RWJF Culture of Health
Sentinel Community Snapshot:

Monona County, Iowa
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ABOUT THIS REPORT
The Sentinel Communities project, conducted by RTI International in collaboration with The RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project will monitor activities in each of 30 diverse communities around the country for at least five years. This Snapshot is the first in a series of planned reports about this Sentinel Community. Using data compiled in early 2016, it provides an initial overview of the community’s history, challenges, and approaches to building a Culture of Health. Visit cultureofhealth.org to see the full list of communities, links to other reports, and information about the project.
Introduction

Bordered on its western edge by the Missouri River and the state of Nebraska, Iowa’s Monona County is surrounded by the Loess Hills, land formations made up of windblown soil formed during the last Ice Age. With just 13 people per square mile, Monona County’s 10 towns have a combined population of about 9,000 people spread over nearly 700 square miles.

DECLINE IN FARMING CAUSES DECREASED POPULATION

Although the majority of the land area in Monona County (76%) is devoted to farming, less than one-third of the workforce (29%) makes its living from farming—primarily livestock and grain. Manufacturing, transportation, and retail are other main sources of employment. Agriculture remains important, but the decline of farming as a predominant occupation and a way of life, along with the aging of Iowa’s population as a whole, have led to a decrease in Monona County’s population from 11,692 in 1980 to 9,149 in 2014. Almost exclusively white, 24 percent of the county’s population is aged 65 or older, compared with 13 percent for the state (Figure 1).

ECONOMIC DOWNTURN AND INCREASED POOR HEALTH EFFECTS

Today, Monona County residents of all ages face many significant challenges to their health and well-being. The county ranks 82nd out of Iowa’s 99 counties for overall health outcomes and 92nd for key social and economic determinants of health, such as unemployment, children living in poverty, and children living in single-family homes. Heart disease affects nearly one-third of the population and is the leading cause of death in Monona County and in Iowa (Table 1). Deaths from
Coronary heart disease occur at a significantly higher rate in Monona County (212 per 100,000 population) than in Iowa (122 per 100,000) and the United States (109 per 100,000). Alcohol abuse is common, and obesity rates are high for adults and children.

Despite its small population, Monona County faces major challenges affecting the health and well-being of residents at every age. Working collaboratively, a Monona County multisector community alliance and its public health department have identified key challenges, including alcohol abuse, child safety and well-being, and lack of physical activity, and have implemented targeted initiatives to address them. Their efforts have shown early signs of success, but more recent data to gauge sustained progress are unavailable. Left unanswered for now is how best to respond to Monona County’s alarming rates of heart disease and its contribution to premature death (Figure 2).

**Economic and Social Stressors Put Children at Risk**

Linked in part to the stresses of unemployment and a lack of social support, Monona County scores high on indicators that put children at risk for abuse and neglect. In Iowa, child abuse and neglect include the failure of the caregiver to provide adequate food, shelter, clothing, or other care necessary for the child’s health and welfare when financially able to do so. Although Monona County’s child abuse and neglect rates are lower than the state’s rates, several risk factors make Monona County children more vulnerable compared with children in Iowa:

- children in single-parent households (35% Monona versus 29% Iowa)
- births to mothers with less than a high school education (14% versus 8%)
- unintended pregnancy (74% versus 66%)
- children in poverty (19% versus 16%)
- free/reduced-price school lunches (51% versus 40%)
- low birthweights (7% versus 6%)

### Community Partners Address Health Risks

The Monona County Community Alliance (MCCA) brings together public, private, nonprofit, and other organizations and residents to work together on a broad range of issues affecting the population. MCCA partners with Monona County Public Health on initiatives and outreach; for example, MCCA’s website is hosted by the health department. However, data on several programs have not been updated since 2014.

**Table 1: Heart Disease Deaths: Monona County, Iowa, and the United States**

<table>
<thead>
<tr>
<th>Geographic Area</th>
<th>Monona County</th>
<th>Iowa</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>9,195</td>
<td>3,061,227</td>
<td>311,430,373</td>
</tr>
<tr>
<td>Average Annual Deaths, 2007–2011</td>
<td>50</td>
<td>6,911</td>
<td>600,899</td>
</tr>
<tr>
<td>Age-Adjusted Death Rate (per 100,000)</td>
<td>261</td>
<td>170</td>
<td>175</td>
</tr>
</tbody>
</table>

the 2016 health assessment conducted by Monona County Public Health, from which the county aims to chart a five-year plan for action.

**REDDUCING ALCOHOL ABUSE**

Partners across Monona County—led by MCCA and including law enforcement; public health advocates and agencies; local businesses; and residents—have seen early success in their efforts to reduce underage drinking and educate youth and adults about the risks of alcohol abuse. Alcohol abuse is a significant issue in the state and in Monona County. One in five adults ages 18 or older in the county (20%) said they drank excessively, similar to the average for Iowa (21%), but significantly higher than the U.S. average (16%). Alcohol factors into nearly 1 in 4 driving deaths (23%) in Iowa, nearly twice the national rate of 14 percent.

To identify interventions and goals to address underage drinking and adult binge drinking, MCCA formed a group consisting of residents, business owners, and health and social service agencies called ERASE (Everyone Raising Awareness of Substance Abuse Education). In 2011, the group received a five-year grant from the federal Substance Abuse and Mental Health Services Administration’s Center for Substance Abuse Prevention that uses a framework emphasizing positive youth development, reducing risk behaviors, and building on assets to prevent problem behaviors. Although ERASE also advocates to reduce the use of tobacco and drugs, its primary focus in Monona County has been on preventing underage drinking and binge drinking.

As of mid-2014, accomplishments included:

- advocating for the 2012 enactment by the Monona County Board of Supervisors of a social host ordinance that prohibits drinking by persons younger than age 21 at gatherings where adults know or allow underage persons to drink alcoholic beverages;
- promoting awareness of the ordinance among more than 100 property owners, and
- providing training that certified more than 150 people employed in 18 businesses in responsible beverage service training.

**HOME VISITS AND LIFELONG LEARNING ASSIST YOUNG FAMILIES**

To support healthy child development, Monona County Public Health, in cooperation with Early Childhood Iowa—a collaboration of experts in early childhood development, health, and education—offers Learning for Life. This evidence-based home visiting program to prevent child maltreatment is free for all expectant mothers and children ages 0 to 5 years in the county. Created by the state in 1988, Early Childhood Iowa authorizes local boards to distribute federal, state, and local funds to best serve the needs of children younger than age 6 in their communities. The initiative that includes Monona County and neighboring Harrison and Shelby counties was created in 1998 with the participation of residents, agency representatives, elected officials, and parents.

Learning for Life includes weekly or monthly home visits from a trained parent counselor and provides health and development screenings; free books, toys, and diapers; and other necessities. It also sponsors activities for parent-child bonding, such as family fishing day; education on topics such as understanding a child’s behavior; child nutrition; family budgeting; and referrals to other community resources, such as health and developmental screenings. Family support programs serve families in the counties where they live. Staff stay in close contact with educators from other counties to ensure that families are being served and can get referrals to additional services if needed.

Data on Learning for Life, although limited, highlight the reach of its services in a region where early child development programs are limited. In fiscal year 2009, for example, 158 children participating in the Learning for Life program in Monona, Harrison, and Shelby counties received preschool tuition and transportation assistance, compared with 24 children in fiscal year 2003. By fiscal year 2012, the program reached 365 children in the three-county region from 212 families with 2,601 home visits.
IMPROVING ACCESS TO PHYSICAL ACTIVITY

Monona County’s scarcely populated, wide open spaces do not lend themselves to physical activity that is incorporated into daily life, such as walking. Driving is the sole source of transportation, and only five recreational and fitness facilities are available in a county that spans nearly 700 square miles. In many rural communities like Monona County, walking and biking to schools, workplaces, grocery stores, and other places is often challenging because residents typically live far from them. Given their isolation, residents need parks, bike paths, trails, and recreational and fitness facilities to support physical activity—even if they have to drive to get to them.

These factors contribute to higher levels of physical inactivity in Monona County compared with the state (27% versus 24%) and obesity rates that are close to Iowa’s high average (29% and 30%, respectively). Nearly 26 percent of residents report no leisure time physical activity, which is higher than state (24%) and national (22%) averages.

To expand the opportunity for more physical activity, the city of Mapleton—Monona County’s most populated town with 1,217 people—has engaged in collaborative efforts to improve community walkability and enhance overall quality of life. The Complete Streets and Trails Projects in Mapleton began in the wake of a devastating tornado in 2011, which did not claim any lives but damaged or destroyed nearly half of the community. Mapleton convened an 18-member board, Rebuild and Recover Mapleton, to examine and plan for the community’s long-term recovery.

As part of this process, Mapleton was invited to take part in the Iowa Living Roadways Community Visioning Program, which partners with Trees Forever, Iowa State University, and the Iowa Department of Transportation. Working with community residents and a Kansas City-based landscape design firm, participants developed a plan and implementation strategy to leverage the strengths of the area’s natural and cultural resources. Focus groups conducted with Mapleton residents identified priority areas, such as improved pedestrian crossings, safe walking paths, recreational trails master planning, and street tree restoration.

To date, Rebuild and Recover Mapleton has received four grants from the Iowa Living Roadways Project to complete a walking trail, a walking trailhead, and a community park. In addition, a $75,000 grant from the U.S. Department of Agriculture Rural Energy for America Program will fund a handicapped-accessible walking and biking path

Onawa, Monona County’s county seat, is at the beginning stages of a Complete Street or Trail Project. Onawa was chosen to participate in the 2015 Iowa Living Roadways Community Visioning Program, which identified a lack of sidewalks and playgrounds. The town is contracting with Iowa State University to conduct an assessment of the community’s built environment and develop a plan that is refined by community input. The university will also work with Onawa to identify sources of funding for the plan and help officials apply for them.

Linking Information to Action

Monona County’s population is decreasing because of a long-term shift from its traditional farming economy to service-sector jobs and the aging of many life-long residents. New residents are more likely to be born into single-parent households and to mothers with less than a high school education, compared to state levels. These factors present significant future challenges for the health and well-being of Monona County residents. Additional surveillance, data and information gathering, analysis, and reporting will examine how cross-sector partners can sustain or expand current initiatives. Data will also indicate the impact of current programs on improved child, adolescent, and adult health outcomes. The following questions provide opportunities for further exploration:

- Which priorities have residents and other stakeholders of Monona County identified as a result of the health department’s 2016 health assessment? How was their input sought?
- Heart disease is the leading cause of death in Monona County, and its incidence exceeds state and national averages. Have Monona County health officials and local and regional health providers taken steps to address this disparity? What types of resources are needed to implement interventions?
- To what extent has the collaboration between MCCA and ERASE resulted in reductions in alcohol abuse among young people? Have outcomes such as arrests for drunken driving or other indicators declined?
- To what extent have the collaborative initiatives of Early Childhood Iowa and Monona County—-to promote early childhood learning—had an impact on measures such as school success and other indicators of positive child development?
- Have other communities in Monona County pursued the ambitious goals of Mapleton to promote walkability and enhance quality of life? What is their progress?
- In what specific ways did the farm crisis of the 1980s alter Monona County’s demographics? To what extent do current health issues and initiatives reflect that legacy?
References