



**Testimony before the United States Senate Committee
on Agriculture, Nutrition and Forestry
“Implementation of the 2018 Farm Bill: Rural Development and Energy Programs”**

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Chairman Roberts, Ranking Member Stabenow, and distinguished members of the committee. Thank you for this opportunity to testify about the importance of strengthening health services in rural communities. My name is Jeff Dwyer and I am the director of Michigan State University (MSU) Extension and the senior associate dean of outreach and engagement in the College of Agriculture and Natural Resources at MSU.

Before I begin, I want to also thank you for coming to Michigan in 2017 to hold a field hearing at the Saginaw Valley Research and Extension Center as you prepared the 2018 Farm Bill. As you may know, Michigan farmers produce more than 300 commodities and their needs are as diverse as the crops they grow and the livestock they raise. Their voices are important in any discussion about agriculture, and I truly appreciate the time you took to listen to their concerns and suggestions.

This summer I did my own listening and learning during a 15-week tour of all 83 counties in Michigan. In addition to spending time with more than 600 colleagues and thousands of partners, supporters and friends, I saw firsthand the ongoing challenges in rural parts of the state and the risks that farmers take to feed the world. As one row crop farmer said to me in May, “I will be putting \$500,000 into the ground as soon as the weather gives me a chance to do that, and I have no idea what is going to happen.” As of earlier this week, he was still unsure when he’d be able to harvest.

When I became the director of MSU Extension in 2016, the organization already had a 100-year-old reputation of serving rural audiences through agriculture education programs that helped farmers reduce risk while increasing production and profits. However, on the heels of engaging in the Flint Water Crisis and bringing our agriculture partners into that city through donations of milk, fresh vegetables and other commodities, my colleague at the Michigan Department of Agriculture and Rural Development (MDARD) expressed great concern about the uptick in suicides in rural areas—specifically among farmers and those working in agriculture, such as grain elevators, trucking and financial institutions. The Centers for Disease Control and Prevention has reported that farmers and farm workers attempt and complete suicide at a higher rate than other professions. In addition, the National Institute for Occupational Safety and Health examined 130 occupations and found farm laborers and owners had the highest rate of deaths due to stress-related conditions, such as heart disease, hypertension, ulcers and nervous disorders. Many more are injured. Those injuries, especially to the back and joints, encourage the use of painkillers, including opioids. The risks that American farmers endure on our behalf are significant.

We took immediate action to prepare our own staff members. Mental Health First Aid, an internationally-recognized program, was identified as a critical first step. This full-day, certificate training teaches people how to identify the signs of stress, how they manifest, and where they can find the resources to get help. I feel so strongly about the importance and impact of this training that I challenged all 600 MSU Extension faculty and staff members to get certified. To date, nearly three-quarters of our staff have completed the training, and we have offered it to hundreds of rural leaders and agribusiness professionals throughout Michigan. MSU Extension staff members are sentinels in their communities. They live there, they are trusted, and they know when there are issues in their communities. When trained in mental health awareness, they are able to better communicate those community needs in timely ways so that MSU Extension can be responsive.

Though we offered programming around stress management and chronic health conditions prior to 2016, we had not linked it directly to rural communities' specific needs. Nor had we armed our agriculture educators with the tools they needed to recognize symptoms of chronic stress and the resources they needed to help clientele. Two and a half years ago, we committed significant financial and human resources to helping farmers and those who love and care for them learn to identify the warning signs of stress, learn how to approach people suffering, listen empathetically and find resources. Subsequently, we have become nationally known for our work in this area. In January, we held a summit where 99 professionals from 19 states learned how to teach two curricula on this important subject.

For example:

- **Farm Stress Management Train-the-Trainer program**, which certifies Cooperative Extension staff in how to facilitate and deliver two important farm stress workshops, **Weathering the Storm** and **Communicating with Farmers Under Stress**.
 - **Weathering the Storm in Agriculture: How to Cultivate a Productive Mindset** shows farmers how to identify signs and symptoms of stress in themselves and their families and teaches stress management techniques they can use in their everyday lives.
 - **Communicating with Farmers Under Stress** is a workshop that teaches agricultural industry workers how to recognize and respond to signs of mental distress with the farm families they encounter in their work.
- **Bury Seeds, Not Stress** is a four-part webinar series that covers a diverse set of farm stress-related topics, such as recognizing signs of stress in youth and the mental health stigma facing men. Recorded versions of all Bury Seeds webinars are available for anyone who is interested on MSU Extension's [Managing Farm Stress website](#).
- Additional offerings on **MSU Extension's Managing Farm Stress website** include factsheets and articles on everything from farm finances to opioid abuse.
- MSU Extension's agriculture and health educators regularly team up to deliver comprehensive programming in local communities, which weaves farm stress topics into community meetings surrounding issues such as delayed planting and harvesting.
- MSU Extension is piloting a text messaging program to learn more about the struggles that Michigan farmers experience and what types of information may help.

- We are also at the beginning stages of developing a short certificate course for all mental health professionals so that they can learn the unique circumstances and challenges facing farmers, farm workers and those who work in agriculture as it relates to stress, depression, suicidology and substance abuse issues.

And this is just the tip of the iceberg. We are always looking forward to additional opportunities that will make a difference nationwide. For example:

- We have agreements with the American Farm Bureau Federation, the National Farmers Union and the Farm Credit Council with the goal of extending our current farm stress educational materials and creating new customized materials in online courses that will better prepare their employees to recognize the signs and symptoms of stress, and give them the ability to connect those in need with resources. MSU Extension will present in-person trainings to key organizational staff of the American Farm Bureau Federation and National Farmers Union. At their national conventions, we are training a subset of each organizations' staff members who will become facilitators of the farm stress education and will learn how to lead people in role-play and real-life scenarios that employees may encounter with struggling farmers.
- Recently, we were awarded a \$1 million grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to create evidence-based trainings on opioid misuse prevention, treatment and recovery. This partnership with the MSU College of Human Medicine (MSU CHM) and the Health Department of Northwest Michigan (HDNW) will develop standardized state-of-the-art trainings plus print and online technical assistance materials addressing the epidemic of opioid use disorders (OUD) in rural Michigan.
- We are also working closely with the lead investigator on MI-CARES, another SAMHSA-funded project, that is creating curriculum that will accredit medical students in addiction medicine.
- We obtained additional SAMHSA funding through the Michigan Department of Health and Human Services for a program to reduce high-risk behaviors that may lead to opioid use disorders and/or substance abuse among Michigan residents ages 55 and above.

All of this will help us continue to make a difference in the lives of rural residents in our state. Once we teach people to identify the signs of mental health challenges and addiction, we can connect them to appropriate resources. In fact, that is the best way to describe who we are in the behavioral health space—we are teachers and connectors. We are not therapists, physicians or psychiatrists, but we are finding ways to collaborate with them to benefit farmers and rural communities.

Our experience in farm stress management and community behavioral health in rural areas is not unlike the emerging role that Cooperative Extension needs to play in both rural and urban areas in the 21st Century. I am convinced that our significant investments in recent years to address suicide, opioid misuse and other mental and behavioral health issues would have been unsuccessful if our new colleagues with this training had walked onto farms and into rural communities alone. Instead, they arrived shoulder-to-shoulder with their agriculture colleagues who had the trust, relationships and gravitas to encourage people to listen. In 2017, we published an article in *Academic Medicine* (Dwyer et al., 2017) arguing that health Extension, particularly in more rural communities, should not be “modeled” on

the agricultural network of the Cooperative Extension System (CES) as suggested in the Affordable Care Act, but that “the CES represents an ideal vehicle for providing health-related research and care delivery given its proven track record, an existing budget, a staffing structure that includes content experts in human health, and well-developed local community partnerships.” We need to think differently and creatively about how the CES, together with local and regional partners, can assist rural communities. At MSU Extension, we do this by taking advantage of our century-long history of being embedded in all communities through a truly statewide network, and our broad expertise ranging from agriculture to youth and community development to health care and nutrition education.

During my 15-week road trip through Michigan, some common themes became evident in our rural counties:

- Rural Michigan is not equipped to care for aging baby boomers. According to the U.S. Census Bureau (2019), 17.5% of rural populations are 65 or older compared to 13.8% in urban areas. The challenges associated with the availability of medical specialties that serve the unique needs of older individuals, limited transportation, and limited access to innovative housing and smart-home options create unique challenges in rural America. Moreover, long-term care in the United States is still disproportionately provided by families, particularly spouses/partners and adult daughters. The availability of familial care options is less in rural areas due to the outmigration of younger generations and increasing likelihood that older people will not move to new areas.
- Our cries to “end the stigma” and encourage people to talk openly about mental health concerns will go unheeded as long as there is a shortage of mental health professionals. Creating networks of mental health and community behavioral health experts who can work closely with clinical experts locally and through telemedicine can be part of the answer.
- Many communities are in favor of creating substance-abuse facilities, but they don’t have adequate staffing. My MSU Extension colleagues in the Upper Peninsula are helping with this shortage by partnering with the Michigan State Police on a project called “In Plain Sight.” They have set up travel trailers to mimic a teen’s bedroom and demonstrate common red flags so that parents and caregivers can learn where young people may hide or disguise illegal substances.

We can work together on brick and mortar projects to house these much-needed services, but none of that matters if we don’t have qualified professionals to staff them. The key is to make rural communities a place where health care professionals want to live, work and raise their families.

The MSU College of Human Medicine uses an immersive approach to educating health physicians. Though the college’s headquarters are along the “medical mile” in Grand Rapids, third- and fourth-year medical students engage in disciplinary clerkships in any of nine primary teaching hospitals and 57 community hospitals throughout Michigan in seven community campuses including [Flint](#), [Grand Rapids](#), [Lansing](#), [Midland Regional](#), [Southeast Michigan](#), [Traverse City](#) and the [Upper Peninsula Region](#). A [study](#) published in the February 2018 issue of *Academic Medicine* concluded that distributed medical education campuses can have a significant effect on the long-term regional physician workforce. In fact, 20% of our graduates practice within 50 miles of their medical school campus. Students’ long-term

practice choices may also reflect the patient populations and specialty patterns of the communities where they learn. If you're a resident of Michigan's Upper Peninsula, there is a one-in-three chance that your physician is an MSU graduate.

I happen to be one of those lucky UP residents. I live in Munising, a lovely little town in Alger County. The 10,000 residents who call Alger County home have the privilege of living on the border of Lake Superior and in the gateway to the Pictured Rocks National Lakeshore. In this beautiful region, one-of-four residents are age 65 or older; we have significant concerns about suicide at all ages; and there are ongoing challenges with substance abuse and manufacturing. My wife Nancy and I are active in the business and health care communities - Nancy, was on the Board of Marquette General Hospital/UP Health Systems - Marquette for many years. We are aware of the difficulty of recruiting and retaining qualified health professionals of all types to rural areas. This is a rural community development challenge that needs your support ... not just a health care challenge. Emerging health professionals need assurance that there will be professional opportunities for their spouses and partners; affordable housing at reasonable prices as they struggle with increasing amounts of debt from education; excellent schools for their kids; a network of health professionals; and accessible broadband is imperative to recruit and retain health care professionals in rural areas, both from their professional need to be able to access the latest medical information and from a personal standpoint.

Rural development resources designed to leverage the assets of communities committed to creating a comprehensive and sustainable health care environment is critical and can be guided and supported by the existing networks of the CES.

And with or without adequate health care staffing, rural residents deserve the same access to telemedicine as their urban and suburban friends and family. Modern technology has enabled doctors to consult patients by using HIPAA compliant video-conferencing tools.

Telemedicine makes health care more accessible, cost effective and increases patient engagement. It gives parents of young children the ability to get help without the added risk of travel, and better equips seniors to age in place. And there is a whole set of other reasons why it makes sense in modern times. But none of them are relevant if patients don't have access to an affordable connection to broadband services.

Finally, the World Health Organization (WHO) defines Social Determinants of Health as "the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness." This now well-established perspective based on a [three-decade history of research](#) still affirms that social and economic factors remain the most significant contributors to individual and population health. Adequate incomes, jobs, affordable housing, quality education, health services that are adequate, accessible and affordable, and many other social and economic determinants directly impact health at the individual and population levels. Often rural residents are disadvantaged on these dimensions and face additional challenges associated with distance, seasonality of economic opportunities, and the environment.

At Michigan State University, we are doing what we can to support rural residents in myriad ways. By working together with this committee and other partners on the federal, state and local level, I hope we can find more ways to provide the services people need. Thank you for your time today. I look forward to answering your questions.