



REPORT



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FROM THE DIRECTOR'S DESK ...

We are concerned whenever any governmental agency grows in terms of staff numbers. Indeed such growth in any organization without a corresponding increase in responsibility or productivity would be cause for alarm. Therefore, we should explain the reason and need for the increase staff requirements of OPP since its inception only a few years ago.

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OPP staff has grown for three reasons: (1) Increasing demand that state activities be rationally planned and coordinated has required more output from OPP. Recommendations of the Governor's Economy Committee and the legislature's Budget and Financial Control Committee are indicative of the demand for planning services. (2) We have almost eliminated OPP's dependence on outside consultants, in the belief that we receive more productivity from investments in staff. (3) Efficient consolidations with previously existing programs of other agencies have brought a more effective utilization of personnel into state planning. *Most of our staff positions have been transferred from other agencies and are not additions to the State payroll.*

A prime example of such a transfer is featured in this issue of the *OPP Report*. Last September, Governor Ray shifted the Office for Comprehensive Health Planning (OCHP) to OPP from the Department of Health. The practical logic behind the move was clear: truly comprehensive and coordinated planning in areas of top priority concern requires prominence and support from the executive offices, as well as neutrality from the operating interests of individual line agencies. Until merged, OPP and OCHP were also necessarily duplicating much effort and using up valuable staff time in interagency communication.

The transfer has succeeded beyond our original hopes in achieving a new climate of cooperation and change among health-related agencies and interests. The Governor has been provided with increased information and analyses of health program needs, and he can therefore exercise executive leadership with greater confidence and authority. Several recent developments convey a taste of this success, beyond the project mentioned in the article below. The Governor has called upon OCHP to assist in stabilizing hospital costs (in cooperation with the President's Cost of Living Council); he has called upon other health-related projects to coordinate their efforts through OCHP; and he has called upon the Comprehensive Health Planning Council of Iowa (which is the advisory council to OCHP) to establish priorities for a stronger focus of all health planning efforts on the greatest health needs in Iowa.

The small but dedicated staff of OCHP are chiefly responsible for this success, of course. To date, they've been able to handle their increased responsibilities without increasing staff size, due largely to the long hours and devotion of Frank Fair, Director of OCHP. Other staff members are Assistant Director Lou Prock, Harry Gittins, and Rosemary Casey, with support from Pat Fritz and Toni Maletta. We are now planning to reduce consultant expenditures in order to add staff that can provide more technical assistance to local health planning groups.

In the area of Health Planning and many other instances, OPP has shouldered an additional burden often due to new federal programs or increased federal planning requirements. I am proud of the ability of the staff to accept these additional responsibilities and to continue to be a vital force for improvement in state government.

Wythe Willey, Acting Director

R_X: HEALTH PLANNING

When the United States Congress passed its "Partnership for Health" legislation (P.L. 81-749) with its subsequent amendments, a change in basic philosophy was adopted with the legislation. This change of philosophy simply stated is that health is no longer a privilege of a few but is a right of all citizens.

Commensurate with this "right" philosophy is the dedication to the attempt to allow local people at the community level to identify and solve their own health problems. This involves "consumer participation" which permeates all activity of the Comprehensive Health Planning agencies.

In keeping with the national health philosophy and the CHP legislation the Iowa Office for

Comprehensive Health Planning's goals and objectives are simply stated as follows:

The Iowa Office for Comprehensive Health Planning seeks to assure all citizens of Iowa an adequate and accessible physical, mental, and environmental program of health care regardless of race, creed, color or income. This is to be done by developing a state health plan of component interactions which is efficient, effective and compassionate, through studying and recommending all possible cost moderations, redistributions and better utilizations of health resources, development of new health manpower, and encouraging by catalytic processes the adoption of these recommendations.

The mechanism by which this work is to be done is by a Council with committee, and task force structures, which attempts to uncover gaps and to reveal overlaps in health services. Through this process OCHP encourages cooperation and coordination of existing health services. Thus the role of Comprehensive Health Planning is that of a change agent - a catalyst. The products sought are coordinated efforts, use of expert opinion, and adoption of creative and innovative ideas for the improvement of health care delivery and, accordingly, an improvement in the relative health status by serving more people with better quality of care and with maximum effectiveness and efficiency.

Some examples (by no means inclusive) of the Office for Comprehensive Health Planning are as follows:

Health Fact Book Series. The first volume of the Health Fact Book series was entitled Health Manpower Resources: Patterns and Trends (Mario F. Bognanno, James R. Jeffers, Calvin D. Siebert), and was sponsored by the Health Manpower Committee of the Comprehensive Health Planning Council in cooperation with Iowa University College of Medicine. The volume contains the documentation of the number and location of sixteen health manpower categories in the state and verifies particular shortages. Volume II was produced in cooperation with the Records and Statistics Division of the Iowa State Department of Health and contains pertinent information about hospitals, long-term care, nursing home, custodial home and other types of health facilities. The third volume also being produced in cooperation with the Department of Health deals with socioeconomic statistics especially of interest to planners.

It is anticipated that each of these volumes will be updated on a regular basis and that each new volume should contain more pertinent information which will become the health data base for health planners in the state.

Health Information System Council. OCHP has arranged a series of meetings for collectors and users of health data in the state for the purpose of forming an organization to act as a clearinghouse for health information. The organizational meeting of these agencies was held on February 1st at which time the Health Information System Council was formed. Charter members are: The University of Iowa Hospitals, the Iowa Board of Nursing, the Commission on Aging, the Iowa Society of Osteopathic Physicians and Surgeons, the Health Planning Council of Iowa, the Iowa Regional Medical Program (IRMP), the State

Hygienic Laboratory, the Iowa State Department of Health - Records and Statistics Division, Office for Comprehensive Health Planning, the Easter Seal Society, the Health Planning Council of the Midlands, the Iowa Hospital Association, the Iowa State Extension Services, the Iowa Geological Survey, Iowa Nursing Home Association, Siouxland Health Planning Council, Health Planning Council of Central Iowa and Hospital Services Incorporated. Other members, both producers and users of health information will be added at the next meeting of the Council which will be held in May. An Executive Committee will be elected by mail ballot and a clearinghouse office and staff will be established soon.

The goal of the Iowa Health Information Council is to establish a system whereby individual agencies and organizations collecting and producing health data, voluntarily cooperate to effectively meet the needs of users of health information. The Council will seek to promote the development of standard definitions, elimination of unnecessary duplication and the synchronization and unification of collection methods. A central clearinghouse will be established which will maintain a catalog of what health information is available and who produces it with an assessment of the methodology used by the collecting agency and will maintain an inventory of the data requirements of users of health information.

The Council also will serve as a forum for the discussions related to the collection of new data; will provide assistance to such efforts and seek to assure coordination with other health related activities; will encourage the voluntary use of the Council activities by agencies and organizations who are collectors and users of health data; and will explore, encourage and promote unified data collecting procedures for future long-range statewide and national projects for state health plan requirements and for evaluation techniques.

The clearinghouse responsibilities of this Council will include directing and performing technical functions, coordinating agency activities, serving as a central directory and developing health data base.

County Boards of Health. The Environmental Health Committee of the Comprehensive Health Planning Council called together a task force of representative County Board of Health members and County Board of Supervisor members to discuss the need for legislation to fund County Board of Health functions. As a result of these meetings a report of the task force suggest

certain changes in legislation as well as alternatives for funding.

Functional changes that were recommended were: a) The deferring of the cost of carrying out the enforcement of health laws and state and local regulations and the provision for miscellaneous health services such as public health nursing, home health care services, environmental health services and ambulance services and the allowance for charging reasonable fees for such services, b) the paying of necessary traveling expenses of the local Board of Health members and the salary and travel expenses of health officers and other employees of the local Boards of Health, c) the authority to build, lease and equip health buildings and purchase necessary supplies and equipment to provide public health services and information, and d) the provision of funds for local comprehensive health planning.

It was noted that 65 counties have reached their maximum taxable capacity for general funds. Seventy-eight counties are levying at least a part of their emergency fund (maximum one mill). It is agreed that the County Board of Health is the best mechanism for administration of local health services but under present circumstances of lack of funds only a few are able to operate properly. As an example, a good home health care program, which keeps 45 patients in their homes rather than placing them in a nursing facility, in a ten-year period will save the community approximately one million dollars in health costs. What is being suggested is that for each dollar spent more services can be provided to the people of the county by the proper use of County Board of Health mechanism.

At present there has been no legislative action.

Emergency Medical Services. Governor Ray has recently announced the appointment of a statewide Emergency Medical Service Advisory Council. This came about through the recommendation of the Health Manpower and the Facilities Committee suggesting a task force be formed to investigate emergency medical services in the state. A task force was formed in cooperation with the Iowa Regional Medical Program, the Iowa State Department of Health and the Program of Health Occupations Education, State University of Iowa.

The first activity of this task force was to call an Emergency Medical Services Conference to better understand emergency medical services needs in Iowa, to make recommendations for planned action, and to consider the appointment

of a statewide Emergency Medical Services Advisory Committee. As a result of this conference the Council was formed and members were appointed.

The purpose of the Council is to offer assistance and guidance to various agencies involved in the development of the emergency medical service programs and related activities in the State of Iowa. Additionally this Council will serve as the advisory group to the State Department of Health pursuant to the U. S. Department of Transportation programming under the National Highway Safety Act - Emergency Medical Services standard area.

The Office for Comprehensive Health Planning will finance the routine maintenance cost of the Council, and the Iowa Regional Medical Program will finance the special costs. In preparation for the first Council meeting four task forces have been formed with respective staff members. They are: 1) Personnel and Training, Mr. Rick Gamel of the Program in Health Occupations Education, State University of Iowa, 2) Communication, Dr. Ronald Eckoff, Director of Community Health Services, State Department of Health, 3) Hospital Emergency Facilities, Mr. Roger Tracy, Assistant Coordinator, Iowa Regional Medical Program, and, 4) Ambulance Service operations, Dr. Ronald Eckoff.

The staff responsibilities of these four task forces will be coordinated by Frank Fair, Director of the Office for Comprehensive Health Planning.

Health Delivery Systems Conference Report. The results of the Health Delivery Systems Conference held in September are now printed and available. Concerned primarily with "Health Maintenance Organizations" the report should be read by many concerned Iowans.

Model Toxic Chemical Disposal Proposal. The Environmental Health Committee and its sub-committee on Toxic Chemicals have been concerned with a statewide plan for toxic chemical disposal particularly emergency disposal. Presently the goal is to develop at Iowa State University a mode: 1) reference catalog which categorizes chemicals by best disposal methods; 2) monitoring and analysis system of the effluents from demonstration units; 3) inventory of chemicals to be disposed, problem areas and potential emergency situations in Iowa; and 4) state chemical disposal plan. Four types of units may be tested: 1) high temperature, 2) bio-degradable, 3) chemical neutralization, and 4) explosive and pyrophoric.

DIVISION OF MUNICIPAL AFFAIRS

1972 Community Betterment Contest Underway

After a highly successful first year, the second year of the Iowa Community Betterment Program has begun. Regional meetings have been scheduled during the month of February in sixteen communities throughout the state for the purpose of explaining the contest to prospective entrants.

The contest is open to any incorporated or unincorporated city or town in the state. Contestants document community improvement projects undertaken during the program year via news clippings and photographs in a scrapbook. Projects may be short-range or continuing in nature. Any area of community improvement is eligible, including planning, social and cultural activities, education, recreation, beautification, public works, and commercial and industrial development.

Cities and towns compete with other communities in a similar population size category. Winners are selected by out-of-state judges who are experienced in various areas of community development. Governor Ray will announce the winners at an awards banquet next fall. Private utilities serve as sponsors to the Program and furnish prize money of \$500, \$300, and \$200 for first, second, and third place respectively. Awards are also given to the outstanding leader in each participating community.

The Community Betterment Contest is designed to provide incentive for cities and towns to improve their overall quality of life through competition. Ultimately, however, every community is a "winner" for by getting their citizens concerned about and involved in betterment activities they have nothing to lose and everything to gain.

Communities that would like to enter the 1972 Contest should direct their inquiries to Norman P. Riggs, Community Betterment Program, Office for Planning and Programming, Jewett Building, 415 Tenth Street, Des Moines, Iowa 50309 (Phone: 515 281-3584). A general mailing was sent to local mayors and civic leaders which explained the program in more detail.

CBD Improvement Manual

The Division of Municipal Affairs, in its continuing role of providing technical assistance to communities, has published a Central Business District Improvement Manual for Iowa Communities.

Throughout Iowa there is a growing interest

in improving the appearance of our communities. Citizen committees, chambers of commerce, planning commissions and city councils have become more aware of and more concerned about the visual impression their community makes on new residents, visitors, business and industrial prospects.

The central business district of nearly every community offers an opportunity to realize the benefits of a positive, concerted and cooperative effort. It is the purpose of this manual to provide guidelines for initiating a CBD improvement program and to stimulate your imagination through illustration of the successes achieved by others.

This manual is available upon request. Please contact: Mr. Kenneth C. Henke, Jr., Director, Division of Municipal Affairs.

A Legal Measure for Improvement of Housing in Iowa

The Iowa Housing Law, Chapter 413, is over forty years old and a patchwork of inconsistency, omission and obsolescence. It includes little, if any emphasis on rehabilitation, maintenance or occupancy standards, and provides general and overly discretionary enforcement powers to the extent that effective local enforcement does not exist except in urban areas with minimum population of fifteen thousand, and a local health officer with definite enforcement responsibilities.

The original purpose of the law was to institute controls on residential construction, although not in the sense of a building code per se. Generally, the law was followed during the period from 1923 to 1941, within which many of the homes and apartments now beginning to deteriorate were built. After 1945, new home construction grew rapidly, accompanied by innovative materials and building techniques. This growth pattern has naturally led into a current housing stock which includes a substantial number of homes and apartments built from 1923 to 1941, and still in use. However, the housing law has not changed significantly.

In Iowa, we face a rapidly growing problem of deteriorating residential property. The state housing law, by its antiquated and indefinite regulations regarding maintenance, occupancy and rehabilitation, is contributing to the problem. As a complication, the U.S. Department of Housing and Urban Development has formally objected to the current law by stating that it "provides obsolete and incomplete coverage, contains,

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excessive deviation and omission of basic nationally recognized standards and is severely limited in its efforts to cope with deterioration and decay of existing housing". HUD's general criticism is followed by several specific objections, ranging from "lack of minimum standards for supplied heating and temperature controls", to "omission of numerous essential definitions for proper interpretation and administration of the code".

Research and development of a revised state housing law has been done within the Division of Municipal Affairs, in coordination with the State Department of Health, and is addressed to the following general areas:

- a) Structures, specifically dwelling units which lack basic sanitary facilities and other equipment which may be in various states of disrepair.
- b) Conditions in the environments surrounding existing dwelling units, such as utilities, streets, transportation systems, etc., which constitute or contribute to poor housing quality.
- c) A tendency of dwelling units and facilities to deteriorate over a period of time.
- d) Newly built dwelling units which do not include one or more of the items considered necessary for minimum housing.

The new housing law would be intended solely to provide for the health, safety and well-being of occupants of a dwelling, and persons residing in the vicinity of same. It would not include requirements that would contribute exclusively to economic value or esthetic quality, nor would it require uniformity without regard for local conditions.

To bring about the new housing law, the Division of Municipal Affairs, Office for Planning and Programming, has prepared a form of legislation for presentation to the Governor, and for review and comment by the U.S. Department of Housing and Urban Development. It is hoped the proposed law will be enacted during the 1972 legislative session.

Farmers Home Administration is an agency of USDA authorized to make housing loans in rural areas and communities of not more than 10,000 population. Loans may be made for the purchase of new or existing or for the construction of new homes.

During fiscal year 1971 the agency loaned 19½ million dollars to 1,730 families for individual homes. \$22,725,000 has been made available for use in Iowa during 1972. The agency makes and services their own loans. Servicing includes supervision and credit counseling with those families who are in need of it.

Basic eligibility requirements:

1. Ability and reputation for payment of debts.
2. Be unable to obtain credit from conventional lenders.
3. Be without adequate housing.
4. Family income of not more than \$9,000 adjusted.

The home must be of modest design and cost. The typical new home will be 950 to 1,000 sq. ft. living area.

Loans are 7¼% interest with a maximum repayment of 33 years. Families of less than \$7,000 adjusted income may be eligible for an interest credit which will reduce the effective interest rate.

Farmers Home Administration loans are intended to give extra help to low and moderate income families to buy their own home. The assistance is temporary and the loan will be continued only until the family becomes eligible for conventional credit. When family income increases or equity in the home builds up to the point where other credit is available, the family will be required to refinance the loan.

The Farmers Home Administration State Office is located at 873 Federal Building, 210 Walnut, Des Moines, Iowa 50309. Robert Pim is State Director.

Iowa is served by 51 county offices. County Supervisors, their location and area served is listed on Page 7. Detailed information may be obtained by contacting any of these offices.

For information on Rural Housing Loans and other services of the Farmers Home Administration, contact the FHA Supervisor for your county:

<u>Location</u>	<u>County Supervisor</u>	<u>Counties Served</u>
Albia	E. H. Scales	Monroe
Algona	Kenneth E. Blackledge	Kossuth, Emmet
Ames	Patrick G. Fitzgerald	Story, Boone
Ankeny	Mark A. Stolze	Polk, Dallas
Atlantic	Oliver E. Hagglund	Cass, Pottawattamie
Bloomfield	Doyle P. Schmitter	Davis
Centerville	Gene M. Crosby	Appanoose
Chariton	Elias F. Bell	Lucas
Charles City	Dale Hansen	Floyd, Mitchell
Clarion	Robert W. Orcutt	Wright, Hamilton
Corning	James Gubser	Adams, Taylor
Corydon	Robert Swartzlander	Wayne
Creston	Russell K. Booth	Union, Ringgold
Decorah	Clarence C. Lowry	Winneshiek, Allamakee
Denison	Kenneth M. Meland	Crawford
Dubuque	Paul Harms	Dubuque, Jackson
Elkader	David B. Reichter	Clayton
Fairfield	Larry G. Johnson	Jefferson, Wapello
Garner	Dana L. Schulke	Hancock, Winnebago
Greenfield	Ralph T. Alshouse	Adair
Guthrie Center	John R. Rohlf	Guthrie, Audubon
Harlan	Bruce M. Kilpatrick	Shelby, Harrison
Humboldt	Daryl D. Hansen	Humboldt, Webster
Ida Grove	Wayne Doty	Ida, Cherokee
Independence	Albert L. Kimler	Buchanan, Linn
Indianola	Gail H. Ives	Warren, Madison
Iowa Falls	James D. Rector	Hardin, Grundy
Jefferson	John H. Duesbury	Greene, Carroll
Keosauqua	Robert C. Scoville	Van Buren, Lee
Le Mars	Dennis Benna	Plymouth, Sioux
Manchester	Ronald I. Snitker	Delaware
Mapleton	Arthur C. Bennett	Monona, Woodbury
Marengo	Vernon W. Nelson	Iowa, Benton
Mason City	Irwin C. Christiansen	Cerro Gordo, Franklin, Worth
Mt. Pleasant	Douglas J. Betz	Henry, Des Moines, Louisa
Muscatine	Anton I. Tometich	Muscatine, Johnson, Scott
New Hampton	Donald C. Bell	Chickasaw, Howard
Newton	John E. Graves	Jasper, Marion
Osceola	Donald R. Dingman	Clarke, Decatur
Oskaloosa	John A. Crumly	Mahaska, Poweshiek
Pocahontas	Robert J. Anderson	Pocahontas, Calhoun
Red Oak	Roger D. Stewart	Montgomery, Mills
Shenandoah	Gary Beggs	Page, Fremont
Sibley	Gary W. Ludington	Osceola, Lyon, O'Brien
Sigourney	Norval K. Hart	Keokuk, Washington
Spencer	Robert R. Schneider	Clay, Dickinson, Palo Alto
Storm Lake	Albert E. White	Buena Vista, Sac
Tipton	Kenneth D. Dunn	Cedar, Clinton, Jones
Toledo	Dannie R. Fain	Tama, Marshall
Waverly	Richard L. Bolte	Bremer, Black Hawk, Butler
West Union	James D. Rogers	Fayette

Get Grant to Aid Community Programs

At a recent Citizens' Planning Charette in conjunction with Des Moines Planned Variations Program, Governor Robert D. Ray announced that the Office for Planning and Programming had been chosen as the recipient of a special grant that will benefit all of Iowa's communities. A State-Local Task Force will be created to increase the level of technical assistance and coordination of effort that now exists between the State, city, county, and school district in the area covered by the Planned Variation Program.

Another feature of this program will be a state-wide newsletter which will inform local governments of the progress the experiment in revenue sharing is having in Des Moines.

This office will also be setting up a series of regional seminars in which we will illustrate the Community Development planning process and discuss the ways in which to better deliver services to the people of the various communities. Technical assistance teams will help local communities to identify potential resources for the projects currently in operation in Des Moines, and assist in the preparation of those applications on request from local communities throughout the state. It is hoped that through this program the experience that is occurring in Des Moines can be transferred to other local communities that have some of the same problems. If you have questions about the program, please contact the State Coordinator for Community Development, Division of Municipal Affairs.

On December 14, 1971, Governor Robert D. Ray announced the appointment of Wythe Willey as Acting Director of the Office for Planning and Programming.

Mr. Willey, who has experience as a practicing lawyer in Manchester, is a native of Maquoketa, Iowa. He graduated from Maquoketa High School. Mr. Willey is a graduate of Iowa State University with a B.S. in agricultural economics and a graduate of the University of Iowa College of Law.

He has previously served as an administrative assistant on Governor Ray's staff since April, 1971.

He succeeds Mr. Leroy H. Petersen who resigned to return to private business.

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