

Poverty And Food Needs

Monona County, Iowa

Poverty and food insecurity impact the welfare of individuals, families, and communities. This profile describes several indicators of poverty and food insecurity and related measures of general economic well-being in Monona County, Iowa.

Poverty

People living in poverty have annual incomes insufficient to meet their basic needs. The Federal government determines the poverty status of individuals and families using money income thresholds that vary by family size. The thresholds are based on three times the cost of the official USDA Low-Cost Food Plan that includes a nutritious diet of meals and snacks prepared at home. See Page 15 for current Federal poverty guidelines.

The incidence of poverty varies among individuals and families with different socio-economic characteristics. Table 1 (following page) displays poverty rates by age, race and ethnicity, work experience, and family type in Monona County and the state. The data describe average poverty characteristics during a five-year survey measurement period.

For each poverty measure, Table 1 includes a point estimate and a margin of error (MOE) value associated with that estimate. Adding and subtracting the margin of error to the point estimate yields a confidence interval that is 90% likely to contain the actual number or percentage of individuals or families in poverty.

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Poverty

Table 1. Poverty Status of Individuals and Families, 2010-2014

		М	Statewide				
			MOE		MOE		МОЕ
Poverty Status of Individuals	N	umber	(+/-)	% Rate	(+/-)	% Rate	(+/-)
Total population in poverty		1,016	316	11.4%	3.5%	12.6%	0.2%
Individuals in Poverty by Age							
Under 18 years		356	187	18.2%	9.5%	16.1%	0.4%
Age 5 and under		109	51	19.6%	8.8%	18.4%	0.6%
Age 6 to 17		247	119	17.7%	8.2%	15.0%	0.4%
Age 18 to 64		527	131	10.6%	2.7%	12.4%	0.2%
Age 65 and up		133	48	6.6%	2.4%	7.4%	0.2%
Age 64 to 75	1	55	32	5.6%	3.3%	6.1%	0.3%
Age 75 and older		78	28	7.6%	2.7%	9.0%	0.3%
Individuals in Poverty by Race and Hispanic Origin							
White alone		990	312	11.5%	3.6%	11.1%	0.2%
Other race alone or in combination	1	26	49	9.0%	16.7%	28.4%	1.1%
Hispanic or Latino, any race	6	18	17	13.8%	13.4%	25.5%	1.2%
Individuals in Poverty by Work Status in the Past 12 Months							
All persons ages 16 years and older		672	163	9.4%	2.3%	11.5%	0.2%
Worked full-time, year-round	1	71	42	2.4%	1.5%	2.4%	0.1%
Worked part-time or part-year		288	119	16.8%	6.4%	19.1%	0.4%
Did not work		313	76	12.4%	3.0%	19.5%	0.3%
Families at Selected Ratios of Income to Poverty Leve	ı						
Income at or below 100% of the poverty threshold:							
All families		176	70	7.0%	2.7%	8.2%	0.2%
With related children under 18 years		141	57	15.0%	6.3%	13.9%	0.3%
Married couple family	_	22	17	3.4%	2.7%	5.5%	0.3%
Single parent or guardian, no spouse present		119	55	39.7%	15.2%	33.0%	0.9%
Female parent or guardian		91	47	46.7%	17.5%	39.1%	1.0%
Income under 130% of threshold:							
All families		297	81	11.8%	3.1%	11.9%	0.2%
With related children under 18 years		207	65	22.0%	6.5%	19.5%	0.4%
Married couple family		58	25	9.0%	3.7%	8.9%	0.3%
Single parent or guardian, no spouse present		149	60	49.7%	15.5%	43.1%	0.9%
Female parent or guardian		121	53	62.1%	19.3%	50.0%	1.0%
Income under 185% of threshold:							
All families		663	115	26.4%	4.3%	20.2%	0.3%
With related children under 18 years		399	93	42.3%	8.9%	30.5%	0.5%
Married couple family		188	64	29.2%	9.1%	17.1%	0.5%
Single parent or guardian, no spouse present		211	67	70.3%	13.6%	60.3%	1.0%
Female parent or guardian		165	59	84.6%	15.7%	67.2%	1.0%

A red flag indicates county values that may be unreliable due to small sample size.

MOE Add or subtract the MOE (margin of error) to obtain a 90% confidence interval for the estimated number or rate.

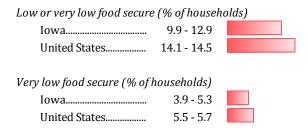
Sources this page: American Community Survey Tables S1701, S1702, B17001, B17010, and B17022, U.S. Census Bureau.

Food Insecurity

In food insecure households, access to food is limited by a lack of money or other resources. The U.S. Department of Agriculture (USDA) defines two levels of food insecurity for households: low food secure and very low food secure.

Low food secure households have difficulty at some time during the year providing enough food for all their members. In very low food secure households, the food intake of some household members is reduced and normal eating patterns are disrupted at times during the year due to limited resources. The chart at right illustrates USDA estimates of the incidence of very low food security and low to very low food security among Iowa households compared to the United States.

A food secure household has access to enough food for an active, healthy life for all household members.



County-Level Estimates of Food Insecurity

While the Federal government does not publish county-level data on food insecurity, some hunger-related interest groups produce their own sub-state estimates. The estimates in Table 2 showing the incidence of food insecurity among individuals and children in Monona County were produced by the hunger-relief charity Feeding America.

Individuals with income below 185% of the poverty threshold may be eligible for certain food and family assistance programs (see Pages 9-11). Table 2 includes estimates by household income level for individuals and children to help gauge the size of the food-insecure population who may not be eligible for federal assistance.

Table 2. Estimated Number and Percentage of Individuals Living in Food Insecure Households

	Monona County	<u>Statewide</u>
Individuals who are food insecure		
Number of persons	1,220	389,250
% of total population	13.2%	12.6%
Number with incomes <= 185% of poverty	830	235,107
% of total population	9.0%	7.6%
Number with incomes > 185% of poverty	403	153,754
% of total population	4.4%	5.0%
Children <18 years of age who are food insecure		
Number of children	400	139,850
% of all children	20.0%	19.3%
Number who are likely income-ineligible for		
federal nutrition assistance	280	82,512
% of all children	13.9%	11.4%



Sources this page: "Prevalence of Household-Level Food Insecurity and Very Low Food Security, Average 2012-14," Household Food Security in the United States in 2014, Economic Research Service, U.S. Department of Agriculture, ERR-194, September 2015 (for state and national food insecurity by level); and "Map the Meal Gap 2015," Feeding America [online]. [accessed February 2016]. URL: http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/data-by-county-in-each-state.html (for county and state food insecurity estimates).

Access to Food Stores

Number and Types of Food Stores



Many types of stores sell food for consumption at home.

At right are the number and types of retail food establishments located in Monona County.

Some small stores, such as those with no paid employees other than the owner(s), may be excluded from the establishment counts.

Retail Food Establishments in Monona County, 2013

Number	Store Type	Typical Product Lines
2	Supermarkets	A full line of fresh produce, fresh meat and poultry, dairy, dry and packaged foods, and canned and frozen foods.
8	Convenience Stores	A limited line of products that generally include milk, bread, soda, and snacks. May be connected to a gasoline station.
-	Specialty Food Stores	Narrow line of specialty products such as meat, fish, fruits and vegetables, baked goods, or other foods.
-	Warehouse Clubs & Supercenters	A general line of groceries along with other types of merchandise including apparel and household goods.

Distance to Grocery Stores

Access to healthy food may be limited in towns or neighborhoods without a grocery store, especially in areas where public transportation is unavailable. The U.S. Department of Agriculture (USDA) measures access using distance to the nearest supermarket, superstore, or other grocery store selling all major categories of food. Households more than one mile from a grocery store in urban areas and 10 miles in rural areas are considered to have low access.*

Table 3 shows USDA estimates of the number and percentage of individuals, children, seniors, low-income individuals (income at or below 200 percent of the Federal poverty threshold), and certain households with low access.

Table 3. Estimated Number of Individuals and Households With Low Access to Grocery Stores, 2010



	Monona County	<u>Statewide</u>
Individuals with low access to grocery stores		
Number of persons	1,399	598,387
Under 18 years of age	271	144,580
Age 65 years and older	291	91,240
Percentage of total population	15.1%	19.6%
% of population under 18 years	13.2%	19.9%
% of population 65 years and older	13.3%	20.1%
Low income individuals with low access to grocery stores		
Number of persons	325	178,560
% of total population	3.5%	5.9%
Households with no vehicle and low access to grocery stor	res	
Number of households	98	21,494
% of total households	2.4%	1.8%

^{*}USDA estimates exclude grocery stores with sales below \$2 million per year.

Sources this page: 2012 County Business Patterns, U.S. Census Bureau (for number and types of retail food stores); and Food Environment Atlas, Economic Research Service, U.S. Department of Agriculture [online]. URL: http://www.ers.usda.gov/data-products/food-environment-atlas.aspx (for access to grocery stores).

Nutrition

Fresh Fruits and Vegetables

A healthy diet includes fresh fruits, vegetables, and other produce, many of which are available fresh in season from local farmers' markets and farmstands. The Iowa's Farmers' Market Nutrition Program (FMNP) promotes access to fresh fruits and vegetables by children, pregnant women, and seniors. Eligible participants may use FMNP checks to purchase fresh produce at authorized farmers' markets and farmstands. The map at right shows the locations of authorized farmers' markets and farmstands near Monona County as of 2015.

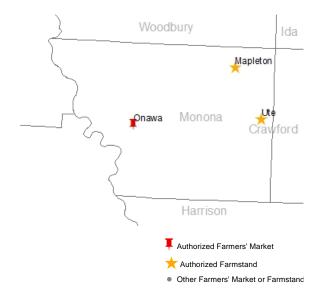
A comparatively small amount of Iowa's cropland acres are devoted to fruit and vegetable production. Farm operators in Monona County reported a total of 12 crop acres used for vegetable, fruit, or tree nut production in 2012. That averages out to just 1.4 acres per 1,000 residents in the county, compared to averages of 3.7 acres for Iowa and 31.8 acres for the United

Fruit and Vegetable Consumption

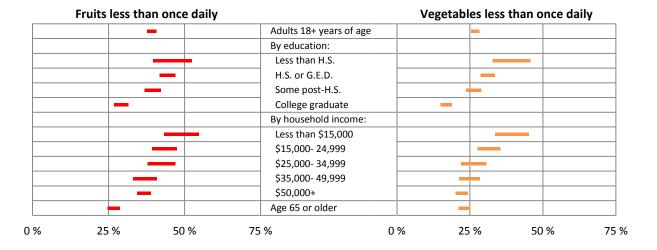
Fewer than three out of four of Iowa adults consume fruits and vegetables *at least* one time per day. Adults with lower educational attainment and lower income are even less likely to consume fruits and vegetables on a regular basis, as illustrated below. Estimated rates for Iowa adults are shown using 95 percent confidence intervals.



FMNP-Authorized Farmers' Markets and Farmstands



Percentage of Iowa Adults Who Consume Fruits and Vegetables LESS than Once Daily, 2013



Sources this page: Iowa Department of Agriculture and Land Stewardship (for locations of FMNP-authorized markets); ISU Estimates based on 2012 Census of Agriculture, U.S. Department of Agriculture (for fruit and vegetable production acres); and Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. [accessed February 2016]. URL: http://www.cdc.gov/brfss/brfssprevalence (for fruit and vegetable consumption rates).

Nutrition, continued

Nutrition in Schools

Schools provide an important source of nutrition education and guidance for children and adolescents. Surveys of school principals by the Centers for Disease Control and Prevention (CDC) reveal variation in nutrition policies, practices, and education in the nation's secondary schools. Table 4 includes several nutrition-related indicators for Iowa's secondary schools. The reported values reflect the estimated percentage of secondary schools that meet each indicator. The median percentage values for all states are included for comparison.

Table 4. School Performance Measures Related to Nutrition in Secondary Schools, 2014

Percentage of Secondary Schools, Selected Sites	All States	Iowa Schools		
Tortestage or becomming benevits, be	Median %	%	Rating	
Allowed snack foods or beverages available for sale from vending machines, school store, canteen, or snack bars:	66.2	68.2		
Less healthy foods				
Chocolate candy	18.2	7.0	√	
Other candy	21.9	10.8	√	
Salty snacks	25.7	8.7	√	
Cookies or other baked goods	27.3	14.2	√	
Soda pop or fruit drinks	23.8	14.3	√	
Sports drinks	43.7	48.1	X	
Did not sell any of the 6 items listed above	45.3	45.8	√	
Healthier foods				
Nonfat or 1% low-fat milk (plain)	35.4	37.1	√	
100% fruit or vegetable juice	45.7	50.8	√	
Fruits (not juice)	26.8	26.6	X	
Vegetables (not juice, not fried)	17.3	16.0	X	
Always or almost always offered fruits or non-fried vegetables at school celebrations	33.2	20.7	X	
Placed fruits or vegetables near the cafeteria cashier, where they are easy to access	75.8	68.2	X	
Used attractive displays for fruits and vegetables in the cafeteria	68.5	59.2	X	
Offered a self-serve salad bar to students	46.0	66.6	√	
Labeled healthful foods with appealing names	35.4	28.6	X	
Prohibited sale of less nutritious foods and beverages for fundraising purposes	29.1	23.8	X	
Priced nutritious foods and beverages at a lower cost while increasing price of less nutrititous foods and beverages	10.3	12.6	√	

[✓] Better than half of all states

Source this page: School Health Profiles 2014: Characteristics of Health Programs Among Secondary Schools, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. URL: http://www.cdc.gov/healthyyouth/data/profiles/pdf/2014/2014_profiles_report.pdf.

X Needs work

Health Status

Chronic Health Conditions in Iowa and the U.S.

Nutrition is an important factor in the incidence and management of many chronic health conditions. The prevalence of selected health conditions in Iowa and the U.S. is compared at right. Age-adjusted rates are displayed with 95 percent confidence intervals.

Overweight and obese are defined using Body Mass Index, a ratio of weight divided by height. Being overweight (BMI = 25.0-29.9) or obese (BMI >=30.0) increases the risk for heart disease, stroke, hypertension, type 2 diabetes, osteoarthritis, and certain cancers.

High cholesterol: High fat intake, diabetes, and obesity have been associated with elevated levels of serum cholesterol. High cholesterol may increase risk for coronary heart disease and stroke.

High blood pressure: High sodium intake, insufficient potassium intake, and excessive weight may affect blood pressure. High blood pressure may raise the risk for coronary heart disease and stroke.

Diabetes: Diet is an important factor in the management of diabetes and the risk of developing Type II diabetes. Diabetes can increase risk of blindness, kidney failure, heart disease, stroke, and other circulatory problems.

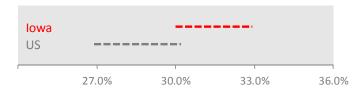
Cardiovascular disease: Poor nutrition is a modifiable risk factor for cardiovascular disease, which is the leading cause of death in the U.S. Coronary heart disease and stroke are two of many types of cardiovascular disease.

Notes: With the exception of mortality from cardiovascular disease, the rates shown are based on the self-reported percentage of adults ever told by a doctor that they have these conditions. Diabetes and high blood pressure rates exclude women diagnosed during pregnancy. U.S. rates reflect median values for all states. Mortality rates are based on vital records for 2010, all other rates derive from Behavioral Risk Factor Surveillance System data for 2013.

Source this page: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. Chronic Disease Indicators [online]. [accessed January 2016]. URL: http://www.cdc.gov/CDI/.

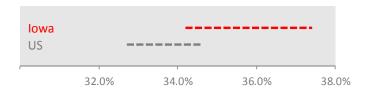
Overweight or obese

(age-adjusted incidence among adults 18+ years)



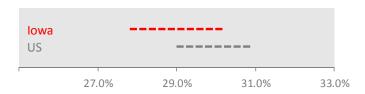
High cholesterol

(age-adjusted incidence among adults 18+ years)



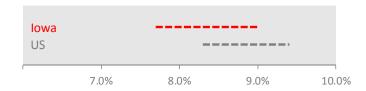
High blood pressure

(age-adjusted incidence among adults 18+ years)



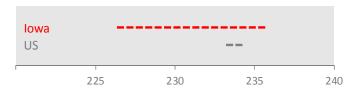
Diabetes

(age-adjusted incidence among adults 18+ years)



Deaths from total cardiovascular disease

(age-adjusted rate per 100,000 population)

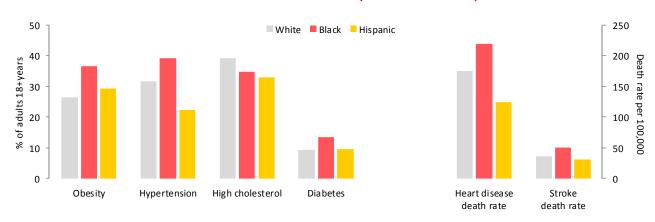


Health Status, continued

Socio-economic Factors

The risk for some nutrition-related health conditions varies by race and ethnicity. Following are recent statistics showing the national incidence of selected conditions among non-Hispanic white, non-Hispanic black, and Hispanic/Latino adults.

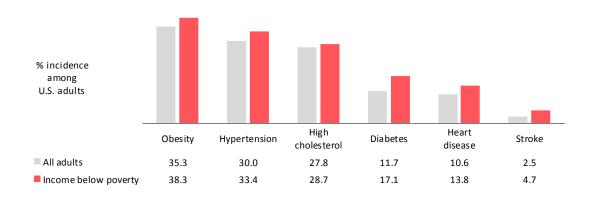
Incidence of Selected Health Conditions by Race and Ethnicity in the U.S.



Several chronic health conditions related to diet are more prevalent among individuals in poverty.

Risk profiles for these chronic health conditions also vary by income and educational attainment. Socioeconomic groups with higher incidence of poverty also tend to face higher risk for nutrition-related health problems. Incidence rates for U.S. adults in poverty are compared to overall rates below.

Incidence of Selected Chronic Health Conditions Among U.S. Adults With Incomes Below Poverty



Sources this page: Rates by race/ethnicity are age-adjusted and based on self-reported data from Behavioral Risk Factor Surveillance System (2011-12) and the National Vital Statistics System (2011), obtained from Sortable Risk Factors and Health Indicators, Centers for Disease Control and Prevention [online]. [accessed February 2016]. URL: http://wwwn.cdc.gov/sortablestats/. Rates by income level for obesity, hypertension, high cholesterol, and diabetes (2009-12) among adults 20+ years and for heart disease and stroke (2012-13) among adults 18+ years of age are based on age-adjusted National Health and Nutrition Examination Survey data from Health, United States, 2014 (Tables 42, 44, 60, 61, and 64), Centers for Disease Control and Prevention, National Center for Health Statistics. URL: http://www.cdc.gov/nchs/data/hus/hus14.pdf.

Food and Family Assistance Programs

Program Participation Levels and Trends

Food and family assistance programs available to Iowa households and families include the Food Assistance Program, referred to at the Federal level as Supplemental Nutrition Assistance Program (SNAP); the Family Investment Program (FIP); the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and Free and Reduced School Meals Program. Recent county and statewide participation levels in these programs are illustrated in Table 5 below and charts on the following page. Data sources are described on the following page.

FOOD ASSISTANCE PROGRAM

The Food Assistance Program helps low-income individuals and families buy the food they need for good health. To be eligible, a household's monthly income must be within applicable gross and net limits for its size. Net monthly income is calculated by subtracting certain allowable deductions from gross monthly income. Some exceptions to the income guidelines apply. Households in which everyone receives Supplemental Security Income or Family Investment Program assistance do not have to meet gross or net monthly income guidelines. Households with an elderly (age 60 or over) or disabled person do not have to meet gross income guidelines. Households that do not meet the published income guidelines might be eligible if their monthly income is not more than 160% of the federal poverty level. Most households do not have to meet an asset test. If they do, their home and the value of at least one vehicle are excluded. For more information, go to http://www.dhs.iowa.gov/ food-assistance.

FAMILY INVESTMENT PROGRAM (FIP)

Iowa's Family Investment Program provides cash assistance, along with employment and training services, to needy families in return for an agreement that recipients will work toward selfsufficiency. Eligibility requirements are relatively complex and depend on a number of factors including income, assets (e.g., cash, bank accounts, etc.), having a minor child, having a Social Security number, cooperating with the Child Support Recovery office, being a resident of Iowa and cooperating with PROMISE JOBS, the Department's work and training program. FIP assistance has a federal lifetime limit of 60 months of assistance received in all states. For more detailed information, see http://www.dhs.iowa.gov/ cash-assistance.

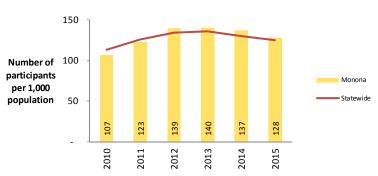
Table 5. Participation Levels, 2015

	<u>Statewide</u>	
Food Assistance Program		
Average monthly participation		
Number of recipients	1,153	387,781
Payment per recipient (\$)	99	110
Participants per 1,000 population		
Calendar year 2015	128.1	124.8
Latest 3-year average	135.3	130.1
Family Investment Program		
Average monthly participation		
Number of recipients	40	27,022
Payment per recipient (\$)	127	132
Participants per 1,000 population		
Calendar year 2015	4.5	8.7
Latest 3-year average	4.8	10.1
WIC		
Unduplicated Annual Participation*	•	
Infants and Children	172	76,532
Women	62	32,219
Participants per 1,000 population		
Federal fiscal year 2015	26.0	35.0
Latest 3-year average	27.6	35.6
Free or Reduced School Lunch		
Number of eligible students		
Free lunch	588	166,350
Reduced-price lunch	163	34,310
Eligible percentage of enrollment		
2015-2016	51.6%	41.8%
Latest 3-year average	52.2%	41.3%

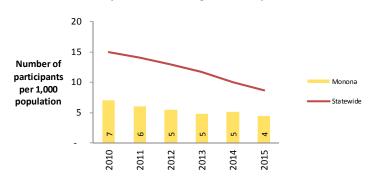
^{*} Unduplicated counts of persons issued food benefits during the federal fiscal year, with each participant counted only once each year.

Food and Family Assistance Programs, continued

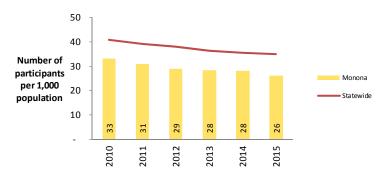




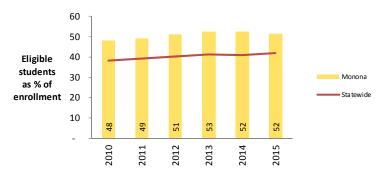
Family Investment Program Participation



WIC Program Participation



Eligibility for Free or Reduced School Meals



SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, and CHILDREN (WIC)

USDA provides federal grants to states to provide supplemental foods, health care referrals, and nutrition education for individuals at nutritional risk. To be eligible for WIC in Iowa, individuals must live in the state and be included in one of the eligible participant categories: pregnant, breast-feeding (up to one year), postpartum (up to six months), or infants or children up to the age of five. Eligible participants must be in households that have income at or below 185% of the Federal Poverty Level. They also must have a medical or nutrition need as determined at the certification appointment. For more information, go to http://www.idph.iowa.gov/wic.

SCHOOL MEALS

The National School Lunch Program and the School Breakfast Program provide reimbursement to schools for nutritionally balanced, low-cost or free meals to children. State law requires all public schools to offer the National School Lunch Program to all students in school for 4 hours or more each day. Iowa schools are not required to offer School Breakfast, although many do. Children in households with incomes at or below 130 percent of the poverty level are eligible for free lunches and breakfasts. Children in households with incomes between 130 percent and 185 percent of the poverty level are eligible for reduced-price lunches and breakfasts, for which no more than 40 cents may be charged. The Iowa Department of Education provides data on school enrollment and the number of students eligible for free and reduced-price school meals. For more information https://www.educateiowa.gov/pk-12/ nutrition-programs/national-school-lunch-program.

Data Sources: Food Assistance Program and Family Investment Program data were obtained from the Iowa Department of Human Services and compiled by the State Data Center of Iowa. Unless otherwise noted, Food Assistance and FIP program data reflect calendar year averages. WIC program data were provided courtesy of the Iowa Department of Public Health and reflect federal fiscal year averages. Free/Reduced School Meals data were obtained from the Iowa Department of Education and reflect academic year averages (e.g. 2015 describes the 2015-2016 school year).

Food and Family Assistance Programs, continued

SUMMER FOOD SERVICE PROGRAM

The Summer Food Service Program (SFSP) was established to ensure that low-income children and teens aged 18 and under continue to receive nutritious meals and snacks when school is not in session. The SFSP operates during school vacations, primarily May through August. Free meals that meet Federal nutrition standards are provided to all children at approved SFSP sites located in areas with significant concentrations of low-income children. Sites may be located in schools, churches, community centers, parks, libraries, swimming pools, medical clinics, farmers markets and more. USDA's Food and Nutrition Service administers the program at the national and regional level. The program is administered at the state level by the Iowa Department of Education. Sponsoring organizations receive Federal reimbursement to cover the administrative and operating costs of preparing and serving the meals and snacks provided. A sponsoring organization may be a public or private nonprofit school; a public or private non-profit college or university, a public or private non-profit residential summer camp; a unit of local, county, municipal, State, or Federal government; or any other type of private non-profit organization. For more information visit: https://www.educateiowa.gov/pk-12/nutrition-programs-0. Average daily participation totals for all sites within the county are shown at right, expressed as a percentage of the number of students in the county who were eligible for free/reduced school meals during the 2015-2016 academic year.

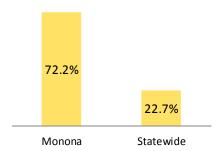
NUTRITION SERVICES TO SENIORS

The Iowa Department on Aging administers nutrition programs and services through a network of area agencies. The programs are available to individuals 60 years of age and older, with preference given to those at risk for institutionalization or with the greatest economic or social need, such as low-income minority; limited English proficiency; or rural residents. Available services include congregate meals and homedelivered meals. Eligible participants for congregate meals are 60 years of age or older, spouses of eligible individuals, volunteers who assist during meal hours, and individuals with a handicap or disability who meet specific criteria. Home-delivered meals are available to people age 60 or older who are homebound due to illness or disability or who are otherwise isolated. Recent trends in state-level participation in both programs are illustrated at right, with the annual number of registered consumers expressed as a percentage of the statewide population aged 60 years or older.

Data Sources: Summer Food Program participation data were provided by the Iowa Department of Education. Senior Nutrition Program participation data were obtained from the Iowa Department on Aging and Area Agencies on Aging, Iowa Aging Services Consumer Counts by Fiscal Year, Age Group, and Service, via the Iowa Open Data Portal [online]. [accessed February, 2016]. URL https://data.iowa.gov/.

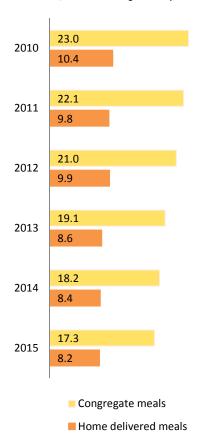
Summer Food Service Program

Average daily participation as % of the number of students eligible for free/reduced school meals



Senior Nutrition Program

Statewide participants per 1,000 Iowans aged 60+ years



Local Income Characteristics

Household Income

Median household and family income values and median worker earnings are shown in Table 6. Household income describes the annual, pre-tax income from all sources (earnings, Social Security, public assistance, etc.) for all members in a household. Earnings include wages, salaries, and net self-employment income. Values are shown using 90 percent confidence intervals.

Table 6. Income Statistics, 2010-2014

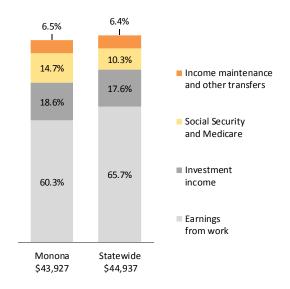
	Monona County	State of Iowa
Median Incomes (\$)		
All households	39,559 - 42,917	52,445 - 52,987
Families	49,851 - 63,355	66,427 - 67,231
Non-family households	22,244 - 26,388	29,639 - 30,353
Median Earnings of Full-Time, Year-Round	Workers (\$)	
Males	38,604 - 43,388	46,152 - 46,600
Females	28,660 - 32,094	35,684 - 36,104

Personal Income by Source

Total personal income is the income received by all persons from all sources. Its major components include the earnings of workers and incomes of proprietors; rental, dividend, and interest income from investments; and government and other transfer payments. The chart below illustrates Monona County's average per capita income in dollars and the average percentage contributed by each major source.

Transfer payments, which include Social Security, Medicare, income maintenance and other assistance programs, are an important source of local personal income. The fraction of local income derived from government assistance programs provides a relative measure of need. Table 7 shows detailed flows of income maintenance and other transfer payments into Monona County compared to statewide per capita averages.

Per Capita Personal Income: Percentage Contribution by Source and Annual Average in Dollars (2014)



Sources this page: American Community Survey Table DP-03, U.S. Census Bureau (for household income and earnings); and Local Area Personal Income and Employment Tables CA1-3, CA04, and CA35, U.S. Bureau of Economic Analysis (for personal income and transfers by source).

Table 7. Transfer Payments Per Capita (2014)

Mo	<u>Statewide</u>	
Retirement and Disability		
Social Security (OASDI)	\$3,860	\$2,888
Non-OASDI disability and related	77	74
Medical		
Medicare	2,577	1,734
Medicaid and related	1,420	1,363
Military medical	22	17
Income Maintenance		
Supplemental Security Income (SSI)	74	104
Earned Income Tax Credit	172	154
SNAP (Food Assistance)	158	169
Other income maintenance*	197	199
Other Transfers		
Veterans benefits	232	208
Unemployment insurance	148	134
Education and training assistance	105	187
All other	251	252

*Includes Temporary Assistance to Needy Families (TANF), energy assistance, foster care and adoption assistance, WIC payments, and general state and local assistance to low-income individuals and families.

Measures of Household Economic Stress

Due to the many competing demands on household budgets, the risk for poverty and food insecurity may increase during periods of economic stress caused by job loss, illness or injury, and other changes in household conditions.

Unemployment

The loss of wages and other benefits due to unemployment may contribute to individual and family economic stress. The chart at right shows recent average, annual unemployment rates in the county and state. The unemployment rate measures the percentage of the civilian labor force that is unemployed. The labor force consists of all persons aged 16 or older who either are currently employed or actively seeking work.



Average Annual Unemployment Rate

Health Insurance

The cost of obtaining health care services may require families, especially those lacking health insurance coverage, to make trade-offs between health care and food. Table 8 shows the estimated number and percentage of individuals without health insurance. The displayed ranges reflect 90% confidence intervals for each measure.

Table 8. Health Insurance Coverage Estimates, 2009-2013

	Monona County	State of Iowa
Uninsured Population		
All persons under 65 years	669 - 833	235,600 - 251,492
Children 18 years and younger	74 - 124	28,837 - 36,567
Estimated % Uninsured		
All persons under 65 years	9.8% - 12.2%	9.3% - 9.9%
Children 18 years and younger	3.6% - 6.0%	3.9% - 4.9%

Housing Costs

Housing costs typically represent a large fraction of a family's budget, and may constrain the amount of income available for purchasing food. Table 9 shows the estimated median value for homes and median gross rent for housing units in the county and state. Also shown are estimated percentages of households whose housing costs exceed 30 percent of their monthly income. The displayed ranges reflect 90% confidence intervals for each measure.

Table 9. Estimated Housing Costs, 2010-2014

	Monona County	State of Iowa
Housing Values & Rents		
Median home value (\$)	73,670 - 84,130	125,670 - 126,930
Median gross rent (\$)	509 - 575	685 - 693
% of Households With Housing Costs >=3	0% of Income	
Homeowners with a mortgage	20.2% - 31.0%	22.0% - 22.8%
Homeowners without a mortgage	8.3% - 15.5%	10.9% - 11.5%
Renters	24.5% - 38.1%	44.4% - 45.7%

Sources this page: Local Area Unemployment Statistics (for unemployment rates), U.S. Bureau of Labor Statistics; Small Area Health Insurance Estimates, U.S. Census Bureau (for health insurance coverage); and American Community Survey Table DP-04, U.S. Census Bureau (for housing costs).

Population Profile

Age Distribution by Race and Ethnicity

Recent U.S. Census Bureau population estimates by age, race, and Hispanic origin for Monona County are shown in Table 10 below. The Census Bureau defines Hispanic as an ethnicity, not a race. Individuals of Hispanic origin may be of any race.

Table 10. Population Estimates, 2014

	Monona County Population by Age				Racial/Ethnic Group % of Population		
<u>Group</u>	Under 20	20 to 44	45 to 64	65 years	All Ages	Monona	Statewide
Total Population	2,120	2,118	2,549	2,209	8,996	100.0	100.0
White alone	1,997	2,049	2,494	2,189	8,729	97.0	92.1
Black alone	15	11	14	1	41	0.5	3.4
American Indian/Alaska Native alone	45	25	26	7	103	1.1	0.5
Asian alone	5	16	4	4	29	0.3	2.2
Any other race or combination	58	17	11	8	94	1.0	0.1
Hispanic (of any race)	87	50	30	10	177	2.0	5.6

Educational Attainment and English Language Ability

Individuals with lower educational attainment may have limited employment and earnings opportunities that contribute to household economic stress. Table 11 displays the percentage of the adult population by their highest degree attained. Educational attainment is reported for the adult aged population after their education is largely complete (25 years of age or older). Values are displayed using 90% confidence intervals.

Language barriers may hinder programming and other local efforts to assist area families and individuals in need. Table 10 below shows the number and percentage of individuals ages 5 years and older who report speaking English less than "very well."

Table 11. Education and English Language Ability, 2010-2014

	Monona County	State of Iowa			
Adults by Highest Degree Attained					
% Less than 9th grade	2.8% - 4.8%	3.4% - 3.6%			
% High school diploma	89.9% - 92.3%	91.2% - 91.4%			
% Bachelor's degree or higher	11.6% - 16.4%	26.2% - 26.6%			
Population with Limited English-Speaking Ability (Age 5 and Older)					
Number of persons	32 - 90	85,647 - 90,125			
Percentage of population	0.4% - 1.0%	3.0% - 3.2%			



Sources this page: 2014 Annual Population Estimates, U.S. Census Bureau (for age distribution by race, and ethnicity); and American Community Survey Table DP-02, U.S. Census Bureau (for educational attainment and English language ability).

Data Notes

Federal Poverty Guidelines

The U.S. Census Bureau determines the poverty status of the non-institutionalized population based on family size and income level. If a family's total annual income is below the threshold level appropriate for that family size, every member of the family is considered poor. The U.S. Department of Health and Human Services (HHS) annually publishes poverty guidelines by family size that are based on Census Bureau poverty thresholds. At right are recent HHS poverty guidelines as published in the Federal Register.

Source: Federal Register, Document Number 2016-01450, January 25, 2016 [online]. [accessed February 2016]. URL: https://www.federalregister.gov/articles/2016/01/25/2016-01450/annual-update-of-the-hhs-poverty-guidelines.

Federal HHS Poverty Guidelines, 2016

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Family Size	Percentage of Poverty Threshold 100% 130% 185%			
1	11,880	15,444	21,978	
2	16,020	20,826	29,637	
3	20,160	26,208	37,296	
4	24,300	31,590	44,955	
5	28,440	36,972	52,614	
6	32,580	42,354	60,273	
7	36,730	47,749	67,951	
8	40.890	53.157	75.647	

Other Information Sources

- Poverty: Poverty rate data in this report were obtained from the U.S. Census Bureau's American Community Survey.

 Other sources for poverty data include the Small Area Income and Poverty Estimates Program and the Current Population Survey, both of which are administered by the U.S. Census Bureau.
- Food insecurity: The U.S. Department of Agriculture (USDA) publishes estimates of food insecurity at the national and state levels using data collected from a special annual supplement to the Current Population Survey. The county-level data in this report were obtained from Map the Meal Gap, Feeding America (http://feedingamerica.org/). Readers are encouraged to visit their web site for more information about their methodology and data sources.
- Access to food stores: This report utilized county-level statistics from the Food Access Research Atlas, Economic Research
 Service, USDA. The Centers for Disease Control and Prevention provides an alternative source with data at the census
 tract level. For more information, see the publication, "Access to Healthier Food Retailers United States, 2011,"
 available at http://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a4.htm.
- Resources for families and communities: Please visit the ISUEO Families and Communities Web page at: http://www.extension.iastate.edu/humansciences/reducing-poverty-families-communities.

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