Monona County, Iowa
ABOUT THIS REPORT

The Sentinel Communities Surveillance project, conducted by RTI International in collaboration with the RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project, which began in 2016, will monitor activities related to how a Culture of Health is developing in each of 30 diverse communities around the country for at least five years. This community portrait follows from the initial Snapshot report for Monona County, Iowa, and provides insights into drivers of a Culture of Health in the community. The report is not intended to comprehensively describe every action underway in Monona, but rather focuses on key insights, opportunities, and challenges as this community advances on its journey toward health and well-being for all residents.

The information in this report was obtained using several data collection methods, including key informant telephone interviews, an environmental scan of online and published community-specific materials, review of existing population surveillance and monitoring data, and collection of local data or resources provided by community contacts or interview respondents. Interviews were conducted with individuals representing organizations working in a variety of sectors (for example, health, business, education, law enforcement, and environment) in the community. Sector mapping was used to systematically identify respondents in a range of sectors that would have insights about community health and well-being to ensure organizational diversity across the community. We also asked original interviewees to recommend individuals to speak with to include important organizations or perspectives not included in the original sample.

A total of 21 unique respondents were interviewed during spring 2018 for this report. All interviews (lasting 30–75 minutes each) were conducted using semi-structured interview guides tailored to the unique context and activities taking place in each community and to the role of the respondent in the community. Interviewers used probes to ensure that they obtained input on specific items of interest (for example, facilitators and barriers to improved population health, well-being, and equity) and open-ended questions to ensure that they fully addressed and captured participants’ responses and perceptions about influences on health and well-being in their communities. Individuals who participated in a key informant interview are not identified by name or organization to protect confidentiality, but they are identified as a “respondent.” Information collected through environmental scans includes program and organizational information available on internet websites, publicly available documents, and media reports. Population surveillance and monitoring data were compiled from publicly available datasets, including the American Community Survey; Behavioral Risk Factor Surveillance System; and other similar federal, state, and local data sources.

We will conduct ongoing surveillance and monitoring activities in these communities through 2020 and report updated information on their progress, challenges, and lessons learned in improving health and well-being for all residents.

Data collection and monitoring thus far has revealed common themes among otherwise distinct communities. The next phase of this project will be cross-community reports that will examine common themes across subgroups of the 30 communities (for example, rural communities, communities experiencing large demographic shifts, and communities leveraging local data for decision-making). These reports will also be posted on cultureofhealth.org.
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Introduction

In our Snapshot report of Monona County, Iowa, we described a rural county on the Missouri River facing many of the challenges common in rural communities, including geographic isolation, population and economic decline, and prevalent health issues. Monona is home to just 13 people per square mile, and a significant proportion of the population is aging. A majority of its land area is devoted to livestock and grain farming. In addition to farming—manufacturing, transportation, health care, and retail are the key sources of employment. The Snapshot highlighted the major health concerns facing Monona residents, including alcohol abuse, child abuse and neglect, heart disease, and a sedentary lifestyle. In this report, we examine Monona County’s efforts to improve population health and build a more equitable community, using the Culture of Health Action Framework to interpret and organize key findings. The Framework prioritizes four broad Areas: 1) Making Health a Shared Value; 2) Fostering Cross-Sector Collaboration to Improve Well-Being; 3) Creating Healthier, More Equitable Communities; and 4) Strengthening Integration of Health Services and Systems, within which activities and investments can advance population health, well-being, and equity in diverse community contexts. Using the Framework, we describe how Monona County is working to sustain its commitment to community well-being. Its determination was sparked by a natural disaster that ravaged the community, and organizations
are collaborating to promote community cohesion and healthier lifestyles. Despite wide-reaching collaborations, and a strong county health department that acts as a central coordinating body, the county continues to struggle to promote economic development and make progress addressing the prevalent health issues.

**CONTEXTUAL CONDITIONS**

Monona County, Iowa, is part of Siouxland, a multi-state region that corresponds to the Sioux City drainage basin and is sparsely populated. The county’s current population of 8,740 represents significant population decline over the past decade. Like many rural counties in the United States, younger residents often leave in search of employment and education, contributing to a high median age of 46.5 years. Twenty-five percent of residents are over age 65, and many are on Medicare. The median income in Monona is lower than that of the state of Iowa as a whole ($41,098 compared to $53,600). However, only 11.4 percent of county residents are at or below the federal poverty line, compared to 15.6 percent of state residents. The percentage of children living in poverty is also lower in Monona compared to the state (18.2% and 19.4%, respectively). Monona’s population has very little ethnic and racial diversity, with white residents comprising 95.5 percent of the population.

In terms of education, high school graduation rates compare favorably to statewide rates, but there are low rates of higher education completion. One academic sector respondent referenced a general view in Monona that argues, “Well, you don’t need to go to college. You can just get a job and get your experience at your job.”

Almost 29 percent of Monona’s workforce is engaged in agriculture. Corn, soybeans, and livestock are the major products. Over the past decade, there has been a trend toward more corporate-owned farms and fewer family-owned farms. Between 2007 and 2012, the number of corporate-owned farms increased by 11 percent, while family-owned farms fell by five percent. The total number of farms has decreased by 17 percent since 2007, and the average size of farms in Monona is slowly increasing (by 4% since 2007). Despite the changing farming landscape, farming remains central to the county’s identity, economy and geography, and this agricultural industry contributes to 44 percent of the county’s total industrial output ($209,400 million).

In the midst of the vast farmland in Monona County, there are two main urban centers—Mapleton and Onawa. One-third of the county population resides in Onawa, which serves as the county seat. In these more urban areas, the Burgess Health Center (in Onawa), the school systems, and the town and county governments are the major sources of employment. However, according to one health care sector respondent, well-paying jobs are difficult to find: “It’s not that people are afraid to work. They’ve got to have good opportunities for living-wage jobs.” Most health care, healthy food, and social services can only be accessed from these urban centers, according to respondents. However, these areas also have the largest concentrations of individuals experiencing poverty and there is no public transportation. The towns boast good broadband service, but the same cannot be said for the rural areas of the county, which struggle with poor cell service and internet access. In addition to having access to different services, respondents alluded to differing opinions between rural and urban Monona residents on how tax dollars should be spent, given their different lifestyles and needs.

With regard to health and well-being, RWJF’s County Health Rankings and Roadmaps has placed Monona County’s summary health ranking at 99th out of the 99 counties in the state, although rankings should be interpreted with caution due to the county’s small population size. About 92.4 percent of residents have health insurance, but many residents must make the drive to Sioux City, a 40-minute drive from Onawa, for specialty services.

In the 2016 Monona County Health Improvement Plan, child abuse and neglect was cited among the top four community priorities for Monona County to address. HeadStart programming has been reduced in recent years, and quality child care is a pressing need in the county, contributing to issues related to child well-being. Abuse is also a concern for elderly residents, for similar reasons of poverty and social isolation. As a result, many elderly residents are reluctant to leave their homes, according to several respondents.

Other top priorities for Monona noted in the Community Health Plan include decreasing heart disease and increasing physical activity. While the opioid problem is increasing, alcohol and methamphetamine use are considered more prevalent health risks by local stakeholders. Iowa has consistently ranked highest among states for binge drinking, and in 2012, in Monona County, 26.8 percent of adults reported binge drinking in the last 30 days, higher than both the state (25.3%) and national (18.5%) rates.

In addition to chronic community health issues, Monona County experienced the trauma of a natural disaster in its recent history. In 2011, a major tornado touched down in Mapleton, and damaged 60 percent of the town: 60 homes and 21 businesses were destroyed, and hundreds of trees were uprooted. Thanks to an effective early warning system, there were no deaths and only a few injuries. While the community recognizes
its good fortune in escaping the expected high human cost, millions of dollars in damage were inflicted—the Maple Valley-Anthon Oto Community School property alone sustained a $1 million in damages. The event and its aftermath have had a significant impact on Monona’s history and identity.

COMMUNITY CAPACITY TO PROMOTE HEALTH, EQUITY, AND WELL-BEING

Monona County has the benefit of robust community capacity despite its small size. A strong, collaboration-oriented county health department; an engaged health care system; and a spirit of volunteerism, both in daily life and in response to crises, contribute to promoting well-being in the county. This community capacity is enhanced by access to and presence of regionally focused organizations, which provide assistance and guidance to residents and organizations in Monona County.

Capable and engaged county health department. The Monona County Health Department (MCHD) serves as a central coordinating body for the county. Many respondents described the administrator of the MCHD as a key player and focal point for collaborative efforts in the community. These efforts include forming the Child Abuse Prevention Council; coordinating the Community Health Improvement Plan effort with the Burgess Health Center; and coordinating the Learning for Life program, an education program for parents with children under age 5 that includes home visitations and community events.

“... MONONA COUNTY RANKED AT THE BOTTOM OF ALL COUNTIES IN IOWA FOR OUR HEALTH AND WELLNESS OUTCOMES LAST YEAR ... SO THAT’S THE FOCUS ... [TO] HELP IMPROVE EVERYBODY’S WELLNESS.”

HEALTH CARE SECTOR RESPONDENT

The health department is the primary partner for the Monona County Wellness Coalition (MCWC). MCWC began as an ad hoc coalition of stakeholders who promoted overall well-being in the community, including policing matters, called the Monona County Community Alliance (MCCA). The coalition later received a Strategic Prevention Framework grant from the federal Substance Abuse and Mental Health Services Administration, called ERASE, for substance abuse prevention. In 2017, it became a more formal organization focused on community health more broadly. While it functions as an extension of MCHD, other key members include the Burgess Health Center, Early Childhood Iowa, First Five Program Iowa State University—Monona County Extension and Outreach (ISU Extension), and the Jackson Recovery Center. One health care sector respondent described the goals of the coalition: “I think the big drive [behind the health focus of MCCA] is that Monona County ranked at the bottom of all counties in Iowa for our health and wellness outcomes last year ... so that’s the focus ... [to] help improve everybody’s wellness.”

Strong and collaborative health care system. Burgess Health System is a nonprofit health system based in Onawa that operates five clinics in Onawa, Mapleton, and Whiting, and is the largest single employer in the county. The system is currently financially and operationally strong. As one health care sector respondent noted, Burgess has “… a strong board, we’ve got very good physicians and we’ve got good community support. And if you can have those three things with competent management, you should be able to do it and remain viable.” Burgess participates in a variety of collaborative initiatives, including the MCWC. Representatives from Burgess also serve on economic development committees throughout the county. The Burgess Foundation holds regular fundraising events to finance new equipment purchases at the Burgess Health Center.

“THERE’S A COUPLE OF COMMUNITIES IN MONONA COUNTY WHERE WE’VE BEEN CONTACTED [BECAUSE] A SENIOR IN THE COMMUNITY NEEDS ASSISTANCE. ... THAT SPEAKS TO THE SMALLER COMMUNITIES AND HOW THEY ... REALLY LOOK OUT FOR ALL THE INDIVIDUALS IN THEIR OWN TOWN.”

NONPROFIT SECTOR RESPONDENT

Established culture of volunteerism. Respondents commented on Monona’s strong culture of volunteerism. The 2011 tornado in Mapleton highlighted this spirit, with communities coming together to help those impacted. In particular, churches in Monona County have a track record of stepping up to meet immediate needs, such as hosting food pantries, and providing immediate recovery support after the tornado. A volunteer board, now called Rebuild and Recover Mapleton, emerged to coordinate these efforts, and many individuals participated in committees to guide the recovery process through a program called Visioning Mapleton. It was noted that volunteerism in Monona is also an everyday occurrence. One nonprofit sector respondent described this culture: Volunteerism “isn’t directly related necessarily to a sentinel event. There’s a couple of communities in Monona County where we’ve been contacted by just the City Hall and the City Clerks [who] just know a senior in the community needs assistance just with different things [and helps in] getting them connected. I just think that goes and speaks to the smaller communities and how they take care of one another and really look out for all the individuals in their own town.” Even in this context however, respondents suggested there is not an established culture of collaboration between the faith-based organizations and health-focused organizations.

Regional resources that expand county capacity. Monona County benefits from being part of a region with well-established collaborations working across county lines. Organizations that focus on child services, addiction recovery, economic viability, and transportation are all important pieces of this county’s capacity to promote health and well-being, even if they do not currently have established offices within
County borders. Many of these regional players employ Monona County residents who can facilitate collaboration and maintain connections to the greater region.

With regard to health, the Jackson Recovery Center is a regional addiction recovery organization. While it no longer has an office in the county, it remains an important resource that provides outpatient addiction treatment services for county residents.

For youth-focused services, ISU Extension works with Monona County Schools on programming for parents and summer recreation for youth, and they aid Monona High School in maintaining their greenhouse. Another child-focused regional organization is Early Childhood Iowa, a government agency founded in 1998 that focuses on the well-being of families and young children. Monona County is part of a three-county region covered by one coordinator who lives in Monona.

In terms of economic development, ISU Extension is the main regional player, and is focused on local empowerment. One education sector respondent said, “We try to provide people with unbiased, research-based solutions to their problems. I always tell people, ‘We’re your Switzerland. We’re your neutral party that’ll just come and help you out …. You pay your taxes to have this university in this state and this is how we pay you back is by putting our research and our efforts into improving your community.”’

The Connections Area Agency on Aging has a Sioux Falls headquarters responsible for a 20-county area, including Monona. They “provide information, education, coordination of service, and counseling to keep individuals independent and living in the community of their own choice for as long as possible.” They also do advocacy work, asset assessments so they can fill in the programmatic gaps and service contract financing.

“‘I ALWAYS TELL PEOPLE … ‘YOU PAY YOUR TAXES TO HAVE THIS UNIVERSITY IN THIS STATE AND THIS IS HOW WE PAY YOU BACK IS BY PUTTING OUR RESEARCH AND OUR EFFORTS INTO IMPROVING YOUR COMMUNITY.’’”

EDUCATION SECTOR RESPONDENT

Lastly, the Siouxland Regional Transit Systems (SRTS) is a division of Siouxland Interstate Metropolitan Planning Council, which serves a tri-state region (Iowa, Nebraska and South Dakota). SRTS serves all of Monona County and provides services for the general public, not just special populations. All transportation is wheelchair accessible, and elderly waivers, facilitated by the Connections Area Agency on Aging, are available. While the county certainly benefits from this regional transportation system, it does not reach everyone, especially those in more remote areas.

Developing a Culture of Health

Monona County is responding to the primary issues threatening resident health in several ways: sustaining community well-being efforts launched as a result of a natural disaster; promoting healthier communities through collaborations between organizations; and improving the lives of vulnerable populations by focusing on social connectedness and community cohesion.

NATURAL DISASTER RELIEF EFFORTS CATALYZED WELL-BEING INITIATIVES

Though tragic, the 2011 tornado in Monona sparked many collaborations and a new emphasis on community-building, particularly among the faith-based organizations and residents, many of whom volunteered in the relief and recovery efforts. The initial community response to the tornado was grounded in an outpouring of volunteer support, especially from churches. One nonprofit sector respondent described their roles: “The Catholic church became the repository for clothing; the Methodist Church became the repository for food distribution … Faith Bible Church helped with meals, water and babysitting. The Methodist Church also deployed food packages immediately after the tornado.” At one point during recovery, “we had 129 volunteer groups, some had four or five or as many as 20 in the group,” recalled the respondent. In addition to having a large volunteer response, funds to support recovery funneled into the City of Mapleton. After immediate needs were met, funds remained, and the city requested the formation of a volunteer board, called Rebuild and Recover Mapleton, to help coordinate the longer-term recovery efforts. Once the board was formed, they applied for 501(c)(3) status. Today they have roughly 18 board members from a variety of sectors, including health care, education, and business. Rebuild and Recover Mapleton remains active, and the group is currently working to establish themselves as a community development corporation.

Two years after the 2011 tornado hit, the City of Mapleton, ISU College of Design, an Iowa environmental nonprofit called Trees Forever, and the Department of Transportation successfully applied for an Iowa Community Visioning Grant through ISU. Students from ISU conducted an eight-month needs assessment in Mapleton. The visioning grant in part funded focus groups and a survey of residents and stakeholders. Using the results of these assessment efforts, the Rebuild and Recover board and the City of Mapleton determined that drainage issues in the Westside District were impeding both rebuilding and healthy activity in that area. This finding led to an urban watershed study and a proposal for mitigating storm-water runoff and improving walkability in the Westside District. As a result of the study, storm-water management has been addressed in part using integrated green infrastructure and restoring street trees.

In addition to addressing storm water drainage issues, the Mapleton visioning committee also focused on safer streets and pedestrian travel, such as implementing pedestrian crossing nodes along major highways in town. The visioning design team proposed street designs using the
Complete Streets model for the Westside District, 6th Street, and Main Street, though the implementation of these efforts is unknown.

A primary focus of the community rebuilding efforts was on creating trails to promote physical activity. The trails plan includes trails on the Maple River, Mucky Creek, in the Carhart Recreation Area, and in the Tower Place neighborhood. The Carhart Trail was built along Maple River on property owned by the city, thanks to a $75,000 Resource Enhancement and Protection grant from the Iowa Department of Natural Resources. The grant, initiated by the Mapleton visioning committee, provided for the construction of the trail and restoration of the riparian area along the Maple River. The project even won the Sustainable Design and Disaster Recovery award through the American Society of Landscape Architects.³⁰

Rebuilding sidewalks that were destroyed is another focus of rebuilding efforts, thanks to a grant from the Wellmark Foundation. Specifically, efforts included improving the sidewalk network, adding new lighting, and widening sidewalks to six feet and making them handicap accessible. These changes were made alongside the implementation of a Safe Routes to School program under the same grant, with a focus on promoting “healthy activity and safe travel” in addition to the infrastructure improvements.³¹

It should be noted that these infrastructure improvements in the urban centers of Monona County are not welcomed by all county residents when they are built using tax-payer funding. One government sector respondent stated, “You have to be very conscious about what you’re doing with taxes and where the money goes. … Eight bridges got closed in the last five years because we couldn’t afford to rebuild them. The farmer, the major taxpayer, is going five miles out of his way because he can’t cross a bridge. They’re not going to feel like they’re being represented if you’re putting in a bicycle trail.”³²

Other communities have made these important, sustainable changes to infrastructure and community capacity without the catalyst of a natural disaster, but Mapleton capitalized on the opportunity to rebuild stronger. “Mapleton—it has never looked so good. Let’s put it this way: that was like a blessing in disguise. Everyone got insurance payments. I mean, everyone’s now got new roofs and new windows and new HVAC systems. The housing is now in better shape than it’s ever been before, and so we want to try to build on that,” said one education sector respondent.

Organizational collaborations promote healthier lifestyles

Monona County’s poor rankings in RWJF’s County Health Rankings became the big motivator for more collaborative action for health. An education sector respondent stated, “I think the biggest thing was our county rankings, being at the bottom for our health outcomes. We’re putting our heads together. What can we do to get people to come to the program? You can’t just maybe hold a program that says, ‘You’ve got to eat healthy,’ because who’s going to take time out of their busy schedules just to come to do that?”³³ While the rankings are not the only motivators of a focus on healthy lifestyles in Monona County, it has helped emphasize the need for improvement.

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Many collaborative efforts have been catalyzed by the Monona County Wellness Coalition and their focus on wellness as a result of the County Health Rankings report. Explaining why, one nonprofit sector respondent said, “We wanted to make sure people know that that’s our focus and what we’re here to do: help improve everybody’s wellness.”³⁵

The coalition emphasizes physical activity and nutrition. They are teaming up with stakeholders across the county in different ways to change the marketing environment, health policy, daily programming, and major events programming to promote physical activity and healthy eating.

The health department, Monona County Conservation, and Rebuild and Recover Mapleton are collaborating on marketing efforts to promote use of the trails in the county. Similarly, the health department, Burgess Health Center, Monona County Conservation, and Horn Physicians Clinic promote wellness opportunities in the county, such as classes, gyms, and a community garden.

Policy change is also a priority for some stakeholders. Burgess Health Center is working to encourage insurance plans to cover patients’ monthly membership to the Center’s “Medically Oriented Gym,” which is already low cost to join and offers financial assistance for those who need it.

In terms of programming, Monona Elementary works with the health department to create a Walk to School Day and a Bike to School Day. The school district also works with Burgess Health Center to conduct “Healthy Smart Kids,” a once-per-year program for 2nd and 4th-graders that promotes healthy eating and physical activity. There is also a community food bank that is run by a group of residents, hosted at a local church and with the support of West Central Community Action. A team comprised of representatives from ISU Extension and Monona County Conversation are researching grants to partner with grocery stores to host cooking classes.

Lastly, many community members came together to advocate for Onawa to be the launch and host city for RAGBRAI, a nationally...
renowned bike race across the state of Iowa. In 2018 they were granted this honor, and the event brought together residents and businesses to work toward a shared goal of serving as a successful host site. It also served to make biking more visible in the community.

This spirit of collaboration was noted by many respondents. One respondent from the education sector said “I’ve always found Monona County to be very ... willing to ... try new things and participate and be active.” Another public health sector respondent summarized the team orientation, saying “Together, we’re trying to change some things and really trying to coordinate our efforts ... instead of, ‘hey, you do your own thing and we’ll do ours.”

**SOCIAL ISOLATION ADDRESSED THROUGH POSITIVE RELATIONSHIP BUILDING**

Social isolation was cited by several respondents as one of the major challenges to public health in Monona County. Respondents explained some of the reason for isolation, such as the challenge of elder care logistics, the lack of support for children and young families that often leaves children home alone, and low-income residents living outside of towns and without reliable transportation. There are multiple organizations working to address this issue of isolation, many of which focus on family relationships, while others take a broader approach and focus on community connectedness.

“One such program that works to strengthen family relationships is Family Meal Nights, which is made possible through a Network Neighborhood Grant that MCHD secured. The original purpose of the grant was child abuse prevention, and meals are an effort to create strong and positive family behavior. The objective is to promote family time and good communication through communal activities, to teach adults how to better relate to children, and to teach children how to use their energy positively. One education sector respondent explained, “The aspect of bringing the family together and communicating, that’s a big, key part, just teaching families that it’s important to talk to your kids and be involved.”

**“THE ASPECT OF BRINGING THE FAMILY TOGETHER AND COMMUNICATING, THAT’S A BIG, KEY PART, JUST TEACHING FAMILIES THAT IT’S IMPORTANT TO TALK TO YOUR KIDS AND BE INVOLVED.”**

**EDUCATION SECTOR RESPONDENT**

Burgess Health Center is working to foster positive relationships through their mental health programming. In particular, they received a grant to promote and provide couples with counseling sessions, and they are exploring interest in hosting first-time parent education events. One health sector respondent explained the emphasis on family interactions: “Because the interactions with the kids and parents isn’t going well and not necessarily that it’s abuse or neglect, but how do you get the parent involved in a positive way in the kids’ interactions?”

The First Five Program, a public-private partnership bridging primary care and public health services in Iowa, also focuses on the family unit. The model supports health providers in the earlier detection of social-emotional and developmental delays and family risk-related factors in children birth to 5 and coordinates referrals, interventions and follow-up. As one nonprofit sector respondent mentioned, “Our program works with medical providers, so they give referrals to us on their patients that need help, zero to 5, but sometimes they’re pregnant moms that have developmental issues, or they may have just a lot of stress in their family, or things like that. So, they would give us a referral for that family, and then our program would try to help them link them with resources that are in their community, that’s the best fit for them.”

**“OUR HOPE IS TO BE ABLE TO DO SOME EVENTS IN COMMUNITIES TO BRING..CAREGIVERS [TOGETHER] SO THAT THEY CAN SEE OTHERS AND GET SUPPORT FROM THEM AS WELL.”**

**NONPROFIT SECTOR RESPONDENT**

Early Childhood Iowa takes a broader approach, focusing on ensuring families with young children have a support system. One public health sector respondent described the program: “[Families] don’t have support in their home and if they have support it’s generally not goal-oriented. It’s not to strive for better health, better wellness. Once we get them making connections within their community, maybe helping them get other role models—then when there’s a crisis within their family, [they’ll have] that person they can turn to, instead of leaving that 3-year-old home alone because they have to go to work. It’s building up connections with those families that are struggling.”

There are efforts to tackle isolation in Monona’s aging population as well, with a focus on community connectedness. The Area Agency on Aging collaborates with local partners to create congregant meal sites. These provide meals to aging adults and create an avenue for social interaction among older adults in the community. The large elderly population also increases the need for a substantial caregiving workforce and supports for family caregivers. One nonprofit sector respondent commented, “Our hope is to be able to do some events in communities to bring those people together and just to be able to connect them. We’re looking, obviously, more in the line of caregivers so that they can see others and get support from them as well.” From children and families, to the aging, to caregivers, organizations across Monona are working to enhance relationships and connectedness, efforts that target community health concerns of abuse and neglect in the county. To date, no information has been collected to understand the outcomes of these efforts, though they are perceived as successful by local stakeholders.
SUMMARY OF MONONA COUNTY’S EFFORTS TO BUILD A CULTURE OF HEALTH

Based on the Culture of Health Framework used to guide Sentinel Community data collection and monitoring in Monona County, Iowa, progress is being made toward creating a Culture of Health in this community. For example, Monona has demonstrated a commitment to Making Health a Shared Value through efforts to address social isolation and foster social and community connection. The sense of community present in the county was evident after a 2011 tornado and continues to be exhibited in a visible spirit of volunteerism. The efforts to improve sidewalks and trail infrastructure and to create policies to improve access to gyms are critical to Creating Healthier, More Equitable Communities. The team-oriented approach to promotion and marketing of healthy lifestyle options and programming changes like the Safe Routes to School program, is inherent to Fostering Cross-Sector Collaboration. Lastly, the engagement of the Burgess Health Center in a variety of community health-oriented initiatives and coalitions, like the MCWC, as well as connections between the First Five program and primary care providers, demonstrates progress in Strengthening Integration of Health Services and Systems.

Emerging Community Themes

Stakeholders in Monona County are working to address the primary issues threatening community well-being, including sedentary lifestyles, social isolation, and community disrepair from a tornado. The community’s response to the 2011 tornado highlighted their spirit of volunteerism and commitment to making meaningful, sustained change with the funding and support brought in as a result of the natural disaster. The role of the Monona County Health Department in supporting and serving as the hub for multisector collaborations to create healthier communities cannot be understated. And though a small, rural county facing economic and population decline, Monona has tapped into a number of regional players working to promote positive relationships, addressing social isolation and the issues that stem from it, such as child and elder abuse and neglect.

FACILITATORS TO A CULTURE OF HEALTH

Strong leadership from Monona County Health Department. MCHD’s willingness to steer the new MCWC and work extensively with local and regional partners has promoted awareness of and action toward community well-being. The work and attitude of current MCHD administrator received praise from several respondents.

Funding and activity precipitated by the 2011 tornado. Though the natural disaster inflicted significant damage on the community, stakeholders were able to parlay disaster relief and recovery funding and energy into planning support and sustained coalition activity.

Proximity to regional stakeholders and resources benefits county and its residents. Monona County’s efforts to promote health and increase services have greatly aided multiple agencies that serve Siouxland or western Iowa.

Strong volunteer efforts and faith community. Many respondents noted that the county’s small population engenders a willingness to help others, which was highlighted during the tornado recovery efforts. Those that were involved in the Mapleton recovery note the disaster delivered the residual benefit of more community cohesion.

BARRIERS TO A CULTURE OF HEALTH

Lack of industries, economic development that can attract and retain younger population. Respondents noted a lack of jobs in growing economic sectors, and several believed the county has been insufficiently proactive in efforts to reverse the ‘brain drain’ of young people, who leave for opportunities beyond Monona County.

Tension between urban and rural residents over use of tax dollars. Because farmers are major tax payers in Monona, the concentrated use of tax payer money in the urban areas creates an urban-rural tension that is notable. Stakeholders noted that funds for economic development are restricted due to these differing priorities of farmers and urban residents.

Faith community and health sector have not forged partnerships. While county churches and the health sector are both important stakeholders in community well-being, to date they have not explored partnerships based on their common objectives. “We’re not out there doing anything negative toward the churches; they’re not doing anything negative toward us, but we’re not doing anything together.”
What’s Next

Monona County has put a new emphasis on trying to encourage young residents to stay in the county or return to the county through efforts like improved child-care options and the improved trail system. Monitoring population trends, and getting a sense of characteristics that make the county an attractive place to live, for those who return or stay, will be important. This will help ensure there is a sufficient workforce to fill in and grow the economy as the older population ages out of the workforce.

In addition to attracting younger individuals, Monona is trying to find ways to care for their aging. Connecting and supporting caregivers will be essential to their own success and to the thriving of the elderly in the county, and it will be important to monitor efforts to address this need.

Rebuild and Recover Mapleton remains active and is working to establish itself as a community development corporation (CDC). Understanding the motivation for becoming a CDC and following the process will be valuable to understanding how efforts to improve well-being in Monona County are proceeding in the coming years.

Plans for ISU to partner with grocery stores on future grants to promote healthy eating are emerging. Drawing the local small business community into county health improvement efforts may be important for sustainability, and to ensuring that programming is reaching people where they are.

Lastly, while the opioid crisis does not appear to be a top priority for stakeholders in Monona County, it will be valuable to monitor the ways providers, law enforcement, policymakers and others are addressing the issue over time, as rural areas in the Midwest continue to suffer substantially from problems of drug abuse.
References


