

## EXECUTIVE SUMMARY

**Testimony for the Record Submitted to:  
The Pennsylvania House Agriculture and Rural Affairs Committee and  
The Senate Agriculture and Rural Affairs Committee**

**For the Joint Hearing:  
"Cultivating Wellness: Supporting Farmers Through the Mental Health Crisis"**  
Wednesday, January 14, 2026  
9:00 a.m.  
Keystone Conference Center, Pennsylvania Farm Show Complex

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### **Executive Summary**

The Executive Summary preceding this testimony outlines my key recommendations. The following pages provide the evidence base, detailed analysis supporting those recommendations, and examples of existing programs, resources, and policies that Pennsylvania could adopt.

### **The Challenge**

Pennsylvania's farm families face mental health challenges rooted in structural pressures often beyond their control (i.e., weather, commodity prices, regulations, concentration in businesses along the supply chain, farmland pressure, heavy workloads, high health insurance and caregiving costs, and geographic isolation). Nationally, agriculture has the fourth-highest suicide rate of any occupation, and farmers who die by suicide are less likely than the general population to have had prior treatment or warning signs, making prevention more difficult. In Pennsylvania, 42% of livestock farmers reported at least four symptoms of stress, and 70% of agricultural professionals identified mental health as a serious concern.

Although farmers are often portrayed as unwilling to seek help. Yet research shows they are more willing than able to access support. Family and friend supports are key supports but several barriers limit access to formal care: provider shortages (half of Pennsylvania's Primary Care Health Professional Shortage Areas are rural, or partially, rural), cost, time constraints inherent to farming, and limited agricultural-informed care. Furthermore, some farmers push back on the idea that they need to "work on themselves," noting that many of the stressors they face lie outside their control and require policy changes.

Mental health challenges are not only personal challenges for the farmers and their families experiencing them. They also have major implications for the viability of their farming operations and their ability to continue farming. In other words, mental health challenges in agriculture raise concerns about who will produce the food, fuel, and fiber that we all need to thrive, and whether the difficult conditions that many in the agricultural sector endure should be expected of anyone carrying out this essential work.

### **Current responses**

Current responses most often address the symptoms of mental health challenges by focusing primarily on education, awareness, and crisis intervention even though the most significant drivers of mental health challenges are structural. Effective policy must address both.

## Recommendations

I urge the General Assembly to consider the following actions:

### Address the manifestation of mental health challenges

- **Address health care provider shortages** to improve access to primary and behavioral health, while reducing appointment waitlists and travel time.
- **Establish a counseling voucher program** to reduce financial barriers to mental health care.
- **Support the hiring of behavioral health specialists and/or social workers** to work in tandem with farm business service providers.
- **Provide baseline funding for the operation and marketing of a crisis hotline** staffed by behavioral health providers trained in the agricultural sector's contexts and preferences.
- **Support the delivery of training to health care providers** to help them learn about the agricultural sector and be more effective in meeting the needs of the farm population.

### Address the underlying root causes of mental health challenges

By supporting farm operations:

- **Ensure fair and stable agricultural markets** by equipping the Attorney General to address anticompetitive practices that limit farmer choice and reduce margins.
- **Improve infrastructure and labor availability in meat and dairy processing** to address the bottlenecks that limit farmers' options and weaken their control over prices.
- **Review state disaster relief and insurance programs** to remove barriers in the application process and improve accessibility across farm scales and commodities produced.
- **Develop a Pennsylvania Substitute Farmer Program** to address challenges connected to heavy workloads and challenges taking time off when needed.
- **Support farm transition and business development supports.**
- **Invest in farm health and safety** by providing educational, technical, and financial assistance to overcome barriers implementing health and safety practices on the farm.
- **Strengthen the agricultural training and technical assistance ecosystem**, including in production, conservation practices, business management, human resources, marketing, and risk-management.
- **Expand research priorities to include the health and safety of agricultural populations** within Pennsylvania's Department of Agriculture research grant portfolio.

By supporting farm households:

- **Address health insurance affordability issues.**
- **Ensure that plans offered off the state insurance marketplace** systematically cover the 10 essential health benefits outlined in the ACA, including behavioral health coverage, and avoid underinsurance.
- **Increase access to affordable, high-quality childcare** by supporting parents and childcare providers and reviewing eligibility criteria for financial support to avoid disadvantaging self-employed families.
- **Establish paid family and medical leave**, including options for self-employed farmers to participate.
- **Expand broadband access** to enable telehealth and meet household and business needs.

## The Opportunity

Above all, Pennsylvania needs a well-funded, long-term, and stable approach to farm mental health that avoids the cycle of crisis-driven expansion followed by retrenchment. A durable strategy requires predictable funding, reliable infrastructure, and strong cross-agency coordination to ensure support is available to farmers in all market conditions in tandem with addressing underlying root causes. Such consistency is essential to support the well-being and economic viability of the agricultural sector.

*Full testimony with supporting evidence and references follows.*

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Chairmen Day Pashinski, Moul, Vogel, Chairwoman Schwank, and distinguished members of the committees, thank you for the opportunity to testify in today's hearing. And thank you for focusing on the mental health challenges impacting agricultural and rural communities. I know that the General Assembly cares deeply about the agricultural community, and I am appreciative that this joint hearing is being held.

My testimony is based on over a decade of peer-reviewed research and extension work to understand and support the health, safety, and economic viability of farm families. I have conducted research funded by the U.S. Department of Agriculture (USDA) and the Centers for Disease Control and Prevention (CDC) to understand the mental health challenges that farm families face, their help-seeking strategies to address these challenges, and the resources available to support them. As a faculty member at the state's land-grant university and previously a scientist at a rural hospital research institute, I am humbled and honored that thousands of farmers and their families across the country have entrusted my team and me with some of their most personal struggles. These struggles are not only personal, but they also have major implications for the viability of their farming operations and their ability to continue farming. In other words, mental health challenges in agriculture raise concerns about who will produce the food, fuel, and fiber that we all need to thrive, and whether the difficult conditions that many in the agricultural sector endure should be expected of anyone carrying out this essential work.

To frame my comments, I am starting with a farmer's personal story that demonstrates the emotional and financial toll of farming. This farmer is Duane Martin, whom I met early in 2024 when visiting collaborators. I do not remember what the impetus was, but at some point, during one of the meetings, Duane shared his story of having lost the dairy farm. There were barely any dry eyes in the room once Duane finished relaying his story. Chatting with Duane afterwards, he talked about his incredible sense of guilt for being the last generation on the farm despite having worked so hard. He said he had felt powerless in the face of forces outside of his control. Months later, Duane emailed me a seven-page account titled *"Sales Day"* out of the blue and encouraged me to use it in my work. I am grateful for his trust, and I am honoring it by sharing part of his story with you today:

*"Every time I travel Route 8 towards Edmonston, I wonder how my cows felt that August 29<sup>th</sup> in the trailers taking them to Hosking's Sale barn. After the last trailer door shut and the truck pulled out, the end of an era. After 12 generations, no more Martins milked cows. My family went from the entire family milking 1,000 milk cows in 1931 to no one in 2021." [...] "I watched the trailers pullout. As they went, Pain [one of Duane's cows] looked out the trailer at me. It was not the normal look of her when she was caught pulling on a hose and standing there like to say, "Not me but the cow next to me did it". Instead, I will never forget the look of betrayal in her eyes. I went home that night and did not eat. I sat alone in my office, in the dark with my beagles, Otto and Buddy at my side."*

Unfortunately, Duane's story is one that exemplifies the stories I have heard over and over again in my work with agricultural communities. While mental health challenges in the agricultural sector and in rural areas are not new, the farm income crisis of the late 2010s, followed by the fallout from the COVID-19 pandemic, unprecedented consolidation in a number of agricultural sectors, and the recent and sudden changes in our national policy landscape, have increased awareness of the challenges that farmers and their families face. Many people in organizations have stepped up to take on the challenge of supporting the mental health of the agricultural sector. As important as it is, we are still falling short and we need to expand our efforts.

## **1. Mental health, illnesses, and suicides in agriculture**

Before turning to statistics, I want to clarify the meaning of the terms: *mental health*, *mental illness*, and *mental health challenges*. Everyone has mental health, and it naturally fluctuates with daily circumstances. No matter who we are, our mental health varies with good days and bad days as we go through the ebbs and flows of life. In the context of farmers' mental health, the focus is not on eliminating difficult days, but on addressing the underlying individual and structural stressors that lead to debilitating stress and extreme psychological pressures. *Mental illness* refers to a diagnosable condition in which persistent thoughts, feelings, or behaviors interfere with health, well-being, and daily functioning. It is generally recommended to seek support from a health care provider when these symptoms last longer than two weeks. Despite the persisting stigmas around mental health and illnesses, mental illnesses are not uncommon. About one in five U.S. adults lives with one [1]. When a diagnosed mental illness is well managed, people can still feel mentally well and have good mental health. A diagnosis is also not necessarily permanent; postpartum depression is one example. Last, the term *mental health challenges* is commonly used as an umbrella term to refer to stress, anxiety, sadness, depression, and similar illnesses, substance misuse, and suicide.

Studies across the U.S. have documented high levels of mental health challenges among farmers. For example, an estimated 8.7% to 58% of surveyed individuals working in agriculture reported signs of depression [2-4]. The variation stems from differences in study design and economic conditions at the time of data collection, underscoring the need for more research [5, 6]. Evidence also points to elevated rates of risky alcohol use among farmers [7], though rates of conditions like ADHD, PTSD, and schizophrenia do not appear higher than in the general population. In Pennsylvania, a 2022 survey, supported in part by the Pennsylvania Department of Agriculture, found that 42% of farmers and 53% of agricultural industry professionals reported four or more symptoms of stress [8]. In that same study, 70% of industry professionals identified mental health in agriculture as a serious concern.

Agriculture experiences the fourth-highest rates of suicide compared to all occupations. At the national level, 31.6 farm men per 100,000 died by suicide in 2016 compared to 27.4 men per 100,000 in all industries [9]. In Pennsylvania, 11 farmer suicides were documented between 2020 and 2024 [10-12]. This number is considered an undercount since compiling data on suicide is difficult. Society and some religions continue to stigmatize suicide. Obituaries are an important source of information about farm-related deaths, but families often choose to omit the cause of death. Coroners' reports are another important source of data, but not all suicides are known as some farmers mask their suicide as a farm accident to avoid bringing shame to the family and as a strategy for insurance and debt purposes.

The progression to suicide in agriculture differs from the general population, making early sign detection and prevention more difficult [5]. Farmers who died by suicide were less likely to have the following: alcohol or substance misuse, a diagnosed mental health illness, treatment for mental health challenges, or a history of suicidal thoughts or suicide attempts [5, 13]. This atypical progression to suicide in agriculture is due to a number of factors. Farmers have more functional attitudes towards death, which is particularly the case if they raise livestock, as they are frequently confronted with the illnesses and death of animals. Farmers are also more likely to have access to firearms and toxic chemicals. Lastly, the agricultural sector routinely faces high-intensity occupational stressors such as volatility in commodity prices, animal diseases, and weather. Taken together, these factors indicate that the decision to die by suicide in agriculture is likely more decisive, quicker, and harder to foresee.

## 2. What explains mental health challenges in agriculture?

Similar to the general population, farmers and their families experience several layers of stressors. Some are connected to their private lives, while others are connected to their professional lives. However, for farm families, their private and professional lives are deeply interconnected and inter-reliant with the constant exchange of resources (i.e., time, money, and energy) [14-16]. In other words, challenges impacting the farm operation impact the farm household and vice versa [17]. In addition, that also means that there is rarely an opportunity to step away from work problems. Farm (or occupational) stressors are complex and multifactorial: weather, commodity prices, regulations, concentration in businesses along the supply chain, farmland pressure, heavy workloads, and strained farm finances and relationships [8, 18-23]. Two additional risk factors are specific to agriculture: the constant uncertainty connected to productivity yields, commodity prices, or weather, and the vulnerability associated with massive losses of crops or livestock as a result of rain and windstorms, hail, late frost, pests, or disease. Farming primarily occurs in rural areas. These areas experience their own set of stressors due to reduced economic, educational, cultural, and social opportunities, limited broadband access, geographic isolation, and barriers to health care [24-29]. These occupational stressors, layered with geographic stressors, compound mental health challenges. Lastly, while stress in agriculture is not new, several factors are increasing pressure on the agricultural sector. These include labor shortages and lack of legal options to hire foreign workers, increased extreme weather events, and fewer farmers and farm workers to feed a growing and increasingly urban population [30-32].

When asked about stressors that impact them the most, farmers most often list those that impact the farm operation [8, 18, 33] which is not surprising as all of these are directly connected to the fear of losing the farm and their livelihood [14, 34, 35]. Not to be underappreciated, however, are the stressors connected to their personal lives. Relationship issues are frequent in the context of working with family members and can create particularly difficult farm transitions [18, 35, 36]. Health issues are another source of stress. Physical and mental health issues are interconnected, and they have rippling effects on financial well-being. Farming is a physically demanding and hazardous occupation, with between 19% and 33% of farm households reporting disabilities or health conditions that make it difficult to work [17, 37]. Accessing and paying for health care further affects farmers' ability to maintain their health; farmers often face high insurance premiums, high out-of-pocket costs, and limited availability of providers in rural areas [29, 38, 39]. Even getting time to visit a doctor can be considerably challenging given labor shortages and work demands [40]. Many farm households rely on off-farm employment to secure health insurance, but doing so reduces the time and energy available for farm operations, adding on as a source of stress [17]. Economic vulnerability remains a concern even with insurance. A national study found that one in five farm households carried more than \$1,000 in medical debt, and over half were not confident they could cover the costs of a major illness or injury without going into debt, despite more than 90% being insured [41]. The expiration on January 1, 2026 of the expanded health insurance marketplace subsidies and Enhanced Premium Tax Credits has heightened concerns that farm families relying on the insurance marketplace will be priced out of adequate coverage [42].

## 3. Variations in the experience of mental health challenges

Farmers' challenges vary by individual, household, and farm characteristics, including age, gender, race and ethnicity, income, marital status, immigration status, religion, farm scale and commodities produced, farming experience, and role on the farm. Often embedded in these factors are cultural norms about what can(not) or should(not) be done. Such variations need to be considered when seeking to understand challenges faced and how to best respond to them. Age and gender provide two illustrative examples.

**Age.** Among farmers who died by suicide, 45% were over the age of 65, despite this group comprising about one-third of the farming population, and they were more likely to have physical health challenges. Meanwhile, younger decedents were more likely to have relationship challenges [13]. From a help-seeking perspective, younger farmers are more likely to be open about their challenges and seek help than older farmers [18, 43].

Age also provides a marker related to where people are in their personal and professional lives. Early-career households face higher pressures as they have fewer resources (i.e., time, money, energy, experience) to draw on as they start a family and start, or take over a farm business [8, 44-46]. Meanwhile, older farm households tend to have more experience navigating challenging times, but as their financial assets are often tied to the farm business and as their social security benefits can be low, adequate income in later years can be a source of tension and explains why some continue farming in their older years [35, 47, 48]. Farm households with younger children and adults needing care can also face heightened stress due to challenges in securing help with caregiving [49-52]. For example, a national study showed that three-quarters of farm families experienced childcare challenges within the last five years, most often due to cost and availability, followed by distance to childcare and childcare quality [53]. These childcare challenges were in turn a source of stress while also negatively impacting farm households' finances and the development of their farm operation [54, 55].

**Gender.** Farm men are more likely to die by suicide, while farm women have reported higher stress levels [8, 13, 56]. Pre- and post-partum depression is common yet under-resourced or seldom discussed. In the same national study noted earlier, almost half of all farm families (47%) reported that someone in their household experienced pre and/or postpartum depression [53]. Juggling on-farm, off-farm, and caregiving responsibilities in the dangerous farm environment adds to farm women's stress. Meanwhile, many feel their challenges are invisible, which is confirmed in farm stress programming that disproportionately targets farm men [51, 55, 57, 58].

#### **4. Farmers' response to mental health challenges**

Research shows that farmers use a range of coping strategies when they experience mental health challenges [59-62]. Negative coping strategies are most common, including ignoring problems, substance misuse, isolation, stoicism, distraction (such as overworking or excessive television watching), and leaving agriculture altogether. Positive coping strategies are used less frequently. These include talking with family and friends (and less often with faith leaders or health care providers), practicing self-care, focusing on the positive, addressing financial or legal strains, and making operational changes such as reducing input use or adopting conservation practices.

Farmers are often encouraged to seek help from a health care provider, but several barriers limit their ability to do so. Farmers generally prefer primary care providers they already trust, particularly those who understand agriculture and can offer treatment options that fit their realities (e.g., the impracticality of taking a week off for a dairy farmer) [18, 34, 60]. Financial barriers also play a significant role; even with insurance, behavioral health care may not be covered. In a national survey, 14% of farm households did not have behavioral care coverage, while 33% did not know if their plan covered it (unpublished data). Access challenges are compounded by rural provider shortages, long waitlists, travel distances, time away from work, and concerns about confidentiality. In Pennsylvania, half of the federally designated Primary Care Health Professional Shortage Areas are in rural or partially rural areas. Meanwhile, 25% of rural Pennsylvanians live in a shortage area compared to less than 2% of urban residents [63].

Farmers are sometimes portrayed as unwilling to seek help. This can be seen in media articles about farmers' mental health or in mental health resources framed around convincing farmers to seek help [57, 64]. Research and on-the-ground experience tell a different story. Farmers and professionals who regularly work with farmers report that farmers are more willing than they are able to seek support, most willing to connect with financial assistance, and least able to access mental health care [34, 40]. More than once, I have been in rooms when farmers pushed back on the idea that they need to "work on themselves" or see a doctor, noting that much of what drives their stress lies outside their control and requires policy changes. We also need not lose sight that farmers are resilient and accustomed to dealing with uncertainty. They are no strangers to problem-solving, as they routinely address challenges related to machinery, livestock, crops, soil, spraying, weather, paperwork, and managing employees.

## 5. Organizational responses to farmer mental health challenges

As recognition of mental health challenges in agriculture has grown, farm organizations, farm service providers, and government agencies have expanded efforts to support farmers. These responses generally fall into three categories [57, 60].

**Education and awareness** efforts are focused on explaining mental health and mental illness, strategies to care for one's own mental health, supporting others, and finding additional resources. Education is also used as a conduit to reduce stigma related to mental health and help-seeking. In Pennsylvania, several organizations provide this type of programming, including, but not limited to, Penn State Extension, the Pennsylvania Farm Bureau, and the Pennsylvania Center for Dairy Excellence [65].

**Improving access to care efforts** have focused on making behavioral health care more accessible, including crisis hotlines staffed by providers familiar with agriculture, counseling voucher programs, and training for health care professionals to better understand agricultural contexts. Most often, this is being done through state departments of agriculture and land-grant universities. Pennsylvania currently partners with the national non-profit AgriSafe to offer a hotline, while the Northeast Farm and Ranch Stress Assistance Network (Cultivemos) contracts with another national non-profit, Farm Aid [66, 67]. Several Midwestern states, including Illinois, South Dakota and Wisconsin, offer voucher programs [68-70].

While not originally designed as mental health interventions, federal and state government programs that stabilize income or reduce economic strain for the farm business or the household play a role in **addressing structural stressors**. For the farm business, these include commodity and income support, crop and livestock insurance, and disaster relief programs. Agricultural Mediation Programs supported by the USDA are also relevant; in Pennsylvania, this program is offered through the Center for Agricultural and Shale Law at Penn State Dickinson Law [71]. For farm households, relevant federal programs and supplementary state programs include health insurance supports (e.g., Medicaid, the Children's Health Insurance Program (CHIP), premium tax credits), food programs (e.g., the Supplemental Nutrition Assistance Program (SNAP), the Women, Infants, and Children (WIC) program, and free or reduced-price school meals), income-support programs (e.g., unemployment insurance, TANF), family supports (e.g., unemployment insurance, Temporary Assistance for Needy Families (TANF)), and disability programs (e.g., Social Security Disability Insurance (SSDI), and Supplemental Security Income (SSI)). Few programs are specifically designed to support farm families' mental health and their financial well-being in tandem, but there are three notable exceptions in the Northeast. In New York, NY FarmNet at Cornell University provides financial and business management consultations alongside personal, family, and mental health support from staff who are farmers or have grown up on farms [72]. The New York Center for Agricultural Medicine and Health (NYCAMH) has a social worker on staff who works with safety specialists and other agricultural partners [46]. Both of these programs are financially supported by the state. In Vermont, the Agencies of Agriculture and Human Services jointly fund the Farm First Program to offer services to farmers ranging from labor and management issues to financial concerns, family stress, and alcohol or drug/substance problems based on the employee assistance program (EAP) model [73].

Rapid program deployment during crises addresses acute needs, but evidence on reach, effectiveness, and acceptability is limited [23]. Few initiatives in the first two categories have been formally evaluated with studies showing mixed, or modest, effects [74-78]. These interventions have been criticized for focusing on the acute symptoms of mental health rather than their causes [60, 79-81]. Lastly, these programs tend to expand in crises then contract once the crisis is perceived to be over. Yet farm mental health challenges are chronic, not episodic [18]. This stop-and-go pattern underscores the need for consistent baseline support and highlights risks to sustainable funding, infrastructure, and institutional memory [57, 81].

There is even less research on programs and resources that tackle structural stressors [23, 82] but the few studies suggest positive impacts [17, 83-85]. Importantly, farmers and stakeholders prioritize solutions that address structural stressors when asked how to best support mental health in agriculture [34, 60, 64, 86].

## 6. Strategies to address mental health challenges in agriculture

Addressing mental health challenges within Pennsylvania's agricultural sector requires a response that is comprehensive and sustained. As discussed, while individual attitudes influence how farmers cope with stress, the most significant drivers of distress are structural. Any effective response must therefore address both the manifestations of mental health challenges and their underlying root causes. The following proposed solutions below are based on research and conversations with farmers and stakeholders about strategies to support well-being and economic viability in the farm sector.

### a) Address the manifestation of mental health challenges

Education and awareness efforts that reduce stigma and normalize help-seeking remain important. These efforts must be culturally informed and delivered by trusted agricultural organizations so that all members of agricultural communities feel safe acknowledging challenges and pursuing support. They should also go beyond describing symptoms and coping strategies to communicate the full range of resources available, especially those offering practical solutions to challenges on the farm and in the household. The state has an important role in ensuring adequate funding for these efforts along with helping with the coordination of efforts across the state to avoid duplication and meet the diverse needs of Pennsylvania's farm population (i.e., on the basis of age, gender, race, ethnicity, religion, commodities produced, and role in agriculture).

- **Address health care provider shortages** to improve access to primary and behavioral health, while reducing travel and waiting time. These efforts must be grounded in effective models to attract and retain healthcare providers in rural areas.
- **Establish a counseling voucher program** to reduce financial barriers to mental health care. Illinois, South Dakota, and Wisconsin offer examples of models run by their departments of agriculture or land-grant universities [68-70].
- **Support the hiring of behavioral health specialists and/or social workers to work in tandem with farm business service providers.** NY FarmNet and the New York Center for Agricultural Medicine and Health offer models that Pennsylvania could implement [46, 72].
- **Provide baseline funding for the operation and marketing of a crisis hotline** staffed by behavioral health providers trained in agricultural contexts and preferences. The Pennsylvania Department of Agriculture partners with the national non-profit AgriStress [66]. Other states run their own hotlines in partnership with land-grant universities or state-based non-profits who are in tune with the local realities.
- **Support the delivery of training to health care providers** to help them learn about the agricultural sector and be more effective in meeting the needs of the farm population. This applies to mental and physical health needs.

### b) Address the underlying root causes of mental health challenges

Reducing the structural sources of stress that affect farm operations and farm households is essential.

To support farm operations:

- **Ensure fair and stable agricultural markets.** Inadequate and fluctuating prices are among the top stressors for farmers. Pennsylvania can ensure that the Attorney General has adequate resources to pursue antitrust and monopolistic practices among input suppliers, processors, and retailers, as consolidation in these sectors has reduced farmers' choice and profit margins.
- **Improve processing capacity and labor availability.** Bottlenecks in meat and dairy processing limit farmers' options and weaken their control over prices. The training of butchers through Pennsylvania's technical schools, supported by state funding, is an important step. This is particularly important as immigration policies and limits on H-1A visas are reducing the workforce in agriculture and food processing.

- **Review disaster relief and insurance programs.** Disaster relief and commodity insurance help buffer climate and market volatility, but application processes can be complex and coverage uneven based on scale and commodities produced. The state should review programs offered by the Department of Agriculture to identify and remove barriers.
- **Support solutions to reduce excessive workloads.** Heavy workloads and the inability to take time off create major stress and impede farmers' ability to care for their health and well-being. The state should explore the development of a Pennsylvania Substitute Farmer Program, similar to the substitute teacher model, to provide trained labor when farmers need time away. Such a program could also function as a workforce development platform for the agricultural sector. France uses a farmer-to-farmer model to offer this type of program, while Finland offers it through its farmers' social insurance program [87-89].
- **Support farm transition and business development.** The transition period, both for older farmers and for new or beginning farmers, is especially stressful. Continued work by the state on access to land, capital, risk-management tools, and generational transfer is critical. Existing efforts within PDA's Agricultural Business Development Center, along with organizations such Penn State Extension, Pennsylvania's Center of Excellence, and PA Farm Link, play an important role.
- **Support the health and safety of the agricultural sector.** The physical and mental health of those who work in agriculture, along with their safety while working, are deeply interconnected and directly influence their productivity and the state's economy. Just as the state invests in animal, soil, and water health, it must also invest in the people who care for them by providing resources beyond those required by pesticide safety mandates. These resources should include education, technical assistance, and financial resources that address the documented barriers to adopting health and safety practices in the inherently hazardous farm work environment.
- **Strengthen the agricultural training and technical assistance ecosystem.** Farmers need access to free and low-cost resources, training, and technical assistance in production practices, animal and soil health, conservation practices, business management, marketing, human resources, and risk management. Sustained support for the land-grant system, technical colleges, and Pennsylvania's Centers of Excellence, among others, is therefore key.
- **Expand the state's agricultural research priorities to include the health of the agricultural population.** While the Pennsylvania Department of Agriculture currently lists animal health as a priority area in its Research Grant Program, the health and safety of the people who care for them is not listed. Given limited state and federal funding for research on farmers' health and safety, adding human health to the state's priority areas would be a simple but meaningful way to support ongoing assessments and evidence-based solutions.

To support farm households:

- **Address health insurance affordability issues.** Many farm households struggle with health insurance costs. This is especially important given that the end of health insurance marketplace subsidies and Enhanced Premium Tax Credits is leading to increased plan prices on the state insurance marketplace, Pennie.
- **Ensure that plans offered off the state insurance marketplace** systematically cover the 10 essential health services from the Affordable Care Act (ACA), including behavioral health coverage [90] and avoid underinsurance through high out-of-pocket expenses and deductibles.
- **Increase access to affordable, high-quality childcare.** Farm families face persistent challenges finding and affording childcare. States such as Vermont and New Mexico offer examples of comprehensive policy solutions that simultaneously support parents and childcare providers [91, 92]. The Rural Childcare Policy framework from the Bipartisan Policy Center provides examples, including collaborations of partners at different levels (e.g., states, communities) [93]. The state should also review childcare financial assistance eligibility criteria to ensure that self-employed families are not disadvantaged by how business assets are counted.
- **Establish paid family and medical leave options.** Pennsylvania currently does not offer paid family and medical leave. The Family Care Act, debated last year, would have provided such support. If the bill is reconsidered, it will be important to ensure that there is an option for self-employed

individuals to participate, as is the case in several other states (e.g., Connecticut, New York State, and Washington State).

- **Expand broadband access.** Reliable, high-speed internet is now essential for meeting household and farm business needs. In the context of mental health, broadband enables access to telehealth services that farmers value for confidentiality and time savings. This is why continued efforts to expand broadband availability in rural areas are critical.

### c) Final considerations

I recognize that this list of strategies is extensive. Mental health challenges in agriculture are complex, and as such, a comprehensive response is both justified and necessary. As I was recently reminded, an elephant is eaten one bite at a time. My goal was therefore to provide a roadmap to help the General Assembly phase the work in a realistic, coordinated manner across legislative committees, state agencies, and external partners in the short, medium, and long term.

To support this process, the state could convene a collaborative action-planning workshop to assess the feasibility and acceptability of these strategies among stakeholders, identify missing or underdeveloped approaches, and prioritize a sequence of actions with the greatest impact for Pennsylvania's agricultural communities. The Future Search approach has proven to be productive in tackling complex challenges because it is specifically designed to help diverse stakeholders develop shared strategies and produce a focused plan that can guide legislative and administrative decisions [94, 95].

Above all, Pennsylvania needs a well-funded, long-term, and stable approach to farmers' mental health challenges. One that avoids the cycle of rapid expansion in crises followed by retrenchment once those crises are perceived to be over. The reality is that there will always be crises. Some affect a single farm family at a time, while others impact an entire area or commodity group simultaneously. A sustained strategy requires predictable funding, durable infrastructure, and strong coordination across agencies and partner organizations so that support remains available to farmers regardless of market conditions. This consistency is critical for meeting immediate needs while addressing the deeper structural pressures that shape farmers' well-being.

## 7. Concluding comments

As discussed throughout this testimony, while individual attitudes influence how farmers seek help (or do not seek), the most significant drivers of distress are structural: volatile markets, labor and processing constraints, the weather, insufficient household income, lack of affordable health insurance and childcare, broadband gaps, and the pressures of succession and transition. Effective policy must address both the manifestations of mental health challenges and their root causes, ensuring farmers can access appropriate, affordable mental and behavioral health care when needed while also reducing stressors.

These issues are not abstract. They shape the daily lives, identities, and futures of farm families. Duane's experience is a powerful reminder. When he sold the cows, ending 12 generations of dairy farming, he described the moment as "the end of an era." After Duane sold the dairy cows, he went through a very difficult period, like many farmers in his situation. Duane was able to find support, but not all farmers do. Duane's story illustrates that support systems are crucial when farmers face difficult times, and that structural solutions are necessary for the agricultural sector to be viable and to continue feeding, fueling, and clothing the state and the nation.

Thank you again for holding today's hearing and inviting me to participate. I welcome your questions.

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