



# RURAL WHITES IN IOWA

## *Fast Facts*

### *on*

## *Health Disparity Issues*

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## Whites in Rural Iowa

### Iowa is a “Rural” State

- 79% of Iowa’s counties are “non-metro” or “rural”.<sup>1</sup>
- 43% of Iowa’s population is rural, where 25% of the US population is rural.<sup>2</sup>
- In Census 2000, the rural population of Iowa totaled 1,139,641 with 15% farm residents and 85% non-farm residents. Nationally these numbers were 5% and 95% respectively.<sup>3</sup>
- From 1990 – 2003 the number of farms in Iowa declined to 90,000, a loss of 14,000.<sup>4</sup>
- Iowa ranked 4th nationally for percentage of population over 65 years of age, and 2nd for percentage of people 85 years or older in the 2000 Census.<sup>5</sup>
- Iowa’s population growth from 1900-2000 was only 5%, while national growth was 13%.<sup>6</sup>
- In the 2000 census, Iowa ranked 30th nationally for total population but 43rd for growth between 1990-2000.<sup>7</sup>
- The 2003 Census estimates that between July 1, 2002 and July 1, 2003, Iowa lost 5,535 people to other states while it gained 5,950 from international migration.<sup>8</sup>

### Education

#### Rural Iowans are:

- 9% more likely to only attain a high school diploma than their urban counterparts.
- 8% less likely to attain a bachelor’s degree than their urban counterparts.
- 5% less likely to achieve a graduate or professional degree than their urban counterparts.<sup>9</sup>

### Income

- The Per Capita Income of residents of Iowa’s most rural counties is 23% less than those of Iowa’s most urban counties, while their median incomes are 27% less.<sup>10</sup>

# Barriers To Healthcare

## Food Desserts

Between 1976 and 2000 Iowa experienced more than a 50% loss in grocery stores dropping from 1920 to 911.<sup>14</sup> The uneven distribution of grocery stores results in areas of food concentration and scarcity. This leads to the creation of **food deserts**, places with few or no retail food stores, and increases the distance a person must travel to obtain food.<sup>15</sup>

## Health Professional Shortage Areas (HPSA)

Out of Iowa's 99 counties, many are designated as **HPSAs**.<sup>11</sup> In fact:

- 45% are Primary Care HPSAs;
- 73% are Dental Health HPSAs;
- 75% are Mental Health HPSAs;
- 60% are Governor's HPSAs; and
- 59% are Federally Medically Underserved

## Mental Health

"Behavioral health problems such as suicide, alcoholism and domestic violence have always been accepted as part of rural community life. As Blundall has commented, "farmers' mental health problems are always understated and mental health professionals have not realized how understated they are so they have believed there isn't a problem."<sup>12</sup> This phenomenon has been referred to as "**Community Denial**."<sup>13</sup>

# Working With Rural Iowans

The empowerment of rural agricultural communities can take place at several levels varying from helping individuals, to helping families, to improving their whole community, and even changing the state and national political atmospheres.<sup>16</sup>

## Recognize that the rural agricultural population is a special at-risk group.

**Cultural Norms:** Perception of themselves as self-reliant and independent is part of the culture of the people who work the land for a living. Many rural residents view the need for most any type of assistance as a sign of weakness.<sup>17</sup>

**Negative Stigma:** Keep in mind that seeking treatment for mental illness and addictions is viewed negatively by the rural agricultural population. This may be a more important factor

among certain groups within the rural population, such as older residents, less well-educated residents and migrant farm workers.<sup>18</sup>

**Know Your Constituents:** Nearly all farm residents would be more willing to seek mental health services if the providers were familiar with farming. Prevention agents can also serve a useful function by linking persons in these high-risk groups with others who have similar cultural and occupational experiences, but who have obtained assistance.<sup>19</sup>

(Working With Rural Iowans cont.)

**Improve Collaboration:** Work towards creating coalitions of governmental agencies, professional associations and grassroots groups in agricultural behavioral health issues.<sup>20</sup>

**Speak the Vernacular:** Using indigenous members of the rural agricultural community, such as farmmen and women and parish nurses, to serve as outreach workers who provide information and social support to distressed farm residents can help break down the negative stigma about help-seeking.<sup>21</sup>

**Be Available:** Offer services at times (e.g., evenings and weekends) and in places (e.g., homes and support group meetings) that work for the community.<sup>22</sup>

**Use the Locals:** Persons who are knowledgeable about farming and trusted by their colleagues (e.g., indigenous paraprofessionals who provide outreach and case management can be particularly valuable as lay health workers).<sup>23</sup>

**Provide Options:** Develop safety nets of resources and necessary services, including paying for behavioral health services when individuals and families can not otherwise afford assistance. These projects have featured crisis telephone services for dispensing information and arranging for behavioral health counseling appointments.<sup>24</sup>

**Become Culturally Literate:** Train behavioral health care professionals and others who work with the rural agricultural population (physicians, clergy and nurses) in specialized agricultural behavioral health techniques.<sup>25</sup>

**Empower Individual Growth:** Develop self help support group programs; provide educational retreats for distressed farm couples and families. Working to change beliefs about mental health and substance abuse issues can also help overcome negative stigma.<sup>26</sup>

## Endnotes

<sup>1</sup> United States Department of Agriculture - Economic Research Service - the Economics of Food, Farming, Natural Resources, and Rural America

<sup>2</sup> United States Census Bureau, Census 2000

<sup>3</sup> *ibid*

<sup>4</sup> Census of Agriculture: 1987,1992,1997, Table 6

<sup>5</sup> United States Census Bureau, Census 2000

<sup>6</sup> *ibid*

<sup>7</sup> *ibid*

<sup>8</sup> *ibid*

<sup>9</sup> *ibid*

<sup>10</sup> *ibid*

<sup>11</sup> Iowa State University Extension. Iowa Food Security, Insecurity, and Hunger; [www.extension.iastate.edu/Publications/SP236.pdf](http://www.extension.iastate.edu/Publications/SP236.pdf)

<sup>12</sup> *ibid*

<sup>13</sup> Barret, J. (1987) Mending a broken heartland: Community response to the farm crisis. Alexandria, VA. Capitol Publications Inc.

<sup>14</sup> Kenkel, M. B. (1986). stress-Coping-support in Rural Communities: A Model For Primary prevention. American Journal of Community Psychology, 14 (5), 457-478.

<sup>15</sup> Iowa Department of Public Health

<sup>16</sup> Rosmann, Michael R. (2003). Agricultural behavioral health: in critical need. Partners in Agricultural Health-Module V. [www.worh.org](http://www.worh.org)

<sup>17</sup> *ibid*

<sup>18</sup> *ibid*

<sup>19</sup> *ibid*

<sup>20</sup> *ibid*

<sup>21</sup> Kenkel, M. B. (1986). Stress-coping-support in rural communities: A model for primary prevention. American Journal of Community Psychology, 14(5), 457-478.

<sup>22</sup> Rosmann, Michael R. (2003). Agricultural behavioral health: in critical need. Partners in Agricultural Health-Module V. [www.worh.org](http://www.worh.org)

<sup>23</sup> *ibid*

<sup>24</sup> *ibid*

<sup>25</sup> *ibid*

<sup>26</sup> Butterfoss, F. D., Goodman, R. M., & Wandersman, A. (1993). Community coalitions for prevention and health promotion. Health Education Research Theory and Practice, 8(3), 315-330.