HV
1468
.I8
T3
1963

A Comprehensive Analysis of Health and Welfare Services for Older Persons in One Community

MERLIN TABER
FRANK ITZIN
WILLIAM TURNER

Iowa
301.43
T11

Institute of Gerontology
State University of Iowa
September, 1963

IOWA STATE TRAVELING LIBRARY
DES MOINES, IOWA

This study was sponsored by the Midwest Council for Social Research on Aging; the School of Social Work, State University of Iowa; and the Institute of Gerontology, State University of Iowa.

Free copies may be obtained from:

W. W. Morris, Ph.D., Director
Institute of Gerontology
State University of Iowa
Iowa City, Iowa

Iowa unb.
301.43 Taber
T11 A comprehensive analysis of health and welfare services for older persons in one community

A Comprehensive Analysis of Health and Welfare Services for Older Persons in One Community

A study of the type and quantity of socially provided income, care, and services for persons sixty years of age and over in Linn County, Iowa, in April, 1962

MERLIN TABER
Associate Professor, School of Social Work
State University of Iowa

FRANK ITZIN
Associate Professor, School of Social Work
State University of Iowa

WILLIAM TURNER
Director
Services for the Aged of Linn County

Institute of Gerontology
State University of Iowa
September, 1963

IOWA STATE TRAVELING LIBRARY
DES MOINES, IOWA

Iowa
301.43
T11

unb.

ACKNOWLEDGMENTS

This empirical study of actual amounts of provisions for older people required the cooperation and active participation of about eighty administrators of various programs and organizations and their staff members. The writers regard this study as a joint effort with these community leaders. The cooperating programs and agencies are listed in Appendix A. For special contributions made to the study, the writers are indebted to: Kenneth W. Price, Director, Linn County Department of Social Welfare; Kenneth Reid, District Manager, Social Security Administration; Mrs. DeVere Gildroy, Acting Director, Public Health Nursing Association; and personnel of several Veterans Administration programs.

The Midwest Council for Social Research on Aging contributed to the cost of analysis of the large volume of data collected. Members of the Council gave advice and assisted in planning the study with Dr. Taber during two seminars. The Institute of Gerontology, State University of Iowa, helped materially in supporting the study, including publishing this report.

The three authors of the report are faculty members of the School of Social Work, State University of Iowa. The School provided its facilities, clerical help, and the services of two research assistants. Charles Atherton, a research assistant during the time the data were gathered, made a number of contacts with agencies and, in addition, was responsible for most of the interviewing on which Chapter VI is based. Larry Mart, a research assistant whose work was supported by funds from the Midwest Council for Social Research on Aging, performed most of the tabulation and analysis of the data.

TABLE OF CONTENTS

LIST OF TABLES

Chapter I
AIMS AND METHODS OF THE STUDY

Aims of the Study

This study describes and analyzes the system of *social provision* for older people in one community. *Social provision* is the total amount of income and services provided to community members in an impersonal way by government, community, or church programs. Services that may be socially provided include health services and care; personal services; counseling, casework, and advising; and opportunities for group participation, education, and recreation. Income or services may be received through a local welfare department, a state mental hospital, a community general hospital, other community agencies, or church groups. All of these programs have the sanction and approval of society by government sponsorship, government licensing, the community chest structure, or by some similar mechanism. These *socially provided* services are distinguished from services purchased by the user, from services provided by family and friends, and from services provided by organizations for their own members.

Data were gathered about persons receiving social provision and amounts received in Linn County, Iowa, for the month of April, 1962. Income and material aid were recorded in dollars for each person. Services, individual or group, were recorded in minutes. Care outside of the recipient's own home was recorded in days. Hours of service and days of care were converted to dollar equivalents to determine the monetary value of the social provision.

The *number of persons sixty years of age and over* who received some type of social provision was also determined. The names of several thousand persons who received benefits from the various programs were recorded. By cross-checking the names reported by the different programs it was possible to obtain an unduplicated list of persons who had received some form of social provision.

The programs and agencies included in the study were classified in two ways: by their main *function*, such as income maintenance, employment, and health; and by their *auspices*, such as federal government, state government, and voluntary. By analyzing the data it was possible to compare the amounts and types of services provided by the different programs under the different auspices.

Administrators of community programs were interviewed and the administrators' assessments of needs and problems of older persons and their plans for future developments in their own programs were obtained.

The writers knew that older people received many services or benefits through participation in unions, churches, voluntary associations, and other groups. It was not possible to measure the amount of services received from such "membership organizations." However, a survey was made of the special programs for older persons in these organizations. The scope and nature of such programs are presented in Chapter VI, "Provision for Older People Through Membership Groups."

It was possible to use the data on social provisions for older persons to make a few selected comparisons. For example, the total volume of social provision for older residents of Linn County was compared with the estimated total amount of income for older people in Linn County. The volume of services to older people by local voluntary agencies was compared with the volume of service to other age groups by the same agencies. Social provision for older persons was thus placed in a broader perspective.

Background: Increase of Aged Presents New Problems for Community Planning

During the last two or three decades, our aged population has been "discovered" as a serious social problem. This recent emphasis on the needs of older people has not been merely a shift in public attitudes. The emphasis on needs has been a result of population and economic changes as well as recent advances in medical science.

Since the average length of life has increased, the present group of older persons is significantly large. It has been estimated that there will be twenty million individuals sixty-five years of age or over by 1970! This trend conceals an even more significant trend for present purposes, however. Early in the century, the gain in length of life was a result of the decrease in infant mortality and deaths from childhood diseases and illnesses. In recent years the use of new medicines and other techniques has increased the life expectancy of the sick adult and the chronically ill older person. As a result, the population of "very old" has increased at a faster rate than the population of "young old."

Persons over sixty-five years of age use hospital services four times as much as younger adults; more and more older people (especially women) have to live out their lives alone for five or ten years or more; in the past fifty years, the proportion of deaths from chronic disease has increased from one-third to two-thirds of all deaths. Increased longevity has always meant loss of family and friends, increased chances of illness, and loss of the ability to be productively active. These hazards have been increased in today's society. In addition, the employment opportunities for older people have decreased. The two-generation family, parents with dependent children, has become the norm. Many social scientists have indicated that ours is a youth-oriented

and future-oriented society. The "discovery" of the aged as a social problem, then, has been a realistic and important discovery. It has been generally accepted that to be older is to be disadvantaged in terms of income, health, and social relations.

What can and should society do about this situation? It is not very realistic to say that the job market should be adjusted or that young people should take care of their parents. These kinds of changes are certainly desirable, but are largely beyond the control of social planning. It is more likely that social, health, and welfare services will be redirected or specially designed for older people. Several issues have emerged around this redirection of services:

How many services can society afford?

Under what auspices should services be provided and how should they be financed?

Will the services be easily available to, and actually used by, older people?

Should services replace society's lacks or should attempts be made to strengthen the older person's involvement in society?

Although these problems will be debated during the next decades, this study was not designed to resolve the issues. This study was intended to help overcome one obstacle to intelligent planning, namely, the lack of knowledge about present programs. How many older people actually receive how much of what provisions? This study was designed to answer this question for one community during a specific period of time.

Background: Linn County, Iowa

Linn County is one of Iowa's Standard Metropolitan Statistical Areas. It had a population of 137,000 in the 1960 census. Three-fourths of the population is in the Cedar Rapids urbanized area. The remaining population is on farms or in one of a dozen towns with populations of 150 to 2,600.

Between 1950 and 1960, Cedar Rapids was the fastest growing city in Iowa. The increase of almost one-third in size was no doubt related to increased industrial opportunities. There are about thirty manufacturing firms, each employing a minimum of one hundred persons. Several of these firms are agricultural processing firms.

Persons over sixty-five years of age make up 9.9 per cent of Linn County's population—compared to 11.9 for Iowa as a whole. It is evident that Linn County is not a "typical" Iowa county but a growing urban community with a diverse economic base. Except for the small per cent (only 1.0) of nonwhite persons, the population composition is similar to the nation as a whole.

The development of community health and welfare services in Cedar Rapids is characteristic of larger cities today. The community chest per capita

gift of almost $5.50 in 1961 was near the average for cities of this size. Community programs include several in the recreational area, an active visiting nursing agency,[1] mental health and family services, and the usual government programs. About twenty local agencies are members of the community fund. Just as Cedar Rapids has been urbanizing rapidly during the past decades, there also has been a rapid "professionalization" of community services. The community recently employed a professionally qualified director for the community chest and is reorganizing its community chest and health and welfare council. The number of professional health and welfare workers has increased markedly.

Interest of community leaders in the problems and needs of the aged was evidenced by the community welfare council's cooperation in two sample surveys of older people in the general population the past few years.[2] In 1962 the community cooperated with the State University of Iowa School of Social Work in establishing a teaching and demonstration service for older people.

The point already has been made that in terms of age of population and economic base Linn County is not typical of Iowa. However, several characteristics of Linn County are not too dissimilar from those of the country as a whole. Some of the relevant comparisons have been summarized in Table 1.

In regard to the amount and type of health and welfare services for the community, a few comparisons were possible between Cedar Rapids and two other cities which had cooperated in a "Total Expenditures Study" of the United Community Funds and Councils of America.

Spartanburg, South Carolina, and Mansfield, Ohio, were used for comparison because they were the only two cities in the "Total Expenditure Study" whose size was similar to that of Cedar Rapids. These comparisons are presented in Table 2.

No claim has been made that Linn County is representative of Iowa or of small cities in general. Data in Table 1 and Table 2, however, support the

---

[1] In this study the term "visiting nursing" refers to service given by the Public Health Nursing Association of Cedar Rapids, which is a voluntary (community chest) agency. The term "public health nursing" is used in this study to include the activities of the County Public Health Nurses, as well as the visiting nursing services of the voluntary agency.

[2] Agricultural and Home Economics Experiment Station, Iowa State University of Science and Technology, "The Aging Persons of Linn County, Iowa." Iowa State University, Ames, Iowa, August, 1960.

Iowa Commission for Senior Citizens, "Life After Sixty in Iowa," a report on the 1960 Survey.

TABLE 1

Selected Social and Economic Characteristics of Linn County, Iowa, and the United States

	Linn County	Iowa	United States
Social:			
Per cent 65 and over	9.9	11.9	9.2
Median age	28.5	30.3	29.5
Per cent urban	78.7	53.0	53.4
Economic:			
OAA recipient rate[a]	64	102	137
Per cent labor force in manufacturing	35.3	16.3	25.7
Median family income	$6359	$5069	$4791

[a] Per 1,000 over 65

TABLE 2

Selected Characteristics of Health and Welfare Programs in Cedar Rapids and Two other Cities of Comparable Size

	Cedar Rapids	Mansfield	Spartanburg
Population	103,000	118,000	157,000
Per capita expenditure, United Fund	$5.81	$6.30	$3.36
Per capita expenditure, Old Age Assistance	6.20	6.25	6.62
Per capita expenditure, All family service and child care	2.50	3.02	1.22

idea that Linn County is not an economically deprived area and is not underdeveloped in terms of welfare services.

Methods of the Study

Six categories of Social Provision were defined for this study. These were:

1. *Money Payments and Material Aid:* Social insurance and veterans pensions and compensation payments; all governmental or charitable assistance, whether in cash or in the form of grocery orders and the like.
2. *Intramural Medical, Protective, and Residential Care:* Care or treatment in a governmental mental hospital, general hospital, or other institution, excluding correctional institutions; care or treatment in nongovernmental, nonprofit institutions which is not paid for by the user.
3. *Individual Services—Talking to Clients:* Interviewing older persons for the purpose of administering assistance, insurance, or a health service, or providing social casework treatment or giving information or advice.
4. *Individual Services—Talking to Others on Behalf of Clients:* Consulting with relatives, physicians, other agency workers, etc., as necessary to administer some social provision to an older person.

5. *Individual Services—Personal Services:* Performing helpful activities or chores for older persons—shopping, chauffeuring, cleaning house, and the like.
6. *Group Services—Group Contacts with Clients:* Organizing, sponsoring, or leading such group activities as recreational, educational, or special interest groups.

Amounts of money payments and material aid were recorded in dollars for each older person. Care in hospitals or custodial institutions was recorded in days, and the estimated cost of care was obtained for each hospital or institution. The amounts of service in the four categories for service were recorded in minutes, to the nearest fifteen minutes.

It was also necessary to classify the agencies and programs as to their *primary function.* By "primary function" is meant the overall purpose or goal of the program, rather than the kind of provision made. For example, a program with the overall purpose of facilitating reemployment of older persons might use several kinds of provisions—personal counseling, money assistance, and medical treatment. Where two separate programs were included in the same administrative structure (such as Unemployment Compensation with State Employment Service), each program was counted separately, under the appropriate category. A number of classification systems were reviewed and the following categories were devised:[3]

Income Maintenance and Employment
Intramural Medical, Protective, and Residential Care
Community Health and Physical Rehabilitation
Recreation and Leisure Time
Counseling and Casework
Personal Service

Agencies and programs also were classified as to *auspices.* Auspices were defined as the location of primary responsibility for authorization of the program and policy formation. A general hospital which has been established by a church was considered under church auspices (private sectarian), even though the church may have provided only a small fraction

---

[3] This classification follows most closely that used in reports of the McNamara committee. Other useful classifications may be found in *Community Services for Older People,* Chicago: Wilcox and Follett, 1952; and in William Bell, *An Inventory of Services to the Aged in Metropolitan Denver, February 1961,* Denver: Metropolitan Planning Project for Older People, 1961 (mimeographed).

of its income. The following categories were used for purposes of analysis:

Government: Federal
Government: State
Government: County
Government: City
Government: Multiple
Voluntary: Sectarian
Voluntary: Nonsectarian
Voluntary: Proprietary

The basic data-gathering instrument for the study was a short schedule designed for use by persons working in the programs studied. The schedule provided space for listing the name of each person receiving some provision, as well as identifying the type and amount of the provision during April, 1962. (See Appendix B for reproduction of the schedule.) Special schedules were designed for reporting of persons in group or recreational activities, as well as for persons receiving custodial, nursing, and hospital care.

In addition to collection of the basic information about payments, services, and recipients of services, a large amount of relevant information was collected by other methods. Interviews with administrators of programs were used to learn about special provisions for the aged through personnel departments of firms, unions, churches, and other groups. Finally, annual reports of agencies, special studies in the programs included, and routine statistics and budget reporting through the local community chest were all used to supplement the data from the study month.

In February and March of 1962, schedules were prepared and the project was introduced to the community through the Council of Social Agencies, Nursing Home Administrators' Association and other channels. Four persons were available through April to deliver the schedules, interview agency executives, and to deal with problems that arose in the use of the schedules. Virtually 100 per cent cooperation was obtained.

While most of the findings are based on exact reports, it was necessary to use some estimates. For example, it was not possible to establish communication with the Railroad Retirement and the Civil Service Retirement Programs. In the figures for total amounts of provision, estimates were included based on a pro rata estimate from national figures. Exact data for Old Age and Survivors Insurance for April of 1962 were not available. A statistical report by counties, based on a period three months earlier, was used for April. However, it should be noted that the cooperation of the local office permitted cross-checking of all persons reported by other programs with OASI files.[4] Names and exact figures could not be obtained from three state

[4] See Appendix A for glossary of abbreviations used in the text of this study.

and federal hospitals outside of Linn County. It was necessary to obtain the number of patients from Linn County aged sixty and over for a later month and use that figure and average cost figures. In these cases, names could not be cross-checked. Only a few persons were involved.

The investigators are confident that *coverage* was virtually complete in terms of programs. Within programs and agencies employees were encouraged to keep accurate records.

Two questions could be raised about *generalizing* these findings: Was April a typical month? Does Linn County differ markedly from other communities?

In regard to the first question, the writers can only report that professional workers in the programs indicated that April was not different from other months as far as they knew. As to differences between cities, the few existing intercity comparisons of relevant data would seem to indicate that the size of city would be the main differentiating factor. Region or area of the country would also be important. However, the writers have followed the practice in this report of drawing implications only from differences that were so large that they would appear to have general significance.

Finally, the definition of "social provision" used here, and the categories set up for functions, auspices, and types of services, are, of course, open to question. It is not usual to include the social insurances and the health services in this type of study. The writers believe that this tendency has arisen from value responses to different words and that the definitions used here are preferable in terms of social and economic reality.

The net tendency of the sources of error identified above would be to make the figures reported here too low rather than too high.

Chapter II
TOTAL NUMBER OF PERSONS RECEIVING SOCIAL PROVISION AND VOLUME OF SOCIAL PROVISION

Nearly two-thirds of the Linn County population age sixty and over were receiving some socially provided income or service in April of 1962. Thirty-nine agencies and programs furnished income or service to a total of almost 15,000 individuals. Approximately 2,000 persons in this total group received income or services from more than one source. Of the 19,400[5] persons age sixty and over in Linn County, 12,400 or 64 per cent, received socially provided benefits.

The socially provided income and services received by persons age sixty and over amounted in total value to $1,117,900, or 25 per cent of the estimated total income for the population age sixty and over in Linn County in April of 1962.[6]

TABLE 3

Number of Older Persons Receiving Socially Provided Income, Care, and Services, and Amount of Provision, by Type of Provision, Linn County, April, 1962

	Number of Recipients[a]	Dollar Value
Total	14,901	$1,117,900
Money payments and material aid	13,964	1,059,100
Socially provided care	266	51,300
Socially provided services	1,218	7,500

[a] Duplicated count, obtained by adding the number of persons reported by each program. There were about 2,000 persons who were recipients from more than one source. (See Chapter V for patterns of multiple receipt of money, services, and care.)

Money Payments and Material Aid

Of the 14,901 individuals age sixty and over who were receiving socially provided income, care, and services, 13,964, or nearly 94 per cent, received money payments or material aid. As can be seen in Table 4, the largest amounts of money and payments made to the largest group of recipients were made through the public insurance, pension, and assistance programs.

The 154 persons in the "Other" category were the persons age sixty and over who received aid in the form of payments made for medical care, rent, food, and shelter. The aid was administered by local public agencies such as the

---

[5] Estimated by straight line projection of 1950 and 1960 census data.

[6] See "Total Social Provision and Total Personal Income," at end of chapter for details.

County Relief Department and the Soldiers' Relief Commission, and by a number of voluntary organizations.

TABLE 4

Number of Older Persons Receiving Insurance and Assistance, and Amount Received, under Selected Programs

	Number of Recipients	Dollar Value
Total money payments and material aid	13,964	$1,059,100
Old Age and Survivor's Insurance[a]	10,666	748,800
Veterans Administration	1,442	107,300
Old Age Assistance	902	72,000
Railroad & Civil Service Retirement[b]	800	120,000
Other	154	11,000

[a] Data reported as of December 21, 1961. In view of the expanding nature of the OASI program, the number of persons and amounts received in April, 1962, are probably slightly higher than the figures reported in this table.

[b] National figures for April, 1962, were prorated for Linn County on a population basis. These figures may be high for Linn County.

Socially Provided Care

Socially Provided Care, for this study, was medical treatment, protective care, and convalescent, nursing, or custodial care given within institutions or "homes." Some explanation of the estimating procedures is necessary for certain programs. The total cost figure of $51,300 in Table 3 also needs explanation, as it is somewhat low.

For seven of the eleven institutions included under this category, exact reports were made of number of persons sixty and over, and number of days care, for April, 1962. Average cost of care figures were also made available, so that accurate estimates for total cost of care could be made. However, exact reports were not collected from the other four institutions in the study month, and other estimating procedures were necessary. All four of these institutions were general hospitals.

Two tax-supported general hospitals in nearby Iowa City (University Hospitals and Veterans Administration Hospital) accounted for over half the estimated cost of $51,300. For University Hospital (the largest single program in terms of cost) records were not kept for this study, but the necessary data were recovered from records. For the Veterans Administration Hospital, data were supplied for a later month which was believed comparable.

The two general hospitals in Cedar Rapids supplied most of the medical treatment and care to older persons of Linn County; but the problem was to determine what portion of that care was *socially provided.* A recent study of the use of these hospitals by the aged revealed that almost exactly 12 per cent of the admissions in each hospital were of persons age sixty-five and

over.[7] Since the average stay in the hospital was longer for these older people, their bills were 80 per cent higher than those of other patients. In short, the one-tenth of the population age sixty-five and over used almost one-fifth of the hospital services. If these figures are extended to include persons sixty to sixty-five years of age, it appears that a conservative estimate of the volume of hospital services used by persons age sixty and over would be 25 per cent. Therefore, an estimate for an average month of the socially provided cost of care of older persons in the two community hospitals was made by taking one-fourth of the deficit (cost less income from payment for services) of the two hospitals. This amount was about $1,500.

It was noted above that the two public general hospitals in Iowa City accounted for over half the volume of Socially Provided Care. The number of persons given care was small, but costs per day were high. At the other extreme, the Linn County Home reported a large number of older persons in care, but the cost of care was small. In terms of number of people and amounts of money the three main programs were University Hospitals, the Linn County Home, and the state mental hospital at Independence.

It has been noted that the total cost figure of $51,300 is "somewhat low" for Socially Provided Care. This is so primarily because of the necessity of a mutually exclusive classification system. About $27,000 worth of nursing home care, hospital care, and other medical supplies and services is paid for directly, under public aid programs. Since this amount is included as Money Payments and Material Aid, it cannot be added to the category Socially Provided Care. Also, there are several hundred older people in nursing homes, custodial homes, and other facilities which are privately owned. Over 100 of these persons have their care paid for from the $15,000 of public aid which goes for nursing care. In addition, many of them no doubt pay for their care from OASI payments or VA benefits. The numbers of people in arrangements which are not included as "social provision" are reported in more detail in the next chapter. The total cost of care in these privately maintained facilities would be in the neighborhood of $65,000, judging from recent studies of costs of care.[8] The point has already been made that an unknown amount of such care would be paid for from socially provided income.

Socially provided care is analyzed further, as to type of care, in the next

---

[7] Larry William Pugh, "Financial Aspects of Health Care for the Aged: A Survey of the Census and Method of Payment of the Aged in Cedar Rapids, Iowa, Hospitals," Master of Arts thesis, State University of Iowa, Iowa City, June, 1960.

[8] Iowa Commission on Aging, "Report of the Committee on Cost of Care of the Aged," (mimeographed); also, Jean Bullock, "Service in Nursing Homes: Patients Services, Standards, Costs, Charges," paper read at the Home Care Conference, Jewish Hospital, St. Louis, 1963.

chapter. The two points emphasized in the discussion above were that data in this area are less accurate and well-defined than in other areas, and that the total cost figure of $51,300 is at least 50 per cent low if taken to mean the care provided or paid for under all programs.

Socially Provided Services

Twenty-five different agencies and programs provided services to 1,218 persons age sixty and over during April, 1962. These services included such activities as: public health nursing; city recreation programs; interviewing and counseling by public assistance workers and by Old Age and Survivors Insurance and Iowa State Employment Service interviewers; casework and psychotherapy in the voluntary family service agency and in the mental health clinic; and the personal services of unpaid volunteers under a variety of agency auspices. The services of unpaid volunteers were a small part of the total services given to older persons, but were included as a socially provided service when they were given as a part of an agency program.

As shown in Table 5, 993 persons received individualized services, and 225 persons received services as members of groups.

TABLE 5

Number of Older Persons Receiving Individual and Group Services and Amount Received

	Number of Recipients	Dollar Value
Socially provided services	1,218	$7,500
Individual nursing, counseling and casework services	993	6,400
Recreation and group activities	225	1,100

In order to quantify the social provision or "social effort" invested in rendering different services, the participating agencies and programs reported the time actually spent in contact with or in behalf of older persons. A total of 1,280 hours was spent in face-to-face contacts with and in behalf of the 993 persons receiving individualized service. This was an average of 1.3 hours per person during the period of study. A breakdown of types of individualized services and the amount of time spent in rendering these services is indicated in Table 6.

Over 75 per cent of the time spent providing individualized services, or 963 hours, was spent in direct contact with older persons. Over 12 per cent of the time, or 159 hours, was spent talking with others—relatives, friends, doctors, and others—about the problems and the welfare of the older persons. Twelve per cent of the time, or 158 hours, was spent in helping older persons with activities of daily living, such as shopping for food, paying bills, bringing meals, writing letters, shaving, and furnishing transportation.

TABLE 6

Types of Individualized Services and Amount of Time Spent in Rendering These Services

	Hours
Total individual services	1,280
Talking with older persons[a]	963
Talking with others on behalf of older persons	159
Performing personal services	158

[a] Nursing service is included as "Talking with Older Persons" on the judgment of the administrators of this service that it involves more health education and counseling than bedside care.

Two hundred twenty-five persons age sixty and over participated in recreation and group activities sponsored by seven public and voluntary agencies or programs. These 225 persons engaged in recreation and group activities for a total of 2,254 participant hours, an average of 10 hours per person during April of 1962.

Admittedly, it was difficult to place an accurate dollar value on the services which were socially provided by the community. A value of $5.00 per hour was placed on individualized services and the value of $0.50 per participant hour was placed on recreation and group activities for purposes of this study. It was believed that these were fair, though conservative, estimates.[9]

Total Social Provision and Total Personal Income

Considering the estimating procedures and the data included, the total figure of $1,117,900 from Table 3 was probably low, but not more than a few percentage points low.

It is interesting to view the amount of social provision in relation to total income for persons age sixty and over in Linn County. Total income for this age group was estimated by taking the total personal income allocated to Linn County in 1960 and assigning this amount to age groups on the basis of median income by age.[10] This procedure assumed that the mean and median income were the same within each age group. The mean income was actually higher, with the difference probably being greater in the middle-age groups. Therefore, the total income estimate for those persons sixty years

---

[9] Studies of costs of services in private family agencies and community clinics range upward of $10.00 per hour. A study of costs of visiting nursing agencies indicated that between $4.00 and $5.00 per hour was a fair estimate for this region of the country. The authors did not know of cost studies in the recreation and group activity area so the $0.50 per hour figure was used arbitrarily.

[10] U.S. Bureau of Census, *U.S. Census of Population, 1960, General Social and Economic Characteristics*, (PC, 17C) Washington, D.C., U.S. Government Printing Office, 1962.

of age and over was probably high. Estimates were up-dated to 1962 by increasing them in proportion to the increase in total personal income in Iowa as estimated for the Business Census. The aggregate income for persons sixty years of age and over, by this procedure, was four and one-third million dollars in March of 1962. Thus, the amount of social provision for this age group appeared to be one-fourth of the total personal income. This figure could be compared to the proportion of "Government Transfer Payments to Persons" as part of "Personal Income" (all age groups) for the United States in 1961, which was 8 per cent.[11] In short about two-thirds of the older population in Linn County received some social provision, and the total amount of social provision was about one-fourth the total income for this age group.

The present study was oriented to community planning. Therefore, the question of transfer payments as part of income was not pursued. However, two or three points should be emphasized in regard to interpretation of the estimates given above. First, the estimates at first glance may be misleading about the amount of "welfare" activity for older people. As pointed out in a recent sample study of income, many of these payments were not "transfer payments" in the exact meaning of the term. The largest single program, Old Age and Survivor's Insurance, involved prior contributions and a transfer "over time."[12] The next largest program was the payment of Veterans Administration pensions and benefits. These were viewed as "earned" in some sense. Second, the relative magnitudes would have been quite different if it had been possible to use more age categories. After sixty, employment declines sharply with age. It is known that most recipients of Old Age Assistance were in their seventies. Amounts socially provided through different types of programs have been analyzed in Chapter III. The point here is that the aggregate amounts for social provisions and numbers of persons receiving them, could be interpreted as either large or small, depending on the value assumptions and the comparisons made.

---

[11] U.S. Bureau of the Census, *Statistical Abstract of the United States*, U.S. Government Printing Office, Washington, D.C., 1962.

[12] James N. Morgan et al., *Income and Welfare in the United Etates*, New York: McGraw Hill, 1962.

Chapter III
NUMBER OF PERSONS AND VOLUME OF PROVISION BY TYPE OF PROGRAM

Agencies and programs were classified by main function as described in Chapter I, "Methods of This Study." The total *amount* of provision was indicated in Table 3. The question of interest in this chapter is, "What *kind* of social provision does society invest in for older people?"

The disposition of effort among various kinds of socially sponsored functions, and the number of older people in Linn County who were affected by each, is shown in Table 7. Each of the categories in Table 7 was analyzed further and this analysis may be found on succeeding pages. Data from Table 7 should not be used to make comparisons or to draw conclusions unless the further analysis, the definitions of terms, and the methods of the study are first considered. The number of programs of each type is shown in parentheses.

TABLE 7

Persons, Payments, and Services by Main Functional Types of Programs for the Linn County Population Sixty Years of Age and Over, April, 1962

Functional Type of Program	Number of Persons[a]	Total Payments	Hours of Service Individual[b]	Hours of Service Group
Total	14,901	$1,110,400	1,280	2,254
Income and Employment (10)	14,090	1,058,000	512	2
Intramural Care (11)	266	51,300[c]	—	—
Community Health and Physical Rehabilitation (6)	209	1,000	408	634
Recreation and Leisure (3)	177	—	21	1,484
Counseling and Casework (8)	133	100	331	134
Personal Service (1)	26	[d]	8	—

[a] Duplicated count.

[b] Includes "Talking With Client," "Talking With Others On behalf of Client," and "Personal Services." The latter two categories combined are about one-third as large as "Talking With Client."

[c] Estimated cost of care, not direct payments to individuals.

[d] $1.00.

Income Maintenance and Employment

Income maintenance and employment programs were analyzed further by grouping the ten programs into three categories: those oriented toward employment; those providing assistance based on proven need; and those provid-

ing insurance and pension payments. These three subgroups are compared in Table 8.

TABLE 8

Persons, Payments, and Services under Income and Employment Programs, by Type of Program

Type of Program	Number of Persons	Total Payments	Hours of Service Individual	Hours of Service Group
Total	14,090	$1,058,000	512	2
Insurance and Pension (5)	12,999	981,100	190	—
Assistance (3)	965	76,900	264	2
Employment (2)	126	[a]	58	—

[a] $22.50 supplied under vocational rehabilitation.

The first category in Table 8, "Insurance and Pensions," includes the Old Age and Survivors Insurance[13] and the Unemployment Compensation insurance programs, pensions and compensation from Veterans Administration,[13] and estimates for Civil Service and Railroad Retirement payments. Unemployment Compensation payments were less than 1 per cent and VA pensions and compensation constituted about 12 per cent of the total payments. The estimated amounts for Civil Service and Railroad Retirement were about 10 per cent of the total payments. OASI benefits made up three-fourths of the income provided by the income maintenance and employment programs.

Under the Assistance category were the three locally administered public aid programs: Old Age Assistance, administered by the Linn County Department of Social Welfare; and the programs administered by the Overseer of the Poor and the Soldiers' Relief Commission. Over nine-tenths of the money and clients reported under Assistance were accounted for by the Old Age Assistance program. A substantial portion of the payments made by the Old Age Assistance program, about one-third in fact, were direct payments to physicians, hospitals, and nursing homes for medical services and care.

It is apparent that the ratio of amount of time invested to the amount of direct money payment is less with each succeeding type of provision. This reflects the fact that the types of programs are (reading from the top of Table 8) successively more individualized and problem-oriented in their administration.

Intramural Medical, Protective and Residential Care

Eleven institutions and facilities which admitted older people for care and treatment were included in this category. Many of these facilities were located outside of Linn County. The care provided ranged from hospital care

[13] Hereafter Old Age and Survivors Insurance will be referred to as OASI and Veterans Administration, as VA.

for an acute illness, through custodial care, to independent living in a retirement home. Because of this variation, the quantity of care reported in Table 7 was analyzed further by *level of care*. The heading "Hospital Care" in Table 9 includes community, state, and federal hospitals, both mental and general hospitals. The sources and limitations of these data were discussed in the preceding chapter, and that discussion will not be repeated here. The amount of care provided to older Linn County residents is shown in Table 9, by level of care provided.

TABLE 9

Persons Receiving Socially Provided Care, Days of Care, and Cost of Care, by Level of Care Provided

Level of Care	Number of Persons	Days of Care	Cost of Care
Total	266	6098	$51,300
Hospital Care (7)	144	2438	42,900
Minimal Hospital, Nursing and Custodial (3)	100	3000	6,400
Residential (1)	22	660	2,000

Over half the persons receiving care, and over four-fifths of the cost of care, were accounted for by the hospital care programs.

The cost of caring for older people in hospitals and institutions was very large in relation to the community's investment in community health services. If the cost of care from Table 9 is increased to allow for payments under public aid, the new total is over $70,000; which is over twenty times the total cost of community health and physical rehabilitation programs.

Several hundred older people in Linn County were in homes or institutions privately owned and operated. Although the bulk of care in such homes was not socially provided, these facilities were also included in the survey. The number of persons in facilities which were not part of the community's system of social provision is shown in Table 10.

TABLE 10

Number of Persons in Nursing and Custodial Care and Residential Housing Not Socially Provided

Type of Care	Number of Persons
Total	465
In Community Facilities (2)	73
In Proprietary Homes:	
Nursing (16)	262[a]
Custodial (12)	88
Board and Room (10)	42

[a] 121 of these persons had their care paid by public assistance.

Combining the totals in Tables 9 and 10, and excluding older people in residential housing, it appears that 600 to 620 Linn County residents, age sixty and over, were in continuing intramural care. The cost of that part of

intramural care paid through taxes or charitable contributions was about $70,000. The 1960 census indicated that about 3 per cent of older people were in institutional care, so it would appear that the proportion for Linn County was just slightly above the national average.

Community Health and Physical Rehabilitation

Eight programs were surveyed which provided health-related services but not medical treatment. Most of the programs were designed to serve people in their homes rather than in hospitals or clinics.

Two of the eight programs (city health department and the social service unit in one hospital) reported no direct service to older people during the month, so the activities of six programs are reported.

These six programs were divided into two groups offering essentially different types of services. The first group included two programs of public health nursing. The second group included no government programs but consisted of the social service unit of one hospital and the service programs of three voluntary health agencies oriented to specific medical problems such as cancer, hearing, or crippling conditions. The resulting distribution of social provision by type of agency is shown in Table 11.

TABLE 11

Persons, Payments, and Services under Community Health and Physical Rehabilitation Programs, by Type of Program

Type of Program	Number of Persons	Total Payments	Hours of Service	
			Individual	Group
Total	209	$1,000	408	634
Public Health Nursing Service (2)	143	—	311	—
Other Health Agencies (4)	66	1,000	97	634

The public health nursing services, as indicated in Table 11, were the only community health programs that gave a substantial amount of home care and home services around health problems to older people. Further, it was discovered that the public health nursing programs were the only programs under local sponsorship which directed a large share of their effort to older people. (See Chapter VII)

Recreation and Leisure Time

At the time of the survey, five different programs were included in the Recreation and Leisure Time category. However, two "Golden Age Club" programs were counted as one since both were under the auspices of the city Playground and Recreation Commission. One agency did not report, on the basis that names and ages were not known accurately. Therefore, three

programs are reported here. The data regarding persons participating and time spent were not analyzed in detail because these three programs were homogeneous in nature.

Most of the service by recreation and leisure time agencies was given under one of the three programs; over three-fourths the hours of group participation reported in Table 7 were accounted for by the city Playground and Recreation Commission.

In addition to the 1,484 hours of group service under recreation and leisure time agencies, another 770 hours of group service were reported in the survey. One hundred and thirty-four hours of group participation were reported in Table 7 under "Counseling and Casework" programs. Group participation under "Health and Physical Rehabilitation Programs" totaled 634 hours. The latter hours were reported by two different programs which were primarily health programs where group meetings were used for health education or recreation of patients under care.

Counseling and Casework

Programs included in this category range from such professionally staffed agencies as the Linn County Mental Health Center to the personal counseling provided by volunteers or paid workers under the American Legion and Salvation Army. These programs have the general purpose of helping individuals with their adjustment to personal problems, and the help was generally given on a "person-to-person" basis.

In the preliminary survey of community agencies, twelve programs offering this type of service were identified. Data are included from only eight of these agencies. Two agencies under church auspices reported no service to persons over sixty years of age. The other two programs not included were programs of voluntary associations for which reports were not obtained. Enough is known of their activities to be assured that even if data were provided from these sources, the picture presented in Table 12 would not be changed.

For purposes of further analysis, these eight programs were divided into three groups. The first group included the professionally staffed agencies (Mental Health Center and Family Service). The second group included several small programs with a basis in religion or in some voluntary association which offered individual counseling or information service. The third category included only one agency, the Linn County Services for the Aged. This agency provided a professional casework service but was shown separately because it was a new agency specifically designed to serve older people. It was largely supported by an NIMH grant in aging as a temporary teaching and demonstration project.

TABLE 12

Persons, Payments, and Services under Counseling and Casework Programs, by Type of Program

Type of Program	Clients Reported	Total Payments	Hours of Service Individual	Group
Total	133	$100	331	134
Counseling and Other (5)	105	100	90	134
Professional Casework (2)	6	—	7	—
"Services for the Aged" (1)	22	—	234	—

Analysis of Table 12 indicates that the effort put into personal counseling and adjustive service for older people by agencies having this function was almost negligible.

Personal Services

Personal services included help for older people with the activities of daily living such as transportation, letter writing, shopping, furnishing meals, shaving, and similar activities.

In the opinion of the writers, this kind of help is crucial for many older people and enables them to maintain independent living.

A total of about 160 hours of personal service was reported in the survey by twelve programs or agencies. The largest amounts (about twenty hours each) were reported by the American Legion and the Salvation Army.

In this study, only one program was located which had the primary purpose of providing "Personal Services." This program provided only eight hours of such service or one-twentieth of the total hours provided. The reason for the listing of this one program under the category was that it was the only program in Linn County that had as its main goal the organizing of such services.

Concluding Note

In this section of the report, data were analyzed to produce a profile by types of social provision. Amounts of money and services were shown by main function, or intent, of the various programs.

The overwhelming majority of effort was expended for income maintenance programs. Income or aid amounted to nine-tenths of total social provision. More surprising, perhaps, was the finding that the income maintenance and employment programs also accounted for almost half the total hours of direct *service* to individual older persons—more than the hours of service provided by programs having counseling or casework as their primary function. Two other comparisons were of particular interest. The first was the degree of reliance on the insurance principle for income maintenance in old age. This was dramatized by the fact that in Linn County the insurance and pension programs were over ten times the size of the assistance

(need-conditioned) programs. The second finding of particular interest was that although a great deal of concern has been expressed concerning re-employment or continued employment of older persons, the actual investment in employment programs was quite small. About $350 worth of employment counseling and aid were given through vocational rehabilitation and employment service programs. This may be compared to the expenditure of about one million dollars for income maintenance.

Health has been customarily ranked with income as a primary concern of older people themselves, as revealed in sample surveys.[14] In this chapter, it has been noted that some health costs were paid for by assistance programs, that there were a few community health programs, and that about 350 older people[15] were in intramural care. Total dollar value of these provisions was over $80,000 for the month, making health provisions next to income maintenance in size. The discrepancy between a large investment in intramural care (about $70,000) and the small amount of community health services provided (about $3,000) was especially marked. Many communities have been experimenting with such services as part-time hospital care, homemaking services, and disease prevention through clinics and educational programs—all designed to enable older people to live independently at home. In Linn County the only substantial service of this type was the public health nursing service. The investment of about $1,500 in public health nursing was small in relation to the cost of institutional care.

The variety of programs and levels of service in the health area makes for a special problem in coordination. This problem is discussed in more detail in the final chapter of this study.

The survey included eight programs with a primary function of providing psychotherapy, casework treatment, and counseling on an individual basis. It would appear that agencies and programs with this function are not oriented to older persons. As reported, programs in this group accounted for only 26 per cent of the total hours spent "talking to clients" and "talking to others on behalf of clients." More hours of this type of activity were reported by income and employment programs and community health programs than by the counseling and casework programs. Furthermore, 71 per cent of the hours of service by the counseling and casework programs was reported by a new agency in the community specifically designed to serve older people and having only one professional staff member.

Fewer than 200 of the approximately 20,000 older persons in Linn County participated in recreation and leisure time programs during the month. Per-

---

[14] E.g., Iowa Commission for Senior Citizens, *Life After Sixty in Iowa,* op. cit.

[15] 244 persons were under care in socially sponsored institutions and hospitals and 121 were in proprietary homes with the cost paid by public assistance.

sons who were involved spent an average of about eight hours in socially provided group activities. There has been almost no research in this area and therefore information is not available about the participation of older people in commercial recreation or involvement of other age groups in socially sponsored recreation. Therefore, meaningful comparisons could not be made to help interpret the data.

"Personal Service" was very small in amount, usually offered incidentally to their main purpose or function by voluntary or religious organizations in the county.

Chapter IV
NUMBER OF PERSONS AND VOLUME OF PROVISION, BY AUSPICES OF PROGRAM

Auspices for this study was defined as the organization or institution through which a program was originally authorized and given social sanction, and which continues to make policy. Primary financial responsibility usually was carried by the same organization or institution which authorized the program. Mercy Hospital was a typical exception; being under church auspices even though a large part of its income was not provided through the church. State institutions such as the Mental Health Institute at Independence are classified under "State Government" auspices, since they were established by the Iowa Code and are administered by the state Board of Control, even though the cost of care for patients from Linn County is charged back to the county. In the case of certain county programs, such as the County Home or Soldiers Relief, it is important to note that counties are the creatures of state government and that such programs are authorized by the Iowa Code. These programs were nevertheless considered as "County Government" programs because the County Board of Supervisors has effective control and the programs are wholly financed by county taxes. The county Department of Social Welfare, however, was listed under "Multiple Government" auspices. All three levels of government have a voice in policy

TABLE 13

Number of Older Persons, Payments, and Hours of Service, by Auspices of Program, Linn County, April, 1962

Auspices	Number of Persons[a]	Estimated Total Cost	Money Payments[b]	Hours of Service	
				Individual	Group
Total	14,901	$1,117,900	$1,110,400	1,280	2,254
Government:	14,521	1,110,500	1,105,800	821	1,154
Federal (8)	12,974	994,900	994,500	67	—
State (7)	316	29,500	28,600	187	—
County (4)	202	11,100	10,400	149	2
City (1)	105	700	—	14	1,152
Multiple (2)	924	74,300	72,300	404	—
Nongovernmental:	380	7,400	4,600	459	1,100
Sectarian (6)	67	2,600	1,900	65	704
Nonsectarian (12)	313	4,800	2,700	394	396

[a] Duplicated count: About 15 per cent too high in most categories.

[b] Includes about $50,000 estimated cost of care provided and about $5,000 relief "in kind."

formation and all three levels contribute substantially to the cost of the public assistance programs under the Social Security Act. Linn County Services for the Aged was the only other program under the "Multiple Government" category. The volume of provision by auspices of program is shown in Table 13.

In terms of volume of money payments and care, governmental programs provided two hundred times as much income and care as voluntary agencies, and affect over thirty times as many people. It is only in the areas of services to individuals and groups that the division is more even. However, the estimated cost of services given under governmental auspices are still almost twice as great as those given under voluntary auspices.

It has been known from other studies and surveys that the volume of provision of voluntary programs for the total population was not as small in relation to public provision as was found for older people in Linn County.[16] Since Linn County is not greatly different from other communities in the level of voluntary health and welfare services, it would seem that voluntary health and welfare services have given relatively little attention to the needs of older people.

The distribution of costs under different auspices for each type of program is shown in Table 14. The figures in Table 14 are based on total estimated

TABLE 14

Total Estimated Cost of Social Provision under Different Types of Programs and the Percentage of Cost Provided Through Different Auspices

Type of Program	Total	Voluntary	Total	Governmental		
				Federal	State[a]	Local[b]
Total	($1,117,866)	1%	99%	89%	9%	1%
Income and Employment	100%	—	100			
	($1,060,552)			92	7	1
Intramural Care	100%	7	93			
	($51,260)			37	45	11
Community Health and Rehabilitation	100%	92	8			
	($3,326)			—	—	8
Counseling and Casework	100%	35	65			
	($1,843)			2	63	—
Recreation and Leisure	100%	23	77			
	($846)			—	—	77
Personal Service	100%	100	—			
	($39)			—	—	—

[a] Includes both "State" and "Multiple Government" from Table 13.
[b] Includes both "County" and "City" from Table 13.

---

[16] Annual reports on total welfare expenditures in the *Social Security Bulletin* and periodic "Total Expenditure" studies in selected cities reported by United Community Funds and Councils of America.

costs of social provision, including the cost of care and estimated cost of service to individuals and groups.

All income and employment programs were under governmental auspices. Governmental responsibility for income maintenance has been recognized for years, but this analysis reveals the extent to which the *federal* government provides income for older people. Income maintenance programs under federal auspices accounted for 87 per cent of the total volume of social provision of all kinds found in this study.

That prime responsibility for institutional care for older persons was placed under state governmental auspices is also indicated in Table 14.

Only about one-quarter of the total volume of casework and counseling was performed by programs having casework and counseling as their main function. Because of the small volume of casework and counseling services given by agencies with this function, the activities of one new demonstration agency in the community which was under state auspices was responsible for the high proportion, 63 per cent of casework and counseling services, being given under state governmental auspices.

Community health and rehabilitation programs were the only programs under voluntary auspices giving a substantial service to older people. As noted above, the bulk of this service was given by the two public health nursing programs.

In summary, data presented in this chapter have indicated that in Linn County responsibility for social provision to older people appears to be overwhelmingly a governmental responsibility. This was true even in areas such as counseling and recreation services which have sometimes been thought to be the responsibility of voluntary agencies. Further, federal programs provided the overwhelming majority of services, not only in terms of volume but also in the numbers of persons affected. Income maintenance constituted 95 per cent of all provision and federal programs provided over nine-tenths of income maintenance. Intramural care accounted for most of the other 5 per cent of provision. Even though such care has usually been thought of as a state and local responsibility, federal programs accounted for one-third the dollar volume.

This pattern of social provision for older persons differs from the general profile of social provision for the total population, for which more voluntary and local responsibility is assumed.

Chapter V
PATTERNS OF JOINT RECEIPT OF ASSISTANCE AND SERVICES

The coordination and integration of welfare services for their citizens has been an ever-present problem facing communities. Important questions have been raised in the health and welfare fields by the St. Paul study conducted by Community Research Associates. Findings of the St. Paul study were interpreted as showing that 6 per cent of the families in the community were "multi-problem" families and that, "they absorb a large part of the time, service, and money expended by assistance, health, and adjustment agencies."[17] Coordination and integration have been identified as major problem areas in planning adequate provision for the needs of older people.[18] What needs of older people are being met and by whom? How are older persons using the services provided by the community? Is there a small group of older persons who absorb the bulk of social provision for older people in the community? One test or measure of use and coordination is the pattern of joint receipt of goods and services by older people at any given period of time.

In the analysis of joint receipt of service two additions have been made to the group of older persons who have been considered in this study up to this point. Four hundred sixty-five persons receiving care which was *not* socially provided were included, as were thirty-two older persons who were participants in group activities sponsored by a union, Meatpackers' Local Number 3. These additions were made in order to provide as complete a base as possible for the analysis of the joint receipt of income, care, and service.

The number of persons receiving material aid or services from more than one program and the amount of *material aid* received is shown in Table 15.

---

[17] Bradley Buell and Associates, *Community Planning for Human Services*, New York: Columbia University Press, 1952, p. 145. Since forms, procedures, and basic data are not given by Buell, it is impossible to know the exact meaning of the claim that ". . . these families . . . absorb a large part of the time, service, and money. . . ."

[18] For example, see Committee on Labor and Public Welfare, U.S. Senate, *A Survey of Major Problems and Solutions in the Field of the Aged and the Aging*, Washington, D.C.: U.S.G.P.O., 1959.

TABLE 15

Persons Receiving Social Provision from More than One Program, and the Amount of Income Received

Number of Programs	Persons Reported		Amount of Income and Aid	
	Number	Per Cent	Amount	Per Cent
Total	12,368[a]	100.0	$952,876.55[b]	100.0
1 Program	10,450	84.5	832,354.28	87.3
2 Programs	1,731	14.0	106,418.84	11.2
3 Programs	173	1.4	13,098.82	1.4
4 Programs	12	0.1	827.71	0.1
5 Programs	2		176.90	

[a] Unduplicated total count of older persons, excluding the estimates for Railroad and Civil Service Retirement.

[b] Excludes estimated amounts for Railroad and Civil Service Retirement, also estimated cost of intramural care.

Of the 12,368 different older persons who received social provision, 15.5 per cent were recipients from more than one program. The 15.5 per cent of the older persons who were recipients from more than one program received only 12.7 per cent of the total income and aid which was received by the total group of recipients. It is equally interesting to note that 98.5 per cent of the older persons were recipients from one or two programs or agencies, and that only 185 older persons, or 1.5 per cent of the group, received income, care, or service from more than two sources. The significance of this fact will become more apparent as patterns of receipt are examined in more detail.

The amount of service and care received by the persons receiving social provision from more than one program is shown in Table 16. The amount of care and service is shown as a percentage of the total amount of care and service which was given.

TABLE 16

Percentage of Total Service and Care Received, by Persons Receiving Benefits from More Than One Program

Number of Programs	Persons Reported	Socially Provided Services				Socially Provided Care
		Individuals	Others	Personal Help	Group	
Total	12,368	962.7 (hours)	158.6 (hours)	157.8 (hours)	2,253.8 (hours)	18,091 (days)
Total Per Cent	100.0	100	100	100	100	100
1 Program	84.5	50	28	62	31	42
2 Programs	14.0	30	43	22	43	42
3 Programs	1.4	14	25	12	24	15
4 Programs	0.1	4	2	2	2	1
5 Programs		2	2	2	—	—

Older persons who were known to more than one program received well over one-half of the total services and the days of care received by persons over age sixty. Because of the relatively small total amount and the diverse nature of the service given one cannot conclude, without further examination, that there is a concentration of effort on a small proportion of older persons. However, the pattern shown for receipt of socially provided income does not hold for receipt of service and care.

In order to understand the pattern of joint receipt more fully, an analysis was made of the use of other agencies and programs by the older people who received income from each of the three major income maintenance programs, Old Age and Survivors Insurance, Veterans Administration pensions and compensation, and Old Age Assistance which is administered by the Linn County Department of Social Welfare.

Old Age and Survivors Insurance

As can be seen in Table 17, 15.7 per cent of the persons who received benefits from OASI also received benefits from other agencies and programs.

TABLE 17

Persons Receiving Benefits from OASI, and Income, Care, or Service from Other Agencies or Programs

	Number	Per Cent
Total	10,666	100.0
1 Program (OASI)	8,989	84.3
2 Programs	1,509	14.2
3 Programs	155	1.4
4 Programs	11	0.1
5 Programs	2	

Although the percentage of multiple receivers in the OASI program was relatively low, the 1,677 older persons who received OASI benefits as well as income, services, and care from other programs constituted 87.4 per cent of all the older joint receivers in the community. It was obvious that receipt of OASI benefits was an important factor in the total joint receipt pattern for older persons in Linn County.

A total of 1,509 persons in Linn County receiving OASI benefits received income, care, or service from one additional program or agency. The nature and distribution of this income, care, or service is explained in Table 18 and the discussion which follows.

TABLE 18

Persons Receiving OASI Benefits and Income, Care, or Service from One Additional Agency or Program

	Number	Per Cent
Total	1,509	100.0
Veterans Administration	975	64.6
Public Assistance Agencies	234	15.5
Care	113	7.5
Group and Recreation Services	91	6.0
Individual Services	80	5.3
Unemployment Compensation	12	0.8
Other or Unknown	4	0.3

Nine hundred seventy-five older persons, 65 per cent of those receiving OASI benefits who were known to other agencies and programs, received pensions or compensation from the VA.

The 113 older persons who were receiving OASI benefits and care constituted 27.7 per cent of all older persons receiving care. Most of these older persons were in group living arrangements as follows: Methwick Manor, twenty-three; Linn County Home, ten; Independence Mental Health Institute, eight; Home for Aged Women, seven; and Hallmar, seven. Forty-one older persons were in licensed nursing homes, sixteen older persons were in licensed custodial homes, and three persons were in board and room establishments.

The ninety-one older persons receiving OASI benefits who used group and recreation services constituted 51 per cent of all older persons who used group services. Practically all of these older persons used the community group recreation agencies.

TABLE 19

Persons Receiving OASI Benefits and Individual Service, by Source of Service and Average Amounts of Service Received

Agency Giving Service	Number	Average Time (minutes)
Total	80	
Public Health Nursing Association and County Public Health Nurses	23	184
Iowa State Employment Service	19	42
Linn County Department of Social Welfare	11[a]	80
American Legion	10	51
Services for the Aged	7	156
Cedar Rapids Hearing Society	4	188
Division of Vocation Rehabilitation	2	45
Mental Health Center	2	53
Family Service	1	30
St. Luke's Hospital Volunteers	1	45

[a] Received services but no financial assistance.

IOWA STATE TRAVELING LIBRARY
DES MOINES, IOWA

The individual services used by the eighty older persons who were receiving OASI, and the extent of their use, is shown in Table 19. In addition, thirty-one older persons who received Old Age Assistance grants received an average of thirty-seven minutes of individual service from the Linn County Department of Social Welfare. Six older persons received an average of about thirty minutes of services from the OASI program, and two older persons received an average of thirty minutes of individual service from the VA.

As was indicated in Table 17, approximately 1½ per cent of the OASI recipients were recipients from three agencies or programs. The patterns of receipt for those 155 older persons who received OASI benefits and income, care, or services from two other agencies is shown in Table 20.

TABLE 20

Persons Receiving OASI Benefits and Income, Care, or Service from Two Additional Agencies or Programs

Total	155
Care and Assistance	52
Individual Services and Veterans Administration	26
Care and Individual Services	13
Veterans Administration and Group Services	10
Care and Veterans Administration	8
Individual Service and Assistance	8
Individual Service and Unemployment Compensation	8
Care and Group Service	6
Assistance and Group Service	6
Veterans Administration and Unemployment Compensation	4
Veterans Administration and Assistance	4
Individual Service and Group Service	3
Group Service (2 agencies or programs)	3
Other combinations	4

Eighty older persons, 52 per cent of the group receiving OASI benefits and the benefits of two other agencies or programs, were receiving socially provided care as one of these other benefits. Fifty-two of these older persons were receiving public assistance in conjunction with OASI benefits and care. Thirteen older persons were receiving individual service and care, and six persons were receiving group service and care as well as OASI benefits. The individual service which was received by this group was of two types: rather intensive service by the public health nurses, or rather brief visits from volunteers from the American Red Cross. Ten of the thirteen older persons receiving this individual service were receiving their care in the Linn County Home. The group services received were provided by the social

service and volunteers of St. Luke's Hospital for residents of the geriatric section of that hospital.

Forty-two older people, or 27 per cent of the group receiving OASI benefits and the benefits of two other agencies or programs, were receiving income from the VA, a public assistance agency, or unemployment compensation as well as individual service from a third agency. About three-quarters of these older persons were receiving brief individual services (an average of less than sixty minutes) from Iowa State Employment Service, American Legion, or American Red Cross in conjunction with income benefits chiefly from the VA or unemployment compensation. The remaining 25 per cent of the group were receiving more extended services (an average of 180 minutes) from public health nurses and were receiving public assistance.

All but one of the thirteen older persons who received benefits from four or five sources were receiving their benefits around a combination of economic and health problems. Nine persons were receiving income from more than one source in combination with services always including public health nursing service. Three persons were receiving OASI benefits, visitation services from American Red Cross volunteers, and public health nursing services in the Linn County Home. The remaining person received benefits from OASI and the VA and attended group meetings for older persons at two different agencies.

Veterans Administration

A gross inspection of Table 21 indicates that the vast majority of older

TABLE 21

Persons Receiving Benefits from Veterans Administration and Income, Care, or Service from Other Agencies or Programs

	Number	Per Cent
Total	1,442	100.0
1 Program (VA)	381	26.3
2 Programs	1,002	69.5
3 Programs	55	3.9
4 Programs	3	0.3
5 Programs	1	

persons who received benefits from the Veterans Administration also received income, service, or care from additional agencies and programs, and in this respect as a group differ from the older persons receiving benefits from OASI. The main difference was in the proportion of the group who received benefits from two sources: 69.5 per cent of the VA recipients as compared with 14.2 per cent of the OASI recipients.

TABLE 22

Persons Receiving Benefits from Veterans Administration and Income, Care, or Service from One Additional Agency or Program

	Number	Per Cent
Total	1,002	100.0
OASI	975	97.3
Individual Service	13	1.3
Assistance	6	0.6
Care	4	0.4
Group and Recreation Service	3	0.4
Unemployment Compensation	1	

Of the 1,002 persons receiving benefits from the VA and another source, 975 persons, or 97.3 per cent, received benefits from the OASI programs. Only twenty-seven older persons in this group received benefits from sources other than the OASI program. Of these twenty-seven persons, thirteen received individual service, eleven of the thirteen receiving brief service from the American Legion or American Red Cross. Two persons received more extended service from the Public Health Nursing Association. Of the balance of the twenty-seven recipients of VA benefits who were not receiving benefits from OASI, six persons were receiving public assistance, four persons were receiving care, and three persons participated in group services.

TABLE 23

Persons Receiving Benefits from Veterans Administration and Income, Care, or Service from Two Additional Agencies or Programs

Total	55
OASI and Individual Service	26
OASI and Group and Recreational Service	11
OASI and Care	9
OASI and Unemployment Compensation	4
OASI and Assistance	2
Assistance and Care	2
Unemployment Compensation and Individual Service	1

The pattern of receipt of service of the persons who received benefits from the VA and two other sources was similar, in many respects, to those veterans who were in receipt from one additional source. Fifty-two of the fifty-five older persons receiving VA benefits who were triple recipients received OASI benefits as one additional source of receipt. Of the fifty-five older persons in the "triple receipt" category, twenty-six older persons, or nearly one-half of the triple recipients, received benefits from the VA, OASI, and individual services from an additional agency. Twenty of these twenty-

six older persons received brief services (average forty minutes) from the American Legion or American Red Cross; three older persons received more extended services (average 338 minutes) from public health nurses; and two older persons received individual services of the Iowa State Employment Service.

The next largest group of triple recipients, eleven older persons, received benefits from the VA, OASI, and group services. Nine older persons received care and four older persons received unemployment compensation benefits in addition to their benefits from the VA and OASI.

In conclusion, the four older persons who were recipients from four or five sources will be described. One man received $20 from the VA, OASI benefits, $11.82 unemployment compensation, and a $23.50 Old Age Assistance grant. Another man received $70 from the VA, OASI benefits, $15.42 unemployment compensation, and sixty minutes of individual service from the Iowa State Employment Service. A third man received $75 from the VA, OASI benefits, and was a member of two groups sponsored by different agencies. The recipient from five sources was a man receiving $146 from the VA, OASI benefits, individual service from the Services for the Aged and Public Health Nursing Association of approximately 22 hours, and was a member of a group activity.

Old Age Assistance

The extent of multiple receipt of assistance, care, or service for persons receiving Old Age Assistance is shown in Table 24.

TABLE 24

Persons Receiving Old Age Assistance and Income, Care, or Service from Other Agencies or Programs

	Number	Per Cent
Total	902	100.0
1 Program (Old Age Assistance)	438	48.5
2 Programs	378	41.9
3 Programs	79	8.8
4 Programs	6	0.8
5 Programs	1	

More than one-half of the persons receiving Old Age Assistance were known to other programs. The nature of the benefits received for the persons receiving income, services, or care from two and three different sources are shown in Tables 25 and 26.

TABLE 25

Persons Receiving Old Age Assistance and Income, Care, or Service from One Additional Agency or Program

	Number		Per Cent
Total	378		100.0
OASI	228		60.3
Care	121		32 0
Licensed Nursing Homes		76	
Licensed Custodial Homes		31	
Board and Room		9	
Protective Care		5	
Individual Service	14		3.7
Group and Recreation Service	6		1.6
Other Assistance	5		1.3
Veterans Administration	4		1.1

TABLE 26

Persons Receiving Old Age Assistance and Income, Care, or Service from Two Additional Agencies or Programs

Total	79
OASI and Care	51
OASI and Individual Service	7
Individual Service and Care	7
OASI and Group and Recreational Service	5
Other Assistance and Care	3
Individual Service from Two Sources	2
Veterans Administration and Care	1
Group and Recreational Service and Care	1
OASI and Other Assistance	1
OASI and Veterans Administration	1

Two important facts seem evident in analyzing the joint receipt pattern of Old Age Assistance recipients as shown in Tables 25 and 26. The first is the extent of overlap with the OASI program. Two hundred twenty-eight persons, or over 60 per cent of the persons who were beneficiaries of one program in addition to Old Age Assistance, received OASI benefits; and sixty-five persons, over 82 per cent of the persons receiving benefits from two programs in addition to Old Age Assistance, received OASI benefits as one of the additional sources.

The second significant factor is the importance of nursing, custodial, or other kinds of care in combination with the receipt of Old Age Assistance. One hundred twenty-one, or 32 per cent of the persons who were beneficiaries of one program in addition to Old Age Assistance, were receiving such care;

and sixty-three persons, or nearly 80 per cent of the persons receiving benefits from two programs in addition to Old Age Assistance, were receiving care as one of the additional benefits. There were only two Old Age Assistance recipients who were beneficiaries of three programs who were not receiving either OASI benefits or care. In fact, there were only thirty-one persons, less than 7 per cent of the Old Age Assistance recipients, receiving other benefits of any nature, who were not receiving OASI benefits or care.

Individual service from sources outside the Department of Social Welfare was a minor part of the pattern of joint receipt for the Old Age Assistance recipients.[19] Only thirty-four of the 464 Old Age Assistance recipients who were joint receivers received individual services from other agencies. These Old Age Assistance recipients who received individual services constituted a little over 7 per cent of the joint receivers and less than 4 per cent of the total Old Age Assistance caseload. The individual service provided by other agencies was provided almost entirely by the public health nurses (twenty-nine persons averaging approximately one hour, thirty minutes) and by the Services for the Aged (seven persons averaging slightly over three hours, fifty minutes).[20]

Group and recreation services were used by only thirteen Old Age Assistance recipients, constituting less than 3 per cent of those receiving benefits from more than one agency and between 1 and 2 per cent of the Old Age Assistance caseload.

The amount of Old Age Assistance grants gives some indication of variations in relative volume of income received in relation to different patterns of multiple receipt of social provision, because the amount of each grant is determined by the individual needs and income for each recipient. The average Old Age Assistance grants for those recipients who were receiving one additional benefit in addition to their grant are shown in Table 27.

Any analysis of average grants for recipients from two or more sources in addition to Old Age Assistance is difficult because of the small number of persons in each category. However, a sufficient number of older persons received OASI benefits and care to examine this group. The average Old Age

---

[19] One hundred fifteen of the 464 Old Age Assistance recipients who were joint receivers, approximately 25 per cent of the group, received an average of 45 minutes of individual service from the Department of Social Welfare.

[20] In addition, seven out of the fourteen persons who received Other Assistance received an average of two hours, forty-five minutes of individual service from the agencies giving the assistance.

TABLE 27

Average Old Age Assistance Grants for Those Recipients Receiving Income, Care, or Service from One Additional Source, by Type of Additional Benefit Received

Type of Benefit	Average Old Age Assistance Grant
OASI	$ 53.09
Veterans Administration	28.13
Other Assistance	79.78
Care	
Licensed Nursing	153.63
Licensed Custodial	125.58
Board and Room	102.86
Protective	52.92
Individual Services[a]	97.45
Group and Recreational Services	77.12

[a] All received visiting nursing service.

Assistance grant for persons in licensed nursing homes was $119.50; for persons in licensed custodial homes, $79.27; and for persons in board and room homes, $56.24; in addition to the OASI benefits.

Other Joint Recipients

All but forty-seven of the older persons who were joint recipients of income, care, and service were included in the analysis of the three major income maintenance programs. Only two of these forty-seven persons were recipients from more than two programs. Of the forty-five persons who were recipients from two programs, thirty-one received individual service, twenty-five received care, twelve received unemployment compensation, ten received assistance, and eight received group and recreational service as one of the two benefits received.

One-third of this group, fifteen persons, received a combination of individual service and care. Fourteen of these fifteen persons were residents of the Linn County Home, ten of whom received an average of slightly under twenty minutes service from the American Red Cross. The remaining four persons received about two hours of service from the public health nurses.

Nine persons, 20 per cent of the group, received unemployment compensation and individual service averaging thirty minutes per person from the Iowa State Employment Service.

Five persons, about 11 per cent of the group, received assistance from the general relief and soldiers' relief programs and received an average of approximately five hours of individual service from the visiting nurses.

Concluding Note

A few general statements can be made on the basis of the material presented.

A combination of income maintenance from various sources accounted for the multiple receipt pattern for the vast majority of older persons who were multiple recipients. Of the income maintenance programs, the OASI program was the dominant factor in the pattern of joint receipt. A smaller group of older persons received income maintenance in combination with care. Still smaller groups received income maintenance in combination with individual services or group and recreational services. The number of older persons receiving a combination of services or care and no income maintenance was negligible.

The pattern of joint receipt by VA beneficiaries was somewhat different from the pattern for the other large income maintenance programs. Except for the large area of overlap between VA and OASI beneficiaries, relatively few VA beneficiaries were known to other agencies or programs.

A greater proportion of the Old Age Assistance recipients were receiving care than were beneficiaries of any other income maintenance program. In fact, the majority of older persons receiving Old Age Assistance grants were receiving OASI benefits, care, or both.

As was mentioned, individual service was a minor part of the pattern of joint receipt for older persons. The service which was received was of two general types: (1) relatively short contacts around employment, availability of agency benefits, eligibility for agency assistance, or friendly visiting in an institution; and (2) relatively long periods of service by a visiting nurse, or in a few instances, by a social worker from Services for the Aged.

Group and recreation services also constituted a minor part of the pattern of joint receipt by older persons, being used more by OASI beneficiaries and very little by the beneficiaries of VA and Old Age Assistance.

As to the question whether a few older persons are receiving a disproportionate share of income, care, and services, on the basis of this cross-sectional analysis of joint receipt for one month, the answer seems to be emphatically in the negative. The joint receivers do not receive their proportionate share of socially provided income. For many persons who receive care, the care is paid for, in the main, by the socially provided income which they receive. A few older persons receive nursing service in amounts greater than brief contacts, but in face of the widespread health problems which were indicated in various parts of this study, this nursing service could hardly be called disproportionate. Rather, one should question what is disproportionate, adequate, or inadequate. In view of the prevalence of health problems and the problems of isolation and loneliness among older persons, one would

TABLE 27

Average Old Age Assistance Grants for Those Recipients Receiving Income, Care, or Service from One Additional Source, by Type of Additional Benefit Received

Type of Benefit	Average Old Age Assistance Grant
OASI	$ 53.09
Veterans Administration	28.13
Other Assistance	79.78
Care	
Licensed Nursing	153.63
Licensed Custodial	125.58
Board and Room	102.86
Protective	52.92
Individual Services[a]	97.45
Group and Recreational Services	77.12

[a] All received visiting nursing service.

Assistance grant for persons in licensed nursing homes was $119.50; for persons in licensed custodial homes, $79.27; and for persons in board and room homes, $56.24; in addition to the OASI benefits.

Other Joint Recipients

All but forty-seven of the older persons who were joint recipients of income, care, and service were included in the analysis of the three major income maintenance programs. Only two of these forty-seven persons were recipients from more than two programs. Of the forty-five persons who were recipients from two programs, thirty-one received individual service, twenty-five received care, twelve received unemployment compensation, ten received assistance, and eight received group and recreational service as one of the two benefits received.

One-third of this group, fifteen persons, received a combination of individual service and care. Fourteen of these fifteen persons were residents of the Linn County Home, ten of whom received an average of slightly under twenty minutes service from the American Red Cross. The remaining four persons received about two hours of service from the public health nurses.

Nine persons, 20 per cent of the group, received unemployment compensation and individual service averaging thirty minutes per person from the Iowa State Employment Service.

Five persons, about 11 per cent of the group, received assistance from the general relief and soldiers' relief programs and received an average of approximately five hours of individual service from the visiting nurses.

Concluding Note

A few general statements can be made on the basis of the material presented.

A combination of income maintenance from various sources accounted for the multiple receipt pattern for the vast majority of older persons who were multiple recipients. Of the income maintenance programs, the OASI program was the dominant factor in the pattern of joint receipt. A smaller group of older persons received income maintenance in combination with care. Still smaller groups received income maintenance in combination with individual services or group and recreational services. The number of older persons receiving a combination of services or care and no income maintenance was negligible.

The pattern of joint receipt by VA beneficiaries was somewhat different from the pattern for the other large income maintenance programs. Except for the large area of overlap between VA and OASI beneficiaries, relatively few VA beneficiaries were known to other agencies or programs.

A greater proportion of the Old Age Assistance recipients were receiving care than were beneficiaries of any other income maintenance program. In fact, the majority of older persons receiving Old Age Assistance grants were receiving OASI benefits, care, or both.

As was mentioned, individual service was a minor part of the pattern of joint receipt for older persons. The service which was received was of two general types: (1) relatively short contacts around employment, availability of agency benefits, eligibility for agency assistance, or friendly visiting in an institution; and (2) relatively long periods of service by a visiting nurse, or in a few instances, by a social worker from Services for the Aged.

Group and recreation services also constituted a minor part of the pattern of joint receipt by older persons, being used more by OASI beneficiaries and very little by the beneficiaries of VA and Old Age Assistance.

As to the question whether a few older persons are receiving a disproportionate share of income, care, and services, on the basis of this cross-sectional analysis of joint receipt for one month, the answer seems to be emphatically in the negative. The joint receivers do not receive their proportionate share of socially provided income. For many persons who receive care, the care is paid for, in the main, by the socially provided income which they receive. A few older persons receive nursing service in amounts greater than brief contacts, but in face of the widespread health problems which were indicated in various parts of this study, this nursing service could hardly be called disproportionate. Rather, one should question what is disproportionate, adequate, or inadequate. In view of the prevalence of health problems and the problems of isolation and loneliness among older persons, one would

need to emphasize the number of older persons in care who received no individual or group service. One would emphasize that virtually no older persons who were not in care received any kind of individual service except the few who received service for health and income maintenance problems. Services for family and personal problems, and for the problems other than financial associated with independent living in their own homes, seemed to be almost completely lacking.

Chapter VI
PROVISIONS FOR OLDER PEOPLE THROUGH MEMBERSHIP GROUPS

Findings about amounts and types of social provision through organized and socially sanctioned programs, available to most of the population who qualify for them, were presented in the previous four chapters. Social provision is of course only a fraction of the goods and services received by older people. The individual's claim to goods and services is more commonly made through the economic system, or may be based on his membership in an organization of some sort.

For example, the older person may receive pay for his present work in a factory, or a pension for his past work. He receives affection, attention, and sometimes personal help or money from other family members. Similar exchanges take place according to more or less well-defined rules in the church, labor union, the voluntary association, lodge, or civic club. It was beyond the scope of this study to identify and measure the amounts of "privately provided" goods and services. Nevertheless, an attempt was made to assess the extent and type of such "private provisions" as were *especially* designed for older persons. The authors recognized that these special programs were only a fraction of the total benefits accruing to older people from their social participation.

Churches

There were about one hundred churches in the Cedar Rapids-Marion urbanized area, and about twenty-five other churches in Linn County outside of that area. Names and addresses of most of the churches were obtained through the cooperation of the Cedar Rapids-Marion area of Council of Churches and other names were obtained from the telephone directories. A letter of inquiry was circulated to all churches, and followed up by visits or phone calls when feasible. The form letter described the study and asked for information about "any *services* or *activities* which were designed *especially* for older people."

It was possible to talk to representatives (usually pastors) of forty-nine churches, and, in addition, seven letters were received in response to the inquiry. In other words, some information was available for fifty-six, or almost half, the churches in the county.

A total of ninety-seven activities or services were reported for thirty-eight churches. No specially designed activity was reported for the other eighteen

churches. It was possible to organize the ninety-seven activities into several broad categories, as listed in the following tabulation:

Visitation by Pastor or Others:	45
Special Planning to Make Religious Services Available:	
Within the church	31
To shut-ins	10
Personal Help and Services	6
Other	5

"Visitation by the Pastor and Others" was the most common special activity by churches for older persons. About fifteen churches mentioned visiting by pastors to individuals or groups in "homes." The others reported visitation by church members, by young people's groups, or the choir or other church groups. While it was not clear in many instances whether such visiting was confined to members of a particular church, it would appear that this was true in the majority of reports. However, there were about a dozen reports that indicated clearly that the visiting was done in a nursing home or old people's home and was not confined to members of some one congregation.

"Special Planning to Make Religious Services Available Within the Church" includes primarily special Sunday School classes (thirteen) and provision of transportation (twelve). In addition, there was mention of ramps built into the church and of special services or dinners for older people. Of the ten reports of efforts to make religious services available to shut-ins, eight involved occasional church services held in old people's homes or the county home. Several mentioned the frequency of such services as being about once a year. The other two instances under this category were the use of a tape recorder to record services. The recordings were then delivered to those unable to attend church, primarily older persons.

The category "Personal Services" included two reports of taking meals to a few older people in their own homes. One church group did yard work and other chores for older people who needed the help. Three churches reported "mission groups" which gave personal help to people in need regardless of age.

In addition to the activities mentioned previously, five other activities were noted. There were two reports of helping to support homes for the aged, and one church planned to build such a home. One congregation had tried unsuccessfully to organize a Golden Age Club, while another church had made space available for such a club in the past and would do so again if requested.

Although this review has been incomplete, it does seem to indicate that the special provision for older people through church programs is small. If

true, this puts more emphasis on the question: to what extent do older people participate in all the on-going church activities? This question is particularly important since the church is the one community organization to which most older people belong. There have been beginnings of empirical research on this and related questions, but the authors know of no research reports with which the findings reported here would be comparable.[21]

Adult Education Programs

Adult education endeavors in Linn County at the time of the survey included nine programs offered by the different public schools and the evening college program of Coe College. No exact figures were available since the final enrollment figures were not available at the time of the study and since no record was made by age. However, an investigator talked with the county superintendent of schools and three other school superintendents, as well as to the person responsible for the program at Coe College. Since most of the enrollment was accounted for by the classes in Cedar Rapids, instructors of a number of courses in that program were interviewed.

During the academic year of 1960-1961, almost 3,000 individuals were enrolled in the nine public school programs. Over 2,500 of those were enrolled in Cedar Rapids. The director of the program for Cedar Rapids guessed that perhaps twenty-five persons sixty years of age or over were enrolled in the Cedar Rapids courses in April of 1962. However, none of the instructors interviewed knew of any adults over sixty years of age in their specific courses.

Superintendents of three small-town schools were interviewed. These three schools had a total enrollment of about 270 adults. It was thought that in two of these towns there were about ten adults over sixty enrolled. Seven older women were reported as having taken courses in home economics and painting. Three men had enrolled in an agriculture refresher course. In a fourth rural school system there were about ninety adult students, with none thought to be over sixty years of age.

One person over sixty was enrolled in the evening college program at Coe College.

In summary, it would appear reasonably safe to say that 1 per cent or less of about 3,000 adult education students in Linn County were over sixty years of age.

It has been noted that most adult education courses have been designed to help employed persons advance in their jobs or to teach leisure-time activi-

---

[21] Research on church participation of older people is reviewed in Robert M. Gray and David O. Moberg, *The Church and the Older Person,* Grand Rapids: Wm. B. Eerdmans Publishing Co., 1962.

ties. Some of the instructors interviewed were interested in being of more service to the older citizens than they had been in the past. The county superintendent of schools suggested that older persons themselves would need to take the initiative in proposing courses and subjects.

Public Libraries

During April of 1962, the Cedar Rapids Public Library made a survey of the number of patrons using various services of the library during the week of April 9-14. The Director of the library agreed to cooperate with this study and asked the staff members to record if a patron appeared to be over sixty years of age. Results of the survey are presented here. It should be kept in mind that the "over sixty" category is based on staff members' judgments, and there may be a wide margin of error.

TABLE 28

Number of Patrons and Older Patrons Using Library Facilities in Cedar Rapids

Facility Used	Total Patrons	Over 60
Main Library:		
Adult Department	1,521	113
Children's Department	659	—
Bookmobiles (2)	1,861	33
Kenwood Branch Library	672	14

It should be noted that the Bookmobiles made regular visits to two institutions for older people in Cedar Rapids. Twenty-five of the thirty-three older persons listed after "Bookmobile" were those served on visits to these two homes.

The figures listed above understated the number of patrons (both total and over sixty) because no count was made of persons using the reference materials, magazines, or newspapers of the library without charging any items. The library director suggested that older people make up a large proportion of such patrons and observation seemed to confirm this opinion.

Linn County included four libraries in smaller towns in addition to the Cedar Rapids library. Three of the librarians were interviewed. It was interesting to note that each of the three librarians made similar estimates: that there were about fifteen to twenty "fairly regular" or "fairly constant" library users over sixty years of age in each town. Census reports for 1960 indicated that there were about 1,700 individuals over sixty years of age in the three towns.

Findings would indicate that the proportion of persons over sixty using the library is less than the proportion of persons over sixty in the general population. A small number of older people make considerable use of the libraries.

Labor Unions

In surveying community resources, the researchers found several indications that labor unions provided personal counseling and opportunities for group participation for their members. One group activity program sponsored by a union for its retired members was mentioned in Chapter V. With the help of the chairman of the Community Service Committee of the local AFL-CIO, a selected sample of six local labor organizations was worked out. Three industrial unions were chosen: one large, (over 500 members); one medium sized, (200-500 members); and one small, (under 200 members). Three trade unions were also selected, again on the basis of size. The business agent was interviewed in each case, or the president of the union local if there was no business agent. Results of this survey are summarized by reporting the activity recorded by each union local.

Summary of Union Activity for Aged Members

1. Large Industrial Union: The business agent had counseled nine workers during the previous month concerning their plans for retirement. Generally this service resulted in referring the union members to such resources as the local office of the OASI system.
2. Medium-Sized Industrial Union: The business agent had counseled with about a dozen workers about the retirement benefits and retirement plans. The business agent believed this number was higher than usual because a new contract had recently been negotiated.
3. Small Industrial Union: The president reported that no counseling was offered and none had been requested. The personnel department of the employing organization offered such service.
4. Large Trade Union: The business agent said he had counseled twelve members during the month of April concerning retirement benefits. This union does maintain a pension plan for members who have been in the union fifteen years or more, and does help older members or their survivors with problems concerning insurance benefits, estates, etc.
5. Medium-Sized Trade Union: The president reported that union officials were rarely asked for such service and had given none during the period of study.
6. Small Trade Union: It was reported that employers of this group would ordinarily provide counseling concerning retirement and that union officials were not asked for such service. This union maintained a retirement home in Colorado, although no one from the Cedar Rapids area was in the home at that time.

In general, on the basis of this information and less specific reports about other unions, it would seem that the larger unions, with paid business agents, offered a small amount of counseling. This was usually counseling about the

financial problems of retirement and commonly involved referral to some community resource for more information.

The Community Services Committee of the AFL-CIO attempted to stimulate counseling of members in their union locals by holding Community Service Institutes for representatives of various locals. The program of the Institutes was information about community services. Presumably the union members attending the Institutes were then able to counsel other union members on an individual basis.

There were a number of indications that counseling about aging and retirement problems was more commonly given by personnel departments or officers in the employing organization than by union officers.

Personnel Departments

A survey was made of service to older workers through local industrial firms. Selection of six firms was made from a list of all manufacturers or processors in Cedar Rapids in 1961-1962. The list included twenty-nine industries employing over one hundred persons each. A selection was made by size: two firms employing over 1,000 persons; two firms employing 500-1,000 persons; and two firms employing 100-500 persons. The results are summarized by size of firm:

1. 1,000 or more Employees: During the month studied, the personnel department gave personal counsel to four workers concerning insurance and income planning for retirement. Services of the company nurse were available to ill retired workers who had requested them. Requests were very infrequent. In addition, the company maintained some contact with retired workers. Each month magazines concerning retirement activities were sent to all workers over sixty-two years of age and those who had retired. The company had an "Old Timers" dinner for about 350 persons once a year.

2. 1,000 or More Employees: Two men in the Personnel Department were delegated to counsel workers about personal affairs, including retirement. During April of 1962, these two men saw five older employees and gave advice and information concerning financial planning and company benefits. Records of such contacts were maintained and it was pointed out that April was relatively low in this respect. During the first quarter of the year, twenty-four men were counseled concerning retirement.

3. 750-1,000 Employees: During the month of April, eight employees had requested information, counseling, or advice about company benefits.

4. 250-500 Employees: This plant was known to have an unusually extensive program to help workers prepare for retirement. All workers age sixty and over attended a yearly institute, including lectures on company benefits and on socially provided income programs. There were opportunities for discussion. At age sixty-four, employees were required to hold at

least one individual counseling session with the personnel officers. There were twelve workers aged sixty-four at the time of the survey.

5. 100-250 Employees: The personnel manager estimated that he had talked with about twelve employees over age sixty each month concerning retirement benefits, the company health plan, and similar subjects. (This estimate seemed high in view of the small number of employees.)

Findings among industrial firms seemed to show that the union officials were correct in assuming that personnel employees participated more often in retirement counseling than union personnel. However, the amount of such counseling by manufacturing firms was not very large either. The larger plants had generally developed some standardized procedure for such service. There were a number of indications that the firms had a low proportion of workers over sixty years of age.

While any conclusions would be very guarded, it seemed to the authors, in view of the information reported here and elsewhere, that the employers and their personnel departments were the chief source of preretirement counseling of employed workers. In addition, a smaller amount of such counseling was given by unions, by community agencies, and by officers of voluntary associations.

Service Clubs and Voluntary Associations

Service activities of religious and community service clubs were not generally restricted to their own members and in that sense the programs of these organizations were not like the others reported in this chapter. Where exact information was available, such activities have been reported in the previous chapters as "social provisions." The following additional reports were believed to represent most of the special activities in behalf of older people by clubs and associations of the community.

1. King's Daughters: The philanthropy chairman for King's Daughters reported nineteen "circles" in Linn County. Each of these had about thirteen members. As part of their activities, members visited residents in twelve nursing and custodial homes. Residents who were able to carry on conversations were visited and an attempt was made to cheer them up. Sometimes fruit or other gifts were delivered. The philanthropy chairman thought that each circle gave over 100 hours per month, totally, to such service.

2. Senior Chamber of Commerce: About 200 formerly active members of the Chamber of Commerce paid dues as members of the Senior Chamber. Monthly meetings were held, with an average attendance of forty to fifty members.

3. Lions Club: The service work of the Lion's Club was oriented to needs of the blind. A former president of the club reported that a number of white canes were distributed in 1961, but the ages of the recipients were not known.

4. American Legion Auxiliary: Counseling with older persons through the American Legion has been reported previously. The Auxiliary of the Legion also has several service activities that were carried out through the twelve or fourteen local organizations in the county. One program was that of hospital visitation to the VA hospital in Iowa City. This program involved at least a dozen women from Cedar Rapids alone and benefited, of course, those Linn County residents who were patients at the VA Hospital. The Auxiliary owned some hospital and nursing care equipment which was loaned to persons requesting it. It was reported that the Social Service Unit at the VA Hospital had asked about the possibility of Auxiliary members doing follow-up work with veterans leaving the hospital, but the president did not believe that this was feasible.

5. Disabled American Veterans: An officer of the DAV reported that he did a considerable amount of friendly visiting, helped veterans file claims, and sometimes helped members through personal services, transportation, etc. The officer who did this work was ill at the time of the survey and a more accurate account of the quantity of service could not be obtained.

The activities of these five voluntary associations have been reported in an effort to round out the picture of the types and amounts of less formally organized provisions for older people in the county.

Concluding Note

It is not possible to summarize the diverse types of activities and provisions reported in this chapter. It may be fair to say that while such activities were of interest to the sponsoring organizations and were important to the older people, their total volume was very small in relation to the efforts of private and public community services which were more formally organized and had paid staffs. The authors were convinced that efforts of all the organizations and groups discussed in this chapter could have been much more effective and efficient if there were some intercommunication and coordination with efforts of community service programs.

Chapter VII
SELECTED COMPARISONS

The definition of social provision was more inclusive in this study than in many studies of provision for older persons. Therefore, there was little comparable data for other places or age groups. However, two comparisons have been made in order to make the data more meaningful and more useful for planning. These two comparisons were by age and by sex. The following questions were asked: Among older people in Linn County, how did social provision for men compare with that for women? In Linn County, how did social provision for those over sixty years of age compare with social provision for all age groups?

Comparisons by Sex

The investigators identified the sex of the clients reported by their first names. Since it was common to prefix names by "Mr.," "Mrs.," or "Miss," and since most first names are distinctive of sex, it was possible to classify all but about a dozen of the persons reported. Names of payees were not received from OASI, for reasons explained earlier. Therefore, it was not possible to classify OASI payees by sex except for the approximately 1,700 OASI payees who were otherwise reported in the survey. The 1,700 payees otherwise reported are included in the following presentation.

Comparisons of persons reported and of services received, by sex, are attempted in Table 29. Numbers of persons reported were based on the duplicated count. Dollar payments by sex were not included in Table 29, but the proportion of payments to males followed closely the proportion of males reported by the income maintenance programs. The amount of dollar payments outside of these programs is negligible.

Forty-four per cent of all persons in Linn County age sixty and over were male according to the 1960 census. As shown in Table 29, men were overrepresented among the large insurance and pension programs. Women were overrepresented among the assistance programs, the health-oriented programs, and the nursing and custodial care homes.

It was interesting to note that the types of programs showing a relatively high proportion of women, according to Table 29, were in several cases the same that showed a relatively high proportion of joint receivers: those programs being the assistance programs, the health programs, and the proprietary homes.

TABLE 29

Sex of Persons Receiving Income, Care, or Service, and Amount of Provision Received, by Type of Program

Type of Program	Number of Persons	Per Cent Male	Per Cent of Provisions to Males
Income Maintenance and Employment			
Insurance and Pension	2474[a]	64	63
Assistance	965	33	37
Employment	126	44	78
Counseling and Casework	133	52	17
Recreation and Leisure	177	50	29[b]
Health and Physical Rehabilitation	209	29	23
Protective Care and Residential Housing			
Nonprofit	266	42	
Proprietary: Nursing	262	34	
Proprietary: Custodial	88	34	
Proprietary: Board and Room	42	60	
Personal Services	26	54	

[a] Excluded all OASI payees who were not otherwise reported in the survey.

[b] "Services" in this case was Group Activities. In all other cases, "Services" was "Talking to Clients."

In employment programs, men received proportionately more counseling service than women. On the other hand, among counseling and casework programs, and among the group activities programs, men made up about half the persons reported, but received considerably less than half the services reported.

These few observations about differences in provision for men and women may be interpreted in the light of other known facts about sexual differences: women live longer than men; women are less often employed, and when employed received less pay. Thus, it would appear reasonable that women in general were less often payees of insurance and pensions programs, more often received health services and protective care, and were more commonly known to agencies having higher proportions of "joint receivers."

Comparisons by Age

The question was posed: "In Linn County, how did social provision for those over sixty years of age compare with social provision for all age groups?"

One way to answer this question is to determine, for any program of social provision, what proportion of its effort goes to persons sixty and over. It was possible to determine this proportion through examination of annual reports and statistical reports for many of the programs included.

In the public income maintenance programs, a large proportion of the payments went to older people. In OASI, the largest program, 85 per cent

of the payees were age 60 and over, and 87 per cent of the payments went to these older persons. The corresponding percentages for the four federally-aided public assistance programs were 34 and 54 per cent. Among the assistance programs, Aid to Dependent Children had a large number of persons in families receiving the aid, while payments per person were lower in Aid to Dependent Children. Hence, Old Age Assistance recipients received a proportion of payments which was larger than their proportion among all payees.

In discussing health services above, it was noted that the public health nursing programs devoted a larger share of their effort to older people than any other program. By counting the number of visits to older people reported by the Public Health Nursing Association in April of 1962, and using the average number of visits for the previous year, it was determined that this agency devoted more than one-third of its effort to older people. This proportion was about the same (between one-third and two-fifths) whether estimated by number of visits, or by estimating cost of visits to older people and dividing that figure by the total average monthly cost of the program.

At the other extreme, it appeared that the "Professional Casework" agencies gave less than 2 per cent of the effort in their programs to persons over sixty. This figure was about the same for both agencies in this category, and was about the same regardless of whether the number of persons in different age groups was compared or the number of interviews was used as a basis for comparison.

For most community agencies, excepting, of course, the dozen or so with programs designed for children and youth, the proportion of effort to older people seems to be between the two extremes noted above. In order to get a rough idea of the attention to the needs of older people through the local agencies, further analysis was made for eighteen of the agencies supported by the united fund of Cedar Rapids (United Good Neighbors). As a first step, several agencies were eliminated when the program was based outside of Cedar Rapids (e.g., Iowa Children's Home Society, based in Des Moines) or where the purpose of the program was not direct service (e.g., the Mental Health Association). The Red Cross was also omitted because many of its activities were for the benefit of the whole community and not to individuals. Total "Approved" 1962 budgets for the eighteen remaining agencies amounted to a little over $900,000. Since most of these agencies had income from fees and charges for goods or services, these sources of income were eliminated. The resulting figure, about $678,000, represents total community support, through United Good Neighbors, contributions, and taxes for this group of eighteen agencies. The group included all the main community programs of direct service under voluntary auspices.

As a second step, data gathered for the survey were used to estimate the

total cost of providing services to people age sixty and over, as reported for the survey month. In two cases, where it was known that an agency gave some service to older people which was not reported in the survey, a figure was added based on activities under some comparable program. In other words, the writers believe this estimate was not unrealistically small.

The estimate for total value of service given persons aged sixty and over, by the above procedure, was about $2,900 per month or about $34,500 per year. Thus, the community allocates about 5 per cent of its effort through its agencies to the older persons in the community. The older persons make up over 10 per cent of the population.

In summary, the comparison by age would indicate that in terms of income maintenance, older people receive a large part of provision. However, these large programs are administered by, or stimulated by, the federal government. Among the community services which occupy the forefront of attention in community planning, only one (public health nursing) devotes any considerable effort to the older part of the population. It also seems clear that the relatively professionalized services are less likely to serve older people. There is an important implication for community planning here, if this is true. As the centralized planning and financing operations in a community become more professionalized (a process then taking place in Cedar Rapids), will a smaller and smaller proportion of effort be directed to the needs of older people?

Chapter VIII
COMMUNITY PLANNING ASPECTS OF THE FINDINGS

While this study was a descriptive and analytic one, many of the findings have implications for the planning of health and welfare programs. In this final chapter, some observations are reported of the possibilities for change in the system of provisions described. Finally, the problem of coherence and coordination is defined by describing the situation among the health services and programs.

Potentiality and Prospects for Change

There is constant change in the types and amounts of social provision, in the groups identified as "in need," and in methods of provision. The investigators sought, in interviews and through observations, some indications of probable and possible changes in provision for older people in Linn County.

Major changes under consideration in both Old Age Assistance and OASI involved participation of these programs in payment for medical care and services. This study shows that health costs and especially payment for care is already a large part of the assistance programs. Health-related aid accounted for one-third of Old Age Assistance payments and about nine-tenths of county relief payments. Aid given by voluntary agencies was small in amount but was largely related to health problems. In addition, a considerable effort was invested in health and protective care through University Hospitals, VA hospitals, and various public institutions. Health costs would appear to be the probable focus of the next developments in the public programs.

Program administrators were asked about "unmet needs." To some extent, identification of unmet needs seemed related to the function of the administrators' programs. Administrators of county relief, vocational rehabilitation, and the employment service mentioned unemployment and reemployment as special problems. A number of people representing the health-oriented agencies mentioned difficulties associated with (1) need for protective care; (2) reluctance to move into nursing homes; and (3) need for homemaking and personal help. Several administrators were concerned about quality and availability of nursing home care. Administrators of the major insurance and assistance programs recognized that payments under their own programs were inadequate, possibly exacerbating problems of diet and social participation for older persons. Heads of public health nursing programs, private health agencies, and the county welfare director were unanimous in

their mention of the difficulties in obtaining medical service and hospitalization, especially for the indigent.

Despite the fact that judgments about unmet needs may have been partly colored by experience in a particular program, there was convergence on the following problems: (1) income, (2) housing, (3) medical care, (4) loneliness, and (5) feelings of uselessness. Lack of suitable employment combined with lack of work skills on the part of older people were less often mentioned. It is interesting that this list and its ordering were quite similar to a list of concerns of older people based on a sample survey of older people in Iowa.[22] It was also similar to a list based on content analysis of responses to a national survey of experts by the McNamara Committee.[23]

Ideas about programing for these unmet needs were numerous but they were also piecemeal, unrelated to each other, and in large part not at all definite or concrete. The county relief director and welfare director hoped to increase aid payments and at the same time provide more staff time for casework and counseling with older clients. The Public Health Nursing Association hoped to extend its services to patients in nursing homes. The city Playground and Recreation Commission was considering the extension of its services to nursing homes and private homes. The staff of the Division of Vocational Rehabilitation was thinking about a sheltered workshop program which might serve older persons. A representative of the St. Vincent de Paul Society also expressed an interest in a sheltered workshop plan. One of the community's two general hospitals had entered the planning stage in expanding its minimal care facilities.

The survey made it clear that there was considerable awareness of, and concern about, problems of the aged. It was also clear that the number and scope of problems identified were not matched by the planning to meet the problems. The various plans were largely speculative and unrelated to each other.

One other factor in assessing possible change was the question of the mechanisms that exist to channel the desire for change. It has been mentioned previously that the community welfare services were being "professionalized" in the Cedar Rapids area. More recently, the united fund body had added a paid staff member to specialize in community organization for health and welfare services. The community welfare council had just been reorganized

---

[22] Iowa Commission for Senior Citizens, *Life After Sixty in Iowa,* op. cit.

[23] Muriel Crock, *Problems and Their Solution in the Field of Aging: A Content Analysis of the Opinions of 388 Community Leaders About Suggested Programs to Aid the Aging with Consideration of the Influence of Occupation on Opinion.* State University of Iowa, 1962 (Thesis).

and may, in the future, provide a channel through which agency administrators could express the concerns listed above. The chief development which was then emerging, with respect to the aged, was a homemaking service for the community. Location, sponsorship, and support of such a service was being considered at the time of the study.

One of the problems for coherent community-wide planning was well illustrated in the process of making the study. Some of the more important programs, in terms of health and welfare of the aged, were generally not considered any part of the community's system of provision. Examples would be the general hospitals, the Veterans Administration program, the OASI program, and the private nursing home administrators. Therefore, administrators of these programs are not likely to be engaged by the mechanisms now in existence.

Coherence in Community Planning

The investigators were impressed, while doing the study, by the lack of coherence, rationality, or even of communication between personnel administering community provisions for older persons. The area of health services for the aged is an example. The following table summarizes the various health programs, and the amount of provision of health care by each program.

The amount shown for "General Hospital: Public," is the estimated cost of care provided through University Hospitals and the VA Hospital in Iowa City to residents of Linn County. The amount estimated for private general hospitals is based on use by older people. Other items are similar to those already presented in other tables.

The figures in Table 30 indicate that the dollar value of socially provided health care for older people is about $84,000 per month in Linn County, and that $77,400, or about 92 per cent of the total, is paid through taxes by government programs. This finding is consistent with national estimates that in 1960 about $48.00 per person per year ($4.00 per month) was the total cost of govermentally-sponsored health care for older persons.[24] It was also estimated by those authors that the annual cost of health care paid by individuals themselves and their families was about $210.00.

As is indicated in Table 30, at least twenty-one different programs were involved in some aspect of health care for older people in Linn County, each making a substantial contribution. Besides the data included in Table

---

[24] Herman M. Somers and Anne R. Somers, *Doctors, Patients, and Health Insurance*, Washington, D.C.: The Brookings Institution, 1961.

TABLE 30

Estimated Cost of Socially Provided Health Care, by Type and Auspices, Linn County, April, 1962

Type of Facility and Auspice:	Direct Aid Medical Costs	Estimated Cost Care Provided	Estimated Cost Other Services
Total: $84,000	$13,100	$65,800	$5,100
Public Assistance	12,100	14,900[a]	2,700[b]
General Hospitals:			
Public (2)		27,300	
Private (2)		1,500	
Mental Hospitals:			
Public (4)		14,400	
Nursing, Custodial and Residential			
Public (1)		5,700	
Private (3)		2,000	
Public Health Nursing and Community Health Agencies			
Public (1)			300
Private (5)	1,000		2,100

[a] Cost of nursing home care paid under public assistance programs.

[b] Estimated cost of administering assistance with costs of health care.

30, it might be noted that over a dozen other agencies reported some "Personal Care" given to older people, which would almost always be necessitated by some health problems. Furthermore, there were almost thirty nursing and custodial homes, privately owned, all of which were concerned with the health care of older people. The unpaid efforts of physicians and others are impossible to estimate, but should certainly be mentioned.

The point of interest here is that although a large number of agencies and organizations put a large amount of effort into solving the health problems of older citizens in Linn County, there has been no way of achieving coherence or consensus in directing these efforts. There has been little communication among these programs. Plans were being made for a large minimal care facility, yet there was no generally accepted indication that the supply of nursing home beds was inadequate. Further, administrators of privately owned nursing homes were expressing concern that the supply of beds was too great.

Another problem is geographical. The two public general hospitals and the four mental hospitals accounted for one-half of the estimated cost of socially provided health care. All six of these hospitals are outside Linn County, so that coordination of their programs with others is especially difficult.

A third difficulty has been the wide variation in organizational structure and levels of care provided. The Veterans Administration hospitals are part of a national system, while the state hospitals were responsible to the State

Board of Control in Des Moines, and the county home is administered by the local board of supervisors. The administrators of the various programs are thus oriented to quite different administrative structures and segments of the community and therefore may not see themselves as offering a service related to the others mentioned in this study.

In this situation, it is not surprising that program planning is carried on unilaterally and that gaps of service, or duplication of service, may exist.

The pattern of health services is used to illustrate a more general point: *Coherence and coordination* of services for older people require special attention and may be as important as the *existence* of the basic programs.

Appendix A
PROGRAMS AND AGENCIES INCLUDED

Functional Type	Auspices[1]	Name of Agency or Program	Abbreviation Used In Text
1. INCOME MAINTENANCE AND EMPLOYMENT			
Insurance and Pension			
	GF	Civil Service Retirement[2, 6]	
	GF	Old Age and Survivors Insurance[4]	OASI
	GF	Railroad Retirement[2, 6]	
	GS	Unemployment Compensation	
	GF	Veterans Administration Pensions and Compensation	VA Benefits
Assistance			
	GCo	County Relief	
	GCo	County Soldiers Relief	
	GM	Old Age Assistance	OAA
Employment			
	GS	Division of Vocational Rehabilitation	
	GS	Iowa State Employment Service	

---

[1] Code for Auspices:

GF	Government, Federal
GS	Government, State
GCo	Government, County
GCi	Government, City
GM	Government, Multiple
VS	Voluntary, Sectarian
VN	Voluntary, Nonsectarian
PP	Private, Proprietary (for profit)

[2] No contact established; estimates based on national data.

[3] Reported no service given to persons age sixty and over in April, 1962.

[4] Data supplied but not names of individuals.

[5] Declined to report for reason that names and ages of clients not known.

[6] Located outside Linn County.

2. INTRAMURAL MEDICAL, PROTECTIVE AND RESIDENTIAL CARE

Hospital Care

GS	Independence Mental Health Institute[6]	
GF	Iowa City Veterans Administration General Medical and Surgical Hospital[4, 6]	
GF	Knoxville Veterans Administration Mental Hospital[4, 6]	
VS	Mercy Hospital[4]	
GS	Psychopathic Hospital, State University of Iowa[6]	
VS	St. Luke's Hospital[4]	
GS	University Hospital[4, 6]	

Minimal Hospital, Nursing and Custodial

GCo	County Home	
VS	St. Luke's Hospital, Geriatric Ward	
GS	Woodward State Hospital and School[6]	

Residential

VN	Home for Aged Women	

Other

VS	Two nonprofit homes, almost entirely self-supporting	
PP	Thirty-eight nursing, custodial and board-and-room homes	

3. COMMUNITY HEALTH AND PHYSICAL REHABILITATION

Public Health Nursing

GCo	County Public Health Nurses	
VN	Public Health Nursing Association	

Other Community Health Agencies

VN	Cancer Society	
VN	Cedar Rapids Hearing Society	
VS	St. Luke's Hospital Social Service and Volunteers	
VN	Society for Crippled Children and Adults	

4. RECREATION AND LEISURE TIME

GCi	Golden Age Club: Playground and Recreation Commission	
VN	Jane Boyd Community House	
VN	Young Men's Christian Association	YMCA
VN	Young Women's Christian Association[5]	YWCA

5. COUNSELING AND CASEWORK

Professional Casework

VS	Catholic Charities[3]
VN	Family Service
VN	Mental Health Center
GM	Services for the Aged

Counseling and Other

VN	Alcoholics Anonymous
VN	American Legion Post
VN	Disabled American Veterans[3]
VS	Salvation Army
VS	Sunshine Mission
GF	Veterans Administration Service Representative

6. PERSONAL SERVICES

VN	American Red Cross Volunteers

7. MEMBERSHIP GROUPS

Churches

Fifty-six of about 125 churches in Linn County

Adult Education

Coe Evening College
Nine public school programs in Cedar Rapids, towns and rural areas

Public Libraries

Cedar Rapids Public Library
Three libraries in smaller communities

Union Locals

Packinghouse Workers
Plumbers and Steamfitters
Postal Clerks
Sheet Metal Workers
Typographers
United Auto Workers

Personnel Departments

Allis Chalmers Inc.
Cedar Rapids Engineering Co.
Collins Radio Corp.
Cry-O-Vac Division, W. R. Grace and Co.
Link-Belt Speeder Corp.
Quaker Oats Co.

Appendix B
CENSUS OF AGED CLIENTS

(age sixty and over)

Linn County, Iowa
April, 1962

Conducted by
Services for the Aged of Linn County
University of Iowa School of Social Work

INSTRUCTIONS

1. *Confidentiality:* Names of clients are necessary only to determine what different services are received by one person; after cross-checking names and compiling totals, these forms will be destroyed.
2. *Purpose:* The purpose of the census is to determine *how many* persons receive *how much* of *what types* of services.
3. *Types of Service* to be recorded: 4. *Units* of Service:
   - I. MATERIAL AID ..... *Dollars* (by type of aid)
     (medical, cash, kind, etc.)
   - II. TALKING TO CLIENTS ..... Minutes (to nearest 15)
     (administering assistance, counseling, advising, referring to other agency, etc.)
   - III. TALKING TO OTHERS ON BEHALF OF CLIENT ..... Minutes (to nearest 15)
     (consultation, work with relatives, referral)
   - IV. GROUP CONTACTS WITH CLIENT ..... Minutes (to nearest 15)
     (adult education, recreation, crafts)
   - V. PERSONAL SERVICES ..... Minutes (to nearest 15)
     (Shopping, friendly visiting, cleaning house, etc.)

AGENCY .....
WORKER .....
FORM NO. ..... (If more than one form for one worker)

Name: (Person over 60 receiving service)	I. MATERIAL AID (medical or cash assistance, cash equivalent of aid in kind, etc.)						
	GRAND TOTAL (Including all amounts to right and any other amounts)	MEDICAL ASSISTANCE	ASSISTANCE WITH LIVING EXPENSES (Record by category where possible)				
			TOTAL ASSISTANCE PAID	FOOD	SHELTER	CLOTHING & Personal Items	CARE (Room & Board, Nursing Home)

For each individual or group contact, collateral, interview, or personal service---
Fill in one box with number of minutes required for the service (round to nearest 15 minutes).

II. TALKING TO CLIENT				III. TALKING TO OTHERS ON BEHALF OF CLIENT				IV. GROUP CONTACTS WITH CLIENT				V. PERSONAL SERVICES			

STATE LIBRARY OF IOWA
3 1723 02089 4465