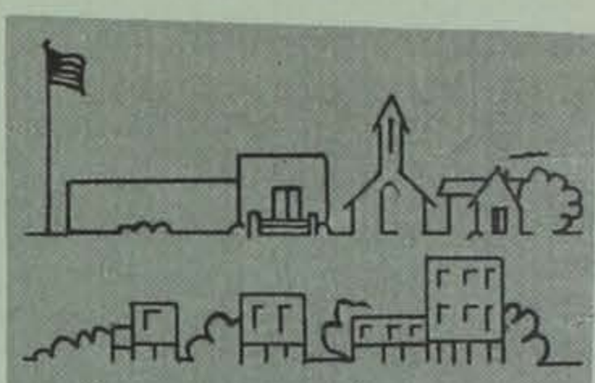
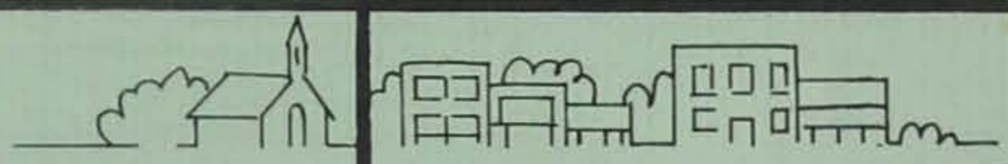
THE IMPACT OF POPULATION CHANGE ON RURAL COMMUNITY LIFE





THE GOVERNMENT, HEALTH AND WELFARE SYSTEMS

Iowa State University of Science and Technology
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Ames, Iowa

In Cooperation with the
North Central Region Sub-committee on Population (NC - 18)
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BACKGROUND

This is one of four publications dealing with the effects of population decline on rural Iowa counties. The publications are summaries of reports from a 6-year study in Greene County conducted by the Department of Economics and Sociology, Iowa State University.

The Greene County study was part of a larger study done under the auspices of the North Central Region Subcommittee on Population Research. The publications were prepared under the guidance of W. Bauder, J. Doerflinger, Wm. Kenkel and R. Klietsch and were based on the working papers of R. Wakely, A. Russel and C. Mulford.

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Like many Iowa counties, Greene County is predominantly rural. It has a high level of living but little manufacturing.

Over the years, technology has reduced the need for agricultural labor, and young families in particular have been leaving the farms. Since the county offers few major employment opportunities outside agriculture, the result has been net out-migration and population decline. Thus Greene County faces the need for adjusting community institutions and services to a declining population.

Greene County is typical of counties in Iowa and other cornbelt states that have experienced heavy out-migration, have low employment in manufacturing and have high farm operator level of living.

Of the 99 Iowa counties, 83.8 per cent in 1950 and 76.8 per cent in 1960 are characterized by high out-migration, high farm operator level of living and low manufacturing based on state averages. Most of these counties are located in the central and northern parts of the state.

Greene County farms generally concentrate on the cash grains and livestock, in that order. There is little dairy farming or poultry production.

The settlement of Greene County was slow until after the Civil War. Then population shot up, climaxing around 1900 with a total population of 17,820. During the next 10 years population dropped, but gradually gained again from 1910 to 1940. The current decline began about then as population fell from 15,544 in 1940 to 14,379 in 1960.

Jefferson, the county seat, was the only community in the county to gain population in the last 20 years. All other towns suffered losses.

THE IMPACT OF POPULATION CHANGE ON RURAL COMMUNITY LIFE

. . . The Government, Health and Welfare Systems

Prepared by Jon Doerflinger and Jeffrey Robinson

This publication is divided into three parts which discuss the effects of population change on the (1) government, (2) health and (3) welfare systems of Greene County.

Some of the information for the publication was obtained from the Greene County field study and covers changes between 1950 and 1957. But the roots of these changes go farther into the past. Other sources were used for this background.

GOVERNMENT

In 1959 a proposal was submitted to the Iowa General Assembly calling for consolidation of counties. Although it was not passed, the proposal was evidence of a long-time trend in Iowa government. Through the years, responsibility has been shifting from smaller to larger units.

Since local governments are creatures of the state, basic changes must come through legislative action. But the population base determines the people's governmental needs and ability to support a government. Rural population decline has been a major factor in shaping local government.

The most striking demonstration of the shift to higher levels of government has been the decline of township government.

Around 1900, the township was a vital link in Iowa government. Among other duties, it cared for the poor, built and maintained roads, and kept the local peace. But by 1960 township functions had nearly disappeared.

An example of how state legislation affected the township is in the area of roads. In 1913, legislation created county road systems and required each county to appoint a civil engineer, who was subject to removal by the State Highway Commission. This had a dual effect. It began to remove control of roads from the townships at the same time it increased state control over counties.

In welfare, township control was replaced by county boards of welfare. Similarly, health services were taken over by county boards of health.

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The function of the townships also declined informally, without legislative action. Although each township is still authorized to elect two justices of the peace, many no longer do so. Likewise, few townships elect constables, relying instead on the county sheriff.

County Structure Maintained

As the county took over township duties, one might think that revisions in county government would follow. Such has not been the case.

The basic structure of county government is essentially unchanged from its 1900 form. Expanding duties of the county have been taken on by the addition of boards and commissions which operate outside the direct control of the courthouse.

For example, county boards of social welfare were superimposed on the old structure. Board members are state employees. Other examples include zoning commissions, boards of trustees for county hospitals and county boards of conservation.

The only other change in county government structure has been in making some formerly elective offices appointive. This includes the superintendent of schools and the medical examiner.

Municipal Government Changes

For small Iowa communities, the years have brought little change in governmental duties. It is doubtful whether any small towns have taken over county functions.

Most legislation regarding municipal government has dealt with the forms of city government. Although three general types are allowed, 900 of Iowa's 944 communities have the mayor-council form. In Greene County, all of the communities have this form of municipal government.

The small size of rural towns makes taking on additional functions financially impossible.

Framework for Change

In the Greene County study, people did not rate government as a serious problem area. But when government officials were interviewed, they said that the public did not really understand the problems of county government. This is understandable in view of the complexities involved in shifting government to higher levels.

During the study period, both short and long-term changes were occurring in Greene County. The short-term changes included a slight decrease in the number of county government employees and almost in significant changes in the education of employees.

There was also evidence of the long-term changes affecting local government throughout Iowa.

These long-term changes can best be interpreted in terms of social-economic change between 1900 and 1960. By the turn of the century, Iowa county government had evolved an organization able to cope with the technology and economy of that time. The development of counties began shorly after statehood. County boundaries were established more than 100 years ago, based on the needs of a horse-and-wagon society.

Even before actual settlement, counties were laid out in townships and sections. County seats were located near the center of the county so all residents could travel there and return in a single day.

By 1890, the Iowa county was, in effect, laid aside as finished. Boundaries, village locations and even the size of towns seemed to be permanently fixed. But the revolution in transportation, coupled with rapid agricultural progress, was yet to be reckoned with.

Adjusting to Change

The shift from smaller to larger administrative units is one way in which local government is adjusting to change. Another method of gaining a larger geographic base has been for two or more counties to cooperate in fulfilling a service. Greene County was cooperating with five other counties of the 16th Judicial District during the study period to provide a juvenile probation officer.

Structural adjustment has come through the addition of boards and commissions to expand county functions. This process has preserved the territorial integrity of the county but has tended to shift control from the county to the state.

Another kind of adjustment to change has been increased professionalization in county personnel. In 1959 the elective office of coroner was replaced by the county medical officer, who must be an M. D. or D. O. In some cases, professionalization has been achieved by making county personnel employees of the state. This is true for county welfare employees, who are subject to the Iowa Merit System.

Contrary to the over-all picture of consolidation, there may be some short-term changes which conflict with the long-range adjustments. In Greene County such a case was found in the administration of Soldier's Relief. The program had grown so that it was in competition with other welfare programs in the county. But such situations are probably temporary.

Population Loss--The Future

Rural population decline has brought about extensive population redistribution among Iowa counties. In 1960, the least populous county contained only 0.29

percent of the population, while the most populous county contained 9.67 percent. Greene County, with 0.5 percent, is rather typical of rural counties.

This situation is highly significant for the future of Iowa county government.

A strong inverse relationship between per capita costs of boards of supervisors and total population has been demonstrated. In other words, in counties with small population each person must pay more to support the board of supervisors than in more densely populated counties.

A 1954-55 study showed that each person in rural counties paid about $1.17 a year to support the board of supervisors. In urban counties, the average was about 11 cents.

This cost of supporting the board of supervisors declines sharply up to a county population of about 50,000. It has been concluded that administrative savings would result if counties were consolidated to include populations of about this size.

HEALTH

The days are gone when a doctor could carry all the tools of his profession in a little black bag. They are gone as much as the days when a team of horses and a plow put a farmer in business.

Changes in the medical profession are occurring at the same time agricultural technology is bringing about Iowa population redistribution. Acting together, these changes are altering the health system of rural Iowa. The Greene County study attempted to document some of the adjustment to these changes.

Hospital Trends

Greene County operates an "acute general hospital." It is capable of handling medical and surgical care of acute illness as well as obstetrics. As the only hospital in the county, it must serve in capacities normally reserved for specialized hospitals.

There have been numerous changes in the clientele of the hospital over the years. During the study period, an increase in surgical patients took place, mainly among older persons. Many of these patients also suffered chronic illness which ideally would have been cared for in homes for the aged.

A decline in the number of daily patients occurred during the study period, but this was attributed mainly to the construction of hospitals in nearby counties.

Several factors caused an increase of out-patients. First, changing medical practices brought changes in the types of services hospitals are expected to perform. During the study, X-ray and laboratory equipment at the hospital were

used by staff doctors almost exclusively. Their patients became out-patients of the hospital because the doctors had to use hospital facilities.

Another reason for the increase of out-patients may be health insurance programs. Most policies do not cover services performed at a doctor's office, but the same service is covered when treatment is done at a hospital.

Increasing Hospital Costs

Between 1950 and 1957, the operating expenses of Greene County Hospital increased over $100,000 yearly. Additions to the hospital, increased staff and inflation were the main causes.

Much of the additional expense was borne by patients in higher charges. Even so, Greene County's charges apparently remained about on par with other hospitals in the area.

Regional Planning

An average daily occupancy of about 75 percent is considered necessary for hospitals. During the study, Greene County occupancy was 51 percent.

Small hospitals usually must keep a larger bed reserve than large hospitals. This enables them to handle emergencies better. But when several small hospitals are considered together, there is inefficient use of facilities. In other areas, hospitals are over-crowded.

This situation has been under study by the State Department of Health. Plans are being made to integrate Iowa hospitals on a regional basis so that each region will have hospital beds in approximate proportion to its population. This would also allow certain hospitals in each region to specialize. How this will affect Greene County in the future is unknown.

The trend toward regional planning, however, indicates the kind of change currently taking place in rural health systems. In a highly mobile population, local areas may no longer be expected to take care of their own. A fluid society places an extreme burden on areas of population decline. State and federal assistance on a regional basis can be expected more and more in the future.

Professional Personnel Trends

During recent years there have been notable changes in the number and distribution of professional health personnel in Greene County. Among the national trends which have influenced changes are (1) population redistribution resulting from agricultural change, (2) new techniques and specialization in the health professions and (3) improved transportation and communication, allowing greater access to more distant health personnel and facilities.

Medical Changes

Among the nation-wide trends in the health professions which have impact on rural Iowa are improvements in medical science.

Modern medicine is expensive. Necessary equipment has become so costly that the average doctor cannot afford it for his exclusive use. Most doctors must now depend on local hospitals for equipment or join with other doctors in forming clinics.

Another significant trend in health services has been decreasing proportions of health personnel. The population has increased faster than the number of physicians and dentists. Only among registered nurses has the increase been faster than the population increase.

These and other changes in the medical professions have had impact on Greene County as well as the rest of the nation.

Accessibility to Facilities

Advances in transportation and communication have brought health service changes just as dramatic as those caused by medical technology. The telephone and automobile have made it remarkably easy to obtain medical help at almost a moment's notice.

A doctor 40 miles away is as close to a patient as one who was 5 miles away in 1910. Road improvements have made it possible for a doctor and ambulance to be on the spot of need in a matter of minutes. With changes of this kind, it is little wonder that few physicians consider setting up practice in small towns today.

Modern life has affected the distribution of dentists and pharmacists even more than of physicians. The small-town dentist has almost disappeared. Today many persons are willing to travel 60 miles or more for dental work. A local dentist can no longer depend on having a clientele simply because he happens to be nearest. Likewise, the small-town pharmacist suffers from changing trade patterns which take business away from small centers to larger towns.

This gives a rough idea of the trends in professional health personnel over the nation. Now let's examine Greene County specifically.

Fewer Physicians

From 1940 to 1960 the number of physicians (both M. D.'s and D. O.'s) in Greene County dropped from 24 to 15. Of those remaining in 1960, eight had been in the county more than 20 years and had an average age of 64. Another three had been serving between 10 and 20 years and averaged 62 years old.

Judging from these ages, the future will probably find even fewer physicians in the county. The study revealed that young doctors were reluctant to set up practice in the county, and many who came did not stay.

Doctors find it more to their advantage to practice in larger centers where facilities and clientele are available. Physicians who did begin practice in small Greene County towns during the study period did so under different circumstances than their forerunners. One community was able to attract a doctor only by offering a well-equipped office at low rent.

All five small towns in Greene County supported two or more doctors in 1940 But by 1960, these towns had only one physician each, except one community whose two doctors had both been serving more than 20 years.

No doubt, most of these towns will face replacement problems in the future, when established doctors can no longer practice. Perhaps it is no longer necessary for each community to have its own doctor, but during the study Greene County residents seemed to feel otherwise.

Table 1. Professional Health Personnel in Greene County, Iowa

Health Profession	Number practicing in the county		
	1958	1950	1940
1. Total Physicians	14	20	24
2. Osteopathic Physicians	1	1	not known
3. Chiropractors	4	4	not known
4. Dentists	6	8	10
5. Pharmacists	3	3	5
6. Registered Nurses	22	20	not known

Source: American Medical Directories (1950 and 1940) and informants and interviews in Greene County.

Summing Up

The changes in the number and distribution of Greene County health personnel is a response to changing social patterns. Since people can travel farther for services, there is less need for services to be offered locally. And declining population has made local practice less attractive to health personnel. The net effect has been a reduction of the number of doctors, dentists and pharmacists in the county.

Not only have there been changes in the number of health personnel but also in the services offered. The need for expensive medical facilities has been partially met through out-patient services of the hospital. This trend might be offset by the installation of more private clinics in the county.

All things considered, population redistribution has increased the need for planning on a scale larger than the county. Coordination of hospitals over the entire state could have far reaching effects.

WELFARE

Changes in our society have meant that many families are no longer able to care for their own. Over the years, the job of welfare has been moving from the family to various levels of government.

Welfare is defined as caring for those who temporarily cannot care for themselves. There is a rough ladder of responsibility in caring for these people. The first responsibility lies with the family. If it fails to function, the duty is passed on to the community and then to higher levels of government.

Much of the historic change in welfare has consisted of greater or lesser emphasis in the different levels of responsibility. We will take a look at this change in the three main categories of welfare.

Old Age Welfare

In an agricultural society which often held three generations in one household, the family was able to care for its own aged. But increased mobility and the trend toward the two-generation family have lessened the effectiveness of the family.

In Greene County, care for the aged was accepted as a community job for some time--if local government can be considered the community. Overseeing the poor was a township function, and it was assumed that caring for the aged poor was part of the job. In 1904 a county home was built. This can be seen as part of the local effort to care for the aged.

But since the 1930's, local efforts have been dwarfed by two federal programs. The Old Age, Survivors' and Disability Insurance (OASDI) program offers monthly payments to persons who contributed during their working years. The other program, Old Age Assistance (OAA), provides monthly grants for aged persons who have exhausted their own resources.

A change in OASDI extending coverage to farm workers and operators had a profound effect on welfare for the aged in Greene County. The program's increase in the county was proportionately greater than its increase in the state as monthly county payments jumped from $6,722 in 1951 to $97,750 in 1960.

On the other hand, OAA participation dropped during the same period. The conclusion that there is a relationship between participation in the programs cannot be escaped.

Table 2. Number of Monthly Beneficiaries and Benefits of the Old Age Survivors' and Disability Insurance for Iowa and Greene County.

	Monthly Beneficiaries		Total Monthly Benefits	
Date	Iowa	Greene County	Iowa	Greene County
1952	70,834	290	$ 2,644,671	$ 9,728
1954	103,488	532	4,809,384	22,203
1956	147,030	776	7,380,951	35,480
1958	228,602	1372	13,547,883	80,852
1960	266,537	1579	16,524,212	97,750

Table 3. Old Age Assistance in Greene County, Iowa, 1950-1960

Year	No. of Recipients
1950	275
1952	253
1954	218
1956	187
1958	179
1960	195

Disability Welfare

Disability may occur at any age. It may be either physical or mental.

For years, care for the physically disabled was evidently not considered an important government function in Iowa. The state did not participate in the federal grant-in-aid program until 1959. The adoption of this program indicates that government has recognized yet another category of welfare.

As for mental disability, local governments in Iowa were traditionally responsible in this area. In the 1900's the county boards of supervisors were empowered to levy a tax for care of the insane. Gradually, it was recognized that mental disorders are a medical problem, and emphasis is now on prevention and cure.

During the study period, the Greene County farm was helping care for the mentally ill. It was a "half-way station" in the process of returning patients home from state institutions. Care was only custodial, and no treatment was offered.

In 1951, the legislature acted to permit the establishment of county mental health centers. Eleven counties have such centers to date. These clinics offer out-patient psychiatric diagnosis and treatment. Greene County is not among the eleven.

Child Welfare

The third broad category of welfare is care of children. This has always been a family duty, but in some circumstances the family is unable to offer proper care. Two government programs offer aid.

Aid to Dependent Children (ADC) is a federal grant-in-aid program which attempts to make it possible for children to remain in their homes. They are allowed to remain under the care of a parent or relative in case of parental death, absence or incapacity.

Iowa adopted this program in 1944 to replace the County Widow's Pension Law. Those eligible receive a monthly grant from combined federal, state and county funds.

In Greene County, ADC cases increased from 29 in 1950 to 77 in 1960. According to interviews with local officials, a large part of this increase was due to husbands who deserted their families.

A second program, the Child Welfare Act, carries out broad services to children. Unlike ADC, child welfare services do not involve payments to families. Also, money for the program comes entirely from the state. The purposes of the program are to supervise placement of children in foster homes and to investigate certain adoption cases.

General Relief

The programs discussed so far have been organized according to categories of need. One program does not fit such classification. This is "general relief," which is exclusively a county program.

General relief serves as a "catch-all" for needy persons who do not qualify under other welfare programs. Wide discretion in determining eligibility under general relief is left to the county.

The Greene County case load of this relief declined from 27 in 1950 to 23 in 1960, but costs rose in the same period from $19,156 to $37,238.

Conclusions

Although most welfare funds are administered by the county, this does not mean they are local programs. The direct aids are state programs, and eligibility is determined by residence in the state. The trend toward fewer local restrictions on welfare is probably a response to increased population mobility.

From the Greene County study and from welfare programs in general, a few observations can be made:

(1) Along with the shifting of welfare to higher levels of government has come increased professionalization. Evidence is provided by state job requirements of county welfare board employees.

(2) Some welfare facilities are caught in shifting welfare patterns. One such institution is the county farm. It is questionable how long it will continue to offer custodial care of the mentally ill.

(3) The present welfare system evolved from a series of special programs. The system tends to fragment aid given a particular family or case. Thus, a family might be receiving both disability and ADC payments. A system which looks for the best solution to individual cases might be more meaningful. Instead of special welfare programs, the trend seems to be in the direction of integrated welfare services.

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APPENDIX

A word about the larger study

The 1950-1960 decade was one of unprecedented population growth for the United States, but despite this growth about half of the nation's counties lost population during this period. Such tremendous population redistribution does not occur without far-reaching social and economic consequences.

This population movement and its social and economic consequences are subject of a larger regional study of which the Greene County, Iowa, study forms but one part. The larger study was initiated by members of the North Central Technical Committee - Number 18 (NC - 18), which is composed of population analysts from the states of the North Central Region and Kentucky. The NC - 18 committee first charted the actual population changes for the region, and the results of this analysis may be found in the first two regional publications cited in the bibliography which follows.

The next step in the NC - 18 regional program was to initiate a series of field studies, on the county level, to determine the effects of population change upon the social institutions of the counties which had experienced various kinds and amounts of migration. The counties were selected on the basis of the direction and amount of net migration which had occurred in the

1940-1950 decade, the extent of industrialization (as measured by the percent of the labor force employed in manufacturing), and the local condition of agriculture (as measured by farm operator level-of-living index). Research was initiated in counties selected according to the above criteria. The following three combinations were investigated:

(1) High out-migration, low farm operator level of living, and low industrial development (Out-lo-lo): Aitkin County, Minnesota; Price County, Wisconsin; Ontonogan County, Michigan; and Marshall County, South Dakota.

(2) High out-migration, high farm operator level of living, and low industrial development (Out-hi-lo): Greene County, Iowa

(3) High in-migration, high farm operator level of living, and high industrial development (In-hi-hi): Franklin County, Ohio, and Kenosha County, Wisconsin.

A regional report is being prepared which will summarize the results of the individual county studies.

The selected bibliography which follows is presented for the benefit of those who may wish to gain a better appreciation of the regional population situation and the results of varying degrees of migration upon counties with differing industrial and agricultural conditions.

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