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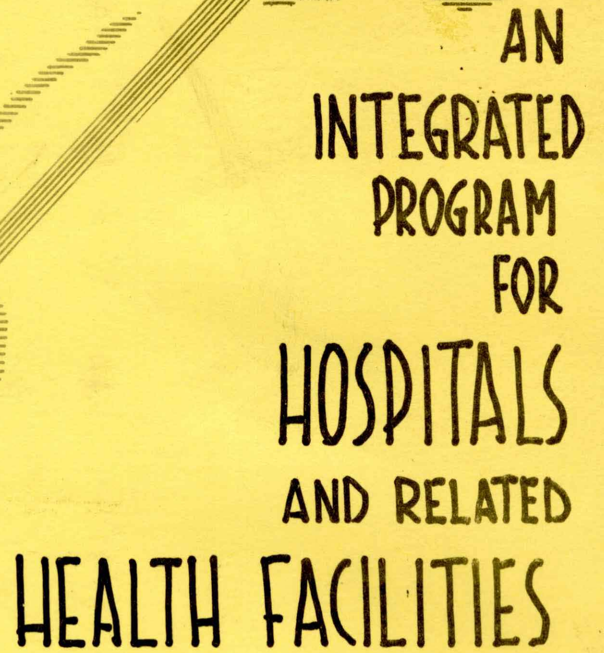

AN INTEGRATED PROGRAM FOR HOSPITALS AND RELATED HEALTH FACILITIES

16TH REVISION
1 JULY 1963

IOWA STATE DEPT OF HEALTH
HOSPITAL SERVICES DIV.

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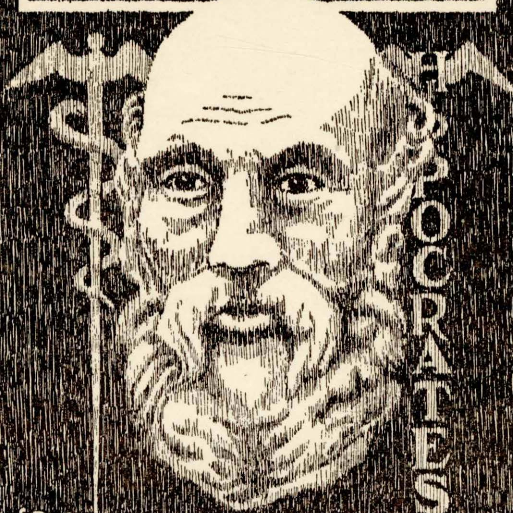
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IOWA STATE DEPARTMENT OF HEALTH

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Division of Hospital Services

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Iowa
1963

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DIRECTORY OF HOSPMOL LOCATIONS - IOWA

TOWN	SERVICE AREA	COUNTY
Akron	30	Plymouth
Albia	72	Monroe
Algona	7	Kossuth
Alta	25	Buena Vista
Ames	42	Story
Anamosa	50	Jones
Atlantic	61	Cass
Audubon	36	Audubon
Battle Creek	28	Ida
Bellevue	51	Jackson
Belmond	21	Wright
Bloomfield	75	Davis
Boone	40	Boone
Britt	8	Hancock
Buffalo Center	8	Winnebago
Burlington	78	Des Moines
Carroll	35	Carroll
Cedar Falls	18	Black Hawk
Cedar Rapids	49	Linn
Centerville	73	Appanoose
Chariton	70	Lucas
Charles City	11	Floyd
Cherokee	27	Cherokee
Clarinda	64	Page
Clarion	21	Wright
Clinton	52	Clinton
Corning	65	Adams
Corydon	71	Wayne
Council Bluffs	62	Pottawatamie
Cresco	12	Howard
Creston	66	Union
Davenport	53	Scott
Decorah	12	Winneshiek
Denison	33	Crawford
Des Moines	41	Polk
DeWitt	52	Clinton
Dexter	39	Dallas
Dubuque	15	Dubuque
Eldora	19	Hardin
Elkader	14	Clayton
Emmetsburg	6	Palo Alto
Estherville	5	Emmet
Fairfield	76	Jefferson
Forest City	8	Winnebago
Fort Dodge	23	Webster
Ft. Madison	79	Lee
Greenfield	60	Adair
Grinnell	45	Poweshiek
Grundy Center	20	Grundy
Guthrie Center	38	Guthrie
Guttenberg	14	Clayton
Hamburg	64	Fremont
Hampton	19	Franklin
Harlan	34	Shelby
Hartley	4	Obrien
Hawarden	29	Sioux
Ida Grove	28	Ida
Independence	17	Buchanan

TOWN	SERVICE AREA	COUNTY
Iowa City	48	Johnson
Iowa Falls	19	Hardin
Jefferson	37	Greene
Keokuk	79	Lee
Keosauqua	77	Van Buren
Knoxville	58	Marion
Lake City	24	Calhoun
LeMars	29	Plymouth
Leon	69	Decatur
McGregor	14	Clayton
Manchester	16	Delaware
Manning	35	Carroll
Maquoketa	51	Jackson
Marengo	46	Iowa
Marshalltown	44	Marshall
Mason City	9	Cerro Gordo
Missouri Valley	32	Harrison
Monticello	50	Jones
Mount Ayr	67	Ringgold
Mt. Pleasant	78	Henry
Muscatine	54	Muscatine
Nevada	42	Story
New Hampton	12	Chickasaw
Newton	43	Jasper
Oelwein	13	Fayette
Onawa	31	Monona
Orange City	1	Sioux
Osage	10	Mitchell
Osceola	68	Clarke
Oskaloosa	57	Mahaska
Ottumwa	74	Wapello
Pella	58	Marion
Perry	39	Dallas
Postville	14	Allamakee
Primghar	2	Obrien
Redfield	39	Dallas
Red Oak	63	Montgomery
Riceville	10	Mitchell
Rock Rapids	1	Lyon
Sac City	26	Sac
Sheldon	2	Obrien
Shenandoah	64	Page
Sibley	2	Clarke
Sigourney	56	Keokuk
Sioux Center	1	Sioux
Sioux City	30	Woodbury
Spencer	4	Clay
Spirit Lake	3	Dickinson
Storm Lake	25	Buena Vista
Story City	42	Story
Sumner	13	Bremer
Vinton	47	Benton
Washington	55	Washington
Waterloo	18	Black Hawk
Waukon	14	Allamakee
Waverly	18	Bremer
Webster City	22	Hamilton
West Union	13	Fayette
Winterset	59	Madison

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 was presented in the Report of Hospital and Public Health Resources in Iowa, Iowa State Department of Health. The report included statistical data on hospital and public health facilities and services, professional personnel, and related resources.

In 1954, the original Hospital Survey and Construction Act was further amended by Public Law 482, 83rd Congress, known as the Medical Facilities Survey and Construction Program. The scope of the basic program was thereby broadened to meet the needs of the chronically ill and impaired with specific provision for convalescent nursing homes, diagnostic facilities, and rehabilitation centers.

The following is the 16th Revision of the Iowa Plan for Hospitals and Related Health Facilities. The proposals, toward providing a pattern of reasonable statewide service facilities, are based upon usage, demand, existing capabilities and inventories based on the most recent reports, field notes, and filed data available.

DEFINITIONS

ACUTE GENERAL HOSPITAL 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 per cent 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".

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.

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."

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 or 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 hospital in a coordinated hospital system within the state."

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 long term treatment facilities as meet the foregoing qualifications. It excludes tuberculosis and mental hospitals, nursing homes and also institutions, the primary purpose of which is domiciliary care."

COMMUNITY MENTAL HEALTH CENTER A community wide service realistically integrated into existing hospital facilities for the purpose of prevention as well as treatment of mental problems locally, which will provide facilities for skilled diagnosis, evaluation, out-patient and/or inpatient treatment, rehabilitation, as well as day and/or night care, properly correlated with all related community agencies. Such consultation shall be available to schools (including facilities for retarded), the courts, welfare agencies, vocational rehabilitation, and related health facilities.

COMMUNITY SERVICE "A facility renders a community service when (a) the services furnished are available to the general public, or (b) admission is limited only on the basis of age, medical indigency, or medical or mental disability or (c) the facility constitutes a medical or nursing care unit of a home or other institution which is available in accordance with (a) or (b) of this paragraph. Examples of facilities which do not

provide a community service are those whose services are limited to the inmates of institutions such as prisons, industrial schools, and orphanages; and members of a fraternal, labor, or denominational, or similar group."

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 provides 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."

CUSTODIAL HOME "Custodial home means any institution, place, building or agency which is devoted primarily to the maintenance and operation of facilities for the housing, for a period exceeding twenty-four (24) hours, and for care in excess of food, shelter, laundry or services incident thereto for, two (2) or more nonrelated individuals who are not in need of nursing care or convalescence or physical or mental infirmity are unable to care for themselves. Custodial home does not mean hospitals or nursing homes" (Not qualified for grants participation)

DIAGNOSTIC OR TREATMENT CENTER "A facility providing community service for the diagnosis or diagnosis and treatment of ambulatory patients, which is operated in connection with a hospital, or in which patient care is under the professional supervision of persons licensed to practice medicine or surgery in the state, or, in the case of dental diagnosis or treatment, under the professional supervision of persons licensed to practice dentistry in the State. This includes outpatient departments, clinics of public or nonprofit hospitals, and diagnostic or diagnostic and treatment centers for the mentally handicapped. The applicant must be either (1) a State, political subdivision, or public agency, or (2) a corporation or an association which owns and operates a non-profit hospital."

DISABLED PERSON "A disabled person is an individual who has a physical or mental condition which, to a material degree, limits, contributes to limiting or if not corrected, will probably result in limiting, the individual's performance or activities to the extent of constituting a substantial physical, mental or vocational handicap."

DOMICILIARY CARE "Institutions furnishing primarily domiciliary care. The primary purpose of these facilities is to furnish food, shelter, and other non-medical services and wherein medical treatment or nursing care is incidental to boarding care. A "nursing home" which provides personal services only, or such limited medical attention as the individual would normally receive if he were living in a private home is not eligible for Federal Aid."

DOMICILIARY INSTITUTIONS "Domiciliary institutions are institutions which have as their primary purpose the furnishing of food, shelter, and other nonmedical services. This definition includes those institutions in which there might be available temporary, incidental, and limited medical attention such as the individual would normally receive if he were living in a private home".

EXTENDED TREATMENT FACILITY A facility, physically and administratively adjunct to, and supported by, complete hospital services, in which nursing care and medical treatment are prescribed by and performed under the general direction of persons licensed to practice medicine or surgery in

Iowa, for the extended treatment of convalescing patients not acutely ill and in need of hospital care, but who do require skilled nursing care and related medical treatment. This term, Extended Treatment Facility, shall be restricted to those facilities, the purpose of which is to provide such services for a period of not less than 24 hours per day to individuals admitted because of illness, disease, or physical or mental infirmity and which provide an unqualified community service.

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." (For special categories, see Acute General, Chronic, Mental, Psychiatric and Tuberculosis)

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.

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."

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."

MENTAL HOSPITAL A mental hospital is "a hospital for the diagnosis and treatment of nervous and mental illness but excluding institutions for the feebleminded and epileptic."

MENTAL HEALTH CLINIC - See Community Mental Health Center

NONPROFIT HOSPITAL AND OTHER HEALTH FACILITIES "Any hospital or health facility, as the case may be, owned and operated by one or more nonprofit corporations or associations, no part of the net earning of which inures, or may lawfully inure, to the benefit of any private shareholder or individual."

NURSING HOME "A facility which is operated in connection with a hospital, or in which nursing care and medical services are prescribed by or performed under the general direction of persons licensed to practice medicine or surgery in the state, for the accommodation of convalescents or other persons who are acutely ill and not in need of hospital care, but who do require skilled nursing care and related medical services. The

term "nursing home" shall be restricted to those facilities, the purpose of which is to provide skilled nursing care and related medical services for a period of not less than 24 hours per day to individuals admitted because of illness, disease, or physical or mental infirmity and which provide a community service."

POPULATION The civilian population data used in this revision analysis is extracted from the U. S. Department of Commerce, U. S. Census of Population 1960, Final Report PC(1)-17A

Civilian Population 2,757,535 (Basis for Plan)

County and area population were ascertained by analyzing the counties and townships as reported.

It should be noted that projected population data was utilized in developing a population increase factor.

The population density for Iowa is $\frac{2,757,535}{56,290} = 48.988$ persons/square mile.

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."

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 that are 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."

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."

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."

REHABILITATION "An integrated program brings together, as a team, specialized personnel from the medical, psychological, social, and vocational areas for the purpose of pooling information, interpretations and opinions for the development of a rehabilitation plan of services in which the disabled individual is viewed as a whole. When members of the team contribute to the diagnosis and treatment of illness, their contributions must be coordinated under medical responsibility. These integrated services may be provided in a facility to care for many types of disabilities or a single type of disability."

REHABILITATION FACILITY "A facility providing community service which is operated for the primary purpose of assisting in the rehabilitation of disabled persons through an integrated program of medical, psychological, social, and vocational evaluation and services under competent professional supervision. The major portion of such evaluation and services must be furnished within the facility; and the facility must be operated either in connection with a hospital or as a facility in which all medical and related health services are prescribed by, or under the general direction of, persons licensed to practice medicine or surgery in the State."

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."

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

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.

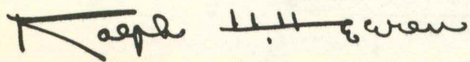
F. METHODS OF ADMINISTRATION

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
	Ralph H. Heeren, M.D. Commissioner of Public Health	30 July 1963

CP-3915

AUTHORITY

House File 324, 52nd General Assembly, became Chapter 90, Sessions Laws, became Chapter 135 A, Code of Iowa, 1958. The purpose was to designate the State Department of Health as the sole Agency to administer this Plan for hospitals.

House File 392, 56th General Assembly, was incorporated in Chapter 135 A, Code of Iowa, 1958 and broadened basic authority enabling the State Agency to survey, plan and administer for medical facilities in conjunction with hospitals.

House File 465, 52nd General Assembly, became Chapter 91 of the Sessions Laws, and was codified as 135 B, Code of Iowa, 1958, which established the hospital licensing statute and designated the Iowa State Department of Health as administering agency.

IOWA ADVISORY COUNCIL
For Hospitals and Related Health Facilities

CHAIRMAN EX OFFICIO -- Ralph H. Heeren, M.D., Commissioner of Public Health

FIELD OF HOSPITAL ADMINISTRATION — Appointment Expires

Iowa Hospital Association:

	Appointment Expires
Louis B. Blair, Superintendent St. Luke's Methodist Hospital, Cedar Rapids	6-30-67
Leon A. Bondi, Administrator St. Luke's Hospital, Davenport	6-30-66
B. D. Fickess, R.N., Administrator Story County Hospital, Nevada	6-30-65
James A. Anderson, Administrator Lutheran Hospital, Fort Dodge	6-30-64

Iowa Osteopathic Hospital Association:

John Schwartz, Sr., D.O. Des Moines General Hospital, Des Moines	6-30-65

FIELD OF HEALTH

Iowa State Medical Society:

Jack D. Fickel, M.D., Red Oak	6-30-67
Wendell L. Downing, M.D., LeMars	6-30-66
Samuel Leinbach, M.D., Belmond	6-30-65
C. N. Hyatt, Jr., M.D., Corydon	6-30-64

Iowa Society of Osteopathic Physicians & Surgeons:

H. B. Willard, D.O., Davenport	6-30-67

Iowa Dental Society:

Richard J. Lynch, D.D.S., Des Moines	6-30-67

Iowa State Nurses Association:

Marie Tener, Iowa City	6-30-66

FIELD OF REHABILITATION

Merrill E. Hunt, Director, Vocational Rehabiliation Div. Department of Public Instruction, Des Moines	6-30-64

REPRESENTING CIVIC AND CONSUMER INTERESTS:

Mrs. Marjorie Field, Waterloo	6-30-67
Elmer H. Den Herder, Sioux Center	6-30-66
Benjamin F. Carter, Jr., Forest City	6-30-65
Mrs. Jay S. Tone, Jr., Des Moines	6-30-64

SUMMARY OF EXPERIENCE AND TRENDS IN IOWA'S HOSPITAL PROGRAM

Historically, Federal Grants-in-aid for assisting hospital construction projects has been within the national pattern of hospital development since the end of World War II. At that point a tremendous backlog of hospital construction had been accumulated. Bed need was so critical that it was obvious sponsors would expend the limited and available community resource in the direction of beds only, while possibly compromising standards for services in trying to immediately reduce the unmet hospital needs.

In this light the Congress, with bi-partisan sponsorship, did develop an aid program for hospital construction which did:

A- Create a worthy standard of design and specification with a view toward minimizing compromise while offseting obsolescence and deterioration as far into the future as possible.

B- That there be means on a participation basis whereby Federal monies would match local resources and compensate for the difference in cost of construction between the apparent compromises which might have occurred and the cost of construction which will minimize operational cost and annual obsolescence.

The enabling legislation also stipulated that Grants would become available to the individual states with consideration for the degree of rurality and individual buying power reflected by the average per-capita income. Priority within a given state was to be on the basis of greatest unmet need within individual communities. The original program stemming from Public Law 725 and its several amendments has been a guiding mechanism up until this year (1963) when the basic Hill-Burton Program expired. Up to this point hospital inventory and unmet hospital need was identified in terms of hospital beds, but with little regard for their assignment to obstetrical, medical, surgical, or Long Term Care. Furthermore, no recognition was given to the adequacy or inadequacy of services available to support such beds. Another point which has become increasingly apparent is that insufficient consideration was given to the sizing of the individual nursing care units to assure economical operational costs per patient bed.

During the entire program the Federal Agencies have retained the prerogative of judging the relative value of existing structures and to determine the reasonableness of expending funds toward renovation and remodeling of such buildings. It has become increasingly evident that there is limited value in many existing structures and that cost of upgrading same to current standards is excessive.

This State Agency, in the light of such bitter experience, has striven to limit monies expended for renovation and remodel. The guiding premise is that available resources will do the most good for the hospital pattern of Iowa as a whole when expended for new structures uncompromised by physical features of existing structures.

The following Plan incorporates the product of observations of these gradual transitions in outlining a total Plan which will economically provide realistic treatment facilities for all areas of the state.

SCOPE OF HEALTH FACILITY NEEDS The primary stepping stones for the national program for hospitals and related health facilities was a nation-wide study of the existing resources. An element of this national study was a survey of Iowa's hospitals and public health resources. This analysis preceeded the Iowa Plan For Hospitals and Related Health Facilities and did reflect existing patterns and influences which were considered in arriving at a coordinated hospital pattern. The ultimate Plan was expressed in terms of hospital needs and those needs which remain unmet.

Annually the Plan was modified with a revision which did recognize new construction toward offsetting unmet needs as well as such additional influences or trends which had a bearing on the foreseeable future needs.

In 1957 the basic Federal Act was expanded to incorporate medical facilities within the scope of the Grant's Program, thereby giving specific recognition to the adjunct services, diagnostic and treatment facilities, rehabilitation facilities, and long-term treatment facilities.

From the onset, the mission of programming in Iowa was to realize the physical optimum which would provide hospital services and related health facilities to every population group in the state with the least expenditure of resource and, accordingly, with an absolute minimum of duplication. Hospital construction costs are considerable and local resources are not unlimited. It is becoming increasingly apparent that this limited resource must be directed toward creation of hospital facilities in sizes that circumvent the law of diminishing returns and approach optimum sizes for operational units. The cost of hospital care is not negligible at any time. The operational cost of marginal establishments does become prohibitive and thus tempt operators to induce service compromises which are to the detriment of the using population.

Furthermore, it is becoming increasingly apparent that the basic hospital includes a number of services which can reasonably be applied to adjunct facilities, which, to be properly conceived, would incorporate such hospital features. It follows then that such health facilities can most economically be provided by becoming an element of the hospital and availing themselves of these existing services rather than duplicate same by being a freestanding unconnected facility.

The obvious conclusion is that all hospital and medical facility needs can most economically be realized by Iowa's communities if the basic hospital facilities can simultaneously be applicable to these other medically-oriented activities.

The alternative to such consolidation is providing a series of splinter activities, free standing and physically removed, duplicating a number of costly required features and facilities, and even more importantly, dissipating costly personnel and special talents.

This State Agency will not preempt local prerogative by dictating the course for fulfilling community needs. By the same token, it will not be a party to uneconomical application of grants funds toward illogical programs. Because grants funds are relatively limited, they will remain available for assistance in communities of greatest unmet need who are pursuing a best over-all long range answer for meeting their needs.

DELINEATION OF SERVICE AREAS In the original state-wide survey of hospitals and the ensuing Plan for a hospital service pattern, it was necessary to evaluate the state in terms of hospital service areas. No reasonable state-wide pattern of hospital service was available at that time; therefore, reasonable service areas were established in terms of certain known factors including normal retail trade, road patterns, and equivalently indicative criteria.

During the ensuing years successive revisions recognized variations from the original pattern and service areas were adjusted accordingly. At this point we have an indicative existing hospital pattern on which to base further analyses, giving proper recognition to the population groups' inclination insofar as hospital service is concerned. It also suggests the dispersion of professional talents that are allied to hospital usage.

In previous Plans, the above approach relied on an automatic indicator in establishing area need, inasmuch as it reflected the area in terms of actual population, which, in turn, was interpolated into terms expressed as hospital bed need.

This current Plan adjusts the hospital service areas slightly to more accurately reflect facts. However, the preciseness of these areas does not have the bearing on the ultimate hospital bed need that it has had in the past. The current Plan is projecting hospital need on the basis of actual specific usage. The present pattern is the most indicative criteria available on which to base future projections.

This service area designation applies to the evaluation of hospitals and long-term treatment facilities in the establishment of relative priority.

INTENT OF STATE PLAN Lest there be misunderstanding, we wish to make it clear that the numerical indications reflected in the following pages are primarily for the purpose of establishing comparative relationships and are not irrevocable evaluations of specific facilities or specific areas. It is recognized that unique circumstances can exist within a given service area and thus will create unnormal needs that are too varied for a single State Agency to accurately evaluate. Furthermore, this Plan is not held forth as being a final and irrevocable community survey reflecting all elements of consideration that are appropriate in a community-wide evaluation. It obviously behoves the individual community to make a precise evaluation of their needs before attempting to program facilities to meet such needs. Such analysis by the total service area is prerequisite to a formal application.

AREAWIDE PLANNING An earlier paragraph indicated the basic intent of the Plan. It is not intended to preempt a community's prerogative in developing its own program. In fact, the communities are obligated to minutely examine all elements which are pertinent to their needs in the area of hospitals and related health facilities in developing a total long-range program which will most economically and in proper order, provide needed services. Such a community survey:

(a) shall be a total study of the logical medical care service area.

(b) shall be conducted and correlated with the State Agency toward ascertaining the area population, complete health needs, the extent to which these needs are or are not being met, the realistic assignment of specific missions and schedules to/for individual facilities within the community.

(c) shall be motivated by an unprejudiced representative community service body, have reasonable concurrence and acceptance by all the institutions which are concerned, and be deemed approvable by the appropriate governmental agencies and the Advisory Council.

(d) shall have given profound recognition to any long-range factors which are possibilities but beyond the present projections, and shall have anticipated the means for reasonably adapting the current program with a minimum of lost effort.

Such a study as described above is prerequisite to the establishment of an approvable application for Grants-in-Aid. The program by an individual applicant shall conform to the specific conclusions and assignments set forth in the approved community survey and study.

<u>HOSPITAL BED CAPACITY</u> Criteria for ascertaining space need, and thereafter the bed capacity of facilities is based on usable space assignment in specific rooms as follows:

(a) In a single bed-room, 100 square feet per bed minimum with a minimum 10 foot dimension for the room.

(b) In multiple bed-rooms, 80 square feet per bed, and when arranged acceptably, a minimum of 10 feet 3 inches free space accommodating the length of each bed.

The above minimum dimensions are applicable only to evaluation of existing structures and shall not be construed to be design standards for new construction. New multi-bed-rooms shall abide by a minimum dimension of 12 feet 6 inches for the room, 90 square feet per bed with acceptable bed arrangement. More than two beds per room will not be a design basis for layout but will be permitted for unusual circumstances for utilization of unnormal space.

<u>SUITABILITY OF FACILITIES</u> In seeking a means that will reasonably reflect the existing inventory of available facilities, evaluation of existing structures is expressed in terms of equivalent beds. Actual beds for which a facility can provide space will be premised on the standard that a single room will provide a minimum of 100 square feet with a minimum dimension of 10 feet. A multiple-bed-room will be evaluated on the basis of 80 square feet per bed and each bed logically arranged within the space shall have a minimum of a 10 feet 3 inch dimension in the clear to accommodate the length of the bed.

Thereafter, classification of beds shall be under the following criteria:

(A) <u>Suitable Beds</u> Beds housed in a fire-resistant structure designed for hospital purposes and less than 30 years of age, reasonably maintained and renewed and in reasonable compliance with current standards for new construction.

(B) Unsuitable Beds All beds housed in structures which fail to conform with the above description, but classified as follows:

(1) Correctable Beds are beds housed in fire resistant structures but which

(a) are over 30 years of age and without major upgrading and/or renovation.

(b) converted expediently to current usage.

(c) not in compliance with current minimum standards for facilities of the subject category.

(d) by virtue of location, render less than an appropriate community service.

(2) Permanently Unsuitable are those structures

(a) which are housed in non-fire resistant structures.

(b) which, because of obsolescence and/or excessive deterioration, are unable to support reasonable service.

(c) which purport to provide a service, but which, by virtue of admission policies or care rendered, do not provide the implied service realistically.

Thereafter, the "equivalent bed value" will be the sum of the suitable beds plus one-half the number of the correctable unsuitable beds, thus giving cognizance to the limited future capability of those beds which have been subjected to obsolescence and attrition, in reflecting the hospital resource of a given community.

The terminology applied to the intermediate classification shall not be construed to be onerous or derogatory. It is intended to imply gradation. Neither shall it be considered irrevocable. Specific evaluation of such structures will be made by concerned agencies before decision on the specific program of a particular application. The survey will ascertain particulars of building inadequacies in terms of current hospital standards.

The above mechanism and choice of words is primarily to reflect relative value of bed resource and thus indicate corrections deemed appropriate for meeting total long-range community needs.

EVALUATION OF EXISTING STRUCTURES Past experience has pointedly shown that existing structures invite excessive expenditure toward remodeling and upgrading. More importantly, their design features tend to dictate unfavorable limitations within which building additions must be designed. Included would be such considerations as wing width, ceiling heights, and corridor widths. While surface appearance might suggest reasonable remaining value, it is found that the mechanical and electrical features, while not obvious, will have suffered immensely through attrition and obsolescence.

To preclude dependence upon false evaluation of existing structures, they will be subjected to critical judgment. The current rules governing grants-in-aid require compliance with the standards pertinent to new construction when renovating or upgrading such existing buildings. Renewing a building inevitably became costly, representing as much as from 50 to 65 per cent of the cost of building comparable new space. The end product is usually the perpetuation of outmoded space assignment and/or arrangement, forced dependence on remaining antiquated elements within the structure, and most importantly, subjects the going operation to violent disturbance of critical uninterruptable services.

Before a remodel phase of a proposed program can qualify for consideration within an application, a physical survey will be executed on the entire plant by the administering agencies to realistically ascertain the value of the structure and, upon evaluation of such findings, must be deemed of sufficient value to warrant its inclusion in a project anticipating grants funds.

RELATIVE PRIORITY DETERMINATION Relative priority of a given area is the ratio of beds available over the bed need. The beds available, in the case of general hospitals, can be further described as the bed capability and is the lesser of the two indices, equivalent beds or equivalent bed capability of the primary services.

Method in ascertaining bed need was covered in another paragraph.

Therefore, beds available divided by beds needed is the percent of bed need met. Maximum priority is attributable to the service area with the greatest unmet bed need, or, the lowest percent of need met. Priority of the individual hospital within a single service area shall be set forth in the Community Survey Report which is prerequisite to the filing of an application. In turn, the approvableness of an application is dependent on compliance with the approved survey report's conclusions and shall program corrective elements applicable to inadequacies which may have enhanced the priority.

UNIVERSITY HOSPITALS, IOWA CITY - REGION J The University Hospitals are a unique element insofar as this State Plan is concerned and, therefore, are set aside for separate consideration. From the standpoint of being a community facility, it would be more appropriate to consider them a statewide facility. Because this establishment is the environment for Iowa's only medical school and because it provides statewide services in virtually all areas of medicine without providing a community service to the population which immediately adjoins it, it is hereafter identified merely as Region J. Its impact, statewide, is incorporated in the overall operational data for appropriate consideration in terms of planning within the regulatory limitations which prevail.

The performance of the University Hospitals and the medical college provide a more complete service than any other institution. Because it does entail research, teaching, and treatment on a statewide basis, the demand for community study lacks importance. On the other hand, the long-range planning factor is more important than ever. Appreciable funds are involved in its operation and in capital improvement annually. It therefore becomes imperative that a long-range master Plan be created for guiding future planned adjustment and expansion.

A major structural element of the total plant is almost 40 years old. While the maintenance of the facility has been commendable, the cost, comparatively, has been noticeable. The unit imposes physical features which are rather intolerable in terms of present day design and usage. As for fire safety, the structure leaves much to be desired. Mechanically, it is a tremendous maintenance burden. It is short sighted to continue adapting this unit to future needs or to permit it to dictate future design of adjacent facilities.

Most importantly, these existing facilities and their antiquated features can hardly be considered appropriate as a model training environment for Iowa's only medical school. Correlation between the service elements (or the lack of same) is the product of living within the old structural limitations created in 1926 when the science of hospital design was little more than the part-time "know how" of a single individual. The modifications which have come about since then have been "piece meal" and only as funds were appropriated by the State Legislature.

In the light of such a background, it is most appropriate that the University Hospitals, whose services have considerable interest in all categories of this Grants Program, shall develop an orderly and a well defined master Plan that is realistic in its total goal. In turn, application for Grants-in-Aid shall reasonably conform to this total Plan and toward the creation of a pattern of properly correlated services embodying current design guide lines and with anticipation of future stages set forth in the master Plan. Progression stages outlined shall be programmed so that there would be minimum disturbance of existing operation. It shall provide the means for future adjustment and expansion of the individual services in the event circumstances may require same and do so with minimum disorder and cost.

Because the University Hospitals have little relationship to an adjacent population group or to specific community need, they are excluded from comparative priority consideration in the following tabulations. Applications by the University Hospitals will be given individual hearing by the Advisory Council and the merits of the written program will be judged to determine its relative priority as it relates to other applications on file.

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 buildings 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."

3. Budget Increase Resolution, adopted September 30, 1960 - "Resolved that:

   (a) Henceforth assignment of Grants-in-Aid funds will be established on the basis of firm and logical schematic/preliminary drawings, acceptably realistic architectural cost estimates of construction and such other pertinent budget items as are a part of Application Part I.

   (b) Said assignment of funds stated in Application Part I will be the maximum amount assignable to the particular project, and

   (c) in the event actual costs exceed budget proposals previously filed, the sponsors will proceed directly toward construction, and provide all necessary additional funds to meet the total budget increase, or drop the project."

4. Area-wide Planning Resolution, adopted December 12, 1962 - "Resolved that this council reserves the prerogative of requiring a comprehensive survey, analysis and report of area-wide health needs, before an area priority may be utilized. The completed study, with its conclusions and recommendations:

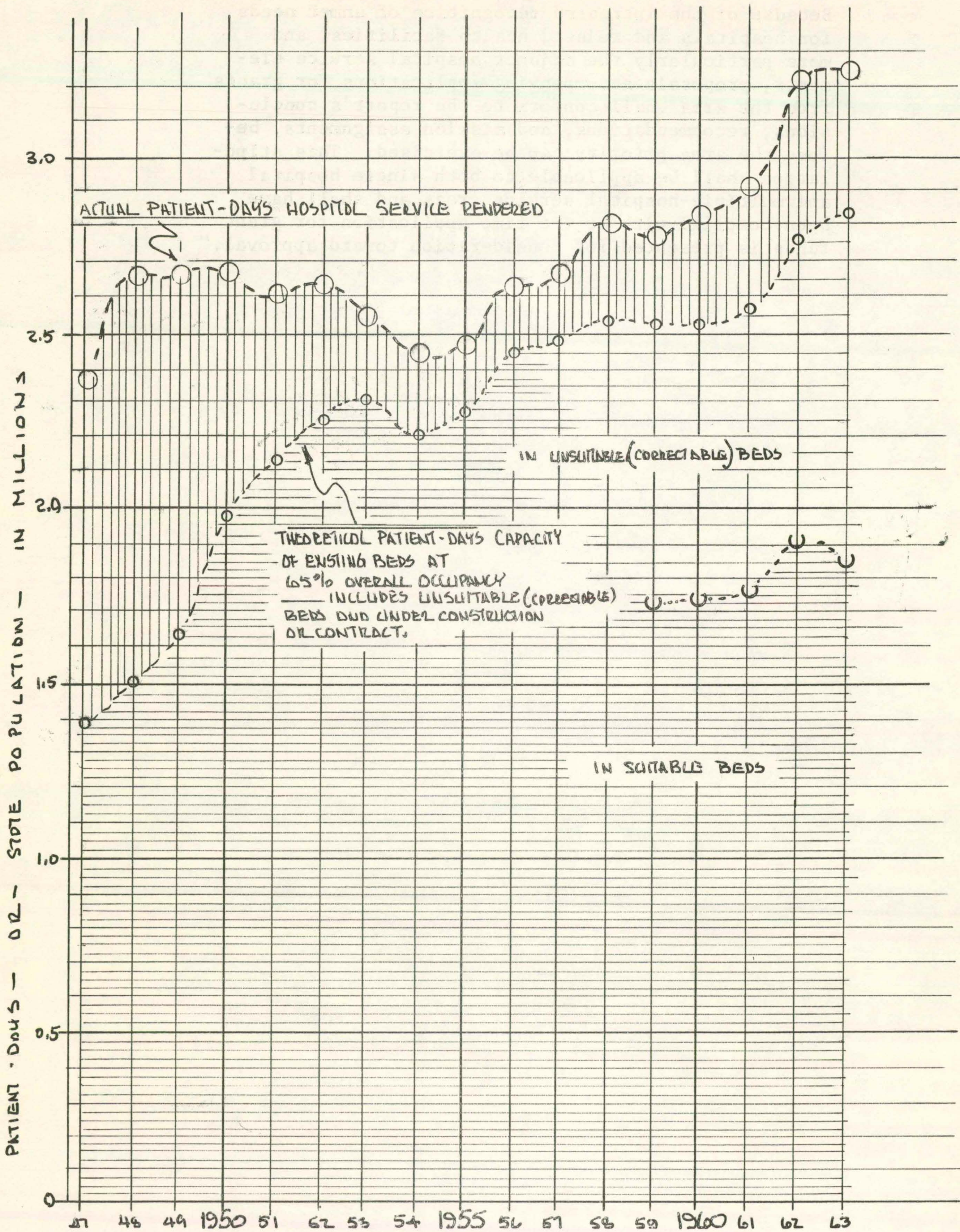
   (a) shall be a total study of the logical medical care service area.

   (b) shall be conducted and correlated with the State Agency toward ascertaining the area population's complete health needs, the extent to which these needs are/are not being met, the realistic assignment of specific missions and schedules to/for individual facilities.

   (c) shall be motivated by an unprejudiced representative community service body, have reasonable concurrance and acceptance by all concerned facilities, and deemed approvable by this council.

   (d) shall have given recognition to such long-range factors beyond the present projections and anticipated the means for reasonably adapting the current program toward such contingency.

Because of the increased recognition of unmet needs for hospitals and related health facilities, and more particularly the adjunct hospital service elements, proposals accompanying applications for grants from the area shall conform to the report's conclusions, recommendations, and mission assignments, before the area priority can be exercised. This stipulation shall be applicable to both single hospital and multiple-hospital service areas and shall have been complied with at the time application for grant funds is presented for consideration toward approval."



GRAPHIC COMPARISON OF
SERVICE CAPACITY \ SERVICE DEMAND \ POPULATION
GENERAL HOSPITALS - IOWA DEPT OF HEALTH - HOSPITAL SERVICES DIV.
16TH REVISION

ACUTE GENERAL HOSPITAL BEDS The following pages present a quick accurate picture of each hospital in the state and in turn does align the information to indicate its effect on the total service area. The information is classified as to maternity service and to medical-surgical service.

The operational data for the past year is shown for each hospital. It includes the number of patient days of service rendered, the total admissions, the resultant percentage of occupancy and the average length of stay per admission. The occupancy is based on the rated number of beds as has been deemed by that criteria spelled out previously. The Plan attempts to present the most critical data for review and reference.

While the occupancy percentage is somewhat indicative, it may fail to reflect the actual need for acute general facilities as would be the case when a hospital misapplies its resources toward accommodating long-term bed needs. Therefore, the bed need for each installation is a projection of the total annual admissions, thus giving recognition to such reduced average length of stay as may have resulted from excessive demand for beds. The criteria utilized in ascertaining the bed need is 43 admissions per bed per year for medical-surgical units and 50 births per bed per year for maternity units.

The related factors of an approvable application are fully described in other sections. Emphasis was placed on the necessity for an approved areawide survey and Plan prior to filing an application. A proposed program must fulfill that assignment set forth in the community Plan.

Schematic drawings supporting an application shall encompass the corrective measures (or the deletion) of existing inadequacies and shall reduce such substandard elements as would enhance the area's priority. The nursing units shall indicate the beds proposed, and arranged in nursing units reasonably sized for economical staffing. It shall provide a minimum of 28 beds per medical-surgical unit and shall be properly oriented to adequate pertinent services.

The program relating to supportive services shall correlate the elements of service so as to provide acceptable work flow and referral and shall afford optimum opportunity for future expansion with an absolute minimum of cost, operational interruption, and/or demand for adjustment of existing areas. The completeness of current planning in the light of long-term planning will be a controlling consideration when reviewed by the Advisory Council and the administering governmental agencies. The reasonableness and relevance of remodel is equally pertinent and has been more concisely discussed in another paragraph.

BASIS FOR BED NEED CRITERIA Current projection of need is limited to basic elements in seeking a just and applicable criteria for comparison purposes.

To remove the inaccuracies and deception which surround the obstetrical service, maternity beds are identified separately as to their number and usage to preclude the distortion in overall hospital data. This does not imply the service is not indicated. However, it shall not be permitted to confuse the conclusions regarding medical/surgical service.

Another element which frequently distorts judgement on the work load of a hospital is the occupancy percentage when the average length of stay is not considered. Too frequently, the facility which, because of excessive demand, greatly reduces length of stay to attempt accommodation of appreciably more admissions. Another facility, with apparent equal percent of occupancy, could be holding patients longer per admission and appear equally effective. To preclude such unjust inference and to fairly represent hospital need, while discouraging misapplication of costly acute general hospital facilities, bed need will be interpolated from medical/surgical admissions.

Therefore, projections of hospital usage are based on medical/surgical admissions per year using 43 admissions as the need for one bed. The variations of number of admissions per year for a single bed need, the related length of stay per admission, and the resultant occupancy percentage are illustrated graphically on another page.

<u>BASIC PRINCIPAL FOR ACUTE GENERAL BED EVALUATION</u> Other paragraphs describe the manner in which relative bed need is ascertained. The discussions have been limited to the relevance of these criteria as they apply to individual hospitals. In considering their relevance on a broader basis, namely a statewide basis, several points deserve emphasis. The entire approach is to develop a proposed bed total that is very conservative and well within the population criteria which has governed in past regulations, namely 4.5 acute general beds per thousand population. What this current projection amounts to is approximately 3.5 beds per thousand for immediate assignment statewide, plus an approximate one-half bed per thousand as a population increase factor. The remaining bed per thousand is withheld for pool bed purposes and as a means for future adjustment to whatever unnormal and unique circumstances may be revealed when individual communities develop detailed analyses of their community needs. It is readily conceivable that specific developments or conditions within a given community do create health facility needs that cannot be anticipated or identified within the scope of a generalized study such as is within the capability of this State Agency in its statewide study.

<u>EQUIVALENT HOSPITAL SERVICE CAPABILITY</u> Toreflect a hospital's service adequacy for properly supporting the medical/surgical beds of a given plant, certain primary facilities are evaluated. This does not mean that all services normally incorporated in hospital layout are not pertinent. The "primary" facilities utilized for this purpose are the elements which most frequently can become a limiting factor in the hospital's overall capability. They are <u>Surgery</u>, <u>Central Supply</u>, <u>Dietary</u> (Kitchen plus dishwashing), <u>Radiology</u>, <u>Laboratory</u>, in all general hospitals and in addition, <u>Recovery</u>, and <u>Physical Therapy</u> for hospitals of 45 medical/surgical beds. Basic criteria are minimum square feet per bed assigned to a specific service and applied through a sliding scale related to total medical/surgical beds. In turn this evaluation expresses a conclusion in terms of "Equivalent Bed Capability". Thereafter the "Equivalent" indication is modified in keeping with the suitability criteria discussed in another paragraph.

HOSPITAL USAGE FROM OUT OF STATE Previous pages have refered to various factors which have bearing on hospital needs of particular localities. It should be noted that Iowa, with two of its boundaries being major north-south rivers, finds itself with an unnormal population distribution. A by-product of migration tendencies during frontier days is the fact that 9 of the 15 largest counties in Iowa adjoined the Mississippi or Missouri Rivers. In turn, these population centers have considerable influence on the area and population from out of state. This was demonstrated in the sample taken from the Hospitals of our eastern border. Of 75,000 discharge records for 1962, over 14% were attributable to out of state usage. In certain towns the out of state impact on the hospitals exceeded 40%. To overcome the limitation and the inaccuracy implied by basing hospital needs on population, the alternative criteria of actual hospital usage and the projection of admissions is further justified.

POPULATION INCREASE FACTOR Other paragraphs discussed the manner of projecting foreseeable needs of acute general hospitals premised on the past admission demands. Point has also been made regarding the impact attributable to out of state population.

The population increase element, when considered statewide, is not a major factor in itself. However, while Iowa's overall population increase is quite nominal, specific communities are experiencing real problems because of their individual population increase. It is true that many of our counties are, at best, "holding their own", and beyond that others are losing considerable population.

Conversely, a few of our counties are gaining population by as much as 2% per year. To facilitate their meeting the needs which are related to a larger population, this Plan does recognize the needs in the areas encompassing counties whose population increase exceeds that of the overall state increase during the decade 1950 to 1960. This increase is projected through the year 1980 and is reflected in a proportionate increasing of the current medical-surgical bed need. The following pages reflect the individual communities, the respective population for 1960 and 1950, the population change in percent, the projected population increase for certain counties whose rates exceed the state's, and the bed increase which is deemed attributable to this anticipated population increase. This population increase bed need factor is then assigned to the area affected and becomes an element of consideration in developing the relative priority for that area.

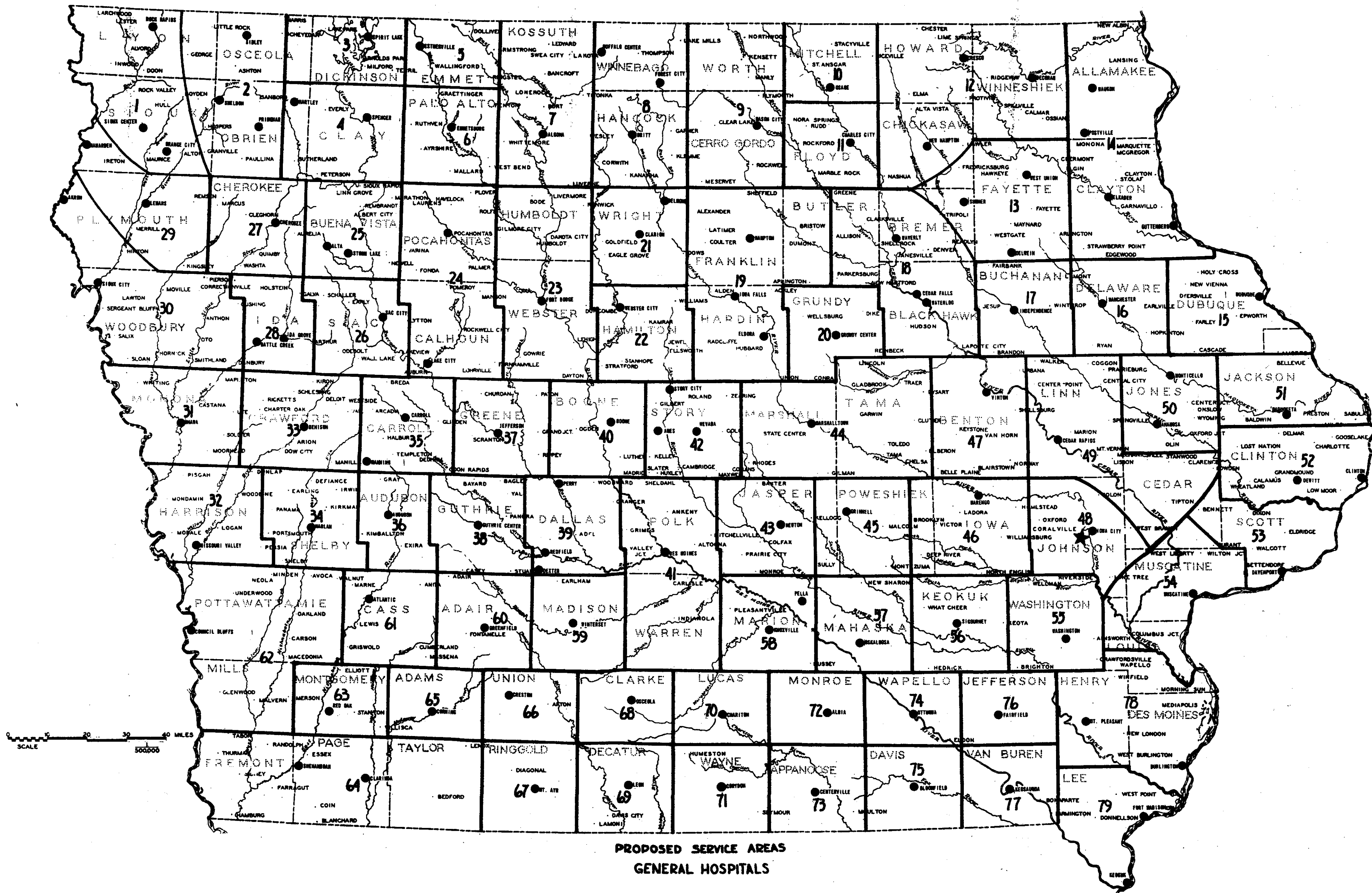
POPULATION INCREASE ANALYSIS - IOWA

KNOWN POPULATION DATA				PROJECTION TO 1980		AREA EFFECTED BY INCREASE
COUNTY	1960 POPULATION	1950 POPULATION	% INCREASE	ANTICIPATED % INCREASE	EQUIVALENT BED NEED	
Adair	10,893	12,292	-11.4			60
Adams	7,468	8,753	-14.7			65
Allamakee	15,982	16,351	- 2.3			14
Appanoose	16,015	19,683	-18.6			73
Audubon	10,919	11,579	- 5.7			36
Benton	23,422	22,656	3.4			47
Black Hawk	122,482	100,448	21.9	+43.8	219	18
Boone	28,037	28,139	- 0.4			40
Bremer	21,108	18,884	11.8	+23.6	4	18
Buchanan	22,293	21,927	1.7			17
Buena Vista	21,189	21,113	0.4			25
Butler	17,467	17,394	0.4			18 & 19
Calhoun	15,923	16,925	- 5.9			24
Carroll	23,431	23,065	1.6			35
Cass	17,919	18,532	- 3.3			61
Cedar	17,791	16,910	5.2			49
Cerro Gordo	49,894	46,053	8.3	+16.6	38	9
Cherokee	18,598	19,052	- 2.4			27
Chickasaw	15,034	15,228	- 1.3			12
Clarke	8,222	9,369	-12.2			68
Clay	18,504	18,103	2.2			4
Clayton	21,962	22,522	- 2.5			14
Clinton	55,060	49,664	10.9	+21.8	42	52
Crawford	18,569	19,741	- 5.9			33
Dallas	24,123	23,661	2.0			39
Davis	9,199	9,959	- 7.6			75
Decatur	10,539	12,601	-16.4			69
Delaware	18,483	17,734	4.2			16
Des Moines	44,605	42,056	6.1	+12.2	32	78
Dickinson	12,574	12,756	- 1.4			3
Dubuque	80,048	71,337	12.2	+24.4	70	15
Emmet	14,871	14,102	5.5	+11.0	7	5
Fayette	28,581	28,294	1.0			13
Floyd	21,102	21,505	- 1.9			11
Franklin	15,472	16,268	- 4.9			19
Fremont	10,282	12,323	-16.6			64
Greene	14,379	15,544	- 7.5			37
Grundy	14,132	13,722	3.0			20
Guthrie	13,607	15,197	-10.5			38
Hamilton	20,032	19,660	1.9			22
Hancock	14,604	15,077	- 3.1			8
Hardin	22,533	22,218	1.4			19
Harrison	17,600	19,560	-10.0			32
Henry	18,187	18,708	- 2.8			78
Howard	12,734	13,105	- 2.8			12
Humboldt	13,156	13,117	0.3			23
Ida	10,269	10,697	- 4.0			28
Iowa	16,396	15,835	3.5			46
Jackson	20,754	18,622	11.4	+22.8	16	51
Jasper	35,282	32,305	9.2	+18.4	13	43
Jefferson	15,818	15,696	0.8			76

POPULATION INCREASE ANALYSIS - IOWA

KNOWN POPULATION DATA				PROJECTION TO 1980		AREA EFFECTED BY INCREASE
COUNTY	1960 POPULATION	1950 POPULATION	% INCREASE	ANTICIPATED % INCREASE	EQUIVALENT BED NEED	
Johnson	53,663	45,756	17.3	+34.6	52	48
Jones	20,693	19,401	6.7	+13.4	8	50
Keokuk	15,492	16,797	- 7.8			56
Kossuth	25,314	26,241	- 3.5			7
Lee	44,207	43,102	2.6			79
Linn	126,899	104,274	31.3	+62.6	312	49
Louisa	10,290	11,101	- 7.3			54 & 78
Lucas	10,923	12,069	- 9.5			70
Lyon	14,468	14,697	- 1.6			1
Madison	12,295	13,131	- 6.4			59
Mahaska	23,602	24,672	- 4.3			57
Marion	25,886	25,930	- 0.2			58
Marshall	37,984	35,611	6.7	+13.4	19	44
Mills	13,050	14,064	- 7.2			62
Mitchell	14,043	13,945	0.7			10
Monona	13,916	16,303	-14.6			31
Monroe	10,463	11,814	-11.4			72
Montgomery	14,467	15,685	- 7.8			63
Muscatine	33,840	32,148	5.3	+10.6	8	54
Obrien	18,840	18,970	- 0.7			2
Osceola	10,064	10,181	- 1.1			2
Page	21,023	23,921	-12.1			64
Palo Alto	14,736	15,891	- 7.3			6
Plymouth	23,906	23,252	2.8			29
Pocahontas	14,234	15,496	- 8.1			24
Polk	266,315	226,010	17.8	+35.6	377	41
Pottawattamie	83,102	69,682	19.3	+38.6	104	62
Poweshiek	19,300	19,344	- 0.2			45
Ringgold	7,910	9,528	-17.0			67
Sac	17,007	17,518	- 2.9			26
Scott	119,067	100,698	18.2	+36.4	123	53
Shelby	15,825	15,942	- 0.7			34
Sioux	26,375	26,381	---			1
Story	49,327	44,294	11.4	+22.8	31	42
Tama	21,413	21,688	- 1.3			44
Taylor	10,288	12,420	-17.2			64
Union	13,712	15,651	-12.4			66
Van Buren	9,778	11,007	-11.2			77
Wapello	46,126	47,397	- 2.7			74
Warren	20,829	17,758	17.3	+34.6	0	41
Washington	19,406	19,557	- 0.8			55
Wayne	9,800	11,737	-16.5			71
Webster	47,810	44,241	8.1	+16.2	43	23
Winnebago	13,099	13,450	- 2.6			8
Winneshiek	21,651	21,639	0.1			12
Woodbury	107,849	103,917	3.8			30
Worth	10,259	11,068	- 7.3			9
Wright	19,447	19,652	- 1.0			21
IOWA	2,757,537	2,621,073	+ 5.2		1518	

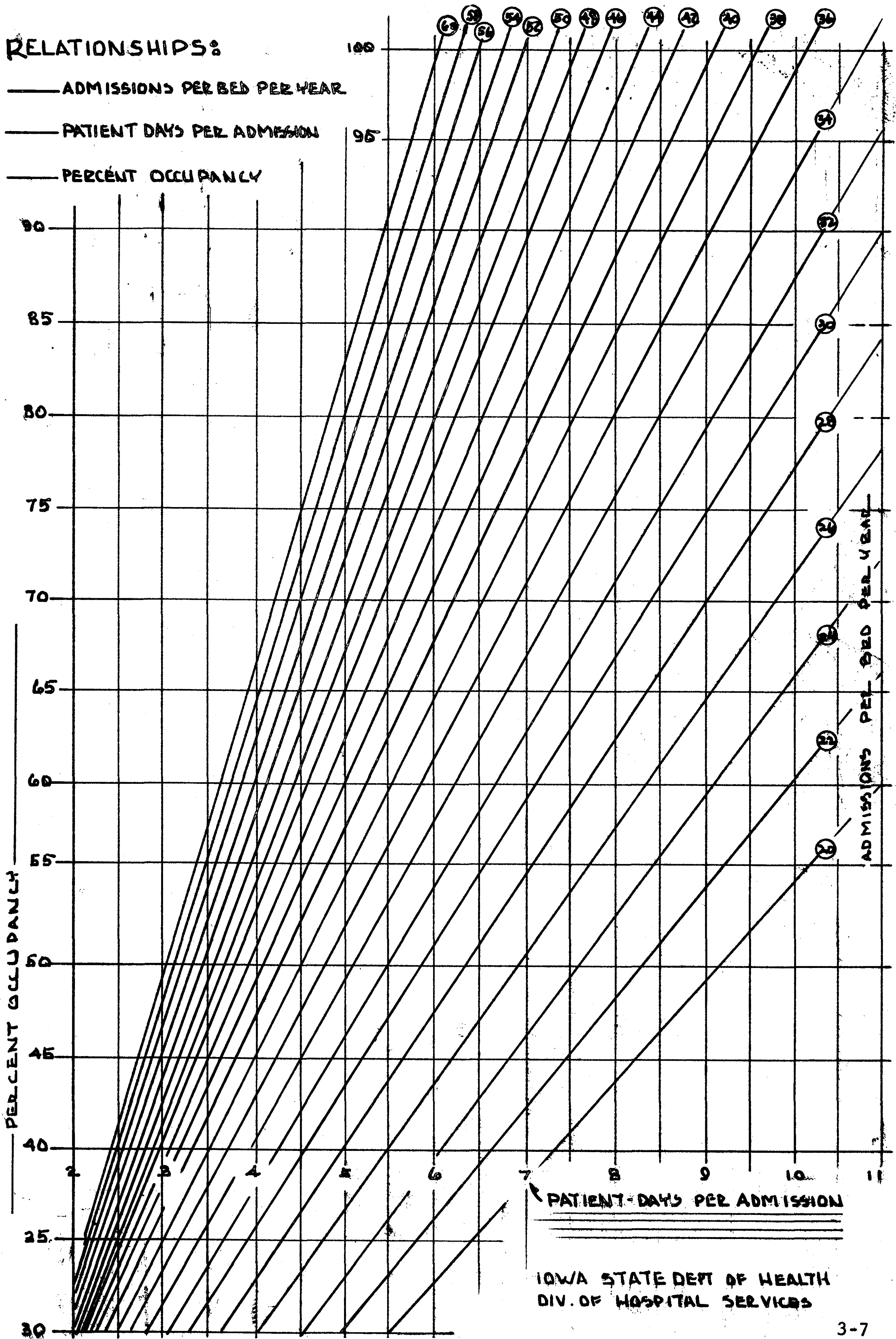
IOWA



PROPOSED SERVICE AREAS

GENERAL HOSPITALS

STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES


RELATIONSHIPS:
ADMISSIONS PER BED PER YEAR
PATIENT DAYS PER ADMISSION
PERCENT OCCUPANCY
PERCENT OCCUPANCY
ADMISSIONS PER BED PER YEAR
PATIENT-DAYS PER ADMISSION
IOWA STATE DEPT OF HEALTH
DIV. OF HOSPITAL SERVICES

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES
INVENTORY OF EXISTING ACUTE GENERAL HOSPITAL CAPABILITY

1 JULY 1963 PAGE ___ OF ___
A REGION SIOUX CITY

AREA	NAME OF FACILITY	LOCATION: COUNTY	LOCATION: TOWN	OWNERSHIP	PHYSICAL INVENTORY OF EXISTING BEDS — OBSTETRICAL BEDS: SUITABLE	OBSTETRICAL BEDS: CONVERT. [illegible]	OBSTETRICAL BEDS: EQUIV. BEDS	MEDICAL SURGICAL BEDS: SUITABLE	MEDICAL SURGICAL BEDS: CONVERT.	MEDICAL SURGICAL BEDS: [illegible]	MEDICAL SURGICAL BEDS: EQUIV. BEDS	RELATIVE PRIORITY ELEMENT — EQUIVALENT SERVICES CAPABILITY IN BEDS	RELATIVE PRIORITY ELEMENT — EXISTING EQUIVALENT BED CAPABILITY	
1	Merrill Pioneer Com.	Lyon	Rock Rapids	Npa.	4	0/0	4	28	0	0	28	24	24	
1	Orange City Municipal	Sioux	Orange City	City	0	8/0	4	27	0	0	27	21	21	
1	Sioux Center Community	Sioux	Sioux Center	Npa.	6	0/0	6	20	0	0	20	21	20	
														65
27	Sioux Valley Memorial	Cherokee	Cherokee	Npa.	9	0/0	9	52	0	0	52	48		48
28	Hartley Memorial	Ida	Battle Creek	City	0	6/0	3	0	9	0	5	2	2	
28	Ida Grove	Ida	Ida Grove	City	0	0/6	0	0	0	12	0	0	0	
														2
29	Hawarden Community	Sioux	Hawarden	City	7	0/0	7	6	0	0	6	2	2	
29	Sacred Heart	Plymouth	LeMars	Ch.	11	0/0	11	47	0	0	47	38	38	
														40
31	Burgess Memorial	Monona	Onawa	Npa.	6	0/0	6	34	0	0	34	34	34	
31	Onawa Hospital	Monona	Onawa	Ind.	0	0/7	0	0	0	10	0	0	0	
														34
30	Akron	Plymouth	Akron	City	8	0/0	8	14	0	0	14	10	10	
30	St. Joseph Mercy	Woodbury	Sioux City	Ch.	27	0/0	27	134	46	40	157	180	157	
30	Lutheran	Woodbury	Sioux City	Ch.	33	2/0	34	42	66	0	75	100	75	
30	Methodist	Woodbury	Sioux City	Ch.	30	0/0	30	207	0	0	207	74	74	
30	St. Vincent's	Woodbury	Sioux City	Ch.	0	33/0	17	46	96	0	94	90	90	
30	Gordon Memorial	Woodbury	Sioux City	Npa.	0	0/5	0	0	0	6	0	0	0	
														406
	REGION "A" SUBTOTALS				141	49/18	166	657	217	68	766	644		595

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES

SUMMARY OF ACUTE GENERAL HOSPITAL USAGE AND NEED

IOWA

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1 JULY 1963

A REGION SIOUX CITY

RELATIVE PRIORITY ELEMENT

AREA	NAME OF FACILITY	TOWN	OBSTETRICAL SERVICE					MEDICAL AND SURGICAL SERVICE					
			NO. OF BIRTHS	OB PAT. DAYS (ADULT)	AV. LENGTH OF STAY	OCCUP. %	BED NEED	ANNUAL ADMISSIONS	PATIENT-DAYS SERVICE	AV. LENGTH OF STAY	OCCUPANCY %	EQUIVALENT BED NEED	
1	Merrill Pioneer Com.	Rock Rapids	207	773	3.73	52.95	4	616	2586	4.20	25.30	14	
1	Orange City Municipal	Orange City	127	467	3.68	15.99	3	754	6419	8.51	65.13	18	
1	Sioux Center Community	Sioux Center	315	1169	3.71	53.38	6	484	5574	11.52	76.36	11	
													43
27	Sioux Valley Memorial	Cherokee	448	2515	5.61	76.56	9	2446	17422	7.12	91.79		57
28	Hartley Memorial	Battle Creek	84	309	3.68	14.11	2	311	2094	6.73	63.74	7	
28	Ida Grove	Ida Grove	87	396	4.55	18.08	2	508	3941	7.76	89.98	12	
													19
29	Hawarden Community	Hawarden	3	15	5.00	0.59	1	563	4295	7.63	196.12	13	
29	Sacred Heart	LeMars	467	1723	3.69	42.91	9	1234	10504	8.51	61.23	29	
													42
31	Burgess Memorial	Onawa	Project Iowa-113			(64.16)	6	Under Construction			(77.53)		
31	Onawa Hospital	Onawa	281	1405	5.00	54.99	NA	1597	9622	6.03	175.74		37
30	Akron	Akron	75	338	4.51	11.58	2	303	1462	4.83	28.61	7	
30	St. Joseph Mercy	Sioux City	1044	5297	5.07	53.75	21	9216	116634	12.66	145.25	214	
30	Lutheran	Sioux City	468	2572	5.50	20.13	9	4216	38233	9.07	96.99	98	
30	Methodist	Sioux City	888	4582	5.16	41.84	18	4468	37257	8.34	49.31	104	
30	St. Vincent's	Sioux City	796	3752	4.71	31.15	16	4091	32731	8.00	63.15	95	
30	Gordon Memorial	Sioux City	57	216	3.79	11.84	1	470	5576	11.86	254.61	11	
													439
	REGION "A" SUBTOTALS		5347	25529			109	31277	294350				637

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES
INVENTORY OF EXISTING ACUTE GENERAL HOSPITAL CAPABILITY

1 JULY 1968 PAGE ___ OF ___
B REGION SPENCER

AREA	NAME OF FACILITY	LOCATION: COUNTY	LOCATION: TOWN	OWNERSHIP	PHYSICAL INVENTORY OF EXISTING BEDS — OBSTETRICAL BEDS: SUITABLE	OBSTETRICAL: CONFORM. DETER.	OBSTETRICAL: EQUIV. BEDS	MEDICAL SURGICAL BEDS: SUITABLE	MEDICAL SURGICAL: CONFORM.	MEDICAL SURGICAL: DETERIOR.	MEDICAL SURGICAL: EQUIV. BEDS	RELATIVE PRIORITY ELEMENT: EQUIVALENT SERVICES CAPABILITY IN BEDS	RELATIVE PRIORITY ELEMENT: EXISTING EQUIVALENT BED CAPABILITY
2	Osceola Community	Clarke	Sibley	Npa.	2	0/0	2	36	0	0	36	35	35
2	Osceola Hsp. Inc.	Clarke	Sibley	Ind.	Being		(0)	Replaced			(0)	0	0
2	Ward Memorial	Obrien	Primghar	City	5	0/0	5	0	0	9	0	3	0
2	Community Memorial	Obrien	Sheldon	Npa.	6	0/0	6	25	0	0	25	23	23
													58
3	Dickinson Co. Memorial	Dickinson	Spirit Lake	Co.	4	0/0	4	46	0	0	46	37	37
4	Community Memorial	Obrien	Hartley	Npa.	2	0/0	2	25	0	0	25	25	25
4	Spencer Municipal	Clay	Spencer	City	20	0/0	20	25	0	0	25	23	23
													48
5	Holy Family	Emmet	Estherville	Ch.	9	0/0	9	69	0	0	69	59	59
6	Palo Alto Memorial	Palo Alto	Emmetsburg	Npa.	0	8/0	4	0	10	24	5	3	3
25	Alta Memorial	Buena V.	Alta	Npa.	2	0/0	2	8	0	0	8	4	4
25	Buena Vista County	Buena V.	Storm Lake	Co.	12	0/0	12	32	0	0	32	32	32
													36
26	Loring Memorial	Sac	Sac City	City	3	0/0	3	30	0	0	30	15	15
	REGION "B" SUBTOTALS				65	8/0	69	296	10	33	301	259	256

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES
SUMMARY OF ACUTE GENERAL HOSPITAL USAGE AND NEED

IOWA

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1 JULY 1963

B REGION SPENCER

AREA	NAME OF FACILITY	TOWN	OBSTETRICAL SERVICE: NO. OF BIRTHS	OB PAT. DAYS (ADULT)	AV. LENGTH OF STAY	OCCUP. %	BED NEED	RELATIVE PRIORITY ELEMENT — MEDICAL AND SURGICAL SERVICE: ANNUAL ADMISSIONS	PATIENT-DAYS SERVICE	AV. LENGTH OF STAY	OCCUPANCY %	EQUIVALENT BED NEED
2	Osceola Community	Sibley	Project Iowa		-119	(73.29)	2	Under Construction			(21.70)	11
2	Osceola Hospital Inc.	Sibley	105	535	5.10		NA	477	2851	5.98	NA	NA
2	Ward Memorial	Primghar	87	334	3.84	18.30	2	159	1289	8.11	39.24	4
2	Community Memorial	Sheldon	294	1226	4.17	55.98	6	778	6232	8.01	68.30	18
												33
3	Dickinson County Mem.	Spirit Lake	193	391	4.62	61.03	4	1225	12635	10.31	75.25	28
4	Community Memorial	Hartley	93	367	3.95	50.27	2	577	5132	8.89	56.24	13
4	Spencer Municipal	Spencer	356	2209	6.21	30.26	7	2282	15309	6.71	167.77	53
												66
5	Holy Family	Estherville	465	2080	4.47	63.32	9	2627	18546	7.06	73.64	61
6	Palo Alto Memorial	Emmetsburg	280	1562	5.58	53.49	6	1347	9695	7.20	78.12	31
25	Alta Memorial	Alta	40	184	4.60	25.21	1	272	2258	8.30	77.33	6
25	Buena Vista County	Storm Lake	480	2292	4.78	52.33	10	1352	12517	9.26	107.17	31
												37
26	Loring Memorial	Sac City	168	825	4.91	75.34	3	770	6896	8.96	62.98	18
	REGION "B" SUBTOTALS		2561	12005			52	11866	93360			274

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES
INVENTORY OF EXISTING ACUTE GENERAL HOSPITAL CAPABILITY

1 JULY 1963 PAGE ___ OF ___

C REGION FORT DODGE

AREA	NAME OF FACILITY	LOCATION: COUNTY	LOCATION: TOWN	OWNERSHIP	OBSTETRICAL BEDS: Suitable	OBSTETRICAL BEDS: Convert. Perm.	OBSTETRICAL BEDS: Equiv. Beds	MEDICAL SURGICAL BEDS: Suitable	MEDICAL SURGICAL BEDS: Convert.	MEDICAL SURGICAL BEDS: Planned	MEDICAL SURGICAL BEDS: Equiv. Beds	Equivalent Services Capability in Beds	Existing Equivalent Bed Capability	
7	St. Ann	Kossuth	Algona	Ch.	22	0/0	22	36	0	0	36	32		32
21	Community Memorial	Wright	Clarion	City	10	0/0	10	44	0	0	44	32	32	
21	Belmond Community	Wright	Belmond	City	4	0/0	4	26	0	0	26	16	16	
														48
22	Hamilton County Public	Hamilton	Webster C.	Co.	12	0/0	12	34	32	0	50	32		32
24	Stewart Memorial Com.	Calhoun	Lake City	Npa.	4	0/0	4	38	0	0	38	37		37
37	Greene County	Greene	Jefferson	Co.	16	0/0	16	42	0	0	42	36		36
23	St. Joseph Mercy	Webster	Fort Dodge	Ch.	16	0/0	16	45	90	0	90	92	90	
23	Fort Dodge Lutheran	Webster	Fort Dodge	Ch.	20	0/0	20	169	111	0	225	179	179	
														269
	REGION "C" SUBTOTALS				104	0/0	104	434	233	0	551	456		454

(Columns from Obstetrical Beds through Equiv. Beds of Medical Surgical Beds are headed PHYSICAL INVENTORY OF EXISTING BEDS; the last two column groups are headed RELATIVE PRIORITY ELEMENT.)

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES

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1 JULY 1963

C REGION FORT DODGE

SUMMARY OF ACUTE GENERAL HOSPITAL USAGE AND NEED

			OBSTETRICAL SERVICE					RELATIVE PRIORITY ELEMENT — MEDICAL AND SURGICAL SERVICE				
AREA	NAME OF FACILITY	TOWN	NO. OF BIRTHS	OB PAT. DAYS (ADULT)	AV. LENGTH OF STAY	OCCUP. %	BED NEED	ANNUAL ADMISSIONS	PATIENT-DAYS SERVICE	AV. LENGTH OF STAY	OCCUPANCY %	EQUIVALENT BED NEED
7	St. Ann	Algona	304	1400	4.61	17.43	6	927	7491	8.08	57.01	22
21	Community Memorial	Clarion	180	720	4.00	19.73	4	1074	7217	6.72	44.94	25
21	Belmond Community	Belmond	179	1069	5.97	73.22	4	609	4558	7.48	48.03	14
												39
22	Hamilton County Public	Webster City	288	1460	5.07	33.33	6	1853	17138	9.25	71.14	43
24	Stewart Memorial Com.	Lake City	135	670	4.96	45.89	3	1088	5911	5.43	42.62	25
37	Greene County	Jefferson	255	1327	5.20	22.72	5	1520	12386	8.15	80.80	35
23	St. Joseph Mercy	Fort Dodge	596	2926	4.91	50.10	12	4559	41340	9.07	83.90	106
23	Fort Dodge Lutheran	Fort Dodge	996	5083	5.10	69.63	20	6813	53892	7.91	52.73	158
												264
	REGION "C" SUBTOTALS		2933	14655			60	18443	149533			428

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES
INVENTORY OF EXISTING ACUTE GENERAL HOSPITAL CAPABILITY

1 JULY 1963 PAGE ___ OF ___

D REGION MASON CITY

AREA	NAME OF FACILITY	LOCATION		OWNERSHIP	PHYSICAL INVENTORY OF EXISTING BEDS							RELATIVE PRIORITY ELEMENT		
					OBSTETRICAL BEDS			MEDICAL SURGICAL BEDS				EQUIVALENT SERVICES CAPABILITY IN BEDS	EXISTING EQUIVALENT BED CAPABILITY	
		COUNTY	TOWN		SUITABLE	CONDEM. PERM.	EQUIV. BEDS	SUITABLE	CONDEM.	PERMANENT	EQUIV. BEDS			
8	Buffalo Ctr. Hsp./Cln.	Winnebago	Buffalo Ctr.	Ind.	2	0/0	2	11	0	0	11	6	6	
8	Forest City Municipal	Winnebago	Forest City	City	4	0/0	4	21	0	0	21	13	13	
8	Hancock County Mem.	Hancock	Britt	Co.	6	0/0	6	26	0	0	26	26	26	
														45
10	Mitchell County Mem.	Mitchell	Osage	Co.	8	0/0	8	55	0	0	55	47	47	
10	Riceville	Mitchell	Riceville	City	0	0/2	0	0	0	10	0	0	0	
														47
11	Cedar Valley	Floyd	Charles City	City	0	0/11	0	0	0	61	0	0	0	
11	Floyd County Memorial	Floyd	Charles City	Co.	12	0/0	0	80	0	0	80	80	80	
														80
19	Franklin General	Franklin	Hampton	Co.	0	10/0	5	0	38	0	19	31	19	
19	Ellsworth Municipal	Hardin	Iowa Falls	City	4	0/0	4	22	17	0	31	39	31	
19	Eldora Memorial	Hardin	Eldora	City	0	0/4	0	0	17	3	9	7	7	
														57
9	Park Memorial	Cerro G.	Mason City	Npa.	0	17/0	9	0	39	0	20	32	20	
9	St. Joseph Mercy	Cerro G.	Mason City	Ch.	0	20/0	10	180	86	48	223	203	203	
														223
	REGION "D" SUBTOTALS				36	47/17	48	395	197	122	495	484		452

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES
SUMMARY OF ACUTE GENERAL HOSPITAL USAGE AND NEED

IOWA

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1 JULY 1963

D REGION MASON CITY

AREA	NAME OF FACILITY	TOWN	OBSTETRICAL SERVICE					RELATIVE PRIORITY ELEMENT — MEDICAL AND SURGICAL SERVICE				
			NO. OF BIRTHS	OB PAT. DAYS (ADULT)	AV. LENGTH OF STAY	OCCUP. %	BED NEED	ANNUAL ADMISSIONS	PATIENT-DAYS SERVICE	AV. LENGTH OF STAY	OCCUPANCY %	EQUIVALENT BED NEED
8	Buffalo Cen. Hsp./Cln.	Buffalo Ctr.	123	602	4.89	82.47	2	700	4237	6.05	105.53	16
8	Forest City Municipal	Forest City	180	810	4.50	55.48	4	380	3329	8.76	43.43	9
8	Hancock County Memorial	Britt	292	1267	4.34	57.85	6	842	4849	5.76	51.10	20
												45
10	Mitchell County Memorial	Osage	435	2525	5.80	86.47	9	2285	14979	6.56	74.62	53
10	Riceville	Riceville	54	243	4.50	33.29	1	129	372	2.88	10.19	3
												56
11	Cedar Valley	Charles City	526	2400	4.56	NA	NA	2457	15594	6.35	NA	
11	Floyd County Memorial	Charles City	Project Iowa		-127	(54.62)	11	Under Construction			(53.37)	57
19	Franklin General	Hampton	314	1299	4.14	35.59	6	967	7026	7.27	50.66	22
19	Ellsworth Municipal	Iowa Falls	218	1249	5.73	85.85	4	1001	5677	5.67	39.88	23
19	Eldora Memorial	Eldora	145	800	5.52	54.79	3	794	5256	6.62	72.00	18
												63
9	Park Memorial	Mason City	311	1830	5.88	29.49	6	1956	17756	9.08	124.73	45
9	St. Joseph Mercy	Mason City	879	4630	5.27	63.42	18	7956	66605	8.37	58.11	185
												230
	REGION "D" SUBTOTALS		3477	17655			70	19467	145680			451

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES
INVENTORY OF EXISTING ACUTE GENERAL HOSPITAL CAPABILITY

1 JUNE 1963 PAGE ___ OF ___

E REGION WATERLOO

RELATIVE PRIORITY ELEMENT

AREA	NAME OF FACILITY	LOCATION: COUNTY	LOCATION: TOWN	OWNERSHIP	Obstetrical Beds: Suitable	Obstetrical Beds: Conver./Perm.	Obstetrical Beds: Equiv. Beds	Medical Surgical Beds: Suitable	Medical Surgical Beds: Conver.	Medical Surgical Beds: Permanent	Medical Surgical Beds: Equiv. Beds	Equivalent Services Capability in Beds	Existing Equivalent Bed Capability
12	St. Joseph Mercy	Howard	Cresco	Ch.	6	0/0	6	36	0	0	36	35	35
12	St. Joseph's	Chickasaw	New Hampton	Ch.	0	6/0	3	0	39	0	20	9	9
12	Smith Memorial	Winneshiek	Decorah	Ch.	0	5/10	3	0	9	9	5	13	5
													49
13	Palmer Memorial	Fayette	West Union	City	4	0/0	4	24	0	0	24	21	21
13	Community Memorial	Bremer	Sumner	Npa.	4	0/0	4	37	0	0	37	21	21
13	Mercy	Fayette	Oelwein	Ch.	9	0/0	9	48	0	0	48	33	33
													75
17	People's	Buchanan	Independence	City	0	5/0	3	0	31	15	16	34	16
20	Grundy County	Grundy	Grundy Ctr.	Co.	4	0/0	4	37	0	0	37	32	32
18	St. Joseph Mercy (new)	Bremer	Waverly	Ch.	5	0/0	5	40	0	0	40	37	37
18	St. Joseph Mercy (old)	Bremer	Waverly	Ch.	Being		(0)	Replaced			(0)	(0)	(0)
18	Sartori Memorial	Black H.	Cedar Falls	City	0	10/0	5	24	20	0	34	12	12
18	Allen Memorial	Black H.	Waterloo	Npa.	0	20/0	10	116	84	0	158	108	108
18	Schoitz Memorial	Black H.	Waterloo	Npa.	25	0/0	25	182	0	0	182	139	139
18	St. Francis	Black H.	Waterloo	Ch.	0	16/0	8	0	108	0	54	54	54
													350
	REGION "E" SUBTOTALS				57	62/10	89	544	291	24	691	548	522

WA STATE DEPARTMENT OF HEALTH
ISION OF HOSPITAL SERVICES
MMARY OF ACUTE GENERAL HOSPITAL USAGE AND NEED

IOWA

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1 JULY 1963

E REGION WATERLOO

RELATIVE PRIORITY ELEMENT

EA	NAME OF FACILITY	TOWN	OBSTETRICAL SERVICE					MEDICAL AND SURGICAL SERVICE					
			NO. OF BIRTHS	OB PAT. DAYS (ADULT)	AV. LENGTH OF STAY	OCCUP. %	BED NEED	ANNUAL ADMISSIONS	PATIENT-DAYS SERVICE	AV. LENGTH OF STAY	OCCUPANCY %	EQUIVALENT BED NEED	
	St. Joseph Mercy	Cresco	252	951	3.77	43.42	5	828	5124	6.19	40.00	19	
	St. Josephs	New Hampton	302	1465	4.85	66.89	6	1355	10147	7.49	71.28	32	
	Smith Memorial	Decorah	369	1596	4.33	29.15	7	1023	8137	7.95	123.85	24	
													75
	Palmer Memorial	West Union	212	962	4.54	65.89	4	1123	4975	4.43	56.79	26	
	Community Memorial	Sumner	175	897	5.13	61.44	4	757	8477	11.20	62.77	18	
	Mercy	Oelwein	359	1452	4.04	44.20	7	2660	15118	5.68	86.29	62	
													106
	People's	Independence	273	1206	4.42	66.08	5	1579	10172	6.44	60.58		37
	Grundy County	Grundy Ctr.	218	1193	5.47	81.71	4	1000	9014	9.01	66.75		23
	St. Joseph Mercy (new)	Waverly	Project----	-------	------	(66.19)	5	Iowa	- 120----	------	(48.04)	19	
	St. Joseph Mercy	Waverly	261	1208	4.63	66.19	NA	816	7014	8.60	NA		
	Sartori Memorial	Cedar Falls	545	2679	4.92	73.40	11	2197	15104	6.87	94.05	51	
	Allen Memorial	Waterloo	1024	5579	5.45	76.42	20	7480	54678	7.31	74.90	174	
	Schoitz Memorial	Waterloo	1254	7213	5.75	79.05	25	7564	59184	7.82	89.09	176	
	St. Francis	Waterloo	777	3664	4.72	62.74	16	4297	30349	7.06	76.99	100	
													520
	REGION "E" SUBTOTALS		6021	30065			119	30679	237493				761

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES
INVENTORY OF EXISTING ACUTE GENERAL HOSPITAL CAPABILITY

1 JUNE 1963 PAGE ___ OF ___
F REGION DUBUQUE

AREA	NAME OF FACILITY	LOCATION: COUNTY	LOCATION: TOWN	OWNERSHIP	PHYSICAL INVENTORY OF EXISTING BEDS — OBSTETRICAL BEDS: Suitable	Conden. Defic.	Equiv. Beds	MEDICAL SURGICAL BEDS: Suitable	Conden.	Deficient	Equiv. Beds	RELATIVE PRIORITY ELEMENT: Equivalent Services Capability in Beds	Existing Equivalent Bed Capability
14	Veteran's Memorial	Allamakee	Waukon	City	5	0/0	5	43	0	0	43	35	35
14	Community Memorial	Allamakee	Postville	City	6	0/0	6	26	0	0	26	22	22
14	McGregor Community	Clayton	McGregor	Npa.	0	0/2	0	0	0	13	0	0	0
14	Elkader Community	Clayton	Elkader	Npa.	5	0/0	5	22	0	0	22	18	18
14	Guttenberg Municipal	Clayton	Guttenberg	City	2	0/0	2	36	0	0	36	35	35
													110
51	Bellevue	Jackson	Bellevue	Npa.	0	0/2	0	0	0	17	0	0	0
51	Jackson County Public	Jackson	Maquoketa	Co.	8	0/0	8	69	0	0	69	56	56
													56
15	Finley	Dubuque	Dubuque	Npa.	8	0/0	8	21	28	56	35	61	35
15	Xavier	Dubuque	Dubuque	Ch.	4	0/0	4	96	0	0	96	96	96
15	St. Joseph Mercy	Dubuque	Dubuque	Ch.	0	19/0	10	200	131	0	266	331	266
													397
	REGION "F" SUBTOTALS				38	19/4	48	513	159	86	593	654	563

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES
SUMMARY OF ACUTE GENERAL HOSPITAL USAGE AND NEED

IOWA

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1 JAN 1963

F REGION DUBUQUE

RELATIVE PRIORITY ELEMENT

AREA	NAME OF FACILITY	TOWN	OBSTETRICAL SERVICE					MEDICAL AND SURGICAL SERVICE				
			NO. OF BIRTHS	OB PAT. DAYS (ADULT)	AV. LENGTH OF STAY	OCCUP. %	BED NEED	ANNUAL ADMISSIONS	PATIENT-DAYS SERVICE	AV. LENGTH OF STAY	OCCUPANCY %	EQUIVALENT BED NEED
14	Veteran's Memorial	Waukon	239	953	3.99	52.22	5	1043	7836	7.51	49.93	24
14	Community Memorial	Postville	160	729	4.56	33.29	3	519	3932	7.58	41.43	12
14	McGregor Community	McGregor	34	141	4.15	19.32	1	300	2454	8.18	51.72	7
14	Elkader Community	Elkader	83	414	4.99	22.68	2	469	3564	7.60	44.33	11
14	Guttenberg Municipal	Guttenberg	121	504	4.17	69.04	2	628	2748	4.38	20.91	15
												69
51	Bellevue	Bellevue	113	531	4.70	78.74	2	605	4279	7.07	68.96	14
51	Jackson County Public	Maquoketa	380	1569	4.13	53.73	8	2427	15622	6.44	62.03	56
												70
15	Finley	Dubuque	419	2375	5.67	81.34	8	3723	26217	7.04	68.41	87
15	Xavier	Dubuque	1381	6706	4.86	45.93	28	2797	19756	7.06	56.38	65
15	St. Joseph Mercy	Dubuque	940	4772	5.08	68.81	19	5834	43352	7.43	35.88	136
												288
	REGION "F" SUBTOTALS		3870	18694			78	18345	129760			427

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES
INVENTORY OF EXISTING ACUTE GENERAL HOSPITAL CAPABILITY

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G REGION CEDAR RAPIDS

AREA	NAME OF FACILITY	LOCATION: COUNTY	LOCATION: TOWN	OWNERSHIP	OBSTETRICAL BEDS: SUITABLE	OBSTETRICAL BEDS: CORRECT./REPLM.	OBSTETRICAL BEDS: EQUIV. BEDS	MEDICAL SURGICAL BEDS: SUITABLE	MEDICAL SURGICAL BEDS: CORRECT.	MEDICAL SURGICAL BEDS: REPLMNT.	MEDICAL SURGICAL BEDS: EQUIV. BEDS	EQUIVALENT SERVICES CAPABILITY IN BEDS	EXISTING EQUIVALENT BED CAPABILITY
					PHYSICAL INVENTORY OF EXISTING BEDS							RELATIVE PRIORITY ELEMENT	
16	Delaware County Mem.	Delaware	Manchester	Co.	10	0/0	10	62	0	0	62	23	23
46	Marengo Memorial	Iowa	Marengo	City	6	0/0	6	22	4	0	24	15	15
47	Virginia Gay	Benton	Vinton	City	5	0/0	5	30	0	0	30	28	28
48	Mercy	Johnson	Iowa City	Ch.	16	23/0	28	62	133	0	129	146	129
48	Irregular Facility	-------	-------	-------									
50	Mercy	Jones	Anamosa	Ch.	0	0/4	0	0	0	19	0	0	0
50	John McDonald	Jones	Monticello	Npa.	8	0/0	8	33	34	0	50	31	31
50	Irregular Facility	-------	-------	-------									31
55	Washington County	Washington	Washington	Co.	0	9/2	5	0	29	0	15	11	11
49	Mercy	Linn	Cedar Rapids	Ch.	32	0/0	32	71	146	90	144	204	144
49	St. Luke's Methodist	Linn	Cedar Rapids	Ch.	50	0/0	50	304	0	0	304	298	298
													442
	REGION "G" SUBTOTALS				127	32/6	144	584	346	109	758	756	679

IOWA STATE DEPARTMENT OF HEALTH
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G REGION CEDAR RAPIDS

RELATIVE PRIORITY ELEMENT

			OBSTETRICAL SERVICE					MEDICAL AND SURGICAL SERVICE				
AREA	NAME OF FACILITY	TOWN	NO. OF BIRTHS	OB PAT. DAYS (ADULT)	AV. LENGTH OF STAY	OCCUP. %	BED NEED	ANNUAL ADMISSIONS	PATIENT-DAYS SERVICE	AV. LENGTH OF STAY	OCCUPANCY %	EQUIVALENT BED NEED
16	Delaware County Mem.	Manchester	500	2404	4.81	65.86	10	2129	13283	6.24	58.70	50
46	Marengo Memorial	Marengo	292	1328	4.55	60.64	6	1033	6330	6.13	66.70	24
47	Virginia Gay	Vinton	227	937	4.13	51.34	5	807	7063	8.75	64.50	19
48	Mercy	Iowa City	1034	4776	4.62	33.55	21	6450	35510	5.51	49.89	150
48	Irregular Facility	-----	-----	-----	-----	-----	-----	1181	3685	-----	-----	
50	Mercy	Anamosa	144	653	4.53	44.73	3	880	5466	6.21	78.82	20
50	John McDonald	Monticello	362	1267	3.50	43.39	7	1803	11553	6.41	55.53	42
50	Irregular Facility	-----	-----	-----	-----	-----	-----	406	4671	-----	-----	62
55	Washington County	Washington	434	1763	4.06	43.91	9	986	7672	7.78	72.48	23
49	Mercy	Cedar Rapids	1581	9927	6.28	84.99	32	8549	62978	7.37	56.20	199
49	St. Luke's Methodist	Cedar Rapids	2493	13596	5.45	74.50	50	12907	95299	7.38	71.73	300
												499
	REGION "G" SUBTOTALS		7067	36651			143	37131	253510			827

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES
INVENTORY OF EXISTING ACUTE GENERAL HOSPITAL CAPABILITY

1 JULY 1968 PAGE ___ OF ___
H REGION DAVENPORT

AREA	NAME OF FACILITY	LOCATION		OWNERSHIP	PHYSICAL INVENTORY OF EXISTING BEDS							RELATIVE PRIORITY ELEMENT	
					OBSTETRICAL BEDS			MEDICAL SURGICAL BEDS				EQUIVALENT SERVICES CAPABILITY IN BEDS	EXISTING EQUIVALENT BED CAPABILITY
		COUNTY	TOWN		SUITABLE	CONDEM./DEPREC.	EQUIV. BEDS	SUITABLE	CONDEM.	REPLACEMENT	EQUIV. BEDS		
52	Jane Lamb Memorial	Clinton	Clinton	Npa.	4	8/0	8	23	47	0	47	55	47
52	St. Joseph Mercy	Clinton	Clinton	Ch.	0	0/9	0	0	0	73	0	0	0
52	DeWitt Community	Clinton	DeWitt	Npa.	5	0/0	5	25	0	0	25	18	18
													65
54	Muscatine General	Muscatine	Muscatine	Co.	16	0/0	16	126	0	0	126	97	97
53	Mercy	Scott	Davenport	Ch.	11	0/0	11	213	0	0	213	208	208
53	St. Lukes	Scott	Davenport	Ch.	26	0/0	26	163	90	0	208	242	208
53	Davenport Osteopathic	Scott	Davenport	Npa.	6	0/0	6	62	0	0	62	53	53
													469
	REGION "H" SUBTOTALS				68	8/9	72	612	137	73	681	673	631

OWA STATE DEPARTMENT OF HEALTH
IVISION OF HOSPITAL SERVICES
UMMARY OF ACUTE GENERAL HOSPITAL USAGE AND NEED

IOWA

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1 JULY 1963

H REGION DAVENPORT

RELATIVE PRIORITY ELEMENT

AREA	NAME OF FACILITY	TOWN	OBSTETRICAL SERVICE					MEDICAL AND SURGICAL SERVICE				
			NO. OF BIRTHS	OB PAT. DAYS (ADULT)	AV. LENGTH OF STAY	OCCUP. %	BED NEED	ANNUAL ADMISSIONS	PATIENT-DAYS SERVICE	AV. LENGTH OF STAY	OCCUPANCY %	EQUIVALENT BED NEED
52	Jane Lamb Memorial	Clinton	575	2762	4.80	63.06	12	4371	28233	6.46	110.50	102
52	St. Joseph Mercy	Clinton	454	1807	3.98	55.01	9	2989	20697	6.92	77.68	70
52	DeWitt Community	DeWitt	243	1109	4.56	60.77	5	799	7084	8.87	77.63	19
												191
54	Muscatine General	Muscatine	804	2710	3.37	46.40	16	3404	24072	7.07	52.34	79
53	Mercy	Davenport	542	5713	10.54	142.29	11	6713	37093	5.53	47.71	156
53	St. Lukes	Davenport	1320	6052	4.58	63.77	26	5325	44374	8.33	48.05	124
53	Davenport Osteopathic	Davenport	299	1640	5.48	74.89	6	2565	16301	6.36	72.03	60
												340
	REGION "H" SUBTOTALS		4237	21793			85	26166	177854			610

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES
INVENTORY OF EXISTING ACUTE GENERAL HOSPITAL CAPABILITY

1 JULY 1963 PAGE ___ OF ___
I REGION BURLINGTON

AREA	NAME OF FACILITY	LOCATION		OWNERSHIP	RELATIVE PRIORITY ELEMENT								Equivalent Services Capability in Beds	Existing Equivalent Bed Capability
					PHYSICAL INVENTORY OF EXISTING BEDS									
					OBSTETRICAL BEDS			MEDICAL SURGICAL BEDS						
		COUNTY	TOWN		Suitable	Correct. Defic.	Equiv. Beds	Suitable	Correct.	Replacement	Equiv. Beds			
79	St. Joseph's	Lee	Keokuk	Ch.	0	5/0	3	56	56	0	84		83	83
79	Graham	Lee	Keokuk	Npa.	3	3/0	5	23	50	18	48		31	31
79	Sacred Heart	Lee	Fort Madison	Ch.	10	0/0	10	54	78	0	93		103	93
79	Irregular Facility	----------	----------	----------										
														207
78	Henry County Memorial	Henry	Mt. Pleasant	Co.	0	11/0	6	25	21	0	36		40	36
78	Mercy	Des M.	Burlington	Ch.	0	9/0	5	50	93	0	97		69	69
78	Burlington	Des M.	Burlington	Ch.	14	0/0	14	158	30	0	173		157	157
														262
	REGION "I" SUBTOTALS				27	28/0	43	366	328	18	531		483	469

IOWA STATE DEPARTMENT OF HEALTH
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SUMMARY OF ACUTE GENERAL HOSPITAL USAGE AND NEED

IOWA

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1 JULY 1963

I REGION BURLINGTON

AREA	NAME OF FACILITY	TOWN	OBSTETRICAL SERVICE					RELATIVE PRIORITY ELEMENT — MEDICAL AND SURGICAL SERVICE				
			NO. OF BIRTHS	OB PAT. DAYS (ADULT)	AV. LENGTH OF STAY	OCCUP. %	BED NEED	ANNUAL ADMISSIONS	PATIENT-DAYS SERVICE	AV. LENGTH OF STAY	OCCUPANCY %	EQUIVALENT BED NEED
79	St. Joseph's	Keokuk	253	1233	4.87	67.56	5	3075	22223	7.23	54.36	72
79	Graham	Keokuk	320	1768	5.53	80.73	6	3421	26266	7.68	79.08	80
79	Sacred Heart	Fort Madison	495	3040	6.14	83.29	10	4087	31367	7.67	65.10	95
79	Irregular Facility	----	----	----	----	----	----	900	7400	----	----	247
78	Henry County Memorial	Mt. Pleasant	278	1383	4.97	34.45	6	1293	10558	3.17	62.88	30
78	Mercy	Burlington	441	2419	5.49	73.64	9	4135	34134	8.85	65.40	96
78	Burlington	Burlington	718	4029	5.61	78.85	14	5883	46638	7.93	67.97	137
												263
	REGION "I" SUBTOTALS		2505	13872			50	22794	178586			510

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IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES
INVENTORY OF EXISTING ACUTE GENERAL HOSPITAL CAPABILITY

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J REGION UNIVERSITY HOSPITALS

AREA	NAME OF FACILITY	LOCATION		OWNERSHIP	PHYSICAL INVENTORY OF EXISTING BEDS							RELATIVE PRIORITY ELEMENT	
					OBSTETRICAL BEDS			MEDICAL SURGICAL BEDS				EQUIVALENT SERVICES CAPABILITY IN BEDS	EXISTING EQUIVALENT BED CAPABILITY
		COUNTY	TOWN		SUITABLE	CONDEM. DEAN.	EQUIV. BEDS	SUITABLE	CONDEM.	PERMANENT	EQUIV. BEDS		
J	University Hospitals	Johnson	Iowa City	STATE	0	46/0	23	57	854	0	484	957	484

IOWA STATE DEPARTMENT OF HEALTH
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SUMMARY OF ACUTE GENERAL HOSPITAL USAGE AND NEED

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J REGION UNIVERSITY HOSPITALS

RELATIVE PRIORITY ELEMENT

AREA	NAME OF FACILITY	TOWN	OBSTETRICAL SERVICE					MEDICAL AND SURGICAL SERVICE				
			NO. OF BIRTHS	OB PAT. DAYS (ADULT)	AV. LENGTH OF STAY	OCCUP. %	BED NEED	ANNUAL ADMISSIONS	PATIENT DAYS SERVICE	AV. LENGTH OF STAY	OCCUPANCY %	EQUIVALENT BED NEED
J	University Hospitals	Iowa City	2273	25012	11.00	48.97	45	22959	246101	10.72	74.01	534

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IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES
INVENTORY OF EXISTING ACUTE GENERAL HOSPITAL CAPABILITY

1 JULY 1963 PAGE ___ OF ___
K REGION OTTUMWA

AREA	NAME OF FACILITY	LOCATION		OWNERSHIP	PHYSICAL INVENTORY OF EXISTING BEDS							RELATIVE PRIORITY ELEMENT	
					OBSTETRICAL BEDS			MEDICAL SURGICAL BEDS				EQUIVALENT SERVICES CAPABILITY IN BEDS	EXISTING EQUIVALENT BED CAPABILITY
		COUNTY	TOWN		SUITABLE	CONDEM. DETER.	EQUIV. BEDS	SUITABLE	CONDEM.	PERMANENT	EQUIV. BEDS		
56	Keokuk County	Keokuk	Sigourney	Co.	5	0/0	5	33	0	0	33	32	32
57	Mahaska County	Mahaska	Oskaloosa	Co.	10	0/0	10	67	0	0	67	66	66
72	Monroe County	Monroe	Albia	Co.	5	0/0	5	35	0	0	35	26	26
73	St. Joseph Mercy	Appanoose	Centerville	Ch.	0	10/0	5	23	52	0	49	46	46
75	Davis County	Davis	Bloomfield	Co.	6	0/0	6	71	0	0	71	44	44
76	Jefferson County	Jefferson	Fairfield	Co.	7	0/0	7	48	0	22	48	15	15
77	Van Buren County Mem.	Van Buren	Keosauqua	Co.	3	0/0	3	13	0	0	13	21	13
74	Ottumwa	Wapello	Ottumwa	Npa.	12	0/0	12	139	0	0	139	129	129
74	St. Joseph	Wapello	Ottumwa	Ch.	8	0/0	8	131	0	0	131	118	118
													247
	REGION "K" SUBTOTALS				56	10/0	61	560	52	22	586	497	489

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES

SUMMARY OF ACUTE GENERAL HOSPITAL USAGE AND NEED

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1 JULY 1963

K REGION OTTUMWA

AREA	NAME OF FACILITY	TOWN	OBSTETRICAL SERVICE					RELATIVE PRIORITY ELEMENT — MEDICAL AND SURGICAL SERVICE				
			NO. OF BIRTHS	OB PAT. DAYS (ADULT)	AV. LENGTH OF STAY	OCCUP. %	BED NEED	ANNUAL ADMISSIONS	PATIENT-DAYS SERVICE	AV. LENGTH OF STAY	OCCUPANCY %	EQUIVALENT BED NEED
56	Keokuk County	Sigourney	240	1080	4.50	59.18	5	541	5522	10.21	45.84	13
57	Mahaska County	Oskaloosa	545	2323	4.26	63.64	11	2528	15690	6.21	64.16	59
72	Monroe County	Albia	134	515	3.84	28.22	3	1518	7520	4.95	58.86	35
73	St. Joseph Mercy	Centerville	276	1241	4.50	34.00	6	2360	15107	6.40	55.19	55
75	Davis County	Bloomfield	201	950	4.73	43.38	4	2414	21127	8.75	81.52	56
76	Jefferson County	Fairfield	330	1548	4.69	60.59	7	2156	14852	6.89	58.13	50
77	Van Buren County Mem.	Keosauqua	136	481	3.54	43.93	3	768	6891	8.97	45.23	18
74	Ottumwa	Ottumwa	543	2304	4.24	52.60	11	5217	48595	9.31	95.78	121
74	St. Joseph	Ottumwa	394	2174	5.52	74.45	8	2769	30142	10.89	63.04	64
												185
	REGION "K" SUBTOTALS		2799	12616			58	20271	165446			471

IOWA STATE DEPARTMENT OF HEALTH

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INVENTORY OF EXISTING ACUTE GENERAL HOSPITAL CAPABILITY

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L REGION DES MOINES

AREA	NAME OF FACILITY	LOCATION		OWNER-SHIP	PHYSICAL INVENTORY OF EXISTING BEDS							RELATIVE PRIORITY ELEMENT		
					OBSTETRICAL BEDS			MEDICAL SURGICAL BEDS				EQUIVALENT SERVICES CAPABILITY IN BEDS	EXISTING EQUIVALENT BED CAPABILITY	
		COUNTY	TOWN		SUITABLE	CORRECT. PERM.	EQUIV. BEDS	SUITABLE	CORRECT.	PERMANENT	EQUIV. BEDS			
38	Guthrie County	Guthrie	Guthrie Ctr.	Co.	3	0/0	3	23	0	0	23	21		21
39	Dallas County	Dallas	Perry	Co.	8	0/0	8	40	0	0	40	39	39	
39	Redfield Hsp. & Clinic	Dallas	Redfield	Ind.	2	0/0	2	12	0	0	12	8	8	
39	Clinic	Dallas	Dexter	Part.	2	0/0	2	14	0	0	14	3	3	
														50
40	Boone County	Boone	Boone	Co.	7	0/0	7	53	44	0	75	81		75
40	Irregular Facility	-----	-----	-----										
42	Story City Memorial	Story	Story City	City	3	0/0	3	13	0	0	13	12	12	
42	Story County	Story	Nevada	Co.	10	0/0	10	40	0	0	40	31	31	
42	Mary Greeley Memorial	Story	Ames	City	19	0/0	19	59	49	49	84	144	84	
42	Irregular Facility	-----	-----	-----										
														127
43	Mary Frances Skiff Mem.	Jasper	Newton	City	0	11/0	6	35	50	0	60	51		51
44	Mercy	Marshall	Marshalltown	Ch.	0	8/0	4	29	54	0	56	41	41	
44	Evangelical	Marshall	Marshalltown	Ch.	0	19/0	10	68	47	0	92	106	92	
														133
45	St. Francis	Poweshiek	Grinnell	Ch.	0	4/0	2	0	16	0	8	10	8	
45	Grinnell Community	Poweshiek	Grinnell	Npa.	0	4/0	2	0	37	0	19	20	19	
														27
58	Collins Memorial	Marion	Knoxville	Ind.	6	0/0	6	24	0	0	24	9	9	
58	Pella Community	Marion	Pella	Npa.	8	0/0	8	24	0	0	24	24	24	
														33

(continued)

IOWA STATE DEPARTMENT OF HEALTH
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SUMMARY OF ACUTE GENERAL HOSPITAL USAGE AND NEED

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L REGION DES MOINES

AREA	NAME OF FACILITY	TOWN	OBSTETRICAL SERVICE					RELATIVE PRIORITY ELEMENT — MEDICAL AND SURGICAL SERVICE				
			NO. OF BIRTHS	OB PAT. DAYS (ADULT)	AV. LENGTH OF STAY	OCCUP. %	BED NEED	ANNUAL ADMISSIONS	PATIENT-DAYS SERVICE	AV. LENGTH OF STAY	OCCUPANCY %	EQUIVALENT BED NEED
38	Guthrie County	Guthrie Ctr.	131	625	4.77	57.08	3	788	6931	8.80	82.56	18
39	Dallas County	Perry	244	962	3.94	32.95	5	1152	9889	8.58	67.73	27
39	Redfield Hsp. & Cln.	Redfield	22	111	5.05	15.21	1	433	3309	7.64	75.55	10
39	Clinic	Dexter	56	296	5.29	42.55	1	768	8034	10.46	157.22	18
												55
40	Boone County	Boone	363	3513	9.76	138.67	7	2988	21846	7.31	61.70	69
40	Irregular Facility	----------	----------	----------	----------	----------	----------	610	10500	----------	----------	
42	Story City Memorial	Story City	146	645	4.42	58.90	3	818	5025	6.14	105.90	19
42	Story County	Nevada	221	1134	5.13	36.07	4	1423	12115	8.51	82.98	33
42	Mary Greeley Memorial	Ames	933	4581	4.91	66.06	19	3718	23095	6.21	40.30	86
42	Irregular Facility	----------	----------	----------	----------	----------	----------	750	2524	----------	----------	
												138
43	Mary Frances Skiff Mem.	Newton	485	2244	4.63	55.89	10	2944	16352	5.55	52.71	68
44	Mercy	Marshalltown	394	2153	5.46	73.73	8	1549	17249	11.14	56.94	36
44	Evangelical	Marshalltown	645	3455	5.36	49.82	13	4460	30783	6.90	73.34	104
												140
45	St. Francis	Grinnell	198	818	4.13	56.03	4	880	4948	5.62	84.73	20
45	Grinnell Community	Grinnell	214	1108	5.18	75.89	4	1229	8239	6.70	61.01	29
												49
58	Collins Memorial	Knoxville	277	1153	4.16	52.65	6	1891	9102	4.81	103.90	44
58	Pella Community	Pella	180	665	3.69	22.77	4	741	6432	8.68	73.42	17
	(continued)											61

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES
INVENTORY OF EXISTING ACUTE GENERAL HOSPITAL CAPABILITY

1 JULY 1963 PAGE ___ OF ___
L REGION DES MOINES (cont'd)

AREA	NAME OF FACILITY	LOCATION: COUNTY	LOCATION: TOWN	OWNERSHIP	OBSTETRICAL BEDS: SUITABLE	OBSTETRICAL BEDS: CORRECT./REPLM.	OBSTETRICAL BEDS: EQUIV. BEDS	MEDICAL SURGICAL BEDS: SUITABLE	MEDICAL SURGICAL BEDS: CORRECT.	MEDICAL SURGICAL BEDS: REPLACEMENT	MEDICAL SURGICAL BEDS: EQUIV. BEDS	EQUIVALENT SERVICES CAPABILITY IN BEDS	EXISTING EQUIVALENT BED CAPABILITY
59	Madison County Memorial	Madison	Winterset	Co.	3	0/0	3	36	0	0	36	29	29
60	Adair County Memorial	Adair	Greenfield	Co.	4	0/0	4	25	0	0	25	21	21
66	Greater Community	Union	Creston	Co.	0	0/6	0	0	0	44	0	0	0
67	Ringgold County	Ringgold	Mt. Ayr	Co.	4	0/0	4	26	0	0	26	20	20
68	Clarke County Public	Clarke	Osceola	Co.	4	0/0	4	28	0	0	28	27	27
69	Decatur County	Decatur	Leon	Co.	0	4/0	2	0	10	0	5	7	5
70	Lucas County Memorial	Lucas	Chariton	Co.	8	0/0	8	26	0	0	26	25	25
70	Yocom	Lucas	Chariton	Ind.	0	0/2	0	0	0	19	0	0	0
													25
71	Wayne County	Wayne	Corydon	Co.	2	0/0	2	34	0	0	34	23	23
41	Broadlawns	Polk	Des Moines	Co.	0	17/0	9	0	130	14	65	33	33
41	Iowa Lutheran	Polk	Des Moines	Ch.	0	18/0	9	90	152	0	166	113	113
41	Iowa Methodist & Blank M	Polk	Des Moines	Ch.	46	0/0	46	297	0	0	297	255	255
41	Mercy	Polk	Des Moines	Ch.	45	0/0	45	265	0	50	265	255	255
41	Still Osteopathic	Polk	Des Moines	Npa.	0	6/0	3	0	69	0	35	35	35
41	Des Moines General	Polk	Des Moines	Corp.	10	0/0	10	60	0	25	60	46	46
41	Wilden Osteopathic	Polk	Des Moines	Corp.	0	3/3	2	0	32	6	16	11	11
41	Doctors	Polk	Des Moines	Corp.	16	0/0	16	87	0	0	87	74	74
													822
	REGION "L" SUBTOTALS				210	94/11	259	1408	690	207	1755	1574	1489

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES
SUMMARY OF ACUTE GENERAL HOSPITAL USAGE AND NEED

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1 JULY 1963
L REGION DES MOINES (cont'd)

AREA	NAME OF FACILITY	TOWN	OBSTETRICAL SERVICE					RELATIVE PRIORITY ELEMENT — MEDICAL AND SURGICAL SERVICE				
			NO. OF BIRTHS	OB PAT. DAYS (ADULT)	AV. LENGTH OF STAY	OCCUP. %	BED NEED	ANNUAL ADMISSIONS	PATIENT-DAYS SERVICE	AV. LENGTH OF STAY	OCCUPANCY %	EQUIVALENT BED NEED
59	Madison County Memorial	Winterset	161	736	4.57	67.21	3	751	5929	7.89	45.12	17
60	Adair County Memorial	Greenfield	182	836	4.74	59.11	4	692	5038	7.28	55.21	16
66	Greater Community	Creston	277	1288	4.65	58.81	6	2413	14516	6.02	90.39	56
67	Ringgold County	Mt. Ayr	181	815	4.50	55.82	4	753	5050	6.71	53.21	18
68	Clarke County Public	Osceola	191	703	3.68	48.15	4	1192	8732	5.16	85.44	39
69	Decatur County	Leon	179	583	3.26	39.93	4	1054	6922	6.57	189.64	25
70	Lucas County Memorial	Chariton	118	493	4.18	16.88	2	942	5601	5.95	59.02	22
70	Yocom	Chariton	71	276	3.89	37.81	1	442	6339	14.34	91.41	10
												32
71	Wayne County	Corydon	51	204	4.00	27.95	1	699	8393	12.01	67.63	16
41	Broadlawns	Des Moines	870	3961	4.55	63.84	17	4149	31802	7.66	60.51	96
41	Iowa Lutheran	Des Moines	914	4257	4.66	64.79	18	9769	72888	7.46	82.52	227
41	Iowa Methodist & Blank	Des Moines	2300	11291	4.91	67.25	46	14274	116097	8.13	107.10	332
41	Mercy	Des Moines	2229	11013	4.94	67.05	45	10822	81139	7.50	70.57	252
41	Still Osteopathic	Des Moines	239	836	3.50	38.17	5	1323	10272	7.76	40.79	31
41	Des Moines General	Des Moines	439	2151	4.90	58.93	9	3523	27560	7.82	88.83	82
41	Wilden Osteopathic	Des Moines	227	1006	4.43	45.94	5	1706	8402	4.92	60.58	40
41	Doctor's	Des Moines	Not in Operation									
												1060
	REGION "L" SUBTOTALS		13138	63912			266	81646	611053			1877

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES
INVENTORY OF EXISTING ACUTE GENERAL HOSPITAL CAPABILITY

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M REGION COUNCIL BLUFFS

RELATIVE PRIORITY ELEMENT

AREA	NAME OF FACILITY	LOCATION		OWNERSHIP	PHYSICAL INVENTORY OF EXISTING BEDS							EQUIVALENT SERVICES CAPABILITY IN BEDS	EXISTING EQUIVALENT BED CAPABILITY
					OBSTETRICAL BEDS			MEDICAL SURGICAL BEDS					
		COUNTY	TOWN		Suitable	Conform. Deem.	Equiv. Beds	Suitable	Conform.	Perman.	Equiv. Beds		
32	Community Memorial	Harrison	Missouri V.	Npa.	4	0/0	4	26	0	0	26	23	23
33	Crawford County	Crawford	Denison	Co.	8	0/0	8	41	0	0	41	31	31
34	Myrtue Memorial	Shelby	Harlan	Co.	8	0/0	8	43	0	0	43	33	33
35	Manning General	Carroll	Manning	Prop.	0	2/0	1	0	13	0	7	4	4
35	St. Anthony	Carroll	Carroll	Ch.	0	0/13	0	0	14	89	7	59	7
													11
36	Audubon County Memorial	Audubon	Audubon	Co.	4	0/0	4	26	0	0	26	24	24
61	Atlantic Memorial	Cass	Atlantic	Npa.	7	0/0	7	23	38	0	42	20	20
63	Murphy Memorial	Montgomery	Red Oak	City	8	0/0	8	35	0	0	35	31	31
64	Clarinda Municipal	Page	Clarinda	City	0	6/0	3	19	20	0	29	29	29
64	Hand Memorial	Page	Shenandoah	Npa.	6	0/0	6	28	28	0	42	23	23
64	Community Hospital Inc.	Fremont	Hamburg	City	0	0/2	0	0	0	23	0	0	0
													52
65	Rosary	Adams	Corning	Ch.	8	0/0	8	30	0	0	30	28	28
62	Mercy	Pottawat.	Council Bl.	Ch.	0	0/22	0	16	22	185	27	141	27
62	Jennie Edmundson Mem.	Pottawat.	Council Bl.	Npa.	18	0/0	18	136	60	0	166	170	166
62	Irregular Facility	----------	----------	----------									
													193
	REGION "M" SUBTOTALS				71	8/37	75	423	195	297	521	616	446

IOWA STATE DEPARTMENT OF HEALTH
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SUMMARY OF ACUTE GENERAL HOSPITAL USAGE AND NEED

IOWA

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M REGION COUNCIL BLUFFS

RELATIVE PRIORITY ELEMENT

AREA	NAME OF FACILITY	TOWN	OBSTETRICAL SERVICE					MEDICAL AND SURGICAL SERVICE				
			NO. OF BIRTHS	OB PAT. DAYS (ADULT)	AV. LENGTH OF STAY	OCCUP. %	BED NEED	ANNUAL ADMISSIONS	PATIENT-DAYS SERVICE	AV. LENGTH OF STAY	OCCUPANCY %	EQUIVALENT BED NEED
32	Community Memorial	Missouri V.	175	790	4.51	54.11	4	1246	8924	7.16	94.04	29
33	Crawford County	Denison	422	1501	3.56	51.40	8	1987	11753	5.91	78.54	46
34	Myrtue Memorial	Harlan	424	2226	5.25	76.23	8	2078	13290	6.40	84.63	48
35	Manning General	Manning	85	432	5.08	59.18	2	387	3817	8.57	69.91	9
35	St. Anthony	Carroll	648	2948	4.55	62.13	13	3398	28805	8.48	76.62	79
												88
36	Audubon County Mem.	Audubon	153	693	4.53	47.47	3	860	5129	5.96	54.05	20
61	Atlantic Memorial	Atlantic	349	1534	4.54	62.00	7	2091	14496	6.93	65.11	49
63	Murphy Memorial	Red Oak	254	974	3.83	33.36	5	1181	8825	7.47	69.08	27
64	Clarinda Municipal	Clarinda	184	803	4.36	36.67	4	1405	8814	6.27	61.92	33
64	Hand Memorial	Shenandoah	244	1031	4.23	47.08	5	1567	11635	7.43	56.92	36
64	Community Hospital Inc.	Hamburg	90	396	4.40	54.25	2	962	6320	6.64	75.28	22
												91
65	Rosary	Corning	145	678	4.68	23.22	3	780	5542	7.11	50.61	18
62	Mercy	Council B.	1077	4612	4.28	57.43	22	5868	44650	7.61	54.86	136
62	Jennie Edmundson Mem.	Council B.	852	3508	4.12	53.39	17	5723	40804	7.13	57.04	133
62	Irregular Facility	----------	----	----	----	----	----	1109	6404	----	----	269
	REGION "M" SUBTOTALS		5102	22176			103	30632	219208			685

IOWA STATE DEPARTMENT OF HEALTH

DIVISION OF HOSPITAL SERVICES

INVENTORY OF EXISTING ACUTE GENERAL HOSPITAL CAPABILITY

1 JULY 1963 PAGE ___ OF ___

REGION STATEWIDE SUMMARY

AREA	NAME OF FACILITY	LOCATION: COUNTY	LOCATION: TOWN	OWNERSHIP	PHYSICAL INVENTORY OF EXISTING BEDS — OBSTETRICAL BEDS: Suitable	Correc./Perm.	Equiv. Beds	MEDICAL SURGICAL BEDS: Suitable	Correc.	Permanent	Equiv. Beds	RELATIVE PRIORITY ELEMENT: Equivalent Services Capability in Beds	Existing Equivalent Bed Capability
A	Sioux City				141	49/18	166	657	217	68	766	644	595
B	Spencer				65	8/0	69	296	10	33	301	259	256
C	Fort Dodge				104	0/0	104	434	233	0	551	456	454
D	Mason City				36	47/17	48	395	197	122	495	484	452
E	Waterloo				57	62/10	89	544	291	24	691	548	522
F	Dubuque				38	19/4	48	513	159	86	593	654	563
G	Cedar Rapids				127	32/6	144	584	346	109	758	756	679
H	Davenport				68	8/9	72	612	137	73	681	673	631
I	Burlington				27	28/0	43	366	328	18	531	483	469
J	University Hospitals				0	46/0	23	57	854	0	484	957	484
K	Ottumwa				56	10/0	61	560	52	22	586	497	489
L	Des Moines				210	94/11	259	1408	690	207	1755	1574	1489
M	Council Bluffs				71	8/37	75	423	195	297	521	616	446
	STATEWIDE TOTALS				1000	411/112	1201	6849	3709	1059	8713	8601	7529

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES

SUMMARY OF ACUTE GENERAL HOSPITAL USAGE AND NEED

IOWA

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1 JULY 1963

_______ REGION STATEWIDE SUMMARY

AREA	NAME OF FACILITY	TOWN	OBSTETRICAL SERVICE					RELATIVE PRIORITY ELEMENT: MEDICAL AND SURGICAL SERVICE				
			NO. OF BIRTHS	OB PAT. DAYS (ADULT)	AV. LENGTH OF STAY	OCCUP. %	BED NEED	ANNUAL ADMISSIONS	PATIENT-DAYS SERVICE	AV. LENGTH OF STAY	OCCUPANCY %	EQUIVALENT BED NEED
A	Sioux City		5347	25529			109	31277	294350			637
B	Spencer		2561	12005			52	11866	93360			274
C	Fort Dodge		2933	14655			60	18443	149533			428
D	Mason City		3477	17655			70	19467	145680			451
E	Waterloo		6021	30065			119	32679	237493			761
F	Dubuque		3870	18694			78	18345	129760			427
G	Cedar Rapids		7067	36651			143	37131	253510			827
H	Davenport		4237	21793			85	26166	177854			610
I	Burlington		2505	13872			50	22794	178586			510
J	University Hospitals		2273	25012			45	22959	246101			534
K	Ottumwa		2799	12616			58	20271	165446			471
L	Des Moines		13138	63912			266	81646	611053			1877
M	Council Bluffs		5102	22176			103	30632	219208			685
	STATEWIDE TOTALS		61330	314635	5.13	56.60	1238	373676	2901934	7.77	68.44	8492

GENERAL HOSPITAL
RELATIVE PRIORITY TABLE

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AREA DESIGNATION No	AREA DESIGNATION POPULATION CENTER	EQUIVALENT BEDS EXISTING	BED NEED DATA CURRENT NEED	BED NEED DATA POP. INCREASE NEED	BED NEED DATA TOTAL BEDS NEEDED	PRIORITY RATIO % NEED MET
66	Creston	0	56		56	0
6	Emmetsburg	3	31		31	9.68
28	Ida Grove	2	19		19	10.53
35	Carroll	11	88		88	12.50
69	Leon	5	25		25	20.00
52	Clinton	65	191	42	233	27.90
76	Fairfield	15	50		50	30.00
61	Atlantic	20	49		49	40.82
17	Independence	16	37		37	43.24
50	Anamosa	31	62	8	70	44.29
16	Manchester	23	50		50	46.00
18	Waterloo	350	520	223	743	47.11
55	Washington	11	23		23	47.83
62	Council Bluffs	193	269	104	373	51.74
58	Knoxville	33	61		61	54.10
45	Grinnell	27	49		49	55.10
64	Shenandoah	52	91		91	57.14
41	Des Moines	822	1060	377	1437	57.20
49	Cedar Rapids	442	499	312	811	62.17
46	Marengo	15	24		24	62.50
43	Newton	51	68	13	81	62.96
48	Iowa City	129	150	52	202	63.86
51	Maquoketa	56	70	16	86	65.12
12	Decorah	49	75		75	65.33
33	Denison	31	46		46	67.39
34	Harlan	33	48		48	68.75
68	Osceola	27	39		39	69.23
13	Oelwein	75	106		106	70.75
77	Keosauqua	13	18		18	72.22
4	Spencer	48	66		66	72.73
72	Albia	26	35		35	74.29
22	Webster City	32	43		43	74.42
42	Ames	127	138	31	169	75.15
70	Chariton	25	32		32	78.13
75	Bloomfield	44	56		56	78.57
32	Missouri Valley	23	29		29	79.31
9	Mason City	223	230	38	268	83.21
26	Sac City	15	18		18	83.33
73	Centerville	46	55		55	83.64
44	Marshalltown	133	140	19	159	83.65
79	Keokuk	207	247		247	83.81
10	Osage	47	56		56	83.93
27	Cherokee	48	57		57	84.21
5	Estherville	59	61	7	68	86.76
23	Fort Dodge	269	264	43	307	87.62
78	Burlington	262	263	32	295	88.81
19	Iowa Falls	57	63		63	90.48
39	Perry	50	55		55	90.91
31	Onawa	34	37		37	91.89
30	Sioux City	406	439		439	92.48
29	LeMars	40	42		42	95.24
25	Storm Lake	36	37		37	97.30

GENERAL HOSPITAL
RELATIVE PRIORITY TABLE

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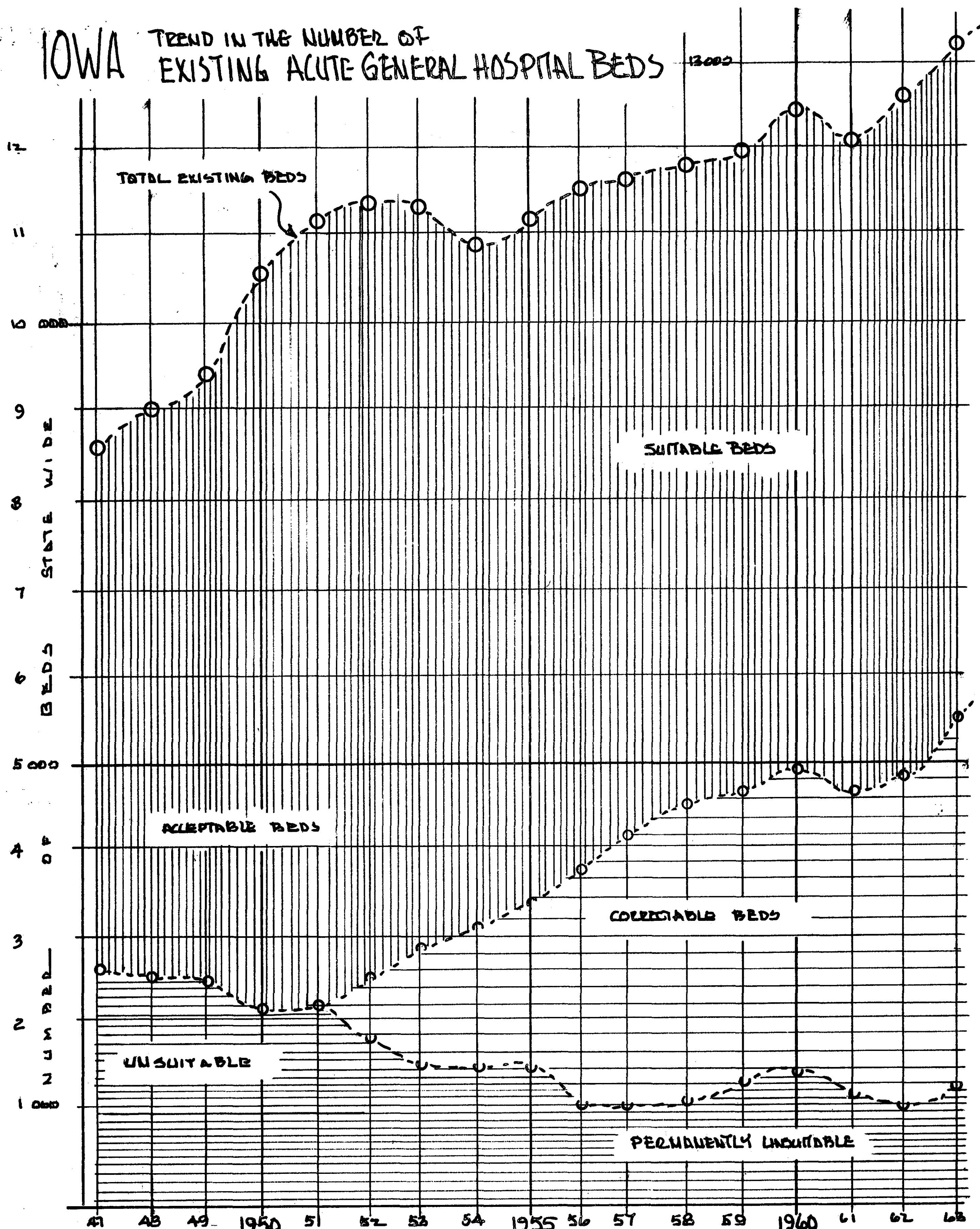
Area Designation No.	Population Center	Equivalent Beds Existing	Bed Need Data: Current Need	Pop. Increase Need	Total Beds Needed	Priority Ratio % Need Met
1	Rock Rapids	65	43		43	100
2	Sibley	58	33		33	100
3	Spirit Lake	37	28		28	100
7	Algona	32	22		22	100
8	Forest City	45	45		45	100
11	Charles City	80	57		57	100
14	Waukon	110	69		69	100
15	Dubuque	397	288	70	358	100
20	Grundy Center	32	23		23	100
21	Clarion	48	39		39	100
24	Lake City	37	25		25	100
36	Audubon	24	20		20	100
37	Jefferson	36	35		35	100
38	Guthrie Center	21	18		18	100
40	Boone	75	69		69	100
47	Vinton	28	19		19	100
53	Davenport	469	340	123	463	100
54	Muscatine	97	79	8	87	100
56	Sigourney	32	13		13	100
57	Oskaloosa	66	59		59	100
59	Winterset	29	17		17	100
60	Greenfield	21	16		16	100
63	Red Oak	31	27		27	100
65	Corning	28	18		18	100
67	Mt. Ayr	20	18		18	100
71	Corydon	23	16		16	100
74	Ottumwa	247	185		185	100
J	(University Hsp.)	484	534		534	90.64
	TOTAL	7529	8492	1518	10010	
	Existing Med./Surg. Beds But Supported by Less Than Adequate Services	1184				
	Equiv. Existing OB Beds	1201				
	Pool Beds Reserved for Program Adjustment				3456	
	OVERALL TOTALS	9914			13466	73.62

Per Original Plan
4.5 Beds/1000 Pop. = 12409
Excess-Orig. Plan = 1057
Total Beds Allowed 13466


IOWA TREND IN THE NUMBER OF
EXISTING ACUTE GENERAL HOSPITAL BEDS
TOTAL EXISTING BEDS
SUITABLE BEDS
ACCEPTABLE BEDS
CORRECTABLE BEDS
UNSUITABLE
PERMANENTLY UNSUITABLE
STATE WIDE BEDS
NUMBER OF
13000
12
11
10 000
9
8
7
6
5 000
4
3
2
1 000
47
48
49
1950
51
52
53
54
1955
56
57
58
59
1960
61
62
63
IOWA STATE DEPT OF HEALTH
DIV OF HOSPITAL SERVICES

TUBERCULOSIS HOSPITALS

You will note that all facilities for treating tuberculosis in Iowa are operated by political subdivisions. All are county institutions except the state facility at Oakdale, which serves also as a training establishment correlated with the College of Medicine, State University of Iowa.

A continued statewide case finding program has been very successful in locating new cases and bringing them under treatment expeditiously. Sound statistics are available on Iowa's experience in this category for considering future construction needs.

ANNUAL RESIDENT DEATH RATE - IOWA - CALENDAR YEARS

Year	Number
1940	421
1941	370
1942	395

Annual Average Death Rate - 374.8

Maximum Beds Allowed - 2.5 Beds/Death
- (2.5) (374.8)
- 946 Beds

TOTAL ACTIVE AND PROBABLY ACTIVE NEW CASES FOUND - IOWA - BY CALENDAR YEAR

Year	Number
1955	364
1956	311

Average Number - 339.5

Minimum Beds Indicated - 1.5 Beds/New Cases
- (1.5) (339.5)
- 506 Beds

PATIENT LOAD - STATEWIDE - HAS BEEN AS FOLLOWS:

Calendar Year	Total Patient Days Service
1952	240,826
1953	215,667
1954	184,251
1955	168,815
1956	156,169
1957	151,329
1958	146,759
1959	138,870
1960	132,080
1961	112,725
1962	103,127

In the light of past experience and usage trends, there is no indicated need for construction of tuberculosis beds, and the category is placed in the lowest priority.

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES

SUITABILITY REPORT

TUBERCULOSIS HOSPITAL BEDS AND FACILITIES

STATEWIDE
16TH REVISION
1 JULY 1963

IOWA

AREA	NAME OF FACILITY	LOCATION		OWNERSHIP	BED INVENTORY AND EVALUATION				ANNUAL OPERATIONAL DATA			
		COUNTY	TOWN		SUITABLE	UNSUITABLE: CONFORMABLE	UNSUITABLE: PERMANENT	TOTAL EQUIVALENT BEDS EXISTING	AV. DAYS PER STAY	% OCCUP.	TOTAL PATIENT-DAYS	TOTAL ADMISSIONS
	State Sanatorium	Johnson	Oakdale	STATE	64	285	0		294	68.16	86,826	295
	Broadlawns Polk County	Polk	Des Moines	CO.	0	0	12		27	89.86	3,936	145
	Sunnyslope Sanatorium	Wapello	Ottumwa	CO.	63	0	0		275	53.77	12,365	45
	STATEWIDE TOTALS				127	285	12		213	66.64	103,127	485

NERVOUS AND MENTAL HOSPITALS

The field of mental health has been subjected to much discussion in Iowa during the past fifteen years. A series of studies and corrective programs were inaugurated during that time. Historically, Iowa was unique and creditable during earlier decades. In the 1880's, Iowa was outstandingly aggressive and was looked upon with great favor by the authorities in the mental field. The governing body chose to commit the state to the position of assuming responsibility for its mentally ill, thus leaving all other institutions and agencies free to apply their resource and effort to other fields of illness. That program was a universal milestone, observed with great enthusiasm internationally in the mental health field.

This original pattern was leaned upon for fifty years without any regard for advancements being made in the care of the mental patient. Iowa fell far behind because of this lack of change.

In 1945 another of a series of studies was inaugurated and in turn, corrective programs were recommended and publicized. It is interesting to note that during the ten years following the war, approximately 20 million dollars were appropriated for capital improvement of the state mental institutions--while the values of inventories of these institutions increased only seven million dollars. During this same period of so-called improvements, the record of performance of state institutions continued to decline, if such a thing were possible.

In 1956 still another study was inaugurated and was supported by the guidance of recognized authorities of the field. The voluminous findings of the study were consolidated to a summary along with a recommended pattern of corrective action. The consolidation was reproduced under the title "A Mental Health Program for Iowa," and was dated 20 December 1956. The recommendations were sound and not contradictory to the skeleton program which had been a part of earlier hospital plan revisions of this agency.

The 13th and 14th revisions incorporated refinements which were proposed in the recommendations of the American Psychiatric Association in the above mentioned report. In addition to the specifics of the narrative, the numerical elements in terms of beds were induced into the tabulations of this plan revision.

This 16th revision will not belabor the details of the past studies and their conclusions, inasmuch as they were rather thoroughly extracted and reflected in preceding plan revisions.

The lack of progress in the mental field within this state is not unique to Iowa. Many other states are in a comparable situation. However, this is hardly justification to ignore the fact that there are some states who are proceeding in an aggressive manner and are demonstrating the tremendous possibilities, dollarwise, which can be realized when subterfuge is overridden and facts are approached aggressively.

Because of the dominance of the retrograde states in the nation and because the problem nationally is becoming so very acute, an effort was made through the Surgeon General, U. S. Public Health Service, to provide corrective guidance for the benefit of all. The Surgeon General's Ad Hoc Committee on Planning for Mental Health Facilities did pursue the subject through a committee made up of representative spokesmen from all phases, bodies and agencies related to the subject. The results of this committee's activity are published by the U. S. Dept. of Health, Education and Welfare, and dated January 1961. The purpose of the study and report "is to offer a guide to states in developing adequate mental health facilities." Emphasis is given to the absolute necessity of each state developing a plan which is comprehensive and is coordinated with every other health planning program of the state, including the community mental health services. While the report as a whole is a complete and detailed approach to this problem, we can do no more than reflect its highlights in this presentation. A summary of the recommendations resulting from this national study are not inconsistent with the basic principles which have been repeated annually in previous revisions of this State Plan. Briefly, this most current study's points include:

(1) The establishment of an authoritative planning body by the governor of the state for the purpose of taking whatever steps are necessary to stimulate development of a comprehensive plan for the mentally ill. The body could be either an existing agency or a new agency, provided there be proper representation of professional and lay groups to truly reflect the users' interest and exclusive of partisanship or patronage.

(2) Establishing priorities and incorporating guide lines and principles for action to be taken toward the accomplishment of a total program and its specific objectives. The program should encompass the entire complex of mental health facilities in a properly integrated manner. In turn, the mental program should be coordinated with all fields of public health and mental health in the state, considering complete inpatient and outpatient psychiatric treatment, care and rehabilitation. Incorporated in their aims would be proper consideration for providing psychiatric service units closer to the using groups while reducing the size of existing ineffectual centralized plants.

(3) This total State Plan should be based upon a comprehensive survey of all existing facilities and services with realistic evaluation of their place in a total program, and from that determine the unmet need. This phase of the analysis should give proper consideration to proposed community mental health activities, existing services, state population patterns and movement, and logical service areas. Simultaneously, thoroughly evaluate existing legislation and administrative procedures preparatory to guiding such legislation as would be essential to permit freedom of adjustment for the upgraded program. In turn, certain areas of need should be given a primary priority for execution to make early expenditures immediately responsive. This same body should be appropriately authorized to preclude splinter activities expending

scarce resource locally unless expenditure does complement the total pattern being inaugurated.

(4) Permit inauguration of a well-coordinated and properly oriented program. The political, social, and economic factors should be properly evaluated as they pertain to mental health, preparatory to pursuing means of eliminating any barriers which might impede implementation of a thorough program. Special consideration must be given to the legislative and administrative procedures, realistic financing, provision of qualified and appropriate personnel, and, most important of all, social acceptance by the using population.

(5) In addition to proper execution by the agency proposed above, the program must be supported by a pattern of implementation through stimulating the public interest, public education on the need for adequate financing, the economic advantage of the program, as well as the anticipation of specialized personnel needs.

In general, the above mentioned report, resulting from the Surgeon General's Ad Hoc Committe, has sharpened the detail of recommendations by previous study committees in Iowa outlined in previous revisions. The 1956 Study Committee's recommendations are not inconsistent with the Federal Agency's current skeleton formula.

At this point with the guidance of the several special studies and the conclusions set forth by them, the State Mental Institutions are proceeding toward a program of intensive treatment. Budget limitations are still stringent and do limit the amount of intensive treatment. Simultaneously, the State Mental Institutions are rescreening their patients and are unloading a considerable volume of these patients into county facilities and nursing homes as defined by Iowa Statutes.

At this point considerable publicity is being given to the reduction of patient load at the state mental institutions. However, no comparable indication of trend is being publicized regarding the patient load in our county homes. Furthermore, no word is available on the relative treatment capabilities or care which are available to those newly acquired county home charges.

On 5 February 1963 the President of the U. S., personally addressed the Congress on "Mental Illness and Mental Retardation," whereby he proposed:

(A) Substantial grants to each state for conducting detailed study of its needs, facilities, and appropriate talents which are existing for the purpose of developing a complete state program for diagnosis, treatment, and rehabilitation of mental and retarded patients within each community.

(B) Matching grants for inaugurating a program for constructing facilities which would permit implementing approvable State Plans through such community facilities.

(C) Long-range subsidy to the individual communities for operating the newly created specialized community facilities.

(D) Increased appropriations for training grants toward the teaching of professional and technical personnel capable of staffing these units and executing the comprehensive programs for the retarded and the mentally ill at the community level.

At this writing we detect a splintering of individual state planning, inasmuch as the program's motivation is not through established channels such as the Hill-Burton organization, which, heretofore, was specifically charged with planning and maintaining a balance between categories, of hospitals and related health facilities. At present, specialized planning grants through the National Institute of Mental Health are being directed to separate political entities removed from the existing pattern of administering construction grants.

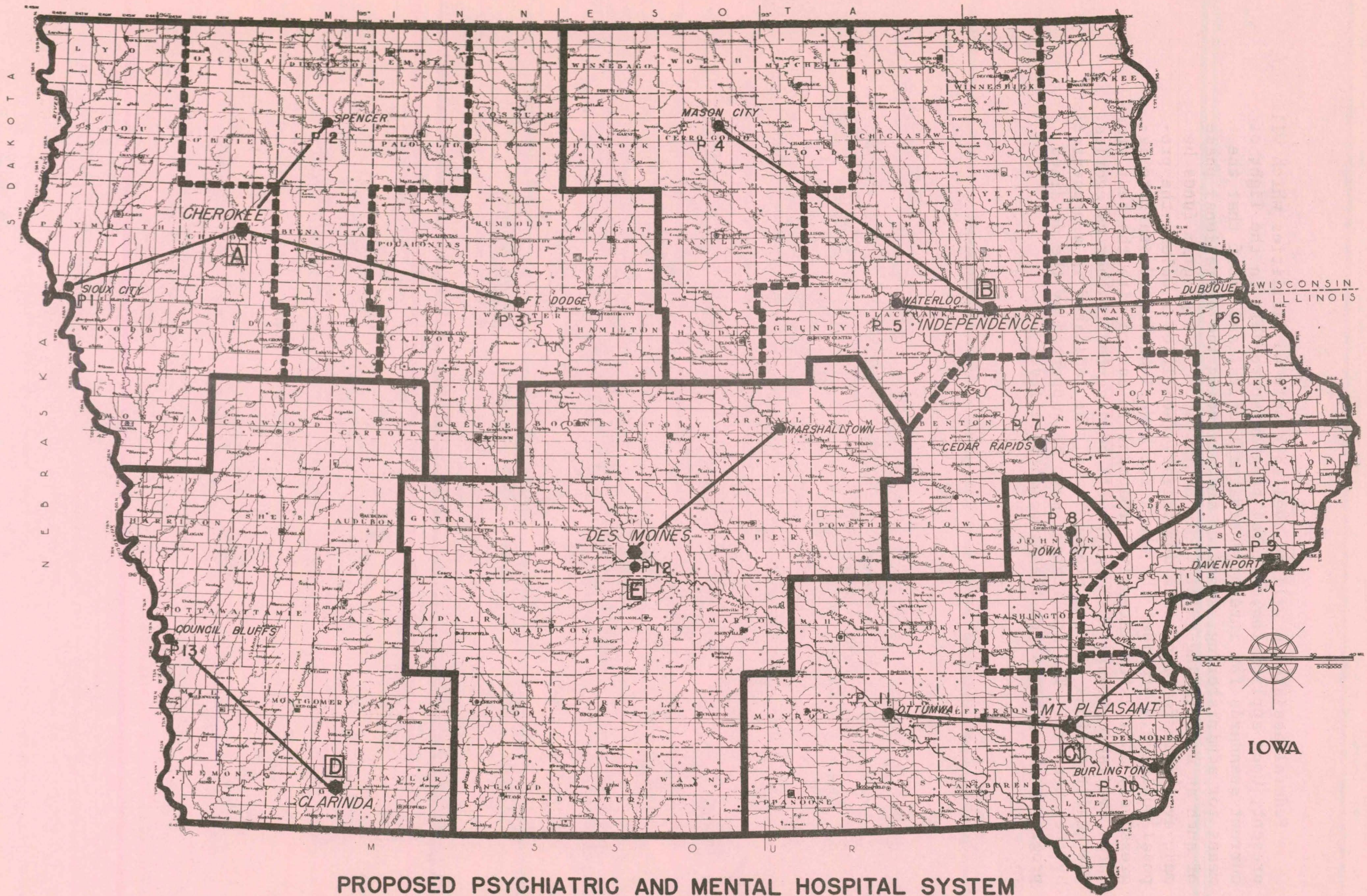
In Iowa the proposed Federal program, to date, has been directed toward the Iowa Mental Health Hygiene Committee, a body created by joint resolution of the Legislature in 1947. It consists of the director of the Psychopathic Hospital, Iowa City, the psychiatric consultant to the State Board of Control, the Commissioner of Public Health, a private psychiatric practitioner, and the chairman of the Board of Control. The committee, in turn, directs Iowa's Mental Health Authority. A planning proposal has been presented to, and approved by, the National Institute of Mental Health. It indicates, in very broad terms, the general fields of inquiry to be conducted. No indication, as yet, is available for guidance in this plan.

In the light of the above, this State Agency will continue on the premises and considerations indicated in preceeding Plans. To enhance the possibility of maximum correlation by a community of its hospitals and related health services, this Plan encourages the individual community to extend its observations, analyses, and formulations of conclusions while conducting its areawide survey, to encompass the community mental health center. Applications embodying project elements conforming to the community mental health center definitions, stated in another paragraph, will be given due consideration with a view toward encouraging maximum professional administering of such services and to assure appropriate correlation between related facilities with the greatest economy of operation to the taxpayers and/or contributors.

This State Plan continues also to establish the condition for participation in Federal funds which will stimulate construction of psychiatric facilities as units adjunct to suitable acute general hospitals to assure intensive treatment to the maximum number of admissions with the least expenditure of capital funds.

This State Plan continues to set forth the same conditions for participation in Federal funds to stimulate construction of psychiatric facilities as units adjunct to acute general hospitals so that the construction dollar will serve from 2 to 30 times as many admissions as the equivalent expenditure in our long-term institutions.

Federal assistance will be available only to facilities which will present, upon application, a total program approvable in the light of current standards for intensive treatment units, and proof that the means for administering, staffing and financing the operational phase of such an undertaking exists. In no instance will program funds be made available for long-term domiciliary facilities. Unless the proposal positively provides the means for a well-qualified staff to aggressively administer intensive treatment in accord with the best standards available today, the moneys will be diverted to other categories. The qualifications of each proposal shall be indicated in a presentation by the sponsors. The application must be supported by the detailed program being planned for the proposed facility.



PROPOSED PSYCHIATRIC AND MENTAL HOSPITAL SYSTEM

STATE OF IOWA

● PSYCHIATRIC UNITS

⬢ STATE MENTAL HOSPITALS WITH INTENSIVE AND LONG TERM TREATMENT FACILITIES

IOWA STATE DEPT OF HEALTH
DIVISION OF HOSPITAL SERVIC

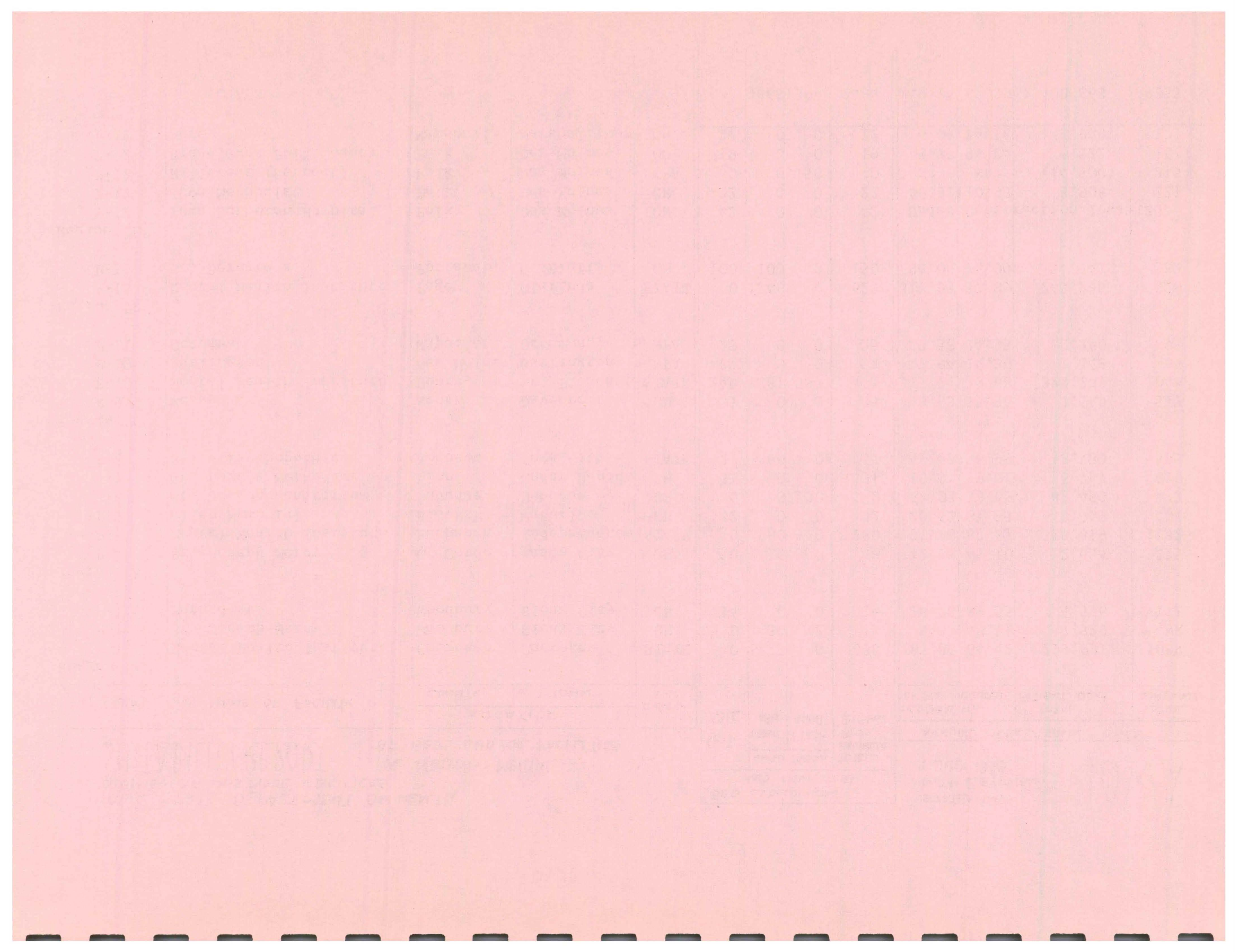
IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES

SUITABILITY REPORT FOR NERVOUS-MENTAL — OF BEDS AND/OR FACILITIES

STATEWIDE
16TH REVISION
1 JULY 1963

IOWA

AREA	NAME OF FACILITY	LOCATION: COUNTY	LOCATION: TOWN	OWNERSHIP	BED EVALUATION AND INVENTORY: SUITABLE	UNSUITABLE: CORRECTABLE	UNSUITABLE: PERMANENT	TOTAL EQUIVALENT BEDS EXISTING	ANNUAL OPERATIONAL DATA: AV. LENGTH OF STAY	% OCCUPAN.	TOTAL PATIENT DAYS	TOTAL ADMISSIONS
Region "A"												
P-1	Mental Health Institute	Cherokee	Cherokee	STATE	0	1272	0	636	287.86	64.42	299,091	1039
P-1	St. Joseph Mercy	Woodbury	Sioux City	CH	0	30	12	15	NA	49.11	7,529	NR
P-1	Methodist	Woodbury	Sioux City	CH	14	0	0	14	26.76	89.55	4,576	171
Region "B"												
P-4	St. Joseph Mercy	C. Gordo	Mason City	CH	0	16	0	8	12.25	45.10	2,634	215
P-5	Mental Health Institute	Buchanan	Independence	STATE	0	560	520	280	291.36	83.67	329,819	1132
P-5	Allen Memorial	Black H.	Waterloo	CH	32	0	0	32	20.62	81.93	9,569	464
P-6	St. Joseph Sanitarium	Dubuque	Dubuque	CH	0	0	230	0	42.03	38.65	32,450	772
P-7	St. Luke's Methodist	Linn	Cedar Rapids	CH	31	0	0	31	10.91	59.81	6,767	620
P-8	State Psychopathic	Johnson	Iowa City	STATE	27	60	0	57	47.43	58.99	18,733	395
Region "C"												
P-9	Mercy	Scott	Davenport	CH	35	0	0	35	13.83	55.96	7,149	517
P-10	Mental Health Institute	Henry	Mt. Pleasant	STATE	240	381	587	431	315.71	74.68	329,282	1043
P-10	Burlington	Des Moines	Burlington	NPA	22	0	0	22	17.94	14.30	1,148	64
P-11	Ottumwa	Wapello	Ottumwa	NPA	25	0	0	25	23.58	24.55	2,240	95
Region "D"												
P-13	Mental Health Institute	Page	Clarinda	STATE	0	1246	0	623	317.95	57.89	263,265	828
P-13	St. Bernard's	Pottawat.	C. Bluffs	CH	100	100	0	150	94.06	74.99	54,741	582
Region "E"												
P-12	Iowa Lutheran Hospital	Polk	Des Moines	CH	42	0	0	42	Under	Construction Iowa-123		
P-12	Iowa Methodist	Polk	Des Moines	CH	22	0	0	22	40.31	110.93	8,908	221
P-12	Hillcrest (Retreat)	Polk	Des Moines	NPA	0	0	50	0	NR	NR	(14,500)	(315)
P-12	Broadlawns Polk County	Polk	Des Moines	CO	19	0	0	19	8.57	94.04	6,522	761
P-12	Mercy	Marshall	Marshalltown	CH	22	0	0	22	16.03	24.16	1,940	121
	TOTALS				631	3665	1399	2464	149.74	67.39	1,400,863	9355



IOWA STATE DEPT OF HEALTH
DIVISION OF HOSPITAL SERVICES
RELATIVE PRIORITY TABLE NERVOUS AND MENTAL

16TH REVISION
1 JULY 1963
STATEWIDE

BASIC REGIONAL DATA			BED ANALYSIS				PRIORITY ANALYSIS		
AREA NUMBER	CENTER	POPULATION	EXISTING EQUIVALENT BEDS	BEDS TO BE BUILT	TOTAL BEDS PROPOSED	PERCENT NEED MET	RURALITY FACTOR	INCOME FACTOR	GROSS PRIORITY FACTOR
P-2	Spencer	135,588	0	136	136	0.00	1.4433	0.9737	2.4170
P-3	Fort Dodge	170,295	0	170	170	0.00	1.3623	1.0012	2.3636
P-6	Dubuque	138,746	0	139	139	0.00	1.0769	1.0778	2.1547
P-8	Iowa City	76,782	0	77	77	0.00	0.7748	0.9452	1.7200
P-4	Mason City	169,909	8	162	170	4.71			
P-5	Waterloo	269,715	32	238	270	11.85			
P-7	Cedar Rapids	227,996	31	197	228	13.60			
P-1	Sioux City	207,548	29	179	208	13.94			
P-9	Davenport	218,845	35	184	219	15.98			
P-12	Des Moines	621,788	105	517	622	16.88			
P-11	Ottumwa	146,493	25	121	146	17.12			
P-10	Burlington	109,975	22	88	110	20.00			
P-13	Council B.	263,943	150	114	264	56.82			
"K"	State U. of Iowa		(57)		(57)				
Subtotal Intensive Treat.			494	2322	2816				
Long-term Mental Facilities									
A	Cherokee	513,441	1272	50	1322				
B	Independence	806,276	560	615	1175				
C	Mt. Pleasant	552,087	621	559	1180				
D	Clarinda	263,943	1246	0	1246				
E	Des Moines	621,788	0	200	200				
Subtotal Long-term Facil.			3699	1424	5123				
Pool Bed Contingency			0	5849	5849				
Statewide Totals		2,757,535	4193	9595	13,788	30.41			

Pool Beds Held in Reserve for Future Assignment That Will Conform to:

A. Areawide Plans Which are Approvable
B. Such Development as may be Produced Through the Newly Inaugurated Federal Program for Mental Health and Retardation.
C. Such Needs as may be indicated for Teaching Facilities if/when Such a Factor can be Applied to Good Effect.
D. That Contingent Adjustment Which Trends and Developments may Require.

SECTION 6 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 coordinated 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.

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 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.

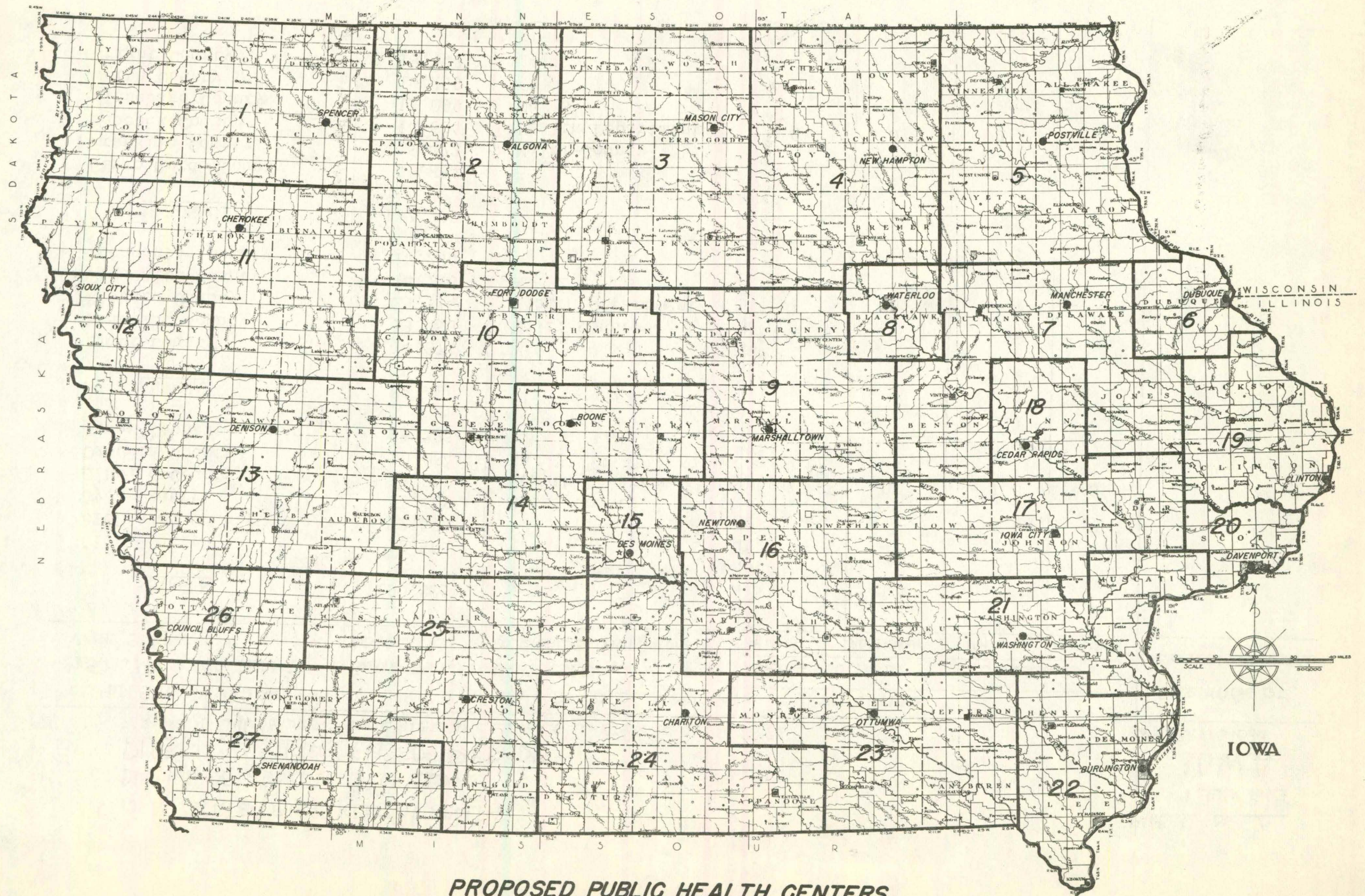
The public health problems of a densely populated and growing urban community are more intense than those of a rural area. This fact is demonstrated by the existence of several part-time health departments in counties with a rapidly growing city. It is felt that the experience gained by counties with 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 the taxable property factor. The area with the greatest rate of population increase, greatest population density, and the 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 for Public Health Centers.

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 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 the Relative Need Report.

It is impossible to anticipate the location of future wars, 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 PUBLIC HEALTH CENTERS

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES

PUBLIC HEALTH CENTER REPORT

MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS IN STATE IS 87

1 JULY 1963
IOWA
16TH REVISION

POLITICAL SUBDIVISION WHICH EXISTING/PROPOSED FACILITY WILL SERVE	POLITICAL SUBDIVISION POPULATION	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION	FACILITIES: EXISTING SUITABLE P.H.C.	FACILITIES: EXISTING SUITABLE AUXILIARY	FACILITIES: PROGRAMMED PHC	FACILITIES: PROGRAMMED AUXILIARY	DESCRIPTION OF AUXILIARY FACILITIES
SPENCER	100,825						
Clay County	18,504						
Dickinson County	12,574						
Lyon County	14,468	Multi-County					
O'Brien County	18,840	Health Department	0	0	1	0	
Osceola County	10,064	No. 1					
Sioux County	26,375						
ALGONA	82,311						
Emmet County	14,871						
Humboldt County	13,156	Multi-County					
Kossuth County	25,314	Health Department	0	0	1	0	
Palo Alto County	14,736	No. 2					
Pocahontas County	14,234						
MASON CITY	122,775						
Cerro Gordo County	49,894						
Franklin County	15,472	Multi-County					
Hancock County	14,604	Health Department	0	0	1	0	
Winnebago County	13,099	No. 3					
Worth County	10,259						
Wright County	19,447						

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES

PUBLIC HEALTH CENTER REPORT

MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS IN STATE IS 87

1 JULY 1963
IOWA
16TH REVISION

POLITICAL SUBDIVISION WHICH EXISTING/PROPOSED FACILITY WILL SERVE	POLITICAL SUBDIVISION POPULATION	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION	FACILITIES: EXISTING SUITABLE P.H.C	FACILITIES: EXISTING SUITABLE AUXILIARY	FACILITIES: PROGRAMMED PHC	FACILITIES: PROGRAMMED AUXILIARY	DESCRIPTION OF AUXILIARY FACILITIES
HAMPTON	101,488						
Bremer County	21,108						
Butler County	17,467						
Chickasaw County	15,034	Multi-County					
Floyd County	21,102	Health Department	0	0	1	0	
Howard County	12,734	No. 4					
Mitchell County	14,043						
POSTVILLE	88,176						
Allamakee County	15,982						
Clayton County	21,962	Multi-County					
Fayette County	28,581	Health Department	0	0	1	0	
Winneshiek County	21,651	No. 5					
DUBUQUE							
Dubuque County	80,048	Co. Health Dept. #6	0	0	1	0	
MANCHESTER	84,891						
Benton County	23,422						
Buchanan County	22,293	Multi-County					
Delaware County	18,483	Health Department	0	0	1	0	
Jones County	20,693	No. 7					

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES
PUBLIC HEALTH CENTER REPORT
MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS IN STATE IS 27

POLITICAL SUBDIVISION WHICH EXISTING/PROPOSED FACILITY WILL SERVE	POLITICAL SUBDIVISION POPULATION	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION	FACILITIES: EXISTING SUITABLE P.H.C.	FACILITIES: EXISTING SUITABLE AUXILIARY	FACILITIES: PROGRAMMED PHC	FACILITIES: PROGRAMMED AUXILIARY	DESCRIPTION OF AUXILIARY FACILITIES
WATERLOO							
Black Hawk County	122,482	Co. Health Dept. #8	0	0	1	0	
MARSHALLTOWN	96,062						
Grundy County	14,132						
Hardin County	22,533	Multi-County					
Marshall County	37,984	Health Department	0	0	1	0	
Tama County	21,413	No. 9					
FORT DODGE	98,144						
Calhoun County	15,923						
Greene County	14,379	Multi-County					
Hamiton County	20,032	Health Department	0	0	1	0	
Webster County	47,810	No. 10					
CHEROKEE	90,969						
Buena Vista County	21,189						
Cherokee County	18,598	Multi-County					
Ida County	10,269	Health Department	0	0	1	0	
Plymouth County	23,906	No. 11					
Sac County	17,007						

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES
PUBLIC HEALTH CENTER REPORT
MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS IN STATE IS 27

POLITICAL SUBDIVISION WHICH EXISTING/PROPOSED FACILITY WILL SERVE	POLITICAL SUBDIVISION POPULATION	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION	FACILITIES: EXISTING SUITABLE P.H.C	FACILITIES: EXISTING SUITABLE AUXILIARY	FACILITIES: PROGRAMMED PHC	FACILITIES: PROGRAMMED AUXILIARY	DESCRIPTION OF AUXILIARY FACILITIES
SIOUX CITY							
Woodbury County	107,849	Co. Health Dept. #12	0	0	1	0	
DENISON	100,260						
Audubon County	10,919						
Carroll County	23,431						
Crawford County	18,569	Multi-County					
Harrison County	17,600	Health Department	0	0	1	0	
Monona County	13,916	No. 13					
Shelby County	15,825						
BOONE	115,094						
Boone County	28,037						
Dallas County	24,123	Multi-County					
Guthrie County	13,607	Health Department	0	0	1	0	
Story County	49,327	No. 14					
DES MOINES							
Polk County	266,315	Co. Health Dept. #15	0	0	1	0	
NEWTON	104,070						
Jasper County	35,282						
Mahaska County	23,602	Multi-County					
Marion County	25,886	Health Department	0	0	1	0	
Poweshiek County	19,300	No. 16					

8-9

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES
PUBLIC HEALTH CENTER REPORT
MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS IN STATE IS 87

1 JULY 1963
IOWA
16TH REVISION

POLITICAL SUBDIVISION WHICH EXISTING/PROPOSED FACILITY WILL SERVE	POLITICAL SUBDIVISION POPULATION	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION	FACILITIES EXISTING SUITABLE		FACILITIES PROGRAMMED		DESCRIPTION OF AUXILIARY FACILITIES
			P.H.C	AUXILIARY	PHC	AUXILIARY	
IOWA CITY	87,850						
Cedar County	17,791	Multi-County					
Johnson County	53,663	Health Department	0	0	1	0	
Iowa County	16,396	No. 17					
CEDAR RAPIDS							
Linn County	136,899	Co. Health Dept. #18	0	0	1	0	
CLINTON	75,814						
Clinton County	55,060	Multi-County Health	0	0	1	0	
Jackson County	20,754	Department No. 19					
DAVENPORT							
Scott County	119,067	Co. Health Dept. #20	0	0	1	0	
WASHINGTON	79,028						
Keokuk County	15,492						
Louisa County	10,290	Multi-County					
Muscatine County	33,840	Health Department	0	0	1	0	
Washington County	19,406	No. 21					

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES
PUBLIC HEALTH CENTER REPORT
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IOWA
16TH REVISION

POLITICAL SUBDIVISION WHICH EXISTING/PROPOSED FACILITY WILL SERVE	POLITICAL SUBDIVISION POPULATION	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION	FACILITIES: EXISTING SUITABLE P.H.C.	FACILITIES: EXISTING SUITABLE AUXILIARY	FACILITIES: PROGRAMMED PHC	FACILITIES: PROGRAMMED AUXILIARY	DESCRIPTION OF AUXILIARY FACILITIES
BURLINGTON	106,999						
Des Moines County	44,605	Multi-County					
Henry County	18,187	Health Department	1	0	0	0	
Lee County	44,207	No. 22					
OTTUMWA	91,384						
Davis County	9,199						
Jefferson County	15,818	Multi-County					
Monroe County	10,463	Health Department	0	0	1	0	
Van Buren County	9,778	No. 23					
Wapello County	46,126						
CHARITON	76,328						
Appanoose County	16,015						
Clarke County	8,222	Multi-County					
Decatur County	10,539	Health Department	0	0	1	0	
Lucas County	10,923	No. 24					
Warren County	20,829						
Wayne County	9,800						

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES
PUBLIC HEALTH CENTER REPORT
MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS IN STATE IS 87

1 JULY 1963
IOWA
16TH REVISION

POLITICAL SUBDIVISION WHICH EXISTING/PROPOSED FACILITY WILL SERVE	POLITICAL SUBDIVISION POPULATION	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION	FACILITIES: EXISTING SUITABLE		FACILITIES: PROGRAMMED		DESCRIPTION OF AUXILIARY FACILITIES
			P.H.C	AUXILIARY	PHC	AUXILIARY	
CRESTON	70,197						
Adair County	10,893						
Adams County	7,468	Multi-County					
Cass County	17,919	Health Department	0	0	1	0	
Madison County	12,295	No. 25					
Ringgold County	7,910						
Union County	13,712						
COUNCIL BLUFFS							
Pottawattamie County	83,102	Co. Health Dept. #26	0	0	1	0	
SHENANDOAH	69,110						
Fremont County	10,282						
Mills County	13,050	Multi-County					
Montgomery County	14,467	Health Department	0	0	1	0	
Page County	21,023	No. 27					
Taylor County	10,288						
STATE TOTAL	2,757,537		1	0	26	0	

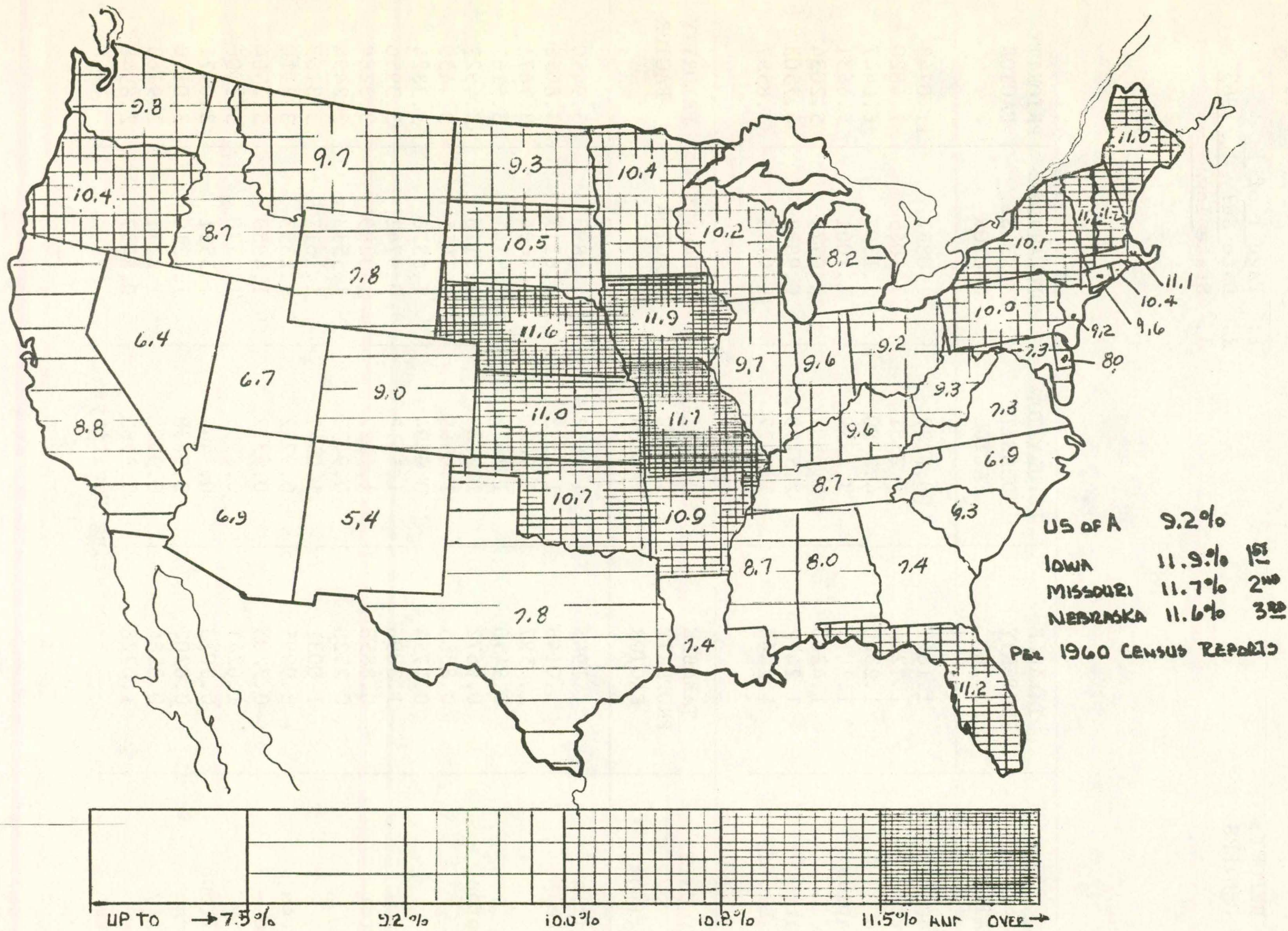
IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES

RELATIVE NEED REPORT
PUBLIC HEALTH CENTERS
16th Revision

1. Page 1 of 1
2. Date July 1, 1963
3. State Iowa

CITY-COUNTY UNITS NO.	LOCATION	TAXABLE PROPERTY FACTOR	POPULATION DENSITY FACTOR	POPULATION INCREASE FACTOR	PRIORITY FACTOR
15	Des Moines	1.1661	8.8227	1.0857	11.0745
20	Davenport	1.1224	5.2531	1.1065	7.4820
8	Waterloo	1.2360	4.2780	1.1307	6.6447
18	Cedar Rapids	1.1011	3.4559	1.1061	5.6631
6	Dubuque	1.4263	2.6997	1.0774	5.2034
12	Sioux City	1.2472	2.5199	0.9832	4.7503
26	Council Bluffs	1.2464	1.5977	1.0156	3.8597

MULTI-COUNTY UNITS NO.	LOCATION	TAXABLE PROPERTY FACTOR	PER CAPITA INCOME FACTOR	RURALITY FACTOR	PRIORITY FACTOR
24	Centerville	1.1945	1.2612	1.4893	3.9450
5	Postville	1.0148	1.1593	1.6315	3.8056
14	Boone	1.0597	0.9620	1.7454	3.7671
25	Creston	0.9450	1.1376	1.5341	3.6167
4	New Hampton	0.9672	1.2139	1.3116	3.4927
13	Denison	0.8385	1.0599	1.5455	3.4439
1	Spencer	0.7754	0.9694	1.6376	3.3824
23	Ottumwa	1.3096	1.1118	0.9742	3.3956
7	Manchester	0.8858	1.1127	1.3299	3.3284
2	Algona	0.7528	0.9453	1.5513	3.2494
16	Newton	1.0031	1.0541	1.1617	3.2189
21	Washington	0.9995	0.9752	1.2353	3.2110
11	Cherokee	0.7203	0.9372	1.4989	3.1564
17	Iowa City	1.0241	0.8995	1.1770	3.1006
9	Marshalltown	0.8013	0.9447	1.3511	3.0971
10	Fort Dodge	0.8202	0.9738	1.2210	3.0150
3	Mason City	0.8284	0.9308	1.2171	2.9763
19	Clinton	1.0728	0.9763	0.8457	2.8948
22	Burlington	--Existing Facility--			



GEOGRAPHIC COMPARISON - BETWEEN STATES - OF % OF POPULATION OVER 65 YEARS OLD

IOWA STATE DEPT. OF HEALTH
DIV. OF HOSPITAL SERVICES

In an effort to place all elements into reasonable perspective, and to give recognition to all forces and developments relating to the medical sphere of the total care environment, we have backed away for another panoramic view of what has, is, and apparently will, impinge on this important area.

WHAT IS THE IMPACT ON THE TOTAL ECONOMY?

Utilizing certain generalized information which is available, a sample year of expenditures is reflected in a recap of the annual dollar volume expended in IOWA for treatment and care related to health needs. Quite obviously, the impact of this cost element on our total society and its economy is already substantial. Equally obvious is the fact that there is need, and a desire, for improving and upgrading the overall services and the means for providing the services.

RECAP OF ANNUAL EXPENDITURE OF TREATMENT AND CARE - IOWA

	Total Beds	Cost-Operation To Consumers	Capital Investment	$ Payroll
(a)				
Hospitals 27.6%	23,764	186,000,000.00	367,000,000.00	123,789,000.00
Nursing Homes	9,950	21,000,000.00	85,000,000.00	11,424,000.00
County Homes	3,200	4,800,000.00	18,000,000.00	2,640,000.00
Custodial Homes	5,160	8,300,000.00	30,000,000.00	4,515,000.00
Other 10.0%	5,800	9,100,000.00	24,000,000.00	4,700,000.00
Totals for INPATIENTS only	47,874	229,210,000.00	524,000,000.00	147,068,000.00
Medical Serv. 27.6%	Not Ap.	186,000,000.00	?	?
Drugs 19.0%	N.A.	128,050,000.00	?	?
Dental Care 9.8%	N.A.	66,047,000.00	?	?
Prosthetics, Glasses Appliances, Etc.	N.A.	40,437,000.00	?	?
Total health care purchased by Iowans in one year 100% *		$649,744,000.00		

* Proportion as found by U. S. Public Health Service

(a) Data extracted from American Hospital Association Annual Report and projected

(b) Remaining data extracted and projected from files of Iowa State Department of Health (Division of Hospital Services)

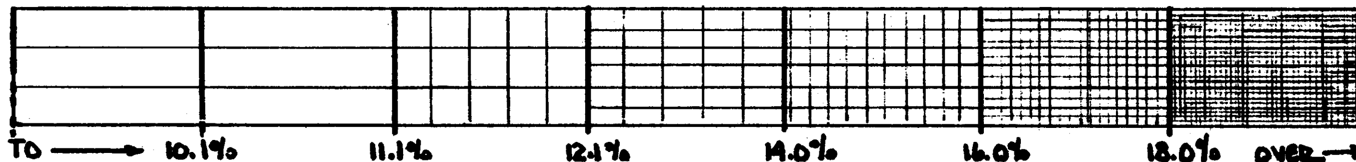
LYON 10.2
OSCEOLA 10.8
DICKINSON 13.3
EMMET 11.4
KOSSUTH 10.1
WINNEBAGO 12.9
WORTH 12.2
MITCHELL 13.2
HOWARD 13.8
WINNESHIEK 11.7
ALLAMAKEE 13.7
SIOUX 10.5
O'BRIEN 13.1
CLAY 11.4
PALO ALTO 11.5
HANCOCK 11.4
CERRO GORDO 11.8
FLOYD 13.2
CHICKASAW 12.5
FAYETTE 12.5
CLAYTON 13.5
PLYMOUTH 11.5
CHEROKEE 13.2
BUENA VISTA 13.2
POCAHONTAS 12.4
HUMBOLDT 12.2
WRIGHT 12.7
FRANKLIN 12.4
BUTLER 12.7
BREMER 11.3
WEBSTER 11.6
BLACK HAWK 8.7
BUCHANAN 11.7
DELAWARE 11.5
DUBUQUE 10.3
WOODBURY 11.5
IDA 14.3
SAC 13.6
CALHOUN 13.8
HAMILTON 12.1
HARDIN 14.6
GRUNDY 12.1
MONONA 13.9
CRAWFORD 12.8
CARROLL 11.7
GREENE 14.2
BOONE 14.7
STORY 9.9
MARSHALL 12.6
TAMA 13.9
BENTON 12.5
LINN 9.9
JONES 11.5
JACKSON 12.0
CLINTON 11.4
CEDAR 12.8
HARRISON 14.3
SHELBY 12.7
AUDUBON 13.1
GUTHRIE 15.8
DALLAS 14.6
POLK 9.7
JASPER 11.0
POWESHIEK 12.9
IOWA 12.4
JOHNSON 8.3
SCOTT 9.8
MUSCATINE 13.4
POTTAWATTAMIE 9.9
CASS 14.8
ADAIR 14.9
MADISON 13.8
WARREN 11.3
MARION 14.7
MAHASKA 14.6
KEOKUK 16.3
WASHINGTON 14.5
LOUISA 13.4
MILLS 11.3
MONTGOMERY 16.5
ADAMS 14.9
UNION 17.3
CLARKE 16.8
LUCAS 17.8
MONROE 16.3
WAPELLO 12.2
JEFFERSON 14.0
HENRY 16.4
DES MOINES 12.3
FREMONT 14.7
16.6
18.6
RINGGOLD 15.8
DECATUR 16.6
19.1
19.3
DAVIS 14.8
VAN BUREN 16.9
LEE 12.2

OVERALL AVERAGES

US of A	9.2%
IOWA (THE HIGHEST STATE)	11.9%
MISSOURI	11.7%
NEBRASKA	11.6%

PER 1960 CENSUS REPORTS

GRAPHIC COMPARISON - IOWA COUNTIES - % OF TOTAL POPULATION OVER 65 YEARS OLD



IOWA STATE DEPT. OF HEALTH
DIV. OF HOSPITAL SERVICES

RESOURCES CURRENTLY AVAILABLE

The preceding page and its map indicates the comparison of Iowa and other states insofar as aging is concerned. It is obvious Iowa is unique and that the problem is critical.

Little precedent exists to provide guidance regarding the needs for older population groups. We are aware of considerable willingness by Iowa's communities to seek good answers. To provide a semblance of guidance and an interpretation of trends, this Plan was extended to include a SPECIAL STUDY OF RESOURCES AND TRENDS, an inventory of existing facilities primarily for care and accommodation of older age groups (expressed in beds) in -

(a) hospital related long term units
(b) licensed nursing homes
(c) licensed custodial homes and
(d) county homes

These were grouped to appropriate service areas and the bed inventory interpolated to the common denominators of <u>beds per 1000 population</u> and <u>beds per 1000 persons over 55 years</u>. While Iowa's average amounts to less than 10 existing beds per 1000 population, the individual service areas range from 2.66 beds to over 28 beds per 1000. Even in the area with the highest rate of existing beds we are unaware of any lack of utilization of beds. However, to preclude unreasonableness we have assumed that a conservative 20 beds per 1000 is indicated and have projected future needs in terms of dollars. Assuming a target date of 1980 and assuming that half the existing facilities will need replacing by then, and assuming that population trends will be consistent, we note the following general progression.

<u>Population</u> 2,757,537 (1960 pop.) X 1.10 (pop. incr.) = 3.033,300 persons

<u>Total Bed Need Will Be</u> 3033.2 X 20 (Beds/1000) = 60,664 beds
Existing 24,638 beds, half usable in 1980 = -12,319 beds

Total needed beds to be constructed = 48,345 beds

At average cost of $7,500 per bed, making $362,587,500

Price trend increase (per year 1%) $425,000,000

Such expenditure, even if the local economies could meet it, could not physically be accomplished immediately. It would mean <u>an annual expenditure of not less than $25,000,000</u> per year <u>exclusive</u> of hospital construction, mental health construction, retarded children facilities, or comparable health facilities.

The obvious conclusion is that the available resource, and community will, toward providing answers must be directed to the facilities which can serve the greatest number of needy persons and which will go furtherest in forestalling persons requiring less refined accommodations through treatment, both in-patient and out-patient.

That Iowa is unique in its needs was evident in the map comparing the 50 states and illustrating the relative aging of the populations. Another map goes further in reflecting the comparative age factors and the variation between Iowa's counties.

INVENTORY/ SUMMARY OF CARE AND ACCOMMODATION FACILITIES FOR OLDER POPULATION GROUPS
EXISTING - BY FACILITY SERVICE AREAS DIV OF HOSPITAL SERVICES IOWA STATE DEPT OF HEALTH

IOWA
1 JULY 1963

SERVICE AREA DESIGNATION		EXISTING FACILITIES EXPRESSED IN BED CAPACITY					FOR TOTAL POPULATION		FOR POP. OVER 55 YEARS	
AREA No.	POPULATION CENTER	WITH HSP. FACILITIES	FREE-STANDING FACILITIES: LIC. NRSG. H.	FREE-STANDING FACILITIES: LIC. CUST. H.	FREE-STANDING FACILITIES: COUNTY HOMES	OVERALL TOTAL BEDS	NO OF PERSONS	BEDS PER 1000	NO OF PERSONS	BEDS PER 1000
1	Rock Rapids	82	45	38	60	225	30,912	7.28	6,914	32.54
2	Sibley	40	79	11	50	180	29,440	6.11	6,743	26.69
3	Spirit Lake	0	11	3	60	74	14,113	5.24	3,268	22.64
4	Spencer	65	114	41	0	220	22,826	9.64	3,813	57.70
5	Estherville	24	119	20	10	173	14,871	11.63	3,007	57.53
6	Emmetsburg	0	34	34	0	68	14,736	4.61	3,098	21.95
7	Algona	0	45	69	53	167	25,314	6.60	4,940	33.81
8	Forest City	0	61	59	78	198	27,703	7.15	6,034	32.81
9	Mason City	0	480	133	147	760	60,153	12.63	12,823	59.27
10	Osage	0	62	3	38	103	14,043	7.33	3,249	31.70
11	Charles City	0	197	129	62	388	21,102	18.39	4,685	82.82
12	Decorah	0	250	183	103	536	47,412	11.31	10,417	51.45
13	Oelwein	0	73	30	150	253	31,642	8.00	8,107	31.21
14	Waukon	0	94	42	123	259	37,944	6.83	8,927	29.01
15	Dubuque	69	325	323	50	767	80,048	9.58	14,717	52.12
16	Manchester	0	148	48	45	241	18,483	13.04	3,798	63.45
17	Independence	0	60	0	50	110	22,293	4.93	4,634	23.74
18	Waterloo	72	467	446	110	1095	151,207	7.24	25,389	43.13
19	Iowa Falls	0	201	79	63	343	46,738	7.34	11,119	30.85
20	Grundy Center	0	47	13	0	60	14,132	4.24	3,005	19.97
21	Clarion	0	23	131	0	154	19,447	7.92	4,327	35.59
22	Webster City	0	31	34	42	107	20,032	5.34	4,340	24.65
23	Fort Dodge	0	348	386	115	849	60,966	13.93	12,755	66.56
24	Lake City	14	187	39	52	292	30,157	9.68	7,137	40.91
25	Storm Lake	79	50	82	27	238	21,189	11.23	4,862	48.95
26	Sac City	0	89	20	0	109	17,007	6.41	4,082	26.70
27	Cherokee	72	130	34	0	236	18,598	12.69	4,345	54.32
28	Ida Grove	0	25	3	0	28	10,269	2.73	2,552	10.97
29	LeMars	9	105	0	62	176	22,437	7.84	4,922	35.76
30	Sioux City	68	683	79	120	950	112,852	8.42	23,431	40.54
31	Onawa	0	100	13	0	113	13,916	8.12	3,339	33.84
32	Missouri Valley	0	106	30	0	136	17,600	7.73	4,390	30.98
33	Denison	0	50	73	28	151	18,569	8.13	3,328	45.37
34	Harlan	0	62	164	18	244	15,825	15.42	3,420	71.35
35	Carroll	80	88	15	32	215	23,431	9.18	4,773	45.05
36	Audubon	0	40	250	16	306	10,919	28.02	2,520	121.43
37	Jefferson	68	7	15	37	127	14,379	8.83	3,507	36.21
38	Guthrie Center	0	20	6	50	76	13,607	5.59	3,611	21.05

39	Perry	0	88	51	70	209	24,123	8.66	5,891	35.48
40	Boone	0	149	257	125	531	28,037	18.94	7,043	75.39
41	Des Moines	168	979	565	374	2086	287,144	7.26	54,145	38.53
42	Ames	0	81	132	110	323	49,327	6.55	8,564	37.72
43	Newton	48	68	51	152	319	35,282	9.04	7,081	45.05
44	Marshalltown	0	280	82	165	527	59,397	8.87	13,691	38.49
45	Grinnell	0	75	20	40	135	19,300	6.99	4,226	31.95
46	Marengo	0	58	19	68	145	16,396	8.84	3,607	40.20
47	Vinton	48	91	35	73	247	23,422	10.55	5,101	48.42
48	Iowa City	43	94	25	100	262	53,663	4.88	8,312	31.52
49	Cedar Rapids	30	433	323	220	1006	149,473	6.73	27,554	36.51
50	Anamosa	0	39	50	60	149	20,693	7.20	4,202	35.46
51	Maquoketa	0	49	58	32	139	20,754	6.70	4,367	31.83
52	Clinton	0	117	46	150	313	55,060	5.68	11,794	26.54
53	Davenport	220	467	340	101	1128	122,114	9.24	22,608	49.89
54	Muscatine	0	346	74	46	466	41,232	11.30	9,703	48.03
55	Washington	0	146	76	74	296	19,406	15.25	4,697	63.02
56	Sigourney	0	0	115	46	161	15,492	10.39	4,133	38.95
57	Oskaloosa	60	155	54	100	369	23,602	15.63	5,948	62.04
58	Knoxville	30	35	70	40	175	25,886	6.76	6,558	26.68
59	Winterset	0	77	71	0	148	12,295	12.04	3,275	45.19
60	Greenfield	0	42	0	0	42	15,818	2.66	2,811	14.94
61	Atlantic	0	88	39	22	149	17,919	8.32	4,548	32.76
62	Council Bluffs	0	397	45	42	484	96,152	5.03	18,332	26.40
63	Red Oak	40	75	17	36	168	14,467	11.61	3,908	42.99
64	Shenandoah	28	326	30	108	492	41,593	11.83	11,745	41.89
65	Corning	0	0	16	20	36	7,468	4.82	1,907	18.88
66	Creston	0	101	52	13	166	13,712	12.11	4,006	41.44
67	Mt. Ayr	0	73	7	0	80	7,910	10.11	2,174	36.80
68	Osceola	0	43	33	0	76	8,222	9.24	2,293	33.14
69	Leon	0	78	41	0	119	10,539	11.29	2,962	40.18
70	Chariton	0	121	16	100	237	10,923	21.70	3,198	74.11
71	Corydon	0	60	8	20	88	9,800	8.98	3,133	28.09
72	Albia	0	0	41	50	91	10,463	8.70	2,991	30.42
73	Centerville	0	126	35	30	191	16,015	11.93	4,990	38.28
74	Ottumwa	46	220	35	135	436	46,126	9.45	10,281	42.41
75	Bloomfield	0	0	35	48	83	9,199	9.02	2,335	35.55
76	Fairfield	0	62	23	67	152	15,818	9.61	3,745	40.59
77	Keosauqua	28	51	45	46	170	9,778	17.39	2,770	61.37
78	Burlington	286	303	133	267	989	67,860	14.57	16,250	60.86
79	Keokuk	0	127	158	0	285	44,207	6.45	9,734	29.28
J	(University Hsp.)	243	0	0	0	243				
	TOTALS	2060	11176	6401	5001	24638	2,757,537	8.93	586,941	41.98

In the light of the conditions indicated in the SPECIAL SURVEY OF RESOURCES AND TRENDS it is concluded that:

1. The precise needs have not been determined by any of the Federal or State Agencies through the limited studies executed. This State Agency, not having been provided with the resource requested repeatedly, does not assume to be able to make a realistic and detailed schedule of unmet needs in this total area.

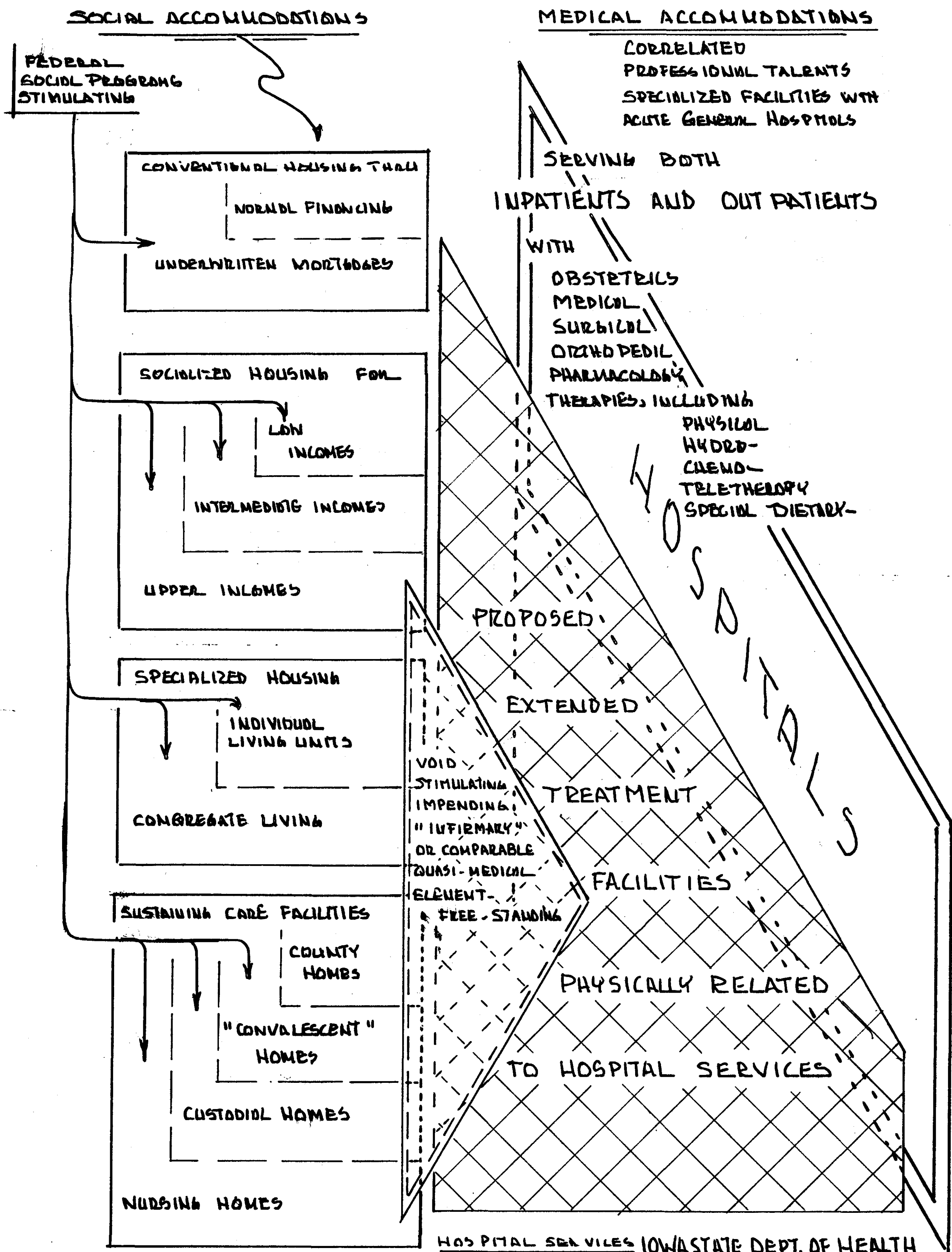
2. In reviewing the special survey we must conclude that the need is quite tremendous and quite probably exceeds the financial capability of most communities.

3. Because the need is so great and resources are less than adequate, this very limited grants program must be directed toward assisting communities who will strive to fulfill the most critical unmet need of the total gamut of service.

4. To most effectively apply available funds, it is proposed that the monies be applied toward facilities which will be the most adaptable and flexible so that they remain applicable to any or all phases of this broad area of need.

5. To most effectively serve the greatest number of people it is proposed that available funds be directed toward hospital-related long term treatment facilities serving both in-patients and out-patients and with the specific target of providing definitive and restorative treatment programs toward renewing the individual patient's capability for self-sufficiency.

6. While this does not imply that the less refined areas of need are being totally met it has been illustrated that the less refined areas are receiving the greatest emphasis and that the percentage of need met at this writing is far greater than that of the hospital related facility. To realize a semblance of balance between the gradations of facilities it is necessary to emphasize construction of hospital related extended treatment units.



GRAPHIC ILLUSTRATION - PUBLIC'S ACCOMMODATIONS - IOWA
SOCIAL ACCOMMODATIONS
MEDICAL ACCOMMODATIONS
FEDERAL SOCIAL PROGRAMS STIMULATING
CONVENTIONAL HOUSING THRU
NORMAL FINANCING
UNDERWRITTEN MORTGAGES
SOCIALIZED HOUSING FOR
LOW INCOMES
INTERMEDIATE INCOMES
UPPER INCOMES
SPECIALIZED HOUSING
INDIVIDUAL LIVING UNITS
CONGREGATE LIVING
SUSTAINING CARE FACILITIES
COUNTY HOMES
"CONVALESCENT" HOMES
CUSTODIAL HOMES
NURSING HOMES
CORRELATED
PROFESSIONAL TALENTS
SPECIALIZED FACILITIES WITH
ACUTE GENERAL HOSPITALS
SERVING BOTH
INPATIENTS AND OUT PATIENTS
WITH
OBSTETRICS
MEDICAL
SURGICAL
ORTHOPEDIC
PHARMACOLOGY
THERAPIES, INCLUDING
PHYSICAL
HYDRO-
CHEMO-
TELETHERAPY
SPECIAL DIETARY-
HOSPITALS
PROPOSED
EXTENDED
TREATMENT
FACILITIES
PHYSICALLY RELATED
TO HOSPITAL SERVICES
VOID
STIMULATING
IMPENDING
"INFIRMARY"
OR COMPARABLE
QUASI-MEDICAL
ELEMENT-
FREE-STANDING
HOSPITAL SERVICES IOWA STATE DEPT. OF HEALTH

LONG TERM CARE FACILITIES

In the area of nervous and mental illness, Iowa pioneered in making special provision for those affected, as was indicated in earlier paragraphs. At this point, this particular field is being given renewed emphasis toward upgrading.

Communicable diseases were aggressively researched and preventive steps were discovered. Means for treatment were developed and applied. Tuberculosis and its need for specialized hospital facilities was reasonably met. Even this stubborn disease has submitted to treatments demanding less of the individual's life span.

While these several developments took place, Iowa, comparitively, had a "young" population. However, during the past several decades, this age factor has undergone a violent transition and today finds this state with the highest rate of persons over 65 years in the nation. This element becomes even more meaningful to Iowa when we realize that the Federal government, in reviewing this element nationally, is seriously concerned with the total nation's rapidly aging population because of its related effects on the economy, national productivity and ultimately the increase in demand for health facilities and services.

While the patterns which have evolved around hospitals have taken specific directions toward certain specialized needs, others less specific have been left unrecognized and unattended. As a result, some alarming problems have come into being.

EVALUATION OF NEEDS While this tremendous need was descending on the nation, there has been no precedent on which to base an accurate conclusion as to what criteria are applicable. In such an extensive void, a number of facilities have come into being. A variety of facilities was immediately utilized for whatever service or accommodation they would offer.

This considerable concern toward the total problem has been demonstrated in many ways. Nationally, the White House Conference on Aging assembled a broad group purporting to represent all elements concerned with the problem for the purpose of contributing constructively toward a conclusion. In Iowa, three successive governors have created special Study Committees to analyze the problems of the Aging. The U. S. Public Health Service has extended its facilities into this area toward developing reasonable criteria and a pattern for solving some of the problems. From these several agencies, some information has been accumulated but no firm detailed guidance has become available.

HOUSING ASSISTANCE This nation has seen Federal Agencies functioning in the area of conventional housing and has seen a tremendous stimulous toward individual home ownership. In turn, FHA was projected into assisting in the development of housing groups outside the realm of conventional housing. More recently, several agencies are now underwriting more specialized housing for accommodating older age groups with unique needs and limited estates available for their retirement needs.

CARE FACILITIES Along with the above mentioned needs was another void created by the needs of those less abled bodied. The descriptive names "convalescent home" and "nursing home" came into being and their facilities were promptly filled. The demand was further met with still other Federal assistance programs for private enterprise. Their purpose was to provide the means for that sustaining care required by those impaired and no longer capable of a self-sufficient manner of living.

OVERALL NEEDS OF THE AGING POPULATION Mention was made of the several studies which have concerned themselves with overall needs. This subject is so vast, so nebulous, and so unprecedented as to defy a simplified conclusion. As a result, no positive direction is available with which to project a composite total program. However these remaining needs, best described in terms of generalities, are becoming increasingly apparent.

Sustaining care is for the permanently impaired and incurably ill for their remaining life span. The bed need per thousand population appears dependent on average population age, individual foreseeable economic status, community's population movement trend, and other equivalent considerations. This comes into an area of social needs of a community. A considerable portion of this need is being met in Iowa and facilities are being added rapidly toward upgrading same.

Specialized housing requirements are needed which are applicable to aged population groups of varying resource capability who seek specialized individual housing in keeping with their needs. Still another portion of this group seeks out congregate living facilities for fulfilling their needs. The number of units per thousand population is again dependent in population factors. What this need is in specific "rules of thumb" for total state population is not known. We do know that a portion of this need is met and facilities are being added at a considerable rate. This is the case in both urban and rural areas.

In the course of the development of the above classifications of facilities, a very nebulous and formerly non descript need has become recognizable. In the current pattern, the able bodied from the older age group tend to congregate in the facility for abled bodied. However, the inevitable human attrition ultimately creates demand for treatment and care. Many housing facilities sincerely attempt to provide same within their poorly adapted facilities and with less than adequate specialized personnel. This same pattern occurs among those who have remained in more conventional housing. When circumstances become extreme enough, the service of the acute hospital is sought and utilized. However, when these short term needs have been fulfilled, both demand for critical hospital space and relatively high cost cause the patient to be moved out--to their housing facility or to the specially created facility offering sustaining care. The hospitals, on the whole, have reluctance to press this sequence of events. However, emergency and critical demand make it necessary to displace this patient who needs continuing medical attention.

In turning the coin over, it becomes necessary to observe the patterns developing in acute hospital usage. The points to be observed should be limited to medical and surgical experience and exclusive of obstetrical services. Insuring groups and hospital operators have voiced considerable concern during recent years regarding the constantly

increasing utilization of hospital beds and the apparently unsatiable demand. It has caused the frequent flip crack "a bed built is a bed 'fillt(ed)'. This continuing bed demand, even after the addition of thousands of beds is, to a considerable extent, attributable to several known factors:

(a) There _is_ bed need which has been unmet in the past. It is a fact that you can onlyget a given amount of water in a bucket. There _are_ areas with unmet bed need which should be duly recognized.

(b) This continuous demand, quite possibly, can be partially attributed to the pattern which exists in insurance practice whereby only inpatient services qualify, insurance-wise, and that some admissions are utilizing services which could have been administered on an outpatient basis.

(c) An indefinite portion of the high bed occupancy in medical/surgical units is attributable, but unrecognized, to the patient who no longer needs acute care and its greater amount of nursing time but does require an extended treatment program with less intense nursing such as cannot be provided in the sustaining care facility or other existing facilities. Such a treatment program might demand the facilities of laboratory, radiology, particularly the many therapies, the special dietary facilities, and quite probably chemo therapy. When the hospital can overcome the admission pressure from acute patients, it is not necessarily inappropriate that the patient remain, so long as the hospital recognized what this factor is.

PROGRAM MISSION This is to give cognizance to this remaining void in the area of needs of the aging but _not_ limiting itself to aging. This void is also applicable to younger age groups whose impairment may be chronic or of a nature requiring extended treatment, therapy, and/or rehabilitation within the permissive limits of the particular impairment.

To preclude continued misinterpretation, confused terminology and/or misapplication, we shall henceforth describe the specialized facility fulfilling needs in this remaining void as the EXTENDED TREATMENT FACILITY which has been explicitly defined in another paragraph. In turn, the funds programmed for Iowa under the terminology "chronic illness" and "nursing home" will be available only to applications embodying Extended Treatment Units as described.

CRITERIA FOR EXTENDED TREATMENT UNITS It has been stated that no conclusive criteria are available to guide programming in this total area realistically. Whether the overall need be 8 beds per thousand or 14 beds per thousand, remains to be determined by others with greater research resource available. We are proposing only a conservative rate of application and directing the application into the area of most critical inadequacy, which is the most highly refined facility and which is the element with the greatest unmet need.

The programming limitations, which have been conservative from the onset, stipulate a maximum of five beds per thousand over and above the acute general need of 4.5 beds per thousand. The needs for the Extended Treatment Facilities are programmed at the rate of less than 5 beds per thousand statewide and are applied on the basis of 20 beds per thousand persons over 55 years old.

While a comparatively complete pattern of hospital utilization does exist for projecting the need for medical/surgical beds, virtually no pattern exists for the extended treatment facilities. Therefore, the criteria and definition are applied without specific identification as to what applicant shall utilize priority and to what extent. Approvable areawide plans shall be the means for definitive assignment of beds within a community.

DESCRIPTION OF THE EXTENDED TREATMENT FACILITY The facility proposed for fulfilling the vast void remaining in our total structure has considerable resemblance to other facilities which are commonplace to hospitals and which, therefore, remained nebulous. In fact, its elements are those of the hospital. Its primary difference from the medical/surgical unit of the hospital is the number of beds being serviced from a nursing core. Because its features are those of the acute hospital, it is imperative that there be an absolute minimum of duplication of costly features and/or that the hospital make double application of such costly capital expenditures as are common to the two types of units. It is imperative that this feature of economy be made available to the patients, a great many of whom fall within a group whose lifelong resources are already established and which, in many cases, are less than adequate.

In turn, it is equally appropriate that marginal hospitals realistically identify their bed needs and thereafter create only economically sound nursing units sized to provide the service they purport to offer at rates that are reasonable for the consuming groups.

While optimum size of extended treatment units is probably in the area of 65 or 70 beds per unit, or larger, it is conceivable that certain institution's needs will be less! However, economic limits and the law of diminishing returns must be recognized. Therefore, this plan will not deem approvable an application providing less than a 40 bed extended treatment facility and/or less than the prescribed minimums set forth in Federal standards for dining facilities, lounge, utility services, communications and equivalent features required of chronic illness and nursing home facilities and shall positively provide a substantial therapy department and program.

For purposes of indicating resources available toward extended treatment needs, the following inventory will recognize units with 20 or more beds as being suitable and effective. Such units as do exist with fewer beds but conform in other respects shall be recognized but as "correctable" beds.

This Plan acknowledges the limitation of General counsel ruling and does not anticipate construction of more than two chronic illness beds per thousand population. As already set forth in the proposal under "Extended Treatment Facilities", programming is premised on the age groups (over 55 years) dominating utilization of such facilities.

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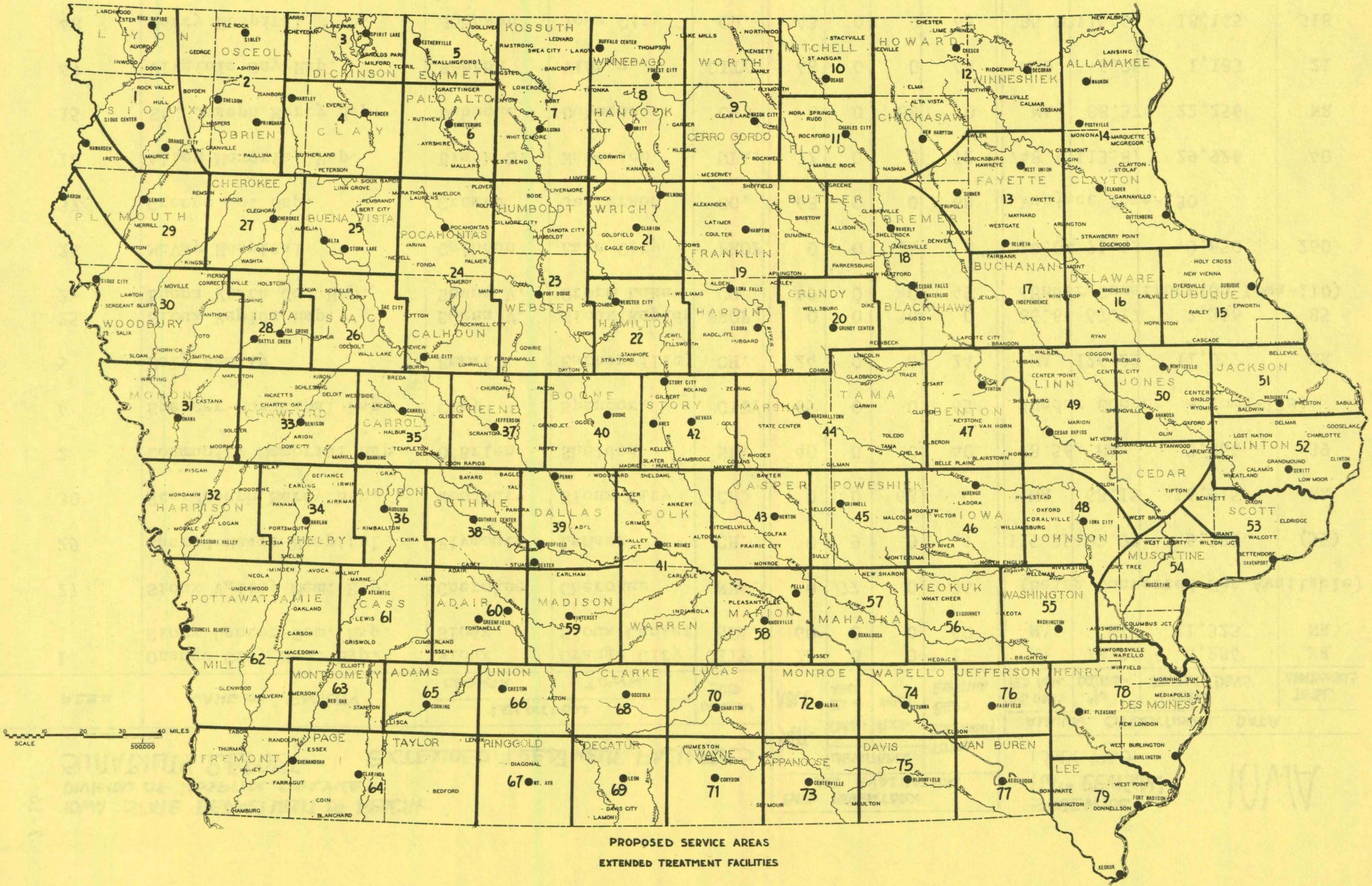

PROPOSED SERVICE AREAS
EXTENDED TREATMENT FACILITIES

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES

SUITABILITY REPORT — EXTENDED TREATMENT FACILITIES

STATEWIDE
16TH REVISION
1 JULY 1963

IOWA

AREA	NAME OF FACILITY	LOCATION: COUNTY	LOCATION: TOWN	OWNERSHIP	BED INVENTORY AND EVALUATION: SUITABLE	UNSUITABLE: CORRECTABLE	UNSUITABLE: PERMANENT	TOTAL EQUIPMENT BEDS EXISTING	ANNUAL OPERATIONAL DATA: AV. DAYS PER ADM.	% OCCUPANCY	TOTAL PATIENT-DAYS	TOTAL ADMISSIONS
1	Orange City Mun. Hsp.	Sioux	Orange City	CITY	22	0	0	22	NA	78.26	6,284	NR
1	Sioux Center Com. Hsp.	Sioux	Sioux Center	NPA.	60	0	0	60	NA	NA	11,323	NR
27	Sioux Valley Mem. Hsp.	Cherokee	Cherokee	NPA.	0	72	0	36	(Being Converted-Not Available)			
29	Sacred Heart Hospital	Plymouth	LeMars	CH.	0	9	0	5	115.25	192.97	6,339	(55)
30	St. Joseph Mercy Hsp.	Woodbury	Sioux City	CH.	0	0	68	0	NA	68.15	16,915	NR
2	Community Memorial Hsp.	O'Brien	Sheldon	NPA	40	0	0	40	78.56	NA	3,064	39
4	Spencer Municipal Hsp.	Clay	Spencer	CITY	65	0	0	65	(Under Constr. - Iowa-128)			
5	Holy Family	Emmet	Estherville	CH.	24	0	0	24	NA	126.22	11,057	NR
25	Sioux Rapids Hsp.	Buena V.	Sioux Rapids	PROP.	0	0	30	0	86.66	67.27	7,366	85
25	Buena Vista Co. Hsp.	Buena V.	Storm Lake	CO.	49	0	0	49	(Under Construction Iowa-110)			
24	McVay Hospital	Calhoun	Lake City	PROP.	0	0	14	0	14.04	71.43	3,650	260
37	Greene Co. Hsp.	Greene	Jefferson	CO.	68	0	0	68	Project Iowa-130			
18	Allen Memorial Hsp.	Black H.	Waterloo	NPA.	72	0	0	72	748.15	113.87	29,926	40
15	St. Joseph Mercy Hsp.	Dubuque	Dubuque	CH.	0	0	69	0	NA	88.37	22,256	NR
47	Virginia Gay Hsp.	Benton	Vinton	CITY	48	0	0	48	New	6.75	1,183	21
48	Mercy Hospital	Johnson	Iowa City	CH.	43	0	0	43	35.03	115.61	18,145	518
49	Mercy Hospital (Hallmar)	Linn	Cedar Rapids	CH.	30	0	0	30	100.38	73.33	8,030	8

53	Mercy Hospital	Scott	Davenport	CH.	86	0	0	86	31.16	91.83	(28,825)	(925)
53	Kahl Memorial Home	Scott	Davenport	CH.	134	0	0	134	Under Construction Iowa-109			
78	St. Francis Ct. Care Ctr.	Des Moines	Burlington	CH.	126	0	0	126	72.17	37.50	17,248	239
78	Klein Memorial	Des Moines	Burlington	NPA.	160	0	0	160	Under Construction Iowa-102			
"J" State-wide	Minimal Care Unit	Johnson	Iowa City	STATE	192	0	0	192	Under Construction Iowa-112			
J	Handicapped Childr. Sch.	Johnson	Iowa City	STATE	51	0	0	51	67.30	NA	13,527	201
57	Mahaska County Hsp.	Mahaska	Oskaloosa	CO.	0	60	0	30	Repl. Hsp. Under Constr. Ia-125			
77	Van Buren Co. Hsp.	Van Buren	Keosauqua	CO.	28	0	0	28	Under Construction Iowa-116			
74	Ottumwa Hospital	Wapello	Ottumwa	NPA.	46	0	0	46	77.65	14.34	2,407	31
58	Pella Community Hsp.	Marion	Pella	NPA.	30	0	0	30	81.79	NA	2,781	34
43	M. Francis Skiff Mem. H.	Jasper	Newton	CITY	48	0	0	48	Project Iowa-131			
41	Iowa Methodist Hsp.	Polk	Des Moines	CH.	120	0	0	120	45.53	26.92	11,793	259
41	Iowa Lutheran Hsp.	Polk	Des Moines	CH.	48	0	0	48	Under Construction Iowa-123			
35	St. Anthony Hospital	Carroll	Carroll	CH.	80	0	0	80	Under Construction Iowa-117			
63	Murphy Memorial Hsp.	Montgomery	Red Oak	CITY	40	0	0	40	192.70	NA	7,130	37
64	Hand Mem. Hsp.	Page	Shenandoah	NPA.	28	0	0	28	115.54	36.53	3,733	24
	STATEWIDE TOTALS				1738	141	181				232,982	2,776

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES
SUMMARY AND RELATIVE NEED REPORT EXTENDED TREATMENT FACILITIES

16TH REVISION
1 JULY 1963

IOWA

BASIC AREA DATA			BED ANALYSIS				PRIORITY ANALYSIS		
DESIGNATION		POPULATION OVER 55 YEARS	TOTAL BEDS PROPOSED	EXISTING EQUIV. BEDS	BEDS TO BE BUILT	PERCENT NEED MET	RURALITY FACTOR	INCOME FACTOR	GROSS PRIORITY
AREA NO	POPULATION CENTER								
ET-65	Corning	1907	38	0	38	0	2.1277	1.3655	3.4932
ET-14	Waukon	8927	179	0	179	0	1.9237	1.4770	3.4007
ET-56	Sigourney	4133	83	0	83	0	2.1277	1.2595	3.3872
ET-69	Leon	2962	59	0	59	0	1.9130	1.4679	3.3809
ET-28	Ida Grove	2552	51	0	51	0	2.1277	1.2495	3.3772
ET-71	Corydon	3133	63	0	63	0	1.9081	1.4674	3.3755
ET-68	Osceola	2293	46	0	46	0	1.9030	1.4670	3.3700
ET-46	Marengo	3607	72	0	72	0	2.1277	1.2357	3.3634
ET-24	Lake City	7137	143	0	143	0	2.1277	1.1990	3.3267
ET-38	Guthrie C.	3611	72	0	72	0	1.9130	1.3652	3.2782
ET-16	Manchester	3798	76	0	76	0	1.6128	1.5184	3.1312
ET-6	Emmetsburg	3098	62	0	62	0	1.5660	1.5004	3.0664
ET-20	Grundy Ctr.	3005	60	0	60	0	1.9130	1.0284	2.9414
ET-32	Missouri V.	4390	88	0	88	0	1.6958	1.2285	2.9243
ET-31	Onawa	3339	67	0	67	0	1.6426	1.2653	2.9079
ET-26	Sac City	4082	82	0	82	0	1.7085	1.1945	2.9030
ET-34	Harlan	3420	68	0	68	0	1.5426	1.3236	2.8662
ET-3	Spirit Lake	3268	65	0	65	0	1.6724	1.1826	2.8550
ET-75	Bloomfield	2335	47	0	47	0	1.4873	1.3567	2.8440
ET-17	Independence	4634	93	0	93	0	1.6022	1.2381	2.8403
ET-36	Audubon	2520	50	0	50	0	1.5575	1.2503	2.8078
ET-10	Osage	3249	65	0	65	0	1.5596	1.2293	2.7889
ET-59	Winterset	3275	66	0	66	0	1.4979	1.2561	2.7540
ET-67	Mt. Ayr	2174	43	0	43	0	1.4893	1.2612	2.7505
ET-51	Maquoketa	4367	87	0	87	0	1.4711	1.2630	2.7341
ET-8	Forest City	6034	121	0	121	0	1.4998	1.2051	2.7049
ET-12	Decorah	10417	208	0	208	0	1.3844	1.2793	2.6637
ET-73	Centerville	4990	100	0	100	0	1.1727	1.4900	2.6627
ET-70	Chariton	3198	64	0	64	0	1.4378	1.1743	2.6121
ET-55	Washington	4697	94	0	94	0	1.4660	1.1331	2.5991
ET-33	Denison	3328	67	0	67	0	1.4711	1.1183	2.5894
ET-39	Perry	5891	118	0	118	0	1.5596	1.0259	2.5855
ET-72	Albia	2991	60	0	60	0	1.1958	1.3625	2.5583
ET-13	Oelwein	8107	162	0	162	0	1.3812	1.1091	2.4903
ET-22	Webster C.	4340	87	0	87	0	1.5227	0.9525	2.4752
ET-7	Algona	4940	99	0	99	0	1.5189	0.9519	2.4708
ET-50	Anamosa	4202	84	0	84	0	1.2435	1.2045	2.4480
ET-45	Grinnell	4226	85	0	85	0	1.3149	1.1178	2.4327
ET-19	Iowa Falls	11119	222	0	222	0	1.4093	0.9966	2.4059
ET-61	Atlantic	4548	91	0	91	0	1.3085	1.0533	2.3618
ET-42	Ames	8564	171	0	171	0	1.3478	0.9570	2.3048
ET-40	Boone	7043	141	0	141	0	1.1809	1.0096	2.1905
ET-60	Greenfield	2811	56	0	56	0	1.0447	1.0908	2.1355

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES

16TH REVISION
1 JULY 1963

IOWA

SUMMARY AND RELATIVE NEED REPORT EXTENDED TREATMENT FACILITIES

BASIC AREA DATA			BED ANALYSIS				PRIORITY ANALYSIS		
DESIGNATION		POPULATION OVER 55 YEARS	TOTAL BEDS PROPOSED	EXISTING EQUIV. BEDS	BEDS TO BE BUILT	PERCENT NEED MET	RURALITY FACTOR	INCOME FACTOR	GROSS PRIORITY FACTOR
AREA No	POPULATION CENTER								
ET-76	Fairfield	3745	75	0	75	0	0.8895	1.2377	2.1272
ET-11	Charles C.	4685	94	0	94	0	1.1234	1.0032	2.1266
ET-44	Marshalltown	13691	274	0	274	0	1.1241	1.0000	2.1241
ET-21	Clarion	4327	87	0	87	0	1.0213	1.0633	2.0846
ET-66	Creston	4006	80	0	80	0	0.8972	1.1750	2.0722
ET-54	Muscatine	9703	194	0	194	0	1.0262	1.0276	2.0538
ET-23	Fort Dodge	12755	255	0	255	0	0.9502	0.9471	1.8973
ET-9	Mason City	12823	256	0	256	0	0.8253	0.9753	1.8006
ET-62	Council B.	18332	367	0	367	0	0.6821	1.0276	1.7097
ET-52	Clinton	11794	236	0	236	0	0.6409	0.9488	1.5897
ET-79	Keokuk	9734	195	0	195	0	0.6085	0.9485	1.5570
ET-15	Dubuque	14717	294	0	294	0	0.5298	0.9799	1.5097
ET-30	Sioux City	23431	469	0	469	0	0.4051	0.9209	1.3260
ET-29	LeMars	4922	98	5	93	5.10			
ET-49	Cedar Rapids	27554	551	30	521	5.44			
ET-64	Shenandoah	11745	235	24	211	10.21			
ET-18	Waterloo	25389	508	72	436	14.17			
ET-41	Des Moines	54145	1083	168	915	15.51			
ET-74	Ottumwa	10281	206	46	160	22.33			
ET-58	Knoxville	6558	131	30	101	22.90			
ET-57	Oskaloosa	5948	119	30	89	25.21			
ET-48	Iowa City	8312	166	43	123	25.90			
ET-2	Sibley	6743	135	40	95	29.63			
ET-43	Newton	7081	142	48	94	33.80			
ET-5	Estherville	3007	60	24	36	40.00			
ET-27	Cherokee	4345	87	36	51	41.38			
ET-47	Vinton	5101	102	48	54	47.06			
ET-25	Storm Lake	4862	97	49	48	50.52			
ET-77	Keosauqua	2770	55	28	27	50.91			
ET-63	Red Oak	3908	78	40	38	51.28			
ET-1	Rock Rapids	6914	138	82	56	59.42			
ET-53	Davenport	22608	452	220	366	60.11			
ET-35	Carroll	4773	95	80	15	84.21			
ET-4	Spencer	3813	76	65	11	85.53			
ET-78	Burlington	16250	325	286	39	88.00			
ET-37	Jefferson	3507	70	68	2	97.14			
SUI	J	Complex		(243)					
	TOTALS	586941	11740	1805	10312	15.37			

DIAGNOSTIC AND TREATMENT CENTERS

Section 53.1 (s) of the Federal Regulations defines a diagnostic or treatment center as a facility providing community service for the diagnosis and treatment of ambulatory patients, which is operated in connection with a hospital, or in which patient care is under the professional supervision of persons licensed to practice medicine or surgery in the state, or, in the case of dental diagnosis or treatment, under the professional supervision of persons licensed to practice dentistry in the state. The definition includes outpatient departments of public or non-profit hospitals.

In accordance with State Statutes, the State Agency did meet with the subcommittee of the Hospital and Medical Facilities Advisory Council for the purpose of evaluating the inventory of existing diagnostic and diagnostic and treatment centers and determining the need for additional centers.

Before the existing centers could be properly evaluated, it was necessary to further define the facility. For the purpose of this study, it was determined that a diagnostic and diagnostic and treatment center varies from the normal diagnostic and treatment aids found in the offices of practicing doctors, (doctors of medicine, osteopathy and dentistry) to the most complex diagnostic/treatment facilities found in the State University Hospitals at Iowa City. Accordingly, it was decided that the inventory should recognize all existing offices of medical doctors, doctors of osteopathy and dentists.

The State Agency conducted a survey of all hospitals, public and non-profit clinics, health centers, laboratories and dispensaries in the state. With the cooperation of the respective professional societies, a survey, but not an inventory, was made of the offices of practicing medical doctors, doctors of osteopathy and dentists. The information obtained from this survey was shown on Form PHS5-2, "Inventory of Diagnostic and Diagnostic and Treatment Centers," Ninth Revision. Hospital service areas were used to identify and locate the facilities inventoried. Needs were determined on a statewide basis and proposed projects programmed on this basis.

In an effort to give full consideration to the services rendered by many of the marginal facilities, hospitals without organized outpatient departments, industrial clinics and dispensaries limited to employees, and dispensaries of schools and colleges limited to students, were incorporated in the inventory. These facilities were not classified as suitable, replaceable or unsuitable, but were used, together with the services rendered by the offices of doctors and dentists, in determining the need for additional facilities.

Facilities which clearly meet the definition of a diagnostic and diagnostic and treatment center, as set forth by Federal Regulations, were classified as suitable, replaceable or unsuitable. It must be made quite clear that the structure was evaluated in determining suitability, and not the quality of service rendered by the facility. In accordance with the criteria established by the State Agency, all facilities classified as unsuitable were housed in non-fire resistant buildings which were deemed as constituting a public hazard.

Based upon the inventory, the following conclusions were drawn:

1. All of the facilities surveyed play a significant part in rendering diagnostic and treatment service to the people of Iowa.

2. The geographic distribution of the various facilities generally folbws the concentration of population, thus providing reasonably disseminated services. To demonstrate this fact, the map shows the geographic distribution of the offices of 2,634 practicing medical doctors, 478 doctors of osteopathy, 1,648 dentists and 171 hospitals.

3. The existing facilities (offices of doctors anddentists, hospitals rendering a significant community service without an organized outpatient service, and clinics and dispensaries restricted to specific population groups) are presently rendering the degree of diagnostic and treatment service necessary to meet most of the needs of all of the people of Iowa. Any further enlargement of the diagnostic and diagnostic and treatment facilities at the local level could not be economically justified at this time.

4. Current study indicates a need for additional diagnostic and treatment services in basically four instances. The proposed four projects will render a service fulfilling the detectable need remaining in the state. Their relative priority is in the order of their effectiveness in serving existing needs.

   (a) The available diagnostic and treatment service of the University Hospitals is intended for all residents of the state and includes diagnostic procedures which are not available at any other center in the state. The continued and expanded service of this facility is vital to the total medical care program in Iowa. It is given the <u>highest</u> relative priority.

   (b) The dental clinic at the State University of Iowa serves as a diagnostic and treatment center for unusual and complex dental conditions, as well as a training center for dentists. The number of dentists that can be trained is limited by the size of the clinic. In order to make this dental service available to more people of the state and to provide more training facilities, this project was given <u>second</u> priority.

   (c) The Study Committee on Mental Illness gave particular attention to the inadequacies in the area of emotionally disturbed children, and urged immediate steps toward providing facilities and staff at Des Moines and Iowa City. In keeping with this intent, the Iowa Advisory Council did approve projects for Iowa Methodist, Des Moines; and the Psychopathic Hospital in Iowa City.

In each instance the council made particular mention of the limited scope of the proposals and went on record to the effect that vigorous efforts should continue toward expanding this phase of diagnosis and treatment facilities, and that maximum priority and encouragement be given to true emotionally disturbed children's units proposed by any sponsor in Iowa.

(d) The remaining need which has been recognized in the past is for the expansion of cardiovascular diagnostic and treatment at Sioux City. The unit proposed, limited to a particular illness, will meet an unfulfilled need. For these reasons, it was given the lowest of the four priorities under consideration.

This does not preclude consideration of other worthy proposals, provided they are appropriately substantiated to the satisfaction of the Advisory Council as to their applicability in providing needed diagnostic or treatment facilities.

Any sponsor making application for grants-in-aid for the construction of a diagnostic or diagnostic and treatment center must submit, as part of the application, a complete and detailed program of admission, service to be rendered and program for staffing. This information will be reviewed by the Iowa Advisory Council for Hospitals and Related Health Facilities and its sub-committee on Diagnostic and Treatment Centers, and will be considered in granting approval of the application. All potential project sponsors are encouraged to consult with the council early in the project planning.

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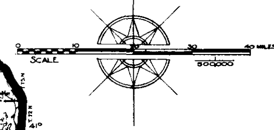

GEOGRAPHIC DISTRIBUTION OF
PROFESSIONAL PERSONNEL AND MEDICAL FACILITIES

LEGEND·

	SINGLE	MORE THEN FOUR
DOCTOR OF		
MEDICINE	●	◯
OSTEOPATHY	▲	◯
DENTAL SURGERY	■	◯
HOSPITAL	⬢	

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
INVENTORY SUMMARY OF DIAGNOSTIC AND TREATMENT FACILITIES

IOWA

STATEWIDE —
1 JULY 1963
16TH REVISION

LINE ITEMS		OWNERSHIP OR CONTROL	GENERAL	SERVICES								DIAGNOSTIC SERVICE			CLASSIFICATION		
					SPECIAL												
				GENERAL	CANCER	DENTAL	NERVOUS & MENTAL	ORTHOPEDIC	T. B.		OTHER	X-RAY	CLINIC. LAB.	HSP. D.P. DEPT.	SUITABLE	REPLACEABLE	UNSUITABLE
Diagnostic Facilities Which Pertain Directly to all Community Service in Iowa --																	
Iowa T. B. & Heart Assn. (Statewide Case Finding)		NPA			X				X								
Hospitals (All Categories)	171 in state	VARIED		X	X		X	X	X			X	X	X			
M. D. Practitioners	2,210 in state	IND		X	X		X	X	X		X	X	X				
D. O. Practitioners	470 in state	IND		X	X		X	X	X		X	X	X				
D.D.S. Practitioners	1,576 in state	IND				X						X	X				
Note: The above professional people are located in some 560 towns/cities of Iowa.																	
Industrial Infirmaries	Statewide	IND		X			X	X			X						
Institutional Infirmaries	Statewide	VARIED		X	X	X	X	X	X			X	X				

(a) Dissemination of the above facilities is graphically illustrated on the map on the preceding page.

(b) Refer to pages 99 thru 113, Eighth Revision, Iowa Hospital Plan, 1 July 1955, for state survey of Diagnostic and Treatment Facilities for basis of conclusion that aggregate facilities and their distribution are adequate to meet the normal needs of the state's population. Also see related comments on preceding pages.

REHABILITATION CENTERS

Section 53.1 (5) of the Regulations provides definitions related to rehabilitation as follows:

(1) REHABILITATION FACILITY "A facility providing community service which is operated for the primary purpose of assisting in the rehabilitation of disabled persons through an integrated program of medical, psychological, social, and vocational evaluation and services under competent professional supervision. The major portion of such evaluation and services must be furnished within the facility; and the facility must be operated either in connection with a hospital or as a facility in which all medical and related health services are prescribed by, or under the general direction of, persons licensed to practice medicine or surgery in the State."

(2) REHABILITATION "An integrated program brings together, as a team, specialized personnel from the medical, psychological, social, and vocational areas for the purpose of pooling information, interpretations and opinions for the development of a rehabilitation plan of services in which the disabled individual is viewed as a whole. When members of the team contribute to the diagnosis and treatment of illness, their contributions must be coordinated under medical responsibility. These integrated services may be provided in a facility to care for many types of disabilities or a single type of disability."

(3) DISABLED PERSONS "A disabled person is an individual who has a physical or mental condition which, to a material degree, limits, contributes to limiting, or if not corrected, will probably result in limiting, the individual's performance or activities to the extent of constituting a substantial physical, mental, or vocational handicap."

Rehabilitation is the process of assisting an individual with a disability to realize his potentialities and goals physically, mentally, socially, and vocationally. Facilities contemplated by this program would be available to disabled persons of all ages, including those who are capable of becoming able to care for themselves, as well as those who are being rehabilitated for employment. The evaluation and services offered by the facilities cannot be solely medical, social, psychological or vocational; nor can there be a combination of services from only two or three of these areas. Provision must be made within the facility for a rehabilitation program in which each of the four basic areas assumes its significant role, depending on the fundamental needs of the individual served.

Services available to the state in this field are extremely inadequate, when measured in terms of total need. This generalization became quite evident when basic survey data was reviewed. While a number of organizations have attempted to serve the needs of the disabled, very

few are able to provide the essential elements in the four areas of service for a coordinated program, let alone meet their total need. These splinter operations are usually limited by restrictive budget available for either/both facilities and/or staff. In only a few instances are the four areas of service completely provided.

In setting forth the available resources, certain ground rules were established to permit a pattern of inventory. As a result, only those facilities with adequate elements in each of the four areas of rehabilitation were classified as being suitable, replaceable, or unsuitable. Marginal operations which do administer an appreciable amount of service in three or four of the areas of rehabilitation were listed to reflect the service rendered and the existing demand. These, in turn, represent certain special talents which might readily be adapted to an expanded program to provide a sound and complete service if the financial means were to become available.

The source of basic data was quite complete and represents the close association of field personnel in the Division of Vocational Rehabilitation with the varied efforts put forth by charity and non-profit organizations. The interpretation placed upon the basic data shall not be construed as criticism of those organizations who are active in rehabilitation. More realistically, it represents the public reluctance to recognize the needs in this field and illustrates the impact this failing is having on tax dollars. When the public realizes how many individuals, without sufficient resource and dependent on political subdivisions for care, could be re-established as producers and taxpayers, we may witness converted programs realistically financed. The splinter operations of today are accomplishing an educational mission which will eventually bring about public recognition of the spectacular results which can be realized, if pursued.

The proposed program is on a statewide basis. Teaching centers and population centers are indicated as sites for proposed rehabilitation centers to gain maximum opportunity for providing staff while making resources available to a maximum number of people. The grants-in-aid available for rehabilitation are extremely inadequate. Because the foreseeable moneys for this category are limited, the proposed program is restricted at the present. When more indication exists on what the source of funds will be, the program will be elaborated upon. In any event, several potential contingencies can give major guidance to future programming. Educational facilities, for instance, could readily influence the pattern of service which would best meet needs. The rates of disabling accidents are changing quite rapidly. The mechanization of agriculture is an influence in the origin of the rehabilitatable groups. Obviously the influence of disability causes, the existing backlog, the extreme lack of existing facilities, and the absence of a positive source of financial support are reasons for proposing a moderate program at this time with a view toward refining a statewide plan at a later date when better information will offer more guidance. The present lack of facilities virtually makes it impossible to overbuild if duplication is avoided.

Priority of projects is dependent upon several basic conditions. Primary consideration will be given to a multiple disability center in conjunction with the medical college. Next, consideration will be for a proposal which will offer a statewide service. Thereafter, projects proposed for population centers will be considered in terms of fields

of disability to be served, favoring multiple disability units over single disability units.

The entire program will be correlated at all times with the planning and long-range projects which are being developed by the Division of Vocational Rehabilitation, Department of Public Instruction.

IOWA STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES
INVENTORY - REHABILITATION SERVICES

16TH REVISION
1 JULY 1963
IOWA

NAME OF FACILITY	LOCATION	CLASSIFICATION (CODE)	OWNERSHIP OR CONTROL	AV. DAILY CASELOAD		NO. OF PERSONS SERVED ANNUALLY	AGE GROUPS SERVED		DISABILITY GROUPS SERVED							SERVICES			
				INPATIENT	OUT PATIENT		UNDER 18	OVER 18	DEAF	BLIND	T.B.	CARDIAC	ORTHOPEDIC	NEUROLOGICAL	OTHER	MEDICAL	PSYCHO PATHIC	SOCIAL	VOCATIONAL
Ia. Voc. Rehab. Center	Des Moines	S	STATE	20	40	178		X	X		X	X	X	X		ABCDEFGHLM	N	OPQR	STUV
Ia. Soc. for Crippled Children & Adults	Des Moines	S	NPA		18	220	X	X	X	X		X	X	X		ABCDEFHM	N	OPQR	STUVWY
Iowa Methodist Hospital	Des Moines	S	CH	80	120	(730)	X	X	X	X		X	X	X	X	Complete	N	OPQR	STUV
University Hospitals	Iowa City	S	STATE	25		278	X	X	X	X		X	X	X	X	ABCDEFGHJ KLM	N	OPQR	STV
Em. Dist. Children's U.	Iowa City	S	STATE	48	12	480							X	X		ABCDEGHI JKLM	N	OPQR	STUV
Iowa Braille & Sight Saving School	Vinton	U	STATE	172		172	X	X		X						ABDFGHJKLM	N	OPQR	STVWZ
Decorah Rehab. Center	Decorah	S	NPA				X	X					X		X	ABCDJKLM		R	S
Oakdale Sanatorium	Oakdale	S	STATE	80		180	X	X			X					ABDJILM	N	OPQR	STUVW
United Cerebral Palsy C.	Cedar R.	S	NPA		28	60	X	X						X		ABCDELM	N	OPR	S
St. Luke's Meth. Hsp.	Cedar R.	S	CH	NR	NR	NR	X	X	X	X		X	X	X	X	AM	N	OPQR	STUV
Linn Co. Soc. for Crippled Children	Cedar R.	S	NPA			60	X	X					X			ABCLM		R	ST
Burlington Hospital	Burlington	S	NPA (Under Construct.)				X	X			X	X	X	X	X	Complete	N	OPQR	STUV
Sunnyslope Sanatorium	Ottumwa	S	CO	63		63	X	X			X					ABDJLM		OPQR	STVW
Iowa School for Deaf	C. Bluffs	S	STATE	350		350	X	X	X							ABEFGHIKLM	N	OPQR	STUVWY
Siouxland Rehab. Center	Sioux City	S	NPA	0	40	680	X	X	X	X		X	X			ACDEFGHJLM	N	OPQR	

1. CLASSIFICATION CODE
S-Suitable
R-Replaceable
U-Unsuitable

2. CODE FOR COLUMNS 21 THRU 24

MEDICAL
A-Phys. & Med. Eval.
B-Med. Supervision
C-Phys. Therapy
D-Occup. Therapy
E-Speech Therapy
F-Audi-Ser. Incl. Lip Reading
G-Prosthetics Brace
H-Psychiatric
I-Dental
J-Nursing
K-Phys. Education
L-Med. Consultant
M-Rec. Therapy

PSYCHO.
N-Evaluation

SOCIAL
O-Evaluation
P-Soc. Caswk.
Q-Soc. Grpwork.
R-Rec. (Non-Med.)

VOCATIONAL
S-Evaluation
T-Voc. Counsel
U-Pre. Voc. Exp.
V-Spec. Education
W-Voc. Trng.
Y-Sheltered Emp.
Z-Travel Trng. for Blind

IOWA STATE DEPARTMENT OF HEALTH

Division of Hospital Services

1. Page 1 of 1

2. Date July 1, 1963

3. State Iowa

REHABILITATION FACILITIES SUMMARY

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4. Population

2,757,537

5. Total facilities allowed by the state ratio

(9) (6 disabilities) - 57 disability services

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6. Additional Facilities Proposed - 44 Disability Services

COMMUNITY A.	DESCRIPTION OF FACILITIES AND SERVICES TO BE PROVIDED B.

Location of proposed rehabilitation services will be at points that are established for statewide service, or at population centers readily accessible to an appreciable segment of population.

Iowa City Davenport Waterloo	Facilities will vary in keeping with available talent, resources, and demonstrated community support, Preference will be given to multiple disability units and the program proposed. Evaluation will be based on degree of service attainable with the approvable proposal.

DETERMINATION OF RELATIVE NEED

Priority of Categories

The program at this point follows two correlated patterns. The basic hospital program is in keeping with precedent of previous plans and revisions, while the related health facility phase conforms to the intent of the Congress in providing means for the complementing facilities not provided for earlier. The two parts of the program will be considered separately.

Priority of Hospital Categories (Public Law 725)

During the early years, the program sought to stimulate preference in the specialized categories by giving such projects the first opportunity to participate in grants-in-aid. In spite of the incentive, few communities were moved to develop a project in a specialized category. This reluctance has been attributable to several factors in the communities. Hospital personnel were reluctant to approach long-term treatment programs, such as psychiatric or chronic illness, because normally individual resources were considered insufficient for complete treatment and care. These hospital costs, it appeared, would have to be spread onto the costs for acute care. The citizens of communities were equally reluctant to encourage such projects or to provide funds for such construction because the care of such patients has been considered the responsibility of the state. In additon, the need for these services has not been brought to the attention of the taxpayers in terms of long-range tax burden or in terms of population trends and their effect on the productive abilities of communities.

As a result, the unbalance of hospital categories has been accentuated. When no application was made by specialized projects, the lower priority, acute general hospitals, applied for, and were granted, available funds. During the last few years, interest in chronic and psychiatric units has developed in several areas with very favorable results. Educational effort continues and it is foreseeable that the balance will be improved. In the meantime, impressive advances are being made in treatment procedures in specialized fields, which will, in their turn, further guide the public in the need for, and possibilities of, these special facilities.

In evaluating the categories, the facilities are considered in terms of beds and the classification with the greatest unmet need will receive greatest consideration. Within the categories, the area or region with greatest unmet need will be given preference. The following table gives the basis and determination of priority among categories.

Category	Equiv. Suitable Beds	Proposed To Be Added	Total Beds Proposed	% Need Met
Extended Treatment	1,805	10,312	11,740	15.37
Mental	4,193	9,595	13,788	30.41
General	9,914	3,600	13,466	73.62
Tuberculosis	407	0	407	100.00

Public health centers are evaluated in terms of number of establishments. Of a total programmed need for 27 centers, only one (3.704%) exists. The preventive phases in safeguarding public health can be accomplished through this category. Unfortunately, however, existing legislation precludes construction in this field by virtue of statutes which prohibit tax levies for direct health purposes. Further, no more than 10% of an annual state allotment may be made available for public health centers within a given state.

Relative priority of hospital categories within the scope of Public Law 725 will be as follows:

I Public Health Centers (up to 10% of Iowa's annual allotment)
II Extended Treatment Facilities
III Psychiatric Hospitals
IV Acute General Hospitals
V Tuberculosis Hospitals

Federal Grants-in-Aid funds are available to projects in the highest priority category first. Priority within the category will be determined by the Relative Need Report for the respective classification. 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 a fair portion of 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 related adjunct facilities common with other services in the hospital. The fraction used to determine participatable costs of the adjunct facilities common to several 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 evaluated.

In keeping with the resolution by the Advisory Council, the policy of this agency is to disapprove programs and applications for Federal Grants which propose to add to existing unsuitable facilities which have inherent fire hazards. Consideration will only be given when such inadequacy is or will be acceptably corrected within the project to comply with current standards within the proposed narrative program of the application. Correction shall be by elimination of the unsuitable facility so that it cannot be diverted to a use allied to hospital service or shall be corrected by a renovation deemed reasonable and practical by the State Agency in a manner that will result in a structure complying with the requirements for a new structure.

Priority of Related Health Facility Categories (Public Law 482)

While the same general principles outlined earlier are followed within categories concerned with the appropriation for Public Law 482, the moneys are identified as being specifically Extended Treatment Facilities and diagnostic and treatment facilities. Only after pointed effort to develop an appropriate project can application be made for transferring unutilized funds from one category to another. The grant for rehabilitation cannot, under any circumstance, be transferred to or from another category. The only permissible transfer of rehabilitation moneys would be from one state to another in a joint program properly qualified.

The funds for Extended Treatment Facilities will be guided by the appropriate priority table. Greatest unmet need is the primary consideration. In areas with no need met, greatest rurality and lowest per capita income give preference. Both diagnostic centers and rehabilitation centers are placed on a statewide basis and are subject to guidance of the Iowa Advisory Council. A project is restricted to one or the other of the appropriations. Extended treatment facilities utilizing Part "C" funds will be limited to a maximum of 100% of the total Part "C" allotment to the state.

Intent of Project Sponsors

It has already been indicated that the Advisory Council will evaluate projects on the basis of information submitted by prospective sponsors. Such information will be presented at the time of application in the form of an interview, by written presentation of the proposed program, and by such supplemental data as may be requested to clarify and interpret the intent and the ability of the sponsors to execute the proposed program.

By way of general information, it is pointed out that the basic legislation makes a specific provision for recourse in the event the sponsors, after having received grants-in-aid, dispose of the property improperly or fail to utilize a facility as programmed during the succeeding 20 years. The recourse provides a means for recovering the Federal share of the "then-value" which is reimbursable to the Treasurer of the United States.

Service Area Priority

In service areas with existing acceptable beds, the per cent of bed need met is computed by dividing the number of existing equivalent bed capability in the area by the total computed bed need of the area. The service areas were then ranked in the order of the per cent 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).

In 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.

Source of Basic Factor Data:

Area and population data taken from 1950 and 1960 census as published by the U. S. Department of Commerce.

Per Capita Income Data is from monthly publication, "Sales Management," dated June 1962.

Taxable Property Value as published by the State Tax Commission in the Annual Report, 1960.

The specific formulae are outlined below:

Determination of Priority Factors

Rurality Factor:

$$\frac{\text{Area Rural Population}}{\text{Area Total Population}} = \text{Per cent area rural pop.}$$

$$\frac{\text{State Rural Population}}{\text{State Total Population}} = \text{Per cent state rural pop.}$$

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

Per Capita Income Factor:

$$\frac{\text{State Average Per Capita Income}}{\text{Area Average Per Capita Income}} = \underline{\underline{\text{Per capita income factor}}}$$

Population Density Factor:

$$\frac{\text{Area Total Population}}{\text{Area Total Square Miles}} = \text{Area average density}$$

$$\frac{\text{State Total Population}}{\text{State Total Square Miles}} = \text{State average density}$$

$$\frac{\text{Area Average Density}}{\text{State Average Density}} = \underline{\underline{\text{Population density factor}}}$$

Population Increase Factor:

$$(100)\ \frac{\text{1960 Area Population}}{\text{1950 Area Population}} = \text{\% Area population increase} + 100$$

$$(100)\ \frac{\text{1960 State Population}}{\text{1950 State Population}} = \text{\% State population increase} + 100$$

$$\frac{\text{\% Area Population Increase} + 100}{\text{\% State Population Increase} + 100} = \text{Population increase factor}$$

Per Capita Taxable Property 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

Replaceable Bed Priority Factor:

Number of Replaceable Beds / Suitable Beds Plus Replaceable Beds = Replaceable Bed Factor

METHOD OF ADMINISTRATION

Publication of the State Plan

1. A general description of the proposed State Plan was publicized in the Des Moines 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 this current revision of the State Plan by the Iowa Advisory Council for Hospitals and Related Health Facilities, the Iowa State Department of Health will take steps to insure publication of a general description of the State Plan in the Des Moines Register & Tribune. In addition, societies, organizations, and associations are 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 in their respective communities.

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.

4. In keeping with State Statutes, copies of the Plan will be disseminated to persons and organizations with a legitimate interest.

Federal Share Determination

In accordance with the amended Hospital Survey and Construction Act (Section 631 (k) (2); Public Law 725, Public Law 380, and Public Law 482), 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, 1963, except for rehabilitation. In keeping with the Health Grants Manual, paragraph 23-2, 10 B-2 (b); Participation in rehabilitation projects under Part "G" shall be at the rate of 50% of the total project cost as set forth by approved application.

Non-Discrimination Statement

No application for Grants-in-Aid toward hospital or related health facilities 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 U. S. Public Health Service, this Department will develop Project Construction Schedules which will list the projects for which construction can be commenced immediately. The schedules will be developed by soliciting applications from sponsoring agencies in areas of the greatest unfilled need and in the order of the area priorities shown. The number of projects included on the Project Construction Schedules will depend on the amount of the Federal funds allotted annually to the state for each program.

Changes in Area Priority

When a Part I of 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 per cent of need met in the respective area shall immediately be adjusted by adding to the existing suitable beds in the area, the number of beds in the project, and recomputing the new per cent of need met. Further, when construction contracts are let for a project proceeding without Federal Grants-in-Aid, the area per cent of bed need met will be immediately adjusted to reflect the equivalent beds in the project. Projects constructed without Federal assistance will be considered as existing equivalent beds during construction. If construction of the project is terminated short of completion for one reason or another, the beds will be considered non-existant and bed count adjusted accordingly.

The total equivalent beds existing in an area together with the 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 the stipulated period.

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 this State Agency that no person in the area will be denied admission as a patient to the facility on account of race, creed or color.

6. Evaluation by the State Agency of the program, staffing and operational policies which the sponsors present in the form of interview, written presentation, and such supplemental data as may be requested to clarify and substantiate the intent of the program presented.

7. The Project Construction Schedule pertinent to allotment under:

   (a) Public Law 725 will recognize approvable applications in the order of priority of hospital categories, and thereafter in the order of priority within a category.

   (b) Public Law 482 will include approvable applications for projects within each category and within the limits of funds allotted for the specific category. If funds for diagnostic and treatment centers, or extended treatment facilities are not applied for, in whole or in part, the funds not applicable to approvable applications will be available for transfer to one or both remaining categories. These transferrable funds will be held a minimum of 30 days pending recommendations of the Iowa Advisory Council.

The Project Construction Schedules will be submitted to the U. S. Public Health Service, Regional 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 essential financial and/or other assurances.

Project Applications

Applications for Federal assistance will be submitted on the Project Construction Application (Parts I through IV) which is prescribed by the U. S. Public Health Service.

If a project is in the highest priority group, Part I 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 I 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 30 day period, submit a letter of intent to this Department. Such letter shall, with its evidence of ability, state specifically:

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

   b. State of funds available and means 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 succinct 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 and intent of the applicant.

3. Upon receipt of a letter of intent from the owners, appropriate Part I forms will be supplied to the prospective sponsors for guidance in the preparation of certain supporting documentation. Items to be included in triplicate in an approvable application are:

   a. Part I of Application

   b. Evidence of non-profit status as documented by the Bureau of Internal Revenue.

   c. Evidence of architectural contract, either reproductions or certified true copies.

   d. A complete and detailed narrative description setting forth the proposed program (See appropriate sections for further discussion), with appropriate correlation to an approved areawide program and Plan.

e. Acceptable schematic drawings by an architect registered in Iowa.

f. A realistic cost estimate signed by the architect which is judged by this agency to be adequate and appropriate for the proposed project and its budget.

g. Summary of sponsor's share of funds and evidence of same, certified to by appropriate authority. The owner's share shall be in terms of an acceptable budget incorporating the architect's estimate and concurred in by this office. <u>Moneys and estimates shall be firm, realistic and acceptable to the State Agency before an application will be considered approvable</u>.

h. The owner and architect shall give conclusive evidence that the project will proceed directly through planning and be placed on the market for bidding and contracting before a date specified by letter of invitation. <u>Failure by the owners/architect to provide evidence of suitable progress in keeping with the assurance given the Advisory Council at the time Part I was approved will be grounds for reviewing the application</u>. <u>Such failure will warrant reconsideration and reassignment of funds to a project prepared to proceed directly to contract in keeping with the intent of the program and plan.</u>

i. A particular element which will be evaluated to determine acceptable design progress will be detailed layouts for dietary and central supply services where such design is pertinent. Design of those areas shall be substantially complete to assure workability before building perimeter is irrevocably fixed.

j. This Department will review relative progress during design stages to determine compliance with previously stated schedules which were the basis for the assignment of funds.

4. The sponsor or his agents will then prepare and complete the Part I Application forms and submit same in an approvable manner to this department before the end of the 30 day period.

5. Upon the expiration of the 30 day period, all approvable Construction Applications will be compared to 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 I 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 that the approvable Part I Applications fall within the scope of allotted funds, will present to the U. S. Public Health Service Project Construction Schedules and the listed approvable Part I Applications for the subject year. Said Project Construction Schedules 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 I.

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

      1. Giving evidence of adequate funds.

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

      3. Failing to comply with the planning schedule which was the basis for approval of Part I.

   c. Voluntary withdrawal from program.

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

Transfer of Funds to Adjacent States

As has been stated earlier, the population growth pattern for Iowa has been guided considerably by the rivers on the east and west borders, resulting in most of our populaltion centers being on state lines. The resultant hospital usage pattern has developed unnormally to induce interstate areas. This State Plan, in turn, provides that transfer of allotments between states (i.e. to/from Iowa) will be considered and inaugurated upon survey and evaluation of case merits. In the event of transfer from Iowa allotment, consultation of the Iowa Advisory Council and authorization by the Governor of Iowa will determine establishment of such request to the Surgeon General, U. S. Public Health Service, in keeping with existing Federal Regulations.

Standards of Construction and Equipment

Construction and the equipping of projects assisted under this program shall comply with the general standards of construction and equipment as outlined in Appendix A (Revised 5 January 1955) of the Regulations promulgated under Public Law 725 and Public Law 482.

Copies of such standards are available for inspection at the State Department of Health, Division of Hospital Services.

Inspection and Certification by the State Department of Health

Upon written request for payment of an installment by a sponsor, the Department shall make an inspection of the project to determine that services have been rendered, work has been performed, wage rates and records are in order, 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 this 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 cost 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.

5. Wages paid and records established are in accord with Federal Regulations.

Certification for Payments

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

1. The first installment when no less than 25 per cent 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 the equipment list has been approved by the Federal Agency.

3. The third installment when work under the construction contract is substantially 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 per cent 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 135 A, 1954 Code of Iowa, as amended by House File 392, 56th 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 53.129 of the regulations by maintaining the necessary accounting records and controls, and requiring applicants for Federal funds to maintain adequate fiscal 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 and Public Law 482. In addition, the State Department of Health will require steps necessary and possible to assure that applicants (1) retain all relevant and supporting documents for two years after project completion, 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. Prepare accounting records, controls and documents described in the above, for a period of at least two years 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.

3. Retain affidavits, wage rolls, and records pertaining to wages, for a minimum period of two years after final payment.

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/about 1 July 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.

Conflict of Interest

No full time officer or employee of the State Agency, or any firm, organization, corporation or partnership which such officer owns, controls or directs, shall receive funds from the applicant, directly or indirectly, in payment for services provided in connection with the planning, design, constructing or equipping of a project.

MINIMUM STANDARDS FOR MAINTENANCE AND OPERATION

The Department has adopted, in accordance with Section 53.127 (c) of the Federal Regulations and Chapter 135 B and 135 C, Code of Iowa (1954), the attached regulations which prescribe minimum standards of maintenance and operation for all hospitals and nursing homes aided under the Hospital and Medical Facilities Survey and Construction Act. The minimum standards are published separately under the titles "Rules and Regulations for Hospitals and Related Institutions," and "Rules, Regulations and Minimum Standards Governing Nursing Homes". The State has not developed standards of operation for "Diagnostic and Diagnostic and Treatment Centers" and "Rehabilitation Centers." (Copies of the established standards will be made available upon request).

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:

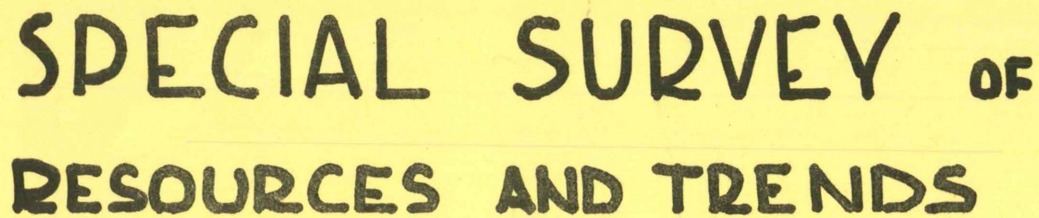
1. Denial of opportunity to make application,
2. Rejection or disapproval of application, and
3. Refusal to reconsider application

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 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.



SPECIAL SURVEY OF RESOURCES AND TRENDS

FACILITIES FOR THE CARE AND ACCOMMODATION OF OLDER POPULATION GROUPS

IOWA

1 July 1963

IOWA STATE DEPT OF HEALTH
Div. of Hospital Services

P R E F A C E

The following special report is a composite of data from known sources available to this office. While all elements are related to care and accommodation of older population groups, we have not forgotten that such services are pertinent to other categories not falling into the older age group. The material and information is orinted to reflect a relationship with the existing hospital pattern of Iowa.

INTRODUCTION For the past 10 years this office has been the administering agent of the Federal Grants Program under Public Law 482 relating to construction of nursing homes and chronic illness facilities as defined by Federal regulations.

During this same period, at the national level, study groups and planning conferences have been assigned missions which proportedly would resolve outstanding questions and provide guidance toward logical programming.

At the State level this subject has been brought to the attention of the legislature repeatedly. However, no appropriations have been realized with which to pursue answers to problems within the State of Iowa which are related to this same subject matter. Therefore, successive governors, during this period, have created councils and study groups by executive order for the express purpose of serving the state toward developing conclusive answers which would serve as guidance to communities.

During this same period this State Agency has waited for reports and guidance which would be meaningful in terms of existing resources and unmet need, so that a definitive statewide program could be developed.

At this late date few conclusions are available with which to develop a program for long term care facilities for Iowa. We are aware of certain guidance which has become available from U. S. Public Health Service. What has been most evident is that several Federal Agencies are pursuing answers but from viewpoints which are limited to lesser social aspects and without regard for the adjacent areas which have even greater bearing on the total problem. It would appear that while Public Health Service has done the most thorough sampling of the total problem, there is little correlation between this information and those other agencies who are administering direct loan programs and/or guaranting loans for construction related to this area.

At this point the information which has become available does not have great bearing in solving Iowa's problems. Sampling has been restricted and to population groups not comparable to Iowa. This state is different in a number of respects including its relatively high proportion of population in older age groups, its broad dispersel of its population to smaller rural communities and a pronounced inclination toward individualism, whether it be the community, a sponsoring organization, or the individual resident. In the light of such background, this State Agency is developing its own evaluation regarding the scope of the total picture toward arriving at conclusions with which to develop a statewide plan in terms of the most critical unmet needs.

Up to this point there was reason to believe that the overall need is extremely large. By sampling a few select communities, we were aware of appreciable construction of new facilities for these older age groups. The resultant bed count from such activities exceeds any criteria indicated heretofore. For instance, one could point to an Iowa community which has 28 beds per thousand population. Upon inquiry we find no evidence that this bed resource is excessive.

Another point which is becoming alarming to this office is the possibility of Federal legislation which would provide prepaid health insurance. Because several administrations have proposed such legislation in recent years, the possibility of such a health program cannot be ignored. If such a prepaid program came into being, the overall needs would undoubtedly be increased greatly if the experience of other national programs in Europe is any indication.

It is presumed that such a program would concern itself primarily with the treatment phase of care. Because our existing treatment facilities are already less than adequate, it would appear that Iowa, as a whole, would find itself without means for meeting the total need for these treatment services.

The following pages and survey are limited to the information at hand. It must be borne in mind that it gives no consideration to the prospect of future needs which would be imposed upon Iowa's facilities if a Federal program of prepayment were inaugurated.

INVENTORY DISCUSSION The following pages are an inventory of all facilities existing as of 1 July 1963. They include:

A- Long term facilities adjunct to hospital services and providing treatment in keeping with the capabilities of the adjunct hospital.

B- Licensed nursing homes complying with the minimum standards promulgated under Iowa Statutes including the fire safety standards prescribed by NFPA.

C- Licensed custodial homes which are in compliance with state regulations and minimum standards including NFPA fire safety standards.

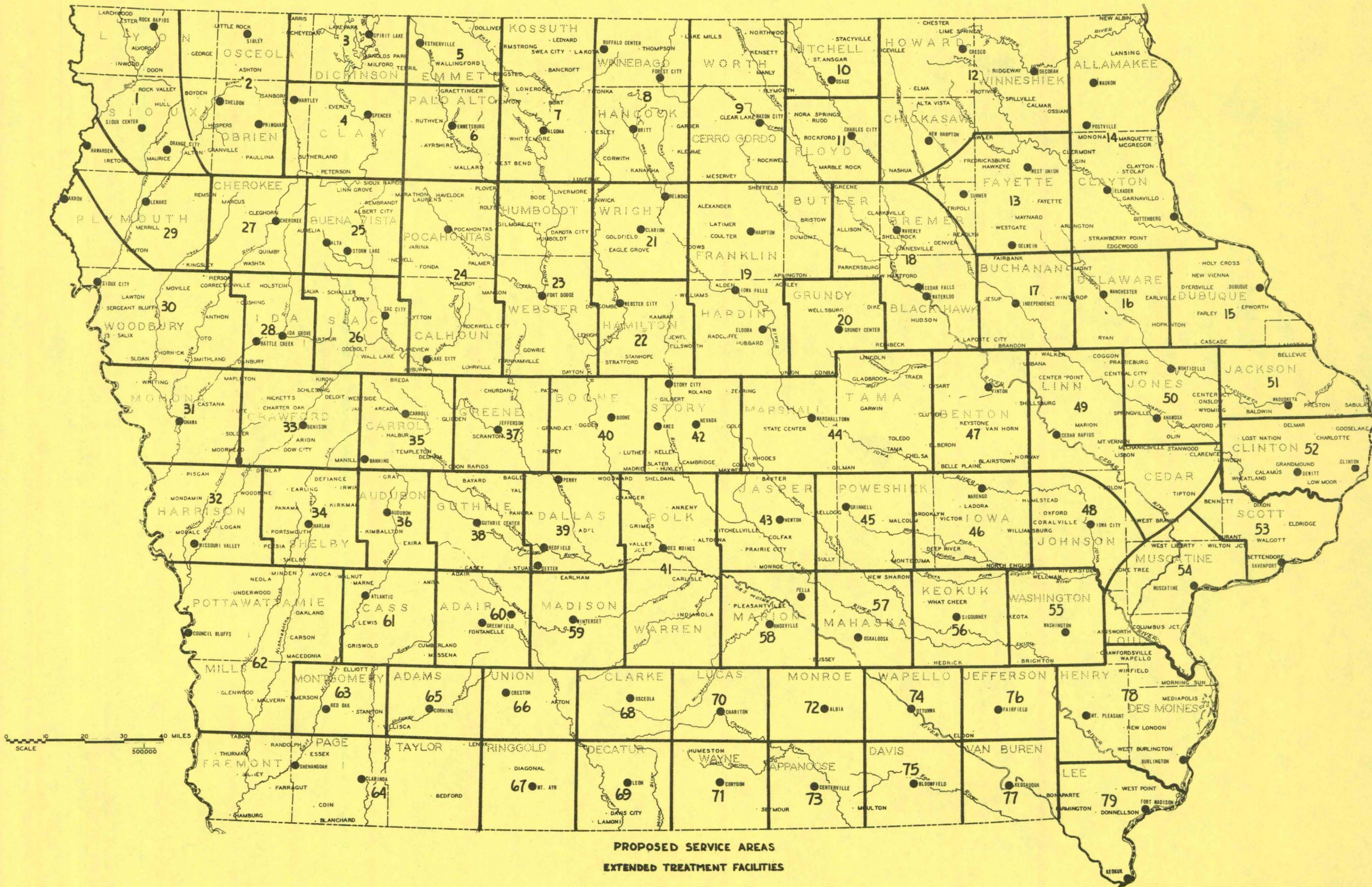
D- County homes, other than those already licensed under B and C above. At this writing we find a number of county institutions not licensed but apparently capable of qualifying for license in terms of structure. They are serving an appreciable number of persons in these age groups and are continually absorbing a substantial load of elderly patients transferred from Iowa's state mental institutions needing care such as licensing statutes refer to.

E- This recap does not include such other facilities as may be providing care or accommodation but which are known to exist. For instance, Social Welfare does make payment for nursing care rendered in facilities other than those covered in the above categories.

F- This summary does not include the Iowa Soldiers Home or any of the VA facilities which provide services falling within the scope of this subject.

For the purpose of consolidating the information, facilities are listed and grouped so as to relate to the hospital service areas which are the basis for statewide planning under Public Laws 725 and 482. The facilities are identified in terms of their name, their town and county, and thereafter, the number of beds for which they are designed and the particular classification of the beds. In some instances the capacity is shown in terms of more than one classification. Ultimately, the bed capacity is consolidated in terms of the total service area.

IOWA



PROPOSED SERVICE AREAS

EXTENDED TREATMENT FACILITIES

STATE DEPARTMENT OF HEALTH
DIVISION OF HOSPITAL SERVICES

INVENTORY OF ALL FACILITIES FOR

CARE AND ACCOMMODATION OF OLDER PERSONS

IOWA

1 JULY 63

FACILITY IDENTIFICATION				EXISTING BED CAPACITY				
				WITH	FREE-STANDING			TOTAL
SERVICE AREA NO.	NAME	TOWN	COUNTY	HOSPITAL FACILITIES	LIC'D. NRS'G H.	LIC'D CUST. H.	COUNTY HOME	AVAILABLE BEDS
Region "A"	Sioux City							
1	Orange City Mun. Hsp.	Orange C.	Sioux	22				
1	Sioux Center Com.Hsp.	Sioux C.	Sioux	60				
1	Restmore Conv. H.	Rock Rapids	Lyon		45			
1	Hess Cust. H.	Rock R.	Lyon			14		
1	Stallinga Cust. H.	Doon	Lyon			3		
1	Pioneer Mem. H.	Orange C.	Sioux			19		
1	Postma Rest H.	Orange C.	Sioux			2		
1	Sioux Co. H.	Orange C.	Sioux				60	
Area	1 TOTALS			82	45	38	60	225
27	Sioux Valley Mem. Hsp	Cherokee	Cherokee	72				
27	Fuhrnan Nrs. H.	Cherokee	Cherokee		3			
27	Gregg's Rest H.	Cherokee	Cherokee		14			
27	Gregg Nrs. H.	Cherokee	Cherokee		18			
27	Hill Top Home	Cherokee	Cherokee		30			
27	Mann Nrs. H.	Cherokee	Cherokee		12			
27	Russell Nrs. H.	Cherokee	Cherokee		5			
27	Sunset Knoll Inc.	Aurelia	Cherokee		48			
27	Carlson Cust. H.	Cherokee	Cherokee			3		
27	Dill Cust. H.	Marcus	Cherokee			11		
27	Marcus Cust. H.	Marcus	Cherokee			20		
Area	27 TOTALS			72	130	34	0	236
28	Good Samaritan H.	Holstein	Ida		25			
28	Godbersen Cust. H.	Holstein	Ida			3		
Area	28 TOTALS			0	25	3	0	28
29	Sacred Heart Hsp.	LeMars	Plymouth	9				
29	Brentwood Conv. H.	LeMars	Plymouth		47			
29	Burnight Rest H.	Hawarden	Sioux		8			
29	Panska Nrs. H.	Hawarden	Sioux		50			
29	Plymouth Co. H.		Plymouth				62	
Area	29 TOTALS			9	105	0	62	176
31	Bennett Nrs. H.	Turin	Monona		19			
31	Moss Nrs. H.	Onawa	Monona		11			
31	Onawa H. For Aged	Onawa	Monona		70			
31	Estina Rest H.	Mapleton	Monona			10		
31	Waples Cust. H.	Onawa	Monona			3		
Area	31 TOTALS			0	100	13	0	113

INVENTORY OF ALL FACILITIES FOR
CARE AND ACCOMMODATION OF OLDER PERSONS

IOWA
1 JULY 63

FACILITY IDENTIFICATION				EXISTING BED CAPACITY				
				WITH HOSPITAL FACILITIES	FREE-STANDING			TOTAL AVAILABLE BEDS
SERVICE AREA NO.	NAME	TOWN	COUNTY		LIC'D. NRS'G.H.	LIC'D CUST. H.	COUNTY HOME	
30	St. Joseph Mercy Hsp.	Sioux C.	Woodbury	68				
30	Cherry Lawn Nrs. H.	Sioux C.	Woodbury		17			
30	Cummins Nrs. H.	Sioux C.	Woodbury		87			
30	Elaine Nrs. H.	Sioux C.	Woodbury		74			
30	Falline Nrs. H.	Sioux C.	Woodbury		17			
30	Ingleside Nrs. H.	Sioux C.	Woodbury		83			
30	Jennings Nrs. H.	Sioux C.	Woodbury		15			
30	Julia's Nrs. H.	Sioux C.	Woodbury		12			
30	Leed's Nrs. H.	Sioux C.	Woodbury		67			
30	Maplewood Home	Sioux C.	Woodbury		19			
30	Restview Nrs. H.	Sioux C.	Woodbury		20			
30	Sanford's Nrs. H.	Sioux C.	Woodbury		18			
30	Sloan Nrs. H.	Sloan	Woodbury		50			
30	Sunrise Manor	Sioux C.	Woodbury		50	32		
30	Thoene Nrs. H.	Sioux C.	Woodbury		14			
30	Tommy Dale Mem. H.	Sioux C.	Woodbury		40			
30	Vi's Nrs. H.	Sioux C.	Woodbury		14			
30	Westside Nrs. H.	Sioux C.	Woodbury		19			
30	Westwood Conv. & R.H.	Sioux C.	Woodbury		67			
30	Court Street Home	Sioux C.	Woodbury			15		
30	Graham Cust. H.	Sioux C.	Woodbury			9		
30	Hilltop Cust. H.	Sioux C.	Woodbury			3		
30	Samaritan H. of S. C.	Sioux C.	Woodbury			20		
30	Woodbury Co. H.		Woodbury				120	
Area	30 TOTALS			68	683	79	120	950
Region "B"	Spencer							
2	Community Mem. Hsp.	Sheldon	O'Brien	40				
2	Anchorage Nrs. H.	Sheldon	O'Brien		17			
2	Brundage Nrs. H.	Primghar	O'Brien		8			
2	Myrl's Rest Home	Primghar	O'Brien		20			
2	Verdoorn Nrs. H.	Ashton	Osceola		34			
2	Sikma Rest Home	Ocheyedan	Osceola			11		
2	O'Brien Co. H.		Obrien				50	
Area	2 TOTALS			40	79	11	50	180
3	Milford Nrs. H.	Milford	Dickinson		11			
3	Fillebrown Cottage	Spirit L.	Dickinson			3		
3	Dickinson Co. H.		Dickinson				60	
Area	3 TOTALS			0	11	3	60	74

INVENTORY OF ALL FACILITIES FOR

CARE AND ACCOMMODATION OF OLDER PERSONS

IOWA
1 JULY 63

FACILITY IDENTIFICATION				EXISTING BED CAPACITY				
SERVICE AREA NO.	NAME	TOWN	COUNTY	WITH HOSPITAL FACILITIES	FREE-STANDING LIC'D. NRS'G.H.	LIC'D CUST. H.	COUNTY HOME	TOTAL AVAILABLE BEDS
4	Spencer Municipal Hsp	Spencer	Clay	65				
4	Delaney Nrs. H.	Spencer	Clay		37			
4	Purintun Nrs. H.	Everly	Clay		12			
4	Cooper's Nrs. H.	Sutherland	O'Brien		19			
4	McCroskey Nrs. H.	Hartley	O'Brien		14			
4	Millie's Rest H.	Sutherland	O'Brien		20			
4	Wagner Nrs. H.	Hartley	O'Brien		12	9		
4	Carrie's Cust. H.	Spencer	Clay			13		
4	East Lawn Home	Spencer	Clay			9		
4	Long's Cust. H.	Hartley	O'Brien			10		
Area	4 TOTALS			65	114	41	0	220
5	Holy Family	Estherville	Emmet	24				
5	Balmer Nrs. H.	Estherville	Emmet		29			
5	Good Samaritan H.	Estherville	Emmet		70			
5	Lauritsen Nrs. H.	Estherville	Emmet		20			
5	Cook's Rest Home	Estherville	Emmet			7		
5	Hofstader Cust. H.	Estherville	Emmet			7		
5	Simpson Home	Estherville	Emmet			6		
5	Emmet Co. H.		Emmet				10	
Area	5 TOTALS			24	119	20	10	173
6	Haywood Nrs. H.	Emmetsburg	Palo Alto		20			
6	Lake View Nrs. H.	Emmetsburg	Palo Alto		14			
6	Curry's Rest H.	Emmetsburg	Palo Alto			10		
6	Emmetsburg Cust. H.	Emmetsburg	Palo Alto			14		
6	Palo Alto County F.	Emmetsburg	Palo Alto			10		
Area	6 TOTALS			0	34	34	0	68
25	Sioux Rapids Hsp.	Sioux R.	Buena V.	30				
25	Buena V. Co. Hsp.	Storm Lake	Buena V.	49				
25	Methodist Manor	Storm Lake	Buena V.		30	62		
25	Morgan Home	Storm Lake	Buena V.		20			
25	Christine's C. H.	Alta	Buena V.			20		
25	Buena Vista Co. H.		Buena V.				27	
Area	25 TOTALS			79	50	82	27	238
26	Convalescent & N. H.	Lake View	Sac		12			
26	Eastlawn Nrs. H.	Odebolt	Sac		15			
26	Hillcrest Rest H.	Lake View	Sac		3			
26	Hilltop Nrs. H.	Sac City	Sac		11			
26	Schaller Nrs. H.	Schaller	Sac		20			
26	Tryon Nrs. H.	Sac City	Sac		14			
26	Tryon Nrs. H.	Sac City	Sac		14			
26	Irish Home	Lake View	Sac			20		
Area	26 TOTALS			0	89	20	0	109

INVENTORY OF ALL FACILITIES FOR

CARE AND ACCOMMODATION OF OLDER PERSONS

IOWA
1 JULY 63

FACILITY IDENTIFICATION				EXISTING BED CAPACITY				
SERVICE AREA NO.	NAME	TOWN	COUNTY	WITH HOSPITAL FACILITIES	FREE-STANDING LIC'D. NRS'G H.	FREE-STANDING LIC'D CUST. H.	FREE-STANDING COUNTY HOME	TOTAL AVAILABLE BEDS
Region "C" Fort Dodge								
7	Good Samaritan H.	Algona	Kossuth		45			
7	Maple Leaf C. H.	Burt	Kossuth			14		
7	Wilfiar Rest Haven	Burt	Kossuth			13		
7	Kossuth County Home	Algona	Kossuth			42	53	
Area 7 TOTALS				0	45	69	53	167
21	Heritage Home	Clarion	Wright		20			
21	Mathre's Nrs. H.	Eagle G.	Wright		3			
21	Armour's Cust. H.	Clarion	Wright			6		
21	Askvig Home	Eagle G.	Wright			8		
21	Frank Finn Cust. H.	Belmond	Wright			10		
21	Jordan Cust. H.	Eagle G.	Wright			9		
21	Rotary Ann Retirement	Eagle G.	Wright			84		
21	Taylor Rest Home	Eagle G.	Wright			14		
Area 21 TOTALS				0	23	131	0	154
22	J & L Nrs. H.	Webster C.	Hamilton		12			
22	Jewell Rest Home	Jewell	Hamilton		19			
22	Hillcrest C. H.	Webster C.	Hamilton			20		
22	Runn Cust. H.	Stratford	Hamilton			14		
22	Hamilton County H.		Hamilton				42	
Area 22 TOTALS				0	31	34	42	107
24	McVay Hospital	Lake City	Calhoun	14				
24	Anderson Nrs. H.	Lake City	Calhoun		18			
24	Manson Good Sam. H.	Manson	Calhoun		20			
24	Midway Nrs. H.	Lake City	Calhoun		12			
24	Rose Nrs. H.	Rockwell C.	Calhoun		15			
24	Waters Nrs. H.	Lake City	Calhoun		18			
24	Laurens Good Sam. H.	Laurens	Pocahontas		33			
24	Lutheran Good Sam.	Pocahontas	Pocahontas		44			
24	Morgan Home	Fonda	Pocahontas		27			
24	Henry Cust. H.	Rockwell C.	Calhoun			16		
24	Stout's Cust. H.	Lake City	Calhoun			3		
24	Pocahontas County H.	Pocahontas	Pocahontas			20	12	
24	Calhoun County H.		Calhoun				40	
Area 24 TOTALS				14	187	39	52	292
37	Greene County Hsp.	Jefferson	Greene	68				
37	Helms Nrs. H.	Jefferson	Greene		7			
37	Ebersole Home	Jefferson	Greene			6		
37	Flack's Cust. H.	Churdan	Greene			6		
37	Kennedy Cust. H.	Jefferson	Greene			3		
37	Greene County Home		Greene				37	
Area 37 TOTALS				68	7	15	37	127

INVENTORY OF ALL FACILITIES FOR

CARE AND ACCOMMODATION OF OLDER PERSONS

IOWA
1 JULY 63

FACILITY IDENTIFICATION				EXISTING BED CAPACITY				
				WITH HOSPITAL FACILITIES	FREE-STANDING			TOTAL AVAILABLE BEDS
SERVICE AREA NO.	NAME	TOWN	COUNTY		LIC'D. NRS'G H.	LIC'D CUST. H.	COUNTY HOME	
23	Houston Nrs. H.	Humboldt	Humboldt		19			
23	Sisson Nrs. H.	Humboldt	Humboldt		49			
23	Ellen's Rest Home	Fort Dodge	Webster		42			
23	Friendship Haven	Fort Dodge	Webster		150	314		
23	Johnson Nrs. H.	Fort Dodge	Webster		50			
23	Margarets Nrs. H.	Fort Dodge	Webster		20			
23	Sherman Nrs. H.	Fort Dodge	Webster		18			
23	Torgerson Rest H.	Humboldt	Humboldt			16		
23	The Marian H.	Fort Dodge	Webster			54		
23	Humboldt Co. H.		Humboldt				15	
23	Webster Co. H.		Webster				100	
Area	23 TOTALS			0	348	386	115	849
Region "D" Mason City								
8	Britt Nrs. H.	Britt	Hancock		44			
8	Bernets Retreat	Lake Mills	Winnebago		14			
8	Jutting Nrs. H.	Buffalo C.	Winnebago		3			
8	Emily Smith Home	Britt	Hancock			3		
8	Leegaard Rest Home	Lake Mills	Winnebago			14		
8	Hancock County Home	Garner	Hancock			42	12	
8	Winnebago County H.		Winnebago				66	
Area	8 TOTALS			0	61	59	78	198
10	Falk Nrs. H.	Stacyville	Mitchell		13			
10	Osage Nrs. H.	Osage	Mitchell		49			
10	Barenz Cust. H.	Osage	Mitchell			3		
10	Mitchell Co. H.		Mitchell				38	
Area	10 TOTALS			0	62	3	38	103
11	Charles City N. H.	Charles C.	Floyd		20			
11	Chautauqua Av. GuestH	Charles C.	Floyd		85			
11	DeBuhr Nrs. H.	Charles C.	Floyd		15			
11	Nora Springs N. H.	Nora S.	Floyd		49			
11	Rockford Conv. H.	Rockford	Floyd		28			
11	Harris Cust. H.	Marble Rock	Floyd			14		
11	Laughery Cust. H.	Charles C.	Floyd			3		
11	Rockford Good Sam. F.	Rockford	Floyd			25		
11	Salsbury Baptist H.	Charles C.	Floyd			34		
11	Starr Home for the A.	Charles C.	Floyd			9		
11	Stratton Rest H.	Charles C.	Floyd			11		
11	Sunnydale Cust. H.	Charles C.	Floyd			18		
11	Welcome Haven R. H.	Charles C.	Floyd			15		
11	Floyd County H.		Floyd				62	
Area	11 TOTALS			0	197	129	62	388

INVENTORY OF ALL FACILITIES FOR

CARE AND ACCOMMODATION OF OLDER PERSONS

IOWA
1 JULY 63

FACILITY IDENTIFICATION				EXISTING BED CAPACITY				
				WITH HOSPITAL FACILITIES	FREE-STANDING			TOTAL AVAILABLE BEDS
SERVICE AREA NO.	NAME	TOWN	COUNTY		LIC'D. NRS'G H	LIC'D CUST. H	COUNTY HOME	
19	Ahrens Nrs. H.	Hampton	Franklin		20			
19	Ahrens Nrs. H. #2	Hampton	Franklin		20			
19	Christensen Nrs. H.	Sheffield	Franklin		17			
19	Franklin Nrs. H.	Hampton	Franklin		27			
19	Hampton Nrs. H.	Hampton	Franklin		48			
19	Bonnie's Nrs. H.	Eldora	Hardin		15			
19	Eldora Nrs. H.	Eldora	Hardin		20			
19	Idle Hour Rest H.	Alden	Hardin		14			
19	Long's Nrs. H.	Iowa F.	Hardin		20			
19	Burke Cust. H.	Union	Hardin			16		
19	Deal's Cust. H.	Iowa F.	Hardin			13		
19	Griffin Rest Home	Hubbard	Hardin			9		
19	Presbyterian	Ackley	Hardin			41		
19	Hardin County H.		Hardin				40	
19	Butler County H.		Butler				23	
Area 19 TOTALS				0	201	79	63	343
9	Benn Nrs. H.	Mason C.	Cerro G.		20			
9	Bethany Rest H.	Clear L.	Cerro G.		19			
9	I.O.O.F. Home	Mason C.	Cerro G.		75	95		
9	Lake Rest Home	Clear L.	Cerro G.		28			
9	Mason C. Good Sam. H.	Mason C.	Cerro G.		210			
9	Norris Nrs. H.	Mason C.	Cerro G.		22			
9	Rest Haven Nrs. H.	Mason C.	Cerro G.		30			
9	Rockwell Nrs. H.	Rockwell	Cerro G.		33			
9	Southside Nrs. H.	Mason C.	Cerro G.		19			
9	Lutheran Ret. H.	Northwood	Worth		24			
9	Amendt's Cust. H.	Rockwell	Cerro G.			3		
9	L & M Cust. H.	Clear Lake	Cerro G.			9		
9	Robeson Cust. H.	Mason C.	Cerro G.			3		
9	Schiff Rest Home	Mason C.	Cerro G.			15		
9	White Rest Home	Mason C.	Cerro G.			5		
9	Andrews Cust. H.	Northwood	Worth			3		
9	Worth Co. H.		Worth				7	
9	Cerro Gordo Co. H.		Cerro G.				140	
Area 9 TOTALS				0	480	133	147	760

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IOWA
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FACILITY IDENTIFICATION				EXISTING BED CAPACITY				
				WITH HOSPITAL FACILITIES	FREE-STANDING			TOTAL AVAILABLE BEDS
SERVICE AREA NO.	NAME	TOWN	COUNTY		LIC'D. NRS'G H.	LIC'D CUST. H.	COUNTY HOME	
12	Fritze Nrs. H.	Nashua	Chickasaw		29			
12	Golden Age. N. H.	New Hampton	Chickasaw		16			
12	Kruse Nrs. H.	New Hampton	Chickasaw		10			
12	Mary Anna Nrs. H.	New Hampton	Chickasaw		14			
12	Birtwistle Rest Home	Cresco	Howard		16			
12	Evangelical Luth. H.	Cresco	Howard		26			
12	Evans Mem. Home	Cresco	Howard		39	10		
12	Hyberger Nrs. H.	Cresco	Howard		20			
12	Reutlinger Nrs. H.	Cresco	Howard		20			
12	Aase Haugen Home forA	Decorah	Winneshiek		60			
12	Bearman Cust. H.	New Hampton	Chickasaw			3		
12	Hines Home	New Hampton	Chickasaw			10		
12	Frankhauser Rest H.	Cresco	Howard			8		
12	Alice's Rest Home	Decorah	Winneshiek			18		
12	Lutheran Sunset H.	Calmar	Winneshiek			18		
12	Novotny Cust. H.	Decorah	Winneshiek			13		
12	Winneshiek County H.	Decorah	Winneshiek			75		
12	Winneshiek County H.	Decorah	Winneshiek		8		74	
12	Howard County Home	Cresco	Howard			28		
12	Chickasaw County H.		Chickasaw				29	
Area	12 TOTALS			0	250	183	103	536
13	Bakke's Rest Home	Oelwein	Fayette		20			
13	Day Conv.	Oelwein	Fayette		13			
13	Good Samaritan	West Union	Fayette		40			
13	Potter's Cust. H.	Oelwein	Fayette			3		
13	Schneider Conv. H.	Oelwein	Fayette			15		
13	Fredericksburg R. H.	Fredericks.	Chickasaw			12		
13	Fayette Co. H.		Fayette				150	
Area	13 TOTALS			0	73	30	150	253
17	Happy Valley	Independ.	Buchanan		10			
17	Helen's Haven R. H.	Independ.	Buchanan		10			
17	L. M. N. H. for Aged	Hazelton	Buchanan		17			
17	The Hendren Home	Hazelton	Buchanan		12			
17	Walton Nrs. H.	Independ.	Buchanan		11			
17	Buchanan County H.		Buchanan				50	
Area	17 TOTALS			0	60	0	50	110
20	Country Side N. H.	Grundy C.	Grundy		47			
20	Grundy Cen. C. H.	Grundy C.	Grundy			13		
Area	20 TOTALS			0	47	13	0	60

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1 JULY 63

FACILITY IDENTIFICATION				EXISTING BED CAPACITY				
				WITH	FREE-STANDING			TOTAL
SERVICE AREA NO.	NAME	TOWN	COUNTY	HOSPITAL FACILITIES	LIC'D. NRS'G H.	LIC'D CUST. H.	COUNTY HOME	AVAILABLE BEDS
18	Allen Mem. Hsp.	Waterloo	Black H.	72				
18	Bartels Lutheran H.	Waverly	Bremer		34	34		
18	Waverly Conv. H.	Waverly	Bremer		31			
18	Edna's Nrs. H.	Allison	Butler		11			
18	Clark Nrs. H.	Greene	Butler		20			
18	Osweiler Nrs. H.	Shell Rock	Butler		18			
18	Perrin Nrs. H.	New Hart.	Butler		9			
18	Bonorden Nrs. H.	Waterloo	Black H.		13			
18	Boorom's Nrs. H.	Cedar F.	Black H.		18			
18	Carr Nrs. H.	Waterloo	Black H.		8			
18	Cedar Falls Luth. H.	Cedar F.	Black H.		23	42		
18	E. Barton Conv. H.	Waterloo	Black H.		25			
18	East 1st St. N. H.	Waterloo	Black H.		19			
18	Ediths Rest Home	Waterloo	Black H.		19			
18	Lawn City Nrs. H.	Cedar F.	Black H.		46			
18	McCready's Nrs. H.	Waterloo	Black H.		15			
18	Stephens Nrs. H.	Waterloo	Black H.		9			
18	Western Home	Cedar F.	Black H.		10	155		
18	Williams Rest H.	LaPorte C.	Black H.		19			
18	Woodlawn Conv. H.	Waterloo	Black H.		120			
18	Mamie Bard Home	Waterloo	Black H.			2		
18	Myers Home	Waterloo	Black H.			5		
18	Roberts Cust. H.	Cedar F.	Black H.			14		
18	Ahrens Rest Home	Clarksv.	Butler			14		
18	Bremer Co. H.		Bremer				110	
18	Black Hawk Co. H.		Black H.			180		
18	Black Hawk Co. Det. H.		Black H.		40			
Area	18 TOTALS			72	467	446	110	1095
Region "F"	Dubuque							
14	Laffan Nrs. H.	Waukon	Allamakee		10			
14	Waukon Good Sam.	Waukon	Allamakee		48			
14	Davis Nrs. Home	Strawberry P	Clayton		7			
14	Moser Nrs. H.	Strawb. P.	Clayton		12			
14	Samaritan Home	Elkader	Clayton		17			
14	Carlson's Cust. H.	Waukon	Allamakee			2		
14	Hanson Cust. H.	Waukon	Allamakee			3		
14	Postville Cust. H.	Postville	Allamakee			3		
14	Sunset Haven	Waukon	Allamakee			9		
14	Luth. Home for Aged	Strawb. P.	Clayton			25		
14	Allamakee County H.		Allamakee				63	
14	Clayton County Home		Clayton				60	
Area	14 TOTALS			0	94	42	123	259

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FACILITY IDENTIFICATION				EXISTING BED CAPACITY				
SERVICE AREA NO.	NAME	TOWN	COUNTY	WITH HOSPITAL FACILITIES	FREE-STANDING LIC'D. NRS'G H.	LIC'D CUST. H.	COUNTY HOME	TOTAL AVAILABLE BEDS
51	Armstrong Nrs. H.	Maquoketa	Jackson		20			
51	Gilmore Nrs. H.	Mawuoketa	Jackson		19			
51	Rorah Nrs. H.	Maquoketa	Jackson		10			
51	Dietz Rest Home	Maquoketa	Jackson			3		
51	Dutton Cust. H.	Maquoketa	Jackson			5		
51	Flagel Cust. H.	Maquoketa	Jackson			27		
51	Hoffman Cust. H.	Maquoketa	Jackson			3		
51	Manning Cust. H.	Maquoketa	Jackson			20		
51	Jackson County H.		Jackson				32	
Area	51 TOTALS			0	49	58	32	139
15	St. Joseph Mercy Hsp.	Dubuque	Dubuque	69				
15	Bethany H. for the A.	Dubuque	Dubuque		27	27		
15	Dubuque Co. Nrs. H.	Dubuque	Dubuque		98			
15	Frommelt-Schaefers H.	Dubuque	Dubuque		50			
15	Lady of Lourdes H.	Dubuque	Dubuque		150			
15	Knapp Cust. H.	Dubuque	Dubuque			16		
15	Martin Luther Home	Dubuque	Dubuque			11		
15	McCauley's Rest H.	Dubuque	Dubuque			18		
15	St. Anthony Home	Dubuque	Dubuque			150		
15	St. Francis H. for A.	Dubuque	Dubuque			101		
15	Dubuque County Home		Dubuque				50	
Area	15 TOTALS			69	325	323	50	767
Region "G"	Cedar Rapids							
16	Edgewood Conv. H.	Edgewood	Delaware		32			
16	Fairview Nrs. H.	Manchester	Delaware		19			
16	Good Neighbor Home	Manchester	Delaware		50			
16	Oneida Nrs. H.	Oneida	Delaware		20			
16	Riverview Nrs. H.	Manchester	Delaware		10			
16	Snodgrass Nrs. H.	Manchester	Delaware		17			
16	Bodin Rest Home	Manchester	Delaware			16		
16	Bush Cust. H.	Manchester	Delaware			14		
16	Lone Pine Cust. H.	Manchester	Delaware			5		
16	Margaret Rippon C. H.	Manchester	Delaware			13		
16	Delaware County H.		Delaware				45	
Area	16 TOTALS			0	148	48	45	241
46	Watts Nrs. H.	Marengo	Iowa		16			
46	Yearian Nrs. H.	Williamsb.	Iowa		42			
46	Popham Cust. H.	North Engl.	Iowa			10		
46	Seckel Rest H.	Marengo	Iowa			6		
46	Sunny Slope C. H.	North Engl.	Iowa			3		
46	Iowa County Home		Iowa				68	
Area	46 TOTALS			0	58	19	68	145
47	Virginia Gay Mem. Hsp	Vinton	Benton	48				
47	Luth. H. for Aged	Vinton	Benton		24			
47	Plaine Crest Nrs. H.	Belle P.	Benton		47			
47	Vinton Nrs. H.	Vinton	Benton		20			
47	Dewall Cust. H.	Vinton	Benton			3		
47	Dye Cust. H.	Atkins	Benton			3		
47	Luth. H. for Aged	Vinton	Benton			29		
47	Benton County Home		Benton				73	
Area	47 TOTALS			48	91	35	73	247

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FACILITY IDENTIFICATION				EXISTING BED CAPACITY				
				WITH	FREE - STANDING			TOTAL
SERVICE AREA NO.	NAME	TOWN	COUNTY	HOSPITAL FACILITIES	LIC'D. NRS'G H.	LIC'D CUST. H.	COUNTY HOME	AVAILABLE BEDS
48	Mercy Hospital	Iowa City	Johnson	43				
48	Clausen Nrs. H.	Iowa City	Johnson		34			
48	Happy Haven Nrs. H.	Lone Tree	Johnson		20			
48	Lindley Nrs. H.	Iowa City	Johnson		20			
48	Putnam Nrs. H.	Iowa City	Johnson		20			
48	Campbell's C. H.	Iowa City	Johnson			3		
48	Fleming Cust. H.	Iowa City	Johnson			3		
48	Janney Cust. H.	Iowa City	Johnson			10		
48	Novy's Cust. H.	Iowa City	Johnson			3		
48	Rose Feeser Cust. H.	Iowa City	Johnson			3		
48	Scharf's Cust. H.	Iowa City	Johnson			3		
48	Johnson County Home		Johnson				100	
Area	48 TOTALS			43	94	25	100	262
50	Brandt Nrs. H.	Wyoming	Jones		19			
50	Johnson Nrs. H.	Monticello	Jones		20			
50	Anamosa Cust. H.	Anamosa	Jones			17		
50	Hults Rest Home	Oxford J.	Jones			18		
50	Kleineck Rest Home	Onslow	Jones			15		
50	Jones County Home		Jones				60	
Area	50 TOTALS			0	39	50	60	149
55	Halcyon House	Washington	Washington		25			
55	Pine Rest Home	Washington	Washington		20			
55	Pleasant View Home	Kalona	Washington		25	28		
55	Shenk Nrs. H.	Wellman	Washington		46			
55	Sunny Haven	Washington	Washington		20			
55	United Presbyterian H	Washington	Washington		10	45		
55	Adams Cust. H.	Washington	Washington			3		
55	Washington Co. H.		Washington				74	
Area	55 TOTALS			0	146	76	74	296

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FACILITY IDENTIFICATION				EXISTING BED CAPACITY				
				WITH	FREE-STANDING			TOTAL
SERVICE AREA NO.	NAME	TOWN	COUNTY	HOSPITAL FACILITIES	LIC'D. NRS'GH.	LIC'D CUST. H.	COUNTY HOME	AVAILABLE BEDS
49	Mercy Hospital (Hallm)	Cedar R.	Linn	30				
49	Benion Nrs. H.	Cedar R.	Linn		20			
49	Boldt Nrs. H.	Cedar R.	Linn		12			
49	Boldt Nrs. H.	Cedar R.	Linn		17			
49	Cain's Nrs. H.	Cedar R.	Linn		19			
49	Cedar Rapids N. H.	Cedar R.	Linn		20			
49	Crestview Acres Inc.	Marion	Linn		50			
49	Evergreen Nrs. H.	Marion	Linn		18			
49	Gerrans Nrs. H.	Marion	Linn		6			
49	Greene Square R. H.	Cedar R.	Linn		40			
49	Hillcrest Nrs. H.	Cedar R.	Linn		12			
49	Irene's Nrs. H.	Cedar R.	Linn		19			
49	Maple Lawn H. for A.	Marion	Linn		20			
49	Martinson Nrs. H.	Marion	Linn		15			
49	Meth-Wick Manor	Cedar R.	Linn		42	146		
49	Michel Nrs. H.	Cedar R.	Linn		20			
49	Mount Vernon R. H.	Mount V.	Linn		29			
49	Shain Nrs. H.	Cedar R.	Linn		14			
49	Springville R. H.	Springville	Linn		15			
49	Wood Nrs. H.	Cedar R.	Linn		25			
49	Utopia Nrs. H.	Tipton	Cedar		20			
49	Cookson Mem. H.	West B.	Cedar			10		
49	O. K. Cust. H.	Tipton	Cedar			6		
49	Rice Cust. H.	Tipton	Cedar			2		
49	Tipton Cust. H.	Tipton	Cedar			12		
49	Woode Cust. H. #1	Tipton	Cedar			14		
49	Woode Cust. H. #2	Tipton	Cedar			14		
49	Linn County Home		Linn				175	
49	Cedar County Home		Cedar				45	
49	Central City Rest. H.	Central C.	Linn			6		
49	Fegley Cust. H.	Cedar R.	Linn			7		
49	Gardner Rest Home	Lisbon	Linn			3		
49	Golden Age Cust. H.	Fairfax	Linn			3		
49	Good Samaritan C. H.	Cedar R.	Linn			18		
49	Maple Lawn Home #2	Marion	Linn			16		
49	Megan Rest Home	Cedar R.	Linn			16		
49	Novak Rest Home	Center P.	Linn			3		
49	Orchard View Guest H.	Cedar R.	Linn			8		
49	The Pines	Marion	Linn			10		
49	Snodgrass Cust. H.	Coggon	Linn			20		
49	Struchen Cust. H.	Marion	Linn			9		
Area	49 TOTALS			30	433	323	220	1006

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1 JULY [illegible]

FACILITY IDENTIFICATION				EXISTING BED CAPACITY				
SERVICE AREA NO.	NAME	TOWN	COUNTY	WITH HOSPITAL FACILITIES	FREE-STANDING LIC'D. NRS'G H.	FREE-STANDING LIC'D CUST. H.	FREE-STANDING COUNTY HOME	TOTAL AVAILABLE BEDS
Region "H"	Davenport							
52	Calamus Nrs. H.	Calamus	Clinton		11			
52	Clinton Nrs. H.	Clinton	Clinton		20			
52	Gest Nrs. H.	Grand Mound	Clinton		15			
52	Low Moor Nrs. H.	Low Moor	Clinton		18			
52	Mt. Alverno H. f t A.	Clinton	Clinton		53			
52	Sarah Harding H. A.	Clinton	Clinton			46		
52	Clinton County Home		Clinton				150	
Area	52 TOTALS			0	117	46	150	313
54	Restopia	Columbus J	Louisa		36			
54	Benjamin Hershey C.	Muscatine	Muscatine		75			
54	Grigg Nrs. H.	Muscatine	Muscatine		15			
54	Hawker Nrs. H.	West L.	Muscatine		18			
54	Layman's Nrs. H.	Muscatine	Muscatine		20			
54	Lutheran Homes	Muscatine	Muscatine		14	35		
54	Oakwood H. f A. Inc.	Muscatine	Muscatine		57			
54	River View HeightsN.H	Muscatine	Muscatine		79			
54	Wilton Nrs. H.	Wilton J.	Muscatine		32			
54	Haven of Rest	Muscatine	Muscatine			10		
54	Julia Elizabeth Home	Muscatine	Muscatine			10		
54	Lippelgoes Cust. H.	Muscatine	Muscatine			17		
54	Weikert Cust. H.	Muscatine	Muscatine			2		
54	Muscatine Co. H.		Muscatine				46	
Area	54 TOTALS			0	346	74	46	466
53	Mercy Hospital	Davenport	Scott	86				
53	Kahl Home for Aged	Davenport	Scott	134				
53	Blue Grass Nrs. H.	Blue Grass	Scott		16			
53	Davenport Good Sam.	Davenport	Scott		40			
53	Davenport Nrs. H.	Davenport	Scott		49			
53	Fejervary Home	Davenport	Scott		36			
53	Golden Age Rest H.	Davenport	Scott		19			
53	Hillcrest Nrs. H.	Davenport	Scott		24			
53	Hilltop Nrs. H.	Davenport	Scott		40			
53	Iowa Nursing Home	Davenport	Scott		17			
53	Kahl Mem. H. f Aged	Davenport	Scott		30			
53	Karmel Krest Conv.H.	Davenport	Scott		9			
53	Kirkwood Conv. H.	Davenport	Scott		20			
53	Lantz Nrs. H.	Davenport	Scott		19			
53	Marquette Heights N.	Davenport	Scott		30			
53	Masonic Sanitorium	Bettendorf	Scott		65			
53	Morning Star N. H.	Davenport	Scott		20			
53	Noles Nrs. H.	Davenport	Scott		19			
53	Royal Neighbor H.	Davenport	Scott		14	56		
53	Anna's Rest Home	Davenport	Scott			15		
53	Blaine Dickinson R.H.	Davenport	Scott			12		
53	Earls Rest Home	Davenport	Scott			13		
53	Frickel Home	Davenport	Scott			3		
53	Grandview Home	Bettendorf	Scott			14		
53	Henning Cust. Home	Davenport	Scott			3		
53	Pine Knoll Home	Davenport	Scott			100		
53	Scott County Home	Davenport	Scott			124	101	
Area	53 TOTALS			220	467	340	101	1128

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				WITH	FREE-STANDING			TOTAL
SERVICE AREA NO.	NAME	TOWN	COUNTY	HOSPITAL FACILITIES	LICENSED NRS'G H.	LICENSED CUST. H.	COUNTY HOME	AVAILABLE BEDS
Region "I"	Burlington							
79	Clark Nrs. H.	Keokuk	Lee		31			
79	Hocker Nrs. H.	Keokuk	Lee		20			
79	Hospitality House	Fort M.	Lee		20			
79	Lee County Mem. H.	Keokuk	Lee		24	126		
79	Metz Nursing Home	Donnellson	Lee		32			
79	Luke Cust. H.	Keokuk	Lee			20		
79	Painter Cust. H.	Keokuk	Lee			9		
79	Rempe Rest Home	Fort M.	Lee			3		
Area	79 TOTALS			0	127	158	0	285
78	St. Francis Ct. CareC	Burlington	Des M.	126				
78	Klein Memorial	Burlington	Des M.	160				
78	Poage Nrs. H.	Wapello	Louisa		20			
78	Frances' Nrs. H.	Burlington	Des M.		7			
78	Harmony Home	Mediapolis	Des M.		20			
78	North Hill Nrs. H.	Burlington	Des M.		20			
78	Shady Nook Rest H.	Burlington	Des M.		18			
78	Beauchamp Nrs. H.	Winfield	Henry		20			
78	Blancks Nrs. H.	New London	Henry		20			
78	Kennedy Nrs. H.	Mt. Pl.	Henry		20			
78	Mills Nrs. H.	Mount Pl.	Henry		10			
78	Millspaugh Nrs. H.	Mount Pl.	Henry		18			
78	Parkview Home	Wayland	Henry		16	22		
78	Rest Haven Nrs. H.	Mount Pl.	Henry		60			
78	Rest Haven Annex	Mount Pl.	Henry		20			
78	Shelton's Nrs. H.	New London	Henry		14			
78	Sizemore Nrs. H.	Mount Pl.	Henry		20			
78	Barns Cust. H.	Burlington	Des M.			9		
78	Burlington C. H.	Burlington	Des M.			20		
78	Dawson Home	Burlington	Des M.			5		
78	King's Daughter's H.	Burlington	Des M.			14		
78	Maple Crest Home	Burlington	Des M.			17		
78	Ritter Home for Aged	Burlington	Des M.			10		
78	Holland Rest Home	Mount Pl.	Henry			16		
78	Wehrle Cust. H.	Mount Pl.	Henry			20		
78	Des Moines Co. H.		Des M.				200	
78	Henry County Home		Henry				50	
78	Louisa County Home		Louisa				17	
Area	78 TOTALS			286	303	133	267	989
Region "J"	University Hospitals							
J	Minimal Care Unit	Iowa City	Johnson	192				
J	Handicapped Cld. Sch.	Iowa City	Johnson	51				
Area	J TOTALS			243				243

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				WITH	FREE-STANDING			TOTAL
SERVICE AREA NO.	NAME	TOWN	COUNTY	HOSPITAL FACILITIES	LIC'D. NRS'G H.	LIC'D CUST. H.	COUNTY HOME	AVAILABLE BEDS
Region "K" Ottumwa								
56	Bales Guest Home	Sigourney	Keokuk			20		
56	Helen Hadley R. H.	Richland	Keokuk			9		
56	Hubbell Rest Home	Sigourney	Keokuk			4		
56	McCoy Rest Home	Hedrick	Keokuk			10		
56	Oswalt Cust. H.	Richland	Keokuk			8		
56	Pleasant Valley R.H.	Sigourney	Keokuk			20		
56	Reed Rest Home	Ollie	Keokuk			10		
56	Rest Haven	Sigourney	Keokuk			16		
56	Twilight Rest H.	Keota	Keokuk			18		
56	Keokuk County Home		Keokuk				46	
Area	56 TOTALS			0	0	115	46	161
57	Mahaska County Hsp.	Oskaloosa	Mahaska	60				
57	Camair Conv. H.	Oskaloosa	Mahaska		44			
57	Inman Nrs. H.	Univer. P.	Mahaska		10			
57	Jones Nrs. H.	Oskaloosa	Mahaska		7			
57	Oskaloosa Nrs. H.	Oskaloosa	Mahaska		16			
57	Quarton Nrs. H.	Oskaloosa	Mahaska		9			
57	Rest Haven	Oskaloosa	Mahaska		14			
57	Tower Park Nrs. H.	Oskaloosa	Mahaska		55			
57	Ambassador Rest H.	Oskaloosa	Mahaska			9		
57	Hillcrest Home	Oskaloosa	Mahaska			17		
57	Ray Cust. H.	Oskaloosa	Mahaska			9		
57	Stringfellow R. H.	Oskaloosa	Mahaska			10		
57	Troy Cust. H.	New Sharon	Mahaska			3		
57	Warder Rest Home	Fremont	Mahaska			6		
57	Mahaska County Home		Mahaska				100	
Area	57 TOTALS			60	155	54	100	369
72	Bagley Cust. H.	Albia	Monroe			12		
72	Brees Rest Home	Albia	Monroe			18		
72	Pearson Cust. H.	Albia	Monroe			11		
72	Monroe County Home		Monroe				50	
Area	72 TOTALS			0	0	41	50	91
73	Bonnell N. H.	Centerville	Appanoose		6			
73	Golden Age Manor	Centerville	Appanoose		100			
73	Luse Nursing Home	Centerville	Appanoose		20			
73	Albright Cust. H.	Centerville	Appanoose			3		
73	Clark Cust. H.	Centerville	Appanoose			3		
73	Guinn Cust. H.	Centerville	Appanoose			11		
73	Stanton Rest Home	Numa	Appanoose			8		
73	Williams Rest Home	Cincinnati	Appanoose			10		
73	Appanoose County H.		Appanoose				30	
Area	73 TOTALS			0	126	35	30	191
75	Bunting Cust. H.	Bloomfield	Davis			20		
75	Pauline & Cleo's C.	Bloomfield	Davis			15		
75	Davis County Home		Davis				48	
Area	75 TOTALS			0	0	35	48	83

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FACILITY IDENTIFICATION				EXISTING BED CAPACITY				
SERVICE AREA NO.	NAME	TOWN	COUNTY	WITH HOSPITAL FACILITIES	FREE-STANDING LIC'D. NRS'G H.	LIC'D CUST. H.	COUNTY HOME	TOTAL AVAILABLE BEDS
76	Briggs & Eskew	Fairfield	Jefferson		12			
76	Nelson N. H.	Fairfield	Jefferson		50			
76	Batavia Rest Home	Batavia	Jefferson			7		
76	Bethany Home	Fairfield	Jefferson			16		
76	Jefferson County H.		Jefferson				67	
Area	76 TOTALS			0	62	23	67	152
77	Van Buren Co. Hsp.	Keosauqua	Van Buren	28				
77	Becker Nrs. H.	Bonaparte	Van Buren		14			
77	Davis Nrs. H.	Keosauqua	Van Buren		18			
77	Moore Nrs. H.	Stockport	Van Buren		19			
77	Farmington R. H.	Farmington	Van Buren			20		
77	Hainline Cust. H.	Bonaparte	Van Buren			18		
77	Watts Cust. H.	Milton	Van Buren			7		
77	Van Buren County Home		Van Buren				46	
Area	77 TOTALS			28	51	45	46	170
74	Ottumwa Hospital	Ottumwa	Wapello	46				
74	Elsle's Rest Home	Ottumwa	Wapello		19			
74	Happy Home	Ottumwa	Wapello		14			
74	Ottumwa Good Sam. H.	Ottumwa	Wapello		95			
74	Rest Haven Home	Ottumwa	Wapello		25			
74	Shalen N. H.	Eddyville	Wapello		14			
74	Solt N. H.	Ottumwa	Wapello		18			
74	Sweatt N. H.	Ottumwa	Wapello		15			
74	Wilma's N. H.	Ottumwa	Wapello		20			
74	Alma's Cust. H.	Ottumwa	Wapello			10		
74	Kirk's Rest Home	Agency	Wapello			13		
74	Morgan Ideal Rest. H.	Ottumwa	Wapello			12		
74	Wapello County Home		Wapello				135	
Area	74 TOTALS			46	220	35	135	436
Region "L"	Des Moines							
38	Walters Nrs. H.	Panora	Guthrie		20			
38	Farwell's Cust. H.	Panora	Guthrie			4		
38	Smith Cust. H.	Bayard	Guthrie			2		
38	Guthrie County H.		Guthrie				50	
Area	38 TOTALS			0	20	6	50	76
39	Garwood N. H.	Dexter	Dallas		19			
39	Hartwig N. H.	Perry	Dallas		20			
39	Luth. Home f t Aged	Perry	Dallas		49	15		
39	Garwood Cust. H.	Dexter	Dallas			8		
39	Glenn's Cust. H.	Minburn	Dallas			3		
39	Pinecrest Cust. H.	Perry	Dallas			5		
39	Rowley Mem. Masonic H	Perry	Dallas			20		
39	Dallas County Home		Dallas				70	
Area	39 TOTALS			0	88	51	70	209

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FACILITY IDENTIFICATION				EXISTING BED CAPACITY				
				WITH	FREE-STANDING			TOTAL
SERVICE AREA NO.	NAME	TOWN	COUNTY	HOSPITAL FACILITIES	LIC'D. NRS'G H.	LIC'D CUST. H.	COUNTY HOME	AVAILABLE BEDS
40	Eastern Star Mas. H.	Boone	Boone		50	92		
40	Ella's Nrs. H.	Boone	Boone		20			
40	Evangelical Free C.H.	Boone	Boone		10	40		
40	Iowa Lutheran Home	Madrid	Boone		50	95		
40	Ruth's N. H.	Boone	Boone		19			
40	Betty's Cust. H.	Boone	Boone			2		
40	Irvine Home	Ogden	Boone			3		
40	Kelley's Custodial	Boone	Boone			14		
40	Mabel's Cust. H.	Boone	Boone			11		
40	Boone County H.		Boone				125	
Area	40 TOTALS			0	149	257	125	531
42	Ames Nursing H.	Ames	Story		20			
42	Grand Ave. Nrs. H.	Ames	Story		12			
42	Leola's Guest Home	Nevada	Story		14			
42	Millers Sunny Crest	Nevada	Story		20			
42	Story City Old P.H.	Story C.	Story		15	70		
42	Borton's Rest Home	Nevada	Story			15		
42	Collins Ret. Home	Collins	Story			9		
42	The Golden Inn	Zearing	Story			10		
42	Hinde Rest Home	Nevada	Story			6		
42	Ingersoll Cust. H.	Maxwell	Story			3		
42	Kathie's Rest Home	Nevada	Story			19		
42	Story County Home		Story				110	
Area	42 TOTALS			0	81	132	110	323
43	Mary Francis Skiff H.	Newton	Jasper	48				
43	Nelson Manor	Newton	Jasper		26			
43	Shaw Rest Haven	Newton	Jasper		42			
43	Cessford Cust. H.	Monroe	Jasper			3		
43	Gardner's Cust. H.	Colfax	Jasper			19		
43	Grant Rest Home	Newton	Jasper			9		
43	Hillside Rest Home	Colfax	Jasper			14		
43	Maple Hill Home	Monroe	Jasper			3		
43	Roush Cust. H.	Newton	Jasper			3		
43	Jasper County H.		Jasper				152	
Area	43 TOTALS			48	68	51	152	319

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FACILITY IDENTIFICATION				EXISTING BED CAPACITY				
				WITH	FREE-STANDING			TOTAL
SERVICE AREA NO.	NAME	TOWN	COUNTY	HOSPITAL FACILITIES	LIC'D. NRS'G H.	LIC'D CUST. H.	COUNTY HOME	AVAILABLE BEDS
44	Bryant Nrs. H.	State Cen.	Marshall		12			
44	Green Acres N. H.	Marshallt.	Marshall		3			
44	Kuper's N. H.	Marshallt.	Marshall		16			
44	McCarty Rest Home	Marshallt.	Marshall		14			
44	Pleasant View N. H.	State Cen.	Marshall		14			
44	Shady Lawn N. H.	Marshallt.	Marshall		20			
44	Sherman N. H.	Marshallt.	Marshall		18			
44	Westwood N. H.	Marshallt.	Marshall		54			
44	Len-Ellen N. H.	Dysart	Tama		20			
44	Sunnycrest N. H.	Dysart	Tama		32			
44	Tama Conv. H.	Tama	Tama		30			
44	Traer Conv. H.	Traer	Tama		29			
44	Zigler Nrs. H.	Tama	Tama		18			
44	Farrell's Cust. H.	Marshallt.	Marshall			10		
44	Sharp's Home	Gilman	Marshall			3		
44	Speer Cust. H.	Marshallt.	Marshall			9		
44	Hines Rest Home	Toledo	Tama			15		
44	Kriegerl Cust. H.	Tama	Tama			19		
44	Pitcher Cust. H.	Tama	Tama			11		
44	Toledo Conv. H.	Toledo	Tama			14		
44	Marshall County H.		Marshall				113	
44	Tama County H.		Tama				52	
Area	44 TOTALS			0	280	82	165	527
45	Goeke Nrs. H.	Montezuma	Poweshiek		19			
45	Happy Hours Rest H.	Grinnell	Poweshiek		14			
45	Lone Elm N. H.	Grinnell	Poweshiek		30			
45	Mayflower Home	Grinnell	Poweshiek		4			
45	St. Francis R. H.	Grinnell	Poweshiek		8			
45	Baird's Cust. H.	Montezuma	Poweshiek			9		
45	Ballard Cust. H.	Grinnell	Poweshiek			3		
45	Thompson (Alda)C. H.	Grinnell	Poweshiek			8		
45	Poweshiek County H.		Poweshiek				40	
Area	45 TOTALS			0	75	20	40	135
58	Pella Com. Hsp.	Pella	Marion	30				
58	DeJong's Nrs. H.	Knoxville	Marion		35			
58	Conrey Cust. H.	Knoxville	Marion			3		
58	Hazel & Earl's C. H.	Knoxville	Marion			19		
58	Ofield Cust. H.	Knoxville	Marion			7		
58	Paris C. H.	Pella	Marion			3		
58	Pella Rest Home	Pella	Marion			11		
58	Rankin Cust. H.	Knoxville	Marion			17		
58	Robuck Cust. H.	Knoxville	Marion			3		
58	Taylor Cust. H.	Knoxville	Marion			7		
58	Marion County H.		Marion				40	
Area	58 TOTALS			30	35	70	40	175

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FACILITY IDENTIFICATION				EXISTING BED CAPACITY				
				WITH HOSPITAL FACILITIES	FREE-STANDING			TOTAL AVAILABLE BEDS
SERVICE AREA NO.	NAME	TOWN	COUNTY		LIC'D. NRS'G H.	LIC'D CUST. H.	COUNTY HOME	
59	Horton Nrs. H.	Winterset	Madison		44	26		
59	Peterson Nrs. H.	Winterset	Madison		19			
59	Strables Nrs. H.	St. Charles	Madison		14			
59	Fair Haven Rest Home	Winterset	Madison			12		
59	Johnston Cust. H.	St. Charles	Madison			8		
59	McCauley Cust. H.	Winterset	Madison			9		
59	Parkview Home	Earlham	Madison			7		
59	Pratt Cust. H.	Winterset	Madison			3		
59	Wilkinson Cust. H.	Winterset	Madison			6		
Area	59 TOTALS			0	77	71	0	148
60	Acker Nrs. H.	Greenfield	Adair		10			
60	Adair Nrs. H.	Adair	Adair		12			
60	Greenfield Rest H.	Greenfield	Adair		20			
Area	60 TOTALS			0	42	0	0	42
66	Boyd Nrs. H.	Afton	Union		10			
66	Cochran Nrs. H.	Creston	Union		14			
66	Colonial Manor	Creston	Union		4			
66	Eblen Nrs. H.	Afton	Union		14			
66	Huntington R. H.	Creston	Union		12			
66	Olson's Nrs. H.	Creston	Union		14			
66	Oswald Nrs. H.	Creston	Union		19			
66	Shearer Nrs. H.	Creston	Union		14			
66	Cunningham Cust. H.	Creston	Union			8		
66	Hermanson Rest H.	Creston	Union			8		
66	Robison Rest Home	Creston	Union			10		
66	Union County Home	Creston	Union			26	13	
Area	66 TOTALS			0	101	52	13	166
67	Clearview Home	Mt. Ayr	Ringgold		35			
67	Horton Nrs. H.	Mt. Ayr	Ringgold		38			
67	Wion Cust. H.	Mt. Ayr	Ringgold			7		
Area	67 TOTALS			0	73	7	0	80
68	Harken Nrs. H.	Osceola	Clarke		14			
68	Johnson Nrs. H.	Murray	Clarke		10			
68	Osceola Nrs. H.	Osceola	Clarke		19			
68	Carper Cust. H.	Osceola	Clarke			7		
68	Fillmore Cust. H.	Osceola	Clarke			10		
68	Jones Guest Home	Osceola	Clarke			3		
68	McVey Rest Home	Osceola	Clarke			7		
68	Schalk Cust. H.	Osceola	Clarke			3		
68	Stickler's Cust. H.	Osceola	Clarke			3		
Area	68 TOTALS			0	43	33	0	76
69	Frost Nrs. H.	Leon	Decatur		45			
69	Tripp Nrs. H.	Leon	Decatur		33			
69	Decatur County Home	Leon	Decatur			38		
69	McDowell Cust. H.	Decatur	Decatur			3		
Area	69 TOTALS			0	78	41	0	119

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FACILITY IDENTIFICATION				EXISTING BED CAPACITY				
				WITH HOSPITAL FACILITIES	FREE-STANDING			TOTAL AVAILABLE BEDS
SERVICE AREA NO.	NAME	TOWN	COUNTY		LIC'D. NRS'G H.	LIC'D CUST. H.	COUNTY HOME	
70	Baker Nrs. H.	Chariton	Lucas		34			
70	Boyd Nrs. H.	Chariton	Lucas		16			
70	Dice Nrs. H.	Chariton	Lucas		3			
70	Johnson Nrs. H.	Chariton	Lucas		15			
70	Martha's Rest Home	Chariton	Lucas		28			
70	O'Donnell Nrs. H.	Russell	Lucas		19			
70	White Nrs. H.	Chariton	Lucas		6			
70	Bell's Rest Home	Chariton	Lucas			8		
70	Rhonda Rest Home	Chariton	Lucas			8		
70	Lucas County Home		Lucas				100	
Area	70 TOTALS			0	121	16	100	237
71	Corydon Nrs. H.	Corydon	Wayne		18			
71	Pattersons Nrs. H.	Corydon	Wayne		42			
71	Ingram Cust. H.	Allerton	Wayne			5		
71	Wilson's Cust. H.	Corydon	Wayne			3		
71	Wayne County H.		Wayne				20	
Area	71 TOTALS			0	60	8	20	88
41	Iowa Methodist Hsp.	Des Moines	Polk	120				
41	Iowa Lutheran Hsp.	Des Moines	Polk	48				
41	Bishop Drumm Home f A	Des Moines	Polk		28	118		
41	Brown Nrs. H.	Des Moines	Polk		20			
41	Danish Old P. H.	Des Moines	Polk		10	33		
41	Elizabeth's Nrs. H.	Altoona	Polk		20			
41	Elm Crest Nrs. H.	Des Moines	Polk		41			
41	Grayson Nrs. H.	Des Moines	Polk		45			
41	Hamilton Nrs. H.	Des Moines	Polk		14			
41	Highland Park N. H.	Des Moines	Polk		20			
41	Hutchinson Nrs. H.	Des Moines	Polk		37			
41	Hutchinson Nrs. H.	Des Moines	Polk		20			
41	Iowa Jewish H f t A.	Des Moines	Polk		40			
41	Johnson Nrs. H.	Des Moines	Polk		44			
41	Link Nrs. H.	Des Moines	Polk		20			
41	Mingus Nrs. H.	Des Moines	Polk		12			
41	New Haven Rest H.	Des Moines	Polk		67			
41	Oaks Nrs. H.	Des Moines	Polk		28			
41	Penn Avenue Home	Des Moines	Polk		20			
41	Petersen Nrs. H.	Des Moines	Polk		20			
41	Ramsey Memorial H.	Des Moines	Polk		36			
41	Rest View Conv. H.	Des Moines	Polk		90			
41	Rest View Nrs. H.	Des Moines	Polk		19			
41	Stuart Nrs. H.	Altoona	Polk		14			
41	Taylor Nrs. H.	Des Moines	Polk		18			
41	Thompson Nrs. H.	Des Moines	Polk		16			
41	Warford Restorium	W. Des M.	Polk		48			
41	Wesley Acres	Des Moines	Polk		24	109		
41	Wickwire Nrs. H.	Des Moines	Polk		15			
41	Woodland Nrs. H.	Des Moines	Polk		48			
41	Burton Nrs. H.	Indianola	Warren		46			
41	Choate Nrs. H.	Indianola	Warren		18			
41	Godwin Nrs. H.	Indianola	Warren		12	2		
41	(continued)							

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FACILITY IDENTIFICATION				EXISTING BED CAPACITY				
SERVICE AREA NO.	NAME	TOWN	COUNTY	WITH HOSPITAL FACILITIES	FREE-STANDING LIC'D. NRS'G H.	LIC'D CUST. H.	COUNTY HOME	TOTAL AVAILABLE BEDS
41	Jefferson Home	Indianola	Warren		50			
41	Johansens Nrs. H.	Indianola	Warren		8			
41	Porter Nrs. Home	Indianola	Warren		11			
41	Alamo	Des Moines	Polk			19		
41	Benedict Home	Des Moines	Polk			16		
41	Burke Cust. H.	Des Moines	Polk			3		
41	Collins Cust. H.	Des Moines	Polk			13		
41	Good Rest Home	Des Moines	Polk			10		
41	Goodwins Rest Home	Des Moines	Polk			9		
41	Guthrie Cust. H.	Des Moines	Polk			7		
41	Houghton Nelson C.H.	Des Moines	Polk			14		
41	Hutchison C. H. An.	Des Moines	Polk			15		
41	Iowa Home f Sight. W.	Des Moines	Polk			14		
41	[illegible]lian Rest Home	Des Moines	Polk			10		
41	Maness Cust. H.	Des Moines	Polk			8		
41	Troutman Cust. H.	Des Moines	Polk			16		
41	Valley View Village	Des Moines	Polk			98		
41	Crouse Cust. H.	Indianola	Warren			17		
41	Dillman's Rest Home	Indianola	Warren			3		
41	Fink Cust. H.	Indianola	Warren			3		
41	The Guest House	Indianola	Warren			11		
41	Indianola Cust. H.	Indianola	Warren			15		
41	Margaret's Cust. H.	Indianola	Warren			2		
41	Polk County Home		Polk				374	
Area	41 TOTALS			168	979	565	374	2086
Region "M"	Council Bluffs							
32	Horton Nrs. H.	Logan	Harrison		50			
32	Rose Vista Nrs. H.	Woodbine	Harrison		56			
32	Dougherty Home	Missouri V.	Harrison			15		
32	Green Cust. H.	Missouri V.	Harrison			15		
Area	32 TOTALS			0	106	80	0	136
33	Eventide Luth. H.	Denison	Crawford		13	73		
33	Saunders Nrs. H.	Denison	Crawford		37			
33	Crawford County Home		Crawford				28	
Area	33 TOTALS			0	50	73	28	151
34	Baptist Mem. H.	Harlan	Shelby		24	59		
34	Salem Lutheran Home	Elk Horn	Shelby		38	102		
34	Monson Home	Irwin	Shelby			3		
34	Shelby County Home		Shelby				18	
Area	34 TOTALS			0	62	164	18	244

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FACILITY IDENTIFICATION				EXISTING BED CAPACITY				
SERVICE AREA NO.	NAME	TOWN	COUNTY	WITH HOSPITAL FACILITIES	FREE-STANDING LIC'D. NRS'G H.	LIC'D CUST. H.	COUNTY HOME	TOTAL AVAILABLE BEDS
35	St. Anthony Hospital	Carroll	Carroll	80				
35	Albright Nrs. H.	Coon R.	Carroll		16			
35	Carroll Nrs. H.	Carroll	Carroll		11			
35	Coon Rapids N. H.	Coon Rapids	Carroll		12			
35	Henrietta HolsteinN.H	Carroll	Carroll		17			
35	Perry Nrs. H.	Carroll	Carroll		20			
35	Spieker Nrs. H.	Carroll	Carroll		12			
35	Eckhoff & Harms Cust.	Carroll	Carroll			15		
35	Carroll County H.		Carroll				32	
Area	35 TOTALS			80	88	15	32	215
36	Friendship Home	Audubon	Audubon		40	250		
36	Audubon County Home		Audubon				16	
Area	36 TOTALS			0	40	250	16	306
61	Berry Nrs. H.	Atlantic	Cass		20			
61	Dennis Nrs. H.	Atlantic	Cass		20			
61	Miller Nrs. H.	Atlantic	Cass		12			
61	Neighbors Nrs. H.	Griswold	Cass		20			
61	Potter Nrs. H.	Anita	Cass		16			
61	Dotson Rest Home	Griswold	Cass			8		
61	Griswold Cust. H.	Griswold	Cass			11		
61	Shady Lawn Rest H.	Atlantic	Cass			20		
61	Cass County Home		Cass				22	
Area	61 TOTALS			0	88	39	22	149
63	Murphy Memorial Hsp.	Red Oak	Montgomery	40				
63	Cottage Rest Home	Red Oak	Montgomery		20			
63	Marshall Domain	Red Oak	Montgomery		16			
63	Marshall Manor	Red Oak	Montgomery		20			
63	Villisca Nrs. H.	Villisca	Montgomery		19			
63	Shady Lawn Rest H.	Villisca	Montgomery			17		
63	Montgomery Co. H.		Montgomery				36	
Area	63 TOTALS			40	75	17	36	168

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				WITH	FREE-STANDING			TOTAL
SERVICE AREA NO.	NAME	TOWN	COUNTY	HOSPITAL FACILITIES	LIC'D. NRS'G.H.	LIC'D CUST. H.	COUNTY HOME	AVAILABLE BEDS
64	Hand Memorial Hsp.	Shenandoah	Page	28				
64	Good Samaritan Home	Tabor	Fremont		68			
64	Melton Manor	Hamburg	Fremont		20			
64	Clarinda Nrs. H.	Clarinda	Page		16			
64	Gillespie's N. H.	Clarinda	Page		20			
64	Pugh Nrs. H.	Clarinda	Page		20			
64	Simons Nrs H.	Shenandoah	Page		19			
64	West Portal N. H.	Clarinda	Page		20			
64	Young Rest Home	Clarinda	Page		50			
64	Armstrong Rest H.	Bedford	Taylor		19			
64	Clearview Nrs. H.	Clearfield	Taylor		24			
64	Court St. Rest H.	Bedford	Taylor		18			
64	Lenox Nrs. H.	Lenox	Taylor		32			
64	Farragut Rest Home	Farragut	Fremont			10		
64	McKean Cust. H.	Hamburg	Fremont			3		
64	Bissette Cust. H.	Bedford	Taylor			3		
64	Freemyer Cust. H.	Bedford	Taylor			3		
64	Thogmartin Cust. H.	Bedford	Taylor			11		
64	Page County H.		Page				36	
64	Taylor County H.		Taylor				40	
64	Fremont County H.		Fremont				32	
Area	64 TOTALS			28	326	30	108	492
65	Corning Rest Home	Corning	Adams			16		
65	Adams County Home		Adams				20	
Area	65 TOTALS			0	0	16	20	36
62	Horton [illegible] Home.	Glenwood	Mills		44			
62	Nishna Cottage	Malvern	Mills		41			
62	Avoca Nrs. H. Inc.	Avoca	Pottaw.		46			
62	Avoca Rest Home	Avoca	Pottaw.		15			
62	Gilmore Rest Home	Council B.	Pottaw.		36			
62	Hillcrest Home	Council B.	Pottaw.		20			
62	Jackson Conv. H.	Council B.	Pottaw.		19			
62	Northcrest Manor Inc.	Council B.	Pottaw.		100			
62	Sorensen Conv. Home	Council B.	Pottaw.		8			
62	Young Rest Homes Inc.	Council B.	Pottaw.		68			
62	Barton Rest Home	Council B.	Pottaw.			8		
62	Cave Cust. H.	Council B.	Pottaw.			3		
62	Mehrens Rest Home	Avoca	Pottaw.			10		
62	Sullivan Cust. H.	Council B.	Pottaw.			4		
62	Watsons Guest Retreat	Council B.	Pottaw.			17		
62	Zach's Cust. H.	Council B.	Pottaw.			3		
62	Pottaw. County H.		Pottaw.				42	
Area	62 TOTALS			0	397	45	42	484

CONSOLIDATION TO SERVICE AREAS The preceding inventory has been consolidated to reflect the cumulative data in terms of service areas. This basic pattern is indicative of the existing hospital usage pattern, and the medical talents related to the hospital pattern. This basic area designation is the product of the past 15 years during which this State Agency has administered the planning and revision for hospital construction. The hospital pattern provides substantial coverage of the state and is truly representative of existing health facility usage in the state.

The cumulative data from the preceding inventory has been interpolated to reflect their relative affect on population groups. The existing beds are shown in terms of beds per thousand total population being served, as well as in terms of beds per thousand over age 55.

The latter common denominator, beds per thousand over age 55, is used inasmuch as we are attempting to develop a long range viewpoint of existing resources and probable future needs. While long term facilities are not necessarily applicable to older age groups only, the usage by this group is substantial. The census data on age groups is accurate and meaningful in a study such as this. We therefore use this particular denominator for this observation.

INVENTORY SUMMARY OF CARE AND ACCOMMODATION FACILITIES FOR AGED

EXISTING - BY FACILITY SERVICE AREAS   DIV OF HOSPITAL SERVICES   IOWA STATE DEPT OF HEALTH

IOWA

AS OF 1 JULY 1963

SERVICE AREA DESIGNATION		EXISTING FACILITIES EXPRESSED IN BED CAPACITY					FOR TOTAL POPULATION		FOR POP. OVER 55 YEARS	
AREA NO.	POPULATION CENTER	WITH HSP. FACILITIES	FREE-STANDING FACILITIES LIC. NRSG. H.	LIC. CUST. H.	COUNTY H	OVERALL TOTAL BEDS	NO OF PERSONS	BEDS PER 1 000	NO OF PERSONS	BEDS PER 1 000
1	Rock Rapids	82	45	38	60	225	30,912	7.28	6,914	32.54
2	Sibley	40	79	11	50	180	29,440	6.11	6,743	26.69
3	Spirit Lake	0	11	3	60	74	14,113	5.24	3,268	22.64
4	Spencer	65	114	41	0	220	22,826	9.64	3,813	57.70
5	Estherville	24	119	20	10	173	14,871	11.63	3,007	57.53
6	Emmetsburg	0	34	34	0	68	14,736	4.61	3,098	21.95
7	Algona	0	45	69	53	167	25,314	6.60	4,940	33.81
8	Forest City	0	61	59	78	198	27,703	7.15	6,034	32.81
9	Mason City	0	480	133	147	760	60,153	12.63	12,823	59.27
10	Osage	0	62	3	38	103	14,043	7.33	3,249	31.70
11	Charles City	0	197	129	62	388	21,102	18.39	4,685	82.82
12	Decorah	0	250	183	103	536	47,412	11.31	10,417	51.45
13	Oelwein	0	73	30	150	253	31,642	8.00	8,107	31.21
14	Waukon	0	94	42	123	259	37,944	6.83	8,927	29.01
15	Dubuque	69	325	323	50	767	80,048	9.58	14,717	52.12
16	Manchester	0	148	48	45	241	18,483	13.04	3,798	63.45
17	Independence	0	60	0	50	110	22,293	4.93	4,634	23,74
18	Waterloo	72	467	446	110	1095	151,207	7.24	25,389	43.13
19	Iowa Falls	0	201	79	63	343	46,738	7.34	11,119	30.85
20	Grundy Center	0	47	13	0	60	14,132	4.24	3,005	19.97
21	Clarion	0	23	131	0	154	19,447	7.92	4,327	35.59
22	Webster City	0	31	34	42	107	20,032	5.34	4,340	24.65
23	Fort Dodge	0	348	386	115	849	60,966	13.93	12,755	66.56
24	Lake City	14	187	39	52	292	30,157	9.68	7,137	40.91
25	Storm Lake	79	50	82	27	238	21,189	11.23	4,862	48.95
26	Sac City	0	89	20	0	109	17,007	6.41	4,082	26.70
27	Cherokee	72	130	34	0	236	18,598	12.69	4,345	54.32
28	Ida Grove	0	25	3	0	28	10,269	2.73	2,552	10.97
29	LeMars	9	105	0	62	176	22,437	7.84	4,922	35.76
30	Sioux City	68	683	79	120	950	112,852	8.42	23,431	40.54
31	Onawa	0	100	13	0	113	13,916	8.12	3,339	33.84
32	Missouri Valley	0	106	30	0	136	17,600	7.73	4,390	30.98
33	Denison	0	50	73	28	151	18,569	8.13	3,328	45.37
34	Harlan	0	62	164	18	244	15,825	15.42	3,420	71.35
35	Carroll	80	88	15	32	215	23,431	9.18	4,773	45.05
36	Audubon	0	40	250	16	306	10,919	28.02	2,520	121.43
37	Jefferson	68	7	15	37	127	14,379	8.83	3,507	36.21
38	Guthrie Center	0	20	6	50	76	13,607	5.59	3,611	21.05

BINDING MARGIN

BINDING MARGIN

39	Perry	0	88	51	70	209	24,123	8.66	5,891	35.48
40	Boone	0	149	257	125	531	28,037	18.94	7,043	75.39
41	Des Moines	168	979	565	374	2086	287,144	7.26	54,145	38.53
42	Ames	0	81	132	110	323	49,327	6.55	8,564	37.72
43	Newton	48	68	51	152	319	35,282	9.04	7,081	45.05
44	Marshalltown	0	280	82	165	527	59,397	8.87	13,691	38.49
45	Grinnell	0	75	20	40	135	19,300	6.99	4,226	31.95
46	Marengo	0	58	19	68	145	16,396	8.84	3,607	40.20
47	Vinton	48	91	35	73	247	23,422	10.55	5,101	48.42
48	Iowa City	43	94	25	100	262	53,663	4.88	8,312	31.52
49	Cedar Rapids	30	433	323	220	1006	149,473	6.73	27,554	36.51
50	Anamosa	0	39	50	60	149	20,693	7.20	4,202	35.46
51	Maquoketa	0	49	58	32	139	20,754	6.70	4,367	31.83
52	Clinton	0	117	46	150	313	55,060	5.68	11,794	26.54
53	Davenport	220	467	340	101	1128	122,114	9.24	22,608	49.89
54	Muscatine	0	346	74	46	466	41,232	11.30	9,703	48.03
55	Washington	0	146	76	74	296	19,406	15.25	4,697	63.02
56	Sigourney	0	0	115	46	161	15,492	10.39	4,133	38.95
57	Oskaloosa	60	155	54	100	369	23,602	15.63	5,948	62.04
58	Knoxville	30	35	70	40	175	25,886	6.76	6,558	26.68
59	Winterset	0	77	71	0	148	12,295	12.04	3,275	45.19
60	Greenfield	0	42	0	0	42	15,818	2.66	2,811	14.94
61	Atlantic	0	88	39	22	149	17,919	8.32	4,548	32.76
62	Council Bluffs	0	397	45	42	484	96,152	5.03	18,332	26.40
63	Red Oak	40	75	17	36	168	14,467	11.61	3,908	42.99
64	Shenandoah	28	326	30	108	492	41,593	11.83	11,745	41.89
65	Corning	0	0	16	20	36	7,468	4.82	1,907	18.88
66	Creston	0	101	52	13	166	13,712	12.11	4,006	41.44
67	Mt. Ayr	0	73	7	0	80	7,910	10.11	2,174	36.80
68	Osceola	0	43	33	0	76	8,222	9.24	2,293	33.14
69	Leon	0	78	41	0	119	10,539	11.29	2,962	40.18
70	Chariton	0	121	16	100	237	10,923	21.70	3,198	74.11
71	Corydon	0	60	8	20	88	9,800	8.98	3,133	28.09
72	Albia	0	0	41	50	91	10,463	8.70	2,991	30.42
73	Centerville	0	126	35	30	191	16,015	11.93	4,990	38.28
74	Ottumwa	46	220	35	135	436	46,126	9.45	10,281	42.41
75	Bloomfield	0	0	35	48	83	9,199	9.02	2,335	35.55
76	Fairfield	0	62	23	67	152	15,818	9.61	3,745	40.59
77	Keosauqua	28	51	45	46	170	9,778	17.39	2,770	61.37
78	Burlington	286	303	133	267	989	67,860	14.57	16,250	60.86
79	Keokuk	0	127	158	0	285	44,207	6.45	9,734	29.28
J	(University Hsp.)	243	0	0	0	243				
	TOTALS	2060	11176	6401	5001	24638	2,757,537	8.93	586,941	41.98

PRELIMINARY OBSERVATIONS In reviewing the foregoing inventory of facilities and noting the area totals of beds, it is interesting to note the status of several select communities.

Observation #1 Area 34 - Harlan - Shelby County

The area presently has 15.42 beds per thousand population or 71.35 beds per thousand persons over age 55. The bed need in this area is known to be critical. The occupancy of the existing hospital is 85% on 35 beds in three nursing units (medical-surgical-pediatrics). Their average length of stay is 6.4 days. At this point the county is planning to add a 50 bed extended treatment facility to relieve the existing demand. They are aware that this will not provide for the total need but the program is limited to the funds which are available at this time. The addition will provide 14.6 hospital related beds per thousand over age 55 for a new total of 86 beds per thousand over age 55.

Observation #2 Area 77 - Keosauqua

Presently the area has a total of 17.4 beds per thousand population or 61.4 beds per thousand over 55. The hospital is overloaded. The extended treatment facilities being added to the hospital are already crowded, even though the new unit of 28 beds (11.2 beds per thousand over 55) has not been completed yet.

Observation #3 Area 35 - Carroll - Carroll County

This area presently has a composite of 9.18 beds per thousand or 45 beds per thousand over 55. The local hospital recently opened an 80 bed extended treatment unit which is already filled. The demand upon hospital beds has not changed appreciably. The owners acknowledge that there is considerable unmet need and look forward to providing added facilities as soon as possible.

Observation #4 Area 4 - Spencer

Presently the area has 9.64 beds per thousand population or 57.7 beds per thousand over age 55. Currently a 65 bed hospital related extended treatment unit is under construction. The owners acknowledge that the project is limited to the resources available but that they must immediately look forward to another project to further fulfill unmet need.

FORESEEABLE NEW FACILITIES The preceding data gives us a "spot" view of resource available at a given time. Trends also are important. The recorded data available is limited to relatively few years. This Agency has informal information regarding construction programs and planned construction which is substantially accurate. The following inventories "under construction" and "positively planning" are incorporated into the area recap - to permit more indicative projection and trends.

INVENTORY OF FACILITIES UNDER CONSTRUCTION FOR

CARE AND ACCOMMODATION OF OLDER PERSONS

IOWA
1 JULY 63

FACILITY IDENTIFICATION				EXISTING BED CAPACITY				
				WITH	FREE-STANDING			TOTAL
SERVICE AREA NO.	NAME	TOWN	COUNTY	HOSPITAL FACILITIES	LICENSED NRS'G H.	LICENSED CUST. H.	COUNTY HOME	AVAILABLE BEDS
1	Pioneer Mem. H.	Orange C.	Sioux			20		20
7	Heritage Home	Bancroft	Kossuth		20			20
12	Ossian Sr. Hospice	Ossian	Winneshiek		24			24
14	Lutheran H. F. Aged	Strawb. P.	Clayton		19			19
19	Long N. H.	Iowa Falls	Hardin		40			40
22	Webster City N. H.	Webster C.	Hamilton		44			44
23	Friendship Haven	Ft. Dodge	Webster		255			255
26	Twilight Acres	Wall Lake	Sac		50			50
32	Longview	Missouri V.	Harrison		55			55
34	Little Flower Haven	Earling	Shelby		62			62
38	Bayard N. H.	Bayard	Guthrie		39			39
41	Ramsey Mem. H.	Des Moines	Polk		(35)			
41	Americana N. Ctr.	Des Moines	Polk		(90)			
41	Hutchinson N. H.	Des Moines	Polk		(50)			
					175			175
48	Greenwood Acres	Iowa City	Johnson		(52)			
48	Crestview Inc.	WestBranch	Cedar		(51)			
48	Cookson Mem. H.	WestBranch	Cedar			(14)		
					103	14		117
55	Shenk N. H.	Wellman	Washington		20			20
61	Neighbors N. H.	Griswald	Cass		40			40
62	Peace Haven	Walnut	Pottaw.			91		91
76	Fairfield N. H.	Fairfield	Jefferson		64			64
78	Cory N. H.	Morn. Sun	Louisa		50			50
	TOTALS				1060	125		1185

INVENTORY OF POSITIVELY PLANNED FACILITIES FOR

CARE AND ACCOMMODATION OF OLDER PERSONS

IOWA
1 JULY 63

FACILITY IDENTIFICATION				EXISTING BED CAPACITY				
				WITH	FREE-STANDING			TOTAL
SERVICE AREA NO.	NAME	TOWN	COUNTY	HOSPITAL FACILITIES	LICD. NRS'G H.	LICD. CUST. H.	COUNTY HOME	AVAILABLE BEDS
2	N. H.	Pallina	O'Brien		(50)			
2	Stofferan N. H	Primghar	O'Brien		(35)			
					85			85
5	Custodian H.	Armstrong	Emmet		39			39
6	Haywood N. H.	Emmetsburg	Palo Alto		20			20
8	N. H.	Buffalo Ctr	Winnebago		(32)			
8	Prairie View H.	Garner	Hancock			(96)		
					32	96		128
9	Carest N. H.	Mason C.	Cerro G.		(48)			
9	Colonial Hts. H.	Clear L.	Cerro G.		(33)			
					81			81
13	Grandview N. H.	Oelwein	Fayette		84			84
14	Shea N. H.	Elkader	Allamakee		10			10
18	Denver N. H.	Denver	Bremer		21			21
20	Oakview	Conrad	Grundy		(30)			
20	N. H.	Conrad	Grundy		(20)			
					50			50
23	Plair C. H.	Humboldt	Humboldt			19		19
30	Akron Hsp.	Akron	Plymouth	24				24
37	Greenwood	Jefferson	Greene			94		94
39	Glen Cust. H.	Minburn	Dallas			16		16
40	Evangelical Free Ch.H	Boone	Boone		40			40
41	Am. Ger. Foundation	Des Moines	Polk		(64)			
41	Kafer N. H.	Des Moines	Polk		(30)			
					94			94
42	Northcrest Ret. Ctr.	Ames	Story		100			100
43	Jasper County Home	Newton	Jasper				(100)	
43	N. H.	Newton	Jasper		(100)			
					100		100	200
48	N. H.	Coralville	Johnson		100			100
49	Home For Aged	Tipton	Cedar			51		51
53	Home For Aged	Davenport	Scott		100			100
59	Farlow N. H.	Winterset	Madison		48			48
62	Glen Haven	Glenwood	Mills		80			80
64	N. H.	Clarinda	Page		60			60
71	Elder Haven	Seymour	Wayne		21			21
74	N. H.	Ottumwa	Wapello		144			144
	TOTALS			24	1309	276	100	1709

SERVICE AREA RECAP - CARE AND ACCOMMODATION FACILITIES
REFLECTING BEDS EXISTING - PLUS UNDER CONSTRUCTION PLUS DESIGNED

IOWA
HEALTH DEPT — HOSPITAL SERVICES DIVISION

SERVICE AREA IDENTITY		OVERALL BED COUNT				FOR TOTAL POPULATION		POP. OVER 55 YEARS	
		EXISTING	PREDICTABLE		OVERALL				
AREA NO.	POPULATION CENTER	1 JULY 63	UNDER CONTRACT	POSITIVELY PLANNING	TOTAL	NO. OF PERSONS	BEDS PER 1000	NO. OF PERSONS	BEDS PER 1000
1	Rock Rapids	225	20		245	30,912	7.93	6,914	35.44
2	Sibley	180		85	265	29,440	9.00	6,743	39.30
3	Spirit Lake	74			74	14,113	5.24	3,268	22.64
4	Spencer	220			220	22,826	9.64	3,813	57.70
5	Estherville	173		39	212	14,871	14.26	3,007	70.50
6	Emmetsburg	68		20	88	14,736	5.97	3,098	28.41
7	Algona	167	20		187	25,314	7.39	4,940	37.85
8	Forest City	198		128	326	27,703	11.77	6,034	54.03
9	Mason City	760		81	841	60,153	13.98	12,823	65.59
10	Osage	103			103	14,043	7.33	3,249	31.70
11	Charles City	388			388	21,102	18.39	4,685	82.82
12	Decorah	536	24		560	47,412	11.81	10,417	53.76
13	Oelwein	253		84	337	31,642	10.65	8,107	41.57
14	Waukon	259	19	10	288	37,944	7.59	8,927	32.26
15	Dubuque	767			767	80,048	9.58	14,717	52.12
16	Manchester	241			241	18,483	13.04	3,798	63.45
17	Independence	110			110	22,293	4.93	4,634	23.74
18	Waterloo	1095		21	1116	151,207	7.38	25,389	43.96
19	Iowa Falls	343	40		383	46,738	8.19	11,119	34.45
20	Grundy Center	60		50	110	14,132	7.78	3,005	36.61
21	Clarion	154			154	19,447	7.92	4,327	35.59
22	Webster City	107	44		151	20,032	7.54	4,340	34.79
23	Fort Dodge	849	255	19	1123	60,966	18.42	12,755	88.04
24	Lake City	292			292	30,157	9.68	7,137	40.91
25	Storm Lake	238			238	21,189	11.23	4,862	48.95
26	Sac City	109	50		159	17,007	9.35	4,082	38.95
27	Cherokee	236			236	18,598	12.69	4,345	54.32
28	Ida Grove	28			28	10,269	2.73	2,552	10.97
29	LeMars	176			176	22,437	7.84	4,922	35.76
30	Sioux City	950		24	974	112,852	8.63	23,431	41.57
31	Onawa	113			113	13,916	8.12	3,339	33.84
32	Missouri Valley	136	55		191	17,600	10.85	4,390	43.51
33	Denison	151			151	18,569	8.13	3,328	45.37
34	Harlan	244	62		306	15,825	19.34	3,420	89.47
35	Carroll	215			215	23,431	9.18	4,773	45.05
36	Audubon	306			306	10,919	28.02	2,520	121.43
37	Jefferson	127		94	221	14,379	15.37	3,507	63.02
38	Guthrie Center	76	39		115	13,607	8.45	3,611	31.85

BIND MARGIN

BIND MARGIN

39	Perry	209		16	225	24,123	9.33	5,891	38.19
40	Boone	531		40	571	28,037	20.37	7,043	81.07
41	Des Moines	2086	175	94	2355	287,144	8.20	54,145	43.49
42	Ames	323		100	423	49,327	8.58	8,564	49.39
43	Newton	319		200	519	35,282	14.71	7,081	73.29
44	Marshalltown	527			527	59,397	8.87	13,691	38.49
45	Grinnell	135			135	19,300	6.99	4,226	31.95
46	Marengo	145			145	16,396	8.84	3,607	40.20
47	Vinton	247			247	23,422	10.55	5,101	48.42
48	Iowa City	262	117	100	479	53,663	8.93	8,312	57.63
49	Cedar Rapids	1006		51	1057	149,473	7.07	27,554	38.36
50	Anamosa	149			149	20,693	7.20	4,202	35.46
51	Maquoketa	139			139	20,754	6.70	4,367	31.83
52	Clinton	313			313	55,060	5.68	11,794	26.54
53	Davenport	1128		100	1228	122,114	10.06	22,608	54.32
54	Muscatine	466			466	41,232	11.30	9,703	48.03
55	Washington	296	20		316	19,406	16.28	4,697	67.28
56	Sigourney	161			161	15,492	10.39	4,133	38.95
57	Oskaloosa	369			369	23,602	15.63	5,948	62.04
58	Knoxville	175			175	25,886	6.76	6,558	26.68
59	Winterset	148		48	196	12,295	15.94	3,275	59.85
60	Greenfield	42			42	15,818	2.66	2,811	14.94
61	Atlantic	149	40		189	17,919	10.55	4,548	41.56
62	Council Bluffs	484	91	80	655	96,152	6.81	18,332	35.73
63	Red Oak	168			168	14,467	11.61	3,908	42.99
64	Shenandoah	492		60	552	41,593	13.27	11,745	47.00
65	Corning	36			36	7,468	4.82	1,907	18.88
66	Creston	166			166	13,712	12.11	4,006	41.44
67	Mt. Ayr	80			80	7,910	10.11	2,174	36.80
68	Osceola	76			76	8,222	9.24	2,293	33.14
69	Leon	119			119	10,539	11.29	2,962	40.18
70	Chariton	237			237	10,923	21.70	3,198	74.11
71	Corydon	88		21	109	9,800	11.12	3,133	34.79
72	Albia	91			91	10,463	8.70	2,991	30.42
73	Centerville	191			191	16,015	11.93	4,990	38.28
74	Ottumwa	436		144	580	46,126	12.57	10,281	38.28
75	Bloomfield	83			83	9,199	9.02	2,335	35.55
76	Fairfield	152	64		216	15,818	13.66	3,745	57.68
77	Keosauqua	170			170	9,778	17.39	2,770	61.37
78	Burlington	989	50		1039	67,860	15.31	16,250	63.94
79	Keokuk	285			285	44,207	6.45	9,734	29.28
	(University Hsp.)	243			243				
	TOTALS	24638	1185	1709	27532	2,757,537	9.98	586,941	46.91

HISTORY OF CARE AND ACCOMMODATION FACILITIES To better illustrate the background which has brought Iowa up to this particular point, we have incorporated data available on a state wide basis. While the relative quality of physical structures cannot be reflected to any degree, the total service which has been available can be shown.

Another factor which exists and has considerable bearing is that several Federal Agencies have been conducive to stimulating construction of facilities pertinent to this study and their impact has been noted during this same period of time.

The following data is restricted to the period from 1958 to the present. The progressive increases in beds is categorized to "hospital-related facilities" and "free standing facilities" and the cumulative result is interpolated to "beds per 1000 population" and "beds per 1000 over age 55 years".

The data is further illustrated by graph:

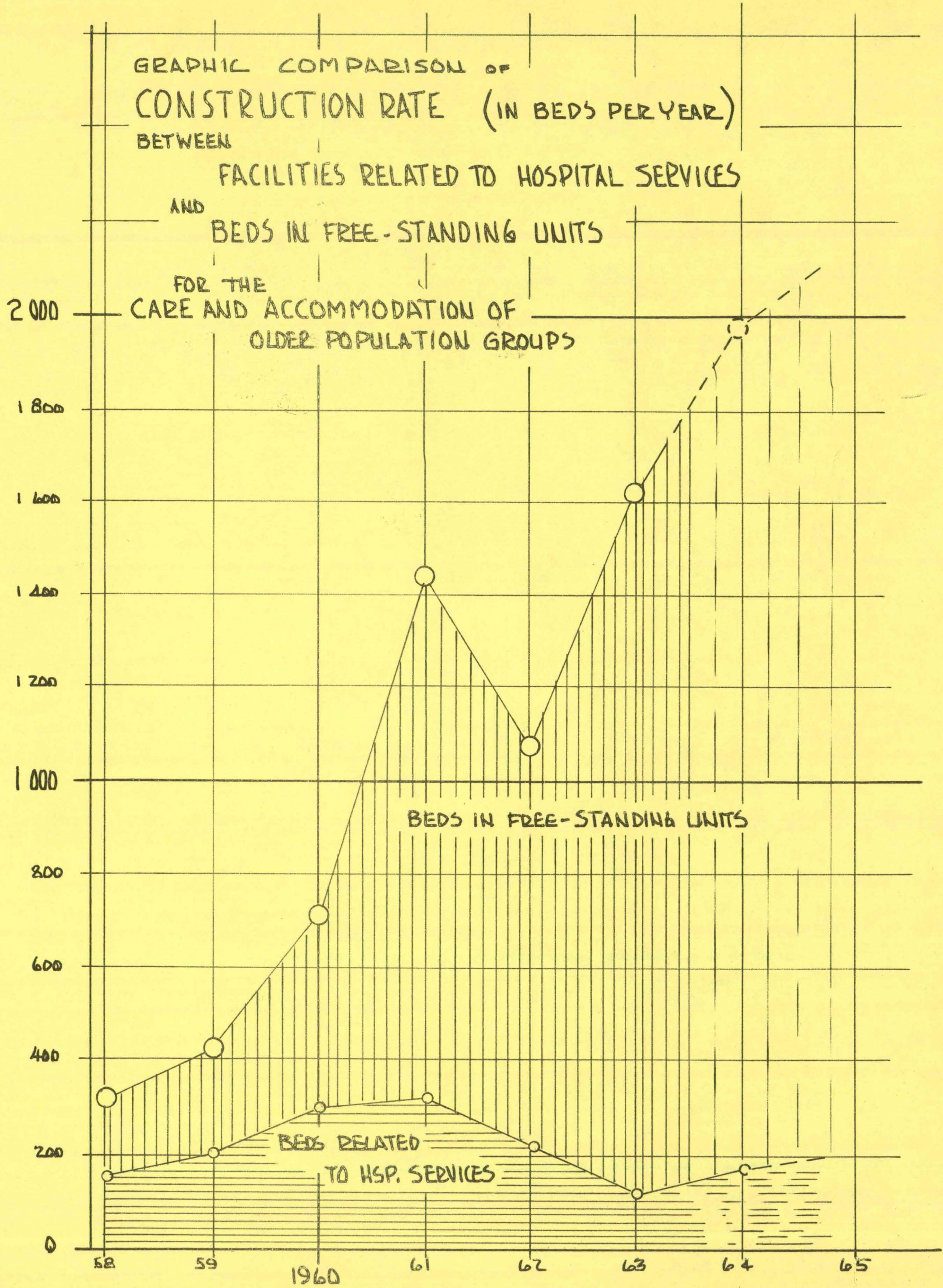
Increase in total beds available, comparing free standing and hospital related beds, is projected to include those facilities already under construction and those predictably available by virtue of planning and financing progress.

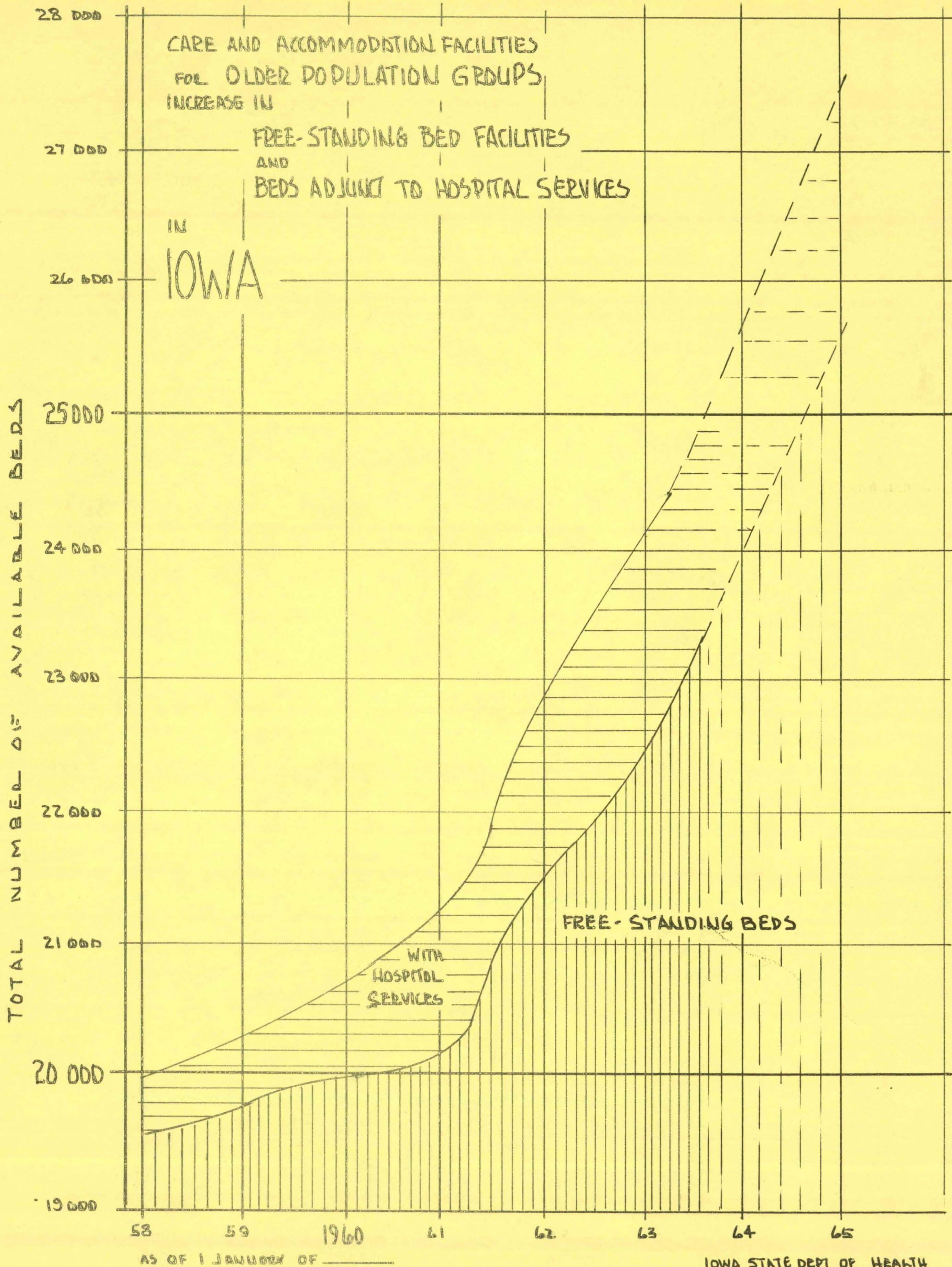
Beds per 1000 are graphically illustrated to demonstrate the relative effect and the progress which has taken place and/or which is foreseeable in the immediate future.

TABULATION OF POPULATION TRENDS AND BED COUNT TRENDS RELATED TO CARE AND ACCOMMODATION FACILITIES FOR OLDER AGE GROUPS

IOWA
STATE DEPT OF HEALTH
DIV OF HOSPITAL SERVICES

COMMENTS	CALENDAR YEAR	PROGRESSION OF BED COUNT INCREASE			FOR TOTAL POPULATION		FOR POP OVER 55 YEARS	
		AS OF 1 JAN. – TOTAL BEDS EXISTING	INCREASES DURING YEAR: FREE-STANDING	INCREASES DURING YEAR: W/HSP. SERVICES	TOTAL PERSONS	BEDS PER 1000 POPULATION	TOTAL PERSONS	BEDS PER 1000 OVER 55 YEARS
	1958	19,979	165	156	2,730,030	7.32	574,900	34.75
	1959	20,300	234	200	2,743,750	7.39	580,900	34.95
	1960	20,734	412	301	2,757,537	7.52	586,941	35.32
	1961	21,447	1,115	329	2,771,300	7.74	593,000	36.17
	1962	22,891	854	(213)	2,785,200	8.21	599,100	38.21
	1963	23,958	(1,500)	(116)	2,799,100	8.55	605,300	39.58
	(1964)	25,574	(1,800)	(160)	(2,813,000)	9.09	(611,500)	41.82
	(1965)	27,534			(2,827,000)	9.74	(617,800)	44.57
	Total Increase	7,545	6,080	1,465		2.42		9.82
	% Incr.	37.8%			3.55%	33.06%	7.46%	28.25%
	Av. Incr. Per Year		869	209		0.346		1.403


GRAPHIC COMPARISON OF
CONSTRUCTION RATE (IN BEDS PER YEAR)
BETWEEN
FACILITIES RELATED TO HOSPITAL SERVICES
AND
BEDS IN FREE-STANDING UNITS
FOR THE
CARE AND ACCOMMODATION OF
OLDER POPULATION GROUPS
2 000
1 800
1 600
1 400
1 200
1 000
800
600
400
200
0
BEDS IN FREE-STANDING UNITS
BEDS RELATED
TO HSP. SERVICES
58
59
1960
61
62
63
64
65
IOWA STATE DEPT OF HEALTH
DIVISION OF HOSPITAL SERVICES


CARE AND ACCOMMODATION FACILITIES
FOR OLDER POPULATION GROUPS
INCREASE IN
FREE-STANDING BED FACILITIES
AND
BEDS ADJUNCT TO HOSPITAL SERVICES
IN
IOWA
TOTAL NUMBER OF AVAILABLE BEDS
28 000
27 000
26 000
25000
24 000
23 000
22 000
21 000
20 000
19 000
58
59
1960
61
62
63
64
65
AS OF 1 JANUARY OF
WITH
HOSPITAL
SERVICES
FREE-STANDING BEDS
IOWA STATE DEPT OF HEALTH
DIV OF HOSPITAL SERVICES

CURRENT RATE OF CONSTRUCTION A previous tabulation indicated the number of beds created annually during recent years.

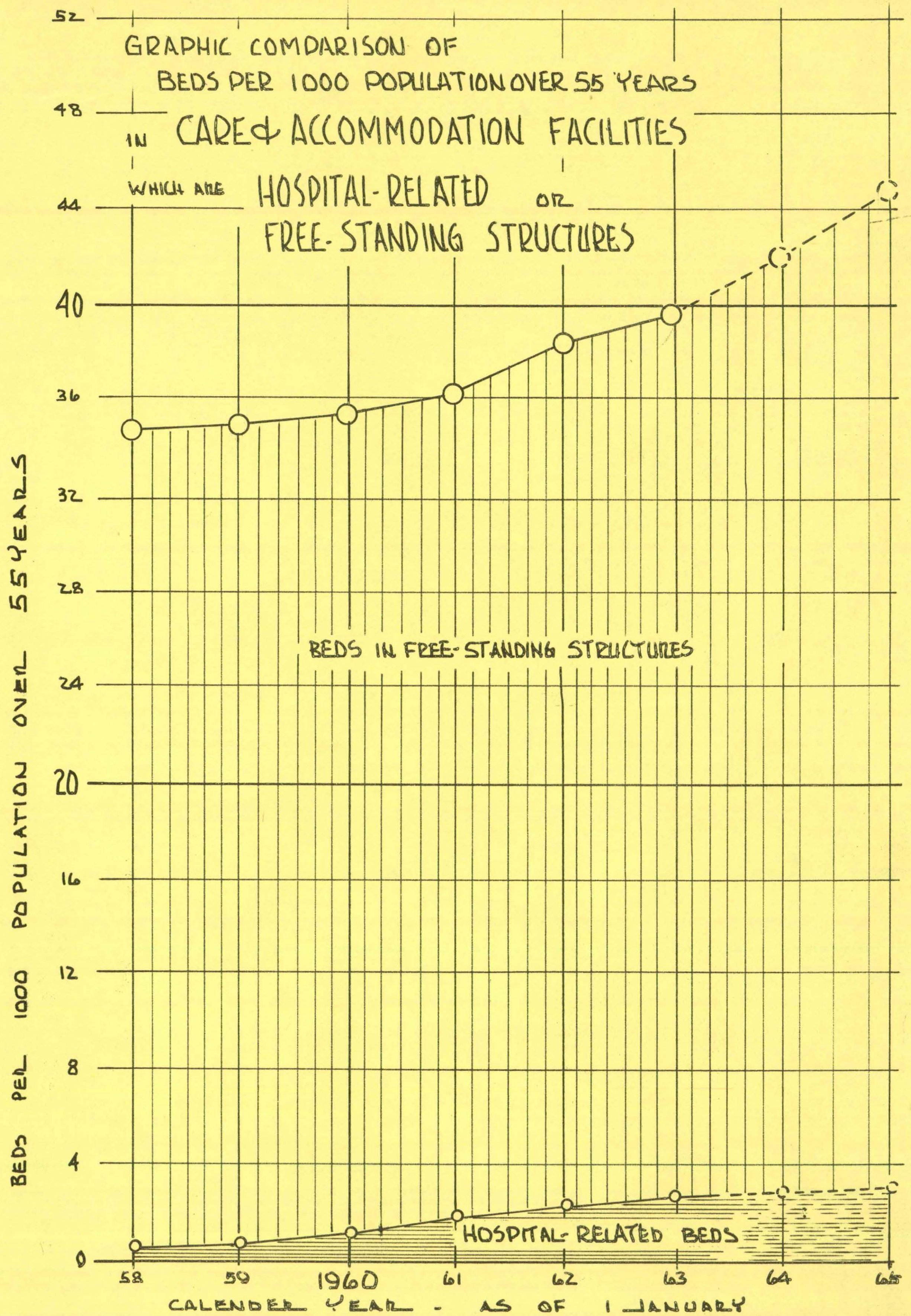
The following tabulation demonstrates the resultant effort of this construction activity and does demonstrate a trend which has meaning. The data is shown in terms of free standing facilities, hospital related facilities, as well as the overall effect. In turn, this information is related to total population and to the specific age group which dominantly utilizes such facilities.

Graphically, the effect of new construction is reflected on a following page in terms of beds per 1000 over age 55, and the classification of beds within the statewide total.

RECAP OF PROGRESSION IN AVAILABLE BEDS FOR
CARE AND ACCOMMODATION OF OLDER POPULATION GROUPS
AND THE RESULTANT BED/1000 POPULATION RATIOS

IOWA
STATE DEPT OF HEALTH
HOSPITAL SERVICES DIV.

AS OF 1 JAN. OF	RECAP OF BED COUNT			BEDS PER 1000 TOTAL POPULATION				BEDS PER 1000 OVER 55 YEARS			
	HOSPITAL-RELATED	FREESTD'G FACILITIES	TOTAL EXIST'G BEDS	TOTAL STATE POPULATION	HOSPITAL-RELATED	FREE ST. FACILITIES	TOTAL PER 1000	STATE POP. OVER 55 YRS	HOSPITAL-RELATED	FREE-ST. FACILITIES	TOTAL PER 1000
1958	378	19,601	19,979	2,730,030	0.14	7.18	7.32	574,900	0.66	34,09	34.75
1959	534	19,766	20,300	2,743,750	0.20	7.20	7.40	580,900	0.92	34.03	34.95
1960	734	20,000	20,734	2,757,537	0.27	7.25	7.52	586,941	1.25	34.08	35.33
1961	1,035	20,412	21,447	2,771,300	0.37	7.37	7.74	593,000	1.75	34.42	36.17
1962	1,364	21,527	22,891	2,785,200	0.49	7.73	8.22	599,100	2.28	35.93	38.21
1963	1,577	22,381	23,958	2,799,000	0.56	8.00	8.56	605,300	2.61	36.98	39.59
1964	1,693	23,881	25,574	(2,813,000)	0.60	8.49	9.09	(611,500)	2.77	39.05	41.82
(1965)	(1,853)	25,681	(27,534)	(2,827,000)	0.66	9.08	9.74	(617,800)	3.00	41.57	44.57


GRAPHIC COMPARISON OF
BEDS PER 1000 POPULATION OVER 55 YEARS
IN CARE & ACCOMMODATION FACILITIES
WHICH ARE HOSPITAL-RELATED OR
FREE-STANDING STRUCTURES
BEDS IN FREE-STANDING STRUCTURES
HOSPITAL-RELATED BEDS
BEDS PER 1000 POPULATION OVER 55 YEARS
52
48
44
40
36
32
28
24
20
16
12
8
4
0
58
59
1960
61
62
63
64
65
CALENDER YEAR - AS OF 1 JANUARY
IOWA STATE DEPT OF HEALTH
DIV. OF HOSPITAL SERVICES

GRAPHIC COMPARISON OF CONSTRUCTION RATE: FORESEEABLE vs NEEDED

At this point, we note that the overall need for beds probably is 100 beds per 1000 over age 55. This has already been evidenced by actual usage in certain service areas of the state. In turn, there is reason to believe that the need for hospital-related facilities is in excess of 20 beds per 1000 over age 55 years.

For purpose of graphic comparison we establish premises as follows:

(A) The health insurance pattern will not be altered within this projection period.

(B) A statewide program for fulfilling total need by 1980, including the replacement of that 50% of the existing facilities which will become obsolete by that time.

(C) Provide beds at the rate of a conservative 80 beds per 1000 over age 55, of which 20 beds per 1000 will be hospital related.

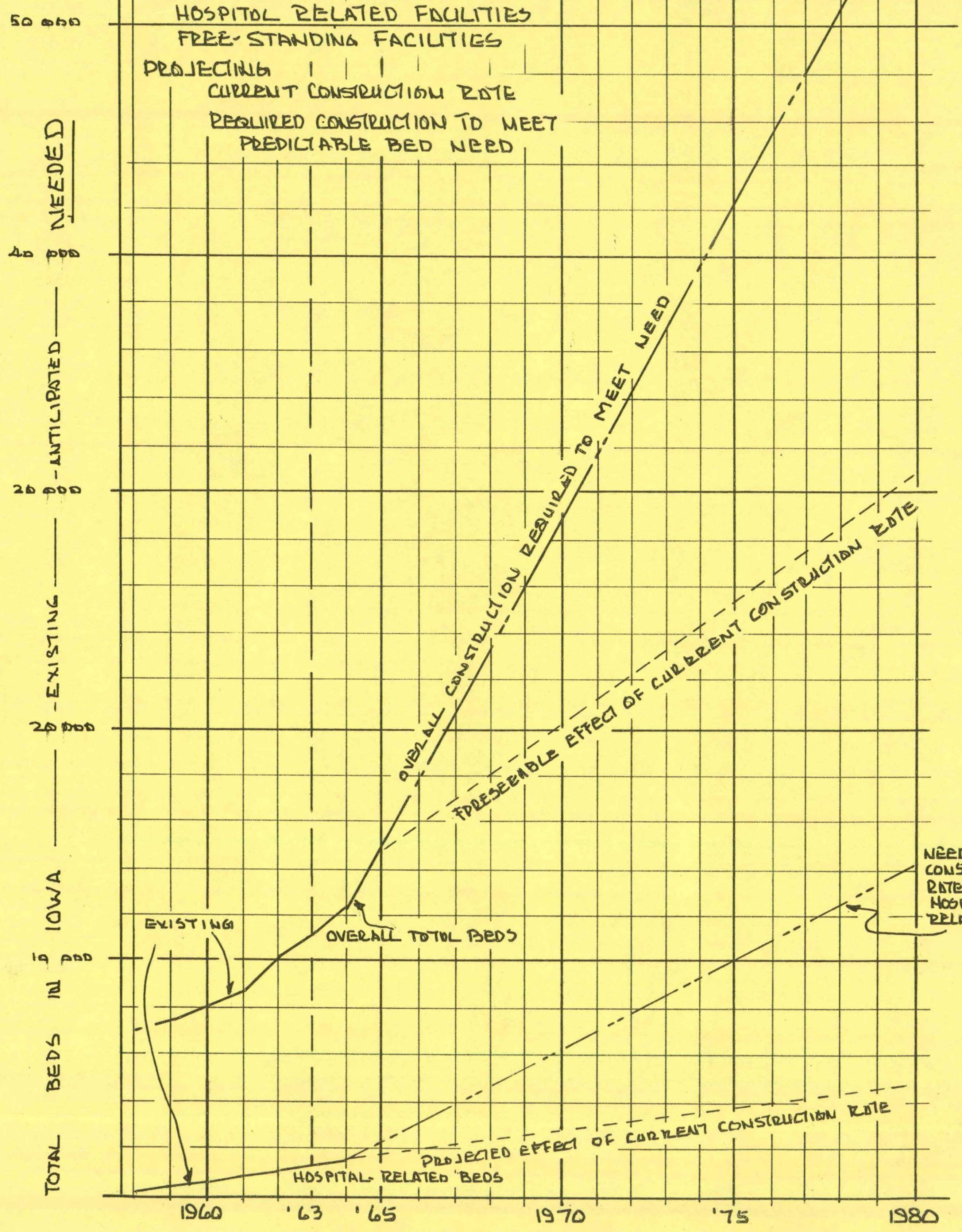
(D) The predictable construction rate experienced during the past seven years will continue to 1980.

(E) The trend in total population and of population in the older age groups will continue to vary as they have during the past 20 years.

We do not presume that this presentation of future need and projected construction is precisely accurate. There are variables which cannot be reflected in this simplified graph.

However, the material is definitely indicative of our general status and the problems which are iminent if no constructive planning and positive action is inaugurated promptly.

It should be especially noted that virtually all hospital-related facilities available today were constructed with Federal Grants-in-aid, and that they represent the maximum possible within the funds available to the state. Projection of the current construction rate is based on the assumption that such grants will continue to be available.


CARE AND ACCOMMODATION FACILITIES
FOR OLDER POPULATION GROUPS IN
IOWA
PAST AND FORESEEABLE CONSTRUCTION TRENDS
COMPARING
HOSPITAL RELATED FACILITIES
FREE-STANDING FACILITIES
PROJECTING
CURRENT CONSTRUCTION RATE
REQUIRED CONSTRUCTION TO MEET
PREDICTABLE BED NEED
TOTAL BEDS IN IOWA — EXISTING — ANTICIPATED — NEEDED
50 000
40 000
30 000
20 000
10 000
OVERALL CONSTRUCTION REQUIRED TO MEET NEED
FORESEEABLE EFFECT OF CURRENT CONSTRUCTION RATE
NEEDED CONSTRUCTION RATE FOR HOSPITAL-RELATED BEDS
EXISTING
OVERALL TOTAL BEDS
PROJECTED EFFECT OF CURRENT CONSTRUCTION RATE
HOSPITAL-RELATED BEDS
1960
'63
'65
1970
'75
1980

CONCLUSIONS:

1. There is need for more definitive analysis and evaluation to ascertain what the precise needs are for fulfilling the needs of Iowa's population groups.

2. Iowa's communities have demonstrated a willingness to pursue projects that will answer their needs even though they have been unable to avail themselves of adequate unprejudiced guidance.

3. The total need, as indicated in this generalized survey, is not insignificant. Furtheremore, local resource is not unlimited. It is necessary that every dollar spent be applied toward meeting the most critical need and in a manner that will assure maximum flexibility within the finished structure.

4. Because our concern is with a substantial segment of our total population, the primary need is for facilities providing restorative treatment which will permit the patient to resume his normal self-sufficient living rather than merely provide sustaining care. Such facilities will reduce the need for less refined facilities and permit a degree of staging the priority of the several classifications within the total program.

5. While the most refined facility providing definitive treatment can serve from 4 to 10 patients per bed per year as opposed to one or less patients per bed per year in facilities providing sustaining accommodations, they can also render substantial restorative services to out-patients and preclude and/or postpone their need for inpatient bed accommodation.

6. Because services and facilities for definitive and restorative treatment already exist in established hospitals, it is imperative that duplication be reduced to a minimum by applying the existing equipment, personnel and facilities to extended treatment beds and thereby approach maximum utilization of these resources toward serving inpatients and outpatients.

7. Inasmuch as the hospital-related facilities available are dominatly the result of Grants-in-aid and because, in spite of this assistance, we have failed to realize a balance between the two classifications of facilities, it is concluded that all Grants funds be applied to hospital-related projects and minimize the in-balance to whatever extent funds will permit.

DATE DUE

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