

Alyssa Clements
Clay County, Tenn.

Alyssa Clements was a child when “the farming bug caught me.” After receiving a master’s degree in livestock nutrition, she followed in her grandparents’ footsteps and started a cattle farms in Clay County, Tenn. with her husband - and started working at Purina Mills, helping Tennessee ranchers make nutrition decisions for their own operations. In addition to her grandparents’ interest in agriculture, Clements inherited her parents’ passion for rural healthcare. The daughter of Dr. Bart and Lee Clements (a general surgeon and registered nurse, respectively) Clements has long believed in the importance of healthcare access for rural Tennesseans. Her advocacy efforts have taken her across the state and all the way to Washington D.C., where she speaks about the harms of rural hospital closures, and the importance of expanding access to healthcare in rural communities. Clements spoke with intern Reilly Wade about the challenges Tennessee farmers and ranchers face when trying to access healthy food and healthcare services.

What do you enjoy most about working in agriculture and with other farmers across Tennessee?

“The variety - no day is the same. Less than 2% of the population feeds the other 98%. Because farmers are such a small entity, it's a really kind of close-knit group. You kind of get to almost become part of their family, because you see them at so many other things across the state.”

From what you see across farms in Tennessee, how easy or difficult is it for rural communities to access healthy, affordable food?

“We are in a food desert. There are very few grocery stores in our county. Many people have to travel outside of the county to really be able to get that plethora of fresh fruits and vegetables. A lot of people have gardens, and a lot of people are very community-driven. So, some of our producers who may have laying hens may provide eggs to others. There's a lot of community crossover, but I think we can always do a better job, especially on those fresh fruits, vegetables, meats and protein options. My local church has one of the most active kinds of blessing boxes or food pantries. We've even talked about providing some refrigeration and working with some producers to offer some meat options, not just the canned, shelf-stable-type products. [We are] eliminating as much food scarcity as we possibly can, but it's still a community effort. We are so rural that it's just the lack of access to some good, nutritious products or the drive time that it takes. Rural people have to do a better job of planning if they are trying to eat nutritious meals.”

How has access to healthcare in your community changed over time?

“We were a county that had a hospital, the Cumberland River Hospital, and it closed down. It had been purchased by another hospital, and funding and support for it were dwindling. (Cumberland River Hospital permanently closed in 2020 as a result of insufficient revenues and staffing shortages). It was one of the only hospitals in the state to reopen for a second, which was a positive. But there are just so many barriers [to reopening] once a hospital closes, because you have to go through all of the motions to get your TennCare numbers, your Medicare numbers (CMS Certification Number and Provider Transaction Access Numbers), etc. so you can actually bill for the services that hospital is providing. At the time when my dad started (as a surgeon), he worked for four hospitals. Two of those four are closed. He ended up retiring (from) only one hospital. It just further spread out the access to care for a lot of people in this community. They have to drive further. If it's a life-or-death situation, you're depending on those EMT professionals. Our county has even had gaps where they were relying on other counties for EMT services, which was scary. (In Clay County, EMT positions are a blend of paid and volunteer roles, but ambulance-transport positions are paid). Farming (is) a dangerous job. You're around animals that are unpredictable and heavy equipment a lot of the time. My grandfather actually rolled a tractor and had it been worse, it could have been a life-or-death situation. When I went into labor with our first child (in 2023), I drove myself to the hospital and that was 45 minutes, instead of the 20 minutes it would have been (before 2020).”

What did it mean for your area and the people who live there when the local hospital closed?

“Because we don't have a hospital, we're an economically-distressed county. (The Appalachian Regional Commission classifies counties based on three-year average unemployment rates, per capita market incomes, and poverty rates each year. Economically-distressed counties are the counties that rank in the bottom 10% nationally. According to the state of Tennessee, Clay County is one of Tennessee's 11 economically-distressed counties, with an unemployment rate of 4.4% and poverty rate of 21.7% - state averages are 3.3% and 13.8%, respectively.) When a new business (wants) to invest in an area that has the workers, they go, ‘Oh gosh, you guys don't even have a hospital? So, why would we invest here?’ Usually because of the margin in farming, a family member has to work off-farm, maybe to provide health insurance (for their family), maybe just that supplemental income for the times of year where crops are in the field or animals are not sold yet. (Second jobs) level out the take-home income. If there are no jobs in the county, farmers' family members have to drive further or settle for a job they might be overqualified for, just because there's not other economic opportunities. Farmers are already juggling Mother Nature, changes in input costs (cost of fertilizer, seed, fuel, etc.), and then you have that other dynamic that you're always battling a little bit.”

How do the demands of farming affect people's ability to seek healthcare when they need it?

“There's always the joke that if a farmer willingly comes into the ER, the nurses better know it's a serious problem. Farmers are some of the toughest people. There's times of year it's kind of make-or-break. You know the old saying, ‘Make hay when the sun shines?’ They really push some preventative care off. When preventative care is an hour drive away one way, instead of 20 minutes, they just push it off even more. Not a lot of farmers are complainers. They don't want to come off as if something's wrong. So, it's the challenges of the time of year, the seasonality. The to-do list is always long, and you're adding drive time to go to one doctor's visit. Then, they (might) need to send you to a specialist that's two hours away. We understand we're in a rural area and your specialists are going to be further away, but it just kind of kicks the can down the road.”

What led you to start advocating for rural healthcare services?

“My dad was involved in some rural healthcare boards through the American College of Surgeons and set an example. I'm pretty heavily involved in the Tennessee Farm Bureau. I was actually named the Tennessee Excellence in Agriculture winner for the state last year. They challenge you to pick three agriculture issues either affecting you at the local, state or national level. Locally, I thought the one I was the most passionate about was rural healthcare, so I have spoken about that nationally. I have spoken about it in Washington, D.C. to our legislature. I've spoken about it at the state Capitol with my congressman and senator. I love the customers or the farmers I get to work with every day. My motto is: ‘I'm fueled by farmers.’ All of these personal experiences are why I continue to do this. I just want to make sure that my children have some type of access, because you never know when there could be an emergency and someone needs that care.”

What do you think policymakers often misunderstand about farmers and rural healthcare needs?

“We do a simple job. We put a plant or a seed in the ground and get it to grow. So, they oversimplify that. Sometimes I feel like they don't think we necessarily understand the bigger picture. But we're impacted by legislation every day - some that benefits us, some that creates obstacles. Everybody is. I think what they misunderstand sometimes is that small, rural areas are such a small part of their constituency or those they represent that they don't matter as much, but they do have a great impact on the rest of their voter base. A lot of times, we might be providing local products those voters are buying at the store.”

What would make the biggest difference for farmers trying to stay healthy while running their operations?

“Investing some time in themselves. That's hard, because there are only so many hours in the day, and some work has to get done and it's a priority, especially if they're taking care of a living animal. They're going to make that a priority #1 and then priority #2 is family. Priority #3 is probably something else with the farm, and they're probably #4 or #5 on that list. So, I think that is always important. We go through so many kinds of certifications and education every year through programs Tennessee provides that maybe having a healthcare-education piece in there might not be a bad option. There are lots of organizations in agriculture that offer some emergency preparedness-type things and farm safety days.

It's always good to have those little reminders out there. Also, making sure that (healthcare providers) know how to speak to farmers a little bit better. My brother is a doctor. Just having that piece of knowledge of how to speak to different groups of individuals who have really high-stress jobs, maybe rural patients. I think that's always a good continuing-education program.”

What is one thing you wish more people understood about the connection between farming, food and health?

“All three of them are interwoven into each other. Some people might see they all live in silos, and it is not the case. Everything is connected in the world. There are byproducts of agriculture that go into other things that people wouldn't even know about. We need to remember healthcare is not in a silo. Food is not in a silo. Good diets and good, healthy products made by Tennessee farmers can benefit your health. We need to remember we need to keep those farmers healthy, so they're still around to be able to provide that. We need to make sure we do have enough doctors, nurses, everything, in every part of Tennessee to make sure we aren't in healthcare deserts or food deserts. The more we realize we all have common goals, it makes us a stronger community, and everyone becomes more and more connected.”

What are your hopes and goals for the future?

“I think for my local community, the goal is to definitely expand healthcare services, at least getting ER service for our community. I will continue to advocate for that and work with whomever. I'll lean on my parents who are huge advocates, lean on the resources and the people in the network I know throughout the state to help get that done, and be an active and willing participant in that project. Personally, I'll continue to build relationships and work with farmers. There's projections of at least another \$1.6 billion in loss of rural healthcare revenue this year, and I'll continue to bring awareness to that issue, not just for Tennessee, but for the

country. I know we've invested over the next five years, at least through this presidency, \$50 billion, but we don't want that to be a Band-Aid. We want that money to be ways to explore solutions that continue to keep rural areas profitable enough to be able to continue to provide that service five years out from now, when the funding dries up. Finding ways nationally to overcome these barriers, to keep rural healthcare in the black enough to just be able to keep the lights on and provide service going forward. When my kids are old enough to have children, we don't want to be having this discussion and saying that it's just that much worse.”