MODERN
FACILITIES FOR MEDICINE

PREVENTION
TREATMENT
REHABILITATION

IOWA HOSPITAL PLAN

SEVENTH REVISION
1 JULY 1954

Compiled by

DIV OF HOSPITAL SERVICES
IOWA STATE DEPT OF HEALTH

State of Iowa

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State Office Building
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TABLE OF CONTENTS

INTRODUCTION

In accordance with the Hospital Survey and Construction Act, Public Laws 725 and 380, 79th Congress, a statewide inventory of existing hospital and public health facilities was completed. This information is presented in the Report of Hospital and Public Health Resources in Iowa, Iowa State Department of Health. Included in the Report is statistical data on the hospital and public health facilities and services, professional personnel and related resources. Also included is a proposed system of coordinated hospitals and public health facilities.

Herewith is presented the seventh annual revision of the Iowa Hospital Plan, based upon current inventory and survey data. The format and content are in accordance with the Federal regulations promulgated by the United States Public Health Service.

1. Hospitals.

Hospitals shall include "Public Health Centers and acute general, tuberculosis, mental, chronic disease, and other types of hospitals, and related facilities, such as laboratories, outpatient departments, nurses' home and training facilities, and central service facilities operated in connection with hospitals, but not institutions furnishing primarily domiciliary care. The term 'hospital', except as applied generally to include public health centers, shall be restricted to institutions providing community service for inpatient medical or surgical care of the sick or injured; this includes obstetrics. It shall exclude Federal hospitals and institutions found to constitute a public hazard."

2. Acute Short-Term General Hospital and Community Clinic.

A general hospital is "Any hospital for inpatient medical or surgical care of acute illness or injury and for obstetrics, of which not more than 50 percent of the total patient days during the year are customarily assignable to the following categories of cases: Chronic, convalescent and rest, drug and alcoholic, epileptic, mentally deficient, mental, nervous and mental, and tuberculosis." Facilities with a capacity of less than 20 beds are defined as community clinics.

3. Allied Special Hospitals.

Cardiac, eye-ear-nose-throat, isolation, maternity, children's orthopedic, and skin and cancer, as well as other hospitals providing similar specialized types of care commonly given in general hospitals. The term excludes mental, tuberculosis, and chronic illness hospitals.

4. Psychiatric Hospital.

A psychiatric hospital is "A type of mental hospital where patients may receive intensive treatment and where only a minimum of continued treatment facilities will be afforded."

5. Mental Hospital.

A mental hospital is "A hospital for the diagnosis and treatment of nervous and mental illness but excluding institutions for the feeble-minded and epileptic."

6. Tuberculosis Hospital.

A tuberculosis hospital is "A hospital for the diagnosis and treatment of tuberculosis, excluding preventoria."

7. Chronic Illness Hospital.

A chronic illness hospital is "A hospital, the primary purpose of which is medical treatment of chronic illness, including the degenerative diseases, and which furnishes hospital treatment and care, administered by or under the direction of persons licensed to practice medicine in the State. The term includes such convalescent homes as meet the foregoing qualifications. It excludes tuberculosis and mental hospitals, nursing homes and also institutions the primary purpose of which is domiciliary care."

8. Public Health Center.

A public health center is "A publicly owned facility utilized by a local health department for the provision of public health services, including related facilities, such as laboratories, clinics, and administrative offices operated in connection with public health centers."

9. Local Health Department.

A single county, city, city-county, multi-county, or local district health department as well as State health district unit, where the primary function of the State district unit is the direct provision of public health services to the population under its jurisdiction.

10. Public Health Services.

Public health services are "Full time services provided through organized community effort in the endeavor to prevent disease, prolong life, and maintain a high degree of physical and mental efficiency. In addition to the services which the community already provides as a matter of practice, the term shall include such additional services as the community from time to time may deem it desirable to provide."

11. Area.

An area is "A logical hospital service area, taking into account such factors as population distribution, natural geographic boundaries, transportation and trade patterns, all parts of which are reasonably accessible to existing or proposed hospital facilities and which has been designated by the State Department of Health as a base, intermediate, or rural area."

12. Base Area.

A base area is "Any area which is so designated by the State Agency and has the following characteristics: (1) Irrespective of the population of the area, it shall contain a teaching hospital of a medical school; this hospital must be suitable for use as a base hospital in a coordinated hospital system within the State; or (2) The area has a total population of at least 100,000 and contains or will contain on completion of the hospital construction program under the State Plan at least one general hospital which has a complement of 200 or more beds for general use. This hospital must furnish internships and residencies in two or more specialties and must be suitable for use as a base hospital in a coordinated hospital system within the State."

13. Intermediate Area.

An intermediate area is "Any area so designated by the State Department of Health which: (1) Has a total population of at least 25,000 and (2) Contains, or will contain on completion of the hospital construction program under the State Plan at least one general hospital which has a complement of 100 or more beds and which would be suitable for use as a district hospital in a coordinated hospital system within the State."

14. Rural Area.

A rural area is "Any area so designated by the State Department of Health which constitutes a unit, no part of which has been included in a base or intermediate area."

15. Coordinated Hospital System.

A coordinated hospital system is "An interrelated network of general hospitals throughout the State in which one or more base hospitals provide district hospitals and the latter in turn provide rural and other small hospitals with such services relative to diagnosis, treatment, medical research and teaching as cannot be provided by the smaller hospitals individually."

16. Population.

The State population used in this Plan is 2,585,000, based upon the 1950 census of population reported in the United States Department of Commerce 1950 Population Census Report, P-A15, Preprint of Volume 1, Chapter 15. The population density in Iowa is 46.5 persons per square mile. 1950 population is prorated downward to conform with releases of the Department of Commerce and the order of the U. S. Public Health Service.

17. Public Hazard.

A public hazard as it applies to hospitals shall mean hospital beds housed in non-fire-resistive buildings. One-story buildings shall be constructed of not less than one-hour fire-resistive construction throughout except that the boiler room shall be of three-hour fire-resistive construction. Buildings more than one story in height shall be constructed of incombustible material with a three to four-hour fire-resistive rating as established by the National Board of Fire Underwriters.

18. Hospital Bed.

A bed for an adult or child patient. Bassinets for the newborn in a nursery, beds in labor rooms and in health centers, and other beds used exclusively for emergency purposes are not included in this definition.

19. Ancillary Services.

Ancillary services are those adjunct facilities normally associated with the diagnostic/treatment fields of patient care and which are available to outpatient/inpatient demands. The term patient care shall include medicine, surgery, laboratory, X-ray, and others such as obstetrics and physical medicine.

STATE PLAN

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
Des Moines, Iowa

1. DESIGNATION OF STATE AGENCY *(See Section .3 of the instruction).*

A. The name of the State Agency designated as the sole agency to administer or supervise the administration of the State Plan is:

IOWA STATE DEPARTMENT OF HEALTH

B The name of the organizational unit within the State Agency which is authorized to immediately direct the administration of the State Plan is:

DIVISION OF HOSPITAL SERVICES

C Attached is one (1) copy of an organization chart which shows the relationship of the organizational unit named in "B" above to the State Agency as a whole. This chart is labeled Exhibit A.

2. AUTHORITY OF STATE AGENCY *(See Section .4 of the instructions)*

A Attached is the material described in Section .4B of the instructions. This material is labeled Exhibit B.

3. DESIGNATION OF STATE ADVISORY COUNCIL *(See Section .5 of the instructions)*

Check one

A. [X] The State Advisory Council has been appointed, and a list of the members is attached which shows their present positions and the interest or profession each represents. *(See instructions regarding identification of members of working executive committees, if any).* This list is labeled Exhibit C.

B. [ ] The State Advisory Council has not been appointed. A State Advisory Council will be appointed prior to the submission of individual construction projects, and it will include members representing the groups or interests required by the Act. The Council will be appointed on or before

_____
(FILL IN DATE)

4. DEVELOPMENT OF HOSPITAL CONSTRUCTION PROGRAM *(See Section .6 and Exhibit 1 of the instructions)*

A. Forms PHS-5(HF); PHS-7(HF); PHS-8(HF) or the optional statement; PHS-10(HF); PHS-11 (HF); and PHS-12(HF) and the maps and other material requested in Exhibit 1 of the instructions are attached. These forms and material are labeled Exhibit D.

5. RELATIVE NEED DETERMINATIONS *(See Section .7 of the instructions.)*

A. Form PHS-13(HF) and the other material called for in section .7D of the instructions are attached, and are labeled Exhibit E.

6. METHODS OF ADMINISTRATION *(See Section .8 of the instructions)*

A Statements are attached which cover as a minimum each method of administration described in Section .8C to .8I inclusive of the instructions. Each method of administration is described under the same heading used in the instructions. These statements are identified as Exhibit F.

7. MINIMUM STANDARDS FOR MAINTENANCE AND OPERATION OF HOSPITALS WHICH RECEIVE FEDERAL AID UNDER THE HOSPITAL SURVEY AND CONSTRUCTION ACT *(See Section .9 of the instructions)*

A. One copy of the minimum standards which the State Agency has adopted are attached and are labeled Exhibit C

8. FAIR HEARING *(See Section .10 of the instructions)*

A. One copy of the Rules and Regulations governing the fair hearing procedure which the State Agency has adopted are attached and are labeled Exhibit H.

9. SUBMISSION OF REPORTS AND ACCESSIBILITY OF RECORDS *(See Section .11 of the instructions)*

A. The State Agency hereby agrees to make such reports in such form and containing such information as the Surgeon General may from time to time reasonably require, and to give the Surgeon General or his representatives, upon demand, access to the records upon which such information is based.

10. REVISION OF HOSPITAL CONSTRUCTION *(See Section .12 of the instructions.)*

A. The State Agency hereby agrees that it will from time to time as is necessary, but at least annually, review the over-all hospital construction program. The State Agency further agrees that it will on or before May 15 of each year submit to the Surgeon General a report which contains such revision of the over-all hospital construction program as the State Agency considers necessary.

I hereby certify that the above statements and attached statements, charts, maps, and tables are true and correct to the best of my knowledge and belief, and are an accurate presentation of the State Plan adopted by the State Agency.

Signature	*Typed Name and Title*	*Date*
Walter L. Bierring	Walter L. Bierring, M.D. Commissioner	December 10, 1947

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
Des Moines, Iowa

ANNUAL REVISION OF STATE PLAN

A. DESIGNATION OF STATE AGENCY

1. Give the name of the State Agency which is responsible for administering the State Plan.

IOWA STATE DEPARTMENT OF HEALTH

2. Has the organization of the State Agency been changed since the existing State plan was approved?

[Yes] [X No] *(If "yes", attach a chart (identify as Exhibit A) which shows the organization of the State Agency and the relationship of the unit which is immediately responsible for administering the state plan to the other units of the state agency).*

B. AUTHORITY OF THE STATE AGENCY

Has any change been made in the authority of the State Agency to carry out the provisions of the State Plan?

[Yes] [X No] *(If "yes", attach a copy (identify as Exhibit B) of the legislation or Governor's order which accomplished the change.)*

C. DESIGNATION OF STATE ADVISORY COUNCIL

Has any change been made in the membership of the State Advisory Council? [X Yes] [No]
(See Exhibit C)

(If "Yes" attach a statement (identify as Exhibit C) showing the names, present positions, and interests or professions represented by each new member and the names of the members replaced.)

D. DEVELOPMENT OF HOSPITAL CONSTRUCTION PROGRAM

Attach new forms PHS-5 (HF); PHS-7(HF); PHS-10(HF); PHS-11(HF); and PHS-12(HF), (iden. as Exh. D) to replace the existing forms included in the State Plan. If separate facilities are planned for separate population groups in the State, Form PHS-8(HF) shall be resubmitted, if any changes have occurred which require supplementation or revision. Maps submitted with the current approved plan shall be revised and resubmitted if changes have occurred. As a minimum, consider the factors described in the instructions on the reverse side.

E. RELATIVE NEED DETERMINATIONS

Submit a new Form PHS-13(HF) to replace the form approved in the existing State Plan. (Identify as Exhibit E). As a minimum, take into consideration the factors described in the instructions on the reverse side.

F. METHODS OF ADMINISTRATION

Do the methods of administration included in the approved State Plan reflect accurately the current or projected method of administering the State Plan?

[X Yes] [No]

(If "No", attach revised or additional pages (identify as Exhibit F) to be included in the State Plan.)

I hereby certify that the above statements and attached statements, charts, maps, and tables are true and correct to the best of my knowledge and belief, and are an accurate presentation of the revised State Plan adopted by the State Agency.

SIGNATURE	TYPE NAME AND TITLE	EFFECTIVE DATE OF REVISION
Edmund G. Zimmerer	Edmund G. Zimmerer, M.D. Commissioner	July 1, 1954

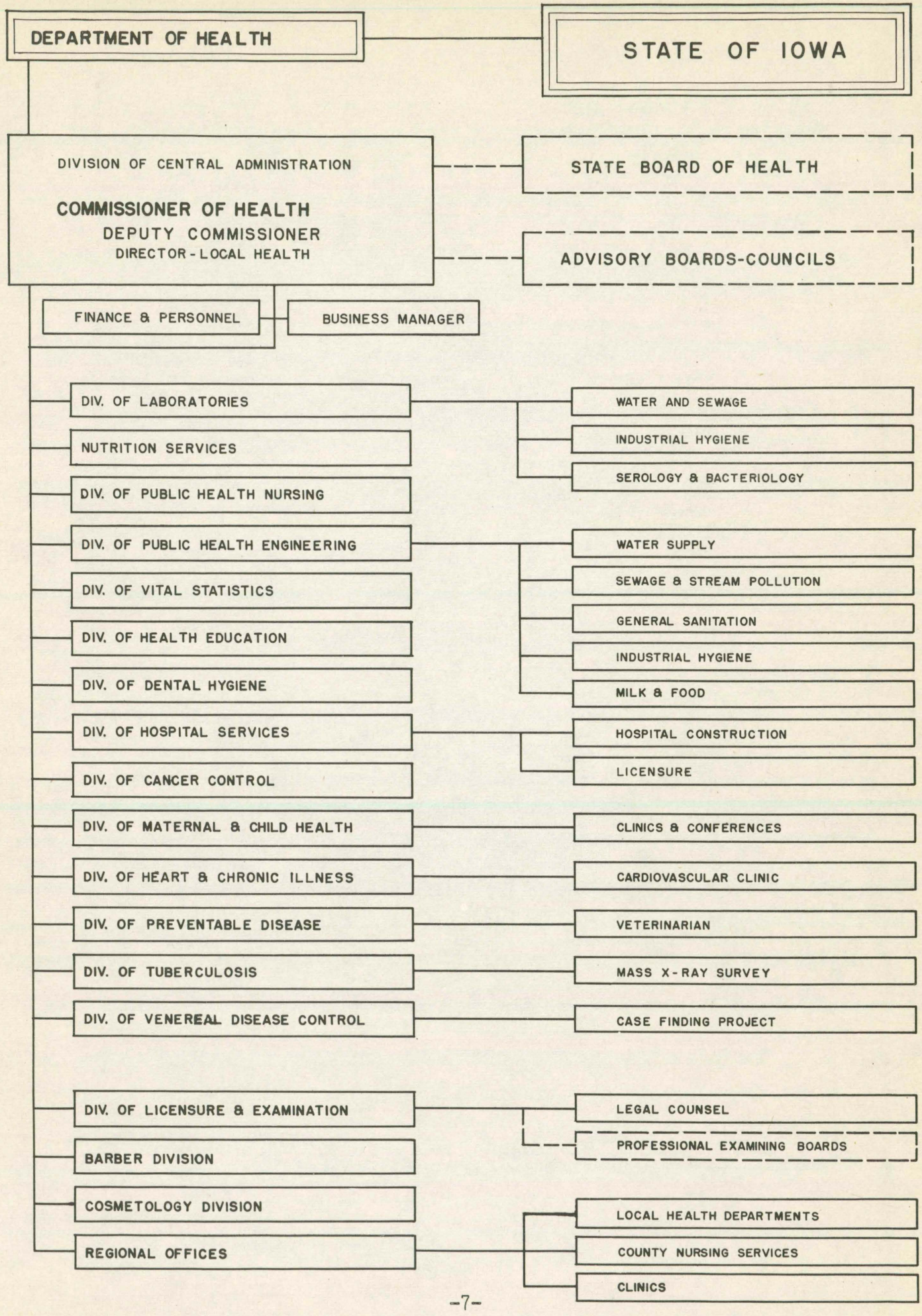

DEPARTMENT OF HEALTH
STATE OF IOWA
DIVISION OF CENTRAL ADMINISTRATION
COMMISSIONER OF HEALTH
DEPUTY COMMISSIONER
DIRECTOR - LOCAL HEALTH
STATE BOARD OF HEALTH
ADVISORY BOARDS-COUNCILS
FINANCE & PERSONNEL
BUSINESS MANAGER
DIV. OF LABORATORIES
WATER AND SEWAGE
INDUSTRIAL HYGIENE
SEROLOGY & BACTERIOLOGY
NUTRITION SERVICES
DIV. OF PUBLIC HEALTH NURSING
DIV. OF PUBLIC HEALTH ENGINEERING
WATER SUPPLY
SEWAGE & STREAM POLLUTION
GENERAL SANITATION
INDUSTRIAL HYGIENE
MILK & FOOD
DIV. OF VITAL STATISTICS
DIV. OF HEALTH EDUCATION
DIV. OF DENTAL HYGIENE
DIV. OF HOSPITAL SERVICES
HOSPITAL CONSTRUCTION
LICENSURE
DIV. OF CANCER CONTROL
DIV. OF MATERNAL & CHILD HEALTH
CLINICS & CONFERENCES
DIV. OF HEART & CHRONIC ILLNESS
CARDIOVASCULAR CLINIC
DIV. OF PREVENTABLE DISEASE
VETERINARIAN
DIV. OF TUBERCULOSIS
MASS X-RAY SURVEY
DIV. OF VENEREAL DISEASE CONTROL
CASE FINDING PROJECT
DIV. OF LICENSURE & EXAMINATION
LEGAL COUNSEL
PROFESSIONAL EXAMINING BOARDS
BARBER DIVISION
COSMETOLOGY DIVISION
REGIONAL OFFICES
LOCAL HEALTH DEPARTMENTS
COUNTY NURSING SERVICES
CLINICS

EXHIBIT B

AUTHORITY*

House File 314, designating the State Department of Health as the sole agency to administer this Plan, and House File 465, requiring the licensure of hospitals, were passed by the 52d General Assembly of Iowa and approved by Governor Robert D. Blue.

House File 314 became Chapter 90, approved on April 17, 1947, and House File 465 became Chapter 91, approved on April 22, 1947, of the Laws of the 52d General Assembly of Iowa. Copies of these laws are included in the Report on Hospital and Public Health Resources.

*Certified copies of laws are included in the official copies for the U. S. Public Health Service.

EXHIBIT C

IOWA
HOSPITAL ADVISORY COUNCIL

Original Appointments - Governor Robert D. Blue - September 16, 1947
Reappointments - Governor William S. Beardsley - after July 1, 1950

	Date of Appointment
Representing Hospital Administration	
Iowa Hospital Association:	
Gerhard Hartman, Ph.D., H.A., Superintendent State University Hospital, Iowa City	6-30-51
Louis B. Blair, Superintendent St. Luke's Methodist Hospital, Cedar Rapids	6-30-54*
Sister Mary Edmunda, R.N., St. Joseph Mercy Hospital, Fort Dodge	6-30-52
Miss Esther Squire, R.N., Superintendent, Washington County Hospital, Washington	6-30-53
Iowa Osteopathic Hospital Association:	
David H. Grau, D. O., President, Iowa Osteopathic Hospital Association, Muscatine	6-30-52
Representing Field of Health	
Con R. Harken, M.D., Physician and Surgeon, Osceola	6-30-51
E. E. Munger, Jr., M.D., Physician and Surgeon, Spencer	6-30-52
Miss Marjorie Perrine, R.N., B.S., Director of Nurses, Jennie Edmundson Memorial Hospital, Council Bluffs	6-30-54
Representing Civic and Hospital Consumer Interests	
Mrs. A. D. Wiese, Iowa Federation of Women's Clubs, Manning	6-30-53
Mrs. Ralph D. Jacobson, American Legion Auxiliary and Farm Women, Boone	6-30-54
Thomas W. Purcell, Editor, Hampton Chronicle, Hampton	6-30-54
Roy Hawkins, Attorney-at-Law, Leon	6-30-51

Note: All terms are for four years unless (*) appointed to fill an unexpired term.

DEVELOPMENT OF HOSPITAL CONSTRUCTION PROGRAM

In considering the availability and need for hospital facilities, the general public immediately thinks of the community hospital serving the acute general hospital need. The average person relies upon this hospital to meet his need and seldom considers the over-all medical care program and the need for special services provided by tuberculosis, mental, and chronic illness hospitals.

Because of the acute nature of accidents, illness, and obstetrical care and the necessity for immediate care, the provision of acute general hospital facilities readily accessible to the general public is considered of prime importance. For the purpose of this Plan, we consider first the adequacy and distribution of the general hospital and discuss in subsequent parts the special facilities.

General Hospitals

A thorough and exhaustive survey of existing hospital facilities and public health measures was made, reported, and discussed in detail in Report of Hospitals and Public Health Resources prior to the development of the first Iowa Hospital Plan. Included in the study were:

1. Determination of hospital needs
2. Need for corrdinated hospital system
3. Factors pertinent to hospital service areas

In accordance with the Federal Act, this information is maintained current through an annual inventory of facilities recognizing new construction both with and without Federal assistance, alteration and changes in existing facilities, and the loss through the closing of facilities.

The development of the proposed hospital service area and hospital region maps was discussed in detail in the above-mentioned report. The maps include the location of existing or proposed general hospitals, the boundaries, population, and identification of each service area, regional hospital area boundaries, and proposed relationship between hospitals. The factors used in delineating these areas are re-evaluated annually and the areas adjusted accordingly.

ACCEPTABLE AND NON-ACCEPTABLE HOSPITAL REPORT

The annual inventory of general and allied special hospitals in the State is presented in tabular form in the Acceptable and Non-Acceptable Hospital Report. Military and prison hospitals and institutions furnishing primarily domiciliary care or which do not provide a community service are not included.

It will be noted that the hospital beds are divided into acceptable and non-acceptable beds in this report. A hospital bed is considered non-acceptable if it constitutes a public hazard as defined in this Plan. The data on whether the building is considered fire-resistive were secured from surveys by Division personnel and further checked by the records of the Iowa Insurance Service. This information was further substantiated by conferences with designing architects, hospital administrators, and the State Fire Marshal.

The bed capacities reported in this inventory represent the normal designed capacity of the facility. The normal designed capacity is determined by a review of architectural plans whenever available. In hospitals where plans are not available, the normal designed capacity of the building is determined by

Division personnel surveying the building using the space requirements of 100 sq. ft. for single rooms, 80 sq. ft. per bed in multiple rooms or wards, 40 sq. ft. per bed for pediatric beds or cribs, and 20 sq. ft. per bassinet in full-term nurseries as established by the State Hospital Licensing Law.

The normal designed capacity may and frequently does disagree with the bed complement reported by the hospital administrator. This condition results from the hospital necessarily providing more beds to satisfy the demand for hospital services than the hospital was originally designed to accommodate. The percent of occupancy has been adjusted to agree with the normal designed capacity.

HOSPITAL ADVISORY COUNCIL RESOLUTIONS

Since the inauguration of the Hill-Burton program in Iowa, the Iowa Hospital Advisory Council has presented to this Agency the following resolutions as guidance in administering its duties:

1. Fire Safety Resolution, adopted May 23, 1949

   "Resolved that we recommend to the State Department of Health that no hospital, construction of which is now proposed or which may be proposed in the future, be approved for licensure unless fireproof in construction, and further, that in case of fireproof additions to existing non-fireproof hospital buildings, the Department require the elimination of fire hazards in the existing building to the fullest reasonable extent."

2. Bed Need Resolution, adopted July 10, 1952

   "Resolved that the total bed need for each of the hospital categories and the total beds programmed by this Plan for each of the hospital areas or individual hospitals constitute the maximum number of beds which may be built with Federal Grants-in-Aid and do not necessarily represent the accurate and exact hospital bed need for the respective hospital or area."

PART 1. ACUTE GENERAL HOSPITAL BEDS

To determine the acute general hospital bed need and the number of facilities, an extensive survey of the entire State was made. The survey included information on the existing hospitals and related facilities, population distribution, road systems, trade patterns, financial resources, geographical factors, community patterns, industrialization, political sub-divisions, etc.

Based upon a careful evaluation of these many factors, including the location of present hospital facilities and the needed facilities, the State was divided into hospital service areas as shown on Hospital Service Area Map (Page 15). The integration of these facilities and services into a desirable coordinated hospital system is shown on the Hospital System Map (Page 16).

From the survey schedule, definite information was obtained regarding the present hospitals and their use. This information includes the acceptable and total number of beds, the percent of occupancy, and the average daily census as shown on Acceptable and Non-Acceptable Hospitals Report (Pages 17 through 30).

The State average bed-birth, bed-death ratio of 3.4 beds per thousand population as developed in the Report on Hospital and Public Health Resources in Iowa, was the basis for determining the occupied bed need of the several hospital service areas. When the occupied bed need based on the population and bed-birth, bed-death ratio indicated a bed need between 0 and 74 occupied beds, 0.5 of the need was allocated to the area. Similarly, between 75 and 149 occupied beds, 0.6; between 150 and 224, 0.7; between 225 and 300, 0.8; all over 300, 1.0. The remaining occupied beds not allotted by this criterion were allotted to the intermediate and base area hospitals. The area occupied bed needs were converted to a total bed need for each facility by the following formulae: $4\sqrt{ADC} + ADC$ (low level occupancy--under 100 beds) and $3\sqrt{ADC} + ADC$ (high level occupancy--over 100 beds).

The bed birth-death ratio is not applicable in computing the occupied bed needs in certain area, particularly the larger cities, because these areas now receive a large number of hospital patients from population outside their immediate areas. In fact, many hospital centers now have occupied beds in excess of the number which would be indicated by applying the bed birth-death ratio to their respective areas. In these areas, the present average daily census of the existing facilities was used as an indication of their need, and converted to total beds needed by use of the above-mentioned high level/low level occupancy formulae. This recognizes the crowded conditions in the present hospitals and expands them to permit a normal occupancy.

The needs were further adjusted as indicated by local conditions such as financial resources, industrialization, location of hospitals with respect to state lines or the proximity of other hospitals, etc.

The University Hospital, State University of Iowa, Iowa City, provides statewide comprehensive hospital and medical care for indigent, clinical pay and private patients, in cooperation with Colleges of Medicine, Dentistry, Pharmacy, School of Nursing, and Hospital Administration.

The University Hospital admits patients from all sections of the State. As provided by law, the county quota of patients is based on population and eliminates the possibility of an inequitable distribution of hospital services to the indigent.

The Plan provides that the University Hospital shall treat during the fiscal year the number of committed indigent patients from each county which shall bear the same relation to the total number of committed indigent patients admitted during the year from all counties as the population of such county shall bear to the total population of the State, according to the last preceding official census.

Recognizing this statewide service to the entire population, the total bed need of each area was reduced by its proportionate share of the University of Iowa Hospital service as beds. This proportionate share was determined on the basis of the pattern of admission of indigent patients during the period July 1, 1946 to June 30, 1947. This pattern of the use of the University Hospital over the entire State is believed to be quite representative of the total admission to this hospital.

The occupied beds remaining after allocating 0.5, 0.6, 0.7, and 0.8 to each area were practically balanced by the needs in the larger areas.

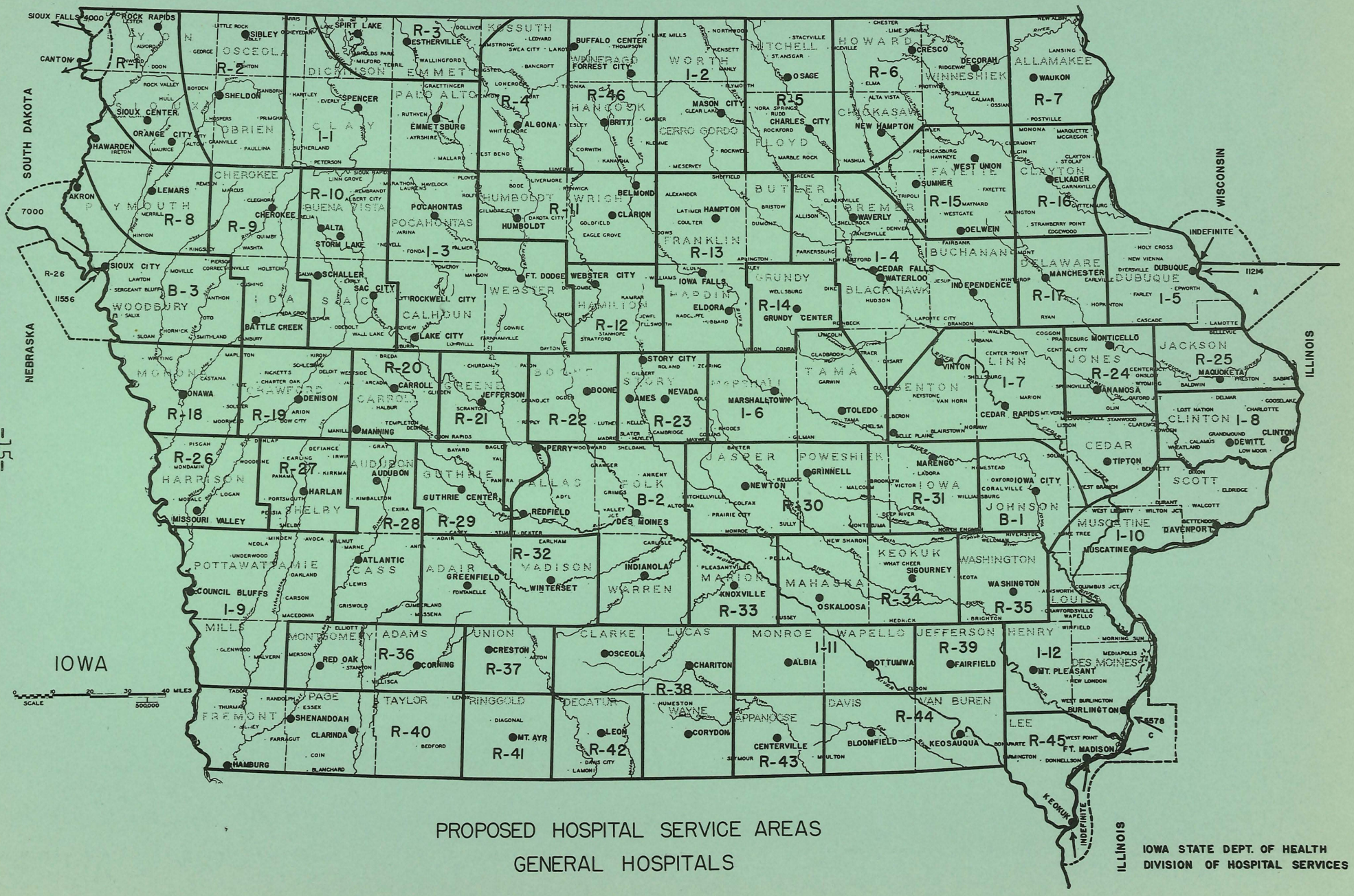
A previous revision of the Iowa State Plan permitted the construction of general hospital beds (Total Beds Needed, General Bed Distribution Report) in excess of the State ratio (General Bed Distribution Report) on the basis that the State population had increased over the population used in the development of the Plan. Recent population figures based upon the 1950 census of population indicate that this assumption was correct. The 1950 census of population was used in this revision and certain adjustment of pool beds was deemed necessary to prevent the over-building of acute general hospital beds in the State of Iowa. The previously submitted work sheet, allocation of beds, and number of facilities apply in general to this revision. Only changes or differences resulting from small changes in population, total bed count in existing facilities, and new facilities constructed both with and without Grants-in-Aid were made. The new allocation will be found in the General Hospital Summary.

The Division of Hospital Services of the Iowa State Department of Health made a study of the out-of-state population together with the state agencies of the several surrounding states. The State of Iowa is unique in that in excess of 50 percent of its larger cities are located on the border of the State with a normal trade area extending into the border states. The state agencies of the border states were, generally, willing to concede that a portion of their state population patronized Iowa hospitals. However, except in a few rare instances, the states were unwilling to assign definite population groups in this category. Existing regulations provide that the maximum number of general hospital beds which may be constructed must be based upon the state population and if a state gains population in one area it must lose a corresponding population in another area to compensate. In view of the fact that Iowa gains population in a large number of areas and loses population in a relatively small number of areas, it is reasonable to assume that the hospitals of Iowa are normally serving a population in excess of the population shown by the State census.

The excess existing general hospital beds in certain areas are due to out-of-state population. Since it is impossible to justify the existence of these beds without acquiring additional out-of-state population, a pool bed adjustment is necessary to eliminate this excess and prevent the over-building of general hospital beds for the State. In effect, this pool bed adjustment is the number of beds needed in Iowa to serve the out-of-state population seeking hospital service in Iowa.

Special problems will develop because of normal obsolescence, unique developments in a particular community, or transition in population characteristics. Where ancillary services are demanded, but are inadequate to meet immediate local needs or the referral load which results from integration of medical services,

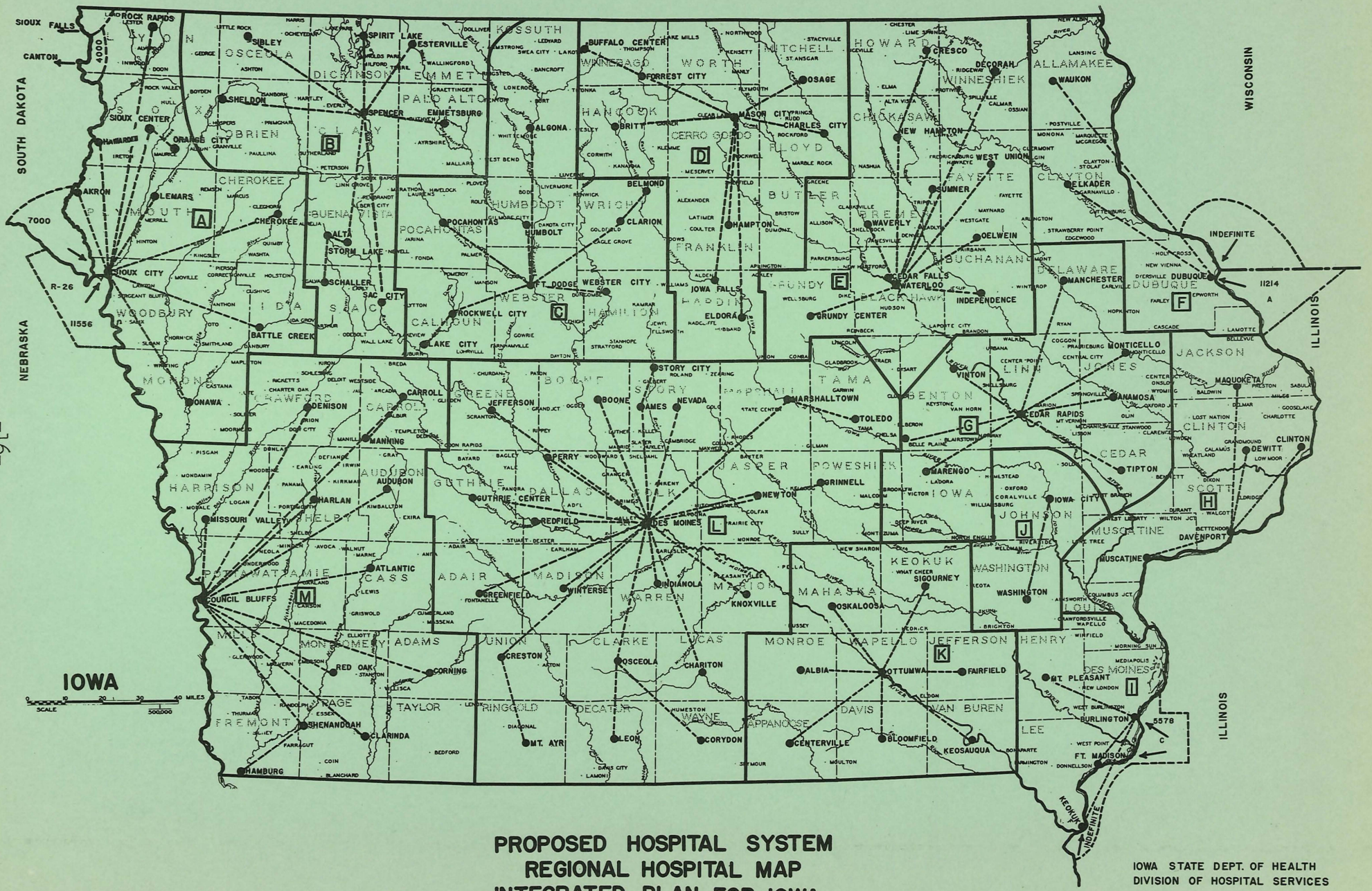
special consideration is available even though it may be beyond the needs indicated by the relative priority based on beds. The Iowa Hospital Advisory Council will recognize a sponsor's presentation of such special problems provided a complete and factual statement is made before a formal meeting of the Council and provided specific facts and studies are available for review. Special studies may be called for to clarify details of the program to the satisfaction of the Council and the State Agency. In the light of the facts presented orally and by written report, the merits of the program will be weighed and the Council will determine the relative priority to be assigned the proposal in the annual allotment of Federal funds.



PROPOSED HOSPITAL SERVICE AREAS

GENERAL HOSPITALS

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES



PROPOSED HOSPITAL SYSTEM
REGIONAL HOSPITAL MAP
INTEGRATED PLAN FOR IOWA

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 1 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "A" Sioux City

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNERSHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-1	Grossman	Sioux	Orange City	IND	GEN	10	5	5	81.7	4,481	593
R-1	Sioux Center Community	Sioux	Sioux Center	NPA	GEN	26	0	9	38.6	3,660	622
R-1	Rock Rapids	Lyon	Rock Rapids	IND	GEN	0	17	5	57.1	3,542	485
R-8	Sacred Heart	Plymouth	Le Mars	CH	GEN	68	0	16	60.4	14,994	1,856
R-8	Hawarden Community	Sioux	Hawarden	CITY	GEN	14	0	6	72.0	3,678	682
R-9	Ida Grove	Ida	Ida Grove	CITY	GEN	0	18	6	49.6	3,259	521
R-9	Battle Creek	Ida	Battle Creek	IND	GEN	15	0	8	22.0	1,204	227
R-9	Sioux Valley	Cherokee	Cherokee	NPA	GEN	77	0	15	51.7	14,526	3,051
R-18	Onawa Hospital, Inc.	Monona	Onawa	IND	GEN	0	22	5	96.0	7,705	1,095
B-3	Akron Community	Plymouth	Akron	NPA	GEN	21	0	8	31.2	2,395	388
B-3	Lutheran	Woodbury	Sioux City	CH	GEN	138	21	15	72.9	28,708	3,517*
B-3	Methodist	Woodbury	Sioux City	CH	GEN	146	0	15	68.2	36,370	4,920
B-3	St. Joseph Mercy	Woodbury	Sioux City	CH	GEN	328	57	44	65.1	91,528	10,201
B-3	St. Vincent's	Woodbury	Sioux City	CH	GEN	140	0	13	84.0	42,899	5,708
B-3	Sioux City Osteopathic	Woodbury	Sioux City	NPA	GEN	25	0	6	NR	(3,500)	(650)
	REGIONAL TOTAL					1008	140	176	xxx	262,449	34,516
	STATE TOTAL								xxx		

NR No report. ( ) Estimate based on prior experience.
* Occupancy based on 81 beds for 240 days; 159 beds for 125 days.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 2 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "B" Spencer

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNER-SHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-2	Community Memorial	O'Brien	Sheldon	CITY	GEN	24	0	8	54.5	4,770	791
R-2	Ward Memorial	O'Brien	Primghar	CITY	GEN	0	9	5	29.3	964	287
R-2	Osceola Hospital, Inc.	Osceola	Sibley	IND	GEN	0	35	9	33.2	4,257	882
R-3	Holy Family	Emmet	Estherville	CH	GEN	55	0	18	93.6	18,781	2,904
R-3	Marcus Snyder Memorial	Dickinson	Spirit Lake	PART	GEN	0	22	6	73.4	5,892	895
R-10	Loring	Sac	Sac City	CITY	GEN	32	0	8	61.7	7,209	842
R-10	Alta Memorial	B. Vista	Alta	NPA	GEN	19	0	7	35.8	2,483	178
R-10	Schaller	B. Vista	Schaller	IND	GEN	7	0	4	69.3	1,771	248
R-10	Sioux Rapids	B. Vista	Sioux Rapids	IND	GEN	0	10	3	105.2	3,839	171
R-10	Buena Vista County	B. Vista	Storm Lake	CO	GEN	50	0	12	62.5	11,409	1,911
R-10	Swallum	B. Vista	Storm Lake	IND	GEN	58	0	20	NR	--	--
I-1	Palo Alto Memorial	P. Alto	Emmetsburg	NPA	GEN	18	24	9	52.7	8,082	1,165
I-1	Hand	O'Brien	Hartley	IND	GEN	0	12	5	59.8	2,619	380
I-1	Spencer Municipal	Clay	Spencer	CITY	GEN	72	0	12	58.4	8,549	2,236*
					REGIONAL TOTAL	335	112	126	xxx	80,625	12,890
					STATE TOTAL				xxx		

NR No report. Licensed December 15, 1953.
* Occupancy based on 26 beds for 213 days; 46 beds for 75 days; 72 beds for 77 days; construction/remodel complete.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 3 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "C" Fort Dodge

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNERSHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-4	St. Ann	Kossuth	Algona	CH	GEN	61	0	12	30.5	6,791	1,337
R-4	Algona Osteopathic Clinic	Kossuth	Algona	IND	GEN	0	1	1	23.3	85	85
R-11	Community Memorial	Wright	Clarion	CITY	GEN	28	0	6	53.3	5,445	707
R-11	Belmond Community	Wright	Belmond	CITY	GEN	26	0	8	NR	(6,100)	(980)
R-12	Hamilton County Public	Hamilton	Webster City	CO	GEN	78	0	11	67.9	14,690	1,869*
I-3	St. Joseph Mercy	Webster	Fort Dodge	CH	GEN	151	0	25	85.0	46,832	5,348
I-3	Lutheran Hosp. of Fort Dodge	Webster	Fort Dodge	CH	GEN	182	0	25	72.3	48,048	6,171
I-3	McCrary-Rost	Calhoun	Lake City	IND	GEN	0	15	5	85.7	4,692	788
I-3	McVay Memorial	Calhoun	Lake City	PART	GEN	12	2	5	67.9	3,468	592
					REGIONAL TOTAL	538	18	98	xxx	136,151	17,877
					STATE TOTAL				xxx		

NR No report. ( ) Estimate based on prior experience.
* Finalized construction. Pro rata for 41 beds for 185 days; 78 beds for 180 days.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 4 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "D" Mason City

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNERSHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-5	Mitchell County Memorial	Mitchell	Osage	CO	GEN	32	0	8	56.0	6,538	1,183
R-5	Cedar Valley	Floyd	Charles City	CITY	GEN	72	0	20	77.1	15,754	2,836*
R-13	Eldora Memorial	Hardin	Eldora	CITY	GEN	36	0	8	53.9	7,080	1,175
R-13	Ellsworth Municipal	Hardin	Iowa Falls	CITY	GEN	33	0	12	46.8	5,641	951
R-13	Lutheran	Franklin	Hampton	CH	GEN	48	0	13	48.4	8,480	1,432
R-46	Hancock County Memorial	Hancock	Britt	CO	GEN	32	0	10	27.4	1,567	288**
R-46	Forest City Municipal	Winnebago	Forest City	CITY	GEN	25	0	8	42.9	3,919	642
R-46	Buffalo Center Hosp. and Clinic	Winnebago	Buffalo Ctr.	IND	GEN	14	0	9	67.2	3,432	641
I-2	Park	C. Gordo	Mason City	PART	GEN	56	0	12	66.0	13,495	1,876
I-2	St. Joseph Mercy	C. Gordo	Mason City	CH	GEN	200	0	56	74.0	54,048	7,660
				REGIONAL TOTAL		548	0	156	xxx	119,954	18,684
				STATE TOTAL					xxx		

* Occupancy based on 56 beds available. Construction program inaugurated.
** Occupancy based on 179 days of operation after completion of new construction.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 5 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "E" Waterloo

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNER-SHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-6	Riceville	Mitchell	Riceville	CITY	GEN	--	--	--	--	(1,700)	(149)*
R-6	St. Joseph Mercy	Howard	Cresco	CH	GEN	0	26	8	71.6	6,799	1,045
R-6	Decorah Lutheran	Winnesh'k	Decorah	NPA	GEN	45	0	10	69.4	11,396	1,277
R-6	St. Joseph's	Chickasaw	New Hampton	CH	GEN	52	0	12	75.7	14,365	1,903
R-14	Grundy County Memorial	Grundy	Grundy Center	CO	GEN	40	0	8	45.4	6,635	922
R-15	Palmer Memorial	Fayette	West Union	CITY	GEN	22	0	8	56.5	4,538	777
R-15	Mercy	Fayette	Oelwein	CH	GEN	55	0	15	77.8	9,569	1,676**
R-15	Community Memorial	Bremer	Sumner	NPA	GEN	30	0	9	45.8	5,016	702
I-4	Peoples	Buchanan	Independence	CITY	GEN	49	0	10	52.6	9,412	1,493
I-4	St. Joseph Mercy	Bremer	Waverly	CH	GEN	0	48	10	59.5	10,430	1,216
I-4	Allen Memorial	Blackhawk	Waterloo	NPA	GEN	161	0	25	82.1	33,228	5,517***
I-4	Schoitz Memorial	Blackhawk	Waterloo	NPA	GEN	134	0	26	75.3	36,820	6,105
I-4	St. Francis	Blackhawk	Waterloo	CH	GEN	124	0	26	72.7	32,898	5,594
I-4	Sartori Memorial	Blackhawk	Cedar Falls	CITY	GEN	74	0	10	91.5	11,695	1,777****
	REGIONAL TOTAL					786	74	177	xxx	194,501	30,153
	STATE TOTAL								xxx		

* Action pending. No operational data for 1953. ( ) Estimate based on previous experience.
** Construction program. Occupancy based on 25 beds for 130 days; 30 beds for 133 days; 55 beds for 92 days.
*** Occupancy based on 111 beds. New addition under contract.
**** Construction in progress. Occupancy based on 35 available beds.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 6 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "F" Dubuque

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNERSHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-7	Veterans' Memorial	Allamakee	Waukon	CITY	GEN	22	0	8	56.4	4,528	839
R-7	Postville Community	Allamakee	Postville	CITY	GEN	0	18	6	NR	(8,650)	(560)
R-16	McGregor Community	Clayton	McGregor	NPA	GEN	0	15	3	27.0	1,478	210
R-16	Riverview	Clayton	Guttenberg	IND	GEN	Closed 12/15/53			NR	(1,800)	(230)
I-5	Finley	Dubuque	Dubuque	NPA	GEN	57	56	18	63.8	26,306	3,302
I-5	St. Joseph Mercy	Dubuque	Dubuque	CH	GEN	350	58	35	29.2	43,528	5,029
I-5	Xavier	Dubuque	Dubuque	CH	GEN	100	0	22	90.0	32,823	4,891
I-5	Brady	Dubuque	Cascade	IND	GEN	0	7	4	12.7	325	70
I-5	Bellevue Memorial	Jackson	Bellevue	NPA	GEN	0	20	6	51.4	3,753	351
	REGIONAL TOTAL					529	174	102	xxx	123,191	15,482
	STATE TOTAL								xxx		

NR No report. ( ) Estimate based on previous experience.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 7 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "G" Cedar Rapids

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNERSHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-17	Delaware County Memorial	Delaware	Manchester	CO	GEN	43	0	10	64.0	10,038	1,636
R-17	Willard General	Delaware	Manchester	IND	GEN	8	17	8	30.4	2,778	522
R-24	John McDonald	Jones	Monticello	NPA	GEN	35	0	10	82.3	10,513	2,484
R-24	Mercy	Jones	Anamosa	CH	GEN	0	23	9	38.6	3,237	1,266
R-31	Watts	Iowa	Marengo	IND	GEN	0	24	6	20.6	1,802	342
R-31	Marengo Memorial	Iowa	Marengo	CITY	GEN	28	0	10	--	--	-- *
R-31	Miller	Iowa	Williamsburg	IND	GEN	0	8	4	59.0	1,724	214
I-7	Virginia Gay	Benton	Vinton	CITY	GEN	36	0	10	52.8	6,938	877
I-7	Mercy	Linn	Cedar Rapids	CH	GEN	120	79	32	NR	(61,000)	(8,000)
I-7	St. Luke's Methodist	Linn	Cedar Rapids	CH	GEN	319	0	46	65.7	76,527	11,104
I-7	Corn Belt	Benton	Belle Plaine	IND	GEN	0	7	4	54.4	1,391	293
I-7	Martinek	Benton	Belle Plaine	IND	GEN	4	0	4	8.4	122	22
					REGIONAL TOTAL	593	158	153	xxx	176,070	26,760
					STATE TOTAL				xxx		

NR No report. ( ) Estimate based on previous experience.
* Construction started.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 8 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "H" Davenport

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNERSHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-25	Jackson County Public	Jackson	Maquoketa	CO	GEN	38	0	10	61.5	8,529	1,845
I-8	Jane Lamb Memorial	Clinton	Clinton	NPA	GEN	89	69	24	64.5	23,557	3,432*
I-8	St. Joseph Mercy	Clinton	Clinton	CH	GEN	55	27	25	58.6	17,551	3,164
I-8	De Witt Community	Clinton	De Witt	NPA	GEN	32	0	8	63.8	7,452	1,007
I-10	Muscatine County	Muscatine	Muscatine	CO	GEN	139	0	24	--	--	-- **
I-10	Bellevue	Muscatine	Muscatine	NPA	GEN	17	31	10	83.4	14,620	2,193
I-10	Benjamin Hershey Memorial	Muscatine	Muscatine	NPA	GEN	Closed 3/10/54			NR	(15,500)	(2,050)
I-10	Mercy	Scott	Davenport	CH	GEN	158	0	56	98.6	66,700	8,568***
I-10	St. Luke's	Scott	Davenport	CH	GEN	142	0	22	76.2	39,473	5,630
I-10	Davenport Osteopathic	Scott	Davenport	NPA	GEN	35	0	12	52.1	6,653	1,112
I-10	Isolation	Scott	Davenport	CO	CONTAG	26	0	0	15.4	1,466	231
					REGIONAL TOTAL	731	127	191	[illegible]	201,501	29,232
					STATE TOTAL				xxx		

NR No report. ( ) Estimate based on previous experience.
* Only partial use. Occupancy based on 100 beds during construction.
** Licensed 3/2/54.
*** Construction in progress. Occupancy based on 119 beds.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

2. DATE July 1, 1954
3. STATE Iowa
4. REGION "I" Burlington

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNERSHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-45	Sacred Heart	Lee	Ft. Madison	CH	GEN	121	0	24	74.6	21,498	2,905*
R-45	Graham	Lee	Keokuk	NPA	GEN	76	18	15	80.3	27,555	3,077
R-45	St. Joseph	Lee	Keokuk	CH	GEN	72	64	31	67.0	33,238	3,713
I-12	Henry County Memorial	Henry	Mt. Pleasant	CO	GEN	33	0	20	90.9	10,949	1,774
I-12	Burlington	D. Moines	Burlington	NPA	GEN	147	37	20	47.5	31,830	3,864**
I-12	Mercy	D. Moines	Burlington	CH	GEN	125	0	25	83.1	37,907	4,380
I-12	St. Francis	D. Moines	Burlington	CH	GEN	74	0	15	NR	(18,500)	(3,363)
					REGIONAL TOTAL	648	119	150	xxx	181,477	23,076
					STATE TOTAL				xxx		

NR No report. ( ) Estimated based on previous experience.
* Construction year. Occupancy based on 79 available beds.
** Construction year. Number of actual beds available is unknown.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 10 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "J" Iowa City

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNERSHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-35	Washington County	Wash.	Washington	CO	GEN	54	0	12	55.3	10,896	1,212
B-1	Mercy	Johnson	Iowa City	CH	GEN	222	0	34	64.4	52,146	6,137
B-1	State University of Iowa	Johnson	Iowa City	ST	GEN	219	0	54	--	(62,359)	(6,928)*
				REGIONAL TOTAL		495	0	100	xxx	125,401	14,277
				STATE TOTAL					xxx		

* Basis for adjustment is study of recent admittances. 50 new beds are being provided in current construction program. Study indicates that 77 percent of bed capacity is utilized by long-term cases (90 days/more), and 23 percent by acute. Cases referred from all counties of Iowa. (See Hill-Burton Project Iowa-48-54)

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 11 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "K" Ottumwa

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNERSHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-34	Mahaska County	Mahaska	Oskaloosa	CO	GEN	60	0	15	66.2	14,490	2,429
R-34	Mercy	Mahaska	Oskaloosa	PART	GEN	28	7	7	59.9	7,658	1,213
R-34	Keokuk County	Keokuk	Sigourney	CO	GEN	34	0	10	--	--	-- *
R-34	Sigourney	Keokuk	Sigourney	IND	GEN	0	20	3	22.7	1,660	335
R-39	Jefferson County	Jefferson	Fairfield	CO	GEN	46	0	11	65.5	10,996	1,484
R-43	St. Joseph's Mercy	Appanoose	Centerville	CH	GEN	82	0	11	71.9	12,080	2,428**
R-44	Davis County	Davis	Bloomfield	CO	GEN	34	0	12	91.0	11,292	1,742
R-44	Van Buren County Memorial	V. Buren	Keosauqua	CO	GEN	23	0	7	61.0	5,125	631
I-11	Ottumwa	Wapello	Ottumwa	NPA	GEN	133	0	28	63.6	30,873	4,452
I-11	St. Joseph	Wapello	Ottumwa	CH	GEN	100	0	20	93.2	34,026	4,337
I-11	Monroe County	Monroe	Albia	CO	GEN	14	0	7	--	--	-- ***
I-11	Smith	Monroe	Albia	IND	GEN	0	26	5	33.0	3,130	605
					REGIONAL TOTAL	554	53	136	xxx	131,330	19,656
					STATE TOTAL				xxx		

* Estimated opening date November 1, 1954.
** Construction progress. Occupancy based on 46 available beds.
*** Estimated opening date May 1, 1954.

IOWA STATE DEPT. OF HEALTH

DIVISION OF HOSPITAL SERVICES

DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 12 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "L" Des Moines

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNERSHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-21	Greene County	Greene	Jefferson	CO	GEN	57	0	14	64.9	13,511	1,936
R-21	Kings Daughters	Dallas	Perry	NPA	GEN	0	36	6	57.4	7,543	1,053
R-21	Dallas County	Dallas	Perry	CO	GEN	38	0	12	--	--	-- *
R-22	Boone County	Boone	Boone	CO	GEN	100	0	20	78.2	19,984	2,537**
R-23	Story County	Story	Nevada	CO	GEN	50	0	12	40.9	7,471	810
R-23	Story City Memorial	Story	Story City	CITY	GEN	16	0	4	45.6	2,661	478
R-23	Mary Greeley Memorial	Story	Ames	CITY	GEN	75	0	20	66.4	18,189	2,980
R-29	Guthrie County	Guthrie	Guthrie Ctr.	CO	GEN	38	0	10	26.4	3,657	458
R-30	Mary Francis Skiff Memorial	Jasper	Newton	CITY	GEN	44	0	10	91.3	14,662	2,287
R-30	Grinnell Community	Poweshiek	Grinnell	NPA	GEN	41	0	15	56.2	8,412	1,106
R-30	St. Francis	Poweshiek	Grinnell	CH	GEN	37	0	10	90.0	12,158	1,493
R-32	Adair County Memorial	Adair	Greenfield	CO	GEN	29	0	8	55.3	5,855	873
R-32	Madison County Memorial	Madison	Winterset	CO	GEN	39	0	8	60.2	8,563	992
R-33	Collins Memorial	Marion	Knoxville	IND	GEN	30	0	6	63.1	6,914	1,227
R-37	Greater Community	Union	Creston	CO	GEN	31	19	14	62.6	11,433	1,968
R-38	Yocom	Lucas	Chariton	IND	GEN	21	0	7	79.4	6,089	791
R-38	Clarke County Public	Clarke	Osceola	CO	GEN	32	0	9	32.6	3,813	824
R-38	Wayne County	Wayne	Corydon	CO	GEN	34	0	8	--	--	-- ***
R-38	Corydon	Wayne	Corydon	IND	GEN	0	17	5	23.5	1,457	110
R-41	Ringgold County	Ringgold	Mount Ayr	CO	GEN	30	0	8	38.0	4,158	528
R-42	Decatur County	Decatur	Leon	CO	GEN	22	0	5	71.1	5,708	1,218
	(Continued on Page 13 of 14)										
	REGIONAL TOTAL								xxx		
	STATE TOTAL								xxx		

* Estimated opening date October 1, 1954.

** Construction in progress. Occupancy based on 70 available beds.

*** Estimated opening date January 1, 1955.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 13 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "L" Des Moines (Cont.)

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNERSHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
I-6	St. Thomas Mercy	Marshall	Marshalltown	CH	GEN	35	27	11	102.6	23,217	2,294
I-6	Evangelical	Marshall	Marshalltown	CH	GEN	142	8	20	73.7	40,372	4,151
I-6	Woods	Marshall	State Center	IND	GEN	Closed 8/17/53			NR	(710)	(42)
B-2	Clinic	Dallas	Dexter	PART	GEN	0	16	3	103.6	6,048	618
B-2	Broadlawns Polk County	Polk	Des Moines	CO	GEN	147	8	24	44.7	25,276	4,401
B-2	Iowa Lutheran	Polk	Des Moines	CH	GEN	215	0	33	75.6	59,322	7,504
B-2	Iowa Methodist and Blank Mem.	Polk	Des Moines	CH	GEN	365	0	25	80.8	107,646	14,837
B-2	Mercy	Polk	Des Moines	CH	GEN	75	92	30	105.9	64,534	9,945
B-2	Wilden Osteopathic	Polk	Des Moines	CORP	GEN	35	11	8	71.2	11,957	2,303
B-2	Still Osteopathic	Polk	Des Moines	CORP	GEN	99	0	20	50.6	18,279	2,841
B-2	Des Moines General	Polk	Des Moines	NPA	GEN	0	33	4	99.6	12,002	2,108
B-2	Redfield Hospital and Clinic	Dallas	Redfield	IND	GEN	8	0	3	59.0	1,722	282
					REGIONAL TOTAL	1,885	267	392	xxx	533,323	74,995
					STATE TOTAL				xxx		

NR No report. ( ) Estimate based on previous experience.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 14 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "M" Council Bluffs

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNERSHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-19	Crawford County Memorial	Crawford	Denison	CO	GEN	50	0	12	49.4	9,011	1,767
R-20	St. Anthony	Carroll	Carroll	CH	GEN	108	0	32	72.9	28,744	3,902
R-20	Manning General	Carroll	Manning	IND	GEN	15	0	6	48.7	2,668	521
R-26	No existing facilities										
R-27	Bisgard	Shelby	Harlan	IND	GEN	0	12	5	54.3	2,379	611
R-27	Myrtue Memorial	Shelby	Harlan	CO	GEN	47	0	20	--	--	-- *
R-28	Atlantic Memorial	Cass	Atlantic	NPA	GEN	60	0	12	102.2	11,187	1,600**
R-28	Audubon County Memorial	Audubon	Audubon	CO	GEN	30	0	10	32.7	3,581	560
R-36	Rosary	Adams	Corning	CH	GEN	41	0	8	43.4	6,495	953
R-36	Murphy Memorial	Montgom.	Red Oak	CITY	GEN	43	0	12	49.2	7,715	1,318
R-40	Community Hospital, Inc.	Fremont	Hamburg	IND	GEN	0	25	10	59.6	5,435	843
R-40	Clarinda Municipal	Page	Clarinda	CITY	GEN	52	0	13	46.4	8,806	1,538
R-40	Hand Community	Page	Shenandoah	NPA	GEN	56	0	17	47.9	7,870	1,666***
I-9	Jennie Edmundson Memorial	Pottawat.	Council Bluffs	NPA	GEN	192	0	20	53.9	37,774	5,904
I-9	Mercy	Pottawat.	Council Bluffs	CH	GEN	39	146	26	72.3	48,807	6,034
	REGIONAL TOTAL					733	183	203	xxx	180,472	27,217
	STATE TOTAL					9,383	1,425	2,165	xxx	2,446,444	344,815

* Estimated opening date November 1, 1954.
** Construction in progress. Occupancy based on 30 available beds.
*** Construction program. Occupancy based on 38 beds for 50 days; 30 beds for 120 days; 56 beds for 195 days.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

BED DISTRIBUTION PROGRAM
GENERAL HOSPITALS

1. PAGE 1 OF 5
2. DATE July 1, 1954
3. STATE Iowa

AREA AND REGION	BASIC DATA: CIVILIAN POPULATION	BED ALLOWANCES BASED ON: STATE RATIO	BED ALLOWANCES BASED ON: AREA RATIO	EXISTING ACCEPTABLE BEDS	DETERMINATION OF POOL BEDS: TOTAL	DETERMINATION OF POOL BEDS: IN AREA	DETERMINATION OF POOL BEDS: CREDIT TO STATE POOL	EXCESS BEDS OVER STATE RATIO	DISTRIBUTION PROGRAM: BEDS ALLOCATED TO AREA FROM POOL	DISTRIBUTION PROGRAM: TOTAL BEDS ALLOWED UNDER P.L.725	DISTRIBUTION PROGRAM: ADD'L. BEDS TO BE CONSTRUCTED IN AREA	DISTRIBUTION PROGRAM: PERCENT OF NEED MET
Region A												
R-1	22,347	101	56	36	65	20	45		0	56	20	64.285
OSA(a)	(3,945)	(18)	(10)	0	18	10	8		(10)			
R-8	21,570	97	54	82	15	0	15		0	82	0	100.00
R-9	29,340	132	73	92	40	0	40		0	92	0	100.00
R-18	16,079	72	40	0	72	40	32		0	40	40	0.00
B-3	109,180	491	491	798	0	0	0	307	0	798	0	100.00
Region B												
R-2	31,688	143	79	24	119	55	64		0	79	55	30.380
R-3	21,123	95	53	55	40	0	40		60	115	60	47,826
R-10	38,100	171	95	166	5	0	5		0	166	0	100.00
I-1	46,739	210	187	90	120	97	23		0	187	97	49,128
Region C												
R-4	23,984	108	60	61	47	0	47		0	61	0	100.00
R-11	32,319	145	81	54	91	27	64		3	84	30	64.286
R-12	19,390	87	48	78	9	0	9		0	78	0	100.00
I-3	75,605	340	302	345	0	0	0	5	70	415	70	83.133

(a) 3,945 population of Region A, R-1, Rock Rapids, conceded to out-of-state facilities, and beds utilized in Region [illegible], I-10.

17. EXCESS BEDS FROM ORIGINAL STATE PLAN _____. 18. EXCESS BEDS TO BE DEDUCTED FROM STATE POOL _____. 19. ADJUSTED STATE POOL _____.

IOWA STATE DEPT. OF HEALTH

DIVISION OF HOSPITAL SERVICES

DES MOINES, IOWA

BED DISTRIBUTION PROGRAM
GENERAL HOSPITALS

1. PAGE 2 OF 5
2. DATE July 1, 1954
3. STATE Iowa

AREA AND REGION	BASIC DATA: CIVILIAN POPULATION	BED ALLOWANCES BASED ON: STATE RATIO	BED ALLOWANCES BASED ON: AREA RATIO	EXISTING ACCEPTABLE BEDS	DETERMINATION OF POOL BEDS: TOTAL	DETERMINATION OF POOL BEDS: IN AREA	DETERMINATION OF POOL BEDS: CREDIT TO STATE POOL	EXCESS BEDS OVER STATE RATIO	DISTRIBUTION PROGRAM: BEDS ALLOCATED TO AREA FROM POOL	DISTRIBUTION PROGRAM: TOTAL BEDS ALLOWED UNDER P.L.725	DISTRIBUTION PROGRAM: ADD'L. BEDS TO BE CONSTRUCTED IN AREA	DISTRIBUTION PROGRAM: PERCENT OF NEED MET
Region D												
R-5	34,963	157	87	104	53	0	53		0	104	0	100.00
R-13	46,140	208	115	117	91	0	91		0	117	0	100.00
R-46	28,135	127	70	71	56	0	56		0	71	0	100.00
I-2	56,332	253	225	256	0	0	0	3	0	256	0	100.00
Region E												
R-6	47,545	214	119	97	117	22	95		16	135	38	71,852
R-14	13,535	61	34	40	21	0	21		0	40	0	100.00
R-15	35,389	159	88	107	52	0	52		0	107	50	100.092
I-4	148,733	669	595	542	127	53	74		0	595	53	91,092
Region F												
R-7	16,128	73	40	22	51	18	33		12	52	30	42.308
R-16	19,725	89	49	0	89	49	40		0	49	49	0
I-5	76,095	342	304	507	0	0	0	165	0	507	0	100.00
Region G												
R-17	17,490	79	44	51	28	0	28		0	51	0	100.00
R-24	19,133	86	48	35	51	13	38		37	85	50	41.176
R-31	18,644	84	47	28	56	19	37		0	47	19	59,574
I-7	132,348	596	529	479	117	50	67		61	590	111	81.186

17. EXCESS BEDS FROM ORIGINAL STATE PLAN _____. 18. EXCESS BEDS TO BE DEDUCTED FROM STATE POOL _____. 19. ADJUSTED STATE POOL _____.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

1. PAGE 3 OF 5
2. DATE July 1, 1954
3. STATE Iowa

BED DISTRIBUTION PROGRAM
GENERAL HOSPITALS

AREA AND REGION	BASIC DATA: CIVILIAN POPULATION	BED ALLOWANCES BASED ON: STATE RATIO	BED ALLOWANCES BASED ON: AREA RATIO	EXISTING ACCEPTABLE BEDS	DETERMINATION OF POOL BEDS: TOTAL	DETERMINATION OF POOL BEDS: IN AREA	DETERMINATION OF POOL BEDS: CREDIT TO STATE POOL	EXCESS BEDS OVER STATE RATIO	DISTRIBUTION PROGRAM: BEDS ALLOCATED TO AREA FROM POOL	DISTRIBUTION PROGRAM: TOTAL BEDS ALLOWED UNDER P.L.725	DISTRIBUTION PROGRAM: ADD'L. BEDS TO BE CONSTRUCTED IN AREA	DISTRIBUTION PROGRAM: PERCENT OF NEED MET
Region H												
R-25	15,111	68	38	38	30	0	30		0	38	0	100.00
I-8	48,978	220	196	176	44	20	24		40	236	60	74.576
I-10	138,779	625	555	517	108	38	70		0	555	38	93.153
Region I												
(a)	--	--	--	--	--	--	--		(10)(a)			
R-45	42,510	191	106	269	0	0	0	78	81	360	91	74.722
I-12	65,353	294	261	379	0	0	0	85	94	473	94	80.127
Region J												
R-35	21,087	95	53	54	41	0	41		0	54	0	100.00
B-1	48,894	220	220	441	0	0	0	221	0	441	0	100.00
Region K												
R-34	40,899	184	102	122	62	0	62		0	122	0	100.00
R-39	15,480	70	39	46	24	0	24		0	46	0	100.00
R-43	20,678	93	52	82	11	0	11		0	82	0	100.00
R-44	19,413	87	49	57	30	0	30		20	77	20	74.026
I-11	58,393	263	234	247	16	0	16		30	277	30	89.170

(a) 3,945 population of Region A, R-1, Rock Rapids, conceded to out-of-state facilities, and the equivalent beds are being utilized in Region I (Burlington/Fort Madison)

17. EXCESS BEDS FROM ORIGINAL STATE PLAN _____. 18. EXCESS BEDS TO BE DEDUCTED FROM STATE POOL _____. 19. ADJUSTED STATE POOL _____.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

BED DISTRIBUTION PROGRAM
GENERAL HOSPITALS

1. PAGE 4 OF 5
2. DATE July 1, 1954
3. STATE Iowa

AREA AND REGION	BASIC DATA: CIVILIAN POPULATION	BED ALLOWANCES BASED ON: STATE RATIO	BED ALLOWANCES BASED ON: AREA RATIO	EXISTING ACCEPTABLE BEDS	DETERMINATION OF POOL BEDS: TOTAL	DETERMINATION OF POOL BEDS: IN AREA	DETERMINATION OF POOL BEDS: CREDIT TO STATE POOL	EXCESS BEDS OVER STATE RATIO	DISTRIBUTION PROGRAM: BEDS ALLOCATED TO AREA FROM POOL	TOTAL BEDS ALLOWED UNDER P.L.725	ADD'L. BEDS TO BE CONSTRUCTED IN AREA	PERCENT OF NEED MET
Region I.												
R-21	26,155	118	65	95	23	0	23		0	95	0	100.00
R-22	27,752	125	69	100	25	0	25		0	100	0	100.00
R-23	43,686	197	109	141	56	0	56		0	141	0	100.00
R-29	14,990	67	37	38	29	0	29		0	38	0	100.00
R-30	47,913	216	120	122	94	0	94		71	193	71	63.212
R-32	25,074	113	63	68	45	0	45		0	68	0	100.00
R-33	25,574	115	64	30	85	34	51		0	64	34	46.875
R-37	15,437	69	39	31	38	8	30		15	54	23	57.407
R-38	32,719	147	82	87	60	0	60		0	87	0	100.00
R-41	9,397	43	23	30	13	0	13		0	30	0	100.00
R-42	12,428	56	31	22	34	9	25		4	35	13	62.857
I-6	52,026	234	208	177	57	31	26		60	268	91	66.045
B-2	252,910	1138	1138	944	194	194	0		63	1201	257	78.601

17. EXCESS BEDS FROM ORIGINAL STATE PLAN _____. 18. EXCESS BEDS TO BE DEDUCTED FROM STATE POOL _____. 19. ADJUSTED STATE POOL _____.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

BED DISTRIBUTION PROGRAM
GENERAL HOSPITALS

1. PAGE 5 OF 5
2. DATE July 1, 1954
3. STATE Iowa

AREA AND REGION	CIVILIAN POPULATION	BED ALLOWANCES BASED ON		EXISTING ACCEPTABLE BEDS	DETERMINATION OF POOL BEDS			EXCESS BEDS OVER STATE RATIO	DISTRIBUTION PROGRAM			
		STATE RATIO	AREA RATIO		TOTAL	IN AREA	CREDIT TO STATE POOL		BEDS ALLOCATED TO AREA FROM POOL	TOTAL BEDS ALLOWED UNDER P.L.725	ADD'L. BEDS TO BE CONSTRUCTED IN AREA	PERCENT OF NEED MET
Region M												
R-19	19,470	88	49	50	38	0	38		0	50	0	100.00
R-20	22,748	102	57	123	0	0	0	21	0	123	0	100.00
R-26	19,294	87	48	0	87	48	39		0	48	48	0
R-27	15,723	71	39	47	24	0	24		0	47	0	100.00
R-28	32,383	146	81	90	56	0	56		0	90	0	100.00
R-36	24,102	108	60	84	24	0	24		0	84	0	100.00
R-40	47,995	216	120	108	108	12	96		18	138	30	78.261
I-9	79,905	360	320	231	129	89	40		41	361	130	63.989
Total State of Iowa:	2,585,000	11,633	8,750	9,383	3,135	956	2,179	885	796	11,135	1,752	
State Pool Beds:									498	498	498	
Total									1,294	11,633	2,250	

(a) 3,945 population of Region A, R-1, Rock Rapids, conceded to out-of-state facilities, and the equivalent beds are being utilized in Region I (Burlington/Fort Madison)

(b) Because of VA installations with unknown impact on Iowa's hospital endeavor, plus unique geographic and unusual institutional facilities, normal formulae will vary from expectations. Also, arbitrary deduction for State population and contraction of acute general beds in University Hospital, Iowa City, will reduce similarity to previous State Plans. Accordingly, see Footnote "C" and alternate determinations for Items 17, 18, and 19, below.

(c) Alternate (17) 0 Alternate (18) 11 - 13 = 885 Alternate (19) 11 - (18) = 1,294

17. EXCESS BEDS FROM ORIGINAL STATE PLAN 1,057. 18. EXCESS BEDS TO BE DEDUCTED FROM STATE POOL 0. 19. ADJUSTED STATE POOL 2,179.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

GENERAL HOSPITALS SUMMARY

1. PAGE 1 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "A" Sioux City

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "A" - Sioux City				
R-1	36	20	56	3
Sioux Center	26	0	26	
Orange City	10	0	10	
Rock Rapids	0	20	20	
R-8	82	0	82	2
Le Mars	68	0	68	
Hawarden	14	0	14	
R-9	92	0	92	2
Battle Creek	15	0	15	
Cherokee	77	0	77	
R-18	0	40	40	1
Onawa	0	40	40	
B-3	798	0	798	6
Akron	21	0	21	
Sioux City				
Lutheran	138	0	138	
Methodist	146	0	146	
St. Vincent's	140	0	140	
St. Joseph	328	0	328	
Sioux City Osteopathic	25	0	25	
Sub-Total "A"	1008	60	1068	14
TOTAL				

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

GENERAL HOSPITALS SUMMARY

1. PAGE 2 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "B" Spencer

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "B" - Spencer				
R-2	24	55	79	2
Sheldon	24	20	44	
Sibley	0	35	35	
R-3	55	60	115	2
Estherville	55	25	80	
Spirit Lake	0	35	35	
R-10	166	0	166	4
Sac City	32	0	32	
Alta	19	0	19	
Schaller	7	0	7	
Storm Lake	108	0	108	
I-1	90	97	187	2
Unassigned Pool Beds	0	48	48	
Emmetsburg	18	25	43	
Spencer	72	24	96	
Sub-Total "B"	335	212	547	10
TOTAL				

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

GENERAL HOSPITALS SUMMARY

1. PAGE 3 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "C" Fort Dodge

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "C" - Fort Dodge				
R-4	61	0	61	1
Algona	61	0	61	
R-11	54	30	84	2
Clarion	28	0	28	
Belmond	26	0	26	
Humboldt	0	30	30	
R-12	78	0	78	1
Webster City	78	0	78	
I-3	345	70	415	5
Lake City				
McVay Memorial	12	0	12	
County	0	40	40	
Pocahontas	0	30	30	
Fort Dodge				
Lutheran Hosp. of Ft. Dodge	182	0	182	
St. Joseph	151	0	151	
Sub-Total "C"	538	100	638	9
TOTAL				

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

GENERAL HOSPITALS SUMMARY

1. PAGE 4 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "D" Mason City

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "D" - Mason City				
R-5	104	0	104	2
Osage	32	0	32	
Charles City	72	0	72	
R-13	117	0	117	3
Eldora	36	0	36	
Iowa Falls	33	0	33	
Hampton	48	0	48	
R-46	71	0	71	3
Britt	32	0	32	
Forest City	25	0	25	
Buffalo Center	14	0	14	
I-2	256	0	256	2
Mason City				
Park	56	0	56	
St. Joseph	200	0	200	
Sub-Total "D"	548	0	548	10
TOTAL				

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

GENERAL HOSPITALS SUMMARY

1. PAGE 5 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "E" Waterloo

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "E" - Waterloo				
R-6	97	38	135	3
Cresco	0	38	38	
Decorah	45	0	45	
New Hampton	52	0	52	
R-14	40	0	40	1
Grundy Center	40	0	40	
R-15	107	0	107	3
West Union	22	0	22	
Oelwein	55	0	55	
Sumner	30	0	30	
I-4	542	53	595	6
Independence	49	0	49	
Waverly	0	53	53	
Waterloo				
Allen Memorial	161	0	161	
Schoitz Memorial	134	0	134	
St. Francis	124	0	124	
Cedar Falls	74	0	74	
Sub-Total "E"	786	91	877	13
TOTAL				

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

GENERAL HOSPITALS SUMMARY

1. PAGE 6 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "F" Dubuque

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "F" - Dubuque				
R-7	22	30	52	1
Waukon	22	0	22	
Unassigned Pool Beds	0	30	30	
R-16	0	49	49	1
Elkader	0	49	49	
I-5	507	0	507	3
Dubuque				
Finley	57	0	57	
St. Joseph Mercy	350	0	350	
Xavier	100	0	100	
Sub-Total "F"	529	79	608	5
TOTAL				

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

GENERAL HOSPITALS SUMMARY

1. PAGE 7 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "G" Cedar Rapids

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "G" - Cedar Rapids				
R-17	51	0	51	2
Manchester				
Delaware County Memorial	43	0	43	
Willard General	8	0	8	
R-24	35	50	85	2
Monticello	35	15	50	
Anamosa	0	35	35	
R-31	28	19	47	1
Marengo	28	19	47	
I-7	479	111	590	5
Vinton	36	0	36	
Cedar Rapids				
Mercy	120	86	206	
St. Luke's Methodist	319	0	319	
Belle Plaine	4	0	4	
Tipton	0	25	25	
Sub-Total "G"	593	180	773	10
TOTAL				

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

GENERAL HOSPITALS SUMMARY

1. PAGE 8 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "H" Davenport

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "H" - Davenport				
R-25	38	0	38	1
Maquoketa	38	0	38	
I-8	176	60	236	3
DeWitt	32	0	32	
Clinton				
Jane Lamb	89	30	119	
St. Joseph Mercy	55	30	85	
I-10	517	38	555	6
Unassigned Pool Beds	0	38	38	
Muscatine				
Muscatine County	139	0	139	
Bellevue	17	0	17	
Davenport				
Mercy	158	0	158	
St. Luke's	142	0	142	
Davenport Osteopathic	35	0	35	
Isolation	26	0	26	
Sub-Total "H"	731	98	829	10
TOTAL				

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

GENERAL HOSPITALS SUMMARY

1. PAGE 9 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "I" Burlington

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "I" - Burlington				
R-45	269	91	360	3
Fort Madison	121	0	121	
Keokuk				
Graham	76	34	110	
St. Joseph	72	57	129	
I-12	379	94	473	4
Mt. Pleasant	33	27	60	
Burlington				
Burlington	147	37	184	
Mercy	125	30	155	
St. Francis	74	0	74	
Sub-Total "I"	648	185	833	7
TOTAL				

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

GENERAL HOSPITALS SUMMARY

1. PAGE 10 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "J" Iowa City

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "J" - Iowa City				
R-35	54	0	54	1
Washington	54	0	54	
B-1	441	0	441	2
Iowa City				
Mercy	222	0	222	
University of Iowa	219	0	219	
Sub-Total "J"	495	0	495	3
TOTAL				

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

GENERAL HOSPITALS SUMMARY

1. PAGE 11 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "K" Ottumwa

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "K" - Ottumwa				
R-34	122	0	122	3
Oskaloosa				
Mahaska County	60	0	60	
Mercy	28	0	28	
Sigourney	34	0	34	
R-39	46	0	46	1
Fairfield	46	0	46	
R-43	82	0	82	1
Centerville	82	0	82	
R-44	57	20	77	2
Bloomfield	34	20	54	
Keosauqua	23	0	23	
I-11	247	30	277	3
Albia	14	0	14	
Ottumwa				
Ottumwa	133	0	133	
St. Joseph	100	30	130	
Sub-Total "K"	554	50	604	10
TOTAL				

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

GENERAL HOSPITALS SUMMARY

1. PAGE 12 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "L" Des Moines

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "L" - Des Moines				
R-21	95	0	95	2
Jefferson	57	0	57	
Perry	38	0	38	
R-22	100	0	100	1
Boone	100	0	100	
R-23	141	0	141	3
Nevada	50	0	50	
Story City	16	0	16	
Ames	75	0	75	
R-29	38	0	38	1
Guthrie Center	38	0	38	
R-30	122	71	193	3
Newton	44	51	95	
Grinnell				
Grinnell Community	41	0	41	
St. Francis	37	20	57	
R-32	68	0	68	2
Greenfield	29	0	29	
Winterset	39	0	39	
R-33	30	34	64	1
Knoxville	30	34	64	
R-37	31	23	54	1
Creston	31	23	54	
R-38	87	0	87	3
Chariton	21	0	21	
Osceola	32	0	32	
Corydon	34	0	34	
TOTAL				

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

GENERAL HOSPITALS SUMMARY

1. PAGE 13 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "L" Des Moines (Cont.)

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "L" - Des Moines (Continued)				
R-41	30	0	30	1
Mount Ayr	30	0	30	
R-42	22	13	35	1
Leon	22	13	35	
I-6	177	91	268	3
Marshalltown				
Evangelical	142	0	142	
St. Thomas Mercy	35	61	96	
Toledo	0	30	30	
B-2	944	257	1201	9
Des Moines				
Unassigned Pool Beds	0	30	30	
Broadlawns Polk County	147	0	147	
Iowa Lutheran	215	0	215	
Iowa Methodist and Blank Memorial	365	0	365	
Mercy	75	142	217	
Wilden Osteopathic	35	0	35	
Still Osteopathic	99	0	99	
Des Moines General	0	60	60	
Redfield	8	0	8	
Indianola	0	25	25	
Sub-Total "L"	1885	489	2374	31
TOTAL				

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

GENERAL HOSPITALS SUMMARY

1. PAGE 14 OF 14
2. DATE July 1, 1954
3. STATE Iowa
4. REGION "M" Council Bluffs

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "M" - Council Bluffs				
R-19	50	0	50	1
Denison	50	0	50	
R-20	123	0	123	2
Carroll	108	0	108	
Manning	15	0	15	
R-26	0	48	48	1
Missouri Valley	0	48	48	
R-27	47	0	47	1
Harlan	47	0	47	
R-28	90	0	90	2
Atlantic	60	0	60	
Audubon	30	0	30	
R-36	84	0	84	2
Corning	41	0	41	
Red Oak	43	0	43	
R-40	108	30	138	3
Hamburg	0	30	30	
Clarinda	52	0	52	
Shenandoah	56	0	56	
I-9	231	130	361	2
Council Bluffs				
Jennie Edmundson Memorial	192	0	192	
Mercy	39	130	169	
Sub-Total "M"	733	208	941	14
TOTAL	9383	1752	11135	146

IOWA STATE DEPT. OF HEALTH

DIVISION OF HOSPITAL SERVICES

DES MOINES, IOWA

1. Page 1 1

RELATIVE NEED REPORT

2. Date July 1, 1954

3. State Iowa

4. Category General

PRIORITY	AREA	PRIORITY FACTOR	PERCENTAGE OF NEED MET
A	R-16 Elkader	(3,046) 0	
A	R-26 Missouri Valley	(2,931) 0	
A	R-18 Onawa	(2.717) 0	
B	R-2 Sibley		30.380
B	R-24 Anamosa		41.176
B	R-7 Waukon		42.380
C	R-33 Knoxville		46.875
C	R-3 Estherville		47.826
C	I-1 Emmetsburg		49.128
C	R-37 Creston		57.407
C	R-31 Marengo		59.574
D	R-42 Leon		62.857
D	R-30 Newton		63.212
D	I-9 Council Bluffs		63.989
D	R-1 Rock Rapids		64.285
D	R-11 Humboldt		64.286
D	I-6 Marshalltown		66.045
D	R-6 Cresco		71.852
D	R-44 Bloomfield		74.026
D	I-8 Clinton		74.576
D	R-45 Fort Madison		74.722
D	R-40 Hamburg		78.261
D	B-2 Des Moines		78.601
D	I-12 Burlington		80.127
D	I-7 Cedar Rapids		81.186
D	I-3 Lake City		83.133
D	I-11 Ottumwa		89.170
D	I-4 Independence		91.092
D	I-10 Davenport		93.153
	All other areas		100.00

PART II. CHRONIC HOSPITALS

Authorities in the field of chronic illness hesitate to clearly define a chronic illness. Rather than try to define the term, they cite examples of diseases which by virtue of the slow recovery or need for long-term care and treatment may be classed as chronic illnesses. Included are arthritis, rheumatic heart disease, diseases of the heart and circulatory system, cancer, diabetes, asthma, etc. Contrary to general belief, it incorporates much more than the degenerative diseases of old age. Though it is true that the occurrence of these illnesses is greater among the aged, the incidence is surprisingly high in the lower age groups.

For the purpose of this Plan, a chronic illness hospital or a chronic illness unit in connection with a general hospital is defined as a hospital whose primary purpose is medical treatment of chronic illness including the degenerative diseases and which furnishes special hospital treatment and care while being administered by or under the direction of persons licensed to practice medicine in Iowa. The term includes such convalescent homes as meet this requirement but excludes nursing homes and institutions the primary purpose of which is domiciliary care.

Many chronic illnesses which are not treated early in the course of the illness may never be cured and the unfortunate victims suffer both physically and psychologically. Because these illnesses require long-term hospitalization and medical care, the victims' savings are soon depleted and they become public wards or social burdens. Early diagnosis, intensive treatment, and rehabilitation in chronic illness hospitals, with cost to the patient held at a minimum, will help to avoid the ever increasing number of persons doomed to suffer the ravages of a chronic illness for the rest of their lives.

Chronic illness sufferers who in the past sought medical care in a general hospital not equipped to provide economical care and rehabilitation or were denied care because of the high cost of hospitalization have been forced into nursing homes and domiciliary institutions. Payments by the social agencies are not sufficient to enable these institutions to provide much more than room and board. We do not wish to convey the idea that the nursing home is an undesirable establishment. The nursing home and the domiciliary type institution have a very definite role in the total chronic illness care program. There will always be cases that will not respond to treatment or rehabilitation and will require domiciliary care. Properly integrated into the care program, these institutions could become convalescent homes providing care and treatment under the supervision of medical personnel of a nearby chronic illness hospital.

Because science has provided the weapons and knowledge for greatly reducing mortality during earlier years, our population now finds itself with an increasing load of persons who are susceptible to the disabling chronic illnesses, thus accelerating the loading in our nursing homes. A comparison of Iowa's status over a two-year period is as follows:

YEAR	TOTAL NURSING HOMES	NURSING HOME BEDS	PATIENT DAYS IN NURSING HOMES
1951	408	5,686	1,589,357
1953	527	7,771	2,200,913
Percent of Increase	29.17	36.67	38.47

It can readily be seen that a determined effort must be made to develop a pattern of treatment facilities for chronic illness throughout the State so that a notable percentage of these disabled persons can be rehabilitated and trained into a productive status, thus prolonging their period of self-sufficiency.

A summary of what is entailed in the entire chronic illness field at the time of this writing is as follows:

	PATIENTS	PATIENT DAYS
Iowa Licensed Nursing Homes	7,771	2,200,913
* General Hospitals	788	230,112 (9% of General Hospital Load)
Home Care by Relatives (Estimate 20%)	2,139	607,756
County Homes (88 plants) (Estimated Patients)	3,668	1,338,638
* Per Survey of 1953 State Total	14,366	4,377,419

We concede that a small portion of the patients in the county homes may properly fall into the category of mental cases, but these are automatically compensated for by the bank of potential cases in the State institutions. This is a tremendous group of people who are doomed to live out their remaining days in institutions, being an unproductive segment of our population while draining resources that otherwise might be devoted to material good for the benefit of the over-all population.

Previous revisions of the Iowa Hospital Plan recognized the existence of nursing homes and institutions providing domiciliary care and considered those beds housed in fire-resistant buildings as acceptable chronic illness beds. A closer examination of these institutions reveals that they are providing only domiciliary care and do not qualify under the definition of a chronic illness hospital. In the inventory of chronic illness hospital beds, nursing homes and domiciliary institutions are listed as non-acceptable by virtue of the type of care rendered. The facilities housed in fire-resistant buildings are noted as units readily convertible to acceptable facilities by integration into a properly supervised home care program.

It would be erroneous to state that all chronic illnesses are presently going untreated in this State. Most general hospitals are admitting and caring for these patients as acute medical patients. This program is not only costly to the chronic patient but is tying up general beds which should properly be available for the acutely ill. A survey conducted during the past year indicates that at least nine percent of the general bed capacity was absorbed by long-term admittances (exceeding 60 days). This determination can be further refined when recording procedures in hospitals are modified to more accurately reflect this aspect of their patient load.

It is generally agreed that the chronic illness patient is often admitted to the general hospital in the acute stages of the illness. He may also require the facilities of a general hospital during the treatment and convalescence period. In view of these facts, it is felt that the chronic illness unit can be built more economically and without the unnecessary duplication of general hospital facilities if the unit is built in conjunction with the larger general hospitals. These institutions, located in the larger urban communities, stand a better chance of attracting and retaining specially trained medical talents necessary to make a chronic illness unit function. The chronic illness units, therefore, are programmed in connection with existing large general hospitals (100 beds or more) at the base and intermediate hospital centers.

Based upon the best information available, the ratio for chronic illness diagnostic and treatment facilities is two beds per thousand population. There

is reason to believe that the State, at this time, could neither staff nor support facilities built at this rate. Pending more complete information on the total need, three-fourths bed per thousand population is being planned for chronic illness diagnostic and treatment units, one-half bed per thousand for the three base teaching centers, and three-fourths bed per thousand population is retained in a State pool to be assigned as needs indicate.

Priority will be given to chronic illness diagnostic and treatment units constructed in connection with general hospitals. An application for assistance under this priority must be supported by a program setting forth the following facts:

1. Detailed description of the scope of the medical care program to be rendered by the facility.
2. Evidence of ability to staff the unit with doctors, nurses, aides, physiotherapist, occupational therapist, dietitians, and social workers.
3. Evidence of ability to finance and operate the facility.

The sponsor's program will be reviewed by the Hospital Advisory Council for compliance with the objectives of the chronic illness care program of the State. Each project will be considered upon its individual merits.

Anticipating the difficulty in staffing these specialized facilities, emphasis and high priority will be given to units operated as part of an approved teaching hospital. Such priority is based upon positive proof of an acceptable teaching facility that the teaching facility will be continued for at least two years.

At this point, only two areas (Davenport and Iowa City) have an acceptable chronic illness diagnostic and treatment unit. Accordingly, all other areas have met 0 percent of their needs. To establish a system of priority among the remaining 11 areas, factors based on rurality and per capita income were developed to reflect comparative need. The most rural and the lowest per capita income were given the highest priority. To provide qualified personnel, highest preference was given to the three teaching centers. The Relative Need Report (Page 58), indicating priorities of the several areas, is based upon the Chronic Disease Summary (Page 57). The mathematical formulae used in the various determinations are outlined in Exhibit E (Page 81).

Because this problem is immense and is a notable factor in the over-all plan for our economic system, this Division cannot assume the responsibility for determining that course which is to be taken. Accordingly, a Committee on Chronic Illness was initiated for general consideration of the problem. At this point, the consulting group is organized into the unofficial body known as the Iowa State Committee on Chronic Illness, which represents:

Iowa State Industrial Union Council
Iowa Farm Bureau Federation
Iowa Federation of Women's Clubs
Iowa Hospital Association
Iowa Society for Crippled Children and Adults
Catholic Charities
Iowa Tuberculosis and Health Association
Iowa Division, Cancer Society
Iowa Interchurch Council
Iowa Heart Association
Iowa State Medical Society
Iowa State Nurses' Association
State Board of Social Welfare
Des Moines City-County Health Department

This group will act through their six-member Executive Committee upon guidance from their delegated Technical Committee. The objectives initially set forth toward organizing a representative committee were:

1. Set aside space, equipment, and a definite number of beds with assurance of economic support for their maintenance for long-term patients.

2. Organize a rehabilitation program consisting of:

   A. Physicians interested and competent in rehabilitation of chronics.
   B. Occupational therapist and physical therapist.

3. Establish definite relationship with other institutional facilities for the chronically ill such as nursing homes, county homes, old age homes, etc., to consist of:

   A. Consultation services by staff including dietitians, nurses, etc.
   B. Referral mechanism--to and from hospital.
   C. Regular rounds in institutions by designated staff members.

4. In hospitals with a resident staff, establish home care service for the chronically ill. Services should be restricted to medically indigent; however, certain services (social services, dietitian, occupational therapist, and physiotherapist) should be made available also to private patients, on a fee basis, under supervision of the private physicians. Services should bring in the visiting and public health nurse facilities already available.

5. Refresher courses for selected personnel (physicians, nurses, physiotherapists, and other) on chronic illness and rehabilitation of patients.

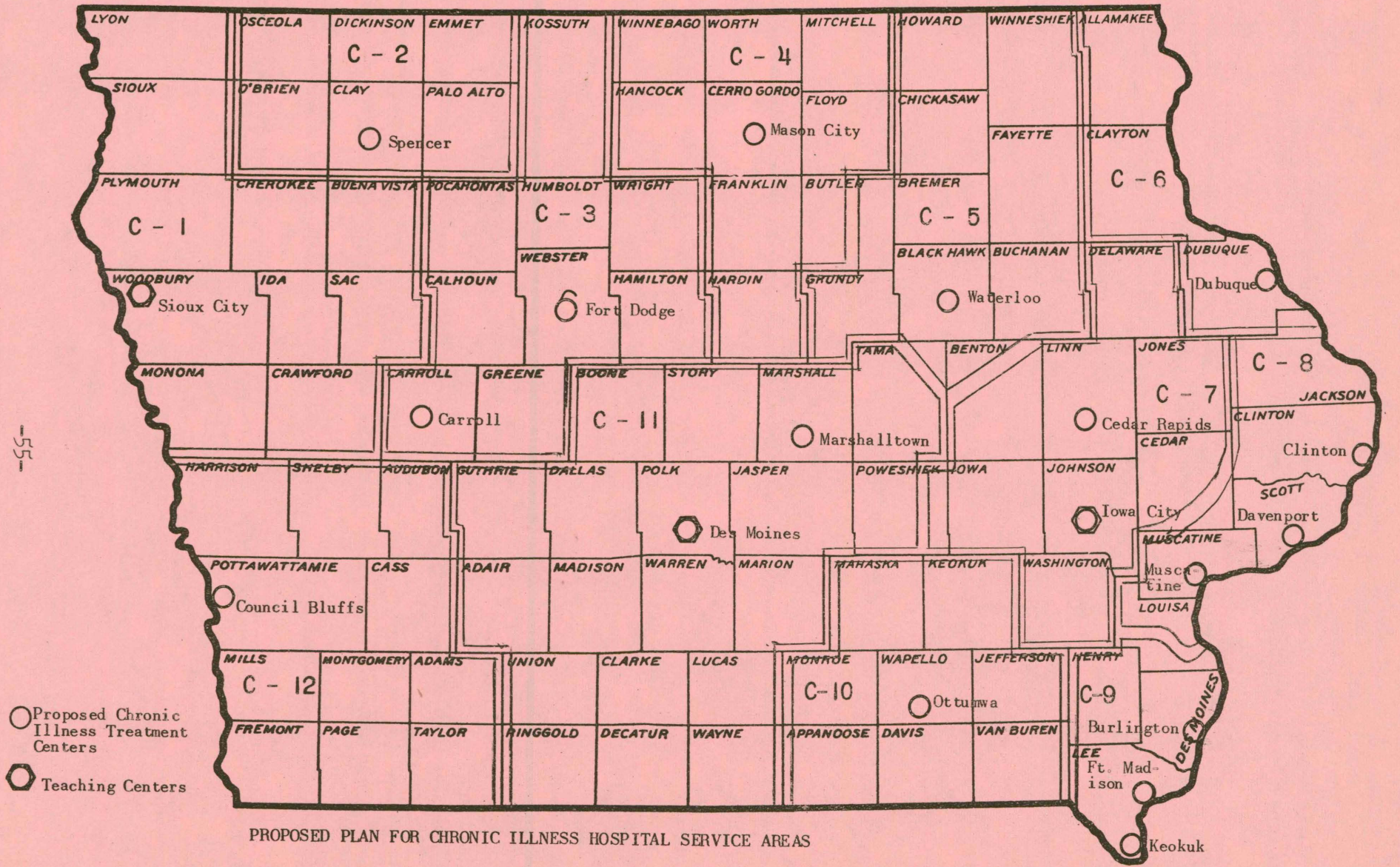
6. Establish a roster of information on facilities and services available in the community for reference to chronic patients when they leave the hospital.

7. Make the following provisions in the hospitals' physical facilities and equipment to meet the needs of the chronic patient, such as:

   Non-skid treatment of floors.
   Wide doorways, hand-grip rails, and adequate floor space in corridors, washrooms, etc.
   Adjustable bedside guards and beds.
   Brakes on wheel chairs.
   Lock-type casters on beds.
   Ground level entrances to chronic facilities and admitting wards.
   Rehabilitation and occupational therapy rooms and equipment.
   Complete outpatient departments.
   Such features as are dictated by continued studies, observation, and future development.

At this time, hospital planning in the chronic illness category is based on the partial framework stated herein. The recently formed consultant committee, after preliminary review, has recommended that the State Agency pursue a detailed survey of the problem for basing future planning. In the light of pending legislation and the committee's recommendation, the entire subject will be restudied in detail and future modifications will be developed as an addendum to current plans.

IOWA



PROPOSED PLAN FOR CHRONIC ILLNESS HOSPITAL SERVICE AREAS

IOWA STATE DEPT. OF HEALTH,
DIVISION OF HOSPITAL SERVICES

IOWA STATE DEPT. OF HEALTH

DIVISION OF HOSPITAL SERVICES

DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 1 OF 1
2. DATE July 1, 1954
3. STATE Iowa
4. REGION Statewide

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE Chronic HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNERSHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
Statewide	Nursing Homes	Statewide		IND	DOMIC.	0	6,370			(2,668,400 including ** items)	
C-1	Elaine's Nursing Home	Woodbury	Sioux City	IND	CHRON.	0	80*			**	
C-3	Friendship Haven, Inc.	Webster	Fort Dodge	NPA	CHRON.	0	84*			**	
C-4	Good Samaritan Home	C. Gordo	Mason City	CH	CHRON.	0	140*			**	
C-4	Iowa Odd Fellows & Orphans Home	C. Gordo	Mason City	NPA	CHRON.	0	40			**	
C-5	Allen Memorial Convalescent Home	Blackhawk	Waterloo	NPA	CHRON.	0	22			**	
C-5	Western Old Peoples Home	Blackhawk	Cedar Falls	CH	CHRON.	0	116			**	
C-6	Bethany Home for the Aged	Dubuque	Dubuque	CH	CHRON.	0	60*			**	
C-6	St. Francis Home for Aged	Dubuque	Dubuque	CH	CHRON.	0	104*			**	
C-6	St. Anthony Home for Aged	Dubuque	Dubuque	CH	CHRON.	0	190*			**	
C-7	United Presbyterian Home	Wash.	Washington	CH	CHRON.	0	50*			**	
C-7	State University of Iowa Hosp.	Johnson	Iowa City	ST	CHRON.	731	0*		Est.	(195,050)	(11,239)***
C-8	Masonic Sanitorium	Scott	Bettendorf	NPA	CHRON.	0	50*			**	
C-8	Clearview Sanitarium	Scott	Davenport	NPA	CHRON.	0	65*			**	
C-8	Mercy Hospital	Scott	Davenport	CH	CHRON.	74	0*		Under construction		
C-11	Saints' Home	Decatur	Lamoni	CH	CHRON.	0	11			**	
C-11	Eastern Star Masonic Home	Boone	Boone	NPA	CHRON.	0	93*			**	
C-11	Evangelical Free Church Home	Boone	Boone	CH	CHRON.	0	48			**	
C-11	Iowa Lutheran Home for Aged	Boone	Madrid	CH	CHRON.	0	85*			**	
C-11	Story City Old People's Home	Story	Story City	CH	CHRON.	0	70*			**	
C-11	Iowa Soldiers' Home	Marshall	Marshalltown	ST	CHRON.	0	175*			**	
C-11	Home for the Aged	Polk	Des Moines	NPA	CHRON.	0	11*			**	
C-11	Wesley Acres	Polk	Des Moines	CH	CHRON.	0	20*			**	
C-12	Salem Lutheran Old People's Home	Shelby	Elkhorn	CH	CHRON.	0	44*			**	
C-12	Memorial Home	Shelby	Harlan	CH	CHRON.	0	67*			**	
REGIONAL TOTAL									xxx		
State Total						805	7,995			2,863,450	
STATE TOTAL									xxx		

* Fire-resistant buildings.

** Operational data included with lump sums for nursing homes--statewide.

*** Beds classified "chronic" by virtue of usage. (See General Hospital Inventory)

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

TUBERCULOSIS, MENTAL,
CHRONIC DISEASE SUMMARY

1. PAGE 1 OF 1
2. DATE July 1, 1954
3. STATE Iowa
4. AREA Statewide

DESCRIPTION OF Chronic Disease FACILITIES
TUBERCULOSIS, MENTAL, CHRONIC DISEASE

4. POPULATION	6. ANNUAL AVERAGE NO. OF T.B. DEATHS IN STATE	7. TOTAL BEDS ALLOWED BY STATE RATIO
2,585,000		5,170
8. TOTAL EXISTING ACCEPTABLE BEDS	**9. NET ADDITIONAL BEDS NEEDED**	
805	4,365	

10. ADDITIONAL FACILITIES PROPOSED FOR STATE

COMMUNITY	IDENTIFICATION OF FACILITY	NET ADDITIONAL NUMBER OF BEDS
Des Moines	Broadlawns Polk County Hospital (teaching)	147
Des Moines	Iowa Methodist Hospital (teaching)	120
Sioux City	Lutheran Hospital (teaching)	240
Iowa City	State University Hospital (teaching)	60
Area		
C-2 Spencer	Spencer Municipal Hospital	67
C-3 Fort Dodge	Lutheran Hospital	144
C-4 Mason City	St. Joseph Mercy Hospital	124
C-12 Council Bluffs	Jennie Edmundson Memorial Hospital	165
C-10 Ottumwa	Ottumwa Hospital	116
C-5 Waterloo	Allen Memorial Hospital	184
C-1 Sioux City	Lutheran Hospital	202
C-6 Dubuque	St. Anthony Home for Aged	84
C-11 Des Moines	Broadlawns Polk County Hospital	213
C-11 Des Moines	Iowa Methodist Hospital	213
C-7 Cedar Rapids	Mercy Hospital	190
C-9 Burlington	St. Francis Mercy Hospital	82
C-8 Davenport	Mercy Hospital	81
	State Pool	1,933
(D) TOTAL ADDITIONAL NUMBER OF BEDS		4,365

11. COMMENTS *(Attach Additional Sheets if Required)*

(1) Beds proposed for area diagnostic and treatment facilities for Des Moines and Sioux City may be combined with beds proposed for the teaching facilities in the respective hospitals.

(2) See Relative Need Report following for priority.

CHRONIC DISEASE RELATIVE NEED REPORT

Seventh (1955) Plan Revision - Iowa

Teaching Facilities

TEACHING CENTER LOCATION	BED SUMMARY			
	Existing	To Be Added	Total Proposed	% Complete
Des Moines	0	267	267	0.0
Sioux City	0	240	240	0.0
Iowa City	731	60	791	92.41
Sub Total	731	567	1298	xxx

Diagnostic & Treatment Facilities

POPULATION GROUP DATA			BED SUMMARY				RELATIVE NEED FACTOR		
Symbol	Area Center	Adjusted Population	Existing Beds	To Be Added	Total Proposed	% Complete	Rural Factor	Income Factor	Priority Factor
C-2	Spencer	88,767	0	67	67	0.0	1.3924	1.0295	2.4219
C-3	Fort Dodge	191,273	0	144	144	0.0	1.3284	1.0648	2.3932
C-4	Mason City	165,966	0	124	124	0.0	1.2091	1.1473	2.3564
C-12	Council Bluffs	219,401	0	165	165	0.0	1.1637	1.1805	2.3442
C-10	Ottumwa	154,864	0	116	116	0.0	1.0941	1.1921	2.2862
C-5	Waterloo	245,519	0	184	184	0.0	1.0195	1.1604	2.1799
C-1	Sioux City	268,930	0	202	202	0.0	1.0641	1.0745	2.1386
C-6	Dubuque	112,637	0	84	84	0.0	1.0279	1.0927	2.1206
C-11	Des Moines	568,379	0	426	426	0.0	0.8437	1.1655	2.0092
C-7	Cedar Rapids	253,137	0	190	190	0.0	0.9296	1.0542	1.9838
C-9	Burlington	109,340	0	82	82	0.0	0.7473	1.0723	1.8196
C-8	Davenport	206,787	74	81	155	47.74			
Sub Total		2,585,000	74	1865	1939	xxxx			
Pool Beds Reserved for Adjustment of integrated plan and for such contingent and special programs as may be indicated by future resources.			0	1933	1933				
State Totals		2,585,000	805	4,365	5,170	15.57			

Distribution Ratio

Teaching	0.50/1000 Population
Treatment	0.75/1000 Population
Reserve Pool	0.75/1000 Population
Overall state ratio	2.00/1000 Population

PART III. NERVOUS AND MENTAL HOSPITALS

Mental hospitals were defined as hospitals for the diagnosis and treatment of nervous and mental illness, but excluding institutions for the feeble-minded and epileptic. More specifically, a psychiatric hospital is defined as "a type of mental hospital where patients may receive intensive treatment, and where only a minimum of continued treatment facilities will be afforded".

By virtue of antiquated statutes, the field of mental hospitals contrasts from some other specialized categories in that a pattern for processing mental patients already exists--a condition common to many states. At the time the existing legislation was enacted, the system was a humane and creditable accomplishment. Since that time, little advancement has been made in the mental health field. Not until the past decade did the State revise its thinking on the care of mental patients, and that without providing sufficient funds for corrective measures. A few voluntary non-profit groups have recognized the tremendous need for intensive treatment and have provided facilities with a view toward returning the patient to normal living. At the same time, the State institutions have established screening centers with limited treatment facilities. The steps taken are of some value, but are completely inadequate to forestall continued increase in the occupancy by long-term or permanent detention cases. In the meantime, the commitment statute remains in effect, thus continuing the process whereby three county officers, grossly unqualified, are empowered to commit individuals to a State institution. Presently, there is little chance for the patient to receive sufficient treatment to conceivably preclude spending the remainder of his life as a public ward. With this pattern firmly implanted by some 60 years of precedence, incentive toward corrective steps has been almost non-existent. The fallacy of the existing statute is recognized by State officers, but to date many of the shortcomings of the law have not been corrected by the legislature. Because the four State mental institutions are badly crowded in antiquated/hazardous facilities, the chief consideration of the responsible officers has been to reduce overcrowding by slow expansion and to minimize fire dangers in existing structures.

The Plan does currently acknowledge the value of screening and affording treatment, but the facilities in the State institutions are inadequate to make patient rehabilitation complete enough to reduce long-term occupancy. A recent step taken by the State institutions was to return milder cases to the county of origin for retention in their county homes--a circumstance which is worse than retention in the State institution. In the county establishment there is <u>no</u> facility for treatment.

Limited diagnostic and intensive treatment facilities are presently available in a few select points in Iowa, but these are inadequate for meeting the statewide demand. Added to that is the age-old stigma against entering a State institution or a specialized mental hospital.

Like chronic illness, psychiatric treatment offers a tremendous potential for patient rehabilitation to a renewed usefulness. Because ours is an aging population, because the average life span is increasing, and because we must extend the productive years of our residents, the most profitable approach is the reduction of admittance of domiciliary patients.

In view of an increasing rate of frequency in mental illness and the fact that a great many cases will respond to timely diagnosis and intensive treatment, the following plan is set forth to meet an existing need. Unlike acute medical/surgical patients, the doctor is not forewarned of the need for hospital facilities. Frequently, the patient is in need of suitable facilities at the time of the

doctor's first visit. This fact, together with the increasing knowledge of psychosomatic medicine, leads to the need for adequate psychiatric facilities and the related acute general hospital services, readily accessible, in all regions of the State. It is proposed that centers of population with large general hospitals be provided with facilities for diagnosis and intensive treatment. Such regional hospitals, with their psychiatric facilities and qualified personnel, will diagnose and treat with a view toward rapid rehabilitation and return of the patient to a normal existence. These units, if the case fails to respond to intensive treatment, will refer the patient to the State mental hospital for additional screening and such long-term treatment as is called for.

It is conceded that the present patient load in the State mental institutions cannot be reduced immediately, but by perseverance in reducing commitments through treatment, the load should contract gradually to a stable point where the number of public charges will be at a minimum rather than constantly increasing.

The plan for the entire State was based upon a study of the population pattern and with a view toward psychiatric facilities at the larger existing general hospitals (over 100 beds). These units would serve as diagnostic and treatment centers, and, when necessary, would be a referral point serving the State institution of the district. In order to conserve highly specialized personnel and to provide acceptable teaching facilities, it is proposed that the psychiatric unit in connection with a general hospital be not less than 25 beds.

The basis for distribution, as specified by Appendix A, Federal Register, is five beds per thousand population which in turn has been pro-rated into several classifications, i.e.

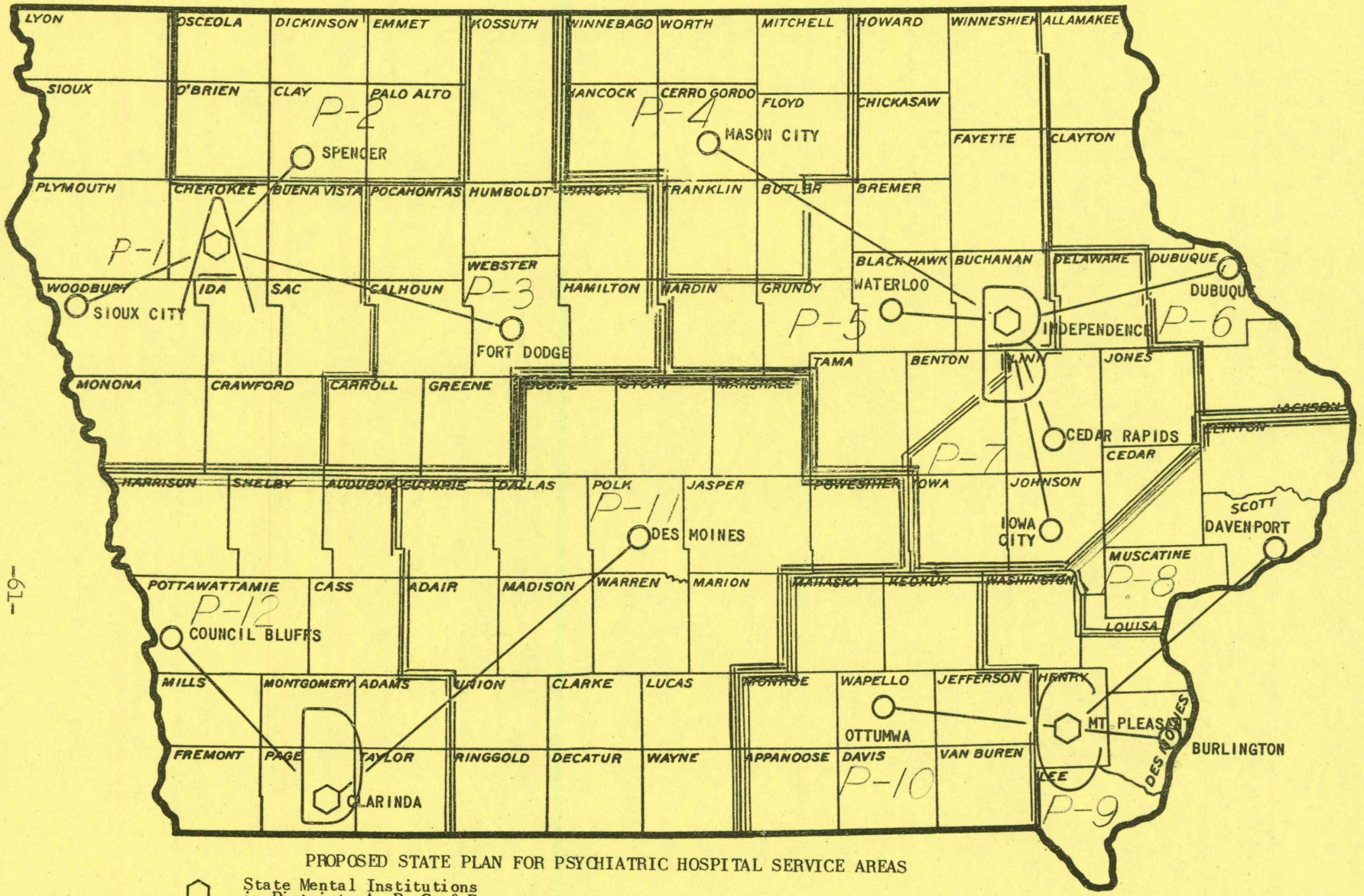
Diagnostic and intensive treatment beds	= 1.00 beds/1000 population
Long-term treatment facilities	= 3.00 beds/1000 population
Pool beds reserved for adjusting State Plan as contingency/trends may dictate	= 1.00 beds/1000 population
Total mental beds proposed	5.00 beds/1000 population

Acceptable long-term treatment beds are needed to replace and supplement the existing non-acceptable beds in the four State institutions, thereby accommodating the existing occupancy. It is hoped that eventually, if/when the occupancy is reduced by more aggressive and intense early treatment, some of these beds can be converted to intensive treatment beds.

This Agency does recognize the existence of some 1,600 psychiatric beds within the State controlled by the Veterans' Administration. However, the information afforded this office is so scant that it cannot be realistically induced into the over-all picture.

Relative need preference is given to the psychiatric classification in the 12 population centers of the State on the basis of population and percent of need met. To evaluate between the areas with 0.0% need met, the areas were studied from the basis of rural population and per capita income, giving preference to the most rural population with the lowest per capita income. These two factors were weighed equally. Preference after the intensive treatment centers will be given to the long-term treatment facilities of the State institutions to replace existing unacceptable beds. The Relative Need Report (Page 64) reflects the order of priority within the nervous-mental category. The method for determining the several factors is explained in detail in Exhibit E. (Page 81)

IOWA



PROPOSED STATE PLAN FOR PSYCHIATRIC HOSPITAL SERVICE AREAS

⬡ State Mental Institutions in Districts A, B, C, & D.

○ Psychiatric Rapid Treatment Centers and Referral Points Serving Areas 1 thru 12

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 1 OF 1
2. DATE July 1, 1954
3. STATE Iowa
4. REGION Statewide

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE Nervous and Mental HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNER-SHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
Region "A"											
P-1	Mental Health Institute	Cherokee	Cherokee	ST	N & M	1,272	0		108.1	501,671	515
P-1	St. Joseph Mercy	Woodbury	Sioux City	CH	N & M	26	5			(6,850)	(152)
P-1	Methodist	Woodbury	Sioux City	CH	N & M	14	0		91.9	4,701	134
Region "B"											
P-5	Mental Health Institute	Buchanan	Independence	ST	N & M	220	860		NR	(423,371)	(391)
P-6	St. Joseph Sanitarium	Dubuque	Dubuque	CH	N & M	0	230		57.5	48,252	609
P-7	St. Luke's Methodist	Linn	Cedar Rapids	CH	N & M	18	0			(6,242)	(179)
P-7	State Psychopathic	Johnson	Iowa City	ST	N & M	60	0		77.5	16,982	324
Region "C"											
P-8	Mental Health Institute	Henry	Mt. Pleasant	ST	N & M	124	1,135		110.2	506,593	361
P-8	Mercy	Scott	Davenport	CH	N & M	33	0		Under construction		
P-8	Davenport Psychiatric, Inc.	Scott	Davenport	IND	N & M	59	74		33.1	16,060	378
P-8	St. Joseph Mercy	Clinton	Clinton	CH	N & M	0	13			(4,555)	(130)
Region "D"											
P-12	Mental Health Institute	Page	Clarinda	ST	N & M	1,246	0		103.8	472,205	491
P-12	St. Bernard's	Pottawat.	Council Bluffs	CH	N & M	200	0		86.6	63,249	687
P-11	Iowa Methodist	Polk	Des Moines	CH	N & M	26	0			(9,016)	(258)
P-11	Retreat	Polk	Des Moines	IND	N & M	0	50		83.1	15,212	315
County Homes housing mental wards.						0	(2,800)			(1,022,000)	(944)
					REGIONAL TOTAL				xxx		
					State Total	3,298	5,167		100.87	3,116,959	5,477
					STATE TOTAL				xxx		

NR No report. ( ) Estimate based on previous experience.
Note: While additional patient days were in other hospitals, the facilities have 10 bed or less, and are disqualified from inclusion above.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

TUBERCULOSIS, MENTAL,
CHRONIC DISEASE SUMMARY

1. PAGE 1 OF 1
2. DATE July 1, 1954
3. STATE Iowa
4. AREA Statewide

DESCRIPTION OF Nervous and Mental FACILITIES
TUBERCULOSIS, MENTAL, CHRONIC DISEASE

4. POPULATION	6. ANNUAL AVERAGE NO. OF T.B. DEATHS IN STATE	7. TOTAL BEDS ALLOWED BY STATE RATIO
2,585,000		12,925
8. TOTAL EXISTING ACCEPTABLE BEDS	**9. NET ADDITIONAL BEDS NEEDED**	
3,284	9,641	

10. ADDITIONAL FACILITIES PROPOSED FOR STATE

COMMUNITY	IDENTIFICATION OF FACILITY	NET ADDITIONAL NUMBER OF BEDS
Area		
P-2 Spencer	Spencer Municipal Hospital	89
P-3 Fort Dodge	St. Joseph Mercy Hospital	191
P-4 Mason City	St. Joseph Mercy Hospital	144
P-5 Waterloo	Allen Memorial Hospital	285
P-10 Ottumwa	St. Joseph Hospital	155
P-6 Dubuque	St. Joseph Mercy Hospital	127
P-9 Burlington	Burlington Hospital	129
P-11 Des Moines	Broadlawns Polk County Hospital	300
P-11 Des Moines	Iowa Methodist Hospital	231
P-1 Sioux City	St. Joseph Hospital	100
P-1 Sioux City	St. Vincent's Hospital	143
P-7 Cedar Rapids	St. Luke's Methodist Hospital	35
P-7 Iowa City	State University Hospital	107
P-8 Davenport	Mercy Hospital	100
P-12 Council Bluffs	St. Bernard's Hospital	19
A Cherokee	Mental Health Institute	375
B Independence	Mental Health Institute	2,132
C Mt. Pleasant	Mental Health Institute	1,304
D Clarinda	Mental Health Institute	1,082
	State Pool	2,585
(D) TOTAL ADDITIONAL NUMBER OF BEDS		9,641

11. COMMENTS *(Attach Additional Sheets if Required)*

RELATIVE NEED REPORT

SEVENTH (1955) IOWA HOSPITAL PLAN REVISION

PSYCHIATRIC
Hospital Bed Summary

SERVICE AREA				ACCEPTABLE BED INVENTORY				PRIORITY - "ZERO" AREAS			
SYMBOL	LOCATION	POPULATION Basic-1950	POPULATION ADJ-1953	EXIST'G	TO BE ADDED	TOTAL PROPOSED	% COM.	RURAL FACTOR	INCOME FACTOR	PRIOR. FACTOR	RANK
Intensive Treatment											
P-2	Spencer	90,003	88,765	0	89	89	0.0	1.3956	1.0295	2.4251	1
P-3	Fort Dodge	193,937	191,273	0	191	191	0.0	1.3315	1.0656	2.3971	2
P-4	Mason City	146,059	144,053	0	144	144	0.0	1.2085	1.1374	2.3459	3
P-5	Waterloo	297,172	293,090	0	293	293	0.0	1.0901	1.1361	2.2262	4
P-10	Ottumwa	157,021	154,865	0	155	155	0.0	1.0966	1.1185	2.2151	5
PP-6	Dubuque	128,828	127,059	0	127	127	0.0	1.0669	1.0927	2.1596	6
P-9	Burlington	130,420	128,629	0	129	129	0.0	0.8359	1.0722	1.9081	7
P-11	Des Moines Broadlawns Iowa Methodist	565,606	556,853	26 (0) (26)	531	557	4.67	- -	-	- -	- 8
P-1	Sioux City St. Joseph St. Vincents	272,665	268,919	26 (26) (0)	243	269	9.67	- —		-	— 9
P-7	Cedar Rapids Iowa City	272,777	219,717	(18)78 (60)	142	220	35.46	- -		-	— 10
P-8	Davenport Mercy Psychiatric	195,055	192,376	92 (33) (59)	100	192	47.92	- -		-	— 11
P-12	Council Bluffs	222,457	219,401	200	19	219	91.32	—			—12
State Intensive Treatment Total		2,621,000	2,585,000	422	2,163	2,585	16.33				
Long Term - Domiciliary											
A	Cherokee	556,605	548,960	(1272)	375	1,647	(77.23)				
B	Independence	794,836	783,919	(220)	2,132	2,352	(9.35)				
C	Mt. Pleasant	482,496	475,869	(124)	1,304	1,428	(8.68)		— —		— 13
D	Clarinda	787,063	776,252	(1246)	1,082	2,328	(53.52)				
State - Long Term Domiciliary Beds		2,621,000	2,585,000	2862	4,893	7,755	36.91				
Pool beds held in reserve for adjustment of integrated plan. To assure flexibility in meeting future developments. These pool beds reserved for realistic application when state/private institutions/political subdivision set course of action.				0	2,585	2,585					
Total State Program			2,585,000	3,284	9,641	12,925	25.41				

Note that no concession is made to Veterans Administration facilities. Lack of information does not permit realistic analysis of impact and effect on Iowa population.

PART IV. PUBLIC HEALTH CENTERS

The definite need for adequate public health facilities in each state is recognized in the Federal Act as a part of the corrdinated hospital system.

In addition to providing hospital and medical care for those who are ill, considerable effort and funds should be expended in improving and protecting the health of the people.

Health centers are buildings furnishing office space for the local health officer and other personnel, laboratories, and other facilities required to carry on a proper public health program. The health center building must be publicly owned.

In order to provide adequate local public health services to all people of the State, the State Department of Health has proposed the establishment of 27 county or multi-county health departments, and a public health center is recommended for each of these departments, as shown on the following Public Health Centers Report. (Page 68)

The one acceptable public health center at Burlington, Iowa, is indicated by the letters EPHC. All others are proposed public health centers. These facilities were discussed in detail in the "Report on Hospital and Public Health Resources", dated December 8, 1947.

Existing State laws do not permit political subdivisions to levy specific taxes for the support of health activities. Further, the present law does not permit cities and counties and contiguous counties to pool resources in order to maintain jointly a full-time health service. Anticipating the remedying of this situation in the next legislature, a definite program for the construction of public health centers is established.

Priority will be given to public health centers upon application after the city, city-county, or multi-county health department presents evidence that it will maintain an adequately staffed and full-time health department in accordance with criteria established by the Iowa State Department of Health.

The public health centers proposed for Iowa fall into two categories based upon the principal problems confronting the unit, namely:

1. County health departments dealing with the problems resulting from a rapidly growing urban community, and

2. Multi-county health departments dealing with the health problems of a fairly stable or even slightly decreasing rural population.

In view of the fact that only one public health center exists in this State, all proposed health centers were evaluated and priorities were based upon factors affecting public health.

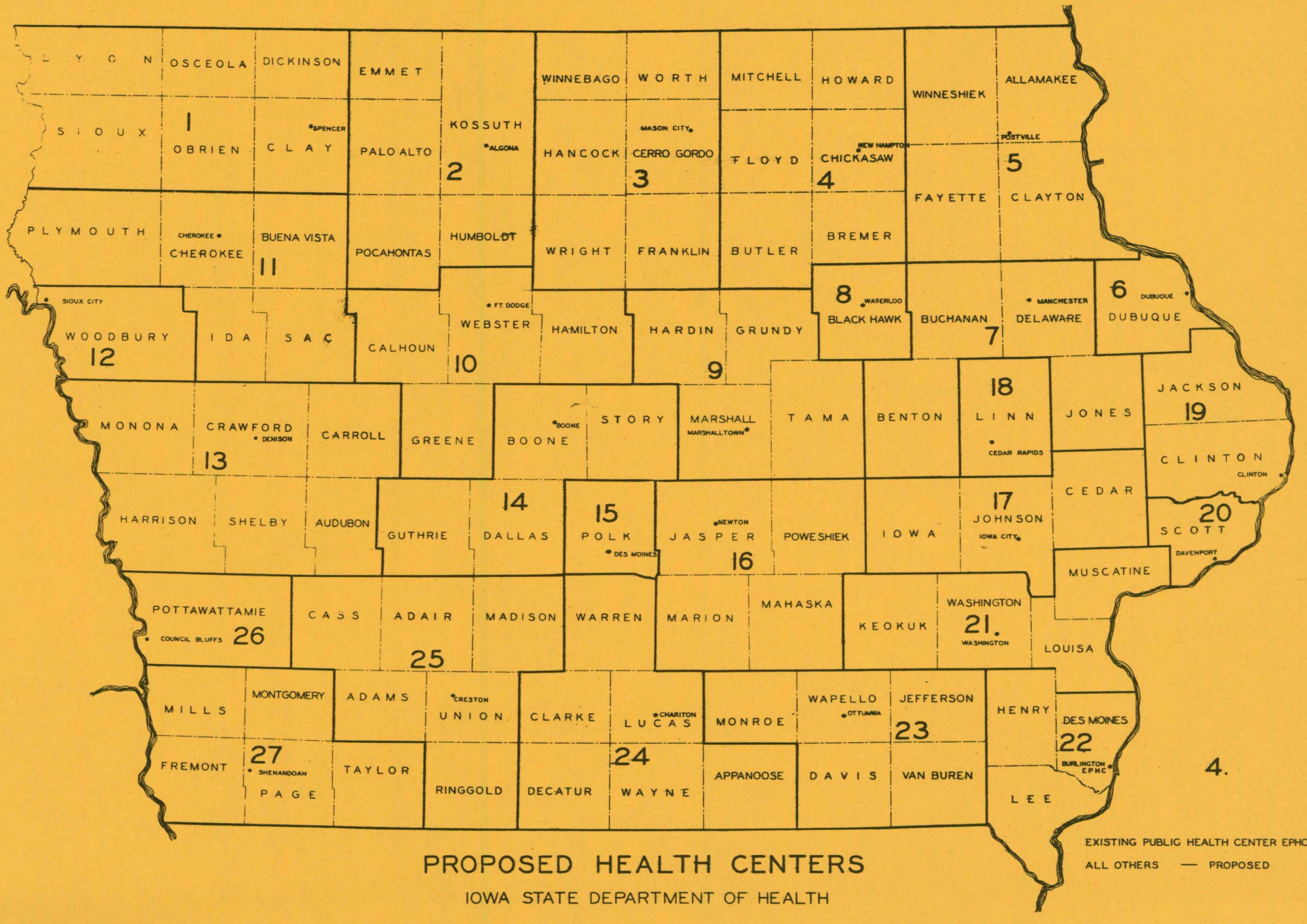
The public health problems of a densely populated and growing urban community are intensified over those of a rural area. This fact is demonstrated by the existence of several part-time health departments in counties with a rapidly growing city. It is felt that the experience gained by counties with part-time health services and recognition of the possibilities offered by a full-time health service will cause these counties to organize a full-time county health service first.

In an effort to accomplish the greatest good for the greatest population with the limited funds available, the county health departments are given preference in programming. The priority within the county-unit category is based upon population growth, population density, and tha taxable property factor. The area with the greatest rate of population increase, greatest population density, and least per capita taxable property value receives the highest priority. These factors were weighed equally and are relative to the State average.

The results and relative priorities are tabulated in the Relative Need Report on Page 75. The manner of computation is defined on Pages 81 and 82.

The organization of multi-county health departments will be influenced by the degree of rurality, per capita wealth and per capita income. Public health problems will be greatest in the low income and low per capita property value areas. Solution of these problems will be most difficult and time consuming in the most rural areas; therefore, the area with the highest priority would be the most rural area with the lowest per capita wealth and income. These three factors were given equal weight. Relative priority of the 20 multi-county health units programmed is tabulated in Relative Need Report on Page 75. The formula for computing these priorities is shown on Pages 81 and 82.

It is impossible to anticipate the location of future war industries in the State and the impact such industries may have upon the public health problems of the community. Rather than make erroneous decisions at this time, it is proposed that these situations be handled as they develop while reserving the right to correct the public health center priorities accordingly.



PROPOSED HEALTH CENTERS

IOWA STATE DEPARTMENT OF HEALTH

EXISTING PUBLIC HEALTH CENTER EPHC

ALL OTHERS — PROPOSED

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

PUBLIC HEALTH CENTERS REPORT

1. PAGE 1 OF 7
2. DATE July 1, 1954
3. STATE Iowa

4. MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS ALLOWED BY STATE RATIO 87

POLITICAL SUBDIVISION WHICH EXISTING OR PROPOSED FACILITY WILL SERVE	POPULATION OF POLITICAL SUBDIVISION	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION	FACILITIES				DESCRIPTION OF AUXILIARY FACILITIES
			EXISTING ACCEPTABLE		PROGRAMMED		
			P.H.C.	AUXIL.	P.H.C.	AUXIL.	
SPENCER							
Clay County	18,103						
Dickinson County	12,756						
Lyon County	14,697	Multi-County					
O'Brien County	18,970	Health Department	0	0	1	0	
Osceola County	10,181	No. 1					
Sioux County	26,381						
ALGONA							
Emmet County	14,102						
Humboldt County	13,117	Multi-County					
Kossuth County	26,241	Health Department	0	0	1	0	
Palo Alto County	15,891	No. 2					
Pocahontas County	15,496						
MASON CITY							
Cerro Gordo County	46,049						
Franklin County	16,268	Multi-County					
Hancock County	15,077	Health Department	0	0	1	0	
Winnebago County	13,450	No. 3					
Worth County	11,068						
Wright County	19,652						
STATE TOTAL							

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

PUBLIC HEALTH CENTERS REPORT

1. PAGE 2 OF 7
2. DATE July 1, 1953
3. STATE Iowa

4. MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS ALLOWED BY STATE RATIO 87

POLITICAL SUBDIVISION WHICH EXISTING OR PROPOSED FACILITY WILL SERVE	POPULATION OF POLITICAL SUBDIVISION	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION	FACILITIES				DESCRIPTION OF AUXILIARY FACILITIES
			EXISTING ACCEPTABLE		PROGRAMMED		
			P.H.C.	AUXIL.	P.H.C.	AUXIL.	
HAMPTON							
Bremer County	18,884						
Butler County	17,394						
Chickasaw County	15,228	Multi-County					
Floyd County	21,505	Health Department	0	0	1	0	
Howard County	13,105	No. 4					
Mitchell County	13,945						
POSTVILLE							
Allamakee County	16,351						
Clayton County	22,522	Multi-County					
Fayette County	28,294	Health Department	0	0	1	0	
Winneshiek County	21,639	No. 5					
DUBUQUE							
Dubuque County	71,333	Co. Health Dept. No. 6	0	0	1	0	
MANCHESTER							
Benton County	22,656						
Buchanan County	21,927	Multi-County					
Delaware County	17,734	Health Department	0	0	1	0	
Jones County	19,401	No. 7					
STATE TOTAL							

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

PUBLIC HEALTH CENTERS REPORT

1. PAGE 3 OF 7
2. DATE July 1, 1954
3. STATE Iowa

4. MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS ALLOWED BY STATE RATIO 87

POLITICAL SUBDIVISION WHICH EXISTING OR PROPOSED FACILITY WILL SERVE	POPULATION OF POLITICAL SUBDIVISION	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION	FACILITIES				DESCRIPTION OF AUXILIARY FACILITIES
			EXISTING ACCEPTABLE		PROGRAMMED		
			P.H.C.	AUXIL.	P.H.C.	AUXIL.	
WATERLOO							
Blackhawk County	100,442	Co. Health Dept. No. 8	0	0	1	0	
MARSHALLTOWN							
Grundy County	13,722						
Hardin County	22,218	Multi-County					
Marshall County	35,611	Health Department	0	0	1	0	
Tama County	21,688	No. 9					
FORT DODGE							
Calhoun County	16,925						
Greene County	15,544	Multi-County					
Hamilton County	19,660	Health Department	0	0	1	0	
Webster County	44,237	No. 10					
CHEROKEE							
Buena Vista County	21,113						
Cherokee County	19,052	Multi-County					
Ida County	10,697	Health Department	0	0	1	0	
Plymouth County	23,252	No. 11					
Sac County	17,518						
STATE TOTAL							

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

PUBLIC HEALTH CENTERS REPORT

1. PAGE 4 OF 7
2. DATE July 1, 1954
3. STATE Iowa

4. MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS ALLOWED BY STATE RATIO 87

POLITICAL SUBDIVISION WHICH EXISTING OR PROPOSED FACILITY WILL SERVE	POPULATION OF POLITICAL SUBDIVISION	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION	FACILITIES				DESCRIPTION OF AUXILIARY FACILITIES
			EXISTING ACCEPTABLE		PROGRAMMED		
			P.H.C.	AUXIL.	P.H.C.	AUXIL.	
SIOUX CITY							
Woodbury County	103,911	Co. Health Dept. No. 12	0	0	1	0	
DENISON							
Audubon County	11,579						
Carroll County	23,065						
Crawford County	19,741	Multi-County					
Harrison County	19,560	Health Department	0	0	1	0	
Monona County	16,303	No. 13					
Shelby County	15,942						
BOONE							
Boone County	28,139						
Dallas County	23,661	Multi-County					
Guthrie County	15,197	Health Department	0	0	1	0	
Story County	44,294	No. 14					
DES MOINES							
Polk County	225,989	Co. Health Dept. No. 15	0	0	1	0	
NEWTON							
Jasper County	32,305						
Mahaska County	24,672	Multi-County					
Marion County	25,930	Health Department	0	0	1	0	
Poweshiek County	19,344	No. 16					
STATE TOTAL							

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

PUBLIC HEALTH CENTERS REPORT

1. PAGE 5 OF 7
2. DATE July 1, 1954
3. STATE Iowa

4. MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS ALLOWED BY STATE RATIO 87

POLITICAL SUBDIVISION WHICH EXISTING OR PROPOSED FACILITY WILL SERVE	POPULATION OF POLITICAL SUBDIVISION	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION	FACILITIES				DESCRIPTION OF AUXILIARY FACILITIES
			EXISTING ACCEPTABLE		PROGRAMMED		
			P.H.C.	AUXIL.	P.H.C.	AUXIL.	
IOWA CITY							
Cedar County	16,910	Multi-County					
Johnson County	45,756	Health Department	0	0	1	0	
Iowa County	15,835	No. 17					
CEDAR RAPIDS							
Linn County	104,268	Co. Health Dept. No. 18	0	0	1	0	
CLINTON							
Clinton County	49,660	Multi-County Health					
Jackson County	18,622	Department No. 19	0	0	1	0	
DAVENPORT							
Scott County	100,692	Co. Health Dept. No. 20	0	0	1	0	
WASHINGTON							
Keokuk County	16,797						
Louisa County	11,101	Multi-County					
Muscatine County	32,148	Health Department	0	0	1	0	
Washington County	19,557	No. 21					
STATE TOTAL							

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

PUBLIC HEALTH CENTERS REPORT

1. PAGE 6 OF 7
2. DATE July 1, 1954
3. STATE Iowa

4. MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS ALLOWED BY STATE RATIO 87

POLITICAL SUBDIVISION WHICH EXISTING OR PROPOSED FACILITY WILL SERVE	POPULATION OF POLITICAL SUBDIVISION	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION	FACILITIES				DESCRIPTION OF AUXILIARY FACILITIES
			EXISTING ACCEPTABLE		PROGRAMMED		
			P.H.C.	AUXIL.	P.H.C.	AUXIL.	
BURLINGTON							
Des Moines County	42,052	Multi-County					
Henry County	18,708	Health Department	1	0	0	0	
Lee County	43,102	No. 22					
OTTUMWA							
Davis County	9,959						
Jefferson County	15,696	Multi-County					
Monroe County	11,814	Health Department	0	0	1	0	
Van Buren County	11,007	No. 23					
Wapello County	47,393						
CHARITON							
Appanoose County	19,683						
Clarke County	9,369	Multi-County					
Decatur County	12,601	Health Department	0	0	1	0	
Lucas County	12,069	No. 24					
Warren County	17,758						
Wayne County	11,737						
STATE TOTAL							

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

PUBLIC HEALTH CENTERS REPORT

1. PAGE 7 OF 7
2. DATE July 1, 1954
3. STATE Iowa

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POLITICAL SUBDIVISION WHICH EXISTING OR PROPOSED FACILITY WILL SERVE	POPULATION OF POLITICAL SUBDIVISION	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION	FACILITIES				DESCRIPTION OF AUXILIARY FACILITIES
			EXISTING ACCEPTABLE		PROGRAMMED		
			P.H.C.	AUXIL.	P.H.C.	AUXIL.	
CRESTON							
Adair County	12,292						
Adams County	8,753	Multi-County					
Cass County	18,532	Health Department	0	0	1	0	
Madison County	13,131	No. 25					
Ringgold County	9,528						
Union County	15,651						
COUNCIL BLUFFS							
Pottawattamie County	69,678	Co. Health Dept. No. 26					
SHENANDOAH							
Fremont County	12,323						
Mills County	14,064	Multi-County					
Montgomery County	15,685	Health Department	0	0	1	0	
Page County	23,921	No. 27					
Taylor County	12,420						
* All county population figures and the total Iowa population arbitrarily compensated to total 2,585,000 per order of U. S. Public Health Service. Relative priority is unaffected by this compensation.							
STATE TOTAL	2,621,000*		1	0	26	0	

RELATIVE NEED REPORT FOR

PUBLIC HEALTH AREAS

Seventh Revision
July 1954

CITY-COUNTY UNITS NO.	LOCATION	TAXABLE PROPERTY FACTOR	POPULATION INCREASE FACTOR	POPULATION DENSITY FACTOR	PRIORITY FACTOR
15	Polk	1.2362	1.1171	2.3438	4,6971
20	Scott	1.2213	1.1500	1.3693	3.7406
8	Blackhawk	1.1786	1.2158	1.0915	3.4859
6	Dubuque	1.3698	1.0833	.7226	3.1757
18	Linn	1.1108	1.1326	.9006	3.1140
12	Woodbury	1.2477	.9710	.7349	2.9536
26	Pottawattamie	1.3012	1.0106	.4454	2.7572

MULTI-COUNTY UNITS NO.	LOCATION	RURALITY FACTOR	PER CAPITA INCOME FACTOR	PER CAPITA TAX PROPERTY FACTOR	PRIORITY FACTOR
24	Chariton	1.4216	1.2541	1.2533	3.9290
5	Postville	1.5481	1.2702	.9798	3.7981
25	Creston	1.4651	1.2566	.8912	3.6129
4	New Hampton	1.4204	1.1990	.9563	3.5757
16	Newton	1.1340	1.3890	1.0143	3.5373
7	Manchester	1.3773	1.2450	.8831	3.5054
23	Ottumwa	.9486	1.2010	1.3326	3.4822
27	Shenandoah	1.3499	1.2159	.8791	3.4449
13	Denison	1.3470	1.1960	.8963	3.4393
17	Iowa City	1.1883	1.0604	1.1461	3.3948
21	Washington	1.3165	1.0661	1.0119	3.3946
14	Boone	1.1421	1.1975	1.0534	3.3930
1	Spencer	1.5518	1.0587	.7374	3.3479
2	Algona	1.4852	1.0676	.7651	3.3179
11	Cherokee	1.4220	1.0752	.7410	3.2382
9	Marshalltown	1.2847	1.0959	.8350	3.2156
3	Mason City	1.1682	1.1055	.8435	3.1172
10	Fort Dodge	1.1800	1.0303	.8044	3.0147
19	Clinton	.8694	.9777	.9875	2.8346
22	Burlington	.6702	1.0685	1.4070	Existing

PART V. TUBERCULOSIS HOSPITALS

The care of tuberculosis patients in Iowa is accomplished by several county and privately-owned hospitals located at the principal centers of population, and one State-owned hospital operated as a part of the State University of Iowa Hospital and located at Oakdale, Iowa.

A statewide tuberculosis case-finding program has been very successful in locating and bringing under treatment new cases of tuberculosis. This program has enabled the Department to accurately estimate the total number of cases in the State and determine related statistics. The following extract indicates the trend in the tuberculosis care program:

YEAR	DEATHS
1947	299
1948	252
1949	262
1950	209
1951	186
	1,208 Five-Year Total

Five-Year Average $\frac{1208}{5}$ = 241.6 year

(241.6) 2.5 beds/death) = 604 beds

The existing beds in the State total 641 acceptable beds, or 37 beds more than the prescribed basis for administering this program. In the meantime, the total number of deaths from tuberculosis decreases while the total population increases, thus accelerating the decrease in the incidence rate to a new low recording.

In the light of the above, construction in the field of tuberculosis hospitals is placed in the lowest category of preference.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 1 OF 1
2. DATE July 1, 1954
3. STATE Iowa
4. REGION Statewide

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE Tuberculosis HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNER-SHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
	Pine Knoll Tuberculosis Hosp.	Scott	Davenport	CO	TB	50	20		75.74	19,352	56
	State Sanatorium	Johnson	Oakdale	ST	TB	343	98		87.36	140,645	343
	Sunny Crest Sanatorium	Dubuque	Dubuque	CO	TB	70	0		46.13	11,785	38
	Broadlawns Polk County Hospital	Polk	Des Moines	CO	TB	90	0		44.44	14,600	243
	River Heights Sanatorium	Woodbury	Sioux City	CO	TB	25	14		33.63	4,787	32
	Sunnyslope Sanatorium	Wapello	Ottumwa	CO	TB	63	0		106.51	24,498	63
					REGIONAL TOTAL				XXX		
					State Total	641	132			215,667	775
					STATE TOTAL				XXX		

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

TUBERCULOSIS, MENTAL,
CHRONIC DISEASE SUMMARY

1. PAGE 1 OF 1
2. DATE July 1, 1954
3. STATE Iowa
4. AREA Statewide

DESCRIPTION OF Tuberculosis FACILITIES
TUBERCULOSIS, MENTAL, CHRONIC DISEASE

4. POPULATION	6. ANNUAL AVERAGE NO. OF T.B. DEATHS IN STATE	7. TOTAL BEDS ALLOWED BY STATE RATIO
2,585,000	1947 - 1951 incl. 241.6	604
8. TOTAL EXISTING ACCEPTABLE BEDS	**9. NET ADDITIONAL BEDS NEEDED**	
641	0	

10. ADDITIONAL FACILITIES PROPOSED FOR STATE

COMMUNITY	IDENTIFICATION OF FACILITY	NET ADDITIONAL NUMBER OF BEDS
(D) TOTAL ADDITIONAL NUMBER OF BEDS		

11. COMMENTS (*Attach Additional Sheets if Required*)

No additional facilities scheduled per discussion (Page 76).

EXHIBIT E

DETERMINATION OF RELATIVE NEED

In compliance with the provisions of the Federal Act, a construction program of projects to meet Iowa's entire hospital need, regardless of availability of funds to finance construction, has been developed in this Plan. In areas lacking adequate hospital facilities, special consideration has been given to rural communities with relatively small financial resources.

Priority of Hospital Categories

Insofar as practicable, the construction program is developed to maintain a balance in the need for each of the five categories of facilities; namely, general, nervous and mental, chronic, tuberculosis, and public health centers. It is impossible to maintain a balance of categories on each year's schedule of projects due to limited Federal funds. However, the priority of the five hospital categories is adjusted annually, giving the category with the greatest need the highest priority. It is hoped that the high priority will attract projects in the appropriate category, thereby maintaining a balance over the life of the program.

Iowa, like the Nation as a whole, has had great difficulty in maintaining a balance of categories. Projects receiving Grants-in-Aid to date include 46 acute general hospitals, 4 nervous and mental units, and 2 chronic illness units. Failure to maintain a balance of categories is due to circumstances beyond our control and can be attributed to one or several of the following reasons:

1. The general public is not aware of the critical need for special hospital facilities and is, therefore, unwilling to contribute funds for the construction or maintenance of these facilities.

2. A general feeling exists that the responsibility for the care of the long-term or so-called catastrophic illnesses rests with the State. This has been demonstrated through the support of the State tuberculosis and mental hospitals.

3. Hospitals are hesitant to enter an untried and unproven field of medical care. Hospitals have waged a constant fight to hold the cost of medical care at a minimum. Fear that the long-term patients cannot pay their way and that a portion of the cost of these services would necessarily have to be prorated onto the acute general patient has deterred the hospitals from entering the fields of special care.

A program of educating both the public and hospital personnel will in time remedy this condition. If the public can be shown the need for the special hospital services, they will contribute to the construction and maintenance of the facilities. Increasing knowledge in the field of medical care of the mentally or chronically ill patient will generate a need for the special hospital facilities. One trend of thinking advocates that the psychiatric and chronic disease units should be as much a part of the general hospital of the future as surgery and obstetrics are at this time. This Department is presently, and will continue in the future, keeping abreast of developments in the field of hospital care, and will make every effort to place this information before the public.

In order to determine the greatest need for hospital service, the following table was developed:

Category	Acceptable Beds Existing	Proposed Beds	Total Bed Need	Percentage of Need Met
General	9,383	1,752	11,135	84.267
Chronic	805	4,365	5,170	15.57
Mental	3,284	9,641	12,925	25.41
Tuberculosis	641	0	641	100.00
	Acceptable Facilities	Proposed Facilities	Total Facilities Needed	
Public Health Centers	1	26	27	3.704

It is extremely difficult to convince a community with insufficient general hospital facilities that the greatest need is in special hospital facilities. The community is completely justified in their demand for aid to build general hospital beds; however, it is the duty of the State Agency to first consider the total hospital needs of the entire State and, secondly, the hospital needs of the community. It may be seen by the preceding table that the greatest need for hospital facilities on the State level exists in the field of chronic care. The needs in other categories of hospital beds grade down with mental second, general third, and tuberculosis last.

An over-all medical care program provides for preventive health facilities to keep abreast of the curative health facilities. It may be seen from the preceding table that the need for public health centers is second only to chronic illness. These units may be constructed in connection with hospitals or as separate projects. Up to ten percent of the total Federal funds available to the State in any one fiscal year may be allocated to public health centers. The ten percent limit is not cumulative from any one fiscal year to the next. If no application is received in a fiscal year, the funds will be released to hospital projects with a lower priority.

In an effort to encourage projects in the order of the need, the category with the greatest unmet need is given the highest priority. The priority of hospital categories is as follows:

I. Chronic Illness.
II. Public Health Centers - Limit 10% annual allotment.
III. Mental.
IV. General.
V. Tuberculosis.

Federal Grants-in-Aid funds will be offered to projects in the highest priority category first. Priority within the category will be determined by the Relative Need Report for the respective classification (Exhibit D, Parts 1 through V). It is conceivable that a project will entail several categories of service within a single construction program. The project may not combine a low priority category with a high priority category in order to gain full Federal participation in the project, unless the priority of the lowest category is reached in the respective allotment. In the event the low priority category/categories is/are not reached in the area, only that portion of the project comprising the special service, and the adjunct facilities essential to the proper operation of the service, will be eligible for participation. Such a project will be considered for fractional participation. The rate of participation will be determined on the basis of full cost of the special service, its adjunct facilities pertinent only

to the special service, plus a fractional cost of the adjunct facilities utilized by other services in the hospital. The fraction used to determine participable costs of the adjunct facilities common to all services will be based upon the number of beds in the special service divided by the total number of beds in the hospital upon completion.

Projects in a lower priority category will not be considered until all applications in the higher priority groups have been exhausted.

In an effort to improve the present non-acceptable facilities, as well as enlarge those facilities, it will be the policy of the Department that additions to existing non-acceptable facilities will not be approved except when the non-acceptable facilities are not essential to the operation of the hospital as a whole, and their destruction or loss will not endanger life or render the whole unit inoperative.

Service Area Priority

In hospital service areas with existing acceptable beds, the percent of bed need met is computed by dividing the number of existing acceptable beds in the area by the total computed bed need of the area. The hospital service areas were then ranked in the order of the percent of need met as shown on the Relative Need Reports. The priority applies to the entire area rather than individual projects within the area (so long as the total bed need is not exceeded). The list of general hospital service areas was further divided into four groups on the basis of patient need met. They are as follows: Group A - 0.0% to 9.9%; B - 10% to 44.9%; C - 45% to 59.9%; D - 60% to 100%.

In hospital service areas without existing acceptable beds or facilities, formulae were developed to establish a priority on rural and income factors which are elaborated upon in the following paragraphs.

In determining relative need within each category, the factors applied were given equal weight. In each case, only those factors which directly apply were utilized. The elements of each factor were those of the entire area or population involved, making the application as reasonable and justifiable as was possible. The specific formulae are outlined below:

Determination of Priority Factors

Rurality Factor:

$$\frac{\text{Area Rural Population}}{\text{Area Total Population}} = \text{Percent Area Rural Population}$$

$$\frac{\text{State Rural Population}}{\text{State Total Population}} = \text{Percent State Rural Population}$$

$$\frac{\text{Area \% Rural Population}}{\text{State \% Rural Population}} = \underline{\text{Rurality Factor}}$$

Per Capita Income Factor:

$$\frac{\text{State Average Per Capita Income}}{\text{Area Average Per Capita Income}} = \underline{\text{Per Capita Income Factor}}$$

Population Density Factor:

Area Total Population / Area Total Square Miles = Area Average Density

State Total Population / State Total Square Miles = State Average Density

Area Average Density / State Average Density = Population Density Factor

Population Increase Factor:

(100) 1950 Area Population / 1940 Area Population = % Area Population Increase + 100

(100) 1950 State Population / 1940 State Population = % State Population Increase + 100

% Area Population Increase + 100 / % State Population Increase + 100 = Population Increase Factor

Per Capita Taxable Property Value Factor:

Taxable Value of all Property + Actual Value of Moneys, Credits, Bank Stocks = Taxable Property Value

Area Taxable Property Value / Area Population = Per Capita Taxable Property Value

State Total Taxable Property Value / State Total Population = State Per Capita Taxable Property Value

State Per Capita Taxable Prop. Value / Area Per Capita Taxable Prop. Value = Per Capita Taxable Property Value Factor

Source of Basic Factor Data:

Area and population data taken from 1950 census as published by the U. S. Department of Commerce.

Per capita income data is from monthly publication, "Sales Management", dated May 10, 1952.

Taxable property value as published by the State Tax Commission in the Annual Report, 1950.

METHODS OF ADMINISTRATION

Publication of the State Plan

1. A general description of the proposed State Plan was publicized in the Des Moines Sunday Register on December 21, 1947, and a public hearing on the Plan was held on December 29, 1947, in the State House at Des Moines, Iowa.

2. After approval of the State Plan by the U. S. Public Health Service, the Iowa State Department of Health did take steps to insure publication of a general description of the State Plan in newspapers of general circulation throughout the State. In addition, societies, organizations, and associations were urged to cooperate in bringing the essential portions and provisions of the State Plan to the attention of interested and affected parties, persons, organizations, and associations.

3. One approved copy of the State Plan will be available at all times in the offices of the Iowa State Department of Health, Des Moines, Iowa, for public examination.

Federal Share Determination

In accordance with the amended Hospital Survey Construction Act (Section 631 (K) (2)); Public Law 725 and Public Law 380, the "Federal Share" as defined in the above-mentioned Acts has been determined as 33 1/3 per centum for all projects proposed to be constructed under these Acts in the State of Iowa during the fiscal year commencing July 1, 1954.

Non-Discrimination Statement

No application for general, tuberculosis, mental, or chronic illness hospital will be approved under this Plan unless the applicant includes therein the following statement:

"The applicant hereby assures the State Department of Health that no person in the area will be denied admission as a patient to the facility on account of race, creed, or color."

Project Construction Schedule

After approval of the State Plan by the Public Health Service, the Department will develop a Project Construction Schedule, which will list the projects for which construction can be commenced immediately. The Schedule will be developed by soliciting applications from sponsoring agencies in areas of the greatest unfilled need and in the order of the area priorities as shown in the over-all construction program. The number of projects included on the Project Construction Schedule will depend upon the amount of the Federal funds allotted annually to the State.

Changes in Area Priority

When a Part 1, Project Construction Application for the construction of a project in any area is approved by the Regional Office of the U. S. Public Health Service, the percent of need met in the respective area shall immediately be adjusted by adding to the existing acceptable beds in the area the number of beds in the project and recomputing the new percent of need met. Further, when

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construction contracts are let for a project proceeding without Federal Grants-in-Aid, the area percent of bed need met will be immediately adjusted to reflect the acceptable beds in the project. Projects constructed without Federal assistance will be considered as existing acceptable beds during construction until the construction of the project is terminated short of completion for one reason or another.

The total acceptable beds existing in an area together with the acceptable beds under construction, both with and without Grants-in-Aid, will be used to determine the priority of the area each year.

Factors Determining Project Construction Schedule

Projects will be selected for the Project Construction Schedule after consideration of the following factors:

1. The priority of the project as determined in accordance with the principles outlined in this Plan for determination of relative need.

2. The intent of sponsoring agencies to begin construction within a reasonable length of time.

3. The ability of the sponsoring agency to meet the financial requirements for construction, maintenance, and operation of the proposed facility.

4. The maintenance of an appropriate balance in the construction of the various types of facilities. This balance of facilities need not be reflected in each Project Construction Schedule.

5. The sponsoring agency shall assure the Department that no person in the area will be denied admission as a patient to the facility on account of race, creed, or color.

The Project Construction Schedule will be submitted to the U. S. Public Health Service, District Office, no sooner than one month after approval of the Revised State Plan. This one-month period is provided to enable higher priority projects to develop construction interest and furnish the essential financial and other assurances.

Project Applications

Applications for Federal assistance under Public Law 725 will be submitted on the Project Construction Application (Parts 1 through 4) which is prescribed by the U. S. Public Health Service.

If a project is in the highest priority group, Part 1 of the Project Construction Application may be approved and forwarded prior to approval of the State's Project Construction Schedule. If the project is not in the highest priority group, Part 1 of the Project Construction Application will be submitted with the Schedule.

To preclude possible abuse of high priority status, a project on a Construction Schedule which fails to complete all elements of the Construction Application within the prescribed time will automatically be disqualified from priority consideration the following year.

To facilitate proper functioning and consistent procedure while fairly considering all applications for funds, the following outline will govern the handling of applications:

1. All high priority areas will receive approximately 30 days notice of the

availability of funds, thus allowing prospective sponsors adequate time for preparation of a written presentation of intent.

2. The prospective sponsors will, before the end of the established initial 30-day period, submit a letter of intent to this Department. Such letter shall, with its evidence of ability, state specifically:

   a. Name or organization sponsoring project with a complete list of officers and board members.

   b. Statement of funds available and plans to procure additional funds if required.

   c. Statement that there will be no discrimination between patients because of race, creed, or color.

   d. Name of architect or engineer retained.

   e. A short description of the project including the type and size of facility proposed, the population planned for, the program of treatment proposed, and other descriptive data outlining the desires of the applicant.

3. This Department, knowing which communities have partially qualified, will at the end of the initial 30-day period forward the necessary Part 1, Project Construction Application forms to all appropriate sponsors and their architects/engineers.

4. The sponsor or his agents will then prepare and complete the Part 1 Application forms and submit same in an approvable manner to this Department before the end of the final 30-day period which will have been established by this Agency.

5. This Department, upon the expiration of the final 30-day period, will compare all approvable Construction Applications and determine their relative position in the table of priority.

   a. Projects will be given preference in the order set forth in earlier pages. (See Priority of Hospital Categories for order of hospital categories and area priority within the specific categories.)

   b. In the event the presented approvable Part 1 Applications are insufficient to utilize available funds, this office will further publicize the availability of funds to those areas which are next highest in priority and thus go through the priority tables until funds are utilized.

6. This Department, upon determining the approvable Part 1 Applications falling within the scope of allotted funds, will present to the U. S. Public Health Service a Project Construction Schedule and the listed approvable Part 1 Applications for the subject year. Said Project Construction Schedule will be modified during the course of the administrative year for reasons such as:

   a. Minor adjustments when individual budgets, after bidding, vary from estimates set forth in the Part 1.

   b. Sponsors fail to comply with previous agreements such as:

(1) Giving evidence of adequate funds.

(2) Failing to comply with design standards or regulations, either State or Federal.

(3) Failing to bid the work within nine months from the date of Part 1 approval by the Federal Agency.

c. In the event (a) and (b) derive sufficient uncommitted funds, the next approvable and qualified Part 1 Application may be incorporated into the current modified Project Construction Schedule for participation in the available funds.

Standards of Construction and Equipment

Construction and equipping of projects assisted under this program shall comply with the general standards of construction and equipment as outlined in Appendix A of the Regulations amended under Public Law 725.

Copies of such standards are available for inspection at the State Department of Health.

Inspection and Certification by the State Department of Health

When a request for payment of an installment is made at the prescribed time the Department shall make an inspection of the project to determine that services have been rendered, work has been performed, and purchases have been made as claimed by the applicant and in accordance with the approved project applications. In addition, the Department may make such additional inspections as the State Department of Health deems necessary. Reports of each inspection will be retained in the files of the Department. Before a certification for payment is made the inspection report shall show that:

1. The amount claimed covers payment only for work performed, materials and equipment delivered, and services rendered.

2. Such work, materials, equipment and services are necessary for the carrying out of the project as approved.

3. The costs of work, materials, equipment and services are allowable costs that may be participated in by the Federal Government.

4. Work in place has been performed satisfactorily, is in accordance with the approved plans and specifications, and has a value on which the claim for payment is based.

Certification for Payments

Requests for payments under the construction contracts shall be submitted by applicants to this Department at the times prescribed by Section 53.78(a) of the Regulations, and which, in general, are as follows:

1. The first installment when not less than 25 percent of the work of construction of the building has been completed,

2. The second installment when the mechanical work has been substantially roughed in, and

3. The third installment when work under the construction contract is completed and final inspection made.

Requests for payment of the Federal share of other allowable costs such as architect's fees, inspection cost, and cost of equipment shall be included in requests for payments made at the stages indicated above.

Consideration will be given to the payment of an additional installment prior to payment of the final installment, provided the Department finds there are unusual circumstances. Payments prior to final payment shall total less than 95 percent of the Federal share of the project. Final payment will be authorized only after verification of all claims by an appropriate Federal Agency audit.

Federal funds shall be deposited with the Iowa State Treasurer in the Hospital Construction Fund in accordance with the State Law, Chapter 90, Laws of the 52d Iowa General Assembly.

The State will promptly remit or credit all payments of Federal funds received by the State for payment to applicants for approved construction projects.

Accounting System and Records, Construction Allotments

The Department shall be responsible for establishing and maintaining accounts and fiscal controls of all Federal funds allotted for construction projects. The fiscal records shall be so designed as to show at any given time the Federal funds allotted, encumbered, and unencumbered balances.

The Department will comply with the provisions of Section 53.79 of the regulations by maintaining the necessary accounting records and controls, and requiring applicants for Federal funds to maintain adequate fiscal records and controls.

The Department agrees that it will retain on file all documents coming into its possession which relate to any expenditure under Public Law 725. In addition, the State Department of Health will require steps as are necessary and possible to assure that applicants (1) retain all relevant and supporting documents, and (2) establish suitable property inventory records covering all equipment of more than nominal value.

The Department further agrees that it will require a statement from the applicant agreeing that it will:

1. Retain the accounting records, control any documents described in the above for a period of at least one year beyond its participation in the program.

2. Take such steps as are necessary and possible to assure that applicants retain the fiscal records, controls, and documents described in the above for a period of at least two years after the final payment of Federal funds.

Annual Revisions of the Over-All Hospital Construction Program

The Department hereby agrees that it will from time to time as is necessary, but at least annually, review the over-all hospital construction program. The State Department of Health further agrees that it will on or about May 15th of each year submit to the Surgeon General a report which contains such revision of the over-all hospital construction program as the Department considers necessary.

Personnel Standards

All personnel employed in administering the State Plan will be appointed under and subject to the merit system maintained by the Iowa Merit System Council in compliance with the Act, Section 623(a)(6). The Iowa Merit System Council will furnish the U. S. Public Health Service with such data and information as is necessary to determine compliance with the Act and regulations.

EXHIBIT G

MINIMUM STANDARDS FOR MAINTENANCE AND OPERATION

The Department has adopted in accordance with Section .9 B-5 of the Grants-in-Aid Manual 23-2 and Chapter 91, Acts of the 52d General Assembly of Iowa the attached regulations which prescribe minimum standards of maintenance and operation for all hospitals aided under the Hospital Survey and Construction Act. The minimum standards are published separately under the title "Rules and Regulations for Hospitals and Related Institutions". (Publication available on request.)

EXHIBIT H

FAIR HEARING PROCEDURE

Rules and Regulations of the State Department of Health Governing Hearings to be Provided Applicants

The Department will provide an opportunity for a fair and public hearing to any applicant who has requested Federal Aid in hospital construction and which appeals for a hearing to clear any misunderstanding or dissatisfaction with any action or ruling by the State Department of Health. The applicant shall be entitled to a hearing on any one of the following:

1. Denial of opportunity to make application,

2. Rejection or disapproval of application, and

3. Refusal to reconsider application.

Appeals from any action or decision of the State Department of Health must be made by the applicant in writing within 15 days from date of adverse decision or action by the Department.

The appellant will be notified in writing of the time and place of the hearing, as determined by the State Department of Health.

The appellant may, if so desiring, be represented by friends or counsel, or both, and shall have full opportunity to examine all records pertaining to the subject, question witnesses, and present any evidence pertinent to the discussion.

The hearings will be presided over by the Commissioner of Health or his representative.

The decision shall be based on evidence presented at the hearing and shall be made in writing within 30 days of date of said hearing. A stenographic record of the hearings shall be made and transcriptions of such records will be available upon request and payment of cost of transcribing.