

Ag (Data)

COMMISSION ON THE AGING  
State Office Bldg.  
DES MOINES, IOWA 50319

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1971



S T A T E O F I O W A

D A T A B O O K

ON

STATUS OF THE AGING

AND

NEEDS OF OLDER IOWANS

1 9 7 1

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## CHAPTER I

### INTRODUCTION

#### I. THE STATED PURPOSES OF THE IOWA STATE DATA BOOK ON AGING ARE:

- A. To present as clear a picture as possible of the problems, programs, needs and possible solutions of the elderly in Iowa.
- B. To assist public and private agencies serving the elderly in planning and development of short and long-range programs and services based upon past experience and future projections.
- C. To serve as a tool for the development of legislative programs both nationally and within the state.

#### II. THE STATED OBJECTIVES FOR USE OF THE STATE DATA BOOK ON AGING ARE:

- A. To enable the staff of the Commission on the Aging to further develop what is called "The Commission Program - Community Inventory" in all Iowa communities within the next seven years.
- B. To present comprehensive policy statements and suggested programs in the following areas:
  1. Income Maintenance
  2. Health Care Needy Programs and Systems
  3. Housing for the Elderly
  4. Continuing Education
  5. Leisure Time Use and Recreational Programs in Iowa
  6. The Church and Aging
  7. Transportation Systems and the Elderly

8. Census Profile of the Older Iowans
9. Pre-retirement Planning and Employment in Later Years
10. To seek the changing of priorities of some departments and agencies to more adequately serve the older person with the resources the agencies or departments now have.
11. To develop selective legislation suited to the needs of the aging.
12. To provide necessary information and referral for older Iowans.
13. To provide a means for counseling older citizens in their problem areas and help them help themselves find a solution.

### III. SOURCES FOR DATA COLLECTION IN IOWA

#### A. Community hearings in Iowa

During the year 1971, community hearings and forums were conducted across the State of Iowa. Seven of these were conducted by the Commission on the Aging directly in the following communities: Burlington, Marshalltown, Humboldt-Dakota City, Elkader, Sidney, Adair, Waterloo, and Dubuque, Iowa. Other communities held forums of which we had brief reports, but these community hearings detailed reports have been developed and printed and are available on request.

#### B. State Departments working with the elderly:

1. State Department of Social Services
2. State Department of Revenue
3. State Office of Economic Opportunity
4. Iowa Employment Security Commission
5. State Department of Health
6. Office of Programming and Planning
7. The Governor's Office

8. State Department of Public Safety
9. State Department of Public Instruction

C. Public and Private Agencies in Iowa

A listing of the agencies which were contacted seeking data and information on aging programs and services is listed in the book "The ABC's of Aging in Iowa." This is a reference resource for ascertaining both needs and problems of the elderly and also resources available. Another resource that was referred to is "An Idea Bank for Older Iowans."

D. Other resources for data collection

1. Senior Citizens groups in Iowa
2. Individual Senior Citizens' comments both received in our office and recorded at individual meetings of senior citizens, at the hearings and at other locations.

D A T A C O L L E C T I O N S Y S T E M

STATE WHITE  
HOUSE CONFERENCE  
ON AGING

COMMUNITY  
HEARINGS

STATE  
DEPARTMENTS

SENIOR  
CITIZENS

PRIVATE  
AGENCIES

FEDERAL  
GOVERNMENT  
AGENCIES

LOCAL COMM.  
GOVERNMENT  
AGENCIES

OTHER  
INDIVIDUALS

C O M M I S S I O N O N T H E A G I N G

COMPILING  
OF  
DATA

ANALYZING  
OF  
DATA

SUMMARIZING  
OF  
DATA

EVALUATION  
OF  
DATA

S T A T E D A T A B O O K

## CHAPTER II

### INCOME MAINTENANCE

#### I. PRESENT SITUATION

##### A. Refer to Attachment IM-1

Of the 220,982 people recording income to the State Department of Revenue well over 50% of the people received less than \$5,000 a year in income. Over 50% of the people actually received less than \$4,000 in reported taxable income. Social Security benefits are not reported in this amount.

##### B. For 1970 statistics on Social Security in the State of Iowa refer to map on number of recipients, location by counties, and amounts received. (Attachments IM-2, 2.1, 2.2, 2.3)

##### C. Old Age Assistance (a supplemental means to income of the older people).

1. Following the chapter is a table showing the amounts of money given to this program from 1940 through June 30, 1971 (Attachment IM-3).
2. Following the chapter are two maps (Attachments IM-4 and IM-5) locating the number of recipients for the last two years by county and the amounts of money given to the project of Old Age Assistance. The number of recipients is declining; the amounts of dollars are remaining approximately the same for the last seven or eight years.

#### II. PROBLEMS AND NEEDS OF OLDER IOWANS AS FAR AS INCOME IS CONCERNED

##### A. Suggested Solutions

1. Immediately establish a minimum level of income for all aged at the "poverty threshold." This cliff hanging level may be approximately \$2,000 for a couple and perhaps \$1,500 for an individual. Then, adjust up-

ward to the Lower Budget level (\$2,891 for a couple) when economy recovers sufficiently to bear the added expense. (Note - similar Lower Budget level standard needed for individuals.)

All basic floor income payments should be handled through Social Security facilities by increasing the minimum benefit (no exclusion of any aged person for lack of "coverage"). Payments to be treated as ordinary income for income tax purposes by all beneficiaries. Financing would be provided by increasing Social Security tax rates for employees and employers and by taxing those employees and employers not now paying Social Security tax.

Government "intervention" in the areas of individual savings and private pensions is essential to improving income adequacy - and income security for today's aged and tomorrow's aged. The basic needs are curbing inflation, full employment of tomorrow's aged today, enacting legislation for fiduciary standards and reasonable vesting in private retirement plans, enacting legislation supporting more adequate funding in private retirement plans, and enacting legislation supporting broader coverage of workers under private retirement plans.

Health care benefits should be extended to all the aged through a single agency, probably Medicare. Benefits should be substantially increased to cover most of the health care costs but should contain deductibles and co-insurance to maintain the continuing interest of the patient in early recovery.

Provide a tax moratorium on increased property taxes to the aged; unpaid taxes resulting from the moratorium to be collected when the property is sold. Propose construction and maintenance of rental housing supported by low cost federal financing and according to federal standards. Favor freedom of choice by elderly as to housing, with goal of geographic distribution throughout the community rather than isolation in enclaves. Recommend study of alternate ways to cope with the inadequate supply of rental housing.

Urge a total approach to providing an adequate income for the poor, all of the poor, both the non-aged and aged.



Resolutions adopted at conference -

That the Social Security trust fund must invest money to attain interest rates not less than residential mortgages.

That a national minimum income of \$2,000 for a single (older) person and \$4,000 for an (older) couple should be established.

That under the present Social Security system, earned income should be exempted at age 65 instead of 72.

That future increases in Social Security benefits be passed on to recipients without deduction of categorical assistance grants... and state's standard allowance to be comparably increased.

That recipients of public assistance be allowed to purchase food stamps at the minimum purchase level.

That old age persons with a total income of over \$8,000 be taxed in such a way to help support the payments of beneficiaries of Social Security.  
(25 ayes, 13 noes)

2. Refer to pages 84 through 86 of "ABC's of Aging in Iowa" in Appendix.
3. The number of recipients under Old Age Assistance has declined, yet at no time has the state been able to pay the minimum basic support suggested by the State Department of Social Services under Old Age Assistance. It is suggested that the Commission on the Aging in cooperation with the Department of Social Services seek enough funding from state and federal resources to provide the minimum basic requirement for living under Old Age Assistance, and that a cost of living factor be built in to enable the Department to provide the necessary minimum support for older people living in Iowa.
4. That every support possible be given to administrative efforts to cut down on the problem of inflation, both at the local, state, and federal level. (See Attachment IM-6)

INCOME - PEOPLE OVER 65 = IOWA - 1969

\$	1 to	999 =	17,969
	1,000 to	1,999 =	43,590
	2,000 to	2,999 =	39,953
	3,000 to	3,999 =	29,910
	4,000 to	4,999 =	21,977
	5,000 to	5,999 =	16,205
	6,000 to	6,999 =	11,839
	7,000 to	7,999 =	8,980
	8,000 to	8,999 =	6,600
	9,000 to	9,999 =	4,961
	10,000 to	14,999 =	11,173
	15,000 to	19,999 =	3,506
	20,000 to	24,999 =	1,596
	25,000 to	29,999 =	895
	30,000 to	34,999 =	528
	35,000 to	39,999 =	330
	40,000 to	44,999 =	228
	45,000 to	49,999 =	188
	50,000 to	74,999 =	336
	75,000 to	99,999 =	111
	100,000 to	149,999 =	77
	150,000 &	over =	<u>30</u>
			220,982

Figures from Dept. of Revenue - State of Iowa

NUMBER OF ELDERLY IN IOWA RECEIVING SOCIAL SECURITY (by County)

LYON	OSCEOLA	DICKINSON	EMMET	KOSSUTH	WINNEBAGO	WORTH	MITCHELL	HOWARD	WINNESHIEK	ALLAMAKEE		
1,736	1,335	2,130	1,772	2,862	2,047	1,455	2,148	1,845	2,738	2,463		
SIoux	O'BRIEN	CLAY	PALO ALTO		HANCOCK	CERRO GORDO	FLOYD	CHICKASAW	3,690	CLAYTON		
3,340	2,861	2386	1,991	1,942	6,442	2,755	2,043	3,152				
PLYMOUTH	CHEROKEE	BUENA VISTA	POCAHONTAS	HUMBOLDT	WRIGHT	FRANKLIN	BUTLER	BREMER	12,256	BUCHANAN	DELAWARE	DUBUQUE
3,033	2,256	3,158	2,038	1,707	2,658	1,895	2,599	2,864		2,499	2,069	8,683
WOODBURY	IDA	SAC	CALHOUN	WEBSTER	HAMILTON	HARDIN	GRUNDY	TAMA	BENTON	LINN	JONES	
12,829	1,533	2,507	2,368	5,883	2,448	3,588	1,844	3,121	2,976	14,843	2,373	2,630
MONONA	CRAWFORD	CARROLL	GREENE	BOONE	STORY	MARSHALL	JACKSON	2,536	2,260	4,565	CLINTON	
2,056	2,554	3,048	2,151	3,723	5,181	4,951	6,126					
HARRISON	SHELBY	AUDUBON	GUTHRIE	DALLAS	POLK	JASPER	POWESHIEK	IOWA	JOHNSON	SCOTT		
2,574	2,047	1,514	2,342	3,620	27,376	4,222	2,536	2,260	4,565	12,371		
POTTAWATTAMIE	CASS	ADAIR	MADISON	WARREN	MARION	MAHASKA	KEOKUK	WASHINGTON	MUSCATINE			
8,041	2,981	1,452	1,815	2,502	3,679	3,428	2,670	3,061	4,689			
MILLS	MONTGOMERY	ADAMS	UNION	CLARKE	LUCAS	MONROE	WAPELLO	JEFFERSON	HENRY	LOUISA		
1,504	2,355	1,071	2,553	1,378	1,927	1,556	6,055	2,204	2,588	1,489		
FREMONT	PAGE	TAYLOR	RINGGOLD	DECATUR	WAYNE	APPANOOSE	DAVIS	VAN BUREN	LEE	DES MOINES		
1537	3,356	1,855	1,165	1,771	1,838	2,841	1,356	1,760	5,098	5,777		

Total of all counties - 344,728 people  
 Average amount of money received per month - \$118.00

## NUMBER OF ELDERLY IN COUNTY RECEIVING SOCIAL SECURITY (by Ages)

	<u>60 - 61</u>	<u>62 - 64</u>	<u>65 - 71</u>	<u>over 72</u>
Adair	19	132	499	821
Adams	16	102	369	600
Allamakee	33	249	850	1,364
Appanoose	37	293	988	1,560
Audubon	12	143	508	863
Benton	41	274	1,030	1,672
Black Hawk	208	1,414	4,509	6,333
Boone	43	313	1,268	2,142
Bremer	32	302	1,021	1,541
Buchanan	32	222	897	1,380
Buena Vista	34	250	1,018	1,890
Butler	32	273	954	1,372
Calhoun	25	190	823	1,355
Carroll	44	280	985	1,783
Cass	25	246	1,030	1,705
Cedar	15	209	792	1,362
Cerro Gordo	81	634	2,263	3,545
Cherokee	25	205	753	1,298
Chickasaw	31	202	703	1,138
Clarke	14	140	486	752
Clay	26	213	829	1,344
Clayton	45	305	1,156	1,691
Clinton	85	535	2,257	3,334
Crawford	31	233	901	1,420
Dallas	42	328	1,167	2,125
Davis	14	137	490	729
Decatur	28	179	638	954
Delaware	23	211	769	1,089
Des Moines	63	518	1,951	3,303
Dickinson	21	230	783	1,117
Dubuque	131	801	3,038	4,844
Emmet	21	171	634	967
Fayette	43	375	1,310	2,005
Floyd	41	295	917	1,543
Franklin	18	154	681	1,060
Fremont	10	133	514	900

	<u>60 - 61</u>	<u>62 - 64</u>	<u>65 - 71</u>	<u>over 72</u>
Greene	21	194	696	1,261
Grundy	33	181	630	1,033
Guthrie	18	206	792	1,344
Hamilton	26	245	853	1,350
Hancock	20	168	652	1,122
Hardin	41	260	1,253	2,075
Harrison	33	251	861	1,462
Henry	22	196	851	1,541
Howard	25	191	654	1,000
Humboldt	27	155	559	993
Ida	12	130	485	918
Iowa	20	209	799	1,252
Jackson	35	271	896	1,463
Jasper	51	429	1,584	2,209
Jefferson	19	186	679	1,339
Johnson	38	360	1,566	2,639
Jones	28	209	817	1,347
Keokuk	30	234	893	1,543
Kossuth	37	263	1,046	1,553
Lee	84	542	1,890	2,666
Linn	174	1,464	5,382	7,997
Louisa	10	126	523	840
Lucas	20	205	715	1,007
Lyon	28	169	641	926
Madison	17	142	629	1,044
Mahaska	45	304	1,206	1,918
Marion	55	357	1,227	2,095
Marshall	56	445	1,744	2,762
Mills	16	129	542	833
Mitchell	19	164	720	1,264
Monona	33	204	728	1,124
Monroe	20	141	543	872
Montgomery	21	183	816	1,356
Muscatine	76	454	1,629	2,606
O'Brien	34	288	954	1,619
Osceola	21	131	488	716
Page	34	209	1,117	2,030
Palo Alto	28	203	725	1,063
Plymouth	28	278	990	1,765

	<u>60 - 61</u>	<u>62 - 64</u>	<u>65 - 71</u>	<u>over 72</u>
Pocohontas	17	167	719	1,152
Polk	389	2,626	9,920	14,830
Pottawattamie	120	767	2,912	4,362
Poweshiek	28	178	834	1,524
Ringgold	14	98	439	628
Sac	32	202	888	1,417
Scott	159	1,304	4,296	6,771
Shelby	20	167	677	1,203
Sioux	42	346	1,227	1,767
Story	59	378	1,710	3,093
Tama	28	276	1,080	1,765
Taylor	25	152	593	1,110
Union	29	238	891	1,424
Van Buren	15	160	630	970
Wapello	99	726	2,245	3,084
Warren	21	224	825	1,453
Washington	30	232	1,002	1,827
Wayne	17	177	631	1,030
Webster	66	535	1,971	3,377
Winnebago	33	191	772	1,084
Winneshiek	32	252	982	1,504
Woodbury	204	1,246	4,559	7,024
Worth	17	136	527	792
Wright	<u>25</u>	<u>253</u>	<u>873</u>	<u>1,532</u>
GRAND TOTAL	4,317	32,398	120,759	191,571

SOURCE: STATE DEPARTMENT OF SOCIAL WELFARE, ANNUAL REPORTS TO THE GOVERNOR

## PAYMENTS TO OR ON BEHALF OF OLD AGE ASSISTANCE RECIPIENTS

<u>FISCAL</u> <u>YEAR</u>	<u>AMOUNT</u>	<u>FISCAL</u> <u>YEAR</u>	<u>AMOUNT</u>
1940	\$13,185,441.11	1955	\$29,158,099.80
1941	14,197,691.22	1956	28,884,650.20
1942	14,607,076.55	1957	31,485,828.40
1943	14,830,372.61	1958	30,687,153.88
1944	16,877,031.53	1959	31,034,420.13
1945	18,276,337.66	1960	31,807,726.47
1946	19,178,382.81	1961	34,496,909.29
1947	21,237,790.56	1962	33,161,188.06
1948	24,333,037.69	1963	32,046,428.07
1949	26,986,419.63	1964	31,451,273.11
1950	28,881,303.90	1965	30,374,608.35
1951	29,334,028.96	1966	30,034,055.13
1952	29,737,604.47	1967	28,852,233.93 <u>1/</u>
1953	31,253,887.09	1968	29,653,059.43
1954	30,298,720.91	1969	29,161,464.47

## PAYMENTS TO OR ON BEHALF OF MEDICAL

ASSISTANCE TO THE AGED RECIPIENTS 2/

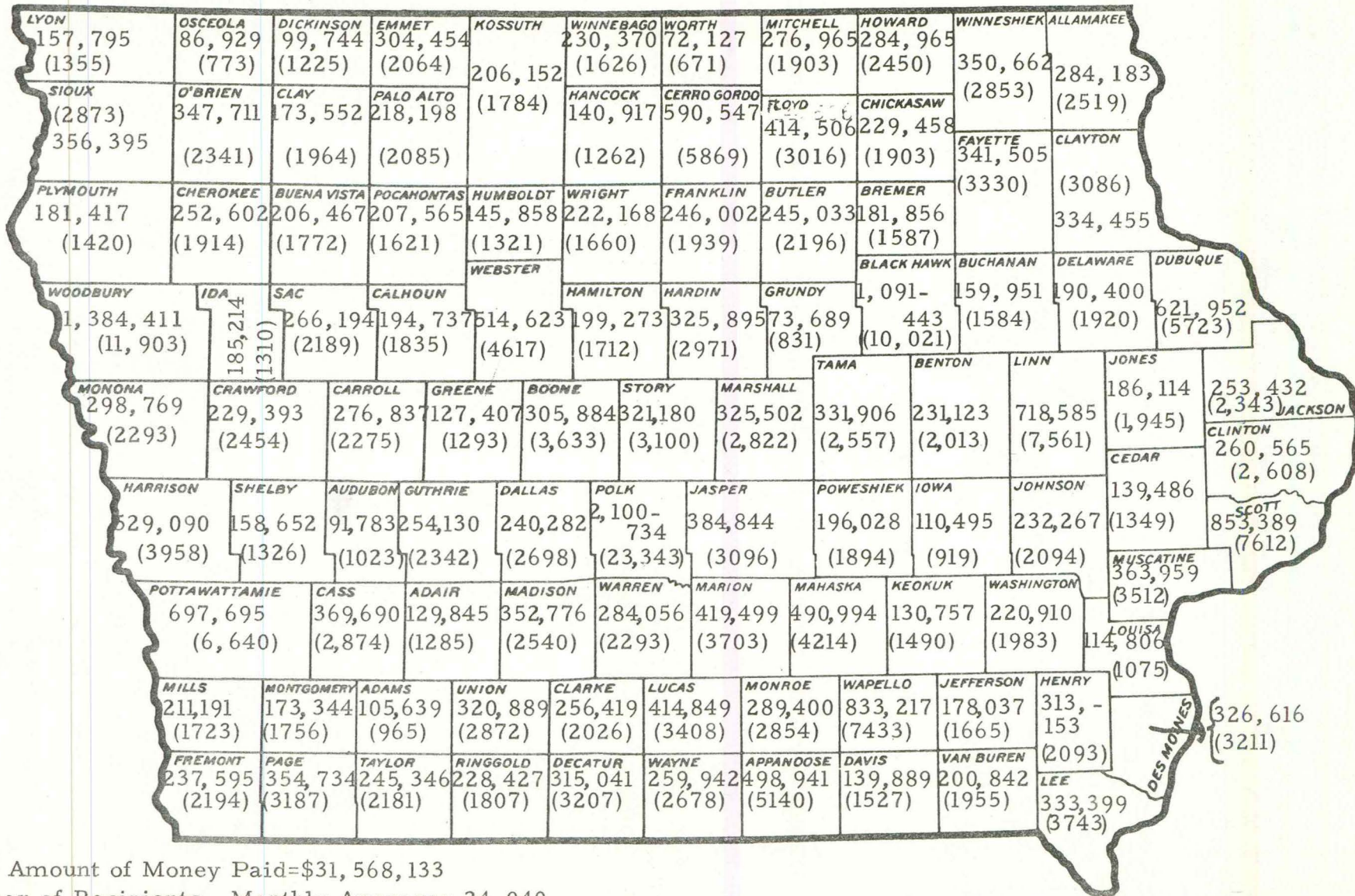
<u>FISCAL</u> <u>YEAR</u>	<u>AMOUNT</u>	<u>FISCAL</u> <u>YEAR</u>	<u>AMOUNT</u>
1964	\$1,375,451.19	1966	\$7,174,415.14
1965	6,824,736.39	1967	5,267,535.07

1/ Title XIX or Medicaid began July 1, 1967 and picked up all the medical for OAA.

2/ MAA was replaced by Title XIX on July 1, 1967.

MONEY SPENT FOR OLD AGE ASSISTANCE and (NUMBER OF PEOPLE BY COUNTY) 1969-1970

July 1, 1969 through June 30, 1970



Total Amount of Money Paid=\$31,568,133  
 Number of Recipients--Monthly Average= 24,040  
 Average Monthly Payment per Individual=\$109.42

(Attachment IM-4)



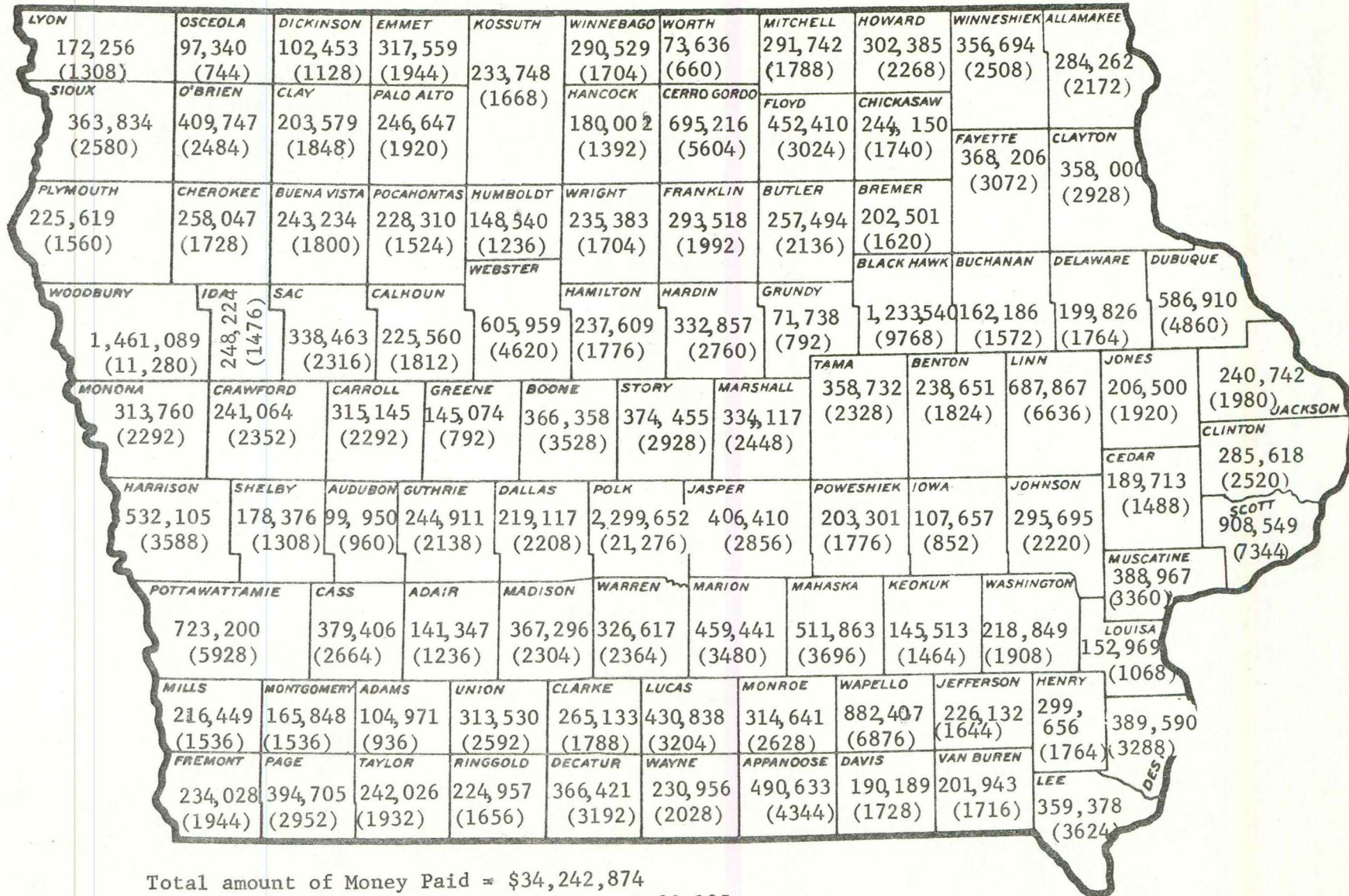
## NUMBER OF OAA CASES BY COUNTIES (FY 1970)

\* To obtain average monthly caseload, divide by 12.

1. Polk.....	23,343	45. Warren.....	2,293	89. Green.....	1,293
2. Woodbury.....	11,903	46. Monona	2,293	90. Adair.....	1,285
3. Black Hawk ...	10,021	47. Carroll.....	2,275	91. Hancock.....	1,262
4. Scott .....	7,612	48. Butler.....	2,196	92. Dickinson .....	1,225
5. Linn.....	7,561	49. Fremont.....	2,194	93. Louisa.....	1,075
6. Wapello.....	7,433	50. Sac .....	2,189	94. Audubon.....	1,123
7. Pottawattamie ..	6,640	51. Taylor .....	2,181	95. Iowa .....	963
8. Cerro Gordo ...	5,769	52. Johnson .....	2,094	96. Adams.....	919
9. Dubuque .....	5,723	53. Henry.....	2,093	97. Grundy.....	831
10. Appanoose .....	5,140	54. Palo Alto.....	2,085	98. Osceola.....	773
11. Webster.....	4,617	55. Emmet.....	2,064	99. Worth.....	671
12. Mahaska .....	4,214	56. Clarke .....	2,026		
13. Harrison.....	3,958	57. Benton .....	2,013		
14. Lee .....	3,743	58. Washington .....	1,983		
15. Marion .....	3,703	59. Clay .....	1,964		
16. Boone .....	3,633	60. Van Buren.....	1,955		
17. Muscatine.....	3,512	61. Jones .....	1,945		
18. Lucas .....	3,408	62. Franklin.....	1,939		
19. Fayette .....	3,330	63. Cherokee.....	1,914		
20. Des Moines .....	3,211	64. Deleware.....	1,920		
21. Decatur.....	3,207	65. Chickasaw.....	1,903		
22. Page .....	3,187	66. Mitchell.....	1,903		
23. Story.....	3,100	67. Poweshiek.....	1,894		
24. Jasper.....	3,096	68. Calhoun .....	1,835		
25. Clayton.....	3,086	69. Ringgold.....	1,807		
26. Floyd.....	3,016	70. Kossuth .....	1,784		
27. Hardin.....	2,971	71. Buena Vista.....	1,772		
28. Cass .....	2,874	72. Montgomery .....	1,756		
29. Sioux.....	2,873	73. Mills.....	1,723		
30. Union.....	2,872	74. Hamilton .....	1,712		
31. Monroe.....	2,854	75. Jefferson.....	1,665		
32. Winneshiek.....	2,853	76. Wright .....	1,660		
33. Marshall.....	2,822	77. Winnebago.....	1,626		
34. Dallas .....	2,698	78. Pocahontas .....	1,621		
35. Wayne .....	2,678	79. Bremer.....	1,587		
36. Clinton .....	2,608	80. Buchanan.....	1,584		
37. Tama.....	2,557	81. Davis .....	1,527		
38. Madison .....	2,540	82. Keokuk.....	1,490		
39. Allamakee .....	2,519	83. Plymouth.....	1,420		
40. Crawford .....	2,454	84. Lyon.....	1,355		
41. Howard.....	2,450	85. Cedar.....	1,349		
42. Jackson.....	2,343	86. Shelby.....	1,326		
43. Guthrie.....	2,342	87. Humboldt.....	1,321		
44. O'Brien .....	2,341	88. Ida.....	1,310		

MONEY SPENT FOR OLD AGE ASSISTANCE and (NUMBER OF CASES) BY COUNTY

JULY 1, 1970 through JUNE 30, 1971



Total amount of Money Paid = \$34,242,874  
 Number of Recipients - Monthly Average = 23,125  
 Average Monthly Payment per individual = \$123.40

## NUMBER OF OAA CASES BY COUNTIES (FY 1971)

To obtain average monthly caseload, divide by 12.

. Polk .....	21,276	51. Jackson .....	1,980
. Woodbury .....	11,280	52. Emmet .....	1,944
. Black Hawk .....	9,768	53. Fremont .....	1,944
. Scott .....	7,344	54. Taylor .....	1,932
. Wapello .....	6,876	55. Jones .....	1,920
. Linn .....	6,636	56. Palo Alto .....	1,920
. Pottawattamie ..	5,928	57. Washington .....	1,908
. Cerro Gordo ....	5,604	58. Clay .....	1,848
. Dubuque .....	4,860	59. Benton .....	1,824
. Webster .....	4,620	60. Calhoun .....	1,812
. Appanoose .....	4,344	61. Buena Vista .....	1,800
. Mahaska .....	3,696	62. Clarke .....	1,788
. Lee .....	3,624	63. Mitchell .....	1,788
. Harrison .....	3,588	64. Hamilton .....	1,776
. Boone .....	3,528	65. Poweshiek .....	1,776
. Marion .....	3,480	66. Delaware .....	1,764
. Muscatine .....	3,360	67. Henry .....	1,764
. Des Moines.....	3,288	68. Chickasaw .....	1,740
. Lucas .....	3,204	69. Cherokee .....	1,728
. Decatur.....	3,192	70. Davis .....	1,728
. Fayette .....	3,072	71. Van Buren .....	1,716
. Floyd .....	3,024	72. Winnebago .....	1,704
. Page .....	2,952	73. Wright .....	1,704
. Clayton .....	2,928	74. Kossuth .....	1,668
. Story .....	2,928	75. Ringgold .....	1,656
. Jasper .....	2,856	76. Jefferson .....	1,644
. Hardin .....	2,760	77. Bremer .....	1,620
. Cass .....	2,664	78. Buchanan .....	1,572
. Monroe .....	2,628	79. Plymouth .....	1,560
. Union .....	2,592	80. Mills .....	1,536
. Sioux .....	2,580	81. Montgomery .....	1,536
. Clinton .....	2,520	82. Pocahontas .....	1,524
. Winneshiek .....	2,508	83. Cedar .....	1,488
. O'Brien .....	2,484	84. Ida .....	1,476
. Marshall .....	2,448	85. Keokuk .....	1,464
. Warren .....	2,364	86. Hancock .....	1,392
. Crawford .....	2,352	87. Lyon .....	1,308
. Tama .....	2,328	88. Shelby .....	1,308
. Sac .....	2,316	89. Adair .....	1,236
. Madison .....	2,304	90. Humboldt .....	1,236
. Carroll.....	2,292	91. Dickinson .....	1,128
. Monona .....	2,292	92. Louisa .....	1,068
. Howard .....	2,268	93. Audubon .....	960
. Johnson .....	2,220	94. Adams .....	936
. Dallas .....	2,208	95. Iowa .....	852
. Allamakee .....	2,172	96. Greene .....	792
. Guthrie .....	2,138	97. Grundy .....	792
. Butler .....	2,136	98. Osceola .....	744
. Wayne .....	2,028	99. Worth .....	660
. Franklin .....	1,992		

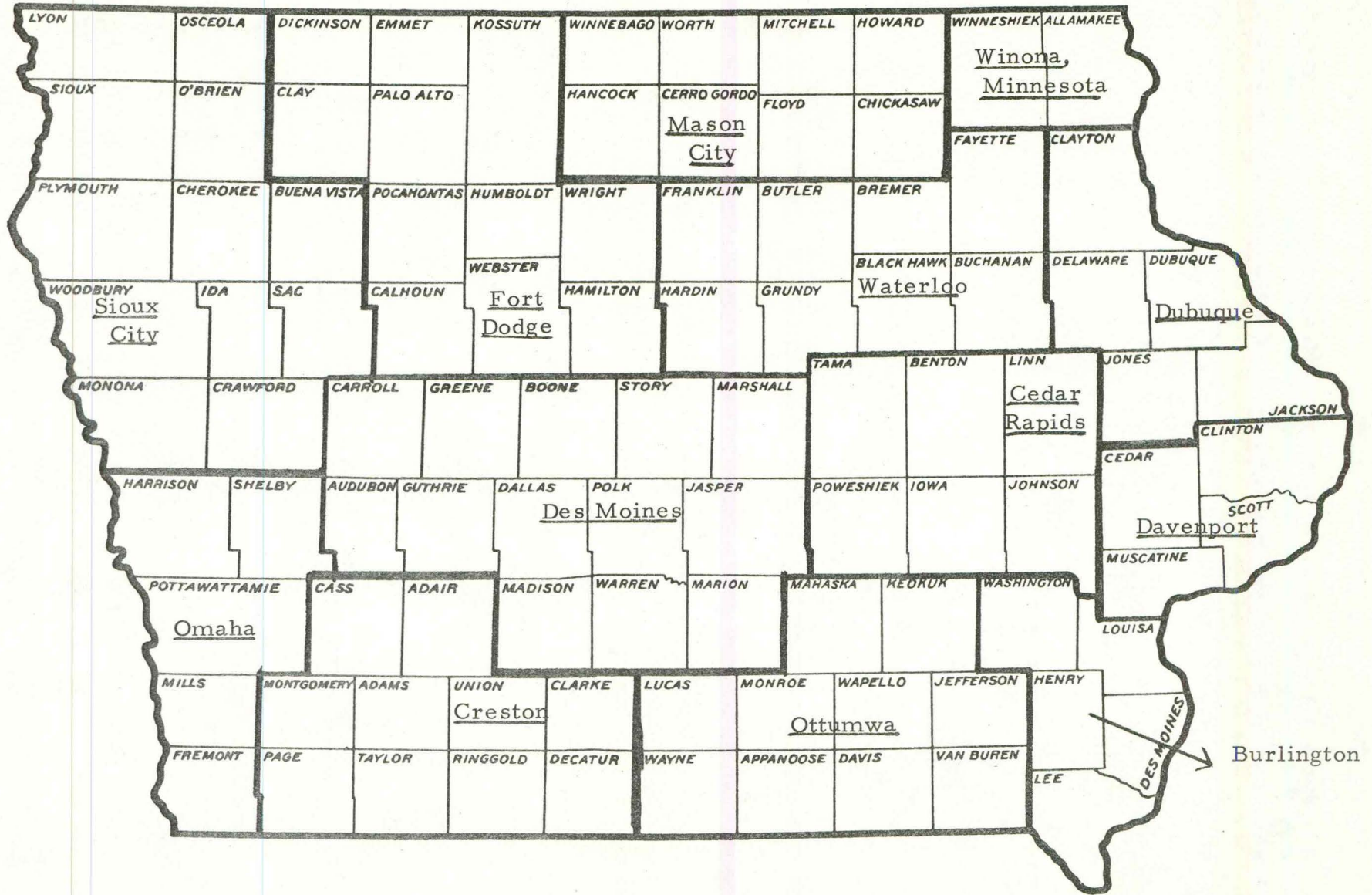
Individual Returns/1968 • Age 65 or Over; Retirement Income Credit

Table 4.1—TOTAL RETURNS WITH AT LEAST ONE TAXPAYER AGE 65 OR OVER: SOURCES OF INCOME AND LOSS, EXEMPTIONS, TAXABLE INCOME, AND TAX ITEMS, BY ADJUSTED GROSS INCOME CLASSES

Table with columns for Adjusted gross income classes, Number of returns, Number of exemptions, Adjusted gross income, Salaries and wages (gross), Business or profession (Net profit, Net loss), and Farm (Net profit, Net loss). Rows include Grand total, Taxable returns, and Taxable returns by adjusted gross income classes.

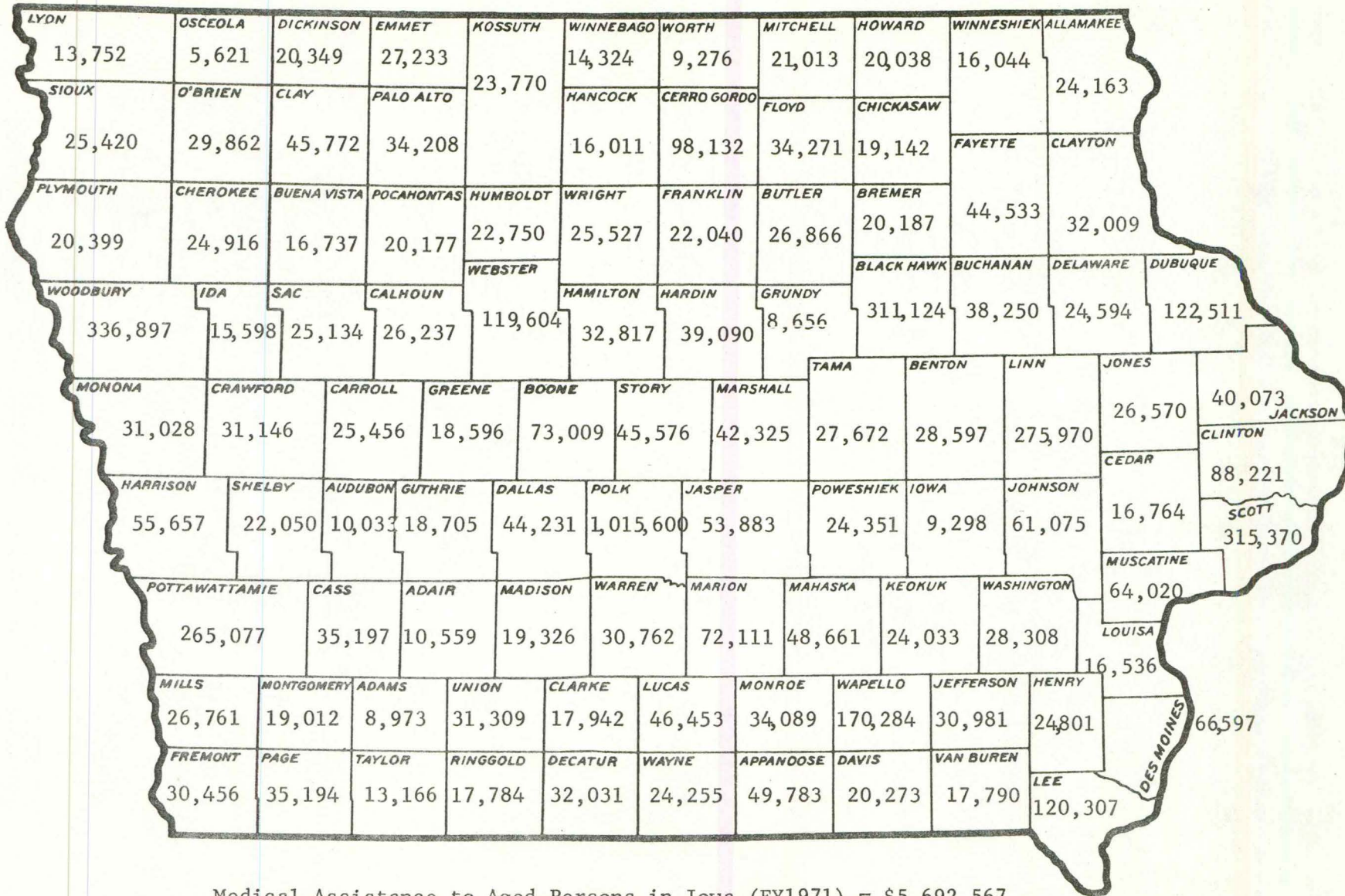
Notes at end of table. See text for "Explanation of Classifications and Terms" and "Sources of Data, Description of the Sample and Limitations of the Data."

SOCIAL SECURITY DISTRICT OFFICES  
IN IOWA



(Attachment IM-7)

Medical Assistance to Aged Persons for FY 71 (Estimated) by County



Medical Assistance to Aged Persons in Iowa (FY1971) = \$5,692,567  
 Number of Recipients - monthly average = 16,790  
 Average monthly payment per individual = \$28.25

SOURCE: STATE DEPARTMENT OF SOCIAL WELFARE, ANNUAL REPORTS TO THE GOVERNOR

PAYMENTS TO OR ON BEHALF OF OLD AGE ASSISTANCE RECIPIENTS

<u>FISCAL</u> <u>YEAR</u>	<u>AMOUNT</u>	<u>FISCAL</u> <u>YEAR</u>	<u>AMOUNT</u>
1940	\$13,185,441.11	1955	\$29,158,099.80
1941	14,197,691.22	1956	28,884,650.20
1942	14,607,076.55	1957	31,485,828.40
1943	14,830,372.61	1958	30,687,153.88
1944	16,877,031.53	1959	31,034,420.13
1945	18,276,337.66	1960	31,807,726.47
1946	19,178,382.81	1961	34,496,909.29
1947	21,237,790.56	1962	33,161,188.06
1948	24,333,037.69	1963	32,046,428.07
1949	26,986,419.63	1964	31,451,273.11
1950	28,881,303.90	1965	30,374,608.35
1951	29,334,028.96	1966	30,034,055.13
1952	29,737,604.47	1967	28,852,233.93 <sup>1/</sup>
1953	31,253,887.09	1968	29,653,059.43
1954	30,298,720.91	1969	29,161,464.47

PAYMENTS TO OR ON BEHALF OF MEDICAL

ASSISTANCE TO THE AGED RECIPIENTS <sup>2/</sup>

<u>FISCAL</u> <u>YEAR</u>	<u>AMOUNT</u>	<u>FISCAL</u> <u>YEAR</u>	<u>AMOUNT</u>
1964	\$1,375,451.19	1966	\$7,174,415.14
1965	6,824,736.39	1967	5,267,535.07

<sup>1/</sup> Title XIX or Medicaid began July 1, 1967 and picked up all the medical for OAA.

<sup>2/</sup> MAA was replaced by Title XIX on July 1, 1967.

## CHAPTER III

### HEALTH, NUTRITION, AND RELATED RESOURCES

#### I. PRESENT SITUATION

- A. The data on health care has necessarily been compiled over the last thirteen (13) months. It will be the policy of the Commission on the Aging to update personnel and facilities every two years as of January 1, 1972. When available, data will be on an annual basis.

##### 1. Personnel:

###### a. Licensed Medical Doctors

December, 1970, Iowa had 2,213 practicing physicians. At the end of this chapter, a map locating by counties the placement of medical doctors. (Attachment HN-1). You can see that a quick glance shows what we have all known for some time--that the populous counties get the most quantity of practicing physicians.

Also, as we compare the areas of the state, the sections of the state which have a high percentage of older people also have the fewest number of doctors and health care facilities available to them.

###### b. Osteopathic Physicians (D. O.)

According to the State Association of Osteopathic Physicians as of January, 1971, there were three hundred thirty (330) licensed and practicing in Iowa. Not every county in Iowa is provided with this professional health care person. Nineteen (19) counties do not have an osteopathic physician. Refer to Attachment HN-2 for state distribution.

###### c. Registered Nurses

As of November 15, 1970, Iowa had 17,896



registered nurses. The same facts apply here as with the licensed medical doctor. However, this does not mean that all of these nurses are practicing or are they full-time. A map at the end of this chapter (Attachment HN-3) locates the known registered nurses.

d. Licensed Practical Nurses

November 1970 there were reported 5,031 LPNs. The ratio of RN to LPN is just over 3/1 in Iowa. Those serving the elderly in primarily the nursing-home environment are in the ratio of approximately four (4) RN's to every three (3) LPN's. Refer to Attachment HN-4 for state distribution.

e. Dentists (D. D. S.)

Iowa in 1970 had 1,284 practicing dentists. The map at the close of the chapter (Attachment HN-5) presents the geographic locations by county.

2. Health Care Facilities (Situation as of April 1, 1970)

a. Approved hospitals

All counties, except seven (7), in Iowa have hospitals for the care of all ages. There are as of January 1, 1971, one hundred thirty-seven (137) units with a total bed capacity of 12,927. Refer to Attachment HN-6 at end of chapter.

b. Extended Care Facilities (as of April 1, 1970)

Total number of units . . . . .	78
Total number of beds . . . . .	5,853

The present situation clearly shows that many counties in Iowa do not provide this service. From the hearings and previous studies in Iowa on the problem, more extended care facility units are withdrawing from Medicare because of many requirements that increase overall costs. (See Attachment HN-7)

c. Inpatient Treatment Available for Psychiatric Cases

Total number units .....	17
Total number beds .....	582

These facilities are sparsely scattered in Iowa with many sections which have a high percentage of elderly not having any facility within 50 or 75 miles. Attachment HN-8 at end of chapter.

d. Licensed Custodial Homes

Total Homes .....	290
Total Beds .....	11,087

See Attachment HN-9 at end of chapter.  
Five (5) counties do not provide this service.  
All are rural nonurban counties.

e. Nursing Homes

1) Profit

a) Total .....	397
b) Bed capacity .....	15,737

2) Nonprofit

a) Total .....	110
b) Bed capacity .....	6,097

See Attachments HN-10 and HN-11 at end of chapter for geographical locations.

3. Health Care Services

a. Homemaker/Home Health Aide Services

1) Total number of programs .....	55
2) Number of counties with programs..	51

b. Mobile Meals

1) Total number of programs .....	37
2) Number of counties with programs..	30

Attachments HN-12 and HN-13 show the distribution of programs.

## B. Future Projections

It appears that the trend will continue for the smaller Iowa rural areas to lose the professional health care person. Various attempts are being made to provide better health professional care for all areas of Iowa.

## II. NEEDS AND PROBLEMS IN HEALTH

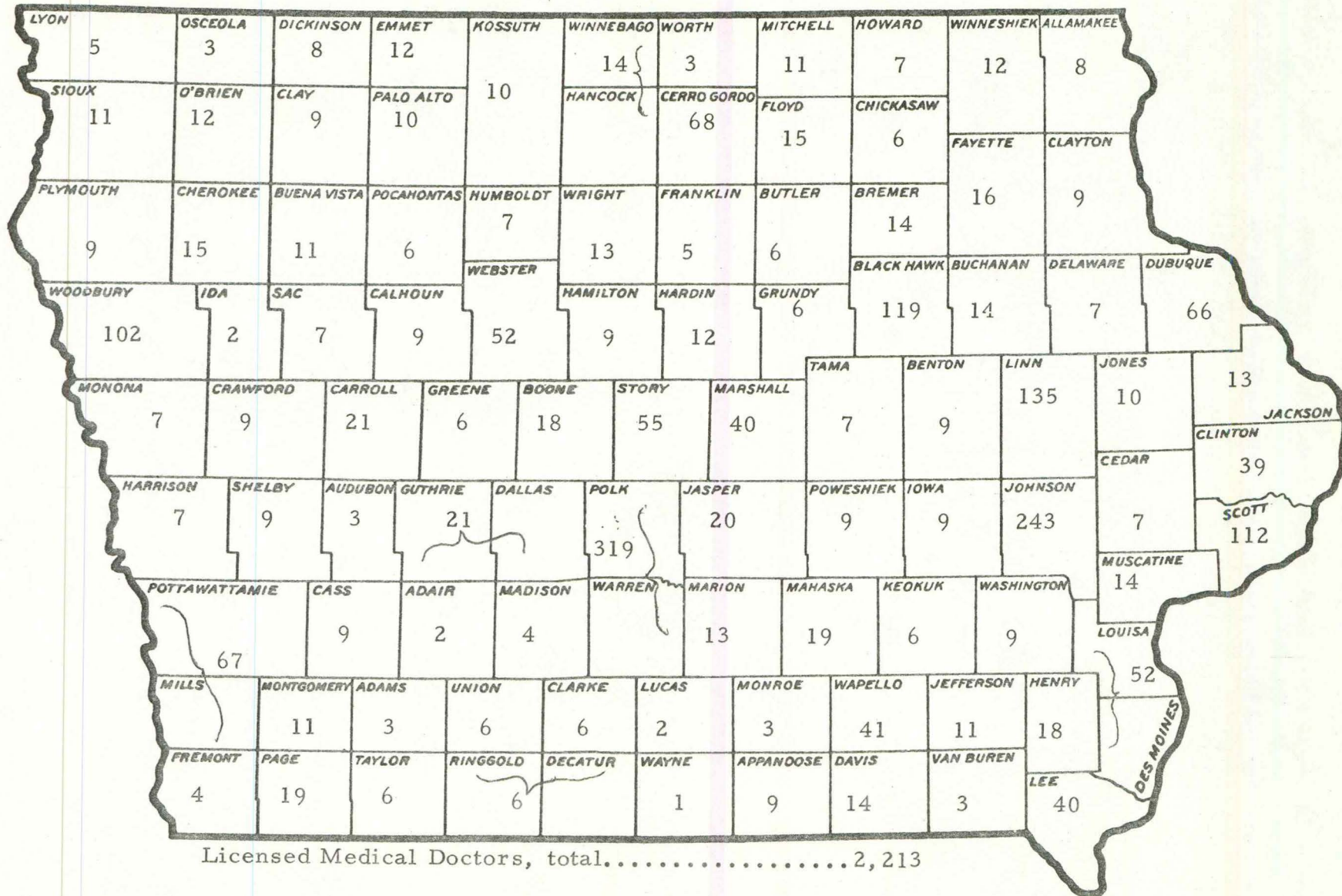
### A. Basic Statements and Assessments of the Health Problems and Needs

1. Need for increased benefits including prescription drugs under Medicare.
2. Lack of medical doctors in the rural communities.
3. Health care costs prohibitive for the majority of the elderly on fixed incomes.
4. Need for medical professional house calls to keep the older individual out of the hospital or institution as long as possible.
5. Need for more home care services to help older citizen remain out of institution as long as possible.
6. Nursing home care costs reasonable and within the economic limits of the moderate to low income elderly.
7. More adequate regulation and supervision of nursing homes and care facilities.
8. More adequate health care facilities in the rural areas.
9. Cost of medicine, office calls, private nursing and hospital care are "beyond the means of these people."
10. Nutritional meals for one or two people.
11. Need for more extended care facilities at reasonable costs.
12. Need for more professional health care personnel who will work with the elderly.
13. Refer to pp. 87-90 of "ABC's of Aging in Iowa" in Appendix.

III. RESOURCES AND SUGGESTED SOLUTIONS FOR HEALTH PROBLEMS IN IOWA.

- A. Refer to attached listing of health resources as stated spent by the State Health Department during last year. (Attachment HN-14)
- B. See Attachments HN-15.1, 2, 3, 4, 5 and HN-16.1, 2, 3, White House Conference on Aging Recommendations, at end of chapter.

LICENSED MEDICAL DOCTORS, 1970



(Attachment HN-1)

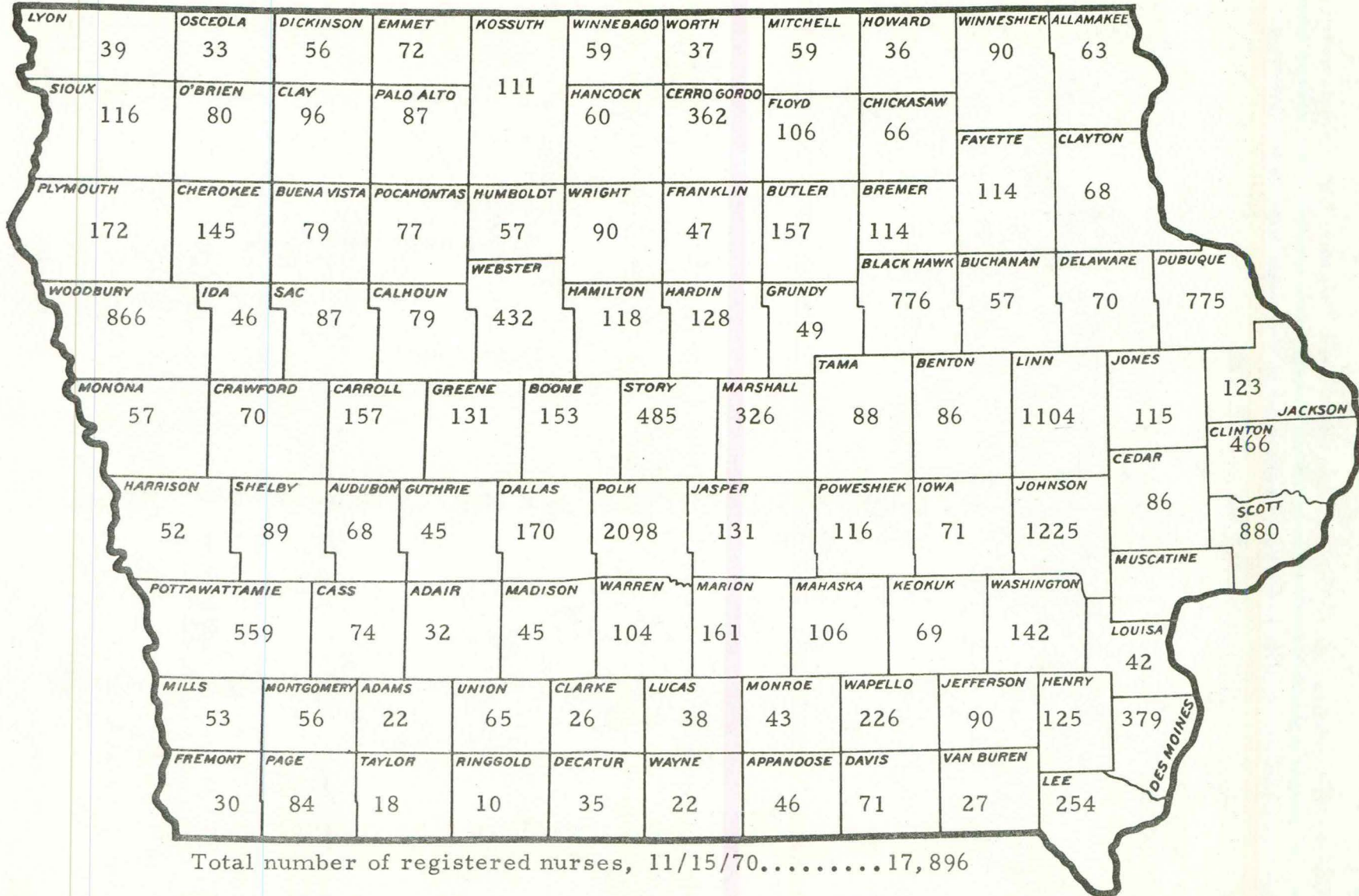
**OSTEOPATHS**  
Members of State Association as of January, 1971

LYON	OSCEOLA	DICKINSON	EMMET	KOSSUTH	WINNEBAGO	WORTH	MITCHELL	HOWARD	WINNESHIEK	ALLAMAKEE	
	1	3	1	5	1	1	1		1	1	
SIOUX	O'BRIEN	CLAY	PALO ALTO		HANCOCK	CERRO GORDO	FLOYD	CHICKASAW		FAYETTE	CLAYTON
	2	a			3	9			1		
PLYMOUTH	CHEROKEE	BUENA VISTA	POCAHONTAS	HUMBOLDT	WRIGHT	FRANKLIN	BUTLER	BREMER			
	2		1	2	2			1			
				WEBSTER				BLACK HAWK	BUCHANAN	DELAWARE	DUBUQUE
WOODBURY	IDA	SAC	CALHOUN		HAMILTON	HARDIN	GRUNDY		3	2	3
	8	1	2	1	5	2	4				
								TAMA	BENTON	LINN	JONES
MONONA	CRAWFORD	CARROLL	GREENE	BOONE	STORY	MARSHALL			1	7	
		2	1	3	10	4	2				1
											JACKSON
											CLINTON
											3
HARRISON	SHELBY	AUDUBON	GUTHRIE	DALLAS	POLK	JASPER	POWESHIEK	IOWA	JOHNSON		SCOTT
2		1	3	11	91	5	1		1		29
											MUSCATINE
											2
POTTAWATTAMIE	CASS	ADAIR	MADISON	WARREN	MARION	MAHASKA	KEOKUK	WASHINGTON			LOUISA
3	5	3	4	6	9	3	2	1			2
											MILLS
											1
											MONTGOMERY
											1
											ADAMS
											1
											UNION
											1
											CLARKE
											1
											LUCAS
											5
											MONROE
											3
											WAPELLO
											8
											JEFFERSON
											2
											HENRY
											2
											1
											DES MOINES
											1
											FREMONT
											1
											PAGE
											1
											TAYLOR
											3
											RINGGOLD
											2
											DECATUR
											1
											WAYNE
											3
											APPANOOSE
											1
											DAVIS
											1
											VAN BUREN
											2
											LEE
											3

Total number of osteopaths..... 330

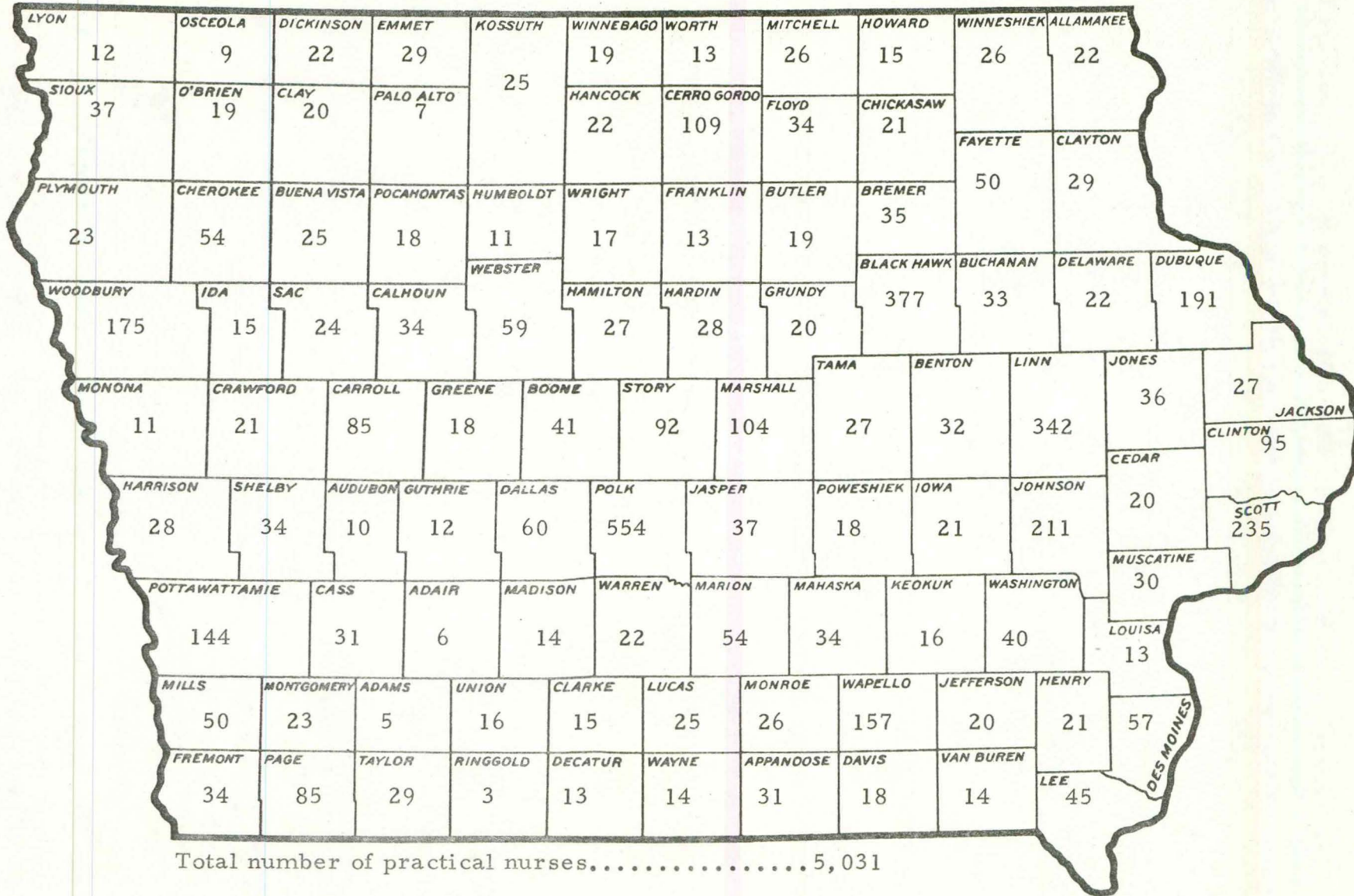
Attachment HN-2)

REGISTERED NURSES AS OF 11/15/70



(Attachment HN-3)

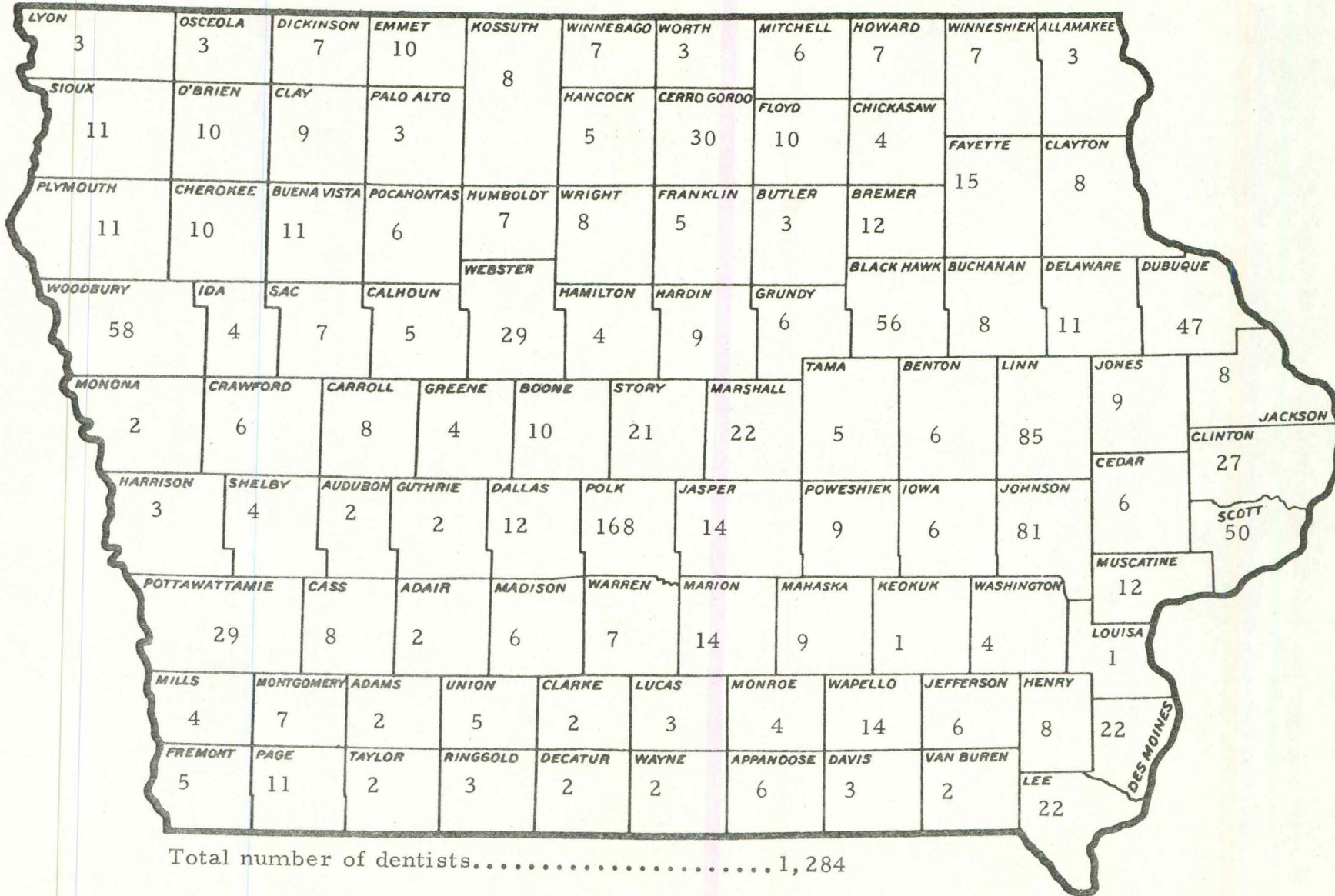
LICENSED PRACTICAL NURSES AS OF 11/15/70



(Attachment HN-4)



## DENTISTS 1970 Members of State Association



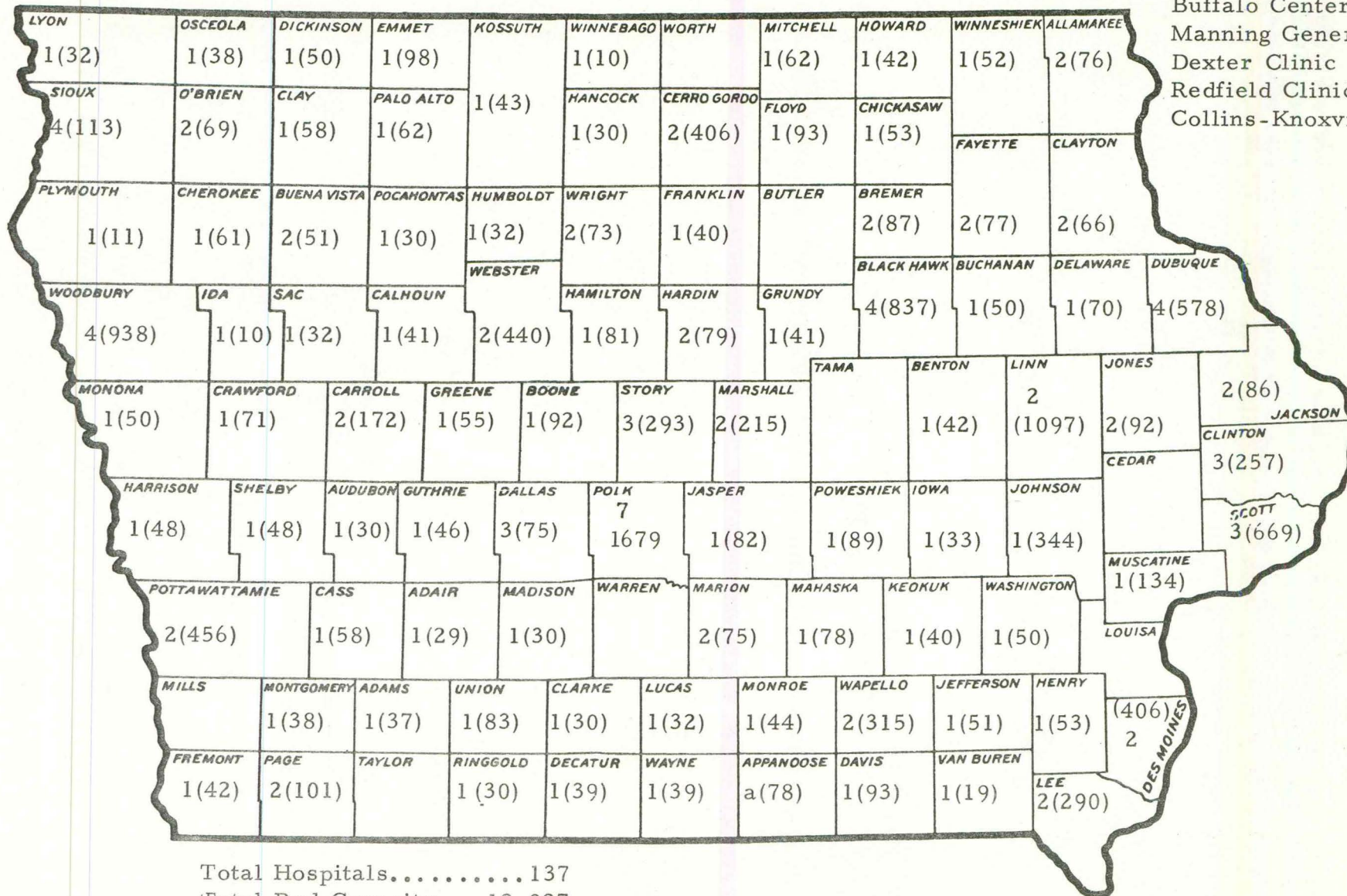
Total number of dentists..... 1,284

Attachment HN-5)

HOSPITALS  
Profit or Non-profit  
(Bed Capacity)

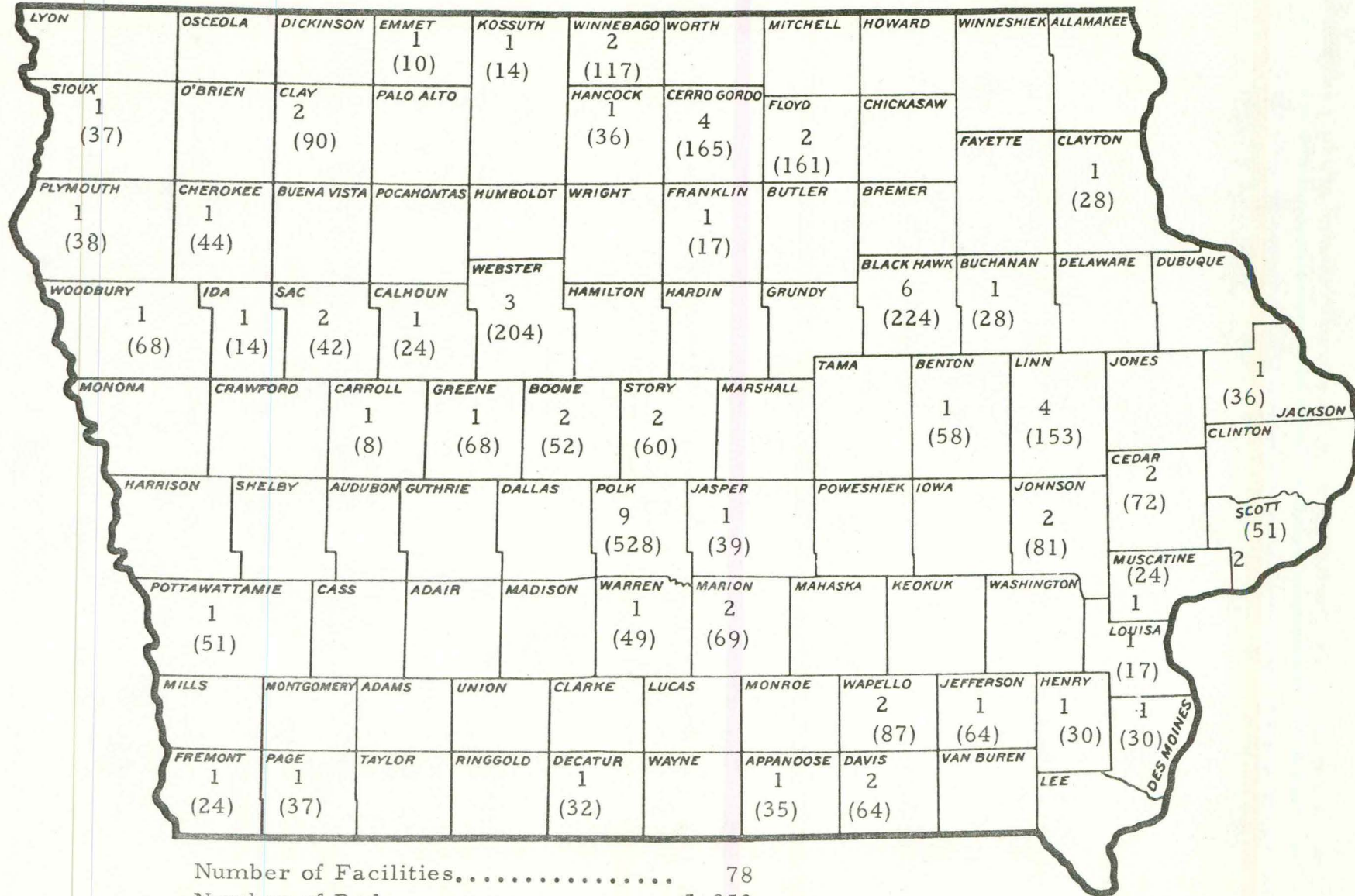
PROFIT HOSPITALS

Buffalo Center Clinic  
Manning General  
Dexter Clinic  
Redfield Clinic  
Collins-Knoxville



Total Hospitals.....137  
Total Bed Capacity....12,927

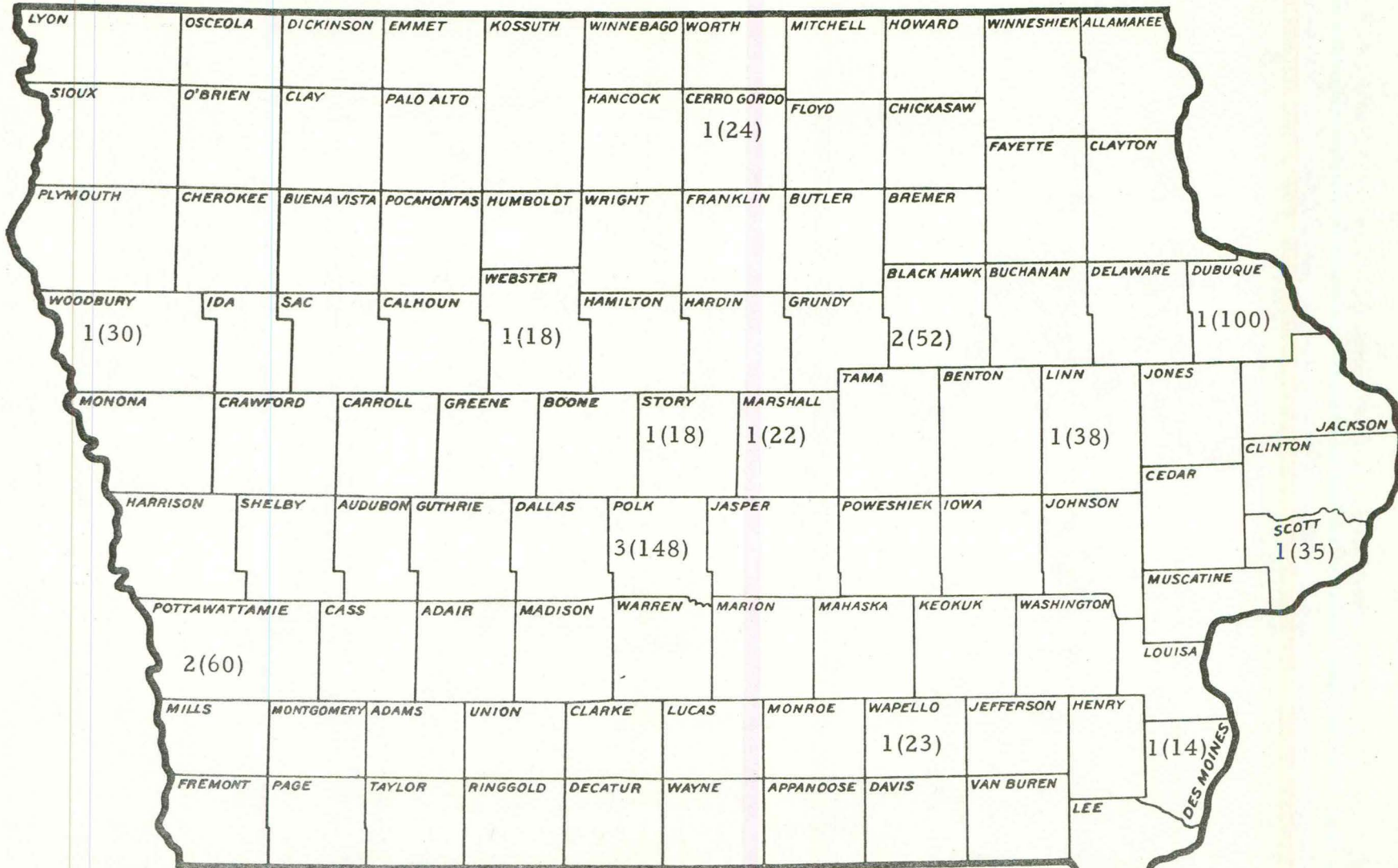
EXTENDED CARE FACILITIES AS OF APRIL 1, 1970  
(Bed Capacity)



Number of Facilities..... 78  
 Number of Beds..... 5,853

## INPATIENT TREATMENT AVAILABLE FOR PSYCHIATRIC CASES

State Hospitals not Included.



Total Hospitals Treating Psychiatric Cases.....17  
 Total Beds.....(582)

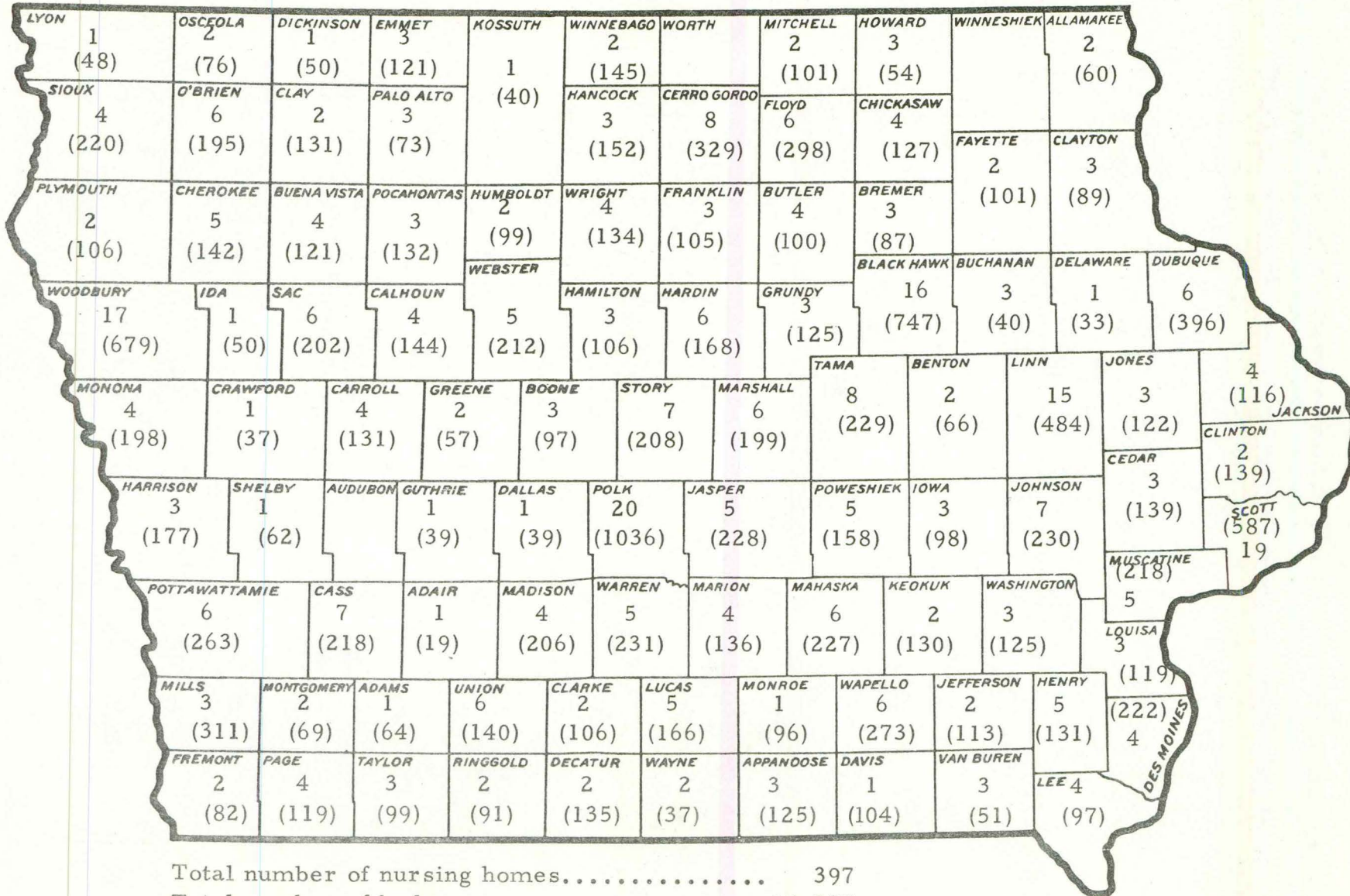
LICENSED CUSTODIAL HOMES  
(Bed Capacity)

County Homes are included.

LYON 2(19)	OSCEOLA 1(11)	DICKINSON 2(59)	EMMET 4(66)	KOSSUTH 2(58)	WINNEBAGO 2(49)	WORTH 1(10)	MITCHELL 1(42)	HOWARD 3(48)	WINNESHIEK 3(105)	ALLAMAKEE 3(70)		
SIoux 3(107)	O'BRIEN 4(93)	CLAY 1(9)	PALO ALTO 1(46)	HANCOCK 1(44)	CERRILLO 3(240)	FLOYD 7(161)	CHICKASAW 2(34)	FAYETTE 4(180)	CLAYTON 3(130)			
PLYMOUTH 1(69)	CHEROKEE 1(3)	BUENA VISTA 2(119)	POCAHONTAS	HUMBOLDT	WRIGHT 5(79)	FRANKLIN	BUTLER 5(80)	BREMER 2(112)	BLACK HAWK 5(463)	BUCHANAN 3(96)	DELAWARE 7(152)	DUBUQUE 5(334)
WOODBURY 7(311)	IDA 1(3)	SAC 2(34)	CALHOUN 1(45)	WEBSTER 2(610)	HAMILTON 2(76)	HARDIN 5(123)	GRUNDY 1(13)	TAMA 4(95)	BENTON 2(53)	LINN 6(243)	JONES 4(120)	JACKSON 5(83)
MONONA 1(3)	CRAWFORD 2(88)	CARROLL 4(73)	GREENE 2(41)	BOONE 6(379)	STORY 4(215)	MARSHALL 2(94)	JASPER 4(177)	POWESHIEK 2(73)	IOWA 1(57)	JOHNSON 1(114)	CLINTON 2(220)	SCOTT 7(453)
HARRISON 3(28)	SHELBY 4(129)	AUDUBON 2(74)	GUTHRIE 2(72)	DALLAS 4(186)	POLK 16(1006)	MARION 5(67)	MAHASKA 5(155)	KEOKUK 5(102)	WASHINGTON 4(202)	MUSCATINE 2(120)	LOUISA 1(33)	DES MOINES 7
POTTAWATTAMIE 5(161)	CASS 4(96)	ADAIR	MADISON 2(17)	WARREN 3(32)	MARION 5(67)	MAHASKA 5(155)	KEOKUK 5(102)	WASHINGTON 4(202)	MUSCATINE 2(120)	LOUISA 1(33)	DES MOINES 7	
MILLS	MONTGOMERY 3(88)	ADAMS 2(67)	UNION 2(34)	CLARKE 2(22)	LUCAS 2(58)	MONROE 5(112)	WAPELLO 3(142)	JEFFERSON 3(75)	HENRY 4(101)			
FREMONT 2(45)	PAGE 2(56)	TAYLOR 2(55)	RINGGOLD 1(7)	DECATUR 1(38)	WAYNE 2(35)	APPANOOSE 3(59)	DAVIS 1(49)	VAN BUREN 3(80)	LEE 3(192)			

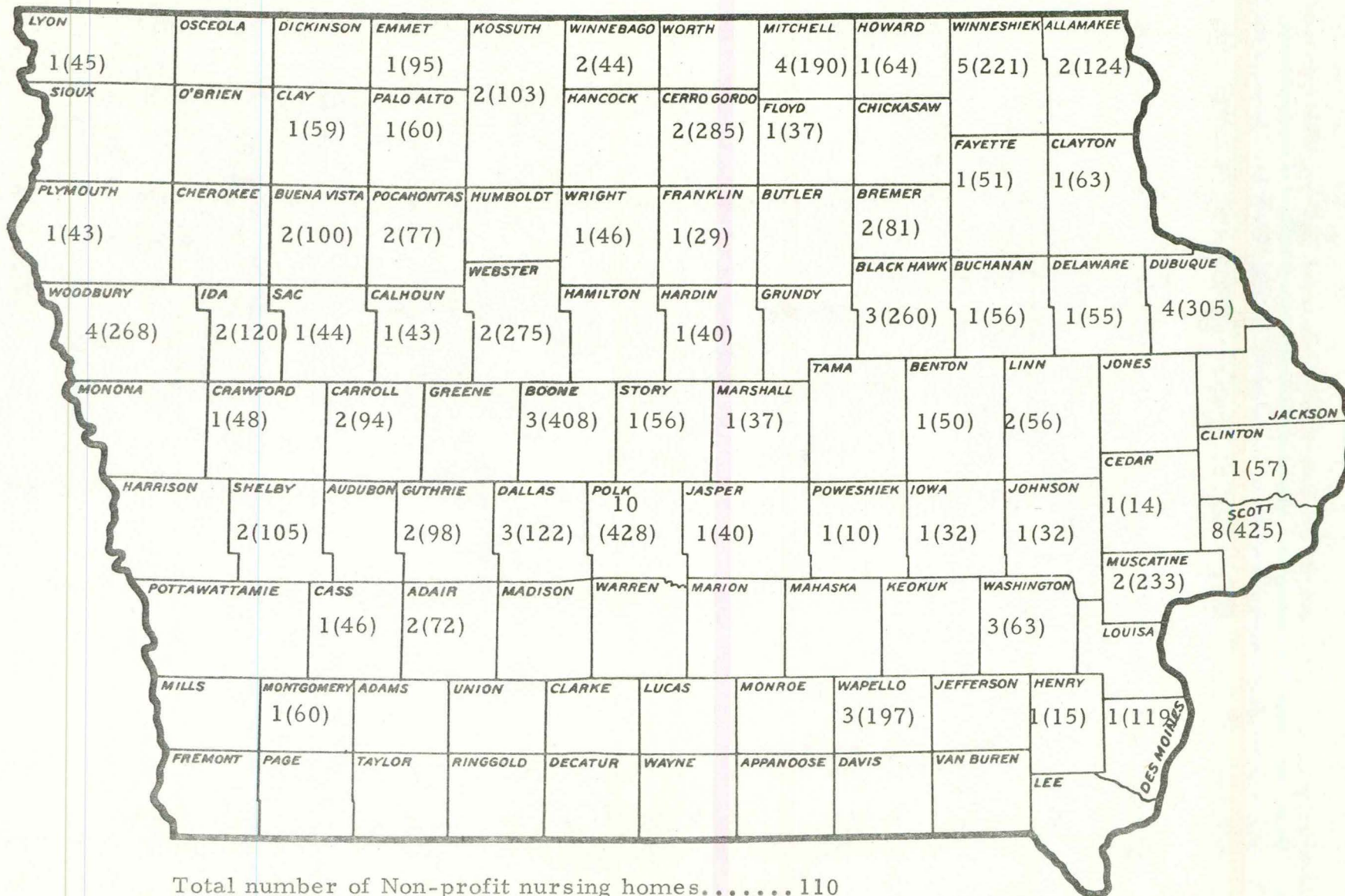
Total Homes.....290  
Total Beds.....11,087

PROFIT NURSING HOMES  
(Bed Capacity)



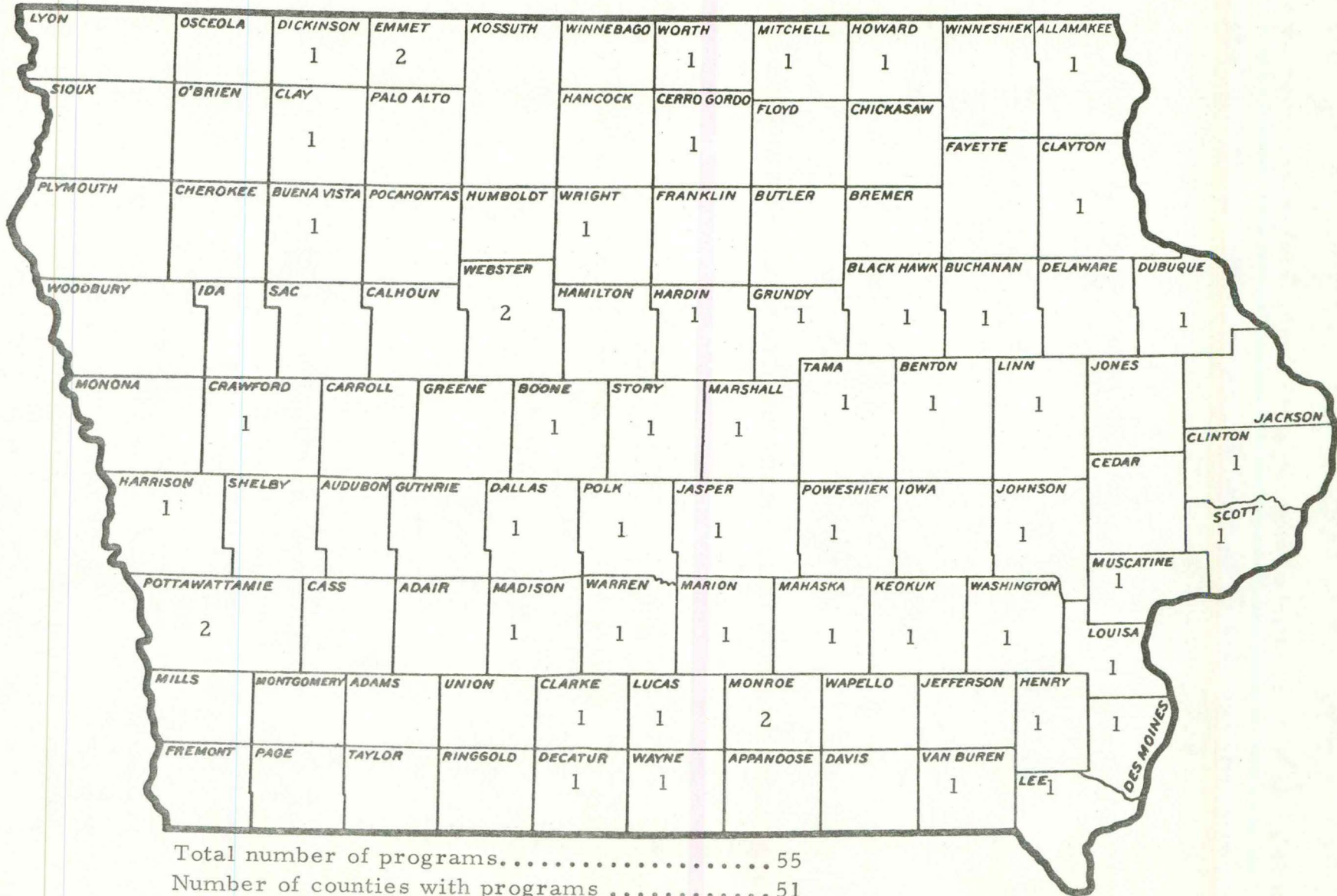
Total number of nursing homes..... 397  
 Total number of beds ..... 15,737

NON-PROFIT NURSING HOMES  
(Bed Capacity)



Total number of Non-profit nursing homes..... 110  
 Total number of beds ..... 6,097

HOMEMAKER SERVICE  
January 28, 1971



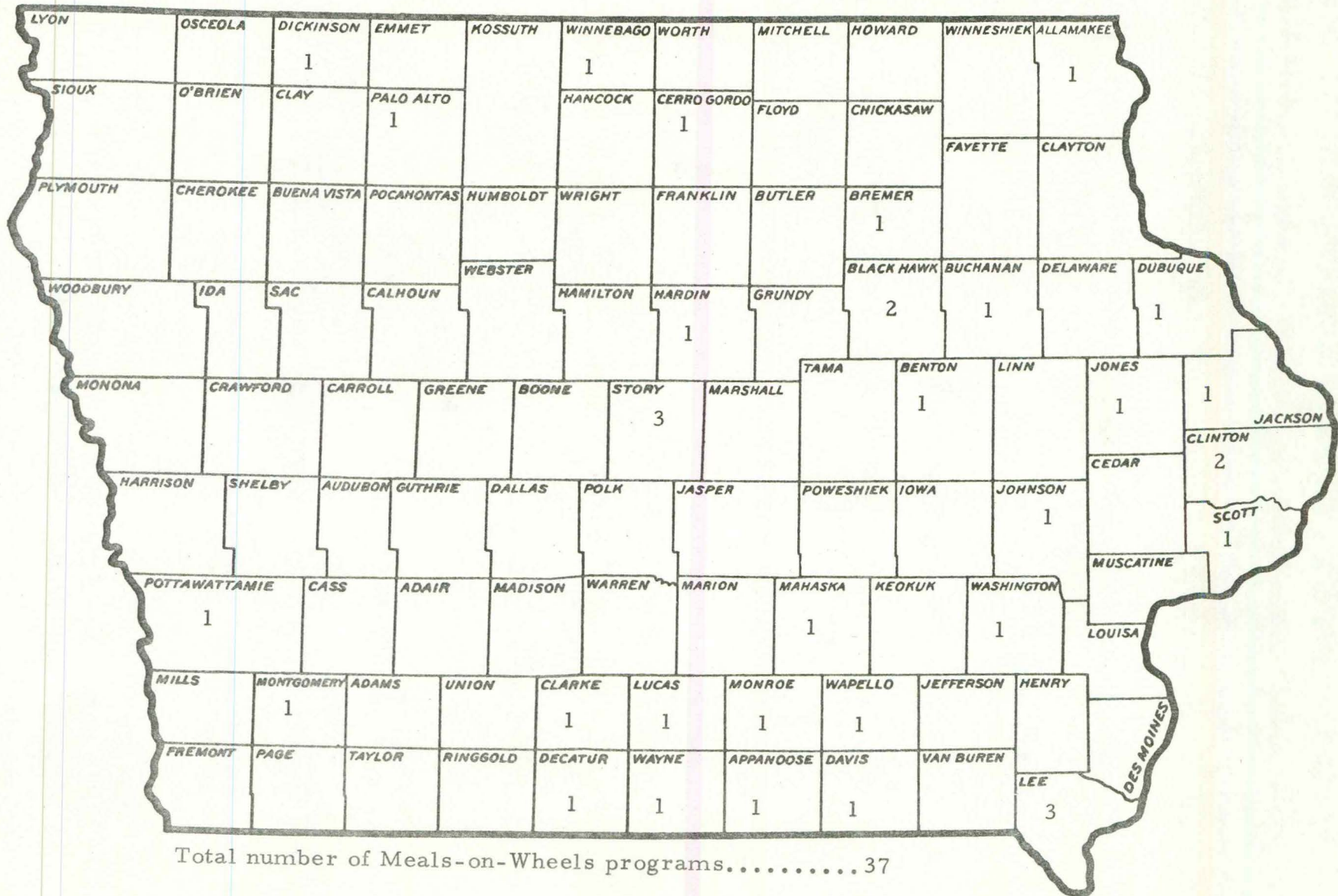
Total number of programs.....55

Number of counties with programs .....51

(Attachment HN-12)



MEALS-ON-WHEELS  
January 28, 1971



Total number of Meals-on-Wheels programs.....37

(Attachment HN-13)

STATE DEPARTMENT OF HEALTH  
Funds Budgeted for Services to Chronically Ill and Aged  
Fiscal Year 1971 - 1972

The Iowa State Department of Health provides a wide variety of services to the people of Iowa. Some are provided directly and some through local health departments. Some are direct services to individuals and some are services designed to protect the citizen or in some other way improve his health and well being.

Although none of these activities are designed to serve only older Iowans nearly all the activities are of benefit to older Iowans as much as others. Many of the department's activities are of particular benefit to the elderly. Such programs would particularly include bedside home nursing care done by public health nurses, consultation with and licensure of hospitals and nursing homes, and homemaker-home health aide services.

Below are listed several activities which particularly relate to the elderly and in which a reasonable estimate can be made of what portion of the activity is devoted to the elderly. The total budget figure for that activity for Fiscal Year 1971-1972 and the amount applicable to the elderly is then indicated. If no percentage figure is indicated the entire amount is counted. The totals at the bottom and in the right hand column indicate only those figures that apply for services to older Iowans rather than total budget figures.

	<u>State &amp; Local Funds</u>	<u>Federal Grant Funds</u>	<u>Total</u>
Local Nursing Services:			
Total Budgeted	\$613,000.00	\$288,700.00	
45% C.I.&A Services	275,850.00	129,915.00	\$405,765.00
Supervisory Nurses Section	--	144,990.00	
Nursing Division	<u>26,350.00</u>	<u>23,200.00</u>	
Total Budgeted	26,350.00	168,210.00	
30% Services to Aged	7,905.00	50,463.00	58,368.00
Home Health Services	137,787.00	171,900.00	309,687.00
Homemaker-Health Aide Services	64,370.00	93,100.00	157,470.00
Rehabilitation Section			
Total Budgeted	--	29,700.00	
50% to Aged	--	14,850.00	14,850.00
Dietary Management Division			
Total Budgeted	21,330.00	50,960.00	
30% to Aged	6,399.00	15,288.00	21,687.00
	<u>\$492,311.00</u>	<u>\$475,516.00</u>	<u>\$967,827.00</u>

1971 WHITE HOUSE CONFERENCE ON AGING

POLICY RECOMMENDATION REPORT SHEET

State White House Conference held in Des Moines, Iowa, May 13, 1971

Policy recommendations or statement prepared by task force preceding the conference and additions or amendments provided at the conference, relating to -

HEALTH

---

Priority No. 1

It is recommended that the State Health Department Health Facilities Service be charged to determine the optimum needs for all types of health care facilities for all areas of the state, and that based on such a determination of needs, a State Master Plan be developed which will assure adequate numbers of beds of all types for all areas of the state. It is further recommended that whatever legislative authority is required be enacted along with appropriations of sufficient funds to assure the development, evaluation and implementation of such a State Master Plan at the earliest possible moment.

\* \* \*

Priority No. 2

It is recommended that the necessary steps be taken immediately to assure Iowa's aged and medically indigent populations full Medicare and Medicaid benefits as prescribed by the patient's attending physician subject only to the local provider's utilization review committee.

\* \* \*

Priority No. 3

It is recommended that an interdepartmental coordinating body comprising representatives of the State Department of Health, the Department of Social Services, and the Commission on the Aging be formed and given adequate financing and authority to promote, develop and establish comprehensive Home Health Care Programs in each section of the state. This should include developing adequate training programs for personnel who will staff such programs.

\* \* \*

HEALTH (continued)

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Next highest priority was given to the following three recommendations together.

It is recommended that the Iowa State Health Department be charged to develop and implement a full range of geriatric health services, including community health aides devoted exclusively to working with the elderly, transportation to and from health facilities, home care and preventive techniques, such as screening and health education, and including the provision of a regular medical checkup for the aging and the aged at a minimal cost, and without cost to those who cannot afford it.

\* \* \*

It is recommended that any such range of geriatric services include the full range of rehabilitation services to be provided in whatever setting the aged may be; the only criterion being whether or not the service is needed.

\* \* \*

It is recommended

- (a) that every possible effort be made for the utilization of existing mental health services by the aged with such needs; and
- (b) that the special mental health needs of the aged be given full attention in state and local planning for the development, expansion and location of comprehensive community mental health centers, which should be as close to home as possible, with minimal disruption of the patients' family and community life; and
- (c) that adequate services for the elderly mentally ill patients include short-term hospital care, long-term hospital care, day care, out-patient services, day centers and home visiting services; and
- (d) that the local service of hospitals, county homes, nursing homes, mental health centers, and other agencies be coordinated to permit effective and appropriate care and treatment of the elderly mentally ill patient through all phases of his illness without interruption; and
- (e) that all non-hospital facilities such as long-term residential care facilities, foster homes and other homes for the aged be developed and maintained separately from hospital facilities for those patients who do not need further medical or psychiatric clinical treatment; and

HEALTH (continued)

- (f) that the State Health Department be provided sufficient appropriation support and personnel to re-examine and expand its services relating to the licensing, inspection and regulations of homes in order to promote and insure the adequate care of the aged and convalescent person in such homes; and
- (g) that medical and psychiatric consultation services be made available to non-medical community agencies and organizations assisting in the care and treatment of the aged mentally ill.

\* \* \*

Following not listed according to priority ranking:

It is recommended that the Comprehensive Health Planning Council be charged with determining more factually than has ever been done heretofore what the health care manpower and service needs of the aged are.

\* \* \*

It is recommended that the Governor impanel a Commission of Educators with professional providers of health services to plan and work toward the implementation of educational programs to bring Iowa's health manpower force up to the number needed to assure quality health care to Iowa's aging and aged citizens.

\* \* \*

It is recommended that the provision of quality health care be made a part of the licensure requirements of all extended treatment, skilled and intermediate nursing care facilities, both private and governmental.

\* \* \*

It is recommended that Medicare be modified to provide: 1) coverage for extended care and home care without prior admission to an acute care hospital; 2) expanded coverage for home care; 3) coverage of out-of-hospital drugs at the earliest date administratively feasible; 4) removal of the 100 day time limit on skilled nursing home care; and 5) coverage for early diagnostic and other preventive measures.

\* \* \*

HEALTH (continued)

---

It is recommended that the President seek Congressional authorization for front-end financing from the Medicare Trust Fund of a full range of geriatric health services including community health aides devoted exclusively to working with the elderly, transportation to and from health facilities, home care, and preventive techniques such as screening and health education.

We further recommend that wherever possible these services be delivered through neighborhood health centers. We also recommend that a number of such centers be expanded through front-end financing from the Medicaid appropriation.

In addition we recommend that in Iowa the requirement of relinquishing assets for eligibility for assistance be re-evaluated and realistically established so as to not impoverish the applicants and in essence cause them to declare themselves paupers, and that

Eligible applicants for extended care services receive adequate funds to cover the costs of the extended care service without taxing the self-pay patient.

\* \* \*

It is recommended that the restrictions in Medicare coverage on out-patient psychiatric care be removed so that Medicare pays the same benefits for out-patient psychiatric treatment as it does for all other medical care. We further recommend that the 190-day life-time limitation under Medicare for in-patient treatment in a psychiatric hospital be removed.

\* \* \*

It is recommended that the President request Congress to authorize the appointment of a Commission on the Mental Health of the Elderly comprised of representatives from concerned federal agencies, national organizations, Congress, and the judiciary, and private citizens to study, evaluate, and to recommend a comprehensive set of policies for the federal government, the several states, and local communities to pursue in this vital area.

\* \* \*

It is recommended that in addition to other community information and referral services the Social Security Administration establish a system for delivering information through its District Offices to older persons and their families concerning the availability of benefits and services for the elderly. We recommend that the costs of the system be paid from general revenues. We further recommend that, wherever feasible, the Social Security Administration contract for performance of this function

HEALTH (continued)

with voluntary organizations. Finally, we recommend that in the performance of this function older persons be employed or utilized as volunteers on a priority basis.

\* \* \*

It is recommended that the Comprehensive Health Planning Council of Iowa be directed to conduct a statewide study of health services available to the aged, and that the results of such study be provided to those agencies of government responsible for health care and to those educational programs responsible for health education.

It is further recommended that the state join with the federal government as necessary to forward an expansion and development of both basic and applied research at the University of Iowa and other universities, colleges, training centers, official state agencies and volunteer agencies concerning all of the ways in which the present health care system might be improved to better serve the older segment of the population.

\* \* \*

It is recommended that the Health Services and Mental Health Administration establish within the National Center for Health Services Research and Development a council for the study of the organization, planning, management, financing, and delivery of health care for the elderly. We further recommend that within a reasonable period of time this council design, conduct, and report on large scale experiments concerning comprehensive coverage, incentives for comprehensive care which would be added to existing health programs, and the effect of removing or reducing the deductible and co-insurance features of Medicare.

\* \* \*

The Task Force also adopted in toto all of the health recommendations contained in the report of the President's Task Force on the Aging.

\*\*\*\*\*

1971 WHITE HOUSE CONFERENCE ON AGING

POLICY RECOMMENDATION REPORT SHEET

State White House Conference held in Des Moines, Iowa, May 13, 1971

Policy recommendations or statement prepared by task force preceding the conference and additions or amendments provided at the conference, relating to -

NUTRITION

---

Priority No. 1

We recommend that the money income of the aged poor be increased so that they may have greater opportunity to purchase more and a variety of nutritious food. Until such a time as there be money allowances for food purchases to the aged poor and in view of the money problems, inconveniences, and of the inadequate distribution of its services to the aged poor, we recommend that the State Department of Social Services study the Food Stamp program with a view to enhancing its effectiveness and convenience.

\* \* \*

Priority No. 2

Provide meals by a community agency rather than determining that the older people should move to an institution for the aged, when older people who live in their own homes or apartments are unable to provide adequate nutritious meals for themselves. In order to accomplish this it may be important to place emphasis on a statewide effort to provide home-delivered and community meals so that every older person in Iowa who needs this service may receive it.

\* \* \*

Priority No. 3

It is recommended that a coordinating committee made up of representatives from agencies dealing with nutrition for the aging and representatives of the consumer group (the elderly) be appointed by the Commission on the Aging to coordinate the work in nutrition for this group.

\* \* \*



NUTRITION (continued)

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Priority No. 4

Encourage and support programs of nutrition education toward: the maintenance of good nutrition throughout adulthood and in the later years of life; the development of guidelines for good dietary practices for older people; the education of those who serve the older persons in professional and related capacities in the development of special techniques and methods directed toward teaching the aging.

\* \* \*

Priority No. 5

The Iowa Task Force on Nutrition accepts the recommendation of the National Task Force on Aging, Recommendation 23 Nutrition Programs for the Elderly. "We recommend that the President direct the Administration on Aging and the Department of Agriculture to develop a program of technical assistance and, when necessary, financial assistance to local groups so that such groups can provide daily meals to ambulatory older persons in group settings and to shut-ins at home."

\* \* \*

Following not listed according to priority ranking -

It is recommended that all agencies working with nutrition be encouraged to work to establish the concept that nutrition for the aging is a community health problem; the Commission on Aging prepare guidelines for community action to provide better nutrition services for the elderly giving special attention to the nutritional needs of older persons living in small towns and rural areas.

\* \* \*

Use every means to develop an awareness and understanding of the need for voluntary leadership in the community in providing a variety of services for the elderly. Work with the Social Service Volunteer Services and other community groups to coordinate the volunteer program.

\* \* \*

A percentage of (federal) funds should be given to nutrition research to insure a continuing flow of knowledge. Money should be allocated to action programs to locate and rehabilitate the malnourished aged.

\* \* \*

NUTRITION (continued)

---

Federal government needs to establish standards of food services provided by institutions and home care agencies and insist that, in order to share in federal grant programs, these standards be met. These standards must be enforced at the local level.

\* \* \*

Government resources allocated to nutrition should be used to alleviate conditions of the moment. Running concurrently with this, resources should be used to educate the consumer and those who serve the consumer in professional and related capacities.

\* \* \*

Federal policy, in general, should be to encourage provision of services and facilities for feeding within households. However, any federally assisted housing development for the elderly should have congregate feeding service which would be open to those living in the area.

\* \* \*

We recommend that the responsibility for providing the means to obtain an adequate food supply fall to the federal government where it is not possible on an individual or family basis.

\* \* \*

With the increasing complexity of our society and the growing concern with environmental health, we believe that governmental control of the safety and wholesomeness of our national food supply will be increasingly important. We respect the role food industries perform in maintaining food quality and safety, but we believe that this responsibility cannot be left to the private sector alone.

\*\*\*\*\*

## CHAPTER IV

### HOUSING FACILITIES AND PROGRAMS

#### I. PRESENT SITUATION

A. Housing programs are rapidly developing across the State of Iowa. There are many and varied types of housing programs available in the field of aging. Some of these are:

1. Housing programs under the Farmers Home Administration.
2. Housing programs under Federal Housing Authority.
3. Housing programs under Housing and Urban Development, to mention a few.

#### B. Farmers Home Administration Housing Programs

1. During fiscal year 1971 \$23,948,744 were loaned to various programs in the State of Iowa under this program.
2. Attached is a map locating by county and community the known programs under the Farmers Home Administration. (Attachment Ho-1)

#### C. Federal Housing and Housing and Urban Development programs.

1. During fiscal year 1971 the amount of insured loans by these agencies amounted to \$70,358,955.
2. Attached are maps locating the various programs which are presently guaranteed by loans in the State of Iowa. (Attachments Ho-2 and Ho-2.1)
3. Also, a map locating programs that are in the planning stage or are in some stage of development for housing the elderly in Iowa. (Attachment Ho-3)

## II. PROBLEMS AND NEEDS

Refer to pages 91 through 94 of "The ABC's of Aging in Iowa" in the Appendix.

## III. SUGGESTED SOLUTIONS

- A. Federal assistance should be provided to elderly home owners so they can maintain and stay in their own homes. Freeze property taxes or at least extend some kind of tax relief to them.

The existing planning and development divisions or sections at state and federal levels should be reorganized so that they can devote more time in assisting communities to promote housing needs for senior citizens.

A mini-bus type transportation service should be considered together with an elderly housing project, its operation to be insured by a transportation subsidy if necessary. (Transportation should be provided for senior citizens whether in housing projects or not. Rural areas, as well as urban, need transportation provided for the elderly... also to nearby communities.)

The present state law should be amended to allow, within the low-rent housing projects, retail outlets to accommodate the elderly tenants.

Housing for the elderly in low population communities should be related to a community service facility for group activities.

A central office on aging should be established to develop national policy on aging; to oversee the planning and evaluation of all activities relating to aging; and the coordination of such activities.

The recommendations of the President's Task Force on the Aging, as it relates to housing, should be implemented.

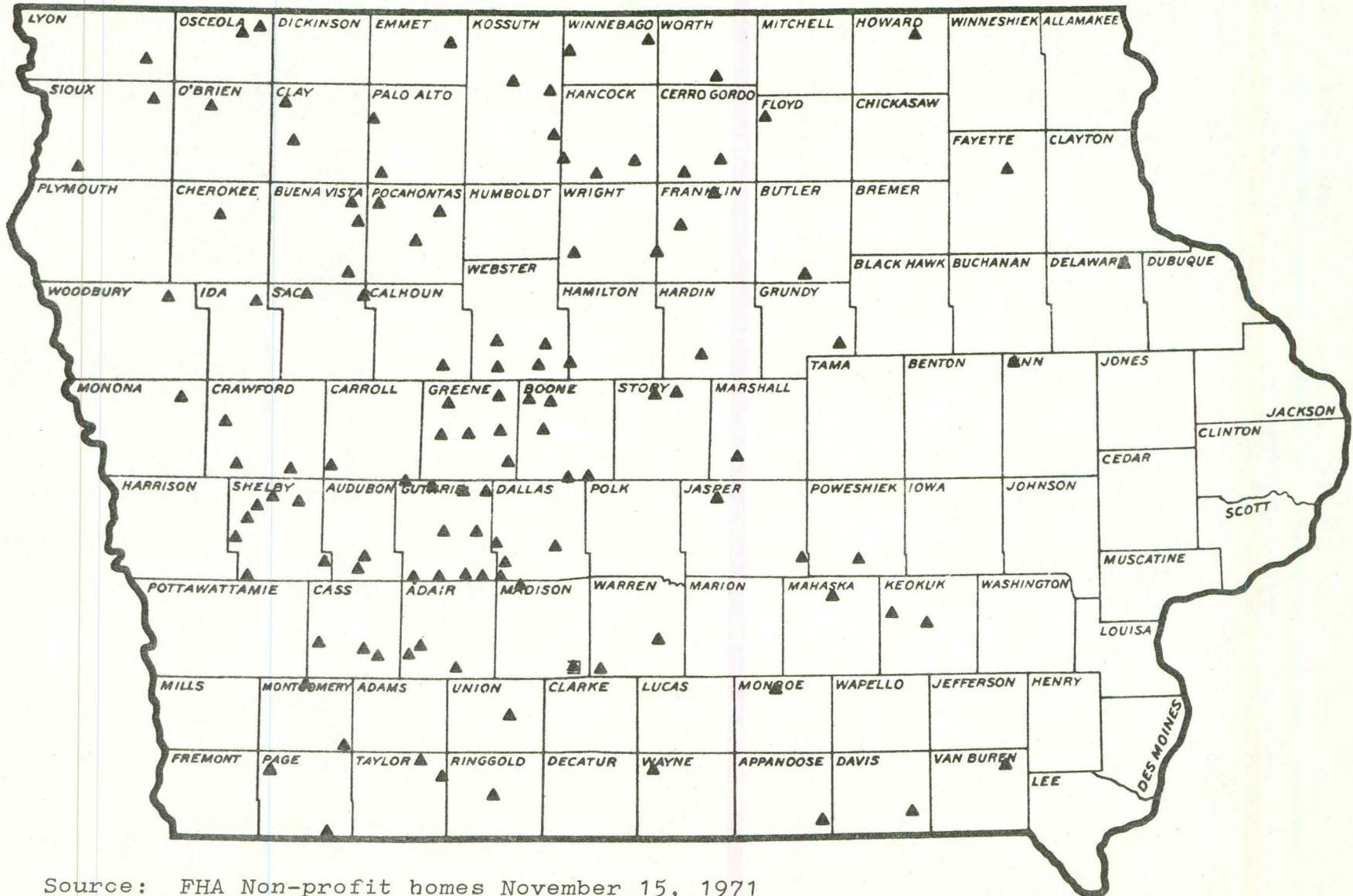
The establishment of county housing authorities and C. O. G. (Council of Government) housing authorities is recommended where feasible and necessary.

The creation of a state housing authority to provide financial and technical assistance to local housing authorities is recommended.

Funds appropriated by Congress for housing for the elderly should not be tied up or frozen, but should be usable and obtainable. Amounts appropriated should be increased to better accommodate the needs of the elderly.

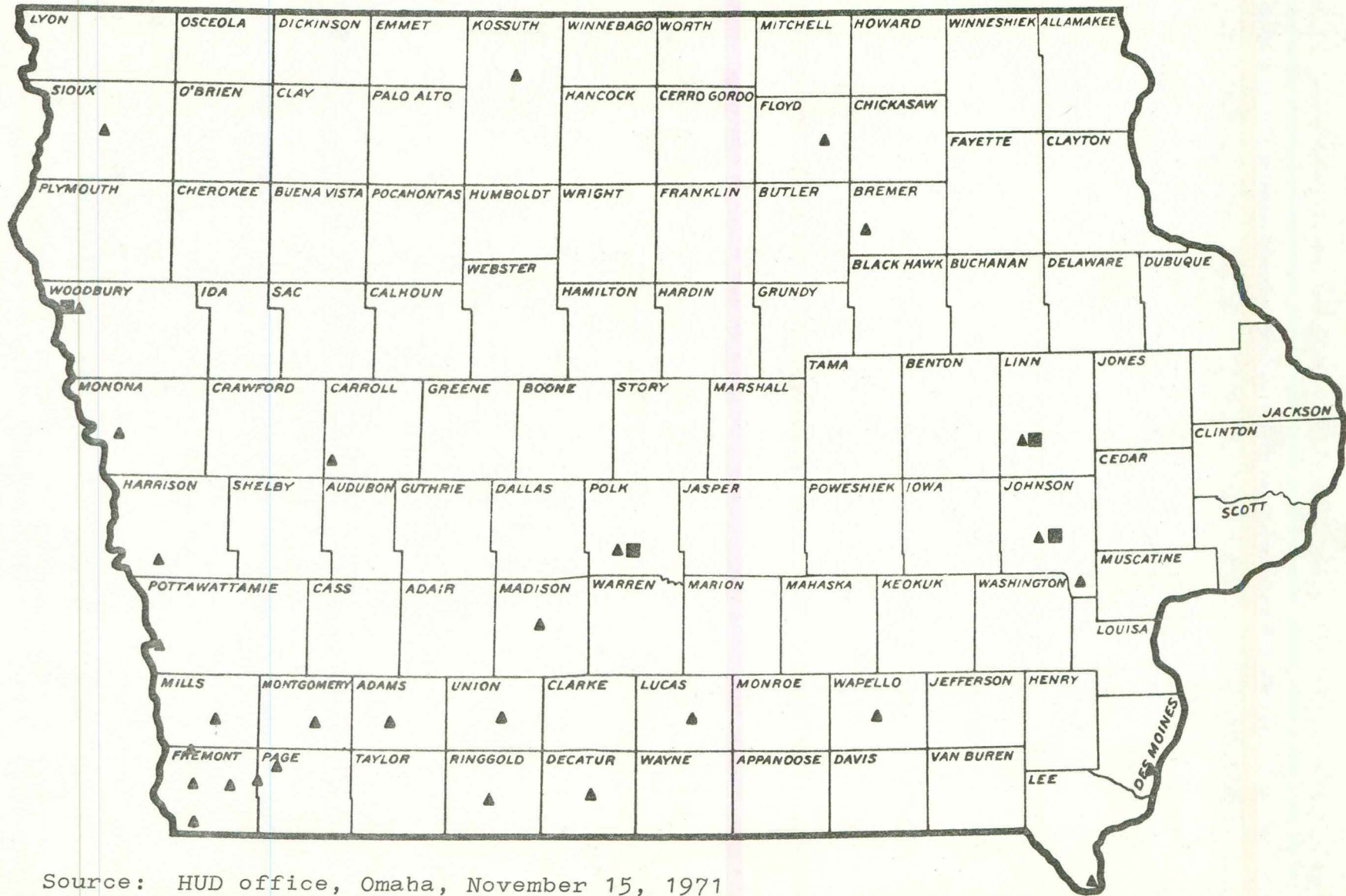
- B. For suggested local action refer to pages 91 through 94 of "The ABC's of Aging in Iowa" in the Appendix.
- C. That a strong effort be made at the state level to create a housing authority which will have the power of policy and decision-making to more closely coordinate and develop housing programs for the elderly in Iowa to keep from overbuilding in some areas and to plan adequately for the needs of housing for the older people.
- D. The development of the housing directory which the Commission on the Aging has begun be continued with a full-time staff to follow through on individual housing programs and also on individual older citizens needs so that the older citizen may have a definite place to turn to for assistance in solving housing problems.

HOUSING - FOR - ELDERLY FUNDED BY  
FARMERS HOME ADMINISTRATION



Source: FHA Non-profit homes November 15, 1971

LOW RENT AND LEASED HOUSING FUNDED BY  
DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT



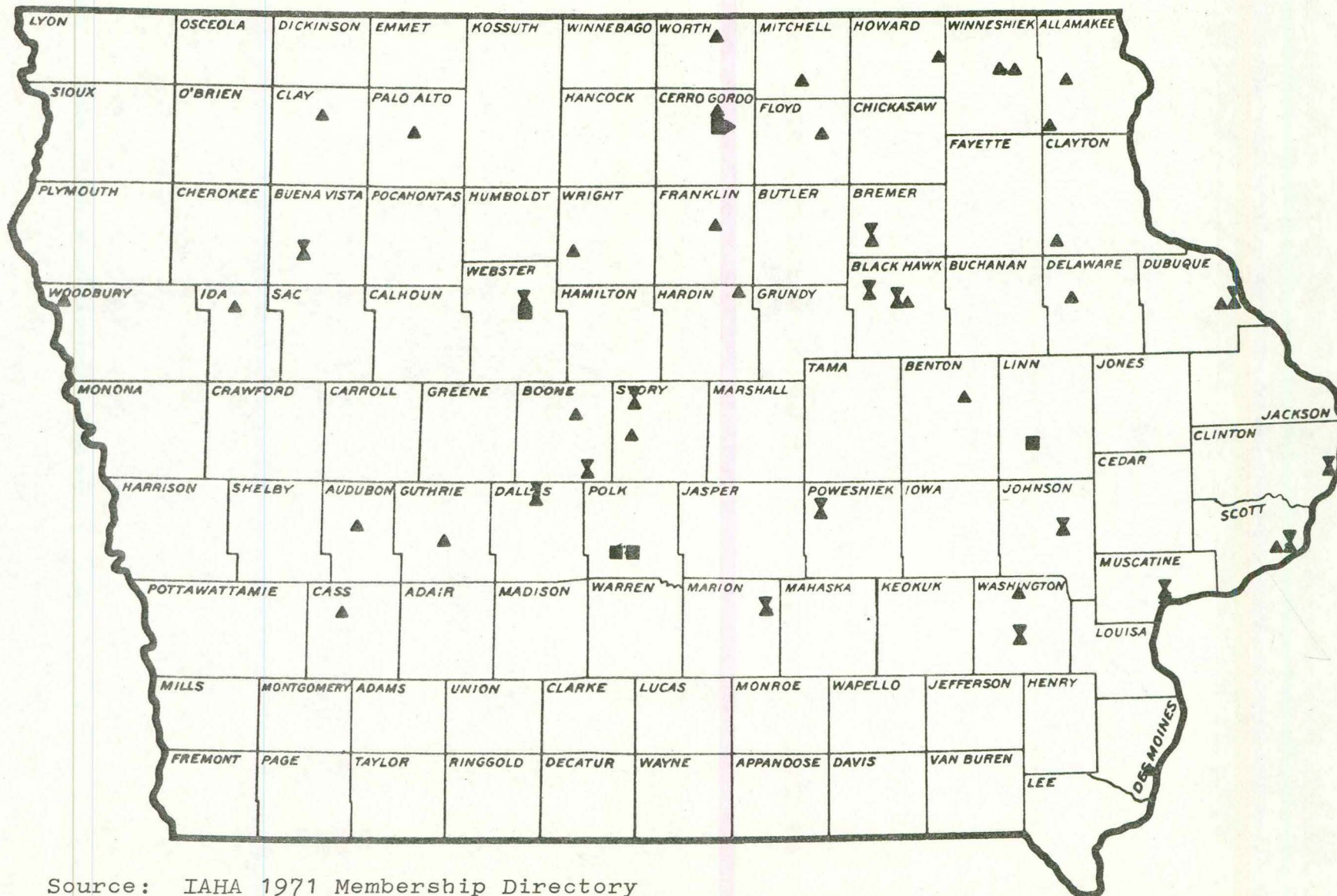
Source: HUD office, Omaha, November 15, 1971

CP-14607

▲ = Low Rent Housing  
■ = Leased Housing

(Attachment Ho-2)

I O W A A S S O C I A T I O N O F H O M E S F O R T H E A G I N G



Source: IAHA 1971 Membership Directory

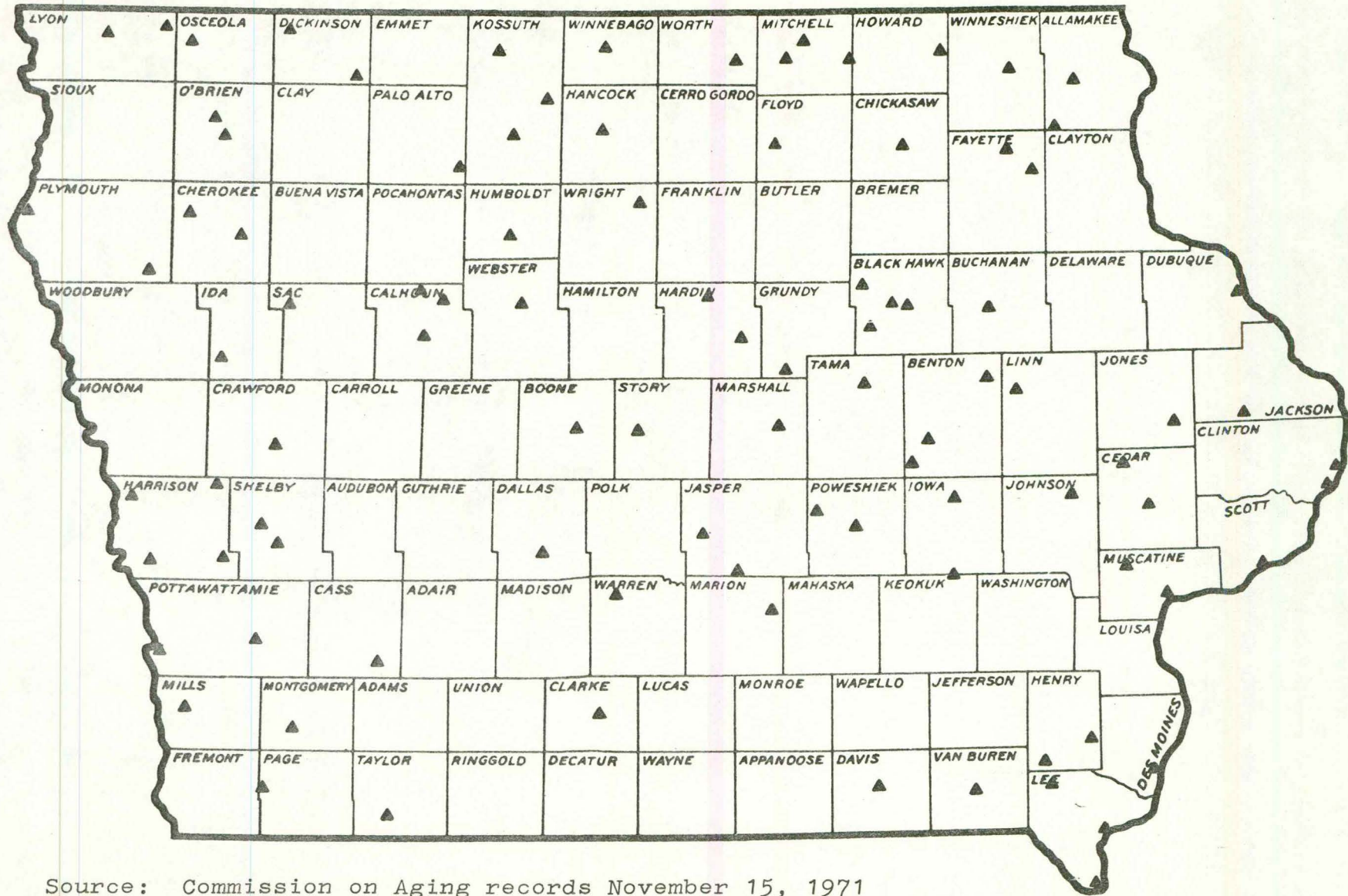
CP-14807

- ▲ 100 persons or less
- ⌘ 200 persons or less
- 400 persons or less

(Attachment Ho-2.1)

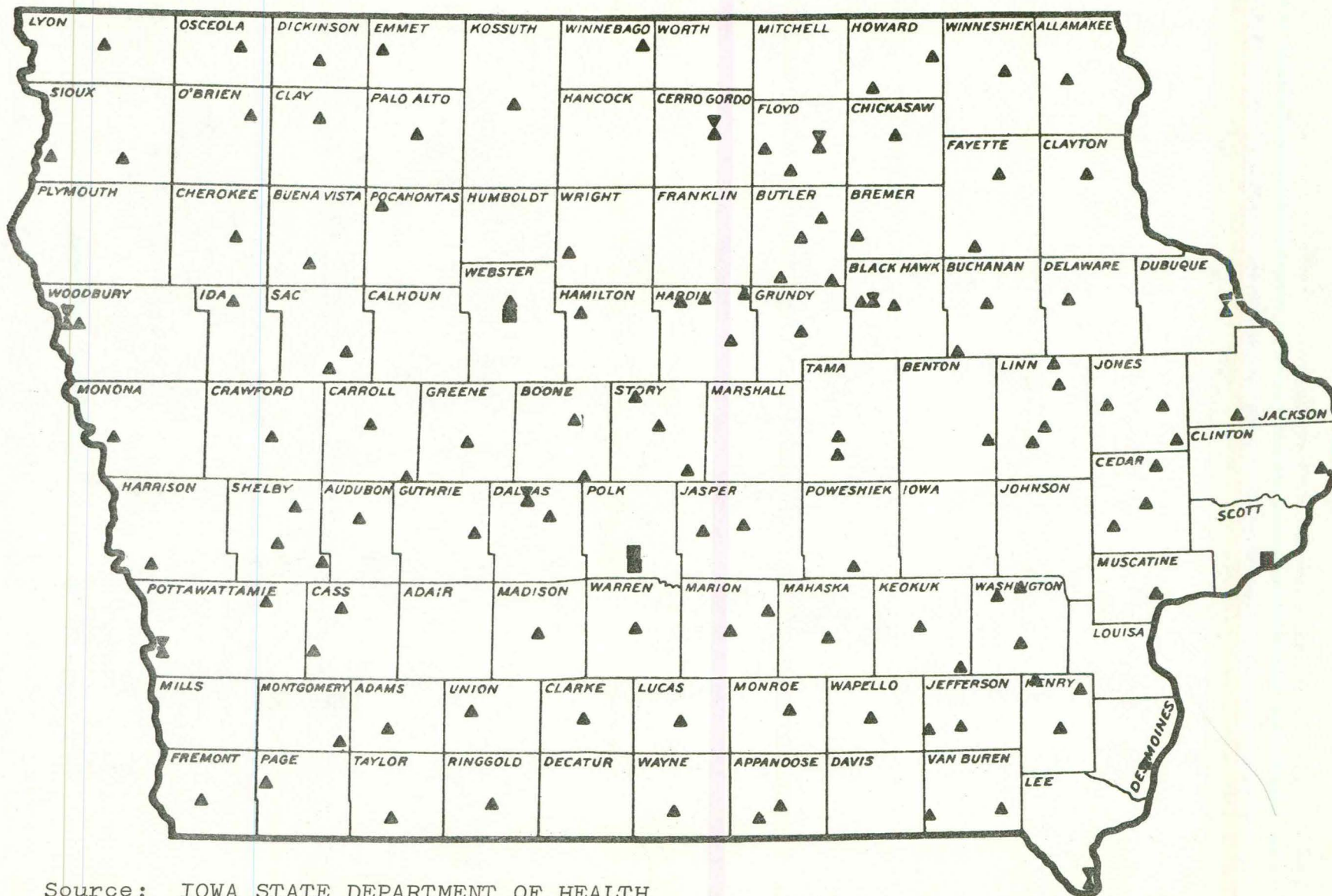


HOUSING - FOR - ELDERLY IN PLANNING STAGE



Source: Commission on Aging records November 15, 1971

L I C E N S E D C U S T O D I A L H O M E S I N I O W A

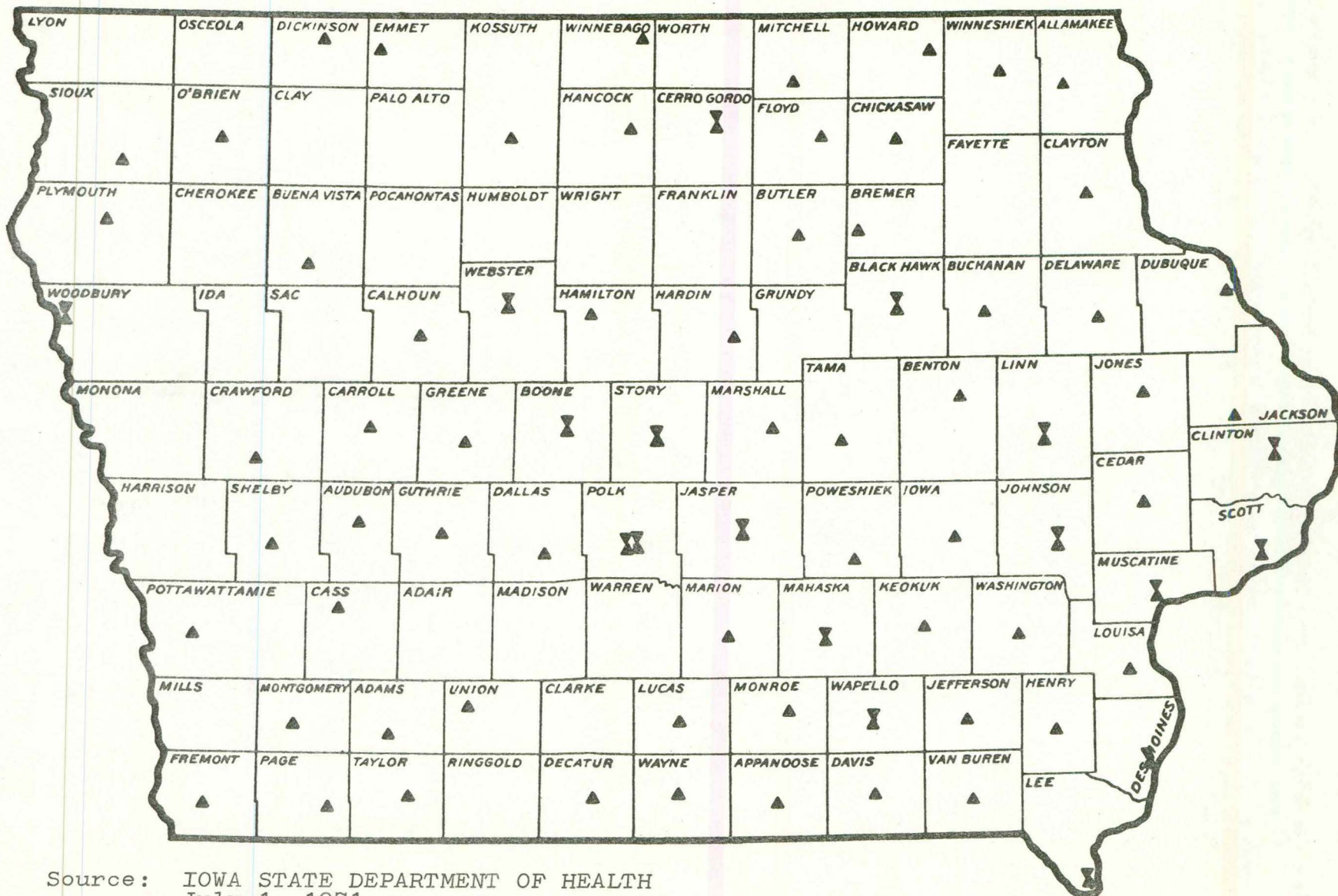


Source: IOWA STATE DEPARTMENT OF HEALTH  
July 1, 1971

CP-14807

- ▲ 100 beds or less
- ⌘ 200 beds or less
- 400 beds or less

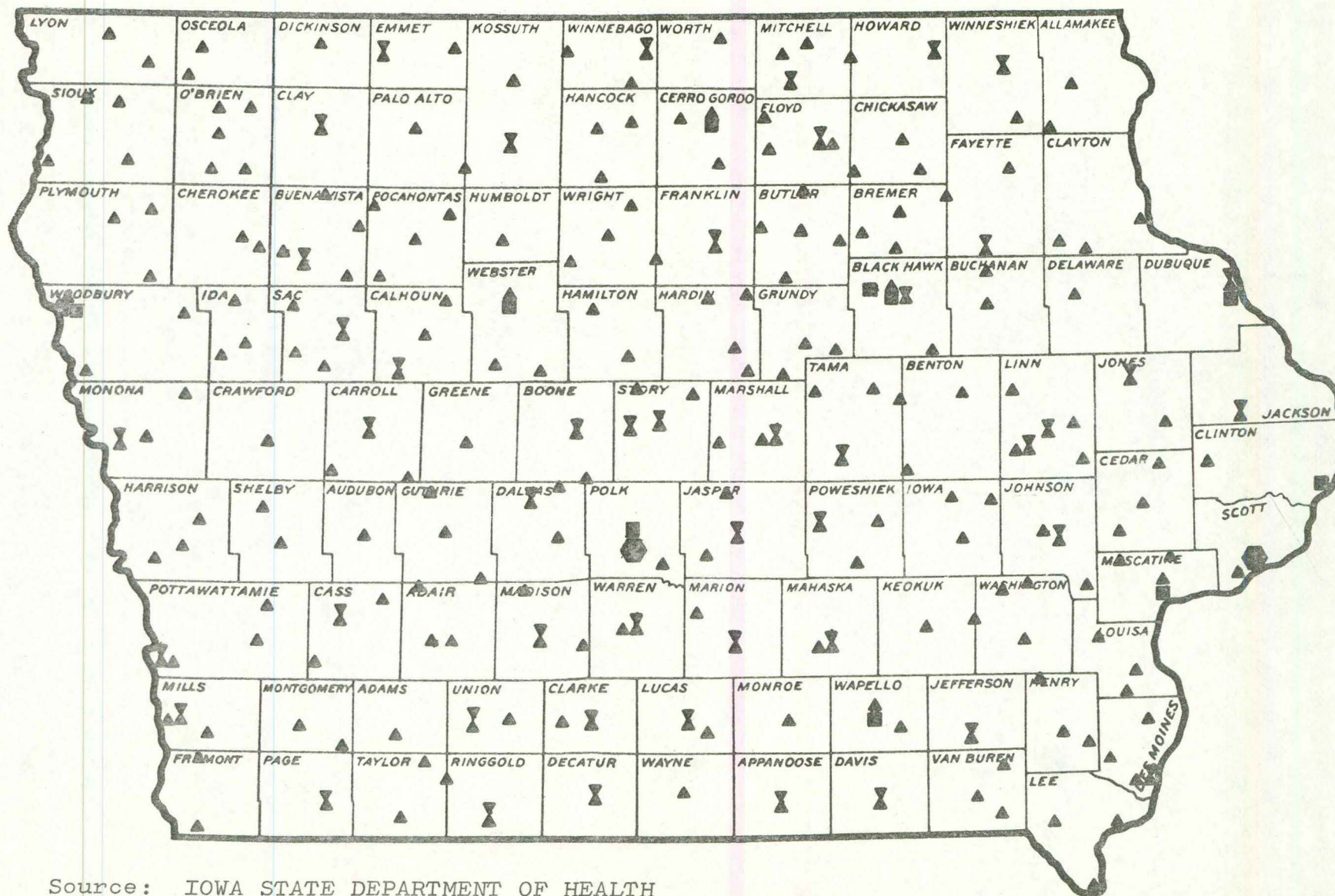
L I C E N S E D C O U N T Y H O M E S I N I O W A



Source: IOWA STATE DEPARTMENT OF HEALTH  
July 1, 1971

▲ 100 beds or less  
⌘ 200 beds or less

# L I C E N S E D N U R S I N G H O M E S I N I O W A



Source: IOWA STATE DEPARTMENT OF HEALTH  
July 1, 1971

CP-14807

- ▲ 100 beds or less
- ▲ 200 beds or less
- 400 beds or less
- 1,000 beds or less

## CHAPTER V

### CONTINUING EDUCATION

#### I. PRESENT SITUATION

##### A. Availability of Educational Resources

1. Iowa has the unique situation of having a statewide program for adult education which is available through area colleges which have been operational for about five years. (See Attachment CE-1 & -1.1 at end of chapter.) All counties but one (Cherokee) have provision for this service.
2. Some of the state universities provide extension programs based on need and demand. Iowa has three state universities.
3. Also, in Iowa we have twenty-seven (27) private liberal arts colleges which provide limited adult education programs. (Attachment CE-2 at close of chapter)

##### B. Needs and Problems

1. Have educational programs available during day, and provide transportation to the facilities.
2. Elderly need a chance for continued development and usefulness.
3. Educational programs need to be oriented to the desires and wishes of the older person, such as taxes, legal matters, current events.
4. Involve all ages in community oriented educational programs.
5. Provide educational courses in churches, nursing homes, retirement complexes, as well as schools.
6. Need for strong emphasis on pre-retirement planning and training.

7. Programs to train for use of time in retirement years.
8. In most of the communities and according to studies done in Iowa, educational programs were low in terms of personal needs. However, if programs were provided geared to the needs of older people, and the hours and convenience of getting to the programs were acceptable, the elderly do want educational programs.
9. Continuing education has become "more and more crucial" in retirement years. No pre-retirement training program in community.

## II. SUGGESTED SOLUTIONS

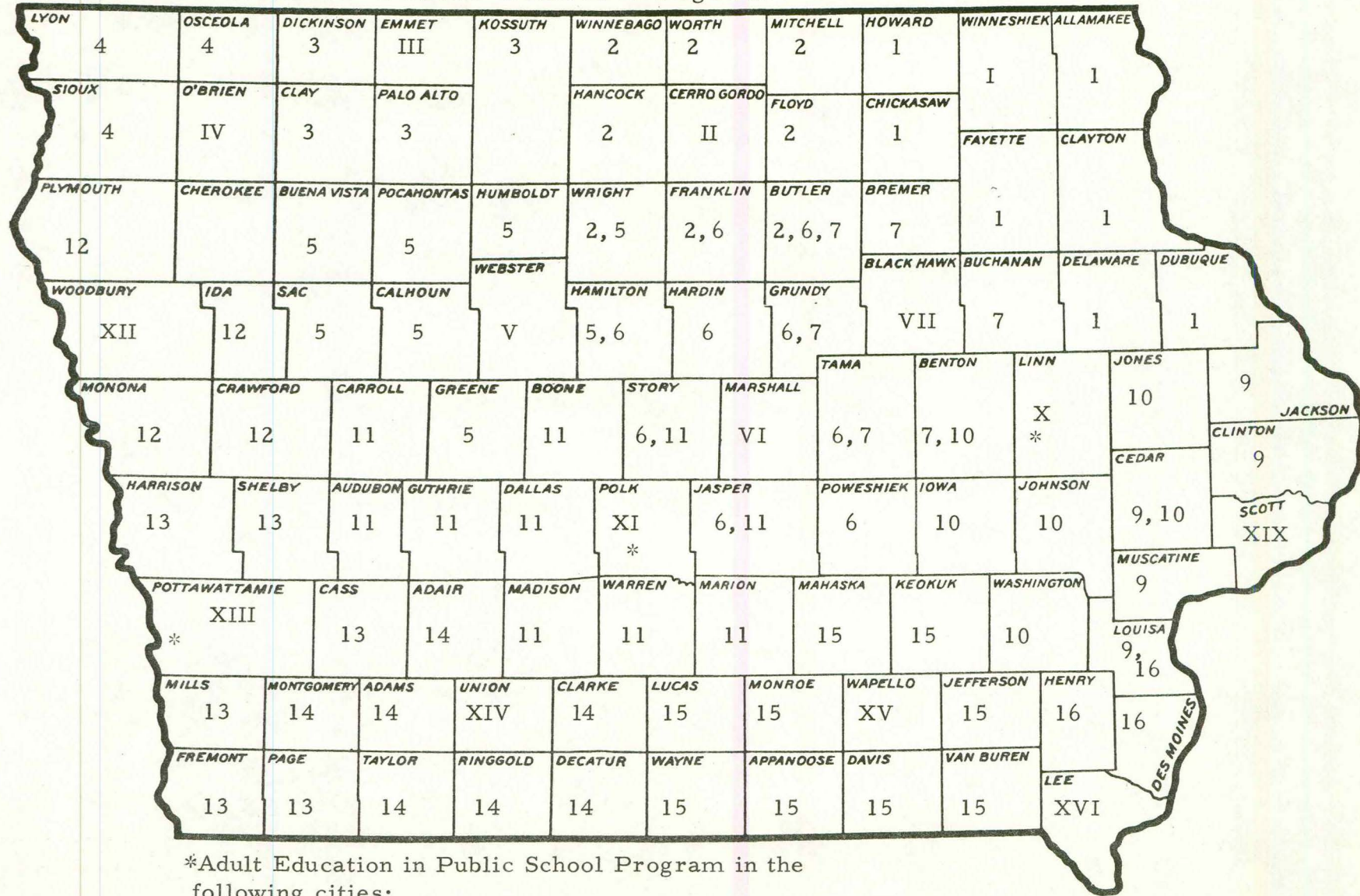
- A. Recommendations from the State White House Conference on Aging are attached (Attachment CE-3).
- B. Refer to pages 96 and 97 of "The ABC's of Aging in Iowa" in the Appendix.
- C. The Commission on the Aging in cooperation with other major state departments has created a special committee on statewide pre-retirement planning for state, county, and local government employees. At this time a handbook for the teaching of such a course has been developed by the state commission special committee. It has been edited and is in the process of being printed.

## ADULT EDUCATION IN IOWA

Roman Numeral = Area School

Arabic Numeral = Extension Centers

\* Adult Education in Public School Program



\*Adult Education in Public School Program in the following cities:  
 1. Des Moines                      3. Council Bluffs  
 2. Cedar Rapids                    4. Davenport

ADULT BASIC EDUCATION (ABE) PROGRAM

<u>AGE</u>	<u>FY 71 PARTICIPANTS</u>
65 and over	86
	-----
55 - 64	206
	-----
up to 55	
Total .....	6,357 <u>6,649</u>

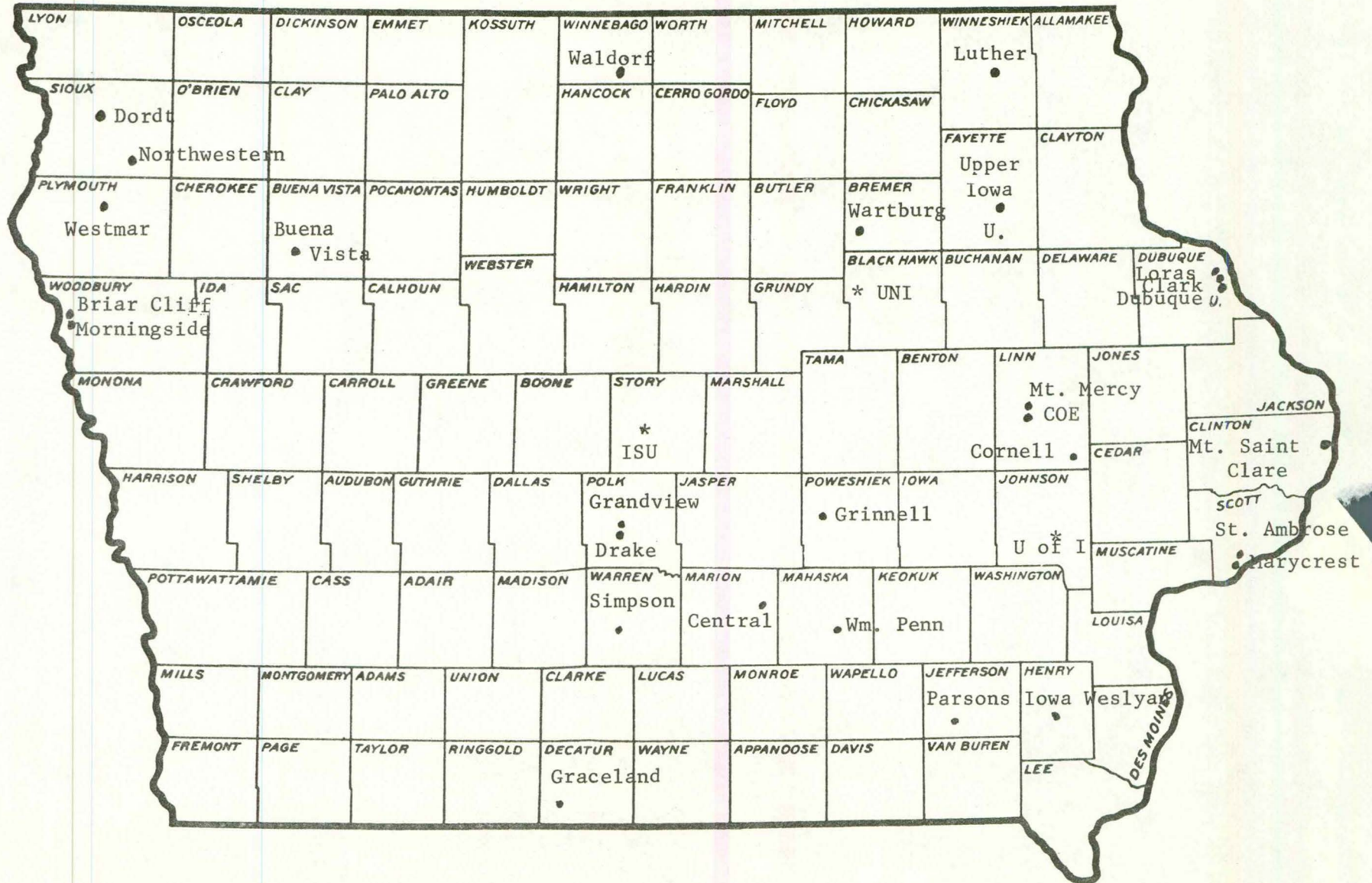
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No cost breakdowns available  
Information on other types of Adult  
Education Programs not available



# PRIVATE LIBERAL ARTS COLLEGES IN IOWA

\* State Universities of Iowa



1971 WHITE HOUSE CONFERENCE ON AGING  
POLICY RECOMMENDATION REPORT SHEET

State White House Conference held in Des Moines, Iowa, May 13, 1971

Policy recommendations or statement prepared by task force preceding the conference and additions or amendments provided at the conference, relating to -

EDUCATION

---

The main planning and coordinating body in the area of aging in Iowa should be the Iowa Commission on the Aging.

\* \* \*

Education about, for and by the elderly should be made an essential part of a comprehensive program of continuing education, beginning at the earliest school age level.

\* \* \*

Grant proposals for educational materials and programs for the elderly should be developed and extended under the Older Americans Act or other appropriate legislation. The Iowa Commission on the Aging should seek such funds.

\* \* \*

It is recommended that the Iowa Commission on the Aging encourage and initiate active research which focuses on evaluation of educational programs for the elderly.

\* \* \*

It is recommended that the Iowa Commission on the Aging encourage and initiate the development of pre-retirement programs by business, industry and government employers. It is further recommended that additional pre-retirement programs be developed for those people not reached through such efforts.

\*\*\*\*\*

## CHAPTER VI

### LEISURE TIME USE AND RECREATIONAL PROGRAMS IN IOWA

#### I. PRESENT SITUATION

##### A. Senior Citizens clubs and centers in Iowa

As a result of the Title III program under the Older Americans Act, the beginning of several senior citizens clubs and centers has been accomplished in Iowa. At the end of this chapter is a map locating the number of clubs and centers that the Commission on the Aging has a record of as of November 1971 (Attachment LR-1). The directory is on file in the Commission office stating the name and location of each of these groups.

B. The area colleges also are quite instrumental in assisting senior citizens clubs and centers in the development of their programs.

C. A "Guidebook for Year-Round Program Planning for Senior Citizens Groups" has been developed by the Commission on the Aging. Copies are available in the Commission offices. For those outside of Iowa there is a charge of fifty cents (50¢) a copy.

#### II. PROBLEMS AND NEEDS

A. The problem of loneliness of many of our elderly people who are either living alone or have been cut off from companionship in nursing homes, or their families have moved many miles away and can no longer visit them on a regular basis.

B. Need for the older person to be involved as a person in community and group activities to draw them out of themselves into the lives of other people.

C. The need and the opportunity to share with others, young and old, in life's experiences.

- D. The need to be useful and wanted is part of this leisure time use and recreational activities.
- E. Need for being associated with others is quite prevalent in all of the hearings which were conducted in our state.
- F. The need for developing worthwhile activities to take the place of work, which has now been denied to many of the elderly because of the age retirement factor.
- G. Many communities feel need of a community recreational center to bring these people together.
- H. Need for the involvement of men in leisure time and recreational programs. It is found that most of the programs are highly dominated by women. The men do not seem to find the fulfillment in the present direction of programs and activities as far as recreation and use of leisure time is concerned.
- I. There is a strong tendency in almost all communities to let the aging persons fend for themselves without providing much community leadership to help them come out to group experiences.
- J. Refer to pages 99 and 100 of "ABC's of Aging In Iowa" for further retirement activity problems faced by the older citizens in Iowa.

### III. SUGGESTED SOLUTIONS TO THESE PROBLEMS AND NEEDS

- A. Refer to pages 99 and 100 of "ABC's of Aging in Iowa."
- B. Pre-retirement - Long range retirement planning -- lifetime planning may be a better term -- should be made a part of formal schooling.

Federal and state governments should make comprehensive pre-retirement planning available to employees and should actively encourage both schools and private enterprises to make pre-retirement planning programs available to as many as possible of those people who wish to participate.

Retirement Activities - Those people who are able to work, want to work, and need the income from work, should be actively encouraged by federal and state government policies.

While local communities should carry the responsibility for creative thinking on ways to use volunteer workers effectively and on ways to provide recreational and/or social activities for the aging, federal and state governments should provide a clearinghouse for gathering and disseminating such ideas.

General - Coordinated study is needed to define more clearly the problems of the aging and possible solutions to these problems.

Coordination of the many agencies and programs designed to serve the aging should be provided at federal, state, and local levels.

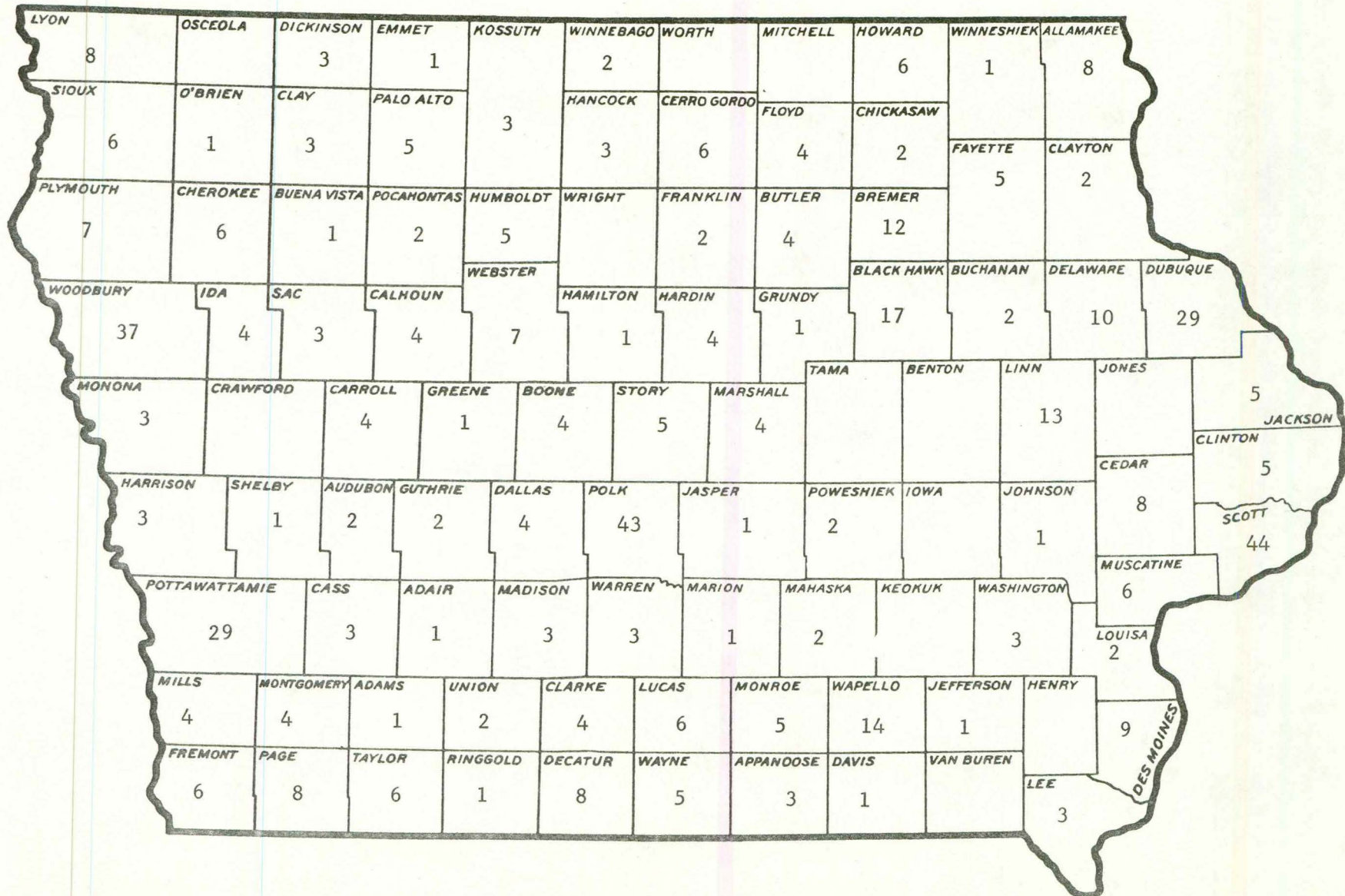
Federal grants-in-aid to provide services for the aging should be continued.

- C. Suggestion that all senior citizens should develop year-round program planning using as one of their resources the "Guide for Year-Round Program Planning for Senior Citizens Groups."
- D. Community Recreational and Informational Centers for Older Citizens

It is found that more and more communities are asking for the development of senior citizens centers that are not only recreational in nature but also informational and referral type, the center to be open more than just one or two afternoons a week. With careful planning these programs should develop to the place that they are serving at least five days a week in the majority of our Iowa communities. Cities of over 10,000 should consider having a full-time center either staffed by professional or part-time help and volunteers so that the older people will have a resource available to them not only for leisure time activities but also for assistance in answering some of their needs and problems in their daily activities.

Number of known Senior Citizens Clubs and Centers in Iowa by County.

November, 1971



(Attachment LR-1)

## CHAPTER VII

### THE CHURCH AND AGING

#### I. PRESENT SITUATION

##### A. Geographical Distribution of Major Faiths

1. Refer to Attachments C-1, C-2, C-3 at close of chapter.

##### B. Problems and Needs

1. Elderly have desire to feel needed by the church and its membership.
2. Many list inadequate interest by the pastor in the lives of the older members.
3. Membership takes no basic interest in the older members who are retired.
4. Loneliness, need for companionship.
5. Need transportation to church, but independence prevents asking for help in getting to church.
6. Churches lack programming for the elderly.
7. Needs reassurance, counselling and visitation by pastor and lay persons.
8. Includes all ages, including the elderly in church programs.
9. Need for coordinated ministry in the community for the elderly.
10. Statement from one hearing:  
"There are two certainties when we retire:
  - a. We have time on our hands.
  - b. We have more awareness of our spiritual needs."

## II. SUGGESTED SOLUTIONS

Any attempt to improve the spiritual welfare of the elderly is doomed to failure unless we are willing to deal realistically with all aspects of human existence and experience that tend either to enhance or degrade the life of the individual in his later years. That is to say that spiritual values cannot be separated from basic concerns for adequate income, adequate housing, fair systems of taxation, freedom from discrimination in employment, and access to medical and health care.

The church can fulfill its mission to the elderly by being aware of their existence as part of the church's constituency, identifying those of advanced years to whom the church should be ministering. If this can be an ecumenical effort, an entire community can be made aware of this responsibility.

There is a need for physicians to understand the spiritual needs of older persons facing crisis or death and a need for doctors to counsel with the elderly regarding their physical condition and perhaps terminal illnesses. Clergymen also need the training in dealing with the elderly and ministering to their spiritual needs which are related to health. There is a further need for these professional groups to cooperate more closely when dealing with older persons in physical crisis circumstances. It is recommended that schools of medicine and theological seminaries include such training in their curriculum.

Many churches would be well advised to see that on their staff is a person, retired minister perhaps, or a devoted layman, whose primary duty centers in a ministry to the aging. Where this is not possible, a committee of concerned persons of all ages will find satisfying service in seeing that older members of the community are not cut off from the program of the church.

Providing transportation to church is a project ready-made for some group within the church.

An occasional day of celebration for those older persons who have given so much to the church could well find its place on any church calendar.

A medium of communication should be devised to keep the elderly informed of activities in the church and also alert to community agencies and services that minister to their welfare.



A Christian commitment to minister to the older citizens of a community means that some way must be found to provide decent surroundings for those persons whose income makes it necessary for them to live alone in dingy, unattractive, one-room situations that negate any possibility of spiritual well-being.

A feeling of uselessness destroys spiritual well-being. Many older citizens would welcome a chance to serve the church within the limits of their ability to do so.

The church that would provide a complete ministry to the older citizens must be aware of the agencies and services other than the church which offer help in such a ministry. With the increasing spirit of cooperation among the denominations, an ecumenical program of service to the elderly could work wonders.

In order to fulfill the spiritual needs of older persons, it is recommended that all religious groups and organizations be urged to re-evaluate their programs, ministries, and services for the aging. There is a feeling that while some churches are trying hard to serve the elderly, many churches are, in fact, failing to serve the spiritual needs of the elderly and the churches and synagogues should give serious consideration to this concern.

Elderly persons often become isolated and lost to the church and social agencies in the community. It is recommended that either state or federal government provide persons who are available to visit the elderly, help them with problems, and act as a friend and advocate to assure that elderly persons receive the care, attention, and legal protection they deserve.

It is further recommended that state and federal governments continue the support of local programs which coordinate existing services and stimulate cooperation between churches, synagogues, and community services on behalf of the elderly.

Although the group (at the conference) was divided as to whether the government and churches should cooperate in fulfilling the spiritual needs of the elderly, there was agreement that approximately 50% of the aged have no church contact and that the area of government-church cooperation should be studied in depth.

National and state legislatures must be made more sensitive to needs of the elderly. Where better can such enlightenment come from than from a group of interested churches deeply involved in such ministry.

III. OTHER SUGGESTED SOLUTIONS

- A. Refer to pages 97 and 98 in the book "The ABC's of Aging in Iowa" in the Appendix.

PROTESTANT CHURCH MEMBERSHIP  
( NUMBER OF CHURCHES )

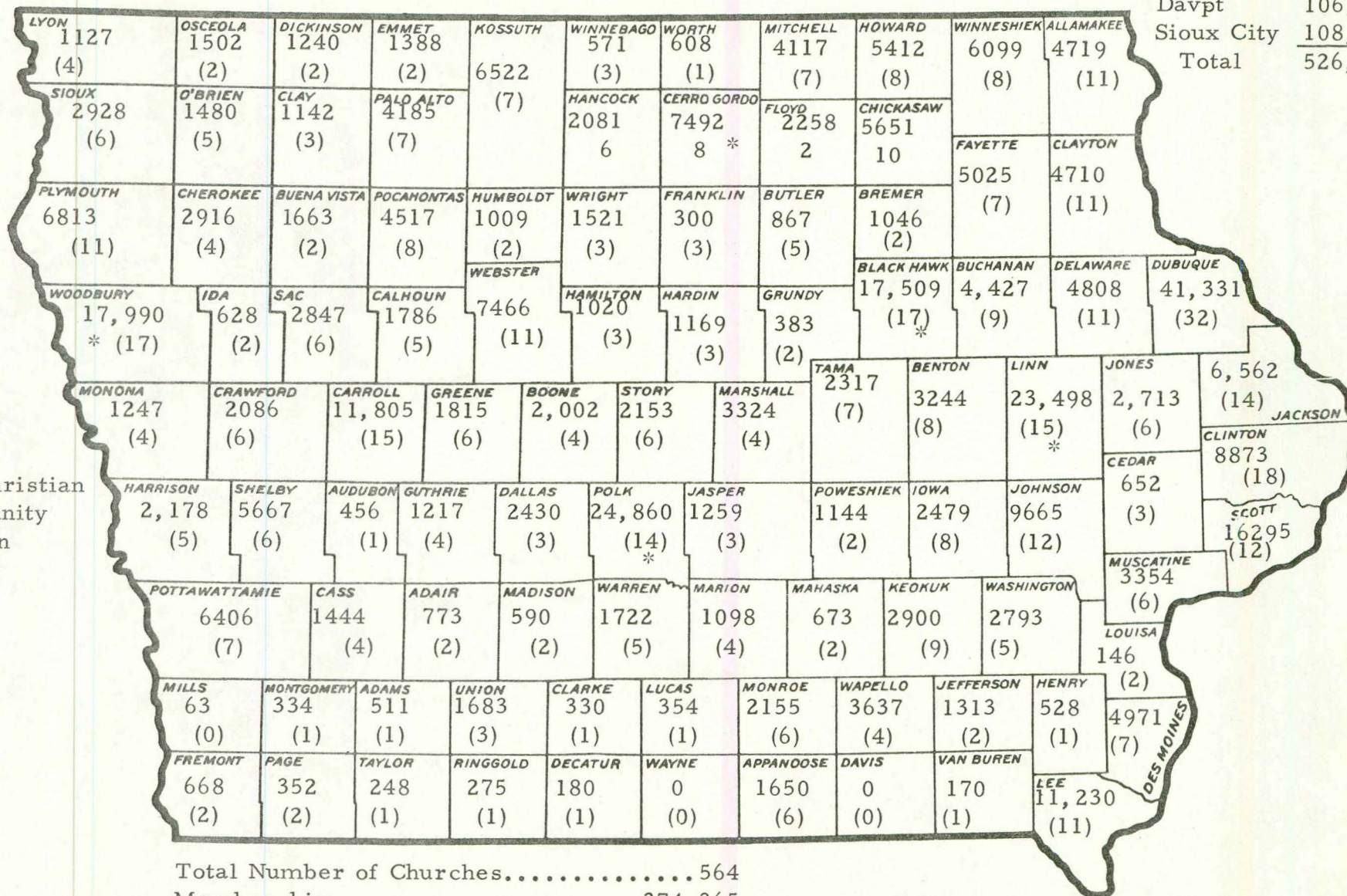
LYON 7519 (37)	OSCEOLA 5383 (21)	DICKINSON 4868 (22)	EMMET 8,035 (23)	KOSSUTH 11,147 (44)	WINNEBAGO 9,955 (28)	WORTH 8,067 (22)	MITCHELL 7,477 (24)	HOWARD 4,784 (24)	WINNESHIEK 11,014 (32)	ALLAMAKEE 7,826 (33)		
SIoux 16,183 (50)	O'BRIEN 11,307 (38)	CLAY 6,758 (29)	PALO ALTO 7,900 (30)	HANCOCK 7,761 (32)	CERRO GORDO 21,101 (46)	FLOYD 8,443 (29)	CHICKASAW 4,970 (38)	FAYETTE 13,452 (52)	CLAYTON 10,786 (40)			
PLYMOUTH 10,051 (41)	CHEROKEE 7,548 (29)	BUENA VISTA 12,502 (44)	POCAHONTAS 6,566 (26)	HUMBOLDT 7,419 (24)	WRIGHT 10,232 (34)	FRANKLIN 7,219 (31)	BUTLER 8,928 (41)	BREMER 13,963 (40)	BLACK HAWK 36,177 (83)	BUCHANAN 7,465 (40)	DELAWARE 5,698 (29)	DUBUQUE 10,860 (36)
WOODBURY 35,471 (99)	IDA 6,350 (17)	SAC 9,622 (32)	CALHOUN 10,934 (40)	WEBSTER 19,852 (54)	HAMILTON 10,549 (41)	HARDIN 13,154 (58)	GRUNDY 6,483 (27)	TAMA 7,024 (38)	BENTON 9,953 (44)	LINN 31,185 (95)	JONES 8,459 (35)	JACKSON 6,771 (27)
MONONA 6,658 (29)	CRAWFORD 9,792 (35)	CARROLL 7,396 (28)	GREENE 6,541 (32)	BOONE 11,718 (53)	STORY 20,791 (59)	MARSHALL 14,272 (54)	POWESHIEK 6,904 (36)	IOWA 8,311 (40)	JOHNSON 7,950 (33)	CLINTON 18,840 (50)	SCOTT 22,228 (57)	
HARRISON 7,709 (42)	SHELBY 6,306 (22)	AUDUBON 5,836 (21)	GUTHRIE 5,699 (36)	DALLAS 10,599 (42)	POLK 71,439 (165)	JASPER 14,040 (54)	POWESHIEK 6,904 (36)	IOWA 8,311 (40)	JOHNSON 7,950 (33)	MUSCATINE 13,951 (51)	LOUISA 2,937 (23)	
POTTAWATTAMIE 21,974 (69)	CASS 8,310 (38)	ADAIR 5,314 (26)	MADISON 5,436 (35)	WARREN 6,225 (42)	MARION 10,954 (46)	MAHASKA 9,818 (48)	KEOKUK 6,063 (42)	WASHINGTON 9,351 (52)	HENRY 7,655 (43)	DESMOINES 17,919 (53)		
MILLS 4,499 (30)	MONTGOMERY 8,285 (27)	ADAMS 2,867 (21)	UNION 5,107 (32)	CLARKE 3,123 (19)	LUCAS 3,703 (26)	MONROE 2,994 (24)	WAPELLO 14,038 (55)	JEFFERSON 6,032 (30)	HENRY 7,655 (43)			
FREMONT 4,111 (31)	PAGE 10,365 (46)	TAYLOR 5,225 (27)	RINGGOLD 3,320 (32)	DECATUR 4,290 (37)	WAYNE 4,111 (31)	APPANOOSE 6,474 (54)	DAVIS 3,863 (22)	VAN BUREN 4,182 (34)	LEE 13,107 (54)			

Total Membership..... 1,010,624  
 Total Number of Churches ..... 3,906  
 Average Membership..... 261

**CATHOLIC CHURCHES AND MEMBERSHIP**  
(No. of churches)

Diocese	1969 Members
Des Moines	80,530
Dubuque	231,247
Davpt	106,813
Sioux City	108,073
<b>Total</b>	<b>526,683</b>

Figures on map are from a survey made by Southern Baptist Convention in 1960

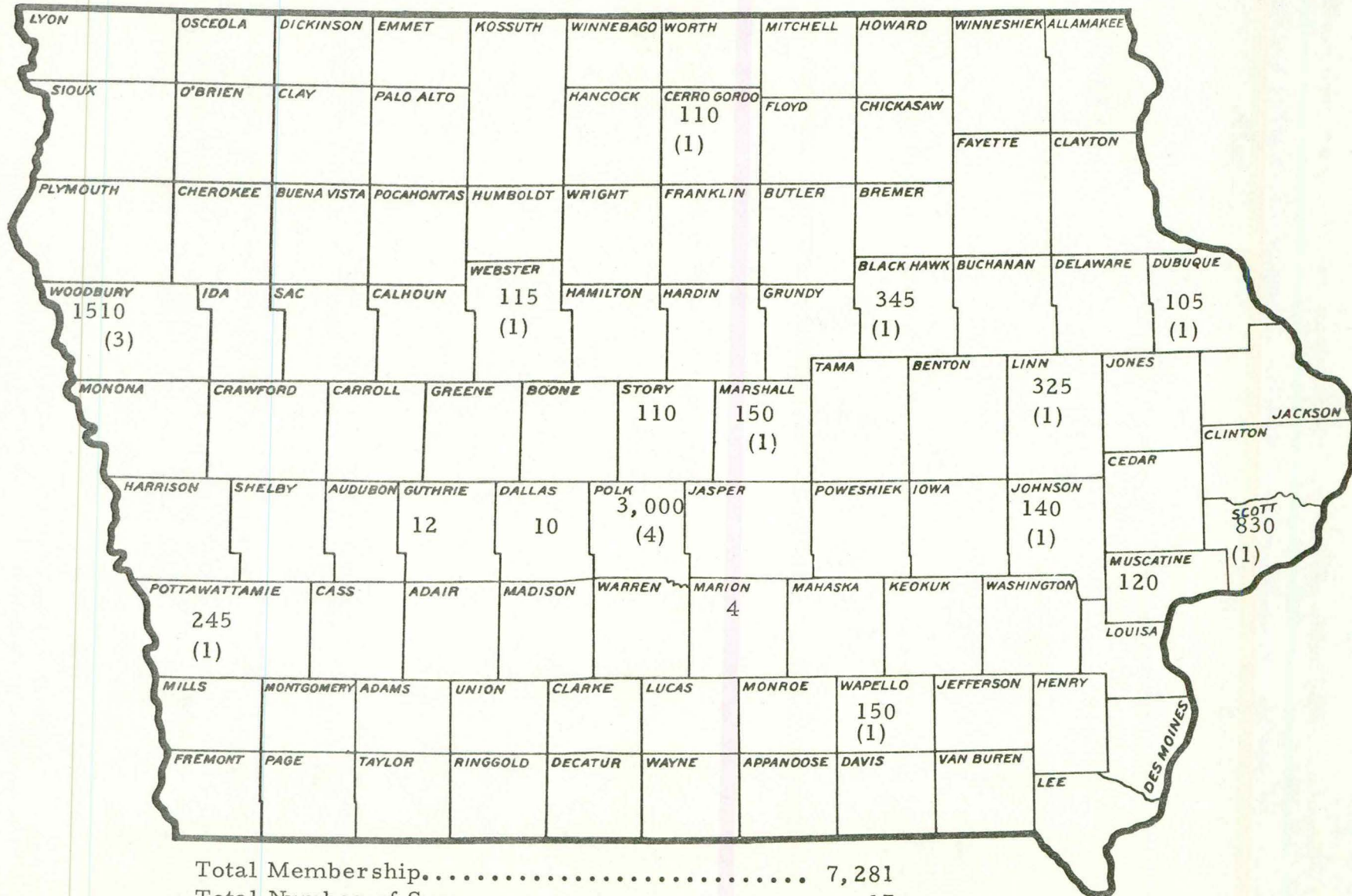


Total Number of Churches.....564  
Membership .....374,365

\*Baha'i  
Non-Christian  
Community  
Religion

(Attachment C-2)

JEWISH  
Total Membership and (Number of Synagogues)



Total Membership..... 7,281  
 Total Number of Synagogues..... 17

## CHAPTER VIII

### TRANSPORTATION SYSTEMS AND THE ELDERLY

#### I. PRESENT SITUATION

##### A. Statement of Problems and Needs

1. Need for good, convenient, economical transportation services both urban and rural.
2. Need for transportation services to get the elderly to needed services such as grocery shopping, medical services, recreational, social and civic programs.
3. Cost of keeping car and insurance prohibitive for many elderly.
4. Loneliness and isolation caused by lack of convenient transportation facilities.
5. Driver retraining for the older person.
6. Volunteers to help older persons in getting to services.
7. Independence of elders presents problem of asking for transportation help from others. The older citizen does not wish to become dependent.
8. No taxi services in majority of communities.
9. Public transportation designed to meet not only time and convenience, but physical capabilities of the elderly and handicapped.

##### B. Availability of Public Services

###### 1. Urban Transit Service

A total of fifteen communities have some form of mass urban transit service. (Refer to Attachment T-1 at close of chapter)

2. Intercity Transit Service

Of 954 incorporated towns and cities in Iowa only 441 are presently served by some schedule of intercity transit service. (Refer to Attachment T-2 at close of chapter.)

3. Rail Passenger Service

Iowa is served by only two passenger systems, and on a very limited basis in the southernmost part of the states.

4. Air Passenger Service

Iowa is served in twelve communities by major or feeder airlines. (See Attachment T-3 at close of chapter.)

5. Volunteer Transportation Programs

At this time it is now known how many of these exist on a planned basis in Iowa. We are attempting to gather data on this section of transportation for the elderly but do not have accurate data as yet.

C. Some Suggested Solutions

1. Development of volunteer types of transportation programs through local community organizations.
2. City owned or city subsidized public transportation which is convenient, accessible, economical and low cost to the users of the service.
3. Reduced rates during nonpeak hours.
4. Where possible, the use of local school buses be allowed when not in use by school students.
5. Development of locally owned taxi or minibus service.
6. Development of federal transportation programs for both urban and rural, but also intercity systems that provide incentive to use the mass type transit over the auto.
7. Certain services might provide transportation such as grocers, churches, medical centers, housing complexes.

8. More community oriented volunteers to assist in neighborhood transportation programs.
9. Community service agencies serving the elderly develop cooperative transportation programs suited to the needs of the elderly.
10. Refer to pages 103 -106 of "The ABC's of Aging in Iowa" in Appendix.

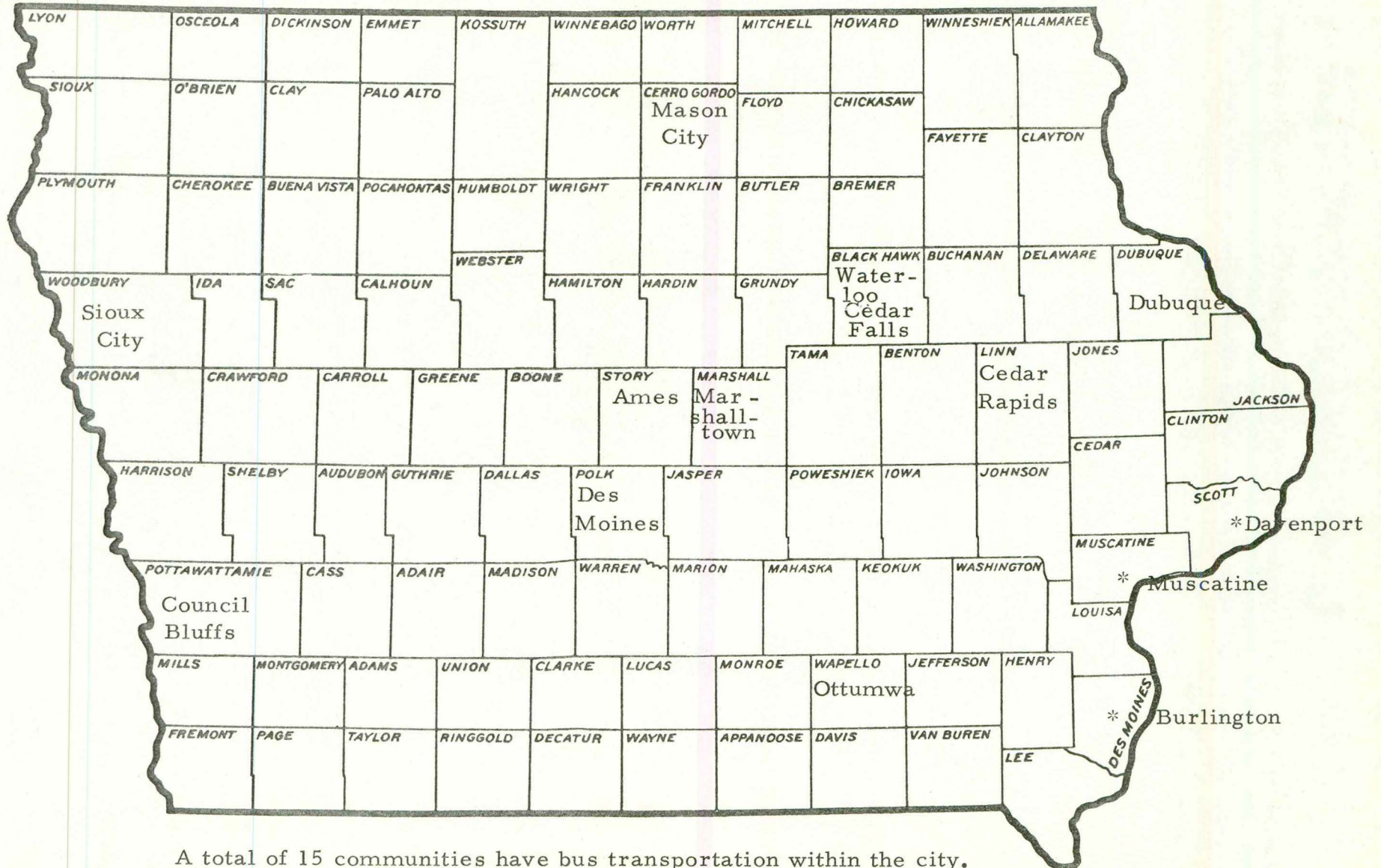
D. State White House Conference on Aging Recommendations

1. See Attachment T-4.1 and T-4.2 at close of chapter.



# URBAN TRANSIT SERVICE

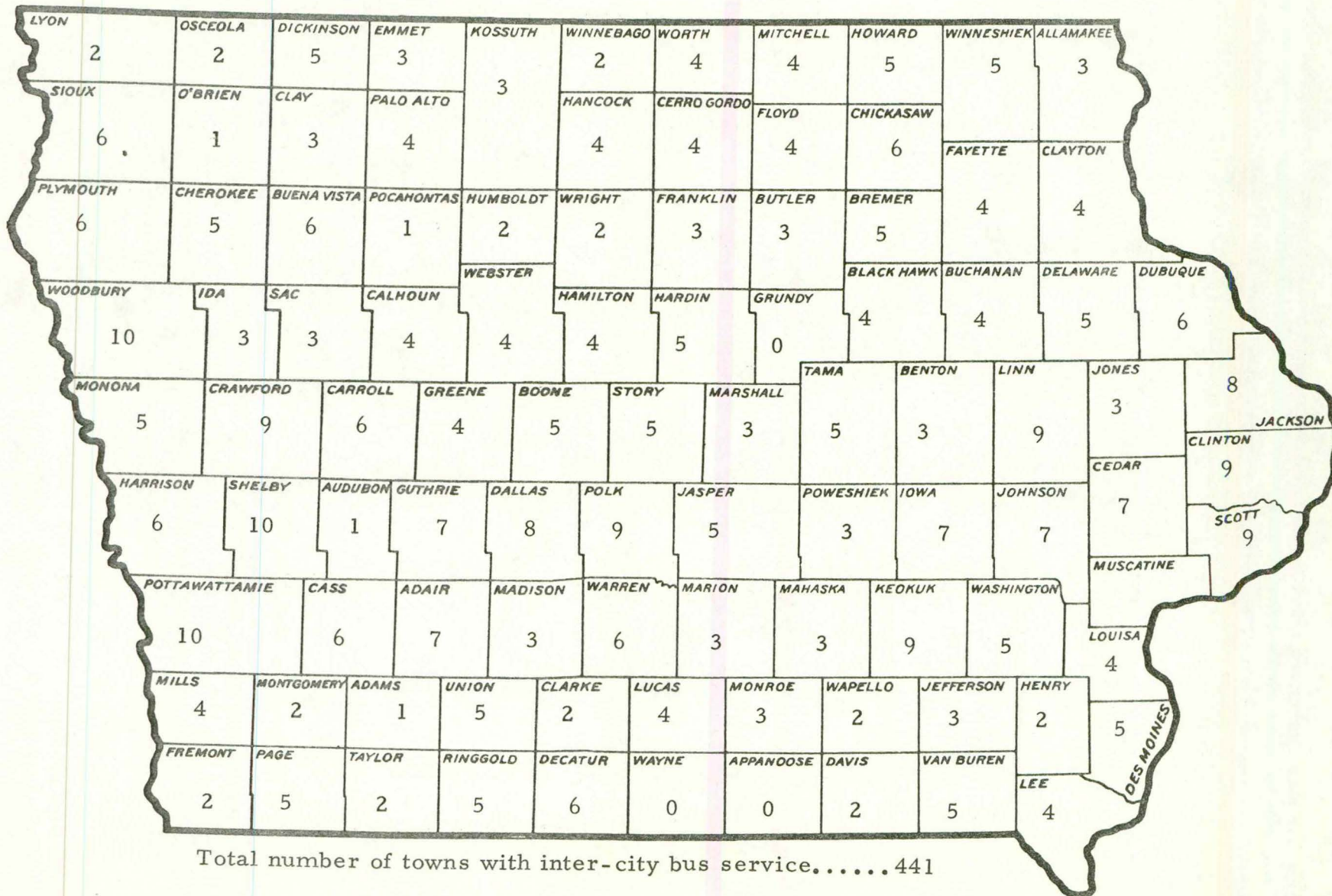
## BUS



A total of 15 communities have bus transportation within the city.

(Attachment T-1)

## TOWNS WITH INTER-CITY BUS SERVICE



Attachment T-2)

COMMUNITIES WITH AIR PASSENGER SERVICE

Sioux City

Fort Dodge

Mason City

Dubuque

Clinton

Davenport

Burlington

Ottumwa

Des Moines

Council Bluffs-Omaha

Cedar Rapids-Iowa City

Waterloo-Cedar Falls

1971 WHITE HOUSE CONFERENCE ON AGING

POLICY RECOMMENDATION REPORT SHEET

State White House Conference held in Des Moines, Iowa, May 13, 1971

Policy recommendations or statement prepared by task force preceding the conference and additions or amendments provided at the conference, relating to -

TRANSPORTATION

---

The federal government should adopt national policies designed to alleviate transportation problems of the aged. The operation of such systems should be left to local administration within federal guidelines.

\* \* \*

The federal government should subsidize mass transportation systems where they are in existence but where they are not in existence, provisions should be made for the development of low-cost transportation systems.

\* \* \*

Establishment of a half-fare senior citizens program should be required as a prerequisite for a transit system to be eligible for federal mass transit grants.

\* \* \*

It should be required that all mass transit equipment purchased with federal grants in aid be designed to permit easier loading and unloading by senior citizens.

\* \* \*

In areas where the federal government subsidizes the development of transportation systems, the responsibility for planning and operating the systems (routes, schedules, rates) should be given wherever possible to the local users of the service.

\* \* \*

The federal government should establish guidelines for the safety, comfort, and convenience of the elderly as a pedestrian, driver, and user of transportation systems, but the legislative responsibility should remain at the state and local level where legislation affecting safety programs must be enacted.

\* \* \*

TRANSPORTATION (continued)

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The federal government should promote the development of periodic individualized transportation service in cooperation with social agencies, to be provided by existing transportation systems or agencies.

\* \* \*

The federal government should develop a type of insurance protection that would protect private persons who voluntarily provide transportation to senior citizens in private vehicles.

\* \* \*

The possibility of establishing emergency ambulance service as a part of a hospital's regular operation should be investigated.

\* \* \*

The potential of requiring living facilities for senior citizens developed under special federal programs to be located with access to a transit service should be investigated.

\*\*\*\*\*

## CHAPTER IX

### A CENSUS PROFILE OF THE OLDER IOWAN

#### I. HISTORY, SINCE 1900, OF THE OLDER IOWAN

In the year 1900 Iowa had 106,000 people over 65. In 40 years this more than doubled until in 1940 we had 228,000 people over 65. The year 1970 finds us with 350,000+ people over 65. The mere growth in numbers presents a very challenging picture for Iowa as well as presents some unique problems. Since we are second in the country in the highest percentage of people over 65, and a very high percentage of these people live in rural communities of less than 2500 population, we find a very unique problem in the rural area for the older citizen. Some of these have been discussed in other chapters. Briefly, with 754 communities in Iowa below 2500 population, and a very high percentage of these communities having elderly people living in them and making up, in some cases, almost 30% of the community, it presents difficult problems in terms of total taxation, as one illustration. Other problems, of course, that exist are mentioned in the other chapters. We face another decade of growth anticipated in total numbers of people over 65 and it is up to the State of Iowa to come up with some answers to how better serve these people and keep them a part of the community life as long as they are physically and mentally capable.

#### II. THE PRESENT SITUATION

- A. The Appendix presents the profile of the older citizen in Iowa. The highest percentage of elderly has not changed much in the last ten years. Southwestern, south central, and northeastern Iowa still have predominately the highest percentages of people over 65 and these are rural areas, except for Waterloo, Dubuque, Cedar Rapids and Council Bluffs (See Attachment Cen-1).
- B. Minority groups in Iowa are very small in total percentage of population. Their problems are no different than the others except that they are more

acute in terms of lack of financial resources, ability to use what existing services there are, health, and living conditions.

### III. LONG-RANGE PROJECTIONS

- A. Long-range projections show that we will continually increase in numbers of people over 65 within our state. The overall percentage may not vary more than 1% but the problem of how to develop a community life oriented to the involvement of the older citizen in the total community both socially and economically will present many challenges to our state.

### IV. MINORITY GROUPS

The census sheets have clearly shown as much as the data available can show us the type of minority representation we have within Iowa. All types of minorities exist within our state but at a low ratio to the rest of the population. In many instances also the minority groups are highly concentrated within a small geographical area, which in itself presents some challenges on how to bring these people into the total life of the community and to provide the necessary services to those persons within the minority group who are retired or over the age of 60.

- V. Other studies listed give more comprehensive statements on the demographic trends and problems in Iowa's aging. These are:
  - A. "Social Indicators Survey 1971 in Iowa"
  - B. "Life After 70 in Iowa"
  - C. "A Study of the Patterns of Living of the Elderly in Iowa Non-Urban Population Centers"

For copies of these write the Commission on the Aging, Grimes State Office Building, Des Moines, Iowa 50319

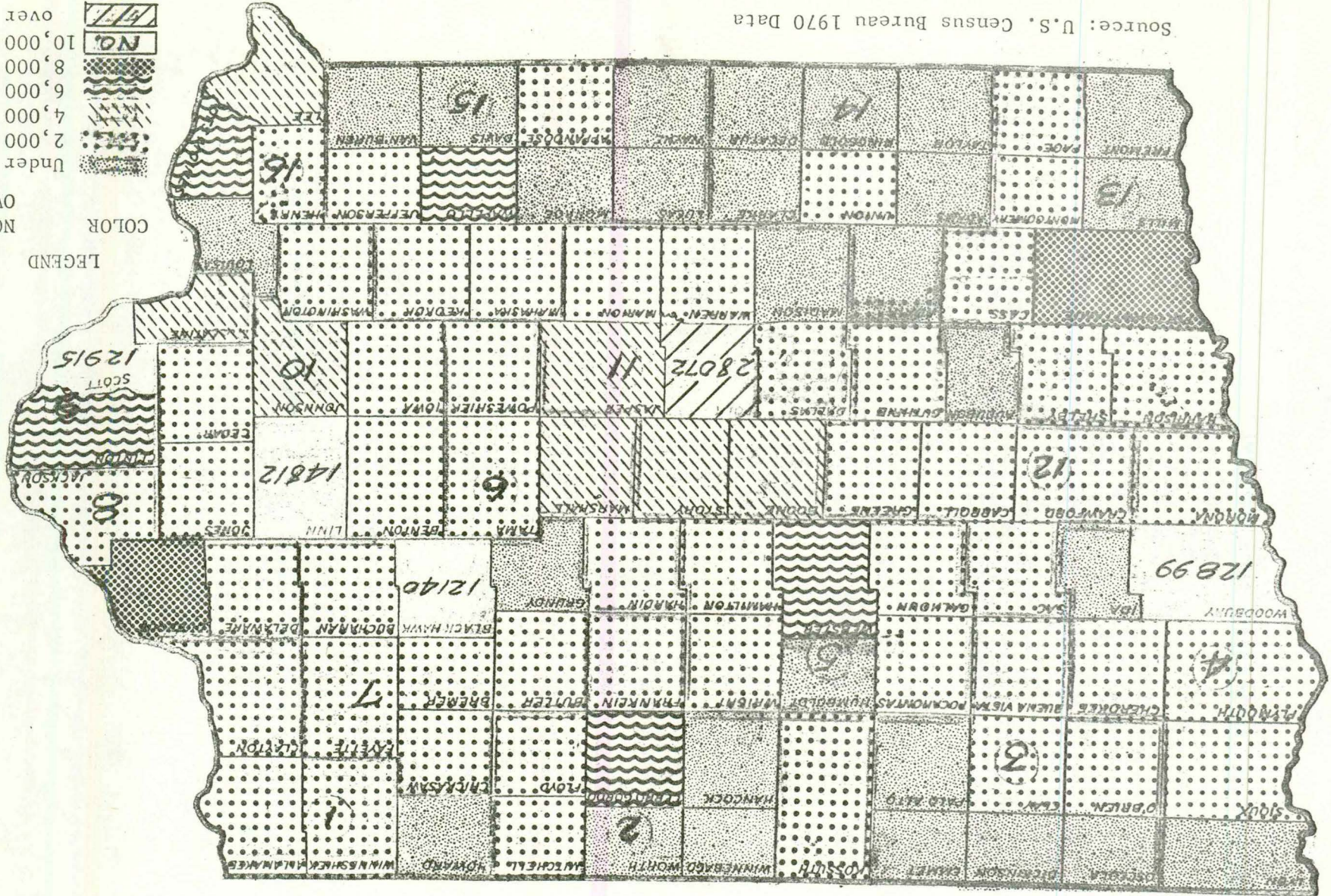
Source: U.S. Census Bureau 1970 Data

Under 2,000  
2,000 - 4,000  
4,000 - 6,000  
6,000 - 8,000  
8,000 - 10,000  
10,000 - 15,000  
over 15,000



NO. POPU  
OVER 65

LEGEND



IOWA POPULATION

OVER 65

(Attachment Cen-1)



## CHAPTER X

### PRE-RETIREMENT PLANNING AND EMPLOYMENT IN LATER YEARS

#### I. PRESENT SITUATION

##### A. Employment Security offices in Iowa.

According to the most recent information we have, the priority of finding employment for those who are in their sixties or beyond is very low compared to other groups such as veterans, minority groups, the hard-core disadvantaged. However, the office of Employment Security is taking another look at this need for employment in later years.

In cooperation with some Title III programs (in Council Bluffs, Dubuque, and Davenport especially) offices staffed by volunteers provided through the Title III programs have been created to do two things:

1. Seek employment opportunities for older people, and
2. Find older persons who wish either part-time or full-time employment as a means of supplementing their income or as a means of finding meaningful use of their retirement years.

B. Pre-retirement planning shows some of the area colleges and Drake University pre-retirement courses have been offered and are being offered to the general public, private industry, and governmental workers. The field of continuing education previously mentioned in another chapter discusses the role of a state employees' pre-retirement planning program. Through the help of the area colleges, Drake University, and the Commission on the Aging, the statewide pre-retirement planning should become a very important program within the next three years, touching all types of people in as many communities as possible within the state.

C. One of the factors in pre-retirement planning, of course,

is financial management, wills, bequests, and other related matters. We are encouraging the active involvement of the legal profession in this phase of it. At the end of this chapter is a map locating the number of lawyers in Iowa (Attachment R-1). It is a typical thing of all major professions that those sections of the state which have the highest percentage of elderly people also have the smallest number of professional full-time people. This applies not only to the field of law but the field of medicine, health care, and other related professions.

## II. NEEDS AND PROBLEMS

- A. Refer to pages 94 through 96 of "The ABC's of Aging in Iowa" in the Appendix.

## III. SUGGESTED SOLUTIONS

- A. Refer to pages 94 through 96 of "The ABC's of Aging in Iowa" in the Appendix.
- B. Develop legislation which clearly states that persons must not be dismissed from a job because of age as long as a person is physically and mentally capable of doing a prescribed job without a detriment to himself or to the employer. Age should not be a factor in retirement.
- C. Where age can be a factor in retirement and recognizing the fact that in almost all types of employment, except self-employment, there does come a time of eventual retirement, persons should be given the opportunity of pre-retirement planning according to the needs of their specific way of life. The schools, government, and private industry should cooperate in developing and carrying out pre-retirement programs for all of their employees.

The following is taken from the "Retirement" and "Employment" sections of the recommendations from the State White House Conference on Aging:

### 1. Retirement--Preface

Other areas, particularly providing adequate income and providing an increased supply of health services at a reasonable price, have highest priority in policy and pro-

reasonable price, have highest priority in policy and program considerations. When people are blessed with income and health, they have a fuller range of options in their choice of retirement activities. Despite this preface, the retirement section (of the conference) offers these (recommendations) with near unanimous and enthusiastic support.

## 2. Pre-retirement

Long range retirement planning -- lifetime planning may be a better term -- should be made a part of formal schooling.

Federal and state governments should make comprehensive pre-retirement planning available to employees and should actively encourage both schools and private enterprises to make pre-retirement planning programs available to as many as possible of those people who wish to participate.

## 3. Retirement Activities

Those people who are able to work, want to work, and need the income from work, should be actively encouraged by federal and state government policies.

While local communities should carry the responsibility for creative thinking on ways to use volunteer workers effectively and on ways to provide recreational and/or social activities for the aging, federal and state governments should provide a clearinghouse for gathering and disseminating such ideas.

## 4. General

Coordinated study is needed to define more clearly the problems of the aging and possible solutions to these problems.

Coordination of the many agencies and programs designed to serve the aging should be provided at federal, state, and local levels.

Federal grants-in-aid to provide services for the aging should be continued.

## 5. Employment

Services to older persons must be given on an individual basis. The problems and needs of older people are individual problems and needs. In the administration of services to these people, the tools and techniques used to resolve their problems and fulfill their needs must be individually determined. The Task Force is opposed to categorization or stratification of the aging in the area of their vocational worth.

Society, and particularly employers, must be made aware of the fact that evaluation of older workers must be made on the basis of functional age and not chronological age. Arbitrary retirement requirements are serving only to force from the economy people who have skills, knowledge, ability and experience to offer to the employers of the nation. One man may be a youthful 70 while another is old at 50. Workers should be retired only when they are no longer capable of producing competitively with other workers - not on a basis of age. To assume that when an individual reaches the age of 65, he becomes unable to work is ridiculous.

Training and retraining is feasible for older workers. Studies have proven, particularly those of the Graflex Corporation, that older workers can be trained and retrained as successfully as younger people. Perhaps the training techniques would be different but opportunities should be available for older workers to upgrade themselves vocationally or to acquire new skills.

Pre-retirement Planning Programs must be extended and expanded to include workers in the service and labor areas. Training in planning for the retirement years has been confined almost exclusively to white collar and skilled workers. Ostensibly the greater need exists within the lower income groups and the semi-skilled workers. People in the middle classes are programmed to organized activities to achieve a goal. Lower classes of people have never thought in these terms. They are not accustomed to planning ahead but have lived most of their lives on a day-to-day basis. Their relationships are most often within the family rather than the community. Therefore, this segment of society encounters retirement with no preparation.

Consideration should be given to the fact that employment means different things to different people and this should be

incorporated in conference discussions. To some, it may be a need for full-time employment, for another a part-time job to supplement a pension income, and, to others, volunteer work in his home community. But all older workers need activity, responsibility, and the opportunity to contribute to community concerns. Provision should be made for fulfillment of these needs.

Discrimination cannot be eliminated by legislation. The mere fact that laws are passed by the Congress or by state governing bodies may serve, in a small way, to create a more favorable climate for employment of older workers. More intensive methods must be developed to convince the employer of the true worth of mature workers in business and industry and to dissipate the myths that exist. This will require the combined efforts of all agencies and organizations concerned with the problems of the aging.

Before employment of older Americans can be successfully accomplished, ancillary problems and needs must be resolved and fulfilled. A satisfied and efficient worker is one who can give relatively full attention to his job without the presence of such problems as inadequate housing, health problems, legal involvement, family pressures, or other conflicts to satisfactory job performance. This, also, requires united cooperative effort on the part of all agencies and organizations who can provide the needed services.

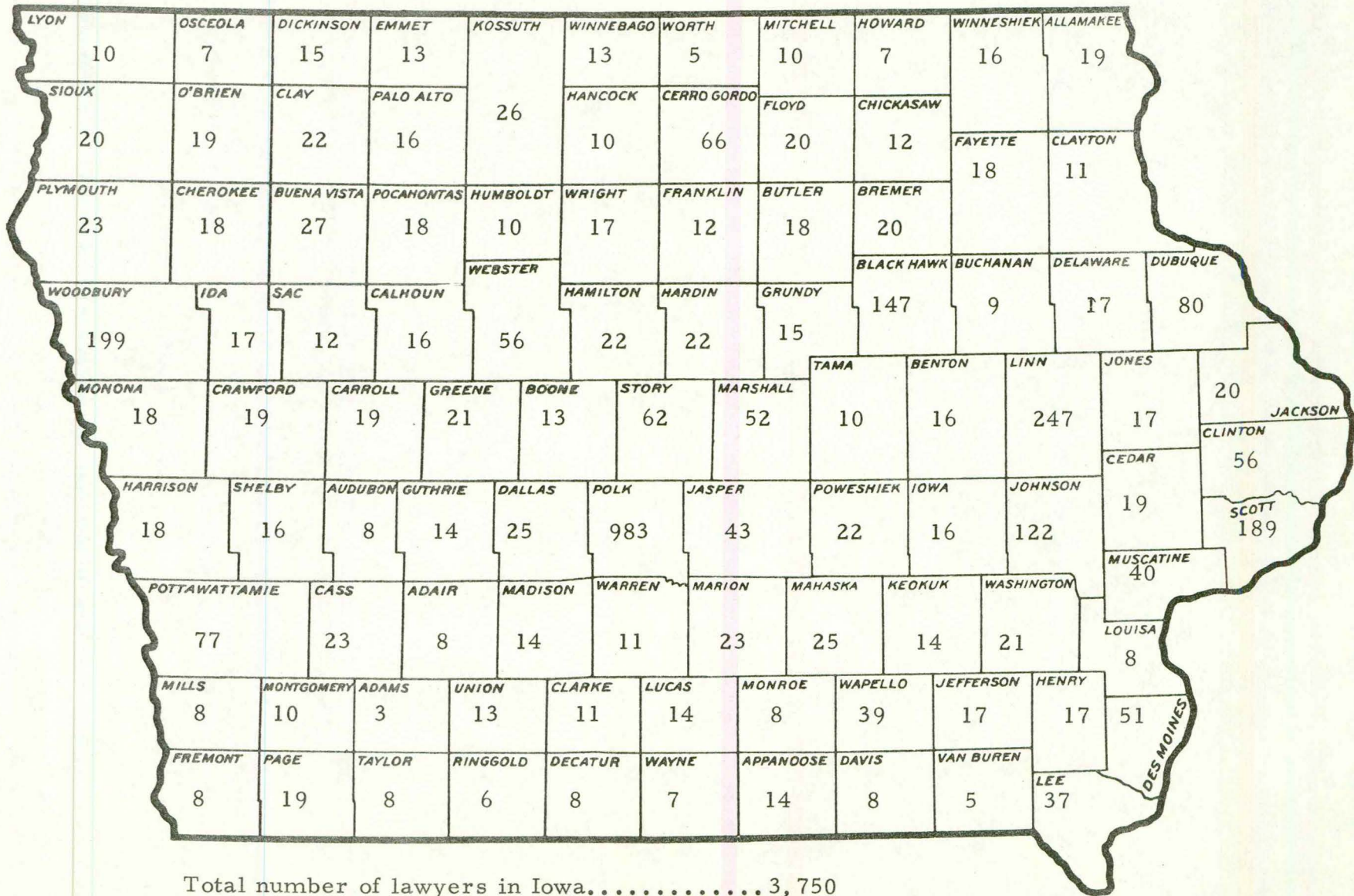
Federal and state agencies, boards and commissions must serve as the catalyst for publicity, public relations, education and communications. To achieve equality in employment for our elderly a sustained effort is imperative. Our objectives will not be quickly attained but will require continuing effort and continuous follow-up. Educational materials to influence employer and public attitudes must be produced. Training and re-training programs must be implemented and other services will be needed. The above-mentioned agencies, boards, and commissions must assume the responsibility for action without relaxation through intensified services.

#### D. Legal Counseling for the Elderly

(Refer to Attachment R-1 at end of chapter for distribution of lawyers in Iowa)

Legal advice and counseling is greatly needed by the retired and those facing retirement in terms of fiscal management, legacies, properties, and other important legal matters. Where necessary (elderly poor) free legal aid services should be developed.

# LAWYERS IN IOWA



Total number of lawyers in Iowa.....3,750

Attachment R-1)

CHAPTER XI

WHAT THE GOVERNORS OF IOWA HAVE SAID  
ABOUT THE OLDER IOWANS SINCE 1940

October 1970

by

Earl V. Nelson  
Executive Secretary  
Commission on the Aging



## INTRODUCTION

Since Iowa has for over thirty years ranked as number one in percentage of people over 65 years of age; since more emphasis is being placed by the government on services, programs and needs for the elderly; since it is one of the purposes of the Governors to express the will of the people into concrete action programs; it's well to know how responsive the State Government has been to these statements. We feel that we should know how our Governors have expressed the needs of the older citizen and what action has been taken.

The record clearly states that the older citizen has been an afterthought by some administrations. Also, the State of the State messages have not offered many new dynamic programs or approaches to the lives of the older citizen.

AN INDEX TO STATEMENTS CONCERNING OLDER PEOPLE  
IN THE STATE OF THE STATE MESSAGES, 1941-1969  
AS PRINTED IN THE HOUSE JOURNAL

- Jan. 12, 1970 Robert D. Ray  
p. 2: Finances  
p. 8: Health and Welfare
- Jan. 14, 1969 Robert Fulton  
p. 50: "Commission for the Aging"  
p. 50: "tax relief for the elderly"  
p. 54: "aid to the indigent elderly"
- Jan. 10, 1967 Harold Hughes  
p. 47: "for the benefit of our aging citizens"
- Jan. 12, 1965 Harold Hughes  
p. 46: "medical aid to the aged"
- Jan. 15, 1963 Norman Erbe  
p. 43: "number of people over the age of 65"
- Jan. 10, 1961 Herschel Loveless  
p. 42: "the Commission for Senior Citizens"  
p. 45: "Old Age Assistance"  
p. 46: "retired teachers"  
p. 46: "Commission for Senior Citizens"
- Jan. 13, 1959 Herschel Loveless  
p. 47: "old age assistance cases"  
p. 48: "improved care for...the aged"
- Jan. 15, 1957 Leo Hoegh  
p. 41: "old age...pensions...increased"
- Jan. 11, 1955 Leo Elthon  
no mention of older people
- Jan. 13, 1953 William Beardsley  
p. 25: "old age assistance...carried forward"
- Jan. 9, 1951 William Beardsley  
no mention of older people
- Jan. 11, 1949 Robert Blue  
p. 47: "a state-wide Retirement Act"  
p. 53: "persons 65 years of age and older increased"  
p. 54: "public (sic) owned homes for the aged"

Jan. 14, 1947 Robert Blue  
p. 40: "nursing homes"  
p. 41: "old age assistance"  
p. 41: "number of older persons"

Jan. 9, 1945 Bourke Hickenlooper  
no mention of older people

Jan. 12, 1943 George Wilson  
no mention of older people

Jan. 14, 1941 George Wilson  
no mention of older people

Article: "WHAT THE GOVERNORS SAID ABOUT OLDER CITIZENS"

The Governors' "State of the State" messages to the people of Iowa briefly state goals and attitude about needs and programs they consider important. A question that I am frequently confronted with is: "What is the state doing for the older citizen?"

There have been times in the past thirty years that the "State of the State" message offered little or no suggestions. For the purpose of this message we will begin with the 1940's or thirty years ago.

"What did our Governors offer us in the last thirty years?"

From January 1941 until January 1947 no mention of the older citizen, senior citizen, older Iowan, elderly, or other term for the older person was reported by the Governor in his State of the State message. This does not mean that nothing was done for the older citizen those years, but it was not an important priority factor in the Governors' intended programs.

On January 14, 1947 Governor Robert D. Blue, who became the first Chairman of the Commission on the Aging eighteen years later, made these statements of intent to the State Legislature and the people of Iowa.

"At the present time there is no Iowa statute for licensing of hospital or nursing homes, or any regulation with reference to their operation. Since the passage of the Old Age Assistance Act, nursing homes have sprung up in every community in the state. There are at least 245 such nursing homes in Iowa today which are making a business of caring for those receiving old age assistance and other aged persons.

"These nursing homes come into existence to meet the need for the care of our aged citizens. Thousands of our aged people are now residing in such institutions. Most of these homes are rendering a splendid service. There are some in which minimum standards have been neglected.

"It seems obvious that some provision should be made for the licensing and regulation of these institutions. These aged citizens are entitled to the protection of the state from neglect or exploitation by the greedy." <sup>1</sup>

"Programs affecting the schools, unemployment compensation, old age assistance and the board of control are vitally affected by the composition of the state's population, and any substantial changes which are taking place in it.

"Speaking of the number of older persons expected to be residents of the state in the next generation, Prof. Wakely states: 'In sharp contrast to the youth situation, both the number and the proportion of persons above middle age has risen rapidly. Persons 65 years of age and older increased from 106 thousand in 1900 to 228 thousand in 1940. Estimates predict a continuation of the rapid increase until 1970 when the number of persons over 65 is expected to be approximately five percent larger than in 1940.'

"The churches and charitable organizations were the first to enter such social welfare fields as education, hospital service and care of orphans as well as care for the aged. The state followed later. A need exists for public owned homes for the aged. <sup>2</sup>

"The need for community housing for the aged is shown by the long waiting lists at homes for the aged and the rapid increase in private nursing homes.

"The state and federal government is spending twenty-four million dollars a year for Old Age Assistance in Iowa. A saving of ten percent a year would amount to two and one-half million a year."

The needs and problems Governor Blue raised are:

1. Licensure of Nursing Homes.
2. Increase of population over 65.
3. Need for Public Housing for the aged.
4. Increased costs of Old Age Assistance.
5. Standards of care of our old citizen.

What has happened to these needs and problems today? The close of this study will attempt to show what has happened in each of the suggested areas in the year 1970.

No mention of the older citizen in 1951.

The year 1953, according to Governor Beardsley, showed that the older persons were being cared for in a satisfactory way.

"Our Board of Social Welfare, in administering the programs which fall within their province, have done an outstanding job. In comparing the situation with other states in the Union, we must recognize we have

a splendid department in our state. Aid to dependent children, aid to the blind, old age assistance and other programs have been carried forward in an able and satisfactory way." <sup>3</sup>

No problems or needs are raised in this statement. In other words 1953-1954 seemed to be a very good two years for older citizens in Iowa.

The year 1955 made no mention of older people in the State of the State message by Governor Elthon.

In 1957, Governor Leo Hoegh stated:

"The laboring man and woman prospered in Iowa these past two years. New job opportunities and steady employment kept Iowa unemployment far below the national average. Employment has been at an all time high and the average weekly wage the highest in Iowa's history. Because of your foresight in providing additional revenue, old age and blind pensions have been substantially increased to help meet the current living costs, and a record number of handicapped persons have been rehabilitated into useful citizens. You are urged to continue to strengthen these programs." <sup>4</sup>

Need raised for the older citizens was the continued strengthening of the old age assistance programs.

As we move closer to the year 1970, we also see that more and more attention is being directed to the older citizen.

Governor Herschel C. Loveless, made the following statements in 1959:

#### WELFARE PROGRAMS

"Although the Fifty-seventh General Assembly appropriated one million three hundred thousand dollars more per year for Social Welfare programs than was appropriated by the Fifty-sixth General Assembly, total state funds available for the support of these programs have been somewhat smaller in the current, than in the preceding, biennium as a result of the reduced balances available July 1, 1957.

"In order to hold expenditures within the limits set by available funds, the Board of Social Welfare made two adjustments effective July 1, 1957.

"Grants to old age assistance cases receiving nursing home care were reduced by an average of approximately six dollars and fifty cents per case.

"The basic grant in the Aid to Dependent Children Program was set

at eighty-five percent of 'standard,' a level somewhat below the grants paid prior to July 1, 1957.

"Beginning in October, 1958, the Federal Government changed the formula by which the Federal shares of grants are computed. The net effect of these changes will provide an estimated five to six million dollars per year of additional money for the categorical assistance programs in Iowa.

"As a result of the increased Federal participation in financial support of these programs, it has become possible to make some long needed adjustments designed to provide improved care for all three categories of dependents - the blind, the aged, and dependent children.

"On January 1 of this year, the Board of Social Welfare initiated a medical program in each of the three categorical assistance programs; beginning March 1, 1959, nursing care grants will be raised approximately six dollars per month. The increased flow of Federal funds will also make it possible to end the current fiscal year with very modest balances in each of the three categorical assistance programs. This would not have been possible except for the change in the Federal participation rates." <sup>5</sup>

Problem presented: Cut back in Old Age Assistance payments in nursing home care.

In 1960 the White House Conference on Aging was convened. From this conference came many recommendations and a renewed emphasis on the older citizens' needs and problems. As the years 1961-1970 are reviewed we hear almost all the Governors giving special emphasis to this group of citizens.

Governor Loveless continued emphasis on the older citizens' needs by stating:

"Among the citizens groups that have contributed much to our efforts in government are: The Citizens Mental Health Committee; the Professional Advisory Committee on Mental Health; the Committee on Penal Affairs; the Committee for the Employment of the Physically Handicapped; the Reapportionment Action Committee; the Commission on Economic and Social Trends; the Commission for Senior Citizens; the Commission on Alcoholism; the Human Relations Commission; the United Nations Committee.

"During the past year, the average grants for recipients of public assistance have been increased as follows:

"Old Age Assistance from \$73.37 to \$84.25. Aid to the Blind from \$88.36 to \$101.30. Aid to Dependent Children from \$34.75 to \$40.37.

"I recommend, as I have in the past, that provision be made for adequate pensions for retired teachers.....

"I recommend that the following voluntary state commissions which have served during the past four years be retained in modified form and be given statutory authorization: the Commission on Human Relations, the Commission for Senior Citizens, the Commission on Alcoholism." 6

Governor Loveless recommended:

1. Adequate provisions for retired teachers.
2. Statutory authority for the Commission for Senior Citizens.
3. Increased aid to Old Age Assistance.

Governor Norman A. Erbe reiterated the fact that Iowa was number one in percentage of people over 65, and made the following emphasis in his message to the state legislature:

"Iowa, as you know, now ranks first in the per capita number of people over the age of 65. Your body wisely authorized the implementation of the Kerr-Mills program during your last session and now that you have the cost experience from other states to guide you, it is essential that the funding for this vitally important program be provided during this session.

"In my frequent attendance at mental health meetings throughout the country I pridefully noted the top comparative status of Iowa in our programs for treatment as distinguished from custodial care of the mentally ill. At the present time we have the largest number of psychiatrists staffing our institutions in the history of our state and we have a nationally envied mental health program of which we can justly boast.

"Assisting in the interest and development of our program for mental health has been a dedicated Governor's Committee on Mental Health whose members have given unstintingly of their time and effort to present their views to the Board of Control and to your body." 7

No specific recommendations on needs or new programs were made.

The year 1965 marked a fulfillment of a recommendation that had been presented to the legislature some years previously. During the third year of Governor Harold Hughes' administration the "Commission on the Aging" was authorized. Other recommendations that were made in his message that affected the older citizens are emphasized in the underlined following



statements:

"A new law was enacted to provide citizens of Iowa undiluted property tax relief in the form of interest on current operating funds of local governments. Fair employment practices legislation was adopted for the first time in our history. This was followed by an executive order from this administration to eliminate discrimination for reasons of race, creed or color in state government. An effective law for brucellosis control was enacted. Pensions for government employees were increased. Workmen's compensation laws were improved. Medical aid to the aged under the Kerr-Mills act was implemented."<sup>8</sup>

The program was broadened in 1967 as stated in this part of his message: "For the benefit of our aging citizens, a Commission on the Aging was created in 1965 when I signed a bill authorizing a commission of thirteen members. Fifty thousand dollars was appropriated for the first biennium. Four different committees have since been appointed to deal with the different problems of the aging. And a proposal has been made through federal channels to establish at an Iowa university a center for retirement planning."<sup>9</sup>

The year 1969 was a restatement of previous accomplishments.

"We established Iowa's first statutory commission for the aging - "We provided tax relief for the elderly - "I am talking about education and mental health and essential aid to the indigent elderly - "<sup>10</sup>

Accomplishments for aging citizens were:

1. Creation of the Commission on the Aging.
2. Title III funds begin senior citizens programs in Iowa.
3. Pre-retirement center activated at Drake University.
4. Tax relief for the older citizen.
5. First Governor's conference on aging held.

The year 1970 marked the beginning of a new decade.

Governor Robert Ray stated: "In order to mount constructive programs essential for the welfare of our Iowa people, the budget we provided substantially increased appropriations in education, public safety, social services - including coverage of a \$2.5 million Medicaid deficit - and in reality increased financing for all services and aid provided by the state ..."<sup>11</sup>

"While this biennial budget provides increases for the infirm, the aged, the disabled and the dependent, the results of the Medicaid cutback that developed before this administration forced an increase in the number of Old Age Assistance recipients. I have insisted, nonetheless, that there be no cut in their benefits. In addition, as I have previously mentioned, an increase to these citizens has my priority should funds be available." 12

We are in the decade of the '70's. Much has been accomplished to the benefit of our older citizens and the total society. However, many problems still present themselves for solving.

What has happened in the last thirty years in Iowa for the older citizen?

## CONCLUSION

Do you now get the picture? Draw this comparison with your mental painter's brush.

Three hundred and fifty thousand people over 65 years of age; many in various stages of physical, mental and social need; many happy; many lonely and forgotten; some with their hands out beckoning for help; others with their hands ready to assist. But who now really assists?

Does the local government? Nine chances out of ten, no. Does the state government? Here there is a 50/50 chance. More and more the needs become part of the federal concern. Should this be? We maintain that the picture should be painted by local artists in the local community and state. Persons are happiest when they are recognized, needed and served by the local community and by their own state.

Our state motto says, "Iowa: A Place to Grow." Legislators, local officials, and voters: let's make Iowa "A Place to Grow" even for our older citizens.

Since 1940:

1. Licensure of nursing homes.
2. Licensure of nursing home administrators.
3. Population over 65 has more than doubled since 1940.
4. Creation of State Commission on the Aging in 1965.
5. Two White House Conferences on Aging held and a third one planned.
6. Adoption and implementation of the Older Americans Act and Amendments.
7. Title III programs for older citizens begin in Iowa.
8. Medicare and Medicaid authorization and implementation.
9. Low rent housing for the elderly.
10. Non-profit retirement homes grow in numbers.
11. Number of proprietary and non-profit nursing homes more than double.
12. Double homestead exemption for the older citizens' property.
13. Pre-retirement center begun at Drake University.
14. "Meals on Wheels" programs in over 25 communities.
15. Homemaker-Home Health Aide programs in several counties where previously none existed.
16. Some additional attention paid by the government to the needs and problems of the older citizen.
17. Social Security benefits broadened and revised but still inadequate.
18. Old Age Assistance raised but still inadequate to need.
19. Standards of care of the older citizen in health care facilities have risen, but in many cases are still inadequate. (Enforcement of standards inadequate.)
20. State retirement program adopted (IPERS) yet still inadequate to basic needs of retired persons.
21. Removal of referendum requirement for low rent senior citizens housing.
22. Some communities adopt reduced rates for the older citizens in transportation, recreation, and other areas of need.
23. Senior citizens' organizations multiply rapidly.
24. Over 100 Senior Citizens Centers opened to serve recreational, educational, and social needs.
25. Public Instruction broadens its scope of services to include the older adult in its curriculum planning and community services.

26. Fair employment practices have been extended to cover the older worker to age 65.
27. Retraining programs for the older worker have been created. However, we still have a long way to go. Needs and problems that still exist are:
  1. Old Age Assistance rolls have increased. (See attachment)
  2. Cost of nursing home care has constantly risen.
  3. Old Age Assistance payments have not increased with the cost of living, nor have payments to nursing homes covered the entire cost of care of the patients.
  4. Churches' involvement with older citizens declines.
  5. Buying power of older citizens on fixed income declines with inflation.
  6. Rural communities become more populated with older citizens; youth leave for larger cities and more advantages for employment.
  7. Shortage of health professionals in areas of geriatric need.
  8. State funds necessary for preventive, protection, and support of older citizen still inadequate to basic needs expressed by the citizens themselves.
  9. Support of welfare patients in nursing homes still inadequate to actual cost.
  10. Iowa moves from number 1 to number 2 in percentage of people over 65.
  11. Forced retirement and earlier retirement present major problems for both the worker and our total society.
  12. Methods of transportation become more costly and less available to older citizens.
  13. Housing suitable and adequate for the older person.

Footnotes: Refer to index for exact pages.

1. Robert D. Blue, State of the State Message, 1947  
House Journal
2. Robert D. Blue, State of the State Message, 1949  
House Journal
3. William Beardsley, State of the State Message, 1953  
House Journal
4. Leo Hoegh, State of the State Message, 1957
5. Herschel Loveless, State of the State Message, 1959
6. Herschel Loveless, State of the State Message, 1961
7. Norman A. Erbe, State of the State Message, 1963
8. Harold E. Hughes, State of the State Message, 1965
9. Harold E. Hughes, State of the State Message, 1967
10. Robert E. Fulton, State of the State Message, 1969
11. Robert D. Ray, State of the State Message, 1970
12. Robert D. Ray, State of the State Message, 1970

## CHAPTER XII

### TITLE III OF THE OLDER AMERICANS ACT IN IOWA

#### I. HISTORY OF TITLE III PROGRAM

- A. Location of all Title III Community grants awarded since January, 1966.
  - 1. The attached maps and figures for each fiscal year since January 1966 depict how the Title III program has worked in the State of Iowa and the impact which it has had since that time. (See Attachments T3-1 through T3-10)

#### II. PRESENT SITUATION

- A. Iowa has 34 Title III community grants in operation and 12 pending applications for funding sometime between January 1, 1972, and July 1, 1972.
- B. Strong points of Title III.
  - 1. Title III funds have created an awareness in the community of aging problems and needs that would not have been possible without the use of these funds.
  - 2. In many instances communities which now have centers and health programs and other service oriented programs for the aging would not have had these programs had not the Title III originally granted them beginning monies.
  - 3. The citizenry of Iowa is now very much more aware of the needs, the problems, and some possible solutions for the older citizens of Iowa.
- C. Weaknesses
  - 1. The communities in some instances have found it difficult to take over completely the Title III

program once the federal funds have been phased out.

2. The areawide concept which the Commission originally planned has been difficult to implement because of the problem of city and county lines. It has proven almost impossible to plan a long-term area council concept because of the interest of keeping funds within the local community or within the local county.
3. Personnel hired at the local level have not felt in many instances a tie with the state Commission on the Aging. This has presented problems both in program development and in policy decisions at the local level and support on a cooperative basis of statewide programs.
4. The training of many people hired to direct Title III programs has been limited which shows oftentimes in the program's lack of ability to accomplish some of its goals and objectives.

### III. SUGGESTED SOLUTIONS

- A. Title III program priorities for funding should be rewritten more basic to the community needs and the problems which have been discovered and documented through the White House Conference on Aging activities within Iowa.
- B. The community programs under Title III should have some direct connection to city and county government bodies. This in itself will help in the long-term productivity of the project once federal funds have been phased out.
- C. Title III personnel at the local level should have more training in the field of aging, possibly provided by the State Commission on the Aging.
- D. Personnel at the local level should be tied in somehow to the state agency, if not on a direct employment basis, at least on a cooperative basis so that policies and decisions at the state level and the local level may be better coordinated in order to better serve the older population of Iowa.
- E. The Commission on the Aging, having assessed the needs and problems not only of the older citizens but of the communities during the last two years has developed a "community inventory program." At the

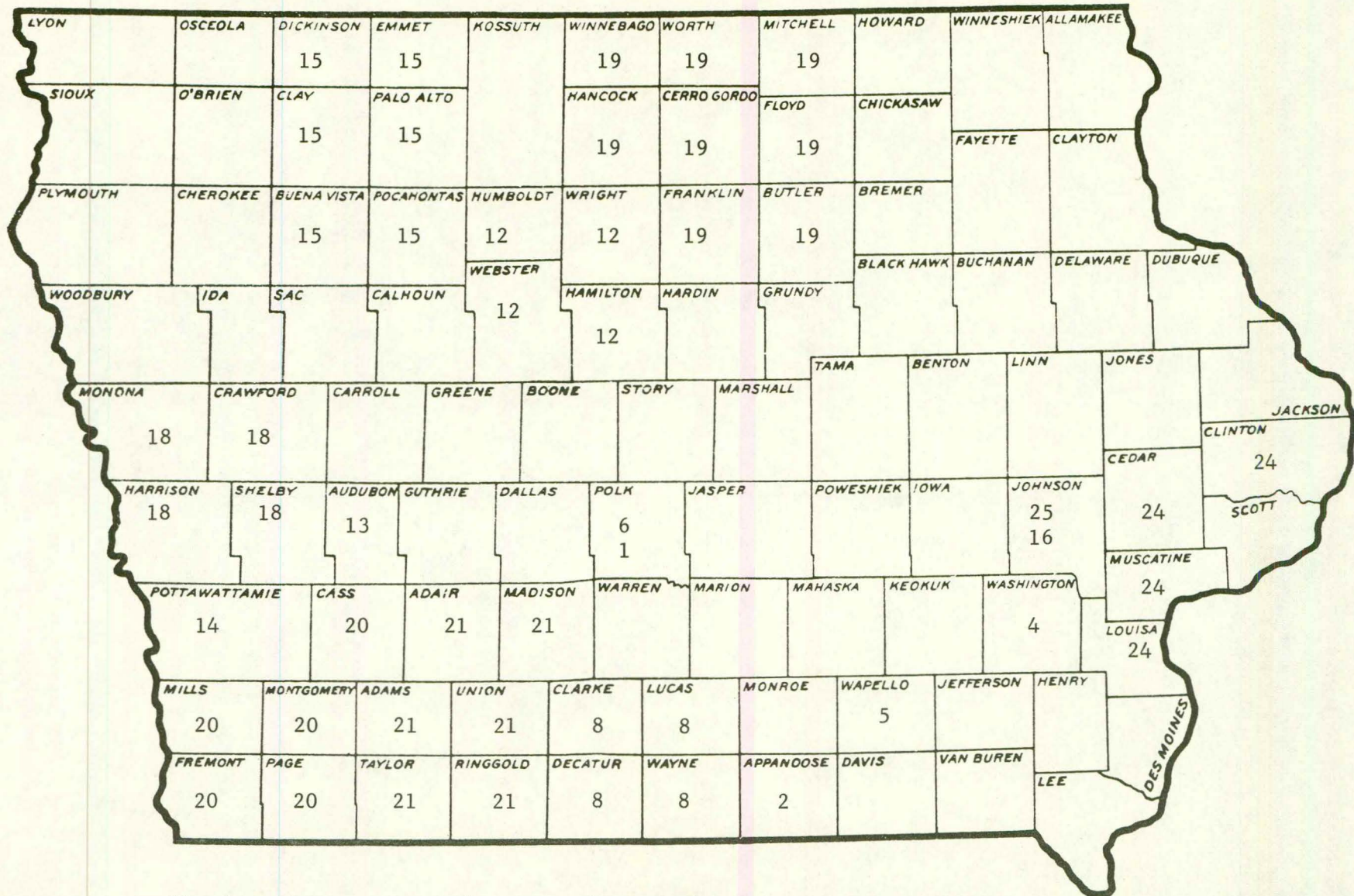


present time we have begun implementation of this program. The one thing that will help us in better use of our Title III funds in this program is working with the mayor's office in each of these communities; we can better orient ourselves to the specific needs of that community and through, if need be, the use of Title III funds, assist that community to work on what they consider their priorities concerning the older person.

TITLE III PROJECTS  
FY 1966/1967

PROJECT NUMBER	PROJECT NAME	HEADQUARTERS LOCATION	TITLE III GRANT AMOUNT	LOCAL SUPPORT	TOTAL SUPPORT
1	PLANNING FOR AGING SERVICES	DES MOINES	14,374.00	6,853.00	21,227.00
2	18 - 80 CLUB	CENTERVILLE	9,000.00	3,990.00	12,990.00
4	OLDER CITIZENS PROGRAM	WASHINGTON	10,500.00	3,500.00	14,000.00
5	MULTI-PURPOSE CENTER	OTTUMWA	12,159.00	4,771.00	16,930.00
6	ACTIVITIES FOR THE AGED	DES MOINES	12,893.00	4,492.00	17,385.00
8	HOMEMAKER SERVICES	LEON	12,350.00	4,480.00	16,830.00
12	MULTI-PURPOSE PROGRAM	FORT DODGE	9,200.00	3,375.00	12,575.00
13	GOOD NEIGHBOR CENTER	AUDUBON	8,848.00	4,220.00	13,068.00
14	GOLDEN AGE UPLIFT	COUNCIL BLUFFS	16,995.00	6,260.00	23,255.00
15	MULTI-PURPOSE PROGRAM	EMMETSBURG	14,028.00	4,860.00	18,888.00
16	INFORMATION MATERIALS	IOWA CITY	1,875.00	625.00	2,500.00
18	PROGRAM FOR THE AGING	HARLAN	9,206.00	3,069.00	12,275.00
19	PROJECTS FOR THE AGING	MASON CITY	14,375.00	4,792.00	19,167.00
20	ADVANTAGES FOR THE AGING	RED OAK	17,160.00	5,720.00	22,880.00
21	COORDINATOR FOR AGING	CRESTON	8,840.00	3,182.00	12,022.00
24	AGING IOWANS DEVELOPMENT	MUSCATINE	14,543.00	3,353.00	17,896.00
25	SOUND MOVIE ON AGING	IOWA CITY	20,454.00	6,818.00	27,272.00
		TOTALS	<u>206,800.00</u>	<u>74,360.00</u>	<u>281,160.00</u>

COUNTIES INCLUDED IN TITLE III PROJECT GRANTS FROM FY 1966/67 FUNDS

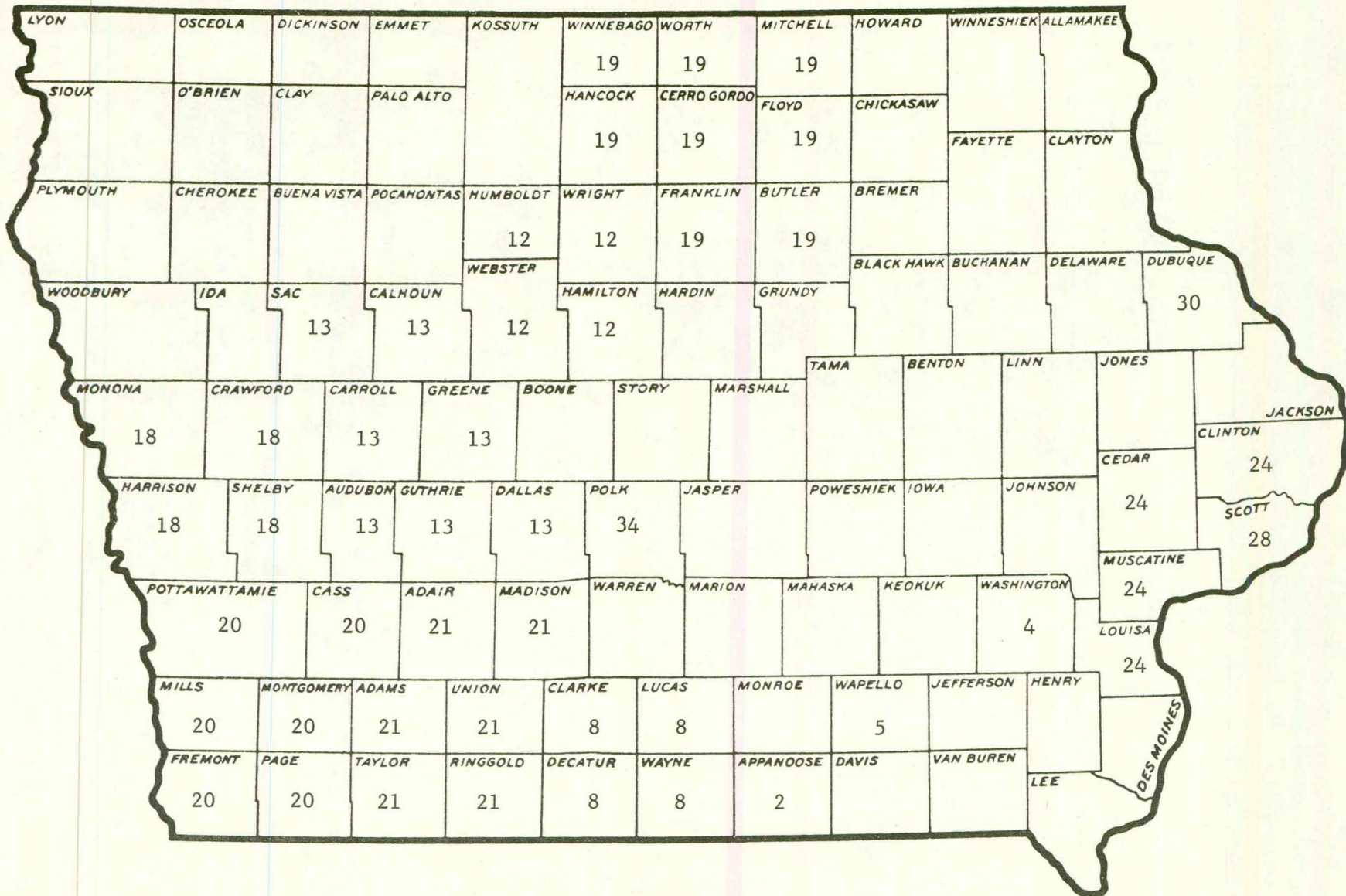


Numbers in counties refer to project numbers on Attachment T3-1.

TITLE III PROJECTS  
FY 1968

PROJECT NUMBER	PROJECT NAME	HEADQUARTERS LOCATION	TITLE III GRANT AMOUNT	LOCAL SUPPORT	TOTAL SUPPORT
2	18 - 80 CLUB	CENTERVILLE	7,200.00	3,515.00	10,715.00
4	OLDER CITIZENS PROGRAM	WASHINGTON	7,677.00	6,400.00	14,077.00
5	MULTI-PURPOSE CENTER	OTTUMWA	9,600.00	6,400.00	16,000.00
8	HOMEMAKER SERVICES	LEON	14,600.00	10,616.00	25,216.00
12	MULTI-PURPOSE PROGRAM	FORT DODGE	7,700.00	6,486.00	14,186.00
13	GOOD NEIGHBOR CENTER	CARROLL	14,961.00	11,608.00	26,569.00
18	PROGRAM FOR THE AGING	HARLAN	12,486.00	7,873.00	20,359.00
19	PROJECTS FOR THE AGING	MASON CITY	22,840.00	19,304.00	42,144.00
20	ADVANTAGES FOR THE AGING	COUNCIL BLUFFS	7,765.00	9,771.00	17,536.00
21	COORDINATOR FOR AGING	CRESTON	9,103.00	6,850.00	15,953.00
24	AGING IOWANS DEVELOPMENT	MUSCATINE	12,159.00	7,838.00	19,997.00
28	SENIOR CITIZENS PILOT PROJECT	DAVENPORT	17,860.00	6,370.00	24,230.00
30	PROJECT CONCERN	DUBUQUE	17,378.00	7,631.00	25,009.00
34	PLANNED ACTION FOR COMMUNITY ELDERLY	DES MOINES	<u>17,460.00</u>	<u>6,750.00</u>	<u>24,210.00</u>
		TOTAL	178,789.00	117,412.00	296,201.00

COUNTIES INCLUDED IN TITLE III PROJECT GRANTS FROM FY 1968 FUNDS

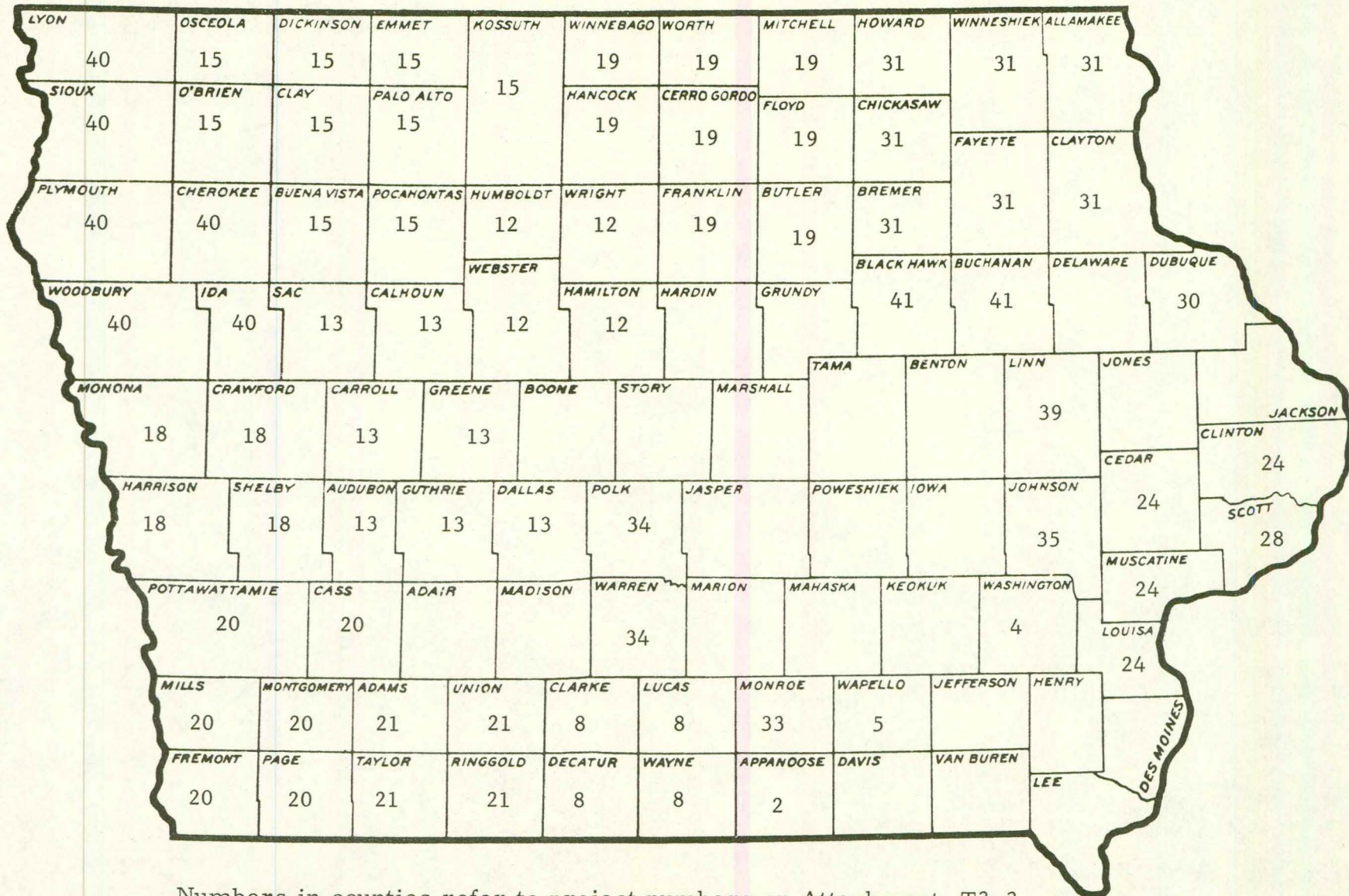


Numbers in counties refer to project numbers on Attachment T3-2.

TITLE III PROJECTS  
FY 1969

PROJECT NUMBER	PROJECT NAME	HEADQUARTERS LOCATION	TITLE III GRANT AMOUNT	LOCAL SUPPORT	TOTAL SUPPORT
2	18 - 80 CLUB	CENTERVILLE	4,714.34	6,064.30	10,778.64
4	OLDER CITIZENS PROGRAM	WASHINGTON	7,417.50	7,341.10	14,758.60
5	MULTI-PURPOSE CENTER	OTTUMWA	10,000.00	10,072.07	20,072.07
8	HOMEMAKER SERVICES	LEON	14,800.00	16,676.00	31,476.00
12	MULTI-PURPOSE PROGRAM	FORT DODGE	9,200.00	9,200.00	18,400.00
13	GOOD NEIGHBOR CENTER	CARROLL	14,475.48	15,670.00	30,145.48
15	MULTI-PURPOSE PROGRAM	EMMETSBURG	12,600.00	11,692.43	24,292.43
18	PROGRAM FOR THE AGING	HARLAN	13,477.00	14,918.14	28,395.14
19	PROJECTS FOR THE AGING	MASON CITY	19,511.00	21,518.61	41,029.61
20	ADVANTAGES FOR THE AGING	COUNCIL BLUFFS	21,150.00	21,150.00	42,300.00
21	COORDINATOR FOR THE AGING	CRESTON	10,604.00	10,646.86	21,250.86
24	AGING IOWANS DEVELOPMENT	MUSCATINE	5,000.00	9,400.00	14,400.00
28	SENIOR CITIZENS PILOT PROGRAM	DAVENPORT	12,325.80	6,350.00	18,675.80
30	PROJECT CONCERN	DUBUQUE	15,918.00	10,733.56	26,651.56
31	SENIOR CITIZENS COORDINATOR	DECORAH	15,000.00	14,995.00	29,995.00
33	SENIOR CENTER PROGRAM	ALBIA	4,537.00	1,440.00	5,977.00
34	PLANNED ACTION FOR COMMUNITY ELDERLY.	DES MOINES	21,236.00	14,130.28	35,366.28
35	EXTENSION SERVICES IN GERONTOLOGY	IOWA CITY	28,120.00	21,366.00	49,486.00
39	LINN COUNTY COUNCIL ON AGING	CEDAR RAPIDS	16,985.00	10,835.00	27,820.00
40	N.W. IOWA PROGRAM DEVELOPMENT	SIOUX CITY	21,000.00	9,330.10	30,330.10
41	N.E. IOWA COUNCIL ON AGING	WATERLOO	<u>17,995.00</u>	<u>6,000.00</u>	<u>23,995.00</u>
		TOTAL	296,066.12	249,529.45	545,595.57

COUNTIES INCLUDED IN TITLE III PROJECT GRANTS FROM FY 1969 FUNDS



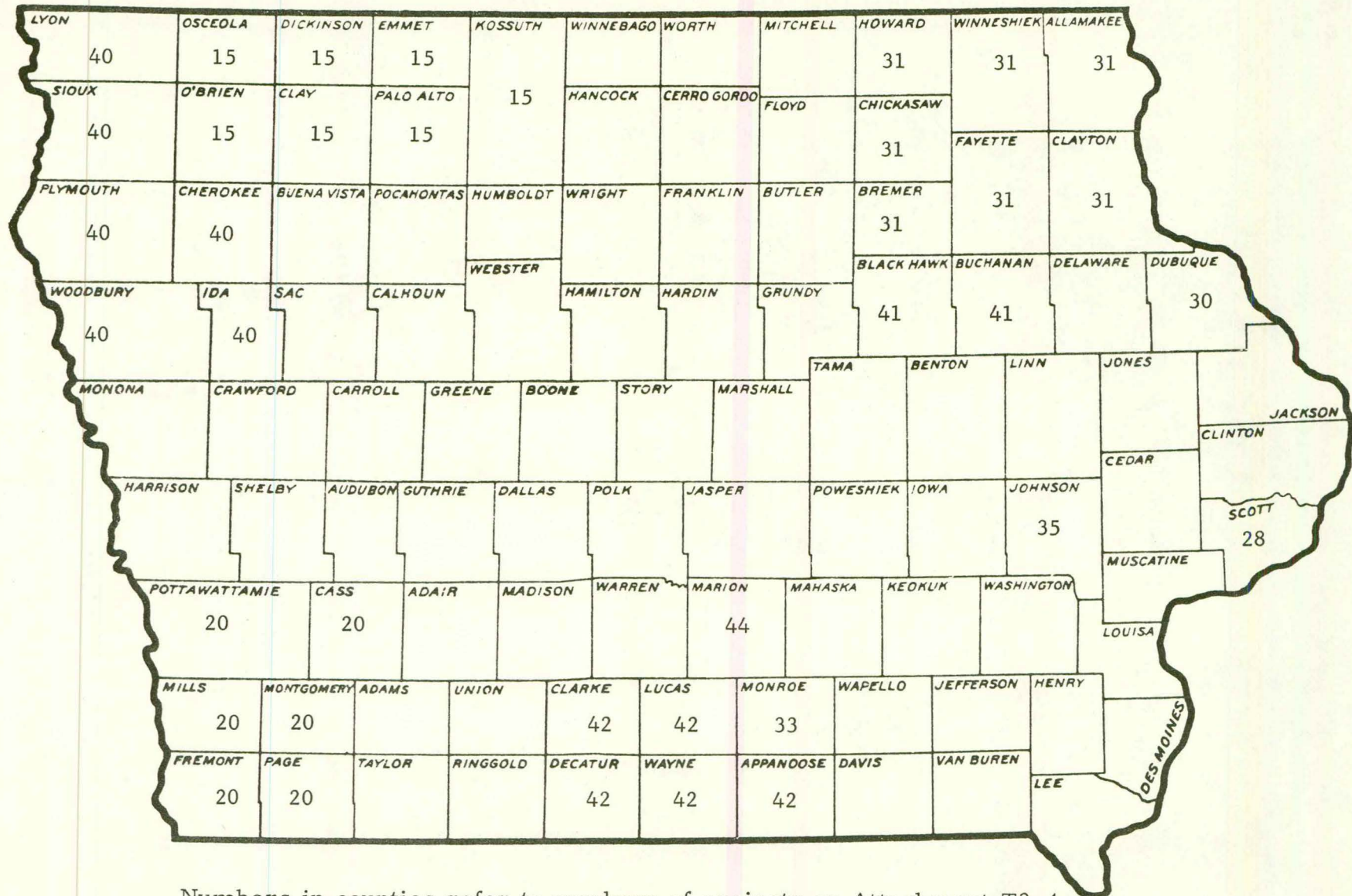
Numbers in counties refer to project numbers on Attachment T3-3.

TITLE III PROJECTS  
FY 1970

PROJECT NUMBER	PROJECT NAME	HEADQUARTERS LOCATION	TITLE III GRANT AMOUNT	LOCAL SUPPORT	TOTAL SUPPORT
15	MULTI-PURPOSE PROGRAM	EMMETSBURG	17,280.66	19,432.99	36,713.65
20	ADVANTAGES FOR THE AGING	COUNCIL BLUFFS	23,995.00	24,330.19	48,325.19
28	SENIOR CITIZENS PILOT PROJECT	DAVENPORT	12,070.00	12,070.00	24,140.00
30	PROJECT CONCERN	DUBUQUE	13,970.00	16,252.00	30,222.00
31	SENIOR CITIZENS COORDINATOR	DECORAH	10,995.19	9,000.00	19,995.19
33	SENIOR CENTER PROGRAM	ALBIA	3,618.24	2,552.46	6,170.70
35	EXTENSION SERVICES IN GERONTOLOGY	IOWA CITY	28,115.00	20,115.00	48,230.00
40	N.W. IOWA PROGRAM DEVELOPMENT	SIOUX CITY	19,445.91	12,569.28	32,015.19
41	N.E. IOWA COUNCIL ON AGING	WATERLOO	13,500.00	13,395.52	26,895.52
42	SERVICE FOR SENIOR CITIZENS	LEON	20,160.00	9,624.00	29,784.00
44	SENIOR CITIZENS OF KNOXVILLE	KNOXVILLE	1,550.00	700.00	2,250.00
TOTAL			164,700.00	140,041.44	304,741.44



COUNTIES INCLUDED IN TITLE III PROJECT GRANTS FROM FY 1970 FUNDS

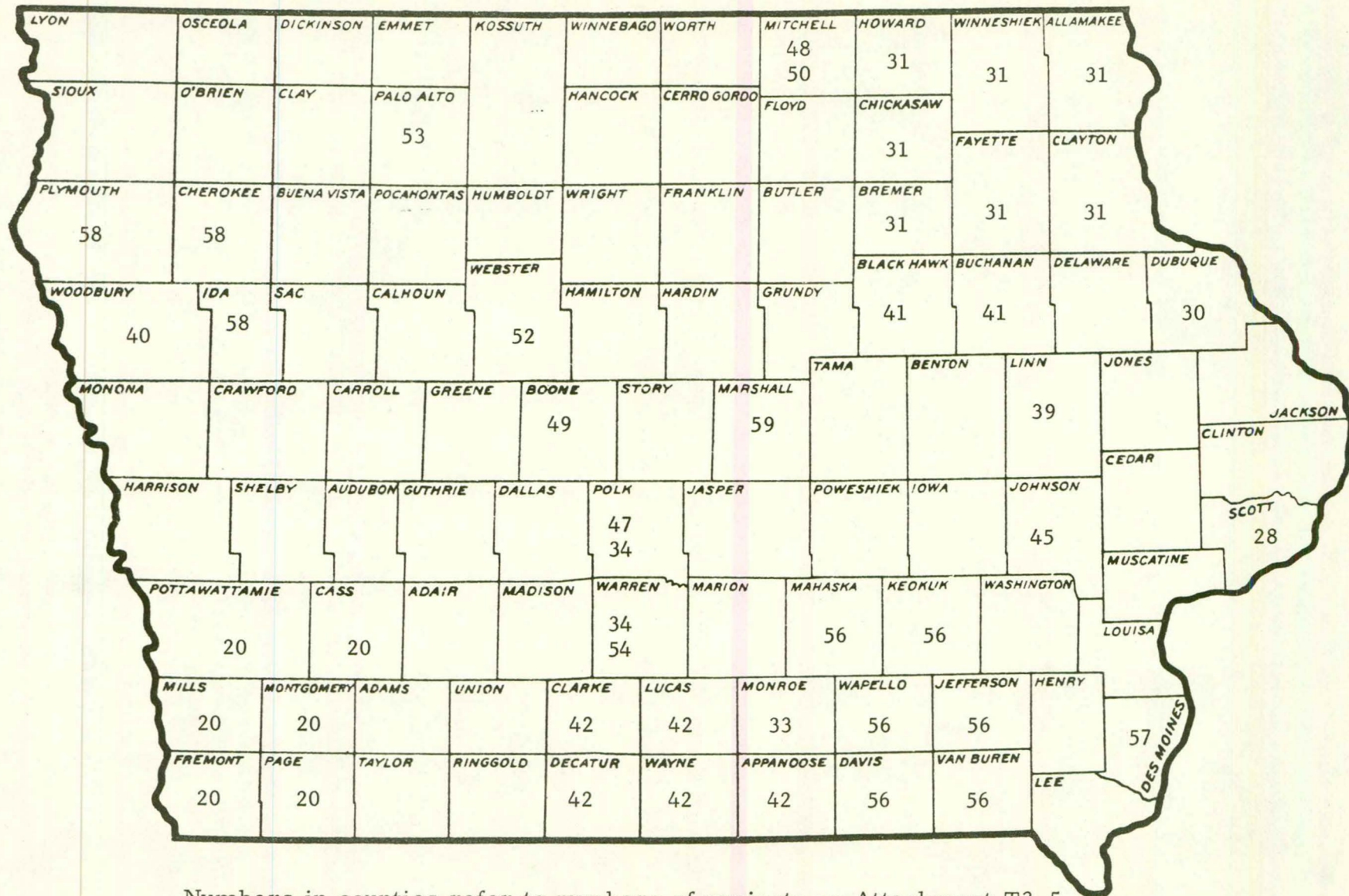


Numbers in counties refer to numbers of projects on Attachment T3-4

TITLE III PROJECTS  
FY 1971

PROJECT NUMBER	PROJECT NAME	HEADQUARTERS LOCATION	TITLE III GRANT AMOUNT	LOCAL SUPPORT	TOTAL SUPPORT
20	ADVANTAGES FOR THE AGING	COUNCIL BLUFFS	3,982.34	4,000.00	7,982.34
28	SENIOR CITIZENS PILOT PROJECT	DAVENPORT	6,300.00	6,300.00	12,600.00
30	PROJECT CONCERN	DUBUQUE	7,500.00	7,500.00	15,000.00
31	SENIOR CITIZENS COORDINATOR	DECORAH	14,868.66	15,000.00	29,868.66
33	SENIOR CENTER PROGRAM	ALBIA	2,965.00	2,965.00	5,930.00
34	PLANNED ACTION FOR COMMUNITY ELDERLY	DES MOINES	20,461.28	20,500.00	40,961.28
39	LINN COUNTY COUNCIL ON AGING	CEDAR RAPIDS	14,279.31	11,260.89	25,540.20
40	N.W. IOWA PROGRAM DEVELOPMENT	SIOUX CITY	7,410.00	7,410.00	14,820.00
41	N.E. IOWA COUNCIL ON AGING	WATERLOO	2,500.00	1,666.50	4,166.50
42	SERVICE FOR SENIOR CITIZENS	LEON	5,557.41	3,710.00	9,267.41
45	NURSING CARE OF THE GERIATRIC PATIENT	IOWA CITY	4,003.00	1,001.00	5,004.00
47	MOBILE MEALS	DES MOINES	13,000.00	5,607.50	18,607.50
48	HOMEMAKER HEALTH AIDE SERVICE	OSAGE	5,400.00	1,800.00	7,200.00
49	MEALS ON WHEELS	BOONE	3,350.00	3,160.00	6,510.00
50	MEALS ON WHEELS OF OSAGE	OSAGE	789.00	440.00	1,229.00
52	FORT DODGE SENIOR CITIZENS CENTER	FORT DODGE	7,310.00	4,143.45	11,453.45
53	LAKES AREA HOME CARE SERVICE	EMMETSBURG	6,000.00	2,000.00	8,000.00
54	INDIANOLA MEALS ON WHEELS	INDIANOLA	3,569.00	1,452.00	5,021.00
56	SIEDA SENIOR SERVICES	OTTUMWA	7,227.00	2,409.00	9,636.00
57	GOLDEN MATURITY PROGRAM	BURLINGTON	4,702.00	1,968.00	6,870.00
58	GOLDEN CHIPS SENIOR CITIZENS CENTER	CHEROKEE	11,685.00	3,895.00	11,685.00
59	MARSHALLTOWN SENIOR CITIZENS CENTER	MARSHALLTOWN	<u>11,175.00</u>	<u>6,000.00</u>	<u>17,175.00</u>
		TOTAL	164,034.00	114,188.34	278,222.34

COUNTIES INCLUDED IN TITLE III PROJECT GRANTS FROM FY 1971 FUNDS



Numbers in counties refer to numbers of projects on Attachment T3-5

<u>PROJECT NO.</u>	<u>TOWN</u>	<u>COUNTIES OR COUNTY</u>	<u>POPULATION OVER 65</u>	<u>TITLE III GRANT</u>	<u>PER CAPITA AVERAGE</u>	<u>PRIORITY</u>
20	Council Bluffs	Pottawattamie Page Cass Mills Montgomery Fremont Total .....	9,194 3,468 2,929 1,505 2,422 1,562 21,080	\$12,000.00	.57	D,E,F,G
28	Davenport	Scott	12,915	6,300.00	.49	F,G
30	Dubuque	Dubuque	9,016	7,500.00	.83	A,E,F
31	Decorah	Winneshiek Howard Chickasaw Bremer Fayette Allamakee Clayton Total	2,935 1,870 2,018 2,744 3,865 2,394 3,070 18,896	5,000.00	.26	D,E,F,G
34	Des Moines-PACE	Polk Warren Total .....	28,072 2,511 30,583	2,500.00 9,500.00 \$12,000.00	(Carry over) .39	
39	Cedar Rapids	Linn	14,812	10,250.00	.69	C,D
40	Sioux City	Woodbury	12,899	7,410.00	.57	E,F,G
41	Waterloo	Black Hawk Buchanan Total	12,140 2,498 14,638	15,840.00	1.08	D,F

(Attachment T3-6)  
 12/15/71

<u>PROJECT NO.</u>	<u>TOWN</u>	<u>COUNTIES OR COUNTY</u>	<u>POPULATION OVER 65</u>	<u>TITLE III GRANT</u>	<u>PER CAPITA AVERAGE</u>	<u>PRIORITY</u>
42	Leon	Decatur Clark Lucas Monroe Wayne Appanoose Total .....	1,763 1,353 1,848 1,746 1,842 2,832 11,384	9,412.59 5,571.41 \$14,984.00	(Carry over) 1.32	A,C,E,D
45	Iowa City (Nursing)	Johnson	5,013	4,003.00	.80	C
47	Des Moines (MOW)	Polk	28,072	13,000.00	.46	A
48	Osage	Mitchell (Homemaker)	2,110	5,400.00	2.56	C
49	Boone	Boone	4,287	3,350.00	.78	A
50	Osage	Mitchell (MOW)	2,110	789.00	.37	A
52	Fort Dodge	Webster	6,069	7,310.00	1.20	D,F
53	Emmetsburg	Palo Alto O'Brien Clay Kossuth Dickinson Buena Vista Pocahontas Total .....	1,951 2,780 2,422 2,966 1,906 3,057 2,003 17,085	6,000.00	.35	A
54	Indianola	Warren	2,511	3,569.00	1.42	A
55	Clinton	Clinton	6,509	4,348.00	.67	A,B,D,E,F

(Attachment T3-6.1)  
 12/15/71

<u>PROJECT NO.</u>	<u>TOWN</u>	<u>COUNTIES OR COUNTY</u>	<u>POPULATION OVER 65</u>	<u>TITLE III GRANT</u>	<u>PER CAPITA AVERAGE</u>	<u>PRIORITY</u>
56	Ottumwa	Wapello Van Buren Mahaska Keokuk Davis Jefferson Total .....	6,182 1,605 3,613 2,499 1,378 2,260 17,537	7,227.00	.41	A,B,C,D,E
57	Burlington	Des Moines	6,192	4,702.00	.76	E,F,G
58	Cherokee	Cherokee Plymouth Ida Total	2,343 2,974 1,446 12,763	11,685.00	.92	F
59	Marshalltown	Marshall	5,064	11,175.00	2.21	F
60	Spencer	Clay	2,422	7,452.00	3.08	C
61	Grinnell	Poweshiek	2,539	858.00	.34	A

TOTAL - ALL PROJECTS

POPULATION ..... 266,506  
TOTAL ..... \$182,152.00  
PER CAPITA AVERAGE ..... .68¢

<u>PRIORITY</u>	<u>AMOUNT</u>	<u>NUMBER</u>	<u>PERCENTAGE</u>
A	\$32,137.46	10	17%
B	7,136.26	2	4%
C	21,422.66	6	12%
D	32,137.46	9	17%
E	28,614.86	8	16%
F	42,852.24	12	24%
G	17,851.06	5	10%
<u>7</u>	<u>\$182,152.00</u>	<u>52</u>	<u>100%</u>

Average per number of total Priorities \$3,571.60

### TITLE III FUNDING PRIORITIES

The Commission on the Aging shall consider those project applications which demonstrate innovative means of accomplishing programs and services in satisfying definite needs of our older citizens on the local community level, county or state-wide. Following are eight priority areas listed in order of importance for the biennium beginning July 1, 1970.

A. Nutritional programs:

Such as "Meals on Wheels," Community Meals for Older Citizens, and assistance in meal planning and nutritional program training.

B. Housing programs:

The assistance of community and county organizations in the development of housing authorities and housing programs for the older citizen from low-rent to housing of types for all income levels.

C. Homemaker-Home Health Care and other health related projects.

That we assist those programs which are new and innovative in services to the older citizen.

D. Those programs which demonstrate the ability to use volunteers in providing transportation services for older citizens to needed services within the community or area.

E. Those programs which demonstrate a high level of involvement of older citizens regardless of income, race, or economic status.

F. Social and recreational programs ("social" to be defined in the broad sense of community-wide service oriented programs).

G. Those projects which show new approaches to working with the older citizen.



PROGRAMS OF THE TITLE III PROJECTS IN IOWA

PROJECT NO. 20 - COUNCIL BLUFFS

The project programs serve the senior citizens of a six county area in southwest Iowa. The services provided include craft and recreation programs, a newsletter, volunteer telephone reassurance, information and referral assistance, and help with the hot meal deliveries and the senior employment programs.

Twenty eight senior centers have been established in twenty cities and towns. These are totally supported by the local communities.

PROJECT NO. 28 - DAVENPORT

The programs established under the guidance of the project are, Adult Education Classes, Pre-Retirement Planning Sessions, Tele-Care, Craft Courses, and Dial-A-Listener. Other vital programs include Counseling, Health Care Studies, and a Survey of Housing Needs of the Elderly.

PROJECT NO. 30 - DUBUQUE

Some of the programs initiated by Project Concern over the past three years, and now established in the community are hot meal delivery to shut-ins, telephone reassurance, pre-retirement courses, food and friendship groups, a senior citizen forum, and a leisure learning center. Current demonstration programs are mini-bus transportation for senior citizens, job registry, and senior citizen centers.

PROJECT NO. 31 - DECORAH

This project has organized twenty-eight senior citizen groups numbering almost two thousand and five hundred members. Visitation programs, telephone reassurance and recreation programs for the elderly are provided through the senior groups. The project covers seven counties.

PROJECT NO. 34, DES MOINES

Case work that helps the elderly is the first priority of this project. Group meetings are held once a month at the YMCA for fun and education. Some things are accomplished for the elderly by the program "PACE," (Planned Action for the Community Elderly), that no other service agency would care to be involved with.

PROGRAMS OF THE TITLE III PROJECTS IN IOWA

PROJECT NO. 34 - DES MOINES

The project acts as an information source for senior citizens, and volunteers are solicited to help with transportation problems of the elderly, and with volunteer visitation for the lonely home bound.

This project supervises the "Cadets to the Elderly" program also. The Cadets are high school students who serve the elderly in nursing homes during the summer months.

PROJECT NO. 39 - CEDAR RAPIDS

Homecare survival needs of the elderly are emphasized through services by a large number of volunteers. These include handyman services and housekeeping assistance, volunteer transportation for the elderly citizens, and information and referral services.

PROJECT NO. 40 - SIOUX CITY

This project coordinates programs and services for the elderly with other local service agencies, and has become fairly well known for numerous tours, trips, and picnics for the elderly.

PROJECT NO. 41 - WATERLOO

Project services include, daily telephone calls to the elderly by volunteers who make sure that the person called is well, the delivery of hot meals by volunteers, transportation for those beyond the age of driving safely, visitation with the homebound, recreation in group meetings of seniors, and minor home repairs through the use of volunteers.

PROJECT NO. 42 - LEON

The South Central Iowa Council on Aging is the sponsor of this project which covers six counties. The services provided for the senior citizens of this area include, at the present time, hot meal deliveries, and multi-purpose senior centers. These centers have been established in all six counties, and the meals on wheels program has been started in all six county seats.

This area has eleven thousand and seven hundred residents past the age of sixty-five, comprising eighteen per cent of the total population.

PROGRAMS OF THE TITLE III PROJECTS IN IOWA

PROJECT NO. 45 - IOWA CITY

Several three-day workshops assist professional nurses in their training for care of the elderly have been provided by a grant from the Iowa Commission on the Aging to the College of Nursing at Iowa State University.

PROJECT NO. 47 - DES MOINES

The Homemaker Health-Aide Department located at East First and Des Moines Street is serving over one hundred hot meals a day to the senior citizens of Polk County. A grant of Title III funds through the Commission on the Aging has enabled this service to be expanded to areas not served before.

The food is prepared by four Des Moines hospitals.

PROJECT NO. 48 - OSAGE

Homemaker Health-Aide Service is provided for an average of forty-two elderly people. This service helps to keep people in their homes longer and allows them to be released earlier from the hospital. A training program for the aides is provided, also.

PROJECT NO. 49 - BOONE

The Boone County Homemaker Service has provided "Meals on Wheels" to the towns of Boone and Ogden. The service is being expanded to Madrid, a former coal mining town nine miles south of Boone.

PROJECT NO. 50 - OSAGE

Hot noon meals are provided to persons of advanced age or disability who are unable to prepare adequate meals for themselves.

PROJECT NO. 52 - FORT DODGE

A centrally located center is serving from fifty to one hundred senior citizens each day. Older people of nearby towns use the center on Mondays with as many as sixty people coming from Clare and Callendar.

A game room, visiting room and a library are features of the center. Craft and sewing sessions are held each Thursday morning, and dances and special events are scheduled often.

PROGRAMS OF THE TITLE III PROJECTS IN IOWA

PROJECT NO. 52 - FORT DODGE

A tour made to visit the historic sites of northeastern Iowa was made recently with thirty-five seniors participating.

PROJECT NO. 53 - EMMETSBURG

Home-Care service is provided older people on a sliding-fee scale. The fee runs from \$1.90 to \$3.82 per hour. An average of forty people benefit each month from the program.

PROJECT NO. 54 - INDIANOLA

Indianola, a college town in central Iowa, and without a hospital, felt a must to supply nourishing food, (Meals on Wheels), to as many people over sixty-five as necessary.

Over thirteen percent of the population of Warren County fall in that age category.

The community and health agencies combined with the help of Title III funds to make a hot meal to the elderly program possible, and is enabling more senior citizens to stay in their homes and is easing the loneliness of many elderly persons.

PROJECT NO. 55 - CLINTON

Thirty agencies are working together for the development of programs that will ease the burdens of the elderly who need help in Clinton, Iowa.

Title III funds are making it possible for semi-multi-purpose centers to help in easing the problems of transportation, loneliness, Meals on Wheels, and recreation. The project started in October, 1971, and now there are five senior centers in operation.

PROJECT NO. 56 - OTTUMWA

Help for the senior citizens in the areas of transportation, health, housing, income, nutrition, and recreation are the goals of the Senior Citizen Program that covers a seven-county area.

Many senior volunteers help in the project services, and a training program for volunteers has been developed.

PROGRAMS OF THE TITLE III PROJECTS IN IOWA

PROJECT NO. 57 - BURLINGTON

The Commission on the Aging gave a grant to the City of Burlington to assist in improving the quality of life of senior citizens. In four-months time signs of cooperation among the many elderly groups is evident. Office space for the project director has been provided by the city and a meeting place for senior citizens has been provided, also.

PROJECT NO. 58 - CHEROKEE

The project is working with the Adult Education Board to carry on a series of meetings regarding retirement problems. The Cherokee City Council has been approached to appoint a Housing Commission.

Several senior citizen centers are in operation, with five now open in Plymouth County and two in Cherokee County.

PROJECT NO. 59 - MARSHALLTOWN

The City of Marshalltown has been given a grant to help in providing services for senior citizens. The city has provided a large room in downtown Marshalltown and a project director will be hired soon.

PROJECT NO. 60 - SPENCER

This project provides for a coordinator to follow-up certain hospital patients' needs after release from the hospital in respect to possible nursing home placement, referrals, or consultation. The coordinator is available on a free consulting basis to both Social Service agencies and nursing homes, and will function directly with patients living in nursing homes at the patients' requests.

PROJECT NO. 61 - GRINNELL

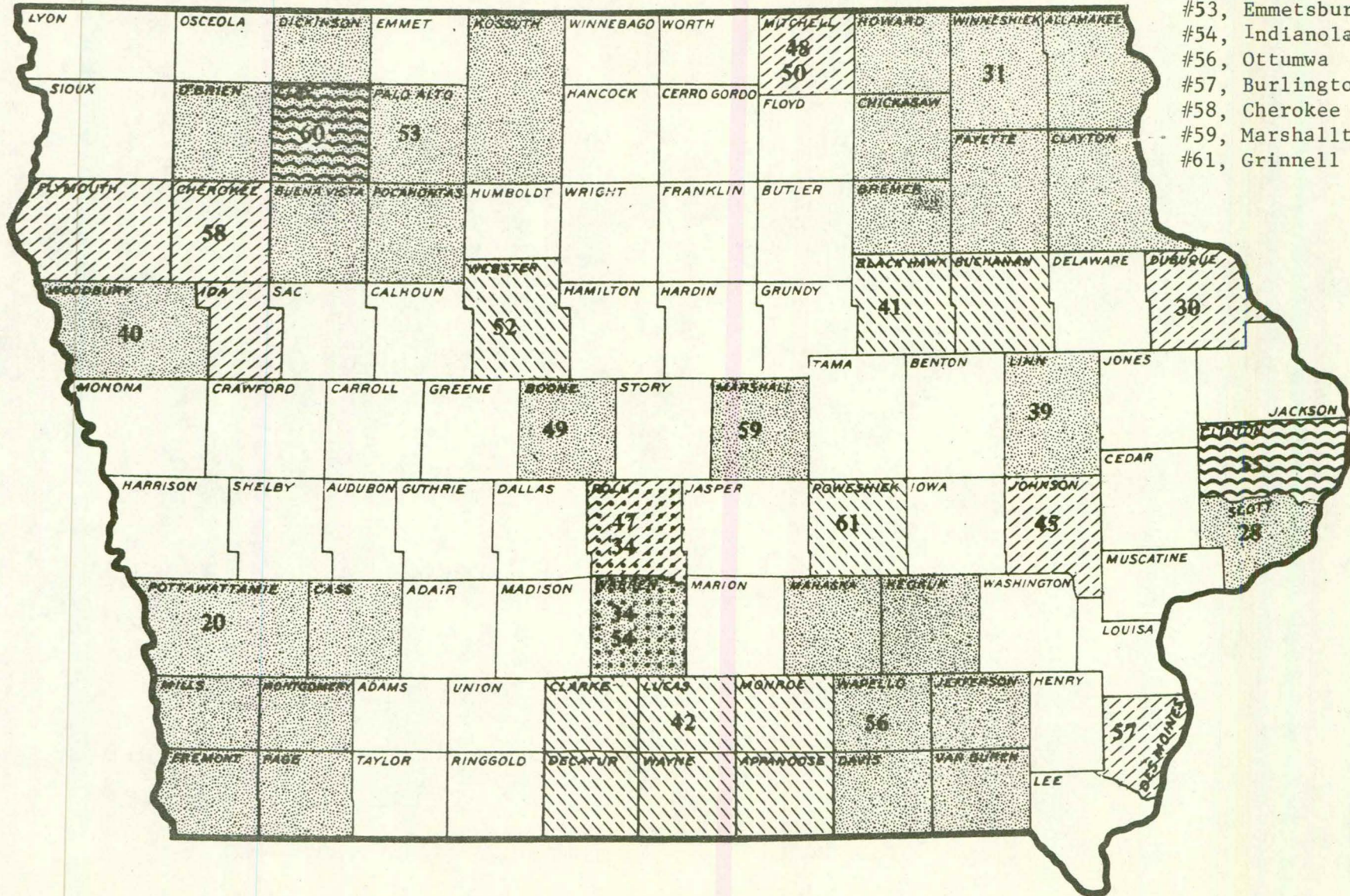
Two Vista workers, at the request of various agencies in Grinnell, surveyed the community and the results showed a need for a mobile meals program. The Grinnell General Hospital has prepared the meals and has helped make the program work. The Commission on the Aging has provided a grant of \$858.00 to assist with the purchase of equipment.

NUMBER OF PARTICIPANTS OVER 65 LISTED BY CAP AGENCY  
NUMBER FOR ONE QUARTER TAKEN FROM THE MOST RECENT MIS REPORT  
ON FILE IN THE SOEO OFFICE  
December 3, 1971

Benton, Iowa, Poweshiek & Tama Community Action Program .....	209
Black Hawk-Buchanan County Community Action Council .....	243
Community Opportunities, Inc. ....	51
Greater Opportunities, Inc. ....	205
Hawkeye Area Community Action Program .....	362
Iowa East Central TRAIN .....	456
MATURA Action Corporation .....	505
Mid-Iowa Community Action Agency .....	63
Mid-Sioux Opportunity, Inc. ....	88
Northeast Iowa Community Action Program .....	536
North Iowa Community Action Organization .....	690
River Valley Community Action Program .....	77
Southeast Iowa Community Action Agency .....	202
Southern Iowa Economic Development Association ....	198
South Central Iowa Community Action Program .....	962
Upper Des Moines Opportunity, Inc. ....	63
West Central Development Corporation .....	328
Your Own United Resources, Inc. ....	<u>117</u>
Average Quarter - Total .....	5,355

TITLE III PROJECTS  
JULY 1, 1971

- |                     |                   |                      |                 |                 |
|---------------------|-------------------|----------------------|-----------------|-----------------|
| #20, Council Bluffs | #31, Decorah      | #40, Sioux City      | #45, Iowa City  | #49, Boone      |
| #28, Davenport      | #34, Des Moines   | #41, Waterloo        | #47, Des Moines | #50, Osage      |
| #30, Dubuque        | #39, Cedar Rapids | #42, Leon - Chariton | #48, Osage      | #52, Fort Dodge |



Effective November 1: #55, Clinton  
#60, Spencer

## CHAPTER XIII

### SUMMARY AND STATEMENT OF PRIORITIES

#### I. INTRODUCTION

To summarize each one of the nine areas it would take much more study which we will do in the coming months and years in our state. However, after reviewing all the material it is my purpose to make three priority statements in each of the nine areas and a summary statement.

#### II. INCOME MAINTENANCE

- A. First priority should be given to developing legislative approach at the federal level and the state level to combat the inflationary spiral in our country, which has a very direct effect on the older person who is living on a fixed income.
- B. Those persons who are of low income and eligible for Old Age Assistance should be given the basic minimum support that is recommended by the Department of Social Services. We should not be satisfied with anything less than the minimum base support.
- C. Social Security should be developed into a program that includes all persons and yields a basic realistic minimum support for persons in their retirement years. When Social Security is increased, Old Age Assistance should not be cut back as a penalty for the increase in Social Security.

#### III. HEALTH FACILITIES AND RESOURCES

- A. The rising, spiralling cost of health care must come to an end, if necessary through governmental action.
- B. The quality of care given in any health related facility and by any person working in the field of health care must be greatly improved, which may come through more adequate reimbursement for services in some areas, such as nursing home care, and it also should come through standards that are reasonable and can be applied at the local level.



Personnel working with patients must be carefully supervised and be completely aware of their responsibilities.

- C. More comprehensive planning of health facilities and resources must be done by adequately trained people so that duplication of expensive services does not develop as is already happening in some instances.

#### IV. HOUSING FACILITIES AND PROGRAMS

- A. The state should create an overall housing authority to give careful attention to the housing needs of local communities and given geographical areas of the state so that housing programs can be more carefully planned and carried out because there is a possibility that in some areas we will overbuild.
- B. Federal housing programs should be more highly funded and the waiting period before approval should be shortened as much as possible. It now takes anywhere from three to five years before a program finally can get off the ground once it has been approved by the federal agencies. Also, the federal agencies should be better coordinated as far as housing programs are concerned to more adequately serve the local community.
- C. There is a very definite need of development of a housing program that will assist the elderly to remain in their own homes as long as physically and mentally capable. This matter, of course, is related to health care, home-health agencies, and the tax structure of the local community, which involves the income of the elderly. Probably one of the highest priorities that we can work on is keeping the person in his own home, in his own neighborhood, to provide him with all the necessary services and financial resources possible so that he may maintain his dignity and pride as an individual within the community.

#### V. CONTINUING EDUCATION

- A. Educational resources should be available to all.
- B. Pre-retirement planning for all should be made available through some educational resource within the state and the local community.
- C. Educational programs geared to the needs of the older citizen and to the desires of the older citizen should be developed as part of the educational program in Iowa.

## VI. LEISURE TIME USE AND RECREATIONAL PROGRAMS

- A. Communities in Iowa should give equal priority to the elderly in their recreational programs.
- B. Communities should make available some type of center which the older person may turn to not only for recreation but for leisure time activities and information and referral when necessary.
- C. Communities should more adequately involve the older citizen in the total life of the community as these people do have the time and in many cases have the ability to bring a new approach to community life.

## VII. THE CHURCH AND AGING

- A. We encourage the local churches to take a long look at their visitation programs, especially of the elderly. Loneliness is a strong factor in the lives of many of the elderly. The church, through an active visitation program, can help answer this need.
- B. Churches on a cooperative basis across denominational lines can offer strong support of many programs within a community, especially in the small rural community where the church is still the main center of social activity.
- C. The church still has as its primary role the care of its people and the spiritual well-being of those people. The programs are needed especially with the elderly, to show the church is interested in them and does care for them.

## VIII. TRANSPORTATION SYSTEMS OF THE ELDERLY

- A. Communities should know the needs of the elderly in transportation and seek ways to provide for these needs.
- B. Voluntary transportation systems where public transportation is no longer available should be developed on a community basis.
- C. Where public transportation is available the service to the elderly should be more frequent and at a cost reasonable to the income level of the older person. Of course, we can't expect the transportation system to carry the brunt of the economic burden. Thus, subsidization of

of some type needs to be developed to support the transportation system, if it exists, so that the needs of the people can be answered.

#### IX. EMPLOYMENT IN LATER YEARS

- A. The factor of age needs to be largely eliminated from employability. Physical and mental capabilities and merit in quality of work should be the basis on which a man is fully employed or released from employment.
- B. The factor of eventually facing retirement must be planned for by all citizenry. Thus we must call upon public and private agencies and industry to develop programs for their individual employees to help them face the fact of eventual retirement.
- C. Studies should be developed on the real needs of the type of work persons who have been retired would like to have or alternatives developed to better use the years of retirement.

#### X. SOCIAL INDICATORS FOR IOWA'S ELDERLY

##### A. Area Sample

- 1. Counties (breakdown)  
Black Hawk, Bremer, Clay, Harrison, Jones, Keokuk,  
Polk, Warren, Woodbury.
- 2. Area (breakdown)  
Metropolitan (Des Moines, Sioux City, and Waterloo) 30.2%  
Urban (towns over 2,500 population) 21.7%  
Rural (towns under 2500 or farms) 48.2%
- 3. Breakdown of Rural  
Rural farm 42.5%  
Rural non-farm (towns under 2500) 57.5%

##### B. Attachments

- 1. See Attachments S-1 through S-5.
- 2. See Attachments S-6 through S-12.

The Commission on the Aging has not had enough time at the printing of the data book material to do an in-depth analysis of the data of the Social Indicators Survey. The Commission on the Aging will do this in the next six (6) months. For a complete copy of the Social Indicators Survey contact the Iowa Commission on the Aging, Grimes State Office Building, Des Moines, Iowa 50319.

## INTRODUCTION

This study was conducted for the Commission of the Aging for the State of Iowa. It was conducted in accordance with the procedures contained in the Social Indicators for the Aged Guide provided by the Administrator on Aging, Social and Rehabilitation Services, U.S. Department of Health, Education and Welfare. The purpose of the study was to determine the status of the elderly in Iowa through the development of social indicators for the aged.

The social indicators are measures of the social conditions in which the elderly are living. The social indicators developed in this study measure the status and satisfaction of the elderly in regard to:

- Housing Conditions
- Social Relations and Activities
- Life Satisfaction
- Health Status
- Economic Well-Being
- Independence

The social indicators include, in most cases, both objective and subjective sub-indicators. The objective sub-indicator applies conventional standards to the schedule responses, and thus provides "objective" information concerning particular conditions. The subjective sub-indicator reflects the

person's attitudes toward a particular condition. For example, objective fact may be that an individual's housing condition is substantially substandard, but subjectively the person may be satisfied with it. The sub-indicators are combined into master indicators for each of the six areas.

The social indicators are defined in the Guide as follows:

### Housing Indicators

The housing indicators consist of objective and subjective measures of housing quality, housing privacy, and neighborhood quality.

#### --Housing Quality (Objective)

A range of objective housing items are covered, including: whether the family has a toilet, a tub or shower, hot running water, a kitchen with/without oven and/or refrigerator, heat in every room, an outside sitting area, and a private or readily available telephone.

#### --Housing Quality (Subjective)

Components of an individual's satisfaction with the quality of his dwelling unit are covered by this indicator, including satisfaction with interior temperature, both in winter and summer, the amount of natural and electrical lighting, insulation from outside noise, the size of the dwelling unit, safety from intruders, and whether enough electrical outlets exist.

#### --Housing Privacy (Objective)

Three aspects of privacy are covered: the amount of space available per person, expressed as persons per room, and whether or not the family has a private kitchen and a private toilet.

#### --Housing Privacy (Subjective)

This indicator is a single question asking whether the respondent feels that he has enough privacy.

--Neighborhood Quality (Objective)

Objective neighborhood quality is measured by the convenience to eight different services, and by whether the respondent has heard of anyone in the neighborhood being a victim of serious crime during the past year.

--Neighborhood Quality (Subjective)

Elements of neighborhood satisfaction are covered with this indicator; whether the neighborhood is felt to be improving or deteriorating, is a good place for older people to live, and how satisfied the respondent is with the cleanliness of the air, the amount of trees and open space, the level of traffic noise, the cleanliness of the neighborhood, and the safety of the area from law-breakers.

Social Relations and Activities Indicators

--Social Relations (Objective)

An individual's social relations are measured by the number of neighbors and friends which the respondent feels able to call on, whether the respondent has a neighbor whom he could call on if suddenly he needed help, the frequency of telephone visitation, the frequency of personal visits, and the frequency of club or group activities.

--Social Relations (Subjective)

This indicator measures the respondent's satisfaction with his social relations. Included are his feelings about the frequency of visits in his neighborhood, whether the respondent has a confidant, how often the respondent feels lonely, and how much respect the respondent feels older persons enjoy in the community.

--Activities (Objective)

Eight items are asked of the respondent inquiring if he engaged in various activities during the previous week. Also included is whether the respondent works and, if so, full or part time.

--Activities (Subjective)

Three items are used to measure activity satisfaction. These are whether the respondent feels he has enough to do to keep busy, whether he gets to spend enough time doing things he would like to do, and whether he gets outside his home as often as he would like.

Life Satisfaction Indicators

Eight items are used to measure the individual's satisfaction with life in general. Included are optimism, extent of worry, a comparison of his general well-being with that of others, feelings of usefulness, feelings of excitement, general happiness, and a global question concerning life satisfaction.

Health Indicators

--Health (Objective)

The objective measure of health is composed of three sub-indicators. The first is created by a multiplicative function of days in bed during the previous month and the level of incapacitation during the period. The second sub-indicator is based on the amount of difficulty which the respondent reports while performing ten different activities of daily living. The third asks if a respondent is troubled by any continuous or chronic health problems. These sub-indicators are combined into one indicator.

--Health (Subjective)

Three items are used to measure the level of satisfaction which the respondent has toward his state of health. These are a self-evaluation of health status, a comparison of health status with others his age, and the amount of health-related activity restriction.

Economic Well-Being Indicators

--Economic Well-Being (Objective)

Four well-known measures of economic well-being are used:

1. Annual family gross money income.
2. Dollar value of current family assets.
3. Dollar amount of current family liabilities.
4. Welfare ratio: the amount of annual gross family money income as a fraction of family budget standard.



--Economic Well-Being (Subjective)

Items are combined which cover aspects of life satisfaction with the individual's finances. Included are satisfaction with present income and assets, expectation of future financial adequacy, felt sufficiency of resources to provide small luxuries (beyond "needs"), and a feeling of how well the respondent's family finances compare to others of the same age group.

Independence Indicators

--Independence Mobility (Objective)

Mobility is defined to be the ability to move about both personally and in the neighborhood. Included in the indicator is the ability of the person to perform physical activities, the convenience of his location with respect to various neighborhood services, and whether the person is able to get outside as much as he would like.

--Independence (Subjective)

The subjective measure of the individual's independence is his ability to do desired activities free from physical restriction, his satisfaction with his financial status, and whether he feels able to obtain new housing if he chooses to do so.

TABLE 1  
 AVERAGE INDICATOR SCORES  
 TOTAL POPULATION

	<u>Objective</u>	<u>Subjective</u>	<u>Master</u>
HOUSING	.925	.907	.916
Sub components			
Quality	.946	.892	.919
Privacy	.962	.974	.968
Neighborhood Quality	.867	.855	.861
SOCIAL RELATIONS AND ACTIVITIES	.572	.825	.698
Sub components			
Social Relations	.717	.745	.731
Activities	.426	.905	.665
LIFE SATISFACTION	--	.905	.905
HEALTH	.825	.740	.783
ECONOMIC	1.052	.707	.880
INDEPENDENCE	.897	.633	.765

TABLE 2

Indicator: Housing Master

Indicator Score		Frequency Distribution			Percentage Distribution		
Class	Mid-Point	Objective (1)	Subjective (2)	Master	Objective (1)	Subjective (2)	Master
.00-.14	.070	0	0	0	.0	.0	.0
.15-.24	.195	1	0	.5	0.1	.0	.0
.25-.34	.295	2	2	2	0.2	0.2	0.2
.35-.44	.395	7	1	4	0.7	0.1	0.4
.45-.54	.495	8	10	9	0.8	01.0	0.9
.55-.64	.595	27	21	24	02.7	02.1	02.4
.65-.74	.695	79	20	49.5	07.9	02.0	04.9
.75-.84	.795	44	118	81	04.4	11.8	08.1
.85-1.00	.930	833	829	831	83.2	82.8	83.0
Total		1001	1001	1001	100.0	100.0	100.0
Average Indicator Score		92.5	90.7				

Data Tabulated On: Total Population

(Attachment S-8)

TABLE 3

Indicator: Social Relations  
And Activities

Indicator Score		Frequency Distribution			Percentage Distribution		
Class	Mid-Point	Objective (1)	Subjective (2)	Master	Objective (1)	Subjective (2)	Master
.00-.14	.070	3	1	2	0.3	0.1	0.2
.15-.24	.195	10	6	8	1.0	0.6	0.8
.25-.34	.295	45	16	30.5	4.5	1.6	3.0
.35-.44	.395	128	15	71.5	12.8	1.5	7.1
.45-.54	.495	258	26	142	25.8	2.6	14.2
.55-.64	.595	264	82	173	26.4	8.2	17.3
.65-.74	.695	200	71	135.5	20.0	07.1	13.5
.75-.84	.795	84	247	165.5	8.4	24.7	16.5
.85-1.00	.930	9	537	273	0.9	53.6	27.3
Total		1001	1001	1001	100.0	100.0	100.0
Average Indicator Score		57.2	82.5				

Data Tabulated On: Total Population

TABLE 4

Indicator: Life Satisfaction

Indicator Score		Frequency Distribution			Percentage Distribution		
Class	Mid-Point	Objective (1)	Subjective (2)	Master	Objective (1)	Subjective (2)	Master
.00-.14	.070	0	7	3.5	.0	.7	.3
.15-.24	.195	0	0	0	.0	.0	.0
.25-.34	.295	0	39	19.5	.0	3.9	1.9
.35-.44	.395	0	0	0	.0	.0	.0
.45-.54	.495	0	6	3	.0	.6	.3
.55-.64	.595	0	0	0	.0	.0	.0
.65-.74	.695	0	177	88.5	.0	17.7	8.8
.75-.84	.795	0	0	0	.0	.0	.0
.85-1.00	.930	0	772	386	.0	77.1	38.6
Total		0	1001	500.5	.0	100.0	50.0
Average Indicator Score		0	90.5				

Data Tabulated On: Total Population

TABLE 5

Indicator: Health

Indicator Score		Frequency Distribution			Percentage Distribution		
Class	Mid-Point	Objective (1)	Subjective (2)	Master	Objective (1)	Subjective (2)	Master
.00-.14	.070	1	42	21.5	.1	4.2	2.1
.15-.24	.195	7	14	10.5	.7	1.4	1.0
.25-.34	.295	21	37	29	2.1	3.7	2.9
.35-.44	.395	20	47	33.5	2.0	4.7	3.3
.45-.54	.495	31	37	34	3.1	3.7	3.4
.55-.64	.595	103	92	97.5	10.3	9.2	9.7
.65-.74	.695	142	10	76	14.2	1.0	7.6
.75-.84	.795	90	368	229	9.0	36.8	22.9
.85-1.00	.930	586	354	470	58.5	35.4	47.0
Total		1001	1001	1001	100.0	100.0	100.0
Average Indicator Score		82.5	74.0				

Data Tabulated On: Total Population

TABLE 6

Indicator: Economic Well-being

Indicator Score		Frequency Distribution			Percentage Distribution		
Class	Mid-Point	Objective (1)	Subjective (2)	Master	Objective (1)	Subjective (2)	Master
.00-.14	.070	165	63	114	16.5	6.3	11.4
.15-.24	.195	4	9	6.5	0.4	0.9	0.6
.25-.34	.295	9	71	40	0.9	7.1	4.0
.35-.44	.395	54	20	37	5.4	2.0	3.7
.45-.54	.495	36	82	69.6	4.7	9.2	6.9
.55-.64	.595	80	28	54	8.0	2.8	5.4
.65-.74	.695	51	62	56.5	5.1	6.2	5.6
.75-.84	.795	133	275	204	13.3	27.5	20.4
.85-1.00	.930	469	392	430.5	46.9	39.2	43.0
Total		1001	1001	1001	100.0	100.0	100.0
Average Indicator Score		105.2	70.7				

Data Tabulated On: Total Population

TABLE 7

Indicator: Independence

Indicator Score		Frequency Distribution			Percentage Distribution		
Class	Mid-Point	Objective (1)	Subjective (2)	Master	Objective (1)	Subjective (2)	Master
.00-.14	.070	3	0	1.5	.3	0.0	.1
.15-.24	.195	13	0	6.5	1.3	0.0	.6
.25-.34	.295	14	3	8.5	1.4	.3	.8
.35-.44	.395	12	40	26	1.2	4.0	2.6
.45-.54	.495	20	88	54	2.0	8.8	5.4
.55-.64	.595	43	486	264.5	4.3	48.6	26.4
.65-.74	.695	49	223	136	4.9	22.3	13.6
.75-.84	.795	48	143	95.5	4.8	14.3	9.5
.85-1.00	.930	799	18	408.5	79.8	1.8	40.8
Total		1001	1001	100.0	100.0	100.0	100.0
Average Indicator Score		89.7	63.3				

Data Tabulated On: Total Population



INCOME AND MONEY PROBLEMS	SUGGESTED LOCAL ACTION	SUGGESTED STATE ACTION	SUGGESTED NATIONAL ACTION
<p>Causes of: - No regular savings program during earning years</p> <p>* Inflation *</p> <p>* Heavy family expenditures during early years *</p> <p>Disinterest on part of legislature and others in helping raise quality of living for older citizens</p> <p>* Lack of employment, often due to poor health.</p> <p>Problems -</p> <p>Inflation is reducing the economic status of an increasing number of elderly to close to the poverty level</p> <p>* Incomes are inadequate</p> <p>* Rising prices, difficulty of meeting needs on fixed incomes * High insurance rates, medical costs, hospital expenses</p> <p>Taxes - too high, seems to be mismanagement of government funds * May have to give up home * Please try to make things a little easier for those who courageously continue to carry their own tax burdens *</p>	<p>Tighten credit</p> <p>Lower rents</p> <p>Build more low cost housing</p> <p>Children should assist with care of parents where possible</p> <p>Remember duties and responsibilities as citizens.</p> <p>Write congressman. Vote.</p> <p>Cut taxes by eliminating unnecessary local .....state ..... and federal spending</p>	<p>Force Blue Cross and .....</p>	<p>Freeze wages</p> <p>Medicare to pay up</p> <p>Evaluate monies of all retired and help lower income bracket to be subsidized enough to live in simple dignity</p>

INCOME AND MONEY PROBLEMS	SUGGESTED LOCAL ACTION	SUGGESTED STATE ACTION	SUGGESTED NATIONAL ACTION
<p>Social Security - inadequate to cover basic needs *</p> <p>Social Security and Old Age Assistance "which some are getting is not enough to live on" *</p> <p>Elderly people can't live on Social Security but "if Social Security is raised, taxes cannot be lowered because taxes support Social Security" *</p> <p>The "over 65 should be able to continue to keep employed and not lose any Social Security" *</p> <p>When one retires on Social Security, have to pay it back in city taxes and state taxes on food and clothes *</p> <p>Now, you talk about raising Social Security 15 per cent. The fellow that's getting a little check gets a little raise. The fellow that's getting a big check gets a big raise. Does that sound right to you?</p>	<p>Find way to provide older people reassurance or security in future. They remember depression days and often refuse to spend for what is needed because of fear.</p> <p>Organize elderly into an effective political group that could help solve problems of oldsters.</p> <p>Part-time jobs to "earn a little extra"</p> <p>Such groups as at this hearing "should commence work on this to see if something can't be done."</p> <p>Have no compulsory retirement age</p>	<p>Allow tax freeze. Relieve taxes so homeowners can remain in homes rather than go to county home.</p> <p>Organize an elderly political lobby. ("Let the legislature know how important you are.")</p> <p>Legislation to stop deducting money from welfare checks of senior citizens getting Social Security</p> <p>Same</p>	<p>Raise Social Security for those in need</p> <p>Should be able to collect own Social Security plus pension, like veterans</p> <p>Earnings should belong to employee without loss of Social Security with no age differentiation between 65 and 72 *</p> <p>Let people earn all they can "to their ability after they are 65"</p> <p>* Don't deduct from extra earnings</p> <p>Same</p>

INCOME AND MONEY PROBLEMS	SUGGESTED LOCAL ACTION	SUGGESTED STATE ACTION	SUGGESTED NATIONAL ACTION
<p>* One couple said with aid of Social Security, Medicare, and Medicaid able to live with daughter and pay own way. No complaints.</p> <p><u>Guidance</u> - needed by elderly for management of money and property * Needed in obtaining special assistance in planning living on a limited income and in obtaining food stamps * Needed for assistance in business matters. E.G. - An elderly woman lives in her own home. Unable to continue living alone. Aware of this but unable to make decisions, even though she knows she needs institutional care</p>	<p>Money and property management personnel in community could become more aggressive in advising about help they have to offer</p> <p>Get help through welfare office</p> <p>Provide services of retired persons capable of giving advice and following through for services to fill a particular need. In this case volunteer might be a realtor or someone versed in business affairs.</p> <p>Start planning for "growing older" early in middle age or before</p> <p>More training for business skills</p> <p>Training in basic skills to help those who can work</p>		

HEALTH PROBLEMS	SUGGESTED LOCAL ACTION	SUGGESTED STATE ACTION	SUGGESTED NATIONAL ACTION
<p><u>Doctors</u> - need of more won't accept new patients * Need more trained assistants and nurses</p>	<p>Chamber of Commerce working on this. Building has been purchased for a doctors' clinic</p>	<p>More young students to take medical training; shorten years of training</p> <p>Train more persons in geriatrics</p> <p>Expand facilities of medical schools</p>	<p>Support measures in Congress to provide funds for medical schools that establish departments for teaching family doctors</p>
<p><u>Costs</u> - of medicine, office calls, private nursing, and hospital care are "beyond the means of these (older) people" * Older people can't afford to get sick and "if they do, what then?" * Failure to get needed attention because of limited income and high medical costs * Hospital costs very high; health insurance programs often misleading</p>	<p>Hospital board, town council, and all of these should be interested enough to work it out.</p> <p>Lower rates in nursing homes for those with low income.</p> <p>Assumption of responsi- bility for care of elderly by more families</p>		
<p>Medicines and drugs too expensive</p>			
<p><u>Hospitalization</u> - high cost of * (Local) hospital running under 50 per cent occupancy *</p>	<p>Search for ways for elderly to remain in their homes. Home is "the best possible place if you can stay there."</p> <p>Continue (local) efforts to get "another doctor or two to help the hospital."</p> <p>More house calls by doctors so that "hospitalization would not be necessary." Blue Cross and Blue Shield should pick up more of the "health tag"</p>	<p>Blue Cross should be made to pay up promptly</p>	

HEALTH PROBLEMS	SUGGESTED LOCAL ACTION	SUGGESTED STATE ACTION	SUGGESTED NATIONAL ACTION
<p><u>Insurance</u> - don't let insurance companies drop elderly; make them pay claims  * Blue Cross and Blue Shield are not paying up</p> <p><u>Medicare</u> - claims not paid promptly * Welfare recipients get more health care and coverage in some instances than those on Social Security</p> <p><u>Medical services</u> - Community not clear about what is needed * Older people and others, too, find themselves going from place to place in an attempt to further physical and mental wellbeing. Often this involves transportation problems</p>	<p>Be sure to pay Medicare and Blue Cross and Blue Shield Comprehensive 65 premiums</p> <p>Part-time medical clinic or mobile clinic (medical, dental), instead of a resident doctor, may be one way to satisfy medical service needs</p> <p>Hold clinics where doctors consider income of elderly and charge accordingly</p> <p>More complete geriatric medical examinations with emphasis on prevention and bring at optimum health level.</p> <p>Plan ahead (yourself) "to get ready for illness."</p> <p>Acknowledge (yourself) that with age there "is no possible way of getting out of needing a little extra medical care"</p>		<p>Increase maximum Medicare coverage</p> <p>Perhaps have Medicare revised to pay for home nursing care</p>

HEALTH PROBLEMS	SUGGESTED LOCAL ACTION	SUGGESTED STATE ACTION	SUGGESTED NATIONAL ACTION
<p>Nursing homes - Worry about what will happen if and when health fails. ("Nursing homes are expensive. People can't afford to stay very long and not if on relief.") *</p> <p>Fear of having to spend "last years" (in nursing home or care center) sitting in a chair, staring at four walls, with no hope of ever getting out of there" *</p> <p>(Local) need for another nursing home; survey shows need of another 80 beds in county</p> <p>* Many of us unable to care for ourselves; every town needs a good up-to-date standard rest home supplied by a doctor, visiting nurse, social worker." * House converted into nursing home,</p>	<p>Provide a central facility - a therapeutic community - where most of such needs could be taken care of, perhaps on a monthly or more frequent basis. Staff center with various experts - physician, nutritionist, sociologist, physical therapist, psychoanalyst, nurse, pharmacist, and other specialists. Such an idea would need careful study by a well qualified task force.</p> <p>More churches should provide nursing homes</p> <p>More and better training for those who work and care for patients in nursing homes</p> <p>Give mentally capable patients in nursing homes something to do to help others</p> <p>Have a purpose room where activities can be held</p> <p>If (local) efforts to get doctor or doctors are successful, future community project should be another nursing home</p>	<p>Closer supervision of nursing home facilities so that patients get better and are not mistreated as is sometimes reported</p> <p>Subsidize nursing home care "which would lower cost ... through Iowa Commission on the Agency or other state agency"</p>	

HEALTH PROBLEMS	SUGGESTED LOCAL ACTION	SUGGESTED STATE ACTION	SUGGESTED NATIONAL ACTION
<p>often inadequate and over-crowded * Placing mentally and physically handicapped in same room is not conducive to regaining health *</p>	<p>Anticipate and plan expansion of (local) nursing health center</p>		
<p><u>Extended care facilities</u> - When hospital stay ends, nursing home costs so high many cannot afford it. Need more extended care facilities.</p>	<p>Take deeper look at feasibility of small extended care center</p>		
<p><u>Mental health</u> - emotional concerns of elderly about conservation of money and health care particularly. "What will happen if or when I become incompetent?"</p>	<p>Consider services of a visiting psychologist to serve the elderly in nursing homes and private homes upon recommendation of an M.D.</p>	<p>Perhaps Iowa State Bar Association might develop an educational program to reduce frustration and fear; Iowa Bankers Association may be able to assist.</p>	
<p><u>Public health nurse and homemaker health aide</u> - needed to check on (older) people, especially those living alone</p>	<p>Make detailed local studies of needs where these services do not exist</p>	<p>Find ways to increase (services of) existing programs of regional health clinics; extend these to include visiting social workers trained to work with aging</p>	
<p><u>Ambulance service</u> - should be a must</p>	<p>Work out by local people; some towns are backed by fire department and county for ambulance service</p>		

## HOUSING PROBLEMS

## SUGGESTED LOCAL ACTION

## SUGGESTED STATE ACTION

## SUGGESTED NATIONAL ACTION

Lack of local information on federal housing funds and federal housing programs for low-rent housing rental subsidy programs and for building loans to aid private senior citizens in re-designing their present buildings

Name someone in the community "to be a liason person, an interpreter, a public relations person, a local intermediary" to resolve the confusion about state and federal housing programs that are of benefit to the aging.

Mayor might appoint a senior for this.

Difficulty of elderly in maintaining their property \*

Tendency to let houses become run down; inflationary maintenance costs; frustration and worry to trying to maintain too large a home \*

Scarcity of help in maintaining home. \*

But people "like to stay in own homes"

Organize a community project under an already organized group such as a church, the Commercial Club, or Lions Club to provide volunteers to help the elderly maintain property.

Learn how other communities have solved housing problems of the elderly

Organize work teams, supervised by retired contractors. Crews to be composed of retired craftsmen. Those able to do so should at least pay for materials. But seek funds for those unable to pay anything. Funding might also be arranged for craftsmen who need income.

Eliminate maintenance worries by providing low-rent apartments in community



HOUSING PROBLEMS	SUGGESTED LOCAL ACTION	SUGGESTED STATE ACTION	SUGGESTED NATIONAL ACTION
<p><u>Rising cost of rent</u> - People "really do not qualify for the governmental grant for low rent apartments because their income is above standards"</p> <p><u>Economic conditions</u> and a tight housing market are forcing low-income persons, including the elderly, to seek housing outside of community.</p> <p>Need of "facility available to the elderly, a retirement home, an apartment house or something where elderly can live." * Only a few small apartments on first floor * Low income housing often away from transportation * Need middle income housing, such as individual houses (small) with central gathering place and dining room"</p>	<p>Establish "chore" services</p> <p>Establish "homemaker program in our county."</p> <p>Call in a teen-ager. "They love to do things for the older people, but do something for (them) in return."</p> <p>Pursue low-rent housing project which is underway</p> <p>Take initiative as a community to determine housing needs</p> <p>More low cost housing near activities (church, store, etc.)</p> <p>Practice fair housing</p> <p>More small, first floor apartments</p> <p>Lower taxes and rent for those over 65 with income of less than \$4,000</p> <p>More reasonably priced nursing homes</p>		<p>"Why can't they have some of their rent subsidized?"</p> <p>Look into possibility of help through Farmers Home Administrative loans for apartments</p>

## HOUSING PROBLEMS

## SUGGESTED LOCAL ACTION

## SUGGESTED STATE ACTION

## SUGGESTED NATIONAL ACTION

Government should build rest homes

More self care units, more little retirement apartments where emergency help would be available

Open more individual homes to aging citizens on a boarding basis, but the occupants of the home treating the older person as a family member rather than a boarder

Remodel local hotel

Consider a retirement home in medium rent bracket ... or cottages on a campus-like property with small garden plots ... or apartment house for governmental resources ... non-profit

Secure information on ways elderly can remodel older large homes into apartments for increasing income, reducing housekeeping tasks, and, as a side effect, offsetting loneliness.

Explore development of a zoned mobile-home court for aging persons.

HOUSING PROBLEMS	SUGGESTED LOCAL ACTION	SUGGESTED STATE ACTION	SUGGESTED NATIONAL ACTION
<p>Loneliness of people living alone yet they don't want to give up their homes</p> <p>Hard for the aging to climb stairs</p> <p>"People like to live in their home - worked for it, struggled for it, and perhaps their mate is dead and that makes home that much more precious."</p>	<p>Extend help to older people in "learning how they can remodel their older homes into apartments to help increase their incomes and reduce loneliness"</p> <p>Put "low-rent housing on ground floor"</p>		
EMPLOYMENT PROBLEMS	SUGGESTED LOCAL ACTION	SUGGESTED STATE ACTION	SUGGESTED NATIONAL ACTION
<p><u>Many seniors need income in addition to Social Security, pensions, etc.</u> * Many would like to stay employed past the retirement age *</p> <p>Need to be a contributing member of community with opportunity to do what they (older people) are able to do</p> <p>* General unhappiness about not being needed as a worker * Lack of employment or work opportunities for elderly * Feeling that older people may be more dependable than youth because of experience</p>	<p>Encourage older people needing part-time employment to apply to the Iowa State Employment Service which is doing good work with an interviewer giving special attention to the needs of the elderly. Encourage employers in need of part-time help to consult with the service.</p> <p>Could we have a committee or at least one person to take on the responsibility of seeing that work wanted and elderly persons can get together -- a registration office?</p>	<p>Retrain older workers</p>	<p>Decide between employee and employer when people have to retire; it is "not for the government to tell them."</p>

EMPLOYMENT PROBLEMS	SUGGESTED LOCAL ACTION	SUGGESTED STATE ACTION	SUGGESTED NATIONAL ACTION
	<p>Give help to employee and volunteer agencies to provide work opportunities for aging</p> <p>Begin urging Iowa Development Commission and OEO to seek industry which would capitalize on the skills and limited energies of our aging.</p> <p>Attract small industry where only people over 65 would work just enough to earn within limit allowed under Social Security.</p> <p>No moonlighting - just one job per person</p> <p>Have special retirement agency that would help those able and needing work to find it</p> <p>Some form of retirement pay is needed</p> <p>Plan projects to utilize skills of retired people</p> <p>Provide a retirement job advisor to whom older person could go for advice about jobs</p>		

EMPLOYMENT PROBLEMS	SUGGESTED LOCAL ACTION	SUGGESTED STATE ACTION	SUGGESTED NATIONAL ACTION
<p>Personal factors</p>	<p>Think early about retirement years and learn to do other jobs</p> <p>Don't expect government to support you</p>		
CONTINUING EDUCATION PROBLEMS	SUGGESTED LOCAL ACTION	SUGGESTED STATE ACTION	SUGGESTED NATIONAL ACTION
<p>Continuing education has become "more and more crucial" in retirement years</p>	<p>Free courses for jobs or hobbies - writing, typing, printing, crafts, sewing</p> <p>Encourage local public education system to take "long look at continuing education responsibility community has to senior citizens."</p> <p>Extensive planning required if anything "is to really come about" in this field</p> <p>Make church buildings available for use of aging for continuing education opportunities. These buildings are "empty most of the hours of the week."</p> <p>Plan help for aging persons to increase their use of films, tapes and records</p>	<p>Petition University of Northern Iowa, State University of Iowa, or other state owned school to develop a training program to train students to assist with short courses for the aging in Iowa communities.</p>	<p>Include pre-retirement training programs as part of the procedures preceding personal applications for Social Security benefits.</p>

CONTINUING EDUCATION PROBLEMS	SUGGESTED LOCAL ACTION	SUGGESTED STATE ACTION	SUGGESTED NATIONAL ACTION
<p>No pre-retirement training program in community.</p>	<p>Learn if there is a way locally to take advantage of Drake University's experience with retirement programs.</p>		
SPIRITUAL WELL-BEING PROBLEMS AND CHURCH INVOLVEMENT IN LIVES OF ELDERLY	SUGGESTED LOCAL ACTION	SUGGESTED STATE ACTION	SUGGESTED NATIONAL ACTION
<p>Great need for love and companionship * Visits at holidays but "what about rest of year?" * Loneliness is "very real and very tragic" * Need for entertainment * Inability to attend church</p>	<p>Could be a "large scale (program) for church groups plus another organization"</p> <p>Start "a volunteer visiting service including telephone visiting or checking on people each day."</p> <p>Take tape recording of service to them.</p> <p>Call on shut-ins, run errands, bring gifts</p> <p>Bring communion and visit</p> <p>Send cards and telephone</p> <p>Bring Christmas gifts</p> <p>Provide circles and fellowship meetings</p> <p>Provide home jobs for the elderly</p>		

SPIRITUAL WELL-BEING PROBLEMS	SUGGESTED LOCAL ACTION	SUGGESTED STATE ACTION	SUGGESTED NATIONAL ACTION
<p><u>Something for older people to do in church, want to feel part of it.</u></p>	<p>Think of places where they can serve - serving meals at church dinners, helping in other ways, washing dishes, etc.</p>		
<p><u>No coordinated ministry to the aging exists outside of nursing home, i.e., the health center</u></p>	<p>Young married couples take older persons to all entertainment and service</p>		
	<p>Laymen and clergymen of the various communions should plan together for the religious nurture, spiritual counseling and shepherding care of all aging persons in the community.</p>		
	<p>Need comprehensive planning in this area "of our community life, too."</p>		
<p>Need of older people to be involved with younger citizens and be considered a part of the community - "not just a tag end."</p>	<p>Have "programs that do not separate people from people but include people of all ages."</p>		
<p>Idle space in church buildings</p>	<p>Greatest amounts of available space in the community are in church buildings; week-day activities in these would make possible some programs not now provided</p>		

RETIREMENT ACTIVITY PROBLEMS	SUGGESTED LOCAL ACTION	SUGGESTED STATE ACTION	SUGGESTED NATIONAL ACTION
<p>Tendency of community to let aging fend for themselves</p> <p>* Neglect of senior citizens as source of help in community</p> <p>* Need to provide creative, enlivening experiences for aging men in particular</p> <p>* "We (the older people) would like to have people know we are interested and that just because we are 65 and retired, that we are not wobbly old persons sitting in our rocking chair twiddling our thumbs."</p> <p>* Consider the older people as concerned people, especially by the younger generation; recognize that "we are all interested in national and local affairs."</p> <p>* Some are bored and lonely</p>	<p>Use what seniors have to offer - their years of experience, their church efforts, their service on boards, their many uncoun- ted ways of contributing in the past.</p> <p>Involve elderly, as well as citizens of all ages in community beautification activity.</p> <p>Help might come through a men's garden club.</p> <p>Develop a senior citizens' bowling league.</p> <p>Publicize Senior Citizen Center to get more people to take interest in it.</p> <p>Open doors of Country Club to senior citizens, giving attention especially to those who are not able to provide initial fees and perhaps some special rate for annual participation.</p> <p>Organize and conduct "at cost" trips</p>	<p>Search out resources for a comprehensive plan for community activities for the aging. Institute of Gerontology at State University of Iowa might have "clues that would help at this point."</p>	
<p>Lack of recreation center for all ages</p> <p>* Elderly would like a volunteer center where their health, legal, education, and monetary problems could be</p>	<p>Fulfill the dream of having a new community building, involving younger and older people in its maintenance and care, and providing</p>		



RETIREMENT ACTIVITY PROBLEMS	SUGGESTED LOCAL ACTION	SUGGESTED STATE ACTION	SUGGESTED NATIONAL ACTION
<p>talked about and perhaps solved. * Involve older people in planning this program on local level, using local skills.</p>	<p>jobs in a place where many people could spend hours of pleasure.</p> <p>Plan space for shuffle-board, games, etc. in proposed housing project, open to all seniors</p> <p>Develop a drop-in and recreation center. (High percentage of elderly said they would use a drop-in center if transportation is provided, building on ground floor, and not set up in a dictatorial manner)</p>	<p>Further studies should be taken by some kind of task force to increase and broaden this activity. Here again retired persons could assist. UNI students are already working in this area, attracting teen-agers to assist.</p>	
<p><u>Lack of organized leisure time activities in "rest homes."</u> Physical needs well-provided for but no plans for entertainment, hobbies or crafts.</p>	<p>Mental and physical therapy for shut-ins</p> <p>Volunteers to take craft materials and help shut-ins</p> <p>Have talking books for the blind</p> <p>Have volunteers to read to people</p> <p>Help the less fortunate</p>		
<p>Hobbies are expensive. Older people want to feel useful.</p>	<p>Furnish hobby materials for those who can't afford them</p>		
<p><u>Retirement problems</u> will probably magnify as we (younger and middle age groups) grow older.</p>	<p>Probably the best solution is earlier preparation for retirement</p>		

NUTRITION PROBLEMS	SUGGESTED LOCAL ACTION	SUGGESTED STATE ACTION	SUGGESTED NATIONAL ACTION
<p>Aging need well-prepared hot meal at least once a day *</p> <p>Have desire for hot meals *</p> <p>Unable to prepare meals * Widows living alone "do not have many good meals unless they are invited out." *</p> <p>Reported failure of a local "Meals-on-Wheels" program; did not work out *</p> <p>State advised that meals had to be obtained from a "licensed" place, could not be obtained from private homes, could not be cooked and sent out; forced to go to a restaurant or place of that sort for the food.</p>	<p>Organize nutrition classes. (Such a program recently completed for 81 persons, two groups being involved)</p> <p>Encourage gardening</p> <p>Would it be practical for home economics classes to cook meals "for actual people"?</p> <p>Extension service and utility companies sponsor demonstration schools in preparing meals for one or two persons</p> <p>Obtain help of a nutritionist in community to help aging balance their diets; see extension service</p> <p>Seek out, perhaps through extension service, bulletins on food preparation, preparing dishes for one or two persons, and related information.</p> <p>Check services of aids available through referral service of neighborhood service centers.</p> <p>Hospital administrator has expressed his thought that they could prepare hot meals for "for the sick, shut-ins, or those who</p>	<p>Look for other resources for help with nutrition for aging - insurance companies, medical societies, health agencies</p>	

NUTRITION PROBLEMS	SUGGESTED LOCAL ACTION	SUGGESTED STATE ACTION	SUGGESTED NATIONAL ACTION
<p><u>Need of extra help, financial and otherwise, with nutrition and meals</u> *</p> <p>Some are too proud to ask for food stamps even when they need them.</p> <p><u>Lonely meals - grim, tend to curb appetite</u></p>	<p>express a desire to have such."</p> <p>Meals-on-Wheels</p> <p>Publicize food stamp program to bring all aging citizens in the community up-to-date on it.</p> <p>Might provide hot meal in connection with preparation of school lunches</p> <p>Food centers for elderly where at least one hot meal a day could be served at minimum cost. Food could be similar to hot lunch programs and could help use up surplus. Serving such meals would give oldsters something to look forward to, stimulate their social interest, and provide a certain amount of exercise.</p> <p>A common dining room might be a suggestion, a place where "folks could be served at a reasonable (price) and older people could feel they could come and eat."</p> <p>On a neighborhood basis families could involve themselves</p>		

NUTRITION PROBLEMS	SUGGESTED LOCAL ACTION	SUGGESTED STATE ACTION	SUGGESTED NATIONAL ACTION
	<p>in providing low-cost luncheon or supper once or twice a week for three to six aging adults ... perhaps with a community subsidy to help persons who need but cannot afford such meals.</p> <p>Good restaurant "where you could get a good dinner at a reasonable price"</p>		
TRANSPORTATION PROBLEMS	SUGGESTED LOCAL ACTION	SUGGESTED STATE ACTION	SUGGESTED NATIONAL ACTION
<p><u>Isolation of elderly</u> from mainstream of life because of lack of transportation. Difficult in getting to doctor, banks, store, church, etc. One of biggest problems of older people *</p> <p>Buses difficult to get in and out of when carrying groceries *</p> <p>Public transportation often too far for elderly to reach, or not available *</p> <p>Walking difficult because of physical ailments *</p> <p>Unable to drive * Social Security doesn't reach problem of transportation *</p> <p>Bus routes inadequate and need more stops *</p> <p>People don't want to ask others for rides</p>	<p>Thorough study of aging citizens' transportation patterns.</p> <p>Grocers and other merchants could provide a phone-ordering service in which merchant phones elderly at same time each week to plan shopping.</p> <p>Grocers might also provide phone-sales-counseling service to help aging make balanced diet purchases that stay within their budgets.</p> <p>Reduce bus rates</p> <p>Regular bus runs</p>	<p>Maybe some of "state or federal agencies could pay half the fare for older citizens going to church"</p>	<p>Federal transportation department or other agency should be stimulated to develop "specially designed buses with low-slung chassis or with hydraulic step-lifts."</p> <p>Consult with Department of Transportation or other appropriate agency about development of a community taxi service primarily for the aging, particularly checking hidden costs which might be in a project of this sort.</p>

TRANSPORTATION PROBLEMS

SUGGESTED LOCAL ACTION

SUGGESTED STATE ACTION

SUGGESTED NATIONAL ACTION

Churches are "one place which should provide transportation"

Provide, perhaps as a service club project, a comfortable bus with facilities for aged - lower entrance steps, strong rails, attendants to help at specified times for designated groups or individuals who need to get to the doctor, dentist, for food stamps, church, etc.

Also have the Leo Club, Modifiers Club, and Boy and Girl Scouts. "For a reasonable amount could it be possible a couple days of the week that the older people could call in their wants (to local groups) and these young people would deliver to their homes after school or when they have time. The money might go into their (club) treasury."

"With millions of dollars invested in school buses which sit idle hour after hour, why can't these public vehicles be utilized to solve the transportation problem?"

A "public type" of car might be an answer

TRANSPORTATION PROBLEMS

SUGGESTED LOCAL ACTION

SUGGESTED STATE ACTION

SUGGESTED NATIONAL ACTION

"Combine school & municipal buses."

Establish a private leasing corporation so community could rent or lease buses for any purpose - school, church, other. This would also provide employment.

Nursing homes should provide limited amount of transportation for patients

Encourage all workers to cooperate and use public transportation so transportation companies can stay in business

Need taxi service \* Taxi fares high; many can't afford them

Taxi service would be all right "if it's economically feasible, but if it isn't let's find some alternative so that I don't have to belittle myself to get (transportation). If I have to beg to get it, I don't want it."

Support of town council and other organizations for a jitney service to be run by an elderly man or woman who is still capable of driving.

TRANSPORTATION PROBLEMS	SUGGESTED LOCAL ACTION	SUGGESTED STATE ACTION	SUGGESTED NATIONAL ACTION
<p>Cannot get into community by rail or decently by bus and cannot get in by air</p> <p>* Unless you have a car or friends and relatives to take you, it is impossible to get out of town."</p>	<p>Taxi service - can be handled by two or three 55 to 60 year old people working out of same building</p> <p>Lower taxi and bus fares during certain hours for elderly.</p>		
OTHER PROBLEMS	SUGGESTED LOCAL ACTION	SUGGESTED STATE ACTION	SUGGESTED NATIONAL ACTION
<p><u>Difficulty of reaching people with information on what is available in aging programs and services</u></p> <p>"Older people can't run up and down the streets with banners saying we need this and that. They have to have someone who will listen and take their advice."</p>	<p>Originate news stories with local people, even "canned" releases from state and federal offices. "Get better readership this way." Also emphasize local references in releases.</p> <p>Perhaps have one person in community appointed on a volunteer basis by the mayor to handle information which applies to older people.</p>	<p>Commission on the Aging and other state and federal agencies in Iowa should listen, serve as a voice for older people, provide information, and offer guidance about programs which would be really needed for the elderly in the state's counties and communities</p>	

OTHER PROBLEMS	SUGGESTED LOCAL ACTION	SUGGESTED STATE ACTION	SUGGESTED NATIONAL ACTION
<p>In our community we sometimes feel like we are the forgotten people</p> <p>Need for an awareness and acceptance of older people as a part of the community</p> <p>"Mail delivery would be nice. Have to go to post-office to get mail now unless someone picks it up for us." * Need closer mail boxes</p> <p>How to reach all ages, with their problems of transportation, meals-on-wheels, employment, housing, minority group, loneliness, etc.</p>	<p>Citizens of all ages should become more aware of and interested in the aging. This awareness should and must be shared by older people themselves. Those growing older need to organize themselves into a dynamic group for the purpose of helping not only each other but the general public as well.</p> <p>Means by which mail can be delivered should be worked out between community and post office.</p> <p>Senior citizens might be quite capable of delivering mail; might be worth red-tape cutting to try to get this done.</p> <p>Start by trying to get sidewalks and have a town carrier.</p> <p>Petition post office</p> <p>Form a local Social Action Group "as broad as the community -- reaching all ages -- where there is a need."</p>	<p>Would help a great deal "if people (from state and federal agencies) who talk about the Welfare Department who have never been there and never see what we are trying to do would get together and talk these things over"</p>	



RESOURCES FOR OTHER DATA  
FOR THE STATE OF IOWA

1. The ABC's of Aging in Iowa
2. Life After 70 in Iowa
3. A Study of the Patterns of Living of the Elderly  
in Iowa Non-Urban Population Centers
4. Social Indicators for the Aging--A Study of the  
Iowa Population Over Age 65

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