response for rural communities.

Rural Infrastructure and Health

The issue of rural health and quality of life is not limited to health care services, facilities, and providers. Infrastructure policy is health policy. For example, transportation infrastructure poses long-standing and complex challenges in rural areas, including quality of roads and bridges, access to personal vehicles, fuel and vehicle maintenance affordability, and availability of public transportation, especially for people with physical limitations.²⁵ In our work at the University of Minnesota Rural Health Research Center, we found that rural residents who develop a medical condition that makes driving difficult – or dangerous – are less likely than urban residents with similar conditions to give up driving.²⁶ This is likely reflective of fewer available alternatives, and may also be associated with the overall higher rates of motor vehicle fatalities in rural areas.²⁷

To support rural health and quality of life, infrastructure policy also needs to include access to reliable and affordable broadband Internet.²⁸⁻³⁰ At the beginning of the COVID-19 pandemic, both Congress and the executive branch took decisive actions to ensure that health care was continued throughout the pandemic. The result was an unprecedented increase in utilization of telehealth services, which rural communities uniquely benefit from.³¹ As mentioned previously, rural patients often face longer drive times to routine medical visits. The advent of telehealth creates a new option for health care delivery that is essential beyond the duration of the public health emergency. Therefore, I was pleased to see Congress include an extension of these provisions until the end of the year in the recent appropriations package. Ensuring rural providers and their patients can utilize this health care delivery system into the future will only increase patient satisfaction and quality of life.

Despite gains in telehealth, I cannot go ten minutes talking with a provider in a rural community without hearing about the need for sufficient broadband connectivity. Inclusion of \$65 billion in funding for broadband connectivity buildout in the Bipartisan Infrastructure Law was needed, but implementation will be critical. The United States Department of Agriculture has a unique

role in working with partners like the FCC and National Information and Telecommunications Administration (NITA) to ensure that broadband connectivity is built out equitably, particularly in rural communities. While broadband is important to all things rural: farms, commerce, schools, and work, it has special importance for rural health care. Efficient connectivity will allow rural health care providers to have the ability to communicate with other health systems, have sufficient and up-to-date electronic health records, and the ability to provide telehealth services to their patients.

As the Committee works to strengthen rural communities, broadband must be front of mind. Society is increasingly reliant on technology for every facet of life and as an economic driver, which is particularly true with health care. To ensure rural communities are capable of being part of the health care delivery system of the 21st century, effective broadband build out is critical. Such a build out must also be coupled with an emphasis on affordability and equitable access to devices with which to use broadband.

Within-Rural Disparities in Health and Health Care

No discussion of rural health should go without mentioning that rural areas and rural residents are not monolithic.³² One in five rural residents today is Black, Indigenous, or a person of color (BIPOC). Health outcomes for rural BIPOC residents are significantly worse than for rural white residents and for all urban residents.^{33,34} In my research, I've found that rural counties with a majority of Black or Indigenous residents are especially vulnerable to poor health outcomes, with the highest premature death rates of any counties in the country.^{33,34}

Looking at individual-level data, research shows higher premature death rates among communities of color in rural communities compared to their urban counterparts.¹¹ In Georgia, for example, a black individual living in a rural community is 30 percent more likely to die prematurely than their urban counterpart.¹¹ In Mississippi, a black rural resident is 20 percent more likely to die prematurely. The same statistics are prevalent in the Hispanic community.¹¹ In Texas, a Hispanic rural resident is 30 percent more likely to die from premature death than their urban counterpart.¹¹ In Arizona, a Hispanic rural resident is ten percent more likely to die prematurely.¹¹

Further, according to data from the Center for Disease Control and Prevention, rural areas have a pregnancy-related mortality rate of 29.4 per 100,000 live births versus 18.2 in urban areas, but inequities are more severe if you look among rural residents.³⁵ In Georgia for example, rural black women have a 30 percent higher maternal mortality rate than urban black women, and rural white women have a 50 percent higher risk than urban white women. These statistics are devastating.

Despite what we know about these inequities, it can sometimes be difficult to access data with sufficiently detailed measures of rurality, race, ethnicity, and other socio-demographic characteristics with which to illuminate disparities. As we move forward, data availability is critical. The United States Department of Agriculture is a trusted source of research and data collection in our rural communities. Proper data must be collected if we hope to understand the full impact the last several years have had on rural residents. To improve rural health

outcomes we must know the statistics; the United States Department of Agriculture should have a hand in this collection effort.

Rural places are also heterogeneous. Rural land areas cover the vast majority of the country (>90%, depending on the measure used) and the challenges that people have around distance, transportation, connectivity, and climate vary considerably from place to place. Rural Alaska is not rural Georgia is not rural Vermont is not rural Minnesota is not rural New Mexico.... As such, programs and funding for rural areas need to have built-in flexibility to adapt to the particular needs of specific rural places, which will vary by region and demographic composition.

The Role of the United States Department of Agriculture in Rural Health

The United States Department of Agriculture (USDA) has a critical role to play in rural health. Fundamentally, agriculture is the backbone of our country's health. Moreover, the USDA is a trusted resource on rural economic development and rural demographics.^{36,37} At a time when divisiveness is palpable and trusted messengers can be hard to come by, especially in some rural communities, the USDA is in a unique position to support good health among rural residents.

I was honored to consult on the development of the Rural Health Liaison in 2018, and I thank members of this Committee for their leadership in that important work.³⁸ The creation of that position symbolized and strengthened the importance of the USDA in rural health, although the USDA has long been doing work that has improved health and quality of life. For example, the USDA's Cooperative Extension Service has been supporting the health and well-being of rural residents for more than a century.³⁹ Extension agents are trusted sources of information across rural America and represent a solid foundation that could be built on in USDA's rural health work. In addition to its traditional role in nutrition and agricultural education, Extension currently plays a critical role in farmer mental health,⁴⁰ education and outreach, and overall community vitality.

Building on Rural Strengths

Despite the challenges I've laid out in rural health and health care, rural areas also have considerable strengths. Whether because of size or necessity, rural residents and organizations can be incredibly resourceful and innovative.⁴¹ Many rural areas also have particularly strong social capital and social cohesion.⁴² In research I've done, I've found that rural older adults report larger social networks – both more family members and more close friends – than urban older adults.⁴³ This social fabric provides a tapestry on which strong health and health care can be built, given the right support through investment in infrastructure and resources.

The last few years have tested rural residents and rural health care providers. While the challenges facing rural communities are different from those facing their urban counterparts, so are the innovation opportunities. The United States Department of Agriculture plays a significant role in ensuring that rural providers are equipped to provide care in the 21st century. Whether this is through ensuring adequate rural broadband access, accurate data and research, or investment in capital infrastructure, the USDA is a needed ally for rural health. Ultimately, a

strong rural economy starts with good health. Good rural health outcomes cannot be achieved without supporting the vitality of rural communities, including strong, modern infrastructure and a thriving health care system.

Thank you again for the opportunity to testify today. I look forward to any questions you might have.

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562 Dirksen Senate Office Building

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Thank you, Chairwoman Stabenow and Ranking Member Boozman, for focusing on the rural care economy and for the opportunity to testify today. My comments today are based on over a decade of USDA and more recent CDC funded research examining how childcare affects the economic development and quality of life of America’s farmers and ranchers, and our rural communities. As a land-grant university scientist, I have had the privilege of traveling across the country, interviewing, and surveying thousands of farmers and ranchers across our great nation; my testimony today reflects their lived realities. Today I am going to share the findings of these national qualitative and quantitative research studies that examine how the availability, affordability and quality of childcare affect the economic development and quality of life of America’s farmers and ranchers.

The results of our research indicate that first and foremost, farm parents are working parents. Childcare is a critical yet undervalued workforce attraction and retention issue in the farm sector that has the potential to undercut Congress’s investments in growing the next generation of farmers and building prosperous rural communities. In response to the shrinking and aging farm population, Congress has invested millions in the Beginning Farmer and Rancher Development Program and Farm Credit programs targeting young farmers aged 18-35. The majority of these programs focus on access to land and capital, production skills and market development, all of which are important. However, farms and ranches are not just economic enterprises; they are also family-based businesses. Successfully recruiting and retaining farmers requires recognizing the fact that many young people are in their prime childbearing years, have children and struggle to meet their obligations on the farm, at their off-farm jobs, and at home.

As parents across the country discovered during the pandemic, productivity can suffer when working from home with children around. For farm parents this has always been the reality and like all American parents they must navigate the complex and costly world of childcare. Our pre-pandemic USDA funded researchⁱⁱⁱ asked how does childcare affect farm economic development and quality of life?

In this national survey of farm households, we found almost two-thirds of all farm families with children under 18 report childcare difficulties due to affordability, availability, and quality. We found childcare has direct economic impacts by affecting the farm's production system and marketing channels which in turn affects farm viability, risk management, farm safety, farmer mental health, and farm family quality of life. Our research has consistently found childcare is an issue that affects all of agriculture regardless of farm size, production system or geographic location.

While childcare is an issue for all farmers it is particularly significant for beginning, first-generation, and women farmers. Nationally, over 67% of first-generation farmers experience childcare problems. Women are one of the fastest-growing groups of farmers, who are still doing the lion's share of household chores, childcare and family emotional work. In our research, women were almost twice as likely as men to report that childcare was an important factor in farm decisions, 44% compared to 24% among men.

There are many benefits to growing up on a farm, and farmers consistently shared with us how much they love to both live and work on the farm with their children, however, childcare accommodations of some kind are necessary to ensure farm work can get done in addition to ensuring farm safety. For example, a first-generation farm father, whose wife works off the farm, had hoped for his young son "to be my little sidekick and ... do everything I did." However, he found reality was much different, and admitted he "didn't think about a baby not being able to be out in the sun all day," and was struggling to balance care work and farm work.

Across the country farm families shared their struggles to find affordable, high quality childcare care. Childcare is expensive, in my home state of Ohio, it cost on average \$9,919 per year for an infant. In the state of Vermont, where I started this research, it cost \$13,914 per year for an infant. Rural areas suffer from a scarcity of essential services, including childcare. Before COVID decimated the childcare sector, a 2018 national studyⁱⁱⁱ found that 3 in 5 rural communities across the country lacked adequate childcare supply.

Farm families seeking off-farm care described how difficult it is to find childcare, with many communities lacking childcare options. One farm mother shared "You get a farm, especially if you're young, where you can afford it. And where you can afford a farm is not going to be a place where there's a lot of resources." In other cases, farmers shared the childcare and schooling options available in their community was so low quality they would not send their children. Farm families reported driving up to thirty minutes to a childcare provider they trust and explained that the time-costs of driving so far were more of a burden and had a bigger negative impact on the farm than the financial costs of childcare. Formal daycare providers are typically structured to accommodate a conventional workweek schedule, with hours ranging from 7:30 am to 5:30 pm, Monday through Friday, being closed on weekends. Yet the rhythms of farming rarely correlate to this rigid schedule. For farmer-parents taking advantage of off-farm childcare, including camps, daycares, or schools, the strictness of pick-up and drop-off times combined with the distance to reach their provider negatively impacts production, marketing, farm income, and family quality of life. Other farm families expressed their frustration that the low returns from farming made high quality childcare unaffordable even when it was available in their community. Our research revealed how childcare can create high levels of stress in farm

families. USDA has spent millions of dollars on farm stress programs, however, there has been little discussion of how childcare issues contribute to and exacerbate farm stress.

Our research identified the ways in which childcare limits the ability of farmers to grow their businesses. Farmers described to us how childcare influences and shapes their business decisions, approaches to production, marketing, and overall enterprise growth trajectories. For example, initiatives to create direct marketing opportunities for farmers rarely consider how family schedules and childcare correlate with market schedules. A farm family running a diversified horticultural operation spoke frankly about their decision to drop a market because of childcare. Although they could pick up their daughter from daycare in time to set up before the market's 12pm start time, the market manager refused to bend a rule requiring all vendors to report on-site by 11am. However, their daycare only ran from 9am-11:30am, picking up early enough to accommodate the manager's rule made no sense for their logistics, they decided to drop the market and lost sales and income. Additionally, our research revealed how deeply intertwined the relationship between childcare and health insurance are with farm families across the country reporting feeling trapped between needing to prioritize access to health insurance for their children, while also trying to find income to support the farm, and affordable childcare.

Farm families are making difficult labor cost calculations as they evaluate whether to hire childcare or hire additional farm labor. On one hand, hiring farm labor would let them spend time with their children on the farm, but childcare would let them do the fieldwork themselves, more quickly and accurately than a typical employee. While some families felt that "it would be better to spend money on childcare than to spend the money on an employee" others shared the low returns from farming made this choice unattractive, one farm mother explained that paying a babysitter the going rate of \$15 an hour to allow her to do fieldwork alone amounted to "paying to work" and that was hard to justify. The impacts of COVID-19 have exacerbated the long-standing childcare issues farm families have faced. New research from the National Farm Medicine Center^{iv} found that in the early months of COVID-19, as day care and schools shut down, 58% of farmers reported that taking care of the children became harder, and 57% respondents reported that changes in childcare and schooling negatively affected their ability to get the farm work done.

Family care is a highly desired care arrangement and works well for farmers with able family nearby. However, a significant number of farmers shared that while they had hoped their parents could help with childcare, their own parents age and declining health limited their capacity to care for kids. One farmer who relied on her mother for childcare described how, upon returning home from the fields, she found her daughter's diaper had not been changed for six hours. She came to realize her mother suffered from dementia, yet she still needed her mother to watch her young daughter. She shared her stress at her mother's tendency to wander and become lost on the farm. The farmer could not afford to hire outside help, and found herself in the 'sandwich generation,' caught between taking care of her children, aging parents, and the farm operation. Children with disabilities often require specialized or in-home care, and finding, much less affording, the necessary expert care can be extra challenging for rural residents with disabilities. For example, one farm mother whose toddler had special needs shared she could not find anyone in their community safely able to provide care. Another mother shared when she did find a

provider for her autistic son they refused to work at the farm because they were afraid of working around animals.

As a public servant in the land-grant university system, I often ask myself what is to be done. First, I would like to applaud the recently released USDA HHS *Joint Resource Guide: To Strengthen and Expand Child Care Facilities in Rural Communities* as an excellent first step to addressing the childcare conundrum in rural communities. The guide does an excellent job of identifying opportunities and strategies for building the physical infrastructure needed for rural childcare. We have heard over and over again from farm parents that the issues of availability, quality, and cost also need to be tackled. As we address rural broad band connectivity, we can improve the quality of rural childcare by implementing innovative approaches to childcare provider training through on-line courses. There is a tremendous opportunity to leverage our Cooperative Extension System to deliver in-person adult education and provider professional development across rural communities.

To address the non-traditional hours of farmers we can look at childcare providers who meet the needs of hospitals, for example at OSU the childcare center runs until 9 pm to meet the needs of second shift Medical Center staff. Many rural communities have manufacturing facilities that run 24 hours a day, these workers also need access to quality affordable childcare^v. We can look at the innovative approaches the military has taken to childcare to meet the needs of national guard and military families on bases who also keep non-traditional hours.

To increase the availability of childcare and as a broader economic development strategy we must simultaneously increase the pay for childcare providers while lowering the childcare costs of families. These investments can create good quality jobs for rural residents, improve rural child development, and mobilize the parental workforce, while building more robust and prosperous rural communities.

The consequences of not making these investments is a threat to America's food, fiber and fuel supply. We have stories of how the pressure to juggle young children and farm demands was too much - leading some farmers to divorce and others to exit from agriculture. Other farmers shared they have purposefully decided not to have children for fear that they could not raise both a child and a farm. Even for farmers deeply committed to raising their children on farms, accessing, arranging, and negotiating childcare introduces new social stresses. These dynamics may exacerbate tensions in the household and the farm business. Childcare is an 'ordinary stressor' with the power to amplify 'extraordinary stressors', such as extreme weather, commodity market volatility, or public health issues.

In every research project, I ask participants what do you want decision-makers to know? Farm parents have consistently said – 'if America wants farms and farm families, we need help and support with childcare, eldercare and health insurance'. In the midst of the Civil War Abraham Lincoln created USDA and referred to the agency as "the People's Department." As such we need people-centered policies and programs to be the foundation for supporting the next generation of farmers and ranchers, for building prosperous vibrant rural communities, and for ensuring the nation's food, fiber, and fuel supply.

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- ⁱⁱ Rissing, A., Inwood, S., & Stengel, E. (2021). The invisible labor and multidimensional impacts of negotiating childcare on farms. *Agriculture and Human Values*, 38, 431-447. Doi :
<https://doi.org/10.1007/s10460-020-10162-1>
- ⁱⁱⁱ Malik, R., et al., *America's Child Care Deserts in 2018*. 2018, Washington, DC: Center for American Progress.
- ^{iv} Becot, F. (In Press). "Children, work, and safety on the farm during COVID-19: A harder juggling act." *Journal of Agromedicine*.
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Rural Quality of Life: Opportunities and Challenges for the Rural Care Economy

Testimony before the Senate Agriculture Committee

March 22, 2022

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Good morning, Chair Stabenow, Senator Boozman and members of the Senate Agriculture Committee.

Thank you to Senator Bennet for the kind introduction and thank you all for the opportunity to testify today.

I am Dr. Joseph Carrica, but I simply go by JC, and I am the CEO of Southeast Health Group in southeast Colorado where the cattle outnumber the residence 7-1. I am also a fourth generation Otero County resident, as my Basque sheepherder family homesteaded in Colorado in 1909. Southeast Health Group is located in the historical agricultural plains of southeastern Colorado, nowhere near mountains or skiing, and we are largely represented by farmers, ranchers, ag workers, and their families.

Partnerships: I would like to briefly touch on several of the important mental health and substance use issues we are seeing in rural Colorado. But before I do, I would like to acknowledge the great partnership we have with Colorado State University Extension office, Colorado Department of Agriculture, Agrability, Farm Bureau, Rocky Mountain Farmers Union, Mountain Plains Mental Health Technology Transfer Center, the National Council on Mental Health Wellbeing, the United States Department of Agriculture, and the Farm and Ranch Stress Assistance Network. These organizations have done a tremendous job in Colorado bringing “rural stress” to the forefront of mental health and substance use discussions. We share products, promote each other’s programs, and cross-train on what we find to be effective interventions for our agriculture community that I call home. I would also like to thank Sens. Jon Tester and Chuck Grassley for the Seeding Rural Resilience Act, which recognized that farmers, ranchers, and other rural Americans are at particular risk of suicide given a variety of stress-

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inducing factors, including social isolation, economic challenges, and poor access to mental health resources and support services.

CCBHCs: In the spring of 2021 we were notified that we were awarded a CCBHC readiness grant. While we began to develop our competencies regarding services to veterans and native American/Indigenous Peoples as a requirement of CCBHC, we found an opportunity to begin mimicking special population work for rural stress and embedded our Ag Advisory Board into our CCBHC transformation. This advisory board develops culturally competent marketing material, while providing training and education on behavioral health interventions.

Most recently, members of this advisory group developed a Soil Health & Mental Health: Growing Together support group. It has volunteer representation from the seed industry, the water conservation district, crop protection, behavioral health, ag research, and of course our farmers and ranchers.

During conversations on weather, commodities, the increased price of fertilizer and diesel, bank loan payments, and how to deal with the end of legacy ranches and farms as children are not returning to take the operations over, mental health check-ins covertly happen. As a result, this summer we created a safe space in Rocky Ford, Colorado where we offer free coffee, doughnuts and conversation two days a week. All of the Ag Advisory Committee's efforts are now coined the Coffee Break Project.

Technology/Tele-health & Access: CCBHC funding allowed Southeast Health Group to purchase and deploy nearly 100 iPad's, with paid data packages, into the region to accommodate those that have access to care issues, whether that is transportation, profound remoteness, or simply the fear of having your car, or pickup seen in our parking lot. This tele-service now keeps five therapists very busy.

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It is also clear that Covid has worsened the opioid epidemic across the US. Rural communities have especially been hit hard with heroin overdoses, the resurfacing of methamphetamine, and now the acceleration of fentanyl distribution and deaths. I was granted the privilege of being appointed to the Colorado's Opioid Crisis Recovery Funds Advisory Committee and while I believe the settlement funds across the state with undoubtedly help us build infrastructure to address this opioid addiction problem, it is going to take cross-system, across-isle collaboration to develop a well-coordinated effort over a couple of decades to have measurable impacts. We are seeing early wins in our region by introducing opioid addicted patients to alternative health care options through our pain management program that is coordinated by our physical therapy and physical health departments.

Rural Children's Mental Health: As I come to the end of my presentation time, I would be amiss to not mention the concern I have for my athletes. I have coached girls fastpitch softball for over twenty-years at the collegiate, high school, and club level and am gravely concerned about the Covid-19 pandemic effects on my kids. It is extremely important that our rural schools have the ability to provide consistent mental well-being supports and provide our educators and administrators training on useful and effective interventions.

Thank you again for your invitation, and allowing me to share just a glimpse of the great collaborative efforts currently happening in Colorado to address rural stress supported by our CCBHC award and the Farm and Ranch Stress Assistance Network Program. Thank you for your time and I welcome any questions you may have for me.

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Testimony on:

Rural Quality of Life: Opportunity and Challenges for the Rural Care Economy

Douglas Holtz-Eakin

President, American Action Forum*

United States Senate, Committee on Agriculture, Nutrition, and Forestry

March 22, 2022

* The views expressed here are my own and not those of the American Action Forum. I thank Gordon Gray, Jackson Hammond, Tom Lee, and Sarah Smith for their assistance.

Chairwoman Stabenow, Ranking Member Boozman, and members of the committee, thank you for the privilege of appearing today to discuss the rural care economy and the economic outlook for rural communities. I hope to make the following main points:

- No specific policies for the rural care economy can offset the negative impact of a poor macroeconomic environment.
- Due to prior policy errors, the United States is facing inflation levels previously unseen in a generation.
- Overall macro policy should not further exacerbate inflation and specific policies should be consistent with strong market incentives; the Build Back Better agenda falls short on both metrics.

Let me discuss these in turn.

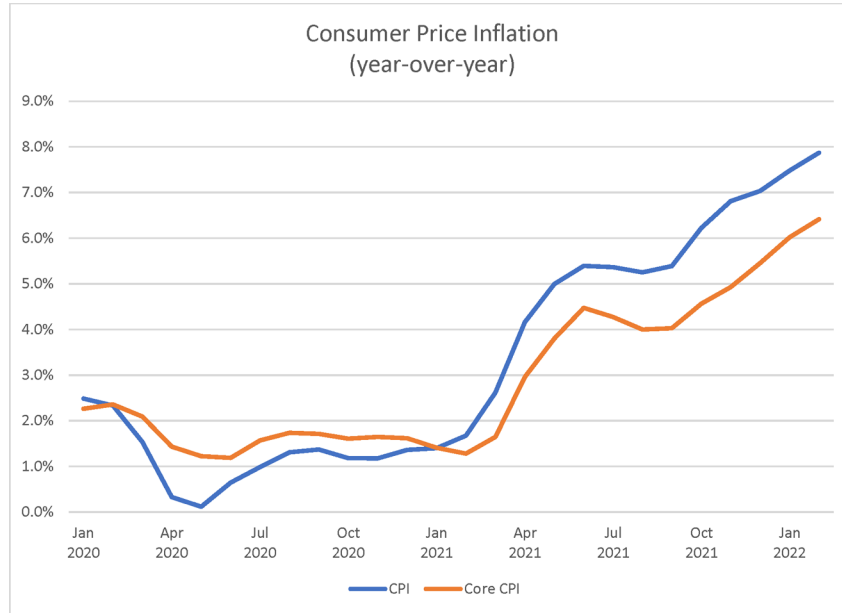
The Macroeconomic Environment

In many respects, the current state of the United States economy is quite good. Real (inflation-adjusted) gross domestic product (GDP) rose at an annual rate of 7.0 percent in the 4th quarter of 2021. The unemployment rate stood at 3.8 percent in the most recent (February) employment report. Wages are rising rapidly; average hourly earnings are up 5.1 percent from February 2021 – 6.7 percent for non-supervisory and production workers.

The Achilles heel of the outlook, however, is the worst inflation problem in 40 years. As measured by the Consumer Price Index (CPI), year-over-year inflation has risen from 1.4 percent in January 2021 to 7.9 percent in February 2022 (see chart, below). So-called “core” (non-food, non-energy) CPI is up from 1.4 to 6.4 percent over the same period. In each case, the measure is the highest since 1982.

Even these data, however, disguise the pain of inflation. Over one-half of the typical family budget is devoted to food, energy, and shelter and the composite inflation for these items is currently 8.4 percent. Energy costs are up a staggering 25.6 percent; gasoline alone is up 38.0 percent and regular gas is \$4.29 a gallon, on average.¹

¹ <https://gasprices.aaa.com/>



These data raise the important question: How did the United States develop this inflation problem?

Policy Responses to the COVID-19 Recession in 2020

The sharp downturn in the spring of 2020 was different in character, deeper, and more rapid than any postwar recession. Despite this, on a bipartisan basis Congress and the administration responded in a timely fashion, with programs of necessarily large scale and by –and large appropriate design.

During the 2nd quarter of 2020, GDP fell by nearly 10 percent, rivaling the decline of 12 percent during the entire year 1932 – the worst year of the Great Depression. The Coronavirus Aid, Relief, and Economic Security (CARES) Act was passed in March 2020 in bipartisan fashion and was a response of roughly 10 percent of GDP. CARES was timely and appropriate in its scale. The specific programs were also by and large well-designed. In the aftermath of CARES, employment growth resumed in May 2020 and GDP recovered by roughly 8 percent in the 3rd quarter.

In late fall and early winter 2020, however, a new wave of COVID-19 infections arose across the country and headwinds to growth re-emerged. Congress and the administration again responded in a timely, bipartisan fashion with the Consolidated Appropriations Act of 2021, which included roughly \$900 billion in economic support modeled on the design of the CARES Act. The economy weathered the COVID-19 stress and grew at a strong 6.5 percent in the first quarter of 2021.

Policy Actions in 2021 and the Emergence of Inflation

In contrast to the policy actions in 2020, the major action in 2021 – the American Rescue Plan (ARP) – was partisan in nature, untimely, and excessively large and poorly designed. It was simply a major policy error.

As the economy entered 2021, it was growing strongly due to the continued support and the arrival of the vaccines as an additional weapon in the fight against the coronavirus. The \$1.9 trillion ARP was advertised as much-needed stimulus to reverse the course of the economy and restore growth. The economy was no longer in recession, however, and was growing at a roughly 6.5 percent annual rate. There was simply no need for additional stimulus, especially as a large fraction of the household support in the CARES and appropriations acts had been saved and was available.

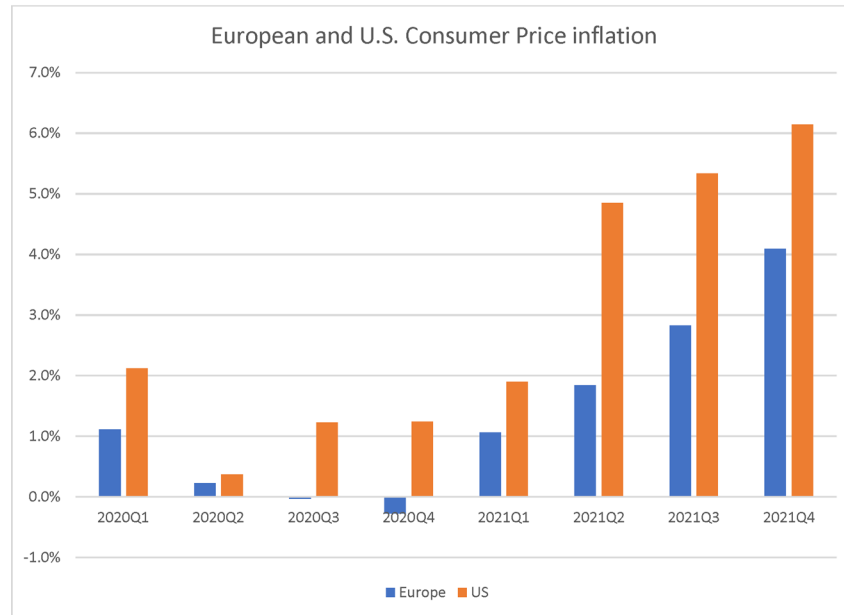
Even worse, the ARP was excessively large. Real GDP at the time was below its potential, with the output gap somewhere in the vicinity of \$450 billion (in 2012 dollars). The \$1.9 trillion stimulus was a bit over \$1.6 trillion in 2012 dollars. Thus, the law was a stimulus of over three times the size of the output gap that needed to be closed to get the economy back to potential. Based on any reasonable economic theory of stimulus, \$1.9 trillion is far too large, particularly given supply constraints. The ARP (passed in March) did not appreciably alter the pace of growth from the first to the second quarter, but it did fuel inflation.

The 6.5 percentage point jump in CPI inflation has been rivaled only twice in the postwar era – during 1951 when it jumped as much as 10.6 percentage points and 1974 when the rise hit 6.1 percentage points. Both episodes are instructive. The 1951 episode is a cautionary tale about over-stimulating the economy. In this case, year-over-year growth in GDP entered the year in double-digit territory and prosecution of the Korean War layered on year-over-year growth government spending that peaked at 49 percent in the third quarter. Excessive government spending in a hot economy can quickly fuel inflation.

In contrast, the 1974 episode features the exact opposite of demand stimulus. Instead, it reflects a huge supply cost shock – the quadrupling of oil prices due to the OPEC oil embargo. Cost increases can quickly be passed along to consumers, even if the economy is moving toward recession.

The inflation of 2021 reflects a combination of these forces. The COVID-19 pandemic has wreaked havoc on labor markets worldwide, and the resulting disruptions in supply chains

and goods production have been well-documented. These supply constraints increased costs and generated higher inflation across the globe. European consumer price inflation, for example, increased about one percentage point each quarter and ended 2021 at 4 percent (see chart, below). Part of the U.S. experience is driven by supply chain issues as well.



But the ARP added fuel to the fire. Inflation responded immediately to the policy error, jumping from 1.9 percent in the first quarter to 4.8 percent in the second quarter – nearly three times the increase in supply-driven inflation in Europe. The fiscal stimulus was reinforced by an aggressively accommodative monetary policy that featured zero interest rates and continuous, large monetary infusions. Inflation continued to rise as the year went on.

Inflation is a clear problem in the present. Will it continue? To be durable, price inflation must be accompanied by wage inflation and higher inflation expectations. Wage inflation has already arrived, as average hourly earnings rose 5.1 percent from February 2020 to February 2022. To compound matters, consumers' expectations for inflation over the next year – as measured by the New York Federal Reserve Bank – rose from 3 percent to 6 percent during 2021. This raises the specter of workers bargaining for higher wages as a

hedge against expected inflation. When those labor cost increases get passed on to consumers, the expected inflation becomes a self-fulfilling prophecy.

Energy Policy and Trade Policy

As noted earlier, energy prices are a central component of recent inflation dynamics. In part, this reflected the recovery from lows reached during the onset of the COVID-19 pandemic (oil futures briefly entered negative territory in 2020). And more recently, the Russian invasion of Ukraine has been a shock to oil, natural gas, and commodity markets. But the Biden Administration has pursued a fundamentally negative policy agenda toward domestic sources of energy.

In response to the impact of these errors, the Biden Administration has focused on policies that are either too slow-acting – reversing the moratorium on new oil leases on federal lands (currently held up in court), too small (releasing oil from the Strategic Petroleum Reserve), or misguided (banning exports) to be effective.

Similarly, current trade policy is also hurting the rural economy. When President Trump finalized the Section 232 and Section 301 tariffs, five nations retaliated by imposing their own tariffs on U.S. exports. A common target of the retaliatory actions was agricultural products, affecting U.S. exports of soybeans, pork, and fruits and nuts, for example. This hurts U.S. agriculture as there is less demand for its products, resulting in lower revenue and profits.

As a response to the economic damage caused by Trump's trade war, the United States and China agreed to a "Phase One" trade deal which went into effect in February 2020. One of the main provisions of the deal was for China to commit to expanding purchases of U.S.-made goods, specifically purchasing \$80.1 billion of U.S. agricultural products from 2020 through the end of 2021. From January 2020 through December 2021, China's imports of covered agricultural products from the United States were \$61.4 billion (77 percent) and U.S. exports were \$61.1 billion (83 percent). This shows Phase One failed to deliver its intended results for U.S. agriculture.

The Biden Administration has opted to remove some of the Section 232 steel and aluminum tariffs on European Union (EU) products. It has also agreed to a deal to remove U.S. and EU tariffs stemming from a dispute between Boeing and Airbus for five years. These actions have led to the EU canceling a portion of its retaliatory tariffs on U.S. exports, including agricultural exports. President Biden has kept in place the majority of tariffs, however, meaning a majority of retaliatory actions are still in effect on U.S. exports. In February 2021, the United States International Trade Commission imposed [new](#) tariffs on fertilizer imports, increasing costs for farmers. Ultimately, the Biden Administration could use trade policy to expand U.S. agricultural exports to the rest of the world, helping U.S. farmers. By keeping in place a majority of tariffs while not making any other major moves, however, the Biden Administration is using trade policy to engage in economic

protectionism, much like the prior administration. This leads to higher costs for U.S. farmers and lower demand for their products.

The Policy Flaws of the Build Back Better Agenda

The Build Back Better agenda, which has taken various legislative incarnations thus far, is a massive expansion of the social safety net, an enormous and poorly designed tax increase, a climate change policy, an education policy, and much more.

At the macro level, it is of questionable merit as the way forward for pro-growth fiscal policy. American Action Forum (AAF) research highlights one area of concern regarding the economic consequences of raising the proposed taxes and spending it exclusively on productive infrastructure. The upshot? The economy shrinks instead of grows, as the negative effects of the taxes outweigh even a disciplined focus on productive spending. Since the actual Build Back Better Act (BBBA) is not a disciplined infrastructure spending program, the likely impacts would be even more negative.

Despite this, President Biden continued to make the case for the BBBA in his recent remarks: “[I]t’s true that long-term investments that bring down the biggest costs that families face — housing, childcare, education, and healthcare — these investments will lower out-of-pocket expenses, not raise them. They will spur more people to work by helping ease the burdens of childcare and senior care that parents, especially mothers, bear — keeping them out of the job market”.

The gamble in the BBBA is whether the constellation of checks to parents (child tax credit), paid family leave, child-care subsidies, earned income tax credit expansion, home health care, and health insurance subsidies will raise the labor force participation rate (LFPR) — particularly for women. Suppose, for example, the BBBA were to instantaneously raise the LFPR for U.S. females to that of western Europe (taken from Isabel Soto’s [recent research](#)). That would mean an LFPR of 72.1 percent instead of 68.9 percent, or roughly 3.3 million more workers (as of the end of June). That corresponds to a 2.3 percent increase in the labor input in the economy. If productivity is (roughly) the same for the new workers, this means a 2.3 percent increase in GDP.

Is 2.3 percent big? Well, it is roughly one year of trend economic growth or \$520 billion. I’ll let you decide if that is “big” enough. I would just emphasize that it is hardly a lock. First, much of the benefit — child credit, health insurance subsidies, home health care, child-care subsidies — is not work-contingent. Moreover, as Soto concluded: “Data from European countries that have implemented country-wide paid-leave programs do not support the argument that a state-sponsored paid-leave system increases female labor force participation. There have also been attempts to create paid leave programs in the United States at the state level, but since the creation of these programs, female labor force participation has not seen significant change.”

No change in labor force participation means no change in supply-side growth.

This constellation of taxpayer subsidies does not grapple with one labor market dynamic that is particularly meaningful in rural America: older Americans permanently leaving the

workforce. Between February and April of 2020, the U.S. labor force shrank by nearly 8 million. Nearly two years later, the labor force remains about half a million workers short of the February 2020 level, while the U.S. population has grown by over 3.5 million people. There are a host of factors that influence the decision to return to work, retirement among them. Many older workers retired and never came back. Indeed, recent work by economists from the [Kansas City Federal Reserve](#) shows that the share of retirees increased during the pandemic. But interestingly, the rise was caused not by an increase in the decision to retire, but rather in a significant increase in workers' decision to *stay* retired. Given that rural America has a [higher share of Americans over age 65](#), older Americans' decisions to stay retired will be of particular importance. The BBBBA's panoply of subsidies do not appear well-suited to shift that trend. Instead, the agenda would become simply another large demand stimulus, exactly what the U.S. economy does not need at this moment.

The individual policies also suffer from design flaws. Consider elder, child, and health care.

Elder care. According to an [AAF analysis](#), the cost of caring for the millions of seniors who will need care over the next decade will dwarf the budget allocated under this proposal. The cost of employing 1.5 million health care workers full-time at an hourly wage of \$22 (more than the average wage of home health aides) is \$33 billion for a single year, but the cost of care is much higher than the cost of the labor of the care provider. Many people will need full-time care and ready access to medical equipment, which will necessitate moving into long-term care facilities; such a facility can cost around \$100,000 per year currently.

While most seniors prefer to age at home, for many it will not be an option; simply providing more home health care workers will not solve the entirety of the long-term care crisis. AAF previously [estimated](#) that the cost of various types of long-term care (LTC) over the next decade will increase between 20 percent for home health aides and up to 47 percent for assisted living facilities, based on current trends. Given these projections, the total cost of LTC needed in 2030 could reach between \$1.3 trillion and \$2.5 trillion.

Based on these estimates, President Biden's estimated cost of \$450 billion, which is also intended to fund innovative new treatment options, is woefully unrealistic. Further, it is unclear whether the plan envisions these LTC workers being hired by the government or the private sector; if the idea is for the private sector to hire them, there are no details as to how the government would facilitate that uptake and cover those costs.

Child Care. Proposals from this administration on child care would actively make the situation worse, not better, as noted by [one AAF analysis](#). The cost of providing child care is largely driven by labor—young children need a lot of supervision, which has led to minimum staffing requirements of one care provider for every three, five, or 10 children, depending on age. With such ratios, a care provider's salary is limited by the fee per child. For example, with a staff-to-child ratio of 1:4, the cost per child must be \$15,000 to pay a

wage of \$60,000, without accounting for any of the significant overhead costs of the facility, including rent, liability insurance, furnishings, toys, administrative expenses, and so on.

And many of these overhead expenses are fueled by other regulatory requirements intended to keep children safe, healthy, and able to thrive developmentally. While easing some of these regulatory burdens may reduce costs and lower the barriers to entry for new providers, parents may understandably be uncomfortable with relaxed standards for their children's care providers.

Given these labor constraints and cost burdens, increasing supply is likely to be expensive. Calculating the cost of key child care proposals requires an understanding of how many children need formal care to figure out how many additional caregivers and how much new space is needed. [None of this is easily known](#). Not all young children need formal daycare outside of the home; many are kept at home with their parents, family members, or paid providers. Children cared for by paid professionals in their own homes obviously do not require additional daycare center space or labor. Many 3- to 5-year-olds attend preschool for part of the day and thus only need daycare for part of the day, or perhaps not at all.

There are 24.6 million children aged 0-5 living in 14 million households, including 10 million households where there are two parents and both are working, or there is a single parent who is working. Among the nearly 12 million children aged 3-5 in the United States, 61 percent (7.3 million) attend preschool for part of the day, meaning they may only need child care for half of the day. Assuming an even distribution of children who need care because their parents are working across age groups and whether they attend preschool or not, we can assume 8.9 million infants to 2-year-olds need care, as well as the equivalent of 5.9 million 3- to 5-year-olds (with those in preschool counted as needing only half a day). Thus, for purposes of this analysis, let's suppose 14.8 million children need care.

With an average staff-child ratio of 1:5, 3 million child care workers are required to fully meet demand. As of May 2019, there were only 561,520 child care workers according to the Bureau of Labor Statistics, suggesting a workforce sufficient for roughly 2.8 million children. Thus, there appears to be a shortage of roughly 2.4 million child care workers. A common component of the Democratic proposals noted above is to increase the supply of caregivers by increasing their wages to a level on par with elementary school educators. Currently, child care workers make significantly less: The median annual income of a child care worker is \$25,460, while the median annual salary for an elementary school teacher is \$60,940. If given an annual wage of \$60,000, this would cost \$144 billion, plus an additional \$19.6 billion to increase the wages of the existing child care staff.

Many child care centers would also need to be built, which would require significant new funding. Typical requirements for the amount of space per child is a *minimum* of 35 square feet indoors, although some areas require more; additional outdoor space is also necessary, but not all facilities would need to include outdoor space if public space is available nearby. If an additional 12 million children need care, at least 420 million square feet of new child care space would be needed. With an average retail office space rental cost of \$18 per square foot as of the second quarter of 2020, the new space needed would cost \$7.6 billion annually in rent.

In total, based on these estimates, increasing the supply of child care is expected to cost a minimum of \$171.2 billion in the first year, with much of these costs likely to increase each year as inflation rises and salaries grow. The cost would also increase further should the number of children needing care rise. Finally, subsidizing the cost of care for high-income earners and limiting the cost to no more than 7 percent of a family's income would eliminate downward pricing pressures, potentially allowing for higher charges. None of the various proposals described below would provide nearly enough funding to cover these estimated 10-year costs. Further, this estimate does not account for the substantial additional cost of providing families with child care subsidies more generous than what is currently available.

Health care. As with child care, the issues plaguing rural health care are ones of supply. The United States Department of Agriculture programs being discussed today, particularly the Community Facilities Program and the Distance Learning and Telemedicine Program, are attempts to mitigate the severe shortage of providers and facilities in rural areas. These programs are important to rural communities, but they are ultimately band-aids on an expensive health care system that incentivizes volume over quality. President Biden's BBBA proposals do not address this supply crisis and would likely worsen rural health care with its drug pricing provisions. The combination of price setting (what the administration calls "negotiation") by the Health and Human Services secretary and inflation penalties would very likely reduce generic and biosimilar market entry, putting at risk potential savings and improved treatment options for millions of Americans. Price controls in the insulin market, in particular, would essentially eliminate future improvements in insulins and may well be unnecessary as insulin prices are beginning to drop with the emergence of greater competition. The BBBA's inflation penalties are also likely to result in higher launch prices and could drive price increases commensurate with inflation for therapies whose prices would not increase under current law.

Thank you and I look forward to your questions.

**DOCUMENTS SUBMITTED FOR THE
RECORD**

MARCH 22, 2022



**Statement of the
American Farm Bureau Federation**

STATEMENT FOR THE RECORD

**TO THE SENATE COMMITTEE ON AGRICULTURE, NUTRITION and
FORESTRY**

**Rural Quality of Life: Opportunities and Challenges for the
Rural Care Economy
March 22, 2022**

Presented By:

Zippy Duvall

President

American Farm Bureau Federation

600 Maryland Avenue, SW

Suite 1000W

Washington, DC 20024

Chairwoman Stabenow, Ranking Member Boozman, Members of the Committee:

Thank you for this committee's work to improve the quality of life in rural America, and for the opportunity to submit a statement for the record for the hearing, *Rural Quality of Life: Opportunities and Challenges for the Rural Care Economy*. We appreciate your interest in examining the many critical issues facing our rural communities, including stress and mental health.

The American Farm Bureau Federation (AFBF) is the nation's largest general farm organization representing nearly 6 million member families across all 50 states and Puerto Rico. We have prioritized supporting initiatives and policies that provide stress assistance to farmers and ranchers, including resources and training to help promote mental wellness. Farm life can be demanding and stressful. We saw this reach a critical stage with the onset of the COVID-19 pandemic overlaying extreme weather events, financial pressures due to fluctuating commodity prices, labor shortages, trade disruptions, rising input costs and other factors. That's why AFBF has worked so hard to increase farmer-facing training opportunities, increase awareness and reduce the stigma around mental health.

In 2018, AFBF chartered a working group that met regularly to identify focus areas and develop plans to address specific needs in rural and farming communities. In 2019, we conducted a [national research poll](#) to help us better understand factors affecting the mental health of farmers, availability of resources, perceptions of stigma, personal experiences with mental health challenges and other relevant issues. The poll found that a strong majority of farmers and farmworkers said financial issues, farm or business problems and fear of losing the farm impact farmers' mental health. Three in four rural adults said it's important to reduce stigma about mental health in the agriculture community, while two in three farmers/farmworkers said the same.

In 2020, Bayer transitioned its Farm State of Mind campaign, an initiative to raise mental health awareness among the farming community, to AFBF, expanding the reach and effectiveness of our existing rural mental health initiatives. Through [Farm State of Mind](#), we are working to reduce the stigma around stress and mental health in rural communities and provide resources and relevant information to farm families.

To supplement the resources available to help farmers, ranchers and rural communities, AFBF partnered with Michigan State University Extension, Farm Credit Council and National Farmers Union to launch a training program now [available](#) to anyone free of charge and accessible through our website. This online training program is designed specifically for individuals who interact with farmers and ranchers. It provides the skills to understand the sources of farm stress, learn the warning signs of stress and suicide, identify effective communication strategies, reduce stigma related to mental health concerns and connect farmers and ranchers with appropriate mental health and other resources.

In January 2021, we conducted a second [national survey](#) of rural adults, farmers and farmworkers. It explored how the pandemic has affected their mental health personally and in their communities and how attitudes and experiences around mental health have changed since we conducted our first rural mental health survey in 2019. Results showed that a strong majority

of farmers and farmworkers say that the COVID-19 pandemic impacted their mental health, and more than half say they are personally experiencing more mental health challenges than they were the year before.

Understanding these challenges, AFBF recognized a need to identify existing resources to share with our farmer and rancher members across the country facing stress and mental health concerns. We found that it was difficult to locate local resources in each state, and there was no user-friendly central hub for these resources. In 2020, we began a research partnership with the University of Georgia School of Social Work to develop a nationwide database of resources, listed by state, specific to farmers, ranchers and/or rural communities where these resources are available. Through this partnership, we were able to identify nearly 200 national, state and local listings in every U.S. state and Puerto Rico, including counseling services, hotlines, published information and other resources on stress and mental health. We continue to update this directory as new resources are identified and have received requests from community mental health organizations, extension services, health care providers, agricultural stress assistance programs and others, to add their resources to our directory.

In December 2021, AFBF conducted a third [national poll](#) of rural adults, farmers and farmworkers to measure changes and trends in stigma, personal experiences with mental health, awareness of information about mental health resources and comfort in talking about mental health with others. The poll results, compared with previous AFBF surveys, demonstrated we are making a difference, but there is still a lot of work to do. The poll found that stigma around seeking help or treatment for mental health has decreased but is still a factor, particularly in agriculture. It also found that farmers/farmworkers are more comfortable talking to friends, family and doctors about stress and mental health than in 2019. And a majority of rural adults, farmers and farm workers said they are experiencing more stress and mental health challenges compared to a year ago, and they are seeking care because of increased stress.

AFBF greatly appreciates the committee's focus on rural mental health. Our farmers and ranchers have been coping with increased levels of stress for far too long now, and we must continue to encourage conversations around mental health and stress in our communities. Anyone who is struggling with anxiety, depression or another mental health challenge should know that they are not alone and that help is available at farmstateofmind.org.

Thank you for holding this hearing. We look forward to working with the committee to improve the quality of life of those living in rural America and will continue to support additional resources for farmers and ranchers to help promote mental wellness.

STATEMENT FOR THE RECORD

HEARING BEFORE THE U.S. SENATE COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY

Rural Quality of Life: Opportunities and Challenges for the Rural Care Economy

March 22, 2022

Submitted By:

Keith J. Mueller, Ph.D.
Gerhard Hartman Professor of Health Management and Policy
Director, Rural Policy Research Institute
College of Public Health
University of Iowa
145 Riverside Drive
Iowa City, Iowa 52242
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Chairwoman Stabenow and Ranking Member Boozman, I applaud you and others on the Committee for holding this timely and important hearing on the future of the rural care economy. As we hopefully emerge from the two-year experience of managing a dramatic challenge to the infrastructure of rural communities emanating from the COVID-19 pandemic we have the opportunity to hit a reset button to improve how we deliver and finance essential services, including health care and childcare, that help our fellow citizens live healthy, productive lives. The Rural Policy Research Institute (RUPRI) is ready to assist the Committee as it explores how the programs of the USDA, which offer vital supports for rural people, places, and health care providers, can be designed to support changes that innovative rural organizations undertake as part of a reset. USDA's policies and programs intertwine with those of other federal and state agencies to enable America's resilient rural communities to continue prospering and overcoming challenges.

To optimize the full impact of USDA policies and programs requires using frameworks that evaluate and measure the impact of the entire mosaic of USDA policy interventions. RUPRI uses the [Comprehensive Rural Wealth Framework \(CRWF\)](#) and [High Performing Rural Health System \(HPRHS\)](#) framing for evaluation and measurement. The CRWF assumes integration of investments in community assets across eight distinct but highly related capitals – physical, financial, intellectual, human, social, cultural, political, and natural. While programs such as USDA's economic development and community facilities may invest directly in physical, financial, and human capital, their impact is greater through synergy with investments in other capitals to build community wealth. Policies should create synergy through inter-agency consultation. In the context of the rural care economy, investments in facilities and technologies should link with community investments that attract and retain intellectual and human capital.

The HPRHS framework builds on a foundation of equity for all, with four pillars – access, affordability, community health, and quality. All four are necessary to achieve the HPRHS vision: rural

health services that are affordable and accessible for all rural residents through a sustainable health system that delivers high quality, high value services. Effective policies and program implementation across USDA programs can address all four pillars and the foundation of equity. For example, USDA programs financing community facilities and technology have impact on access to those services, and they can support projects that also address affordability to residents and communities. They can do so by promoting cost-effective delivery such as facilities designed to accommodate new treatment options that do not require inpatient stays and technologies such as telehealth that both improve quality through access to specialty care and lower cost for consumers by enabling them to stay local for care. As was the case in applying the CRWF, the HPRHS is accomplished by leveraging USDA investments with other programs, including those administered by DHHS, FTC, Commerce, and Transportation.

The RUPRI Health Panel uses the HPRHS framework to assess service delivery in areas of interest addressed in this hearing; below is a sample of policy considerations specific to USDA.

[Investments in Healthcare](#)

- Continue investments in assuring all rural residents access high speed broadband *and* affordable health care devices to take advantage of the connections – USDA broadband investment, community facilities, and community development
- Capital investments in redesigning rural health care delivery facilities – USDA community facilities funding

[Behavioral Health \(including substance use disorder\)](#)

- Focus and align grant programs from multiple federal agencies to address mental health and substance use disorders among rural farm families – includes USDA extension office programs
- Increase telehealth services and repurpose available space to expand access to behavioral health services – includes USDA capital for telemedicine, community facilities financing



March 22, 2022

The Honorable Debbie Stabenow
 Chairwoman
 Senate Committee on Agriculture, Nutrition,
 and Forestry
 328A Russell Senate Office Building
 Washington, D.C. 20510

The Honorable John Boozman
 Ranking Member
 Senate Committee on Agriculture, Nutrition,
 and Forestry
 328A Russell Senate Office Building
 Washington, D.C. 20510

Re: Rural Quality of Life: Opportunities and Challenges for the Rural Care Economy Hearing

Dear Chairwoman Stabenow and Ranking Member Boozman:

On behalf of the Bipartisan Policy Center's (BPC) Early Childhood Initiative (ECI), I submit this letter for the record regarding the Senate Committee on Agriculture, Nutrition, and Forestry full committee hearing, "Rural Quality of Life: Opportunities and Challenges for the Rural Care Economy," scheduled to be held on March 22.

The care economy in rural America is strained and the unique challenges faced by rural communities in accessing high-quality child care, and the inequity in delivery of federal supports, have been exacerbated by the pandemic. Pre-pandemic, a slew of parent survey findings indicated a lack of access to child care imposed constraints on parents' ability to work. A 2019 BPC parent poll reaffirmed this analysis finding 66% of parents said finding child care impacts the number of hours they can work, 50% said it affects whether they can search for a job, and 68% said it impacts whether they can stay in the workforce.¹

Barriers to entry in the workforce, such as lack of access to formal child care, can have a significant economic impact on rural communities and the nation-at-large. In BPC's 2021 report "[Child Care in 35 States: What we know and don't know](#)" we examined the actual supply of child care compared to the potential need and provided the first known estimate of the gap in care for children under age six. BPC found that over 3.4 million children (31.2%) with all available parents in the work force do not have access to a formal child care slot.² This gap is higher rural parts of the country. We then measured the economic impact of the gap on just three areas - lost income to parents, businesses, and taxpayers. The 10-year, economic loss in just 35 states is estimated between \$142.51 and \$217.02 billion.^[2] The

¹ <https://bipartisanpolicy.org/blog/child-care-poll/>

² <https://bipartisanpolicy.org/report/child-care-gap/>

^[2] https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2021/11/BPC-Economic-Impact-Report_R01-1.pdf

economic implications in rural communities specifically is estimated between \$32.79 and \$49.93 billion.^[3]

Understanding the unique characteristics of rural America, BPC conducted a national survey, in conjunction with Morning Consult, from July 29-August 19, 2021, among parents in rural communities to better understand child care needs and options among rural parents, as well as explore accessibility to child care and financial factors impacting said accessibility. **Eighty-six percent of rural parents stated child care responsibilities influenced their or their spouse/partner's decision not to work.**³ Of those 86%, 64% said child care significantly influenced their decision.⁴ Of all parents surveyed, nearly half reported that they or their partner provided care for their youngest child and 17% reported a relative provided care.⁵ Unlike their urban and suburban counterparts, 63% of rural parents reported they, their spouse, or a relative provided child care prior to the pandemic.⁶ This decision to utilize informal child care, either by choice or necessity, both prior to and throughout the duration of the pandemic indicates the existence of endemic underlying factors inhibiting rural parents' access to formal child care and consequently impacting household income and the rural business economy.

Based on the parent survey, two major barriers emerged influencing parents' ability to utilize formal care – household income and distance to a child care program. Though two-thirds of parents reported considering formal child care, 55% of those who ultimately opted for informal child care reported costs as a major factor influencing their decision with most parents stating they cannot afford more than \$200 a month in child care fees.⁷ Survey results further found rural parents with an income over \$100k were twice as likely as rural parents with an income under \$50k to utilize formal child care arrangement (54% vs. 26%).⁸

Distance between the home and child care program presents an additional barrier in access to care for rural parents with 53% of parents preferring child care closer to home.⁹ However, this preference decreases in favor of child care closer to work as rural parents are required to travel further for child care. Beginning at an approximate drive less than 5 miles and increasing in 10-mile increments, rural parents' preference for child care closer to home declined steadily with a significant shift in preference at a travel distance of 11-20 miles.¹⁰ BPC's 35 state child care gap analysis found that though 26% of rural parents average a commute less than 5 miles, 31% drive 5-10 miles and an almost equal amount (32%) drive more than 10 miles.¹¹

Moreover, BPC found that rural parents are not benefitting equitably from the federal policies aimed at increasing accessibility and affordability of child care as are their urban counterparts. While more than

^[3] Ibid.

³ <https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2021/10/BPC-Rural-Parents-Analysis-9.14-Additional-Analysis-min.pdf>

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

⁷ Ibid.

⁸ Ibid.

⁹ Ibid.

¹⁰ Ibid.

¹¹ <https://bipartisanpolicy.org/report/child-care-gap/#:~:text=This%20analysis%20found%20that%20among,lived%207.5%20miles%20from%20theirs>

half of rural parents are not paying for child care or receiving government assistance, 41% are paying for child care entirely themselves.¹² Three in five, or 60%, of rural parents reported they had not received a federal tax credit for their child care expenses.¹³ Despite contributing via federal taxes to these programs, rural parents necessity of use of informal child care meant they did not have reportable child care expenses and therefore were ineligible for a child care tax credit. Of the survey respondents using formal child care only 11% did not qualify for a federal credit based on income with the majority reporting they did not know they could apply for a credit (25%), their expenses did not qualify for the credit (8%), they did not think they could receive a credit (8%), or the process to qualify was too complicated (3%).¹⁴

As this committee looks reflects upon the unique challenges faced by rural communities in accessing child care and the significant economic impacts failing to address the child care gap poses, BPC urges this body to look for opportunities to expand access in existing United States Department of Agriculture (USDA) programs in the upcoming reauthorization of the Farm Bill. The USDA remains the preeminent and trusted partner of rural communities best situated to identify resources that will increase access to child care, increase parent choice, reduce unemployment, and bolster the economic development of rural America.

BPC appreciates the continued bipartisan dedication to addressing the child care gap in rural communities and offers itself as a resource to the committee as it reviews and reauthorizes the Farm Bill. If you have any questions, you can contact Brittany Walsh at bwalsh@bipartisanpolicy.org or Hannah Hardin at hahardin@bpcaction.org.

Sincerely,

Linda Smith
Director
Bipartisan Policy Center, Early Childhood Initiative

¹² <https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2021/10/BPC-Rural-Parents-Analysis-9.14-Additional-Analysis-min.pdf>

¹³ *Ibid.*

¹⁴ *Ibid.*

Debt, racism, and fear of displacement are driving an overlooked public health crisis among Black farmers

by [Safiya Charles](#)
03.17.2022, 11:54am

Health

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Jaye Elizabeth Elijah

Research suggests racism should be treated as a matter of public health. But the unique stressors faced by Black farmers remain poorly understood.

see age 70.

They don't fear terminal illness or a farm accident that could consign them to an early grave.

Instead, they fear stress could do them in. Years of trying to protect family land from encroaching banks and government agencies have worn on them, despite their love of farming.

Illustrations by [Jays Elizabeth Elijah](#).

After years of mounting debt with the U.S. Department of Agriculture (USDA) and a bank, the New Iberia, Louisiana sugar cane farmers filed a September 2018 lawsuit against a USDA-approved lender. The suit alleges that Wenceslaus, known as "June," was all but run out of the profession in 2015 after the bank reduced his crop loans over successive years, effectively underfunding his farm operation. June also claims that the lender regularly dispersed his funds well past planting season, which hampered his ability to compete against other, mostly white, cane farmers in the region. Angie has had a separate and ongoing civil rights claim open against USDA since 2017.

Both Angie and June have been hospitalized with symptoms of a nervous breakdown. They endure fatigue, racing hearts, insomnia brought on by nagging fear they could lose everything: their homes, their cane fields, their tractors, even their lives. They have sometimes feared the stress might literally kill them. In 2008, June, a fourth-generation sugar cane farmer, was in his second season of farming alone when his father died of a heart attack after helping him chop soil to plant fresh cane. June's father had fallen behind because his crop loans were delayed by his banking institution; both June and Angie feel the situation had become bad enough to put his health at risk.

"We're very aware of the fact that the early death of our family members like June's father and some of our other community members is due to that stress of being bankrupt and foreclosed on after going through such litigation like Pigford," Angie said, referring to the [class action lawsuits filed by Black Farmers against USDA for discrimination and failure to investigate civil rights complaints](#). "Those are issues

system.”

Owing the USDA more than \$1 million, June at one point questioned his desire to live. “At my worst, I contemplated suicide,” he said. “I felt there was no one I could turn to.” The future seemed to be certain death by a thousand bureaucratic hurdles, racism, stress, and overwork.

“At my worst, I contemplated suicide. I felt there was no one I could turn to.”

In some ways, the Provosts’ story is familiar to anyone working in agriculture. All farmers and ranchers know the standard hardships of their profession—from the high costs of doing business to being at the mercy of uncontrollable forces. The financial risks are high, and crop prices are always in flux. A devastatingly adept predator might make off with some prized livestock. Pests may gorge their way through rows of promising crops. The physical work is hard on the body; the [pesticides are too](#). And while weather is always unpredictable, climate change’s unseasonable droughts, flooding, storms, and freezes add to the strain. Those problems make farming one of the [most stressful occupations in the country](#).

But Black farmers have to contend with an additional menace: the systemic racism that has long marred U.S. agriculture. These producers face down all the typical hardships while also navigating other hazards, including legal battles with the government, discriminatory lenders, opportunistic land grabbers. These painful interactions tend to underscore the racist—[and tragically long-standing](#)—myth that Black people don’t belong in farming, and don’t deserve the tools required to succeed.

“So many Black farmers—June’s father, his uncles, my aunts and uncles, our community members, our kin—have the same story: sitting there in a USDA office waiting to be serviced, and never being serviced properly; being told by local agents that you will not succeed,” said Angie. “You will fail! ‘You are not a farmer.’ Those types of things are told to you directly.”

among Black farmers that's at once acute and yet hard to see. Help is not exactly on the way. While programs do exist to help farmers handle the stress of the profession, many existing lifelines are geared toward the approximately 95 percent of U.S. farmers who are white, downplaying or outright ignoring the specific forms of distress that stem from race-based prejudice. Though a small but vital body of research points to the need for a more inclusive approach, and at least one advocacy group is working to better understand the scope of the problem, few efforts are being made to address the problem on the ground. For now, too many farmers still have nowhere to turn, their suffering largely rendered invisible within the support systems that exist.

"It's that psychological impact that I've seen happen to many Black farmers," Angie said. "You have to understand it's a repeated pattern. It tears you apart mentally and physically."



Farmers tend to confront high levels of uncertainty and hardship. But Black farmers have to contend with an additional menace: the systemic racism that has long marred U.S. agriculture.

The research gap

In 2021, the USDA announced \$25 million to state [Farm and Ranch Stress Assistance Networks \(FRSAN\)](#) to build crisis hotlines, establish anti-suicide trainings, and offer free or low-cost counseling, among other services. It was an important step toward recognizing the emotionally grueling, often isolating nature of farm work. But it did little to respond to the needs of Black farmers, who tend to operate smaller farms, face increased economic pressure, and are routinely exposed to racism in agriculture and beyond. Of the 50 FRSAN projects USDA funded in 2021, only 7 programs—in [Maine](#), [Massachusetts](#), [Minnesota](#), [New Hampshire](#), [New Mexico](#), [North Carolina](#), and [Rhode Island](#)—pledge to make efforts to accommodate the specific needs of communities of color.

It's yet another indication that the bulk of U.S. research on farming and mental or behavioral health and stress focuses on white farmers. And while that may partly be a function of demographics—Black farmers make up 1 percent of growers nationwide, a stat that itself testifies to the exclusionary force of systemic racism in agriculture—important research or diagnostic tools fail to be race-sensitive. Without these mechanisms, it's difficult to provide informed treatment that responds to the specific needs of Black farmers and could improve their physical and mental well-being.

The Farm/Ranch Stress Inventory, created by psychology doctoral student Charles K. Welke in 2002, is [a tool that assesses stress, satisfaction and perceived social support](#) among farmers and ranchers. It asks dozens of questions to assess a farmer's anxiety level and is sometimes adapted for studies of farmer well-being. But its questions focus mostly on financial and family matters; while it inquires about conflict with relatives or community, no question mentions race or racism specifically. In another example, a [2021 Farm Bureau-commissioned study](#) of 2,000 rural Americans found that farmers and farm workers were significantly more likely to have said

giant told The Counter that it did not analyze its data by race.

“So many Black farmers have the same story: sitting there in a USDA office waiting to be serviced, and never being serviced properly; being told by local agents that you will not succeed.”

Laketa Smith manages the Farmers of Color Network of the Rural Advancement Foundation International (RAFI-USA). In collaboration with N.C. State University, she and North Carolina-based RAFI are conducting an ongoing study of farmer mental health and financial stress. Unlike many other studies, that research is intentionally oversampling farmers of color. Though the study won't conclude until later this year, it will interview 15 Black and Indigenous farmers, respectively, in addition to the same number of white growers (a future iteration will include Latinx subjects).

While final results aren't in, Smith said that there's no indication that suicide is higher among those sampled. Still, preliminary results suggest that chronic stress is a feature of life for many Black farmers, and that stress can manifest in a variety of ways, from family conflict or separation to substance abuse, depression, anxiety, and ill physical health.

“Pride is the flip side of shame, and [when money problems happen and land loss is possible], there's a lot of shame over being in that position,” Smith said. “Farming is often not [simply] what they do. It's who they are. They're fourth or fifth generation. And sometimes they think ‘This land's been in the family for years, and I got us in trouble.’”

Racism as risk factor

It's a realm of lived experience that's also established science: Being subjected to racism is unhealthy. Even encountering the more subtle, daily varieties can be stressful—and, over time, that stress can impact mental and physical health outcomes in concrete ways. A [2013 article in *The Atlantic*](#) summarized the current state of the medical literature, which draws

disease, [breast cancer](#), and even general [mortality](#). One [study of 30,000 participants](#) found that racism-induced stress is directly related to poorer physical and mental health. It's a phenomenon that social psychologist Nancy Krieger calls "[embodied inequality](#)"—and these damaging linkages have only become better established in recent years.

"The perception of racism, that feeling can have an impact on psychological well-being," said Telisa Spikes, a cardiovascular researcher at Emory University who has conducted studies on the impacts of financial and racial stressors on African American health. "Your body responds by going into fight or flight mode—blood pressure goes up, heart rate goes up. When you're constantly in this hypervigilant state it can have a negative impact on health."

Spikes describes hypervigilance as a heightened response to prior racial trauma that leads African Americans to anticipate negative or discriminatory experiences when they are in predominantly white spaces.

"You have this stigmatized status as a Black person where you feel you always have to be constantly on watch," she said.

Epidemiologist Camara Jones has long made the case that racism is a public health crisis. Notably, she has called on fellow researchers to prioritize data collection by race, urging them to focus their attention on the root causes of racial differences in health outcomes.

"Your body responds by going into fight or flight mode—blood pressure goes up, heart rate goes up. When you're constantly in this hypervigilant state it can have a negative impact on health."

"When we collect data by race, our findings most often reveal significant race-associated differences in health outcomes," Jones wrote in a 2001 article [published in the *Journal of American Epidemiology*](#). "The differences are so ubiquitous across organ systems, over the life span, and over time that they do

burden, as with suicide, is our professional interest piqued.”

More recently, researchers have continued to probe the role that racism plays in lowering Black Americans’ life expectancy. A 2020 Auburn University study concluded that stress caused by experiencing racism [accelerates aging](#) at the cellular level; while a study published by Georgia State University in 2019 found that experienced over time, racism and long term anxiety could “[wear and tear down body systems](#),” weighting the body’s allostatic load—the lifelong build up of stress—and putting African Americans at greater risk for chronic illness.

“Health cannot be separated from the social environment. Many of the disparities that we see are a result of the social environment. And going back to clinical research, you cannot address problems without highlighting the racial demographic and the role that social determinants play in contributing to these disparities,” Spikes said. “Racism is now listed as a fundamental cause of disparities. It may not be experienced in the form of interpersonal racism—I’m going to charge you a higher price because of the color of your skin—but it’s more of the institutional and systemic racism. The trickle-down policies that derive from that is what has negative implications for health: not being able to afford housing in a good school district if you have children; not being able to get a loan for a mortgage,” said Spikes.

Those risk factors are only magnified and exacerated within the context of farming, where discriminatory individuals, processes, and systems can continually threaten one’s livelihood and land. Combine U.S. agriculture’s institutionalized racism with the profession’s inherent volatility, and there’s an argument that Black farmers are at heightened risk for all manner of stress-related ailments.

It happened to Lucious Abrams. The 68-year-old Georgia farmer was denied compensation as a claimant to 1997’s *Pigford v. Glickman* racial discrimination class action lawsuit against the U.S. government. He has filed numerous legal measures since then to delay foreclosure, and rents his

a vessel of agony and apprehension.

For decades, USDA and associated lenders withheld critical loans from Black farmers on the basis of race—only one factor among many that gave white farmers an unfair advantage, and a shorter path to profit.

“I had kidney failure. I had a blood vessel burst up in my colon. My wife had a nervous breakdown. There’s no way to tell you the trauma that we have been through over the years. Through God’s grace and his mercy ... that’s the only way I know how [we’ve survived],” said Abrams. “It’s been an absolute nightmare.”

Kentucky State University economist and rural sociologist Marcus Bernard worked with farmers in Alabama’s Black Belt region as the former director of a rural training and research center for the Federation of Southern Cooperatives, a nonprofit association of about 20,000 mostly Black farmers and landowners. While completing his PhD at the University of Kentucky, Bernard examined how racism, institutional racism, and class conflict affected Black male farmers. His research [identified high levels of acute stress](#) in both African American men and women farmers, typically wives of the male subjects he interviewed.

The long and well-documented history of [Black mistreatment at the hands of the USDA](#), its partners, and agricultural colleagues also produces well-founded anxieties that bias will put more roadblocks in Black farmers’ way.

“When you think about a picture of whites farming [and] then think about a picture of Blacks in agriculture, those are two very different experiences,” said Bernard. “The picture with Blacks in agriculture is marred by stigma and labels: a feeling like ‘Someone is always out to get me.’ Like ‘I’m not going to get a fair shake.’ Either ‘I’m going to get shorted on my price,’ ‘Somebody is after my land,’ or ‘I may not get the financing that I need.’”

—only one factor among many that gave white farmers an unfair advantage, and a shorter path to profit. Today, countless hurdles remain, from fierce, hyperlocal cronyism that excludes these farmers, to price manipulation that drives down their profits and earnings, and excessive collateral required to secure loans that put them at risk of losing everything if they fall into debt—a shameful legacy that is literally written across Black farmers’ bodies.

“There’s the stress of being a farmer, then there’s the stress of being a Black farmer, and then of being a landless farmer.”

For 26-year-old farmer Tamarya Sims, the anxiety lies not in the fear of dispossession—but in the fear that she may never own land at all. Sims is a landless Black farmer in Asheville, North Carolina. By day, she works for a land trust, managing chickens and bees on a community farm. She runs her own business, Soulfull Simone Farm, on the side. The urban flower and herbal farm takes up less than half an acre of rented land.

Sims, who experiences anxiety related to attention deficit hyperactivity disorder (ADHD), hopes to one day own 60 acres of forested land she envisions as a “healing space” where she can grow herbs and plants, and visitors of color can attend workshops and feel welcome. She describes the distress she deals with as threefold.

“There’s the stress of being a farmer, then there’s the stress of being a Black farmer, and then of being a landless farmer,” she said. Added to the anxiety she feels, these stressors can make it difficult for her to focus, sapping her energy and ability to solve problems that may arise on the farm.

As a Black female agriculturalist in an overwhelmingly white area, Sims has experienced strong feelings of alienation. When she spoke out in the wake of George Floyd’s death, she became instantly and uncomfortably recognizable in her community.

It’s an irony many Black farmers experience: Working the land

But invisibility, rather than hypervisibility, has been the norm for her. When white visitors stop by the community farm, they often pass her wordlessly, seeking out the first white face they can find as an authority. When she was shopping for her own tractor, she brought a white male associate with her to the dealership, for fear she wouldn't be taken seriously or get a fair deal. The sales agent spoke exclusively to the white man and refused to look her in the eye, she said. Knowing she must enlist the same tactic in her search to acquire land is upsetting and tiresome.

"One of the main recurring things I've went through is being on land and folks seeing me and thinking that I don't belong just because I'm Black. Even at my job, I've had people slowing down in their cars to see what I'm doing." If they come onto the land, they ignore her just as the tractor salesperson did. "There's nowhere I can go where people see me and think I belong, or where I feel safe."

This feeling has been a primary motivator in Sim's desire to carve out her own piece of land where she can enjoy the restorative benefits of nature that all farmers love: the joy and relief that comes from digging in the dirt, watching a tiny seed shoot out roots long before its verdant foliage begins to show.

"I work through a lot of my life issues in the garden, and I think that everyone should have the opportunity to do that... When you connect people with land, they see the mountains behind them, and they feel comfortable," she said. It's a feeling of ease she continues to chase and an irony many Black farmers experience: that working the land can relieve stress, while also exacerbating it.

Community as coping

Former cattle farmer Michael Rosmann is a psychologist who has worked with farmers and institutions for more than 30 years to raise awareness about the importance of behavioral health in agricultural communities. His work with the nonprofit Agriwellness Inc., a partnership initiative between seven Prairie states facilitated by the Wisconsin Office of Rural Health, informed the framework of USDA's Farm and Ranch Stress Assistance Network.

"The traits that define successful farmers are a capacity to endure extreme hardship, the capacity to work alone, if necessary, self-reliance for making decisions, and keeping things to oneself. These traits cut across all races and cultures," said Rosmann.

behavioral health professionals or scholars who could document farmers' individual or collective mental health needs. To combat this, Rosmann emphasizes a need for counselors and therapists who have a shared understanding of not only agriculture, but the complex racial and cultural histories these farmers hold.

In practice, that's not always easy. Rural communities, where most farms are, often lack the medical resources and services offered in major cities. At the same time, only about [3 percent of U.S. psychologists are Black](#). For farmers, these factors—the disparity in health care services and the lack of representation among health care professionals—mix with other forms of inequity to create barriers to relief from occupational stress.

In the absence of doctors they can trust and enough rural mental health providers, many Black farmers like Abrams lean on religion to lessen their mental anguish.

“It’s just us sitting around in a circle or gathering at the end of the season, having a little dinner together, and just talking about how that was a rough year.”

“There is still within this community of older Black farmers, deeply spiritual, deeply rooted ties to their churches. Their spiritual life is what I believe is the No. 1 thing that keeps them sane and grounded,” Kentucky State’s Bernard said.

He speculated that faith may offset suicide risk among Black farmers. But because Black farmers are not often studied or written about outside the bounds of their racial experiences, there’s little to no information about the prevalence of suicide and self-harm among them.

That most Black farmers turn to social networks for support bears out an aspect of Farm Bureau research: in general, farmers are far more likely to tap their friends and family for help than seek a doctor’s advice.

Produce Co., an agricultural business that specializes in edible landscapes and stormwater management.

He looks inside and outside his community for assistance.

“A lot of [farmers] are not very vocal with what they’re going through. They’ll speak in a lot of cliches, like ‘You know, it’s just part of the job.’ But the way I live my life, I share if I’m seeking additional support,” Hill said.

Though he doesn’t presume to recommend mental health services to his peers, “we usually talk to each other,” he said.

“That’s important,” he went on. “I won’t say it’s like traditional group therapy or anything that’s facilitated by a professional. It’s just us sitting around in a circle or gathering at the end of the season, and having a little dinner together with some of the things we have left over and just talking about how that was a rough year. It’s an ongoing conversation. You’re venting like ‘Man, that was frustrating, this insect ate up everything. What did you do about it?’ That’s a therapeutic session in itself.”

Still, traditional talk therapy keeps him “in touch with reality and it’s helped me grow as a man. ... Sometimes you have these emotions that you don’t necessarily have a word for and that professional does,” he added.

The Provosts also sought help to alleviate their feelings of despair. Both now speak with a therapist regularly. They say it’s had a marked effect on their ability to cope with the day-to-day stress incurred by attempts to preserve their livelihood. But the fight is long from over. What was once an almost 5,000-acre family sugarcane operation—June’s family owned about 300 of those acres and rented the remainder—is now a mere 36 acres, split between June and one of his brothers. Angie’s civil rights claim remains open, and Congress’s effort at debt cancellation, which would have offered them a much-needed reprieve, [remains stalled](#).

Additional reporting contributed by [Cynthia Greenlee](#).

The Counter



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Safiya Charles is The Counter's future of farming fellow, covering the movement around justice for Black farmers and the pioneering agriculture work being done in communities of color nationwide. She previously worked at the *Montgomery Advertiser*, the Alabama capital's daily newspaper. Her work has appeared in *The Nation* and *The New Republic*.

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QUESTIONS AND ANSWERS

MARCH 22, 2022

U.S. Senate Committee on Agriculture, Nutrition, and Forestry
Rural Quality of Life: Opportunities and Challenges for the Rural Care Economy
March 22, 2022
Questions for the Record
The Honorable Xochitl Torres Small

Senator Sherrod Brown

Rural Medical Education

Many of the 1890 Land-Grant institutions are located in rural areas with limited access to health care options or hospitals, yet they serve as major employers and economic drivers in the region. Additionally, many medical and nursing students who are trained at these institutions leave the area after graduation to pursue employment in urban and suburban areas.

1. How does Rural Development plan to invest in 1890s to expand medical education in rural, underserved areas and build partnerships between these institutions and rural hospitals to encourage more recent graduates to pursue employment at rural medical centers? Further, what steps can Rural Development take to encourage more recent health profession graduates to pursue employment in rural, underserved areas?

USDA Rural Development works closely with the Office of Partnerships and Public Engagement that leads USDA's work with 1890 Land-Grant institutions. USDA has prioritized support for workforce development with four key assistance types to build a stronger rural workforce:

- *Workforce development planning,*
- *Infrastructure and equipment financing,*
- *Industry and employer engagement, entrepreneurship, and local business development, and*
- *Education, training, and apprenticeship.*

Academic institutions like the 1890 Land-Grant Institutions are eligible for funding and are engaged with workforce development initiatives like the Rural Development Rural Workforce Innovation Network. Rural Development will continue to work across USDA and with partners and stakeholders like the US Department of Health and Human Services to encourage health care workforce development in rural areas.

Senator Amy Klobuchar

As a co-chair of the Senate Broadband Caucus, I have worked on connecting rural areas to high-speed, affordable broadband. The Infrastructure Investment and Jobs Act (IIJA), which became law last year, included significant resources for loans and grants through the Department of Agriculture's ReConnect program to expand access to rural broadband.

1. How will those additional resources help increase access to healthcare, education, and business opportunities in rural America?

The resources provided in the IIJA and FY 2022 Appropriations enable expansion of broadband infrastructure projects the people of rural America. This effort will expand rural household access to telemedicine, tele-education (distance learning), telework, and rural business access to the internet. It will allow rural households to access the internet at currently needed speeds and into the future.

In addition, the Distance Learning Telemedicine (DLT) program focuses on improving connection to the internet by funding the equipment needed to foster the connection.

The DLT program provides financial assistance to enable and improve distance learning and telemedicine services in rural areas. DLT grant funds support the use of telecommunications-enabled information, audio and video equipment, and related advanced technologies, which benefits students, teachers, medical professionals, and rural residents. These grants are intended to increase rural access to education, training, and health care resources that are otherwise unavailable or limited in scope.

USDA Rural Development is pleased to administer the ReConnect Program which is helping expand broadband services to the most rural and economically challenged communities. Access to broadband service encourages economic development. It also offers rural people better work, educational and health care opportunities through telework, distance learning, and telemedicine. COVID-19 has accentuated the importance of broadband in this area. USDA Rural Development, in its administration of ReConnect Round 3, has specifically emphasized inclusion of rural people and their communities most in need, allocating \$350 million of the \$1.15 billion of funds, towards Tribal Government and Socially Vulnerable Communities.

Senator Kirsten Gillibrand

We continue to see a decline in the health of rural communities. There is a tremendous need for investment in healthcare, childcare, and other public safety facilities across rural America. In the past Farm Credit has joined with local banks, credit unions and USDA to finance these projects. We need more of these partnerships, because of the large capital investment in these types of facilities. However, the Farm Credit Administration has made that process more difficult for Farm Credit institutions to provide financing to rural hospitals, clinics, childcare, and nursing care facilities.

1. What can USDA do to work with FCA to create more opportunities for Farm Credit to work with other lenders to finance these essential facilities?

USDA Rural Development (RD) serves an important role in providing direct access to capital for rural communities in every sector. In the healthcare sector, people in rural areas face challenges accessing care for many reasons. These reasons include hospital

and healthcare facility closures, workforce shortages, and limited telehealth opportunities due to a lack of broadband. Over the last ten years, RD has invested approximately ten percent of its program dollars, almost \$9 billion, in the healthcare sector. RD also supports healthcare services by supporting workforce development through planning, infrastructure and equipment financing, employer engagement, education, and training. Additionally, RD's investment in rural healthcare projects and their associated infrastructure (e.g., broadband or public safety), can pave the way for further investment from other entities such as private lenders and local governments. Farm Credit institutions can be a valuable partner for banks or credit unions as they seek to finance important rural health related projects. Farm Credit institutions can also serve as a holder for all or part of RD guaranteed loans for health-related projects under the OneRD Guarantee Program. RD works with lenders across the country under the OneRD program and can connect interested parties or project proponents to approved lenders as requested.

The COVID-19 pandemic has shown a great disparity between urban and rural communities' access to vital services, specifically broadband access.

2. How is the Department working with the FCC to ensure rural areas are targeted with the broadband dollars from the COVID-19 recovery funds?

USDA Rural Development continues to work with the FCC to ensure that their programs and the ReConnect programs are complementary of each other. ReConnect focuses on funding broadband infrastructure in rural areas of less than 20,000 in population. The Distance Learning and Telemedicine Program improves distance learning and telemedicine services in rural America by funding equipment that allows rural residents to access distance learning or telemedicine services from hub sites located in larger urban or suburban areas.

USDA shares information about the broadband deployment projects we fund with the Federal Communications Commission (FCC) and other federal agencies involved in broadband funding. Federal coordination on this front happens in various ways, for example, via MOUs. We also meet with the FCC frequently to provide updates on our broadband programs.

Additionally, USDA uses its own Service Area Validation Process to determine whether an area lacks broadband service and is thus eligible to receive ReConnect funding. The SAV includes analyzing data from NTIA's National Broadband Availability Map, federal, state and other sources; holding a 45-day period to receive challenges from broadband providers that are already serving an area; and, if necessary, sending Telecom General Field Representatives to confirm whether broadband is available in an area.

3. Many people in rural America trust USDA far more than they do the FCC, how you are working with the FCC to ensure rural is getting served?

USDA Rural Development collaborates closely with our federal partners, such as the FCC, the Department of Commerce's National Telecommunications Information Administration (NTIA), and the Department of Treasury (Treasury), to coordinate federal broadband funding efforts. On June 25, 2021, USDA, FCC, and NTIA, signed an interagency agreement to share information and coordinate on the distribution of federal broadband funds. USDA shares data with the NTIA to inform their National Broadband Availability Map (NBAM), which helps inform federal funding decisions. NTIA built and updates NBAM with information provided by USDA, FCC, states, local governments, tribal governments, owners and operators of broadband network, educational institutions, nonprofits, and cooperatives. USDA is a co-leader with NTIA on the American Broadband Initiative (ABI) Federal Funding Workstream group, which consists of more than 25 federal agencies sharing strategies for increasing efficiency in government broadband programs.

Senator Reverend Raphael Warnock

In July 2021, you participated in a hearing with the Senate Agriculture, Nutrition, and Forestry Committee, during which you committed to working with Congress and federal agencies to ensure federal resources for broadband infrastructure are effectively deployed. Since this hearing, Congress passed the bipartisan *Infrastructure Investment and Jobs Act*, which authorized \$2 billion for USDA's ReConnect Program to connect rural households and businesses with high-speed internet. This funding will be critical to close the digital divide and expand access to opportunities for our farmers and rural Georgians, and I was proud to support this legislation.

1. What steps has USDA taken to ensure interagency coordination as you work to identify unserved and underserved rural areas and allocate ReConnect funding to meet the needs of households and businesses in those communities?

USDA Rural Development collaborates closely with our federal partners, such as the Federal Communications Commission (FCC), the Department of Commerce's National Telecommunications Information Administration (NTIA), and the Department of Treasury (Treasury), to coordinate federal broadband funding efforts. On June 25, 2021, USDA, FCC, and NTIA, signed an interagency agreement to share information and coordinate on the distribution of federal broadband funds. USDA shares data with the NTIA to inform their National Broadband Availability Map (NBAM), which helps inform federal funding decisions. NTIA built and updates NBAM with information provided by USDA, FCC, states, local governments, tribal governments, owners and operators of broadband network, educational institutions, nonprofits, and cooperatives. USDA is a co leader with NTIA on the American Broadband Initiative (ABI) Federal Funding Workstream group, which consists of more than 25 federal agencies sharing strategies for increasing efficiency in government broadband programs.

2. What additional authorities or resources does USDA Rural Development need to ensure every Georgian has access to reliable, high-speed internet?
One of the challenges we see to closing the digital divide in rural areas is that while communities have the desire to provide reliable, high-speed internet, they do not always have the resources necessary. Prospective applicants to our programs have said they could benefit from Technical Assistance with general broadband planning, completing complex applications, and network engineering and financial plans. Making sure resources are available to support the Technical Assistance needs of rural communities that want to close the digital divide is one way to ensure every Georgian has access to reliable, high-speed internet. Additionally, full resources to support the Environmental Review process for timely review of applications helps. Finally, Georgia's efforts to support broadband maps that are continuously updated, and show the speeds and latency that providers actually provide at every rural household will continue to help ensure that funds are directed to unserved and underserved areas.

Senator John Hoeven

In North Dakota, the Heart Of America Medical Center provides care for the 13,000 people who live within a 50-mile radius of Rugby.

Like a number of rural health care facilities in North Dakota, HAMC's original structure was built over 50 years ago, and the cost of repairs in recent years has become operationally prohibitive. That is why they are currently working on applying for assistance from USDA Rural Development.

I wrote to Rural Development regarding this effort in September of 2021, and it is my understanding that the hospital plans on filing their application this June.

1. Will you keep us informed of the progress of HAMC's application once it is received?

USDA Rural Development's North Dakota state office is working with the Heart of America Medical Center (HAMC) to assist them as they prepare their application for funding. Currently, HAMC's application is in the financial analysis stage where they are preparing a Financial Feasibility Report and determining total project costs. RD remains ready to respond to any questions on the future status at any time.

2. Can you ensure that the application receives your full and fair consideration?

USDA Rural Development considers each application for funding thoroughly with the intention of meeting our mission to support rural prosperity. Completing and reviewing loan applications with large loan requests, such as the HAMC application, require detailed analysis. This analysis requires a great deal of effort from the applicant and Rural Development to make sure that the project will provide the needed service and that the applicant/borrower can financially maintain their operations while being successful

in repaying all their debts. We look forward to reviewing the application from the HAMC once it is complete and continuing our working relationship to support rural healthcare.

Senator Cindy Hyde-Smith

The ReConnect Round 3 rules award 15 points to applicants that are local governments, non-profits, or coops, though RUS has worked with small, rural, commercial telecommunications companies for decades, and dozens of these commercial companies have already won ReConnect awards in Rounds 1 and 2.

1. Given their track record, commitment to rural America, and history of working with RUS, why put these small rural broadband providers at a disadvantage in competing for ReConnect awards solely due to how they are organized?

Scoring design always represents a delicate balance of interests. I encourage you to look at the scoring matrix as a whole and consider that the points available to non-profit entities are also available to public/private partnerships that could include a commercial telecommunications provider where the non-profit entity is the applicant. The scoring design should create a pathway for commercial companies to partner with non-profit, Tribal, cooperative, and municipal entities. Additionally, commercial companies can secure additional points for rurality, affordability, serving underserved communities, embracing labor standards, and more.

2. If you wanted to broaden the applicant pool to include providers that had always been eligible for ReConnect but hadn't participated, then why not target an outreach and education campaign to increase interest in the program instead of giving an unfair advantage to those providers over small, commercial companies when pursuing an award in the same area?

The longstanding historical context of the third funding window is clear. Section 4 of the Rural Electrification Act of 1936 instructs that the Secretary give preference to "States, Territories, and subdivisions and agencies thereof, municipalities, peoples' utility districts, and cooperative, non-profit or limited-dividend associations..." which comply with the requirements of the Rural Electrification Act. This philosophy was rooted in providing support for local utility providers in rural communities, including cooperatives and private companies.

Another important value embraced by the agency is the importance of fostering partnerships. To demonstrate our commitment to both, the points available to coops and non-profits could be available to for-profit companies if they partner with a non-profit or coop with the non-profit entity as applicant.

USDA conducts extensive outreach and webinars to raise awareness of the ReConnect Program and encourage applications.

3. Will you commit to making the necessary adjustments, both now and in future FOAs, to ensuring that rural broadband providers can compete for ReConnect awards on an even playing field, regardless of their form of organization or commercial status?

Within the diverse mix of eligible applicants, for-profit and limited liability companies are the dominant applicants and recipients of ReConnect award dollars. This trend continued in the 2022 ReConnect FOA 3, where for-profit and limited liability companies accounted for 62-percent or 187 out of 305 applications received. Rural Development commits to continuously evaluating the mix of applicants for and recipients of ReConnect award dollars to best serve rural America.

Senator Chuck Grassley

1. In December 2021, the U.S. Surgeon General released an advisory focused on protecting youth mental health (<https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>). The advisory mentions youth in rural areas are at higher risk for mental health challenges as they may face additional challenges in participating in school or accessing mental health services. The advisory does not speak to specific resources for rural youth. What mental health resources are available for rural youth? How are rural providers partnering with rural organization such as FFA, 4-H, or other rural organizations focused on supporting youth?

The 4-H Youth Development Program provides high quality positive youth development programs in settings where youth build important social and emotional skills and receive healthy habits education related to good mental health that can lead to improved mental health outcomes for youth. The 4-H Youth Development Program offers several resources for rural youth to address and protect youth mental health including:

- *4-H professionals across the nation offer trainings that reach youth, volunteers, providers, and other professionals working with youth on ways to recognize and assist people experiencing mental health problems, including [Mental Health First Aid](#), [Youth Aware of Mental Health](#), and [QPR](#).*
- *4-H has curricula available that educates youth between ages 5-19 about mental health, practices to improve mental health, self-help, and resources to help others. One of these curriculum, "[Your Thoughts Matter](#)," ties to educational standards from the National Health Education Standards at the Centers for Disease Control and Prevention's School Health Education Resources.*
- *4-H is hosting two national professional development events to build capacity among professionals working with youth to support emotional wellness and thriving. USDA's National Institute of Food and Agriculture (NIFA) is a partner in the planning committee for both events. National 4-H Priorities Day, hosted by the National Association of Extension 4-H Youth Development Professionals, is on October 10,*

2022 and the [4-H PYD Academy on Youth Mental Health](#), hosted by the 4-H Program Leaders' Working Group, is May 10-22, 2022.

NIFA's Children, Youth, and Families At-Risk Program (CYFAR) provides resources to the Land-grant University System and Cooperative Extension Systems so that, in collaboration with other organizations, they can develop and deliver educational programs that equip at-risk youth with the skills they need to lead positive, productive, contributing lives. In 2019, Iowa State University received funding to develop a program designed to improve positive developmental and mental health outcomes for custodial grandparents and their middle school-age, custodial grandchildren.

2. In 2020, I helped pass the Seeding Rural Resilience Act with Senator Tester as part of the National Defense Authorization Act. The bill addressed suicide rates in the agriculture community. It creates a voluntary stress management program that helps train USDA employees to detect stress. USDA is required to be working with the Department of Health and Human Services (HHS) to raise mental health awareness among farmers. Is USDA working with HHS to ensure this effort is developing? Please provide a comprehensive list of specific action items USDA has taken in partnership with HHS to implement this law.

USDA has implemented the voluntary stress management program to train USDA employees in the Farm Production and Conservation (FPAC) Mission area with nearly 100% of FPAC employees having completed the training. USDA also coordinates closely with the Department of Health and Human Services as it relates to mental health and rural health more generally. For example, both agencies participate in an ongoing public private workgroup that focuses on agriculture and mental health coordination and collaboration. The two agencies further coordinate on telehealth, funding for healthcare facilities, and workforce development initiatives.

3. I've fought for rural health care flexibility. In 2020, Congress established the voluntary Rural Emergency Hospital (REH) program for Medicare. In the coming months, the Centers for Medicare & Medicaid Services (CMS) is expected to issue draft regulations for REH for an implementation date of January 1, 2023. REH creates a new, voluntary Medicare payment designation that allows a Critical Access Hospital (CAHs) or a small, rural hospital with less than 50 beds to convert to an REH. The goal is to preserve access to emergency medical care in rural areas that can no longer support a fully operational inpatient hospital. It lets hospitals maintain essential medical services in their communities like 24/7 emergency care, outpatient care, and more. It also lets certain rural hospitals right-size their infrastructure—letting them provide services that better meet the needs of their community instead of taking a one-size-fits-all approach. Over the last decade, 117 hospitals across the nation have closed. Senator Klobuchar and I have written to CMS asking they work quickly on establishing REH. Are you or your office working with CMS on the new REH program? If so, in what manner? How else can USDA support REH to ensure the regulations are issued timely and fairly?

RD staff have met on numerous occasions with staff at HHS agencies such as HRSA, ONC, CDC, and CMS to discuss a variety of topics on how to improve access to rural health care. For example, USDA RD has partnered and continues to partner with HHS in the development, roll-out, and selection process for the Emergency Rural Health Care Grant Program, authorized by the American Rescue Plan Act. RD understands the importance of rural emergency care and welcomes the opportunity to further this discussion on the implementation of the Rural Emergency Hospital (REH) program.

Senator John Thune

1. When establishing the third round of ReConnect funding, USDA changed its rules to increase the level of broadband speeds when determining whether an area is eligible for funding. I have long supported efforts to bring reliable broadband service to more rural areas like those in my home state of South Dakota, but I do have serious concerns that by vastly increasing the standard from 10/1 to 100/20 USDA is going to encourage overbuilding in areas that already have broadband. The focus of this hearing is on supporting access to care in rural areas, but if we overbuild in areas with existing service, small communities and their residents will continue to have no broadband, resulting in them not having access to critical services like telehealth.

Do you agree that we should be focusing limited taxpayer resources on those areas without any service so that they can reap the benefits of advanced technological services?

The USDA ReConnect pilot program was authorized in the Consolidated Appropriations Act of 2018. ReConnect is administered by the Rural Utilities Service (RUS) and provides loans, grants, and loan/grant combinations to extend broadband service to rural areas. To qualify for ReConnect, a provider must identify a rural area in which 90 percent of households lack sufficient access to broadband. Congress appropriated \$2.34 billion between Fiscal Year (FY) 2018 and FY21, and RUS has awarded \$1.5 billion. In the first round of funding for FY19, ReConnect provided \$656 million for 76 projects across 33 states. In the second round of funding in FY20, ReConnect provided \$852 million for 105 projects in 37 states.

Many of these projects have already begun offering service to rural Americans, and many more are in the process of constructing infrastructure to that end. In fact, 30 projects have started connecting rural residents and 52 projects have commenced construction. Jobs, education, government, and quality of life depend on modern access to high-capacity bandwidth. The COVID-19 pandemic proved once and for all that rural America needs access to 21st century broadband that is capable of evolving to meet the communications needs of today and tomorrow.

The response to the current round of funding has been strong and encouraging. We saw great interest in our ReConnect webinars and workshops. Rural residents and community groups are excited at the prospect of true universal broadband access. RUS for its part is

working with applicants, and state, local, and federal colleagues to contribute to the reality of a fully connected nation.

The ReConnect Program remains focused on prioritizing rural communities in the greatest need. This funding window offers additional points for applications that propose to serve the least dense rural areas (25 points), that connect areas without access to 25 Mbps downstream and 3 Mbps upstream (25 points), as well those that will serve areas with a high economic need (20 points).

USDA collaborates closely with its federal partners, such as the Federal Communications Commission (FCC), the Department of Commerce's National Telecommunications Information Administration (NTIA), and the Department of Treasury (Treasury), to coordinate federal broadband funding efforts. On June 25, 2021, USDA, FCC, and NTIA, signed an interagency agreement to share information and coordinate on the distribution of federal broadband funds. USDA shares data with the NTIA to inform their National Broadband Availability Map (NBAM), which helps inform federal funding decisions. NTIA built and updates NBAM with information provided by USDA, FCC, states, local governments, tribal governments, owners and operators of broadband network, educational institutions, nonprofits, and cooperatives. USDA is a co leader with NTIA on the American Broadband Initiative (ABI) Federal Funding Workstream group, which consists of more than 25 federal agencies sharing strategies for increasing efficiency in government broadband programs.

Per our speed standards, USDA does not fund projects where there is sufficient access to broadband or in an area that has already received federal financial assistance to fund sufficient access to broadband.

With respect to the FCC's Rural Digital Opportunity Fund (RDOF), USDA heard stakeholders about not automatically excluding RDOF areas from eligibility for funding under ReConnect. Thus, for the program's third funding window, USDA will consider applications that propose to serve RDOF areas, on a case-by-case basis, as long as the proposed area does not already have 100/20 Mbps service or has not yet received federal financial assistance to provide 100/20 Mbps service. An applicant that proposes to serve an area that has received an RDOF award will be asked to explain why USDA should provide additional funding, and applicants that have received RDOF funding will be required to submit a statement certifying that the funds requested from ReConnect have not been and will not be reimbursed by an RDOF award.

2. I have introduced bipartisan legislation to ensure that the ReConnect funding provided by the infrastructure bill goes to areas most in need. Would you support efforts to increase the "unserved" threshold from 50 percent to 80 percent for that particular ReConnect funding?

USDA Rural Development is committed to a fully connected nation, which includes finding the best ways to reach areas most in need with high-speed internet access. We stand ready to administer the Reconnect program at the direction of Congress.

U.S. Senate Committee on Agriculture, Nutrition, and Forestry
Rural Quality of Life: Opportunities and Challenges for the Rural Care Economy
March 22, 2022
Questions for the Record
Dr. Carrie Henning-Smith

Senator Amy Klobuchar

In your testimony, you discussed the numerous factors that influence the ability of rural residents to access quality health care, including challenges related to housing, transportation, education, and economic development.

- 1. From your perspective, how can Congress go about addressing these individual factors in a more comprehensive, holistic way?*

It is important to support evidence-based programs that are based on proven and accepted research. Effective programs include those that improve the social determinants of health that have negatively impacted rural communities. This includes educational programs that provide equitable opportunities and improve health outcomes. To fully improve social determinants of health, a “health in all policies” approach that recognizes the health impacts of broad social and political determinates of health must be approached across all sectors of the government.

Lawmakers and regulatory entities must continue to address these social determinants of health to improve job opportunities, broadband access, child care, transportation, housing, and food security to ensure rural populations have equitable health care outcomes. To do so, the United States Department of Housing and Urban Development, United States Department of Agriculture, Department of Commerce, and Department of Transportation, and many others, must work together to bolster the rural economy and quality of life. By improving health of the rural economy, rural populations will can have improved social determinants of health and, ultimately, better health outcomes.

Senator Kirsten Gillibrand

- 1. Telehealth services played an integral part in New York State’s response to the pandemic by allowing continued access to care, reducing disease exposure for staff and patients, and reducing patient demand on facilities. The pandemic demonstrated telehealth’s utility, which is why I am proud to support legislation to expand access to telehealth services by making permanent the COVID-19 telehealth flexibilities, to support health care providers and beneficiaries that utilize telehealth, to prioritize broadband connectivity, and to gather more data on the impact of telehealth. Every person should have access to health care regardless of geographic restrictions and as we look beyond the pandemic, it is clear that telehealth will continue to be a crucial tool in addressing health disparities.*

- a. Dr. Henning-Smith, using technology to deliver health care has several advantages, including cost savings, convenience, and the ability to provide care to people with mobility limitations, or those in rural areas. What are some benefits to expanding telehealth access and challenges to continuing to expand access to telehealth?*

Telehealth flexibilities have been a tremendous asset to care in rural communities throughout the COVID-19 pandemic. At the onset of the pandemic, when elected services and doctor visits were halted, telehealth provided options for patients in rural communities to continue receiving care. Moving forward, telehealth can connect rural patients with their providers for routine visits, cut down on transportation time in our most rural communities, and improve communication with their providers. However, the flexibilities at the onset of the pandemic were not perfect. It is imperative that Congress not only continues flexibilities, but improves them, so that rural patients can continue receiving the care they've become accustomed to. To do so, the following policy provisions should be incorporated:

- Congress must ensure reimbursement methodologies that are advantageous to providing care. Currently, telehealth services at rural health clinics (RHC) and federally qualified health centers (FQHC) are reimbursed well below in-person rates. Further, all the telehealth work at FQHCs and RHCs are coded under one reimbursement code. This causes faulty data on the care provided. To improve this, it is imperative to reimburse telehealth at RHCs and FQHCs at the same rate as their in-person rate. Not only will this improve data, showing exactly what services are being provided to patients, but it will also incentivize providers to invest in telehealth services.
 - Broadband connectivity must continue to expand. Policy makers must continue to advance broadband coverage nationally to all rural communities. Currently, many rural communities have poor broadband connectivity, ultimately hindering access to these important services. Congress must support policies and efforts that address this digital divide, especially the lack of a basic accessible model for all of rural America. However, improving broadband availability alone is not enough. Such efforts must be coupled with improvements in broadband affordability, access to technology, and community-based education on how to use virtual technology effectively.
 - Audio-only telehealth services must continue into the future. Not only does the lack of adequate broadband services hinder access to audio-video technology, but some rural community members, including older adults with greater care needs, may not be accustomed to the technologies utilized by audio-video telehealth services, nor is there equitable access to devices with which to access such services.
2. *Rural America struggles to recruit and retain health care providers, its residents are isolated from services, and its older population may be unable to access services in order to live safely and independently. With roughly 10,000 people turning 65 every day, we will need to fill an estimated 4.7 million home care jobs by 2028. Today, more than one in five Americans are family caregivers, meaning they have provided care to an adult or*

to a child with a disability at some time in the past 12 months. It is clear that we need to ramp up our investment and improve the availability of home- and community-based (HCBS) services to address health service gaps and provide necessary care for rural patients. Older adults and people with disabilities living in rural America can receive various types of health and social services through HCBS, including skilled nursing care, occupational and physical therapy, hospice care or everyday personal care. With 3 in 4 Americans preferring to remain in their homes while aging, HCBS not only meets patients' preferences but also results in significant cost savings to state Medicaid budgets. That is why I am a champion of Senator Casey's Better Care Better Jobs Act and its commitment to a massive care infrastructure investment, as well as my proposal for a national paid leave program.

a. Dr. Henning-Smith, could you describe how investments in care work and Medicaid Home- and Community-Based Services which can help older individuals "age in place" translates to improved health outcomes

More policy attention to supporting aging in place, including through the availability of home and community-based services (HCBS) is urgently needed, especially in rural areas. At the University of Minnesota Rural Health Research Center, we have found that rural older adults are equally likely to prefer aging-in-place, compared with their urban counterparts, but also that they have poorer health, higher rates of disability, lower incomes, and fewer financial assets. Rural housing stock also tends to be older and of poorer quality than urban housing stock, and rural older adults are more likely than urban older adults to own their homes (rather than rent), meaning that the onus for repairs, maintenance, and modifications for accessibility falls more singularly on them. Meanwhile, we have also found in our research that the direct care workforce, including those in HCBS, is more limited in rural areas. Altogether, this means that rural older adults have greater need for care and fewer resources with which to access or afford it.

Health and quality of life for older adults can be greatly improved by ensuring that individuals are able to age-in-place, or in whatever setting they most prefer. Aging-in-place helps to support social cohesion, quality of relationships, and quality of life. Supporting older adults in doing so also comes with cost savings in the form of reduced use of institutional long-term care. However, more investments in HCBS workforce, housing modifications, transportation, and social infrastructure are urgently needed to ensure that rural older adults can age-in-place successfully.

3. What do you see as a long term solution to providing healthcare access to the most remote patients?

This should be viewed as a multi-prong approach. First, it is imperative to grow the rural health care workforce to ensure that communities have access to the services needed. Second, continued investment in broadband and telehealth services are critical to ensuring that patients are able to receive the care they need from the comfort of their home, when possible. Third, policy makers must continue investment in the rural health safety net to ensure rural providers stay in their communities. Since 2010, 138 rural hospitals have closed their doors. Currently, 453 rural

hospitals are operating on margins similar to those that have closed since 2010. To continue access to care in our most rural and remote communities, Congress must make investments in them. This means sustainable payment designations, policies conducive to providing care in rural communities, and investment in the public health infrastructure.

Senator Reverend Raphael Warnock

- 1. Medicaid is one of the most critical healthcare programs in our country. Congress created it to expand access to healthcare for low-income children, families, and people with disabilities. However, my home state of Georgia continues to refuse to expand Medicaid, and has denied free and affordable health coverage to 646,000 Georgians. Because of this, in the past 10 years, there have been 8 rural hospital closures in my state, including Southwest Georgia Regional Medical Center in Cuthbert, Georgia.*

A local hospital is literally a lifeline for rural communities, and hospital closures have been devastating to parts of rural Georgia. I introduced the Medicaid Saves Lives Act because Medicaid expansion saves lives by providing healthcare coverage to the most vulnerable in our rural communities. It also keeps hospital doors open by increasing the number of patients who have health insurance and therefore lowers the uninsured rate.

- a. What is the effect of hospital closures on rural communities?*

When a rural hospital closes their doors, that often times means the largest or second-largest employer in that community closes their doors. Not only does this lead to increased drive times for patients in those communities to access the care they need, but the community as a whole suffers as well. Often, the hospital closure is just the first domino of businesses that close their doors. The hardware store or the restaurant may be next. Ensuring rural provider stability ensures rural community stability. If we want to revitalize rural communities, it is imperative that rural providers are stable.

- b. What would happen if Georgia and the 11 other holdout states were to expand Medicaid? How would that enhance quality of life in rural communities?*

Medicaid plays a critical role for the 52 million children and nonelderly adults living in the most rural areas of the United States. Medicaid is the nation's largest public insurance provider and plays a central role in helping to fill gaps in private coverage in rural areas. By expanding Medicaid, the states you mention can not only help millions of their residents in need of affordable health care but also increase the chances that rural hospitals can stay open. State governments could help close the gap by pursuing Medicaid expansion—which would decrease their hospitals' uncompensated care burden.

Rural hospitals in states that have not expanded Medicaid recorded a median operating margin of -0.3 percent, compared to +0.8 percent for rural facilities in expansion states. Expanding

Medicaid would help state budgets, hospitals, and providers by increasing funds to states and decreasing uncompensated care.

2. *One of my top priorities is to improve access to behavioral health care, across every corner of Georgia. The COVID-19 pandemic has highlighted the gaps in our mental health system and shown how isolation can affect a person's mental health. Over 47 percent of people report that the pandemic has negatively affected their mental health, and there has been a significant increase in the number of calls to suicide prevention hotlines.*

People need access to mental health services more than ever before. And this is especially true in Georgia – which ranks 51st in the country in access to mental health care. That is why I am proud to have introduced the Improving Access to Tele-Behavioral Health Services Act, which would allow peer support services to be provided virtually, even after the pandemic.

- a. *How would strengthening tele-behavioral health services, like my bill does, improve access to behavioral health care for rural Georgians?*

Tele-behavioral health care is critical in rural communities. Unfortunately, in many rural communities access to and acceptability of behavioral health care are not at the same levels as their urban and suburban counterparts. Tele-behavioral health will certainly provide increased access to communities that may not have a mental health provider or practitioner in their community. Additionally, in many rural communities there is still a stigma associated with accessing mental health care services. Initiatives to increase and strengthen tele-behavioral health services, like what your bill does, will significantly increase the mental health care in our rural communities.

3. *One of my priorities as Georgia's Senator is to address the high rates of maternal mortality. In my state, the mortality rate for pregnant women is 66.3 deaths per 100,000 live births. That is more than double the average rate for our country.*

The plain truth is that in the richest nation on earth, moms are dying at higher rates than other high-income countries – and that rate is rising. That is why I am glad Congress could come together to pass my bipartisan bill, the Maternal Health Quality Improvement Act, in the government funding bill earlier this month. This legislation creates new grant programs to reduce maternal mortality, in addition to providing implicit bias training for providers because Black women are dying at a higher rate than their white counterparts.

- a. *How will my bill, and these investments through grants and training, will improve maternal health outcomes in our country? Can you speak specifically about what it means for rural communities, particularly for people of color in those communities?*

An estimated half a million rural women give birth in US hospitals each year. The majority of rural women give birth at their local hospitals and rely on local maternity services. As of 2014, only 45 percent of rural counties had obstetric services, down from 54 percent in 2004 showing a rapid decline. Current workforce and hospital closure trends suggest disparities in access in maternity care will only increase. Fortunately, Congress has taken steps by passing your bill, the Maternal Health Quality Improvement Act, and Senator Tina Smith's bill, the Rural Maternal and Obstetric Modernization of Services Act. Coupled together, pregnant people in rural communities will have increased access to care. The grant funding and training will improve the rural maternal health workforce and infrastructure to grow access to these important services in our communities. Unfortunately, where we see the largest gaps in access to maternal health care services are in communities where geographic disparities meet racial and ethnic disparities. This causes worse outcomes for pregnant people and infants of color. Actions taken through the Maternal Health Quality Improvement Act and Rural Maternal and Obstetric Modernization of Services Act will help address care gaps for pregnant people in rural communities, particularly in communities of color.

**Testimony for the Record Submitted to:
Senator Sherrod Brown
The United States Senate Committee on Agriculture, Nutrition, & Forestry**

**Questions for the Record:
“Rural Quality of Life: Challenges and Opportunities for the Rural Care Economy”
“Rural Access to Child Care”**

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U.S. Senate Committee on Agriculture, Nutrition, and Forestry
Rural Quality of Life: Opportunities and Challenges for the Rural Care Economy
March 22, 2022
Questions for the Record
Dr. Shoshanah Inwood

Senator Sherrod Brown

Rural Access to Child Care

You mentioned in your testimony that “farm parents are working parents,” yet the cost and availability of child care has kept many parents, especially women, from the paid workforce as a result of the pandemic. And, we know it’s even harder for women in rural, farm communities to find the care that would enable them to return to work. Rural communities too often lack transportation infrastructure and access high-quality child care providers – particularly providers that can serve parents who work non-traditional hours.

1. What actions can USDA and HHS take to better coordinate resources and services to help families access high-quality child care in farming communities? How is this issue compounded by climate change, which continues to threaten rural communities and workers, including flooding fields, crop devastation, and unpredictable growing seasons?

Senator Brown thank you for asking these very important questions.

First, I would like to address how childcare issues are exacerbated by extreme weather events and climate change. The Center for Disease Control (CDC) National Institute for Occupation Safety and Health (NIOSH) identify farmers and farm workers as “worker populations particularly vulnerable to climate variations... that can amplify existing health and safety issues and lead to new unanticipated hazards.”¹ Working in outdoor weather conditions, performing physically demanding work for extended periods of time increases health and safety risks associated with climate change.^{2,3}

As an example, in 2021, Washington State was experiencing 118-degree temperatures in the midst of cherry harvest. The Washington State Fruit Commission⁴ announced in response to the extreme heat, growers and farm workers started harvesting at 2 a.m. to finish before the dangerous heat set in for the day. Changes in temperature, particularly heat and weather events connected to climate change are shifting planting and harvesting times with **implications for individual farmers, farm workers and their families.**

Shifting production and harvest times will require a concurrent shift in when childcare is available for children. Currently formal daycare providers are typically structured to accommodate a conventional workweek schedule, with hours ranging from 7:30 am to 5:30 pm, Monday through Friday, being closed on weekends. It is difficult for parents to adjust and find alternative childcare arrangements in rapidly shifting planting and harvesting conditions. When parents cannot find safe care for their children, they must make a difficult decision – either to stay home with their children and forgo badly needed income or leave children home in potentially dangerous conditions. These decisions also have consequences for America’s food supply. In the early days of COVID-19 an Ohio agriculture industry round group identified school closures and the lack of available childcare created labor shortages in the farm and packing sectors that compounded disruptions to the supply chain. The farm sector continues to face labor shortages, it is critical to understand the role childcare plays in workforce mobilization and in food system resilience.

The availability, affordability and quality of childcare can affect food supply chain resilience. Childcare is an ordinary everyday stressor that has the potential to exacerbate the extreme stresses resulting from erratic weather conditions leading to potential crop and livestock loss. By

¹ CDC NIOSH. “Impact of Climate on Workers.” <https://www.cdc.gov/niosh/topics/climate/how.html>

² Kiefer, M., Rodríguez-Guzmán, J., Watson, J., van Wendel de Joode, B., Mergler, D., & da Silva, A. S. (2016). Worker health and safety and climate change in the Americas: issues and research needs. *Revista panamericana de salud publica = Pan American journal of public health*, 40(3), 192–197.

³ Moda, H. M., Filho, W. L., & Minhas, A. (2019). Impacts of Climate Change on Outdoor Workers and their Safety: Some Research Priorities. *International journal of environmental research and public health*, 16(18), 3458. <https://doi.org/10.3390/ijerph16183458>

⁴ <https://www.nbcnews.com/news/latino/union-calls-urgent-farmworker-protections-washingtons-record-heat-rcna1299>

reducing stress connected to childcare farmers and farm workers have more energy and mental space to invest and build more innovative and resilient farming systems.

Second, I would like to applaud the recently released USDA HHS *Joint Resource Guide: To Strengthen and Expand Child Care Facilities in Rural Communities* as an excellent first step to addressing the childcare conundrum in rural communities. The guide does an excellent job of identifying opportunities and strategies for building the physical infrastructure needed for rural childcare.

There is also an opportunity for USDA RD and HHS to partner with the US Department of Transportation to ensure roads and infrastructure investments in rural communities are climate smart to enable parents to access childcare in extreme weather events. In our research we have heard from parents how heavy rains and flooding in southeastern Ohio cut access to roads leading to schools and childcare providers. This created additional stresses for farm parents concerned about the late fees they might incur from a late pickup and stress from worrying about the health and safety of their children.

There are opportunities for USDA RD and HHS to also tackle childcare availability, quality, and cost also need to be tackled. As we address rural broad band connectivity, we can improve the quality of rural childcare by implementing innovative approaches to childcare provider training through on-line courses. There is a tremendous opportunity to leverage our Cooperative Extension System to deliver in-person adult education and provider professional development across rural communities.

To address the non-traditional hours of farmers we can look at childcare providers who meet the needs of hospitals, for example at OSU the childcare center runs until 9 pm to meet the needs of second shift Medical Center staff. Many rural communities have manufacturing facilities that run 24 hours a day, these workers also need access to quality affordable childcare¹. We can look at the innovative approaches the military has taken to childcare to meet the needs of national guard and military families on bases who also keep non-traditional hours.

To increase the availability of childcare and as a broader economic development strategy we must simultaneously increase the pay for childcare providers while lowering the childcare costs of families. These investments can create good quality jobs for rural residents, improve rural child development, and mobilize the parental workforce, while building more robust and prosperous rural communities.

Thank you for the opportunity to answer these additional questions.

¹ Bipartisan Policy Center. 2021. [Child Care in Rural America – What Have We Learned?](#)

U.S. Senate Committee on Agriculture, Nutrition, and Forestry
Rural Quality of Life: Opportunities and Challenges for the Rural Care Economy
 March 22, 2022
 Questions for the Record
 Dr. Joseph Carrica

Senator Kirsten Gillibrand

1. Even before this pandemic we have seen a greater need for attention to mental healthcare services. Not only does the government need to focus more attention to that stability of the American citizens, but we also need to help treat those who may need extra assistance. Many people with substance abuse issues relapsed during the COVID pandemic, and had limited availability of resources.

- a. What more can the public and private sector do to help address addiction and treat mental health issues?

It is important to understand a few fundamental issues. One is that "rural" is not just a place, it is a culture. A culture that feels marginalized and misunderstood because it has been classified as "just a place." Secondly, are the many uncontrollable variables that have an impact in physical and behavioral health such as drought, commodity and energy prices, inflation, international/domestic trade, government regulation and de-regulation, and social isolation.

Next is to develop opportunities for people to feel a sense of "community." Much like AA is developed around social supports, people attempting to enter into a life of sobriety, or maintain sobriety, a sense of belonging is imperative. Creating safe and non-judgement spaces, like a clubhouse, that is managed and supported by persons with similar lived experiences is an effective and affordable strategy. Peer support is more important than ever as we continue to face a catastrophic combination of workforce shortage and increase need for services.

- b. How can technology play a part in this conversation?

With the addition of technology, we have created easier access to services. Travel distances, and the associated costs, can now be avoided. People can access services at times that are convenient to them without having to book a 1/2 day for the appointment and roundtrip travel.

However, not all areas can connect to tele-platforms as there is either no broadband technology or it is not reliable. Also, as Covid restrictions are lessened, we are finding that our rural/frontier residents are choosing face-to-face services over tele-health by a remarkable margin. This is a clear indicator that even though we are living in remote areas, the need for that face-to-face interaction is important to mental wellbeing.

- c. How can we make individuals feel less isolated as they seek treatment for their mental health and substance abuse disorders?

I would say the prior answers relate, but would add we need to meet people where they physically are as the AG population is unlikely to reach out for help. For example, going out to the farms, ranches, feedlots, processing plants, etc. and meeting them in-person. Providing them with wellness boxes that includes water, snacks, literature, rural swag etc. This provides them a safe and familiar contact should they or others need it. This also let's them know that they are appreciated for all the work they do. I hear regular complaints about how people do not know all the work and sacrifice that goes into food production.

Senator Reverend Raphael Warnock

1. I remain deeply committed to addressing sources of mental distress for all of Georgia's farmers, including our Black farmers who have faced decades of systemic discrimination within U-S-D-A and the agriculture sector. I hear the pain in these farmers' voices as they discuss burdensome debt and mistreatment while simply trying to make a living off the land.

A recent article by *The Counter* mentions my constituent, Lucious Abrams, and the toil that constant mental and physical stress have had on him and his family. I will continue working with members of this Committee to uplift Georgia's farmers and improve their mental, physical, and financial wellbeing through debt relief. I believe this starts with my proposal to provide debt relief for all economically distressed farmers, taking a great weight off their shoulders.

Dr. Carrica, your testimony discusses stressors affecting the farmers in your state.

- a. What effect does farm debt and financial stress have on the mental health of our farmers, such as Mr. Abrams in my home state?

It is a significant contributor to their behavioral health, and if not treated leads to a high rate of suicide amongst this population as compared to other industries.

There is a lingering fear of losing the farm and the legacy with it, the fear of judgement or additional financial loss by changing multi-generational farming practices, added stress on their spouse and children, all this adding up to even greater isolation.

If the landowner loses or sales their farm because of financial difficulty, what do they do? They have unlikely been in any other workspace and are unsure of their marketable skill set or being able to meet the emotional of physical demands of the new chosen sector. This just adds to any existing anxiety or other symptoms.

- b. How would the alleviation of crushing farm debt improve the mental and physical health of struggling farmers?

I am sure that this would have a significant positive impact as long as the farmer/ranch did not feel as if they failed and this was a handout. There is a strong opinion of hand-ups vs. handouts.

Senator Chuck Grassley

1. Suicide rates (<https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>) among youth have risen over the last decade and suicide rates (<https://www.cdc.gov/ruralhealth/Suicide.html>) are generally higher in rural America. In December 2021, the U.S. Surgeon General released an advisory focused on protecting youth mental health (<https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>). The advisory mentions youth in rural areas are at higher risk for mental health challenges as they may face additional challenges in participating in school or accessing mental health services. The advisory does not speak to specific resources for rural youth. Given the lack of rural resources provided by the advisory to improve rural youth mental health, as a provider, what mental health resources are available for rural youth? How are rural providers like yourself partnering with rural organization such as FFA, 4-H, or other rural organizations focused on supporting youth?

Thus far, we have trained FFA members and the Otero College Ag Science Program on COMET (Changing our Mental & Emotional Trajectory). This is an awareness program to identify those that may be in distress. We have submitted grant applications to financially incentivize FFA and 4-H Chapters to complete the COMET training and build onto our youth peer-to-peer network.

We have partnered with Agrability, Colorado Farm Bureau, Rocky Mountain Farmers Union, Colorado State University-Extension, and the Colorado Department of Agriculture to spread awareness of all the work that is happening to address mental well-being.

Other school-aged efforts include, on-site therapists or tele-health technology embedded in over 10 school districts across our region, supporting summer youth activities in an effort to de-stigmatize mental wellbeing, and participating in IMATTER which provides 6 free tele-services to youth paid for by the State of Colorado.

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Questions for the Record
Dr. Douglas Holtz-Eakin

Senator Chuck Grassley

1. I've fought for rural health care flexibility. In 2020, Congress established the voluntary Rural Emergency Hospital (REH) program for Medicare. In the coming months, the Centers for Medicare & Medicaid Services (CMS) is expected to issue draft regulations for REH for an implementation date of January 1, 2023. REH creates a new, voluntary Medicare payment designation that allows a Critical Access Hospital (CAHs) or a small, rural hospital with less than 50 beds to convert to an REH. The goal is to preserve access to emergency medical care in rural areas that can no longer support a fully operational inpatient hospital. It lets hospitals maintain essential medical services in their communities like 24/7 emergency care, outpatient care, and more. It also lets certain rural hospitals right-size their infrastructure –letting them provide services that better meet the needs of their community instead of taking a one-size-fits-all approach. Over the last decade, 117 hospitals across the nation have closed. Senator Klobuchar and I have written to CMS asking they work quickly on establishing REH. How important is it to have flexible programs such as REH to lower health care costs? How important is it for rural health care providers to have flexibility from a one-size-fits-all federal approach?

The REH designation is an important innovation in rural health, recognizing a crisis exacerbated by Medicare's payment rules requiring health infrastructure that was simply too large for the communities it served. A smaller facility will be better suited to the needs of its community precisely because this small size allows it to remain in the community, rather than shut down entirely. Flexibility in this program will be important to ensure the success of the REH model. As the National Advisory Committee on Rural Health and Human Services observed, certain statutory rules like the 24-hour patient stay limit, which may need to be adjusted in a time of crisis that leads to unexpected volume surges, require an elastic touch to ensure optimal practices and outcomes. This flexibility requires balance, however; allowing too much pliability on the definitional limits of REHs may turn them into something closer to what we already have: oversized hospitals that cannot sustain themselves without consistent large infusions of federal funding.