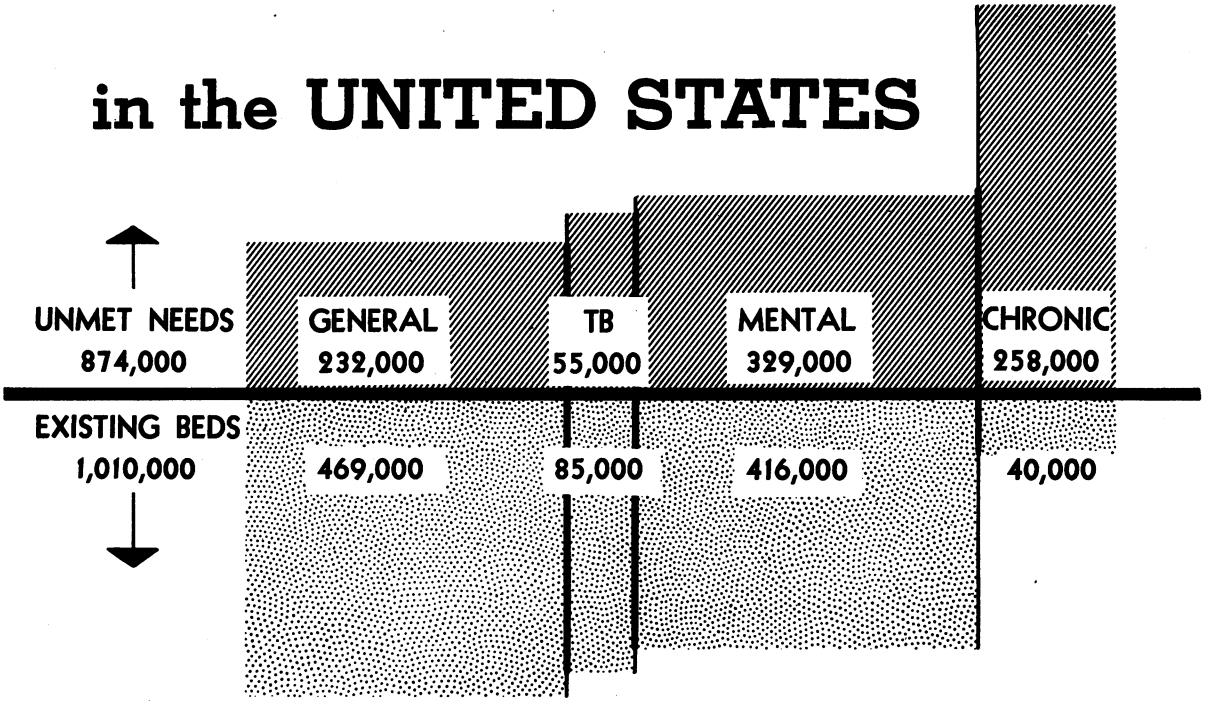
HOSPITAL BEDS in the UNITED STATES



The Nation had over 1,000,000 acceptable hospital beds in 1951, in addition to about 190,000 beds in Federal Government hospitals, as shown by a summary of State hospital plans developed under the Hospital Survey and Construction (Hill-Burton) Act of 1946.

These plans define and identify acceptable beds and also provide an estimate of hospital bed needs. They show that adequate hospital care for the people of this Nation requires 874,000 more beds. Currently, 54 percent of the Nation's estimated hospital needs are being met by the present supply of acceptable hospital beds.

Assuming quality patient care, hospital beds may be regarded as symbols reflecting facilities for patient care. Present bed supply levels and needs for more facilities as of 1951 are summarized by major categories in the above chart.

Unmet Bed Needs

Most of the recent new construction has been general hospitals. This is reflected in the figures for the percent of total needs met by existing general hospital beds in 1948 compared with 1951. In 1948, 41 percent of general hospital bed needs were unmet. In 1951, 33 percent of the general hospital bed needs were unmet.

Construction of new chronic and mental beds just kept pace with needs due to population increase and the replacement of beds unsuitable for use. Two-thirds of the Nation's estimated 874,000-bed deficit is accounted for by the need for providing care for patients with chronic and mental illness. These two categories alone total 587,000 needed beds.

The number of beds suitable for providing tuberculosis hospital care, according to the Hill-Burton standard, has progressively increased. In 1951, 85,000 suitable tuberculosis beds were available, and about 55,000 more were needed. The criterion for determining tuberculosis bed needs differs from that used in determining general, chronic, and mental bed needs. Annual deaths from tuberculosis in a State are used rather than a population basis, as in the case of the other groups.

Early diagnosis and improved treatment methods for tuberculosis have increased the length of patients' lives. The need for beds for tuberculous patients is therefore increasing rather than decreasing. A better standard for determining tuberculosis bed needs, based on reliable morbidity data, is needed. Until such data are available, prevalence rates offer a means for estimating more adequately goals for the construction of hospital facilities for the treatment of the tuberculous.

Bed Needs of the States

These data are for the Nation as a whole. What about the States? Do hospital needs differ between States and within a State? Fortunately, State plans include a con-

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tinuous inventory of existing hospital beds with an indication of their suitability for use as determined by each State.

The Hill-Burton standard, as set by Title VI of the Public Health Service Act, is: 4.5 to 5.5 beds per 1,000 population for general hospital construction, depending upon population density; 5 beds per 1,000 population for the mental diseases; 2 beds per 1,000 population for the chronic diseases; and 2.5 beds per average annual deaths from tuberculosis over a 5-year base period.

No State has yet met the Hill-Burton standard in all four bed categories. Only three States have met or exceeded the standard in the general bed category. These are, however, States where population densities are low. Despite the apparent meeting of general hospital bed needs on a state-wide basis, there are still large areas within these States where needs have not been met. Existing beds are either concentrated in a few areas or the population distribution is such that many people still do not have access to hospital facilities.

The state-by-state record of existing acceptable hospital beds at the end of 1951 is shown in the accompanying table, together with ratios for the continental United States.

The effect of the existing standard on meeting needs for beds for tuberculous patients is reflected in the fact that seven States are shown as either having met or exceeded the standard.

The need for hospital beds for patients having mental and chronic diseases is reflected in the low ratios reported by many of the States.

Hill-Burton Construction

In 1946, with the passage of the Hospital Survey and Construction Act, the country was provided with a systematic, nation-wide hospital construction program utilizing financial aid from the Federal Government.

The program first aims to assist States in determining their need for hospital and health center facilities and in planning for the provision of needed facilities. Second, it assists the States in carrying out these plans by financial aid for the construction

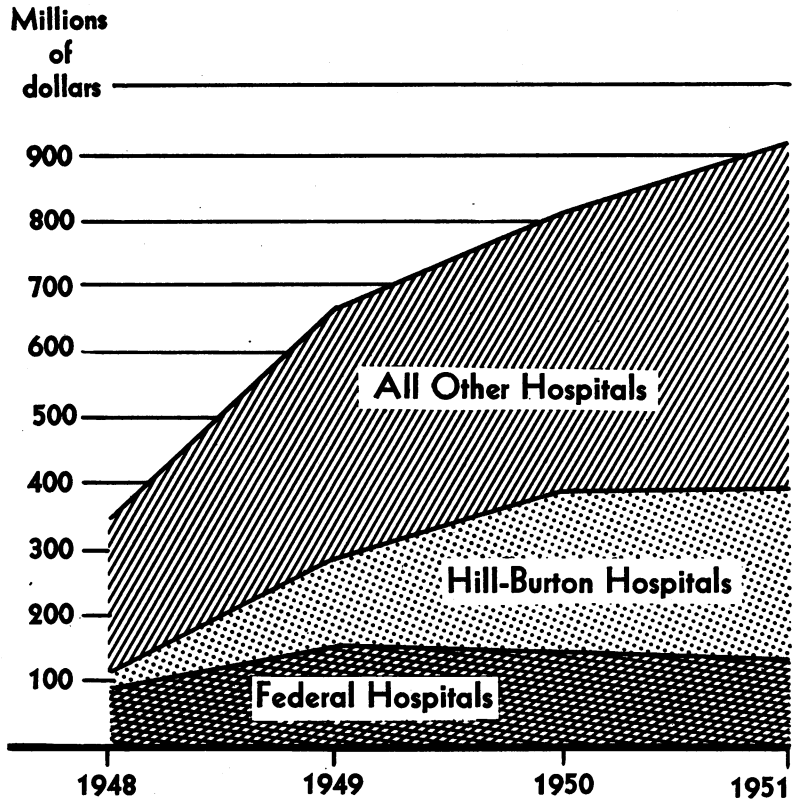

Figure 1. Value of construction put in place.

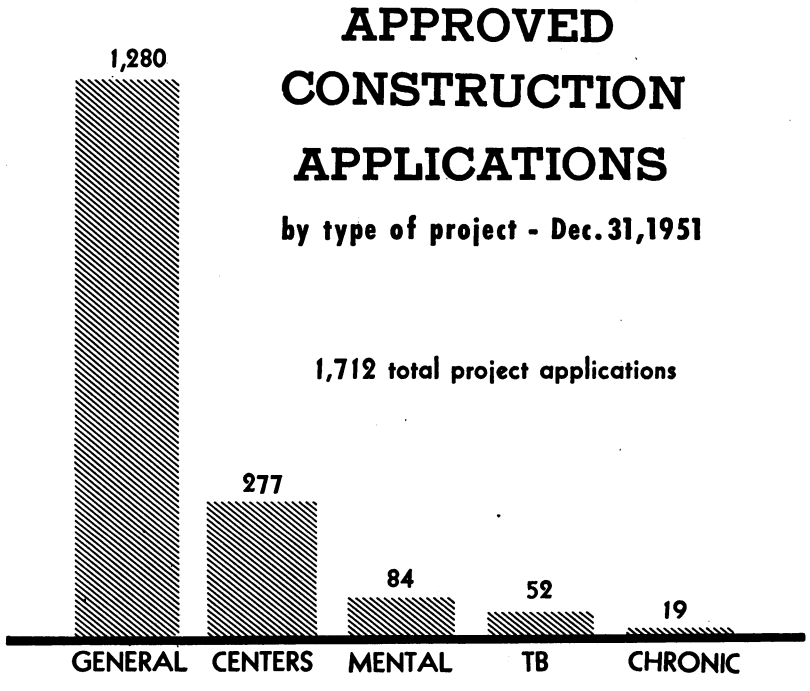

Figure 2. Distribution of approved project applications, December 31, 1951.

of needed hospitals and health facilities.

Since 1948, Hill-Burton-aided hospitals have constituted a significant and increasing proportion of the dollar value of hospital construction put in place. By the end of 1951, these hospital and health center facilities amounted to more than one-fourth of the dollar value of all hospital construction put in place, as shown by figure 1.

As of the end of the calendar year 1951, 1,712 project applications for hospitals and health centers have been approved by the States and the Public Health Service. These projects add 82,000 hospital beds and 277 public health centers to the hospital and health resources of the Nation.

These 277 health centers do not include 46 health centers combined with general hospitals. The total cost of constructing these facilities—$1,275,000,000—is being met by 830 million dollars in State and local funds and 445 million dollars in Federal aid. The distribution of the 1,712 projects is shown by type in figure 2. Of these projects, 75 percent are for general hospital construction, adding 65,000 beds; 16 percent, for public health centers; 5 percent, for mental hospitals, adding 10,000 beds; 3 percent, for tuberculosis hospitals, adding 5,000 beds; and 1 percent, for chronic disease hospitals, adding 2,000 beds.

Under the Hill-Burton program, new hospitals and health centers are being built, principally in rural areas, where none had previously existed. Of 700 completely new general hospitals approved for construction, more than 400 are located in communities which had no hospital facility prior to the beginning of the program. An additional 130 hospitals replaced unsuitable facilities. Nearly three-fifths of the new projects are located in communities of less than 5,000 people.

Public Health Centers

There is growing acceptance of the principle that hospitals and local health departments must operate as a community health team in the interests of economy, efficiency, and improved health service. As State plans evolve through constant revision there are developing patterns of integrated hospital and health center facilities. Already 46 combined hospital and health centers have been approved for construction.

Combining a general hospital with a health center is one means of

Existing acceptable hospital beds in the United States, per 1000 population, 1951

State	General	Mental	Tuberculosis	Chronic	State	General	Mental	Tuberculosis	Chronic
Hill-Burton Standard [1]	4.5	5.0	[2] 2.5	2.0	Nebraska	3.7	3.4	1.4	0.4
					Nevada	4.7	1.8	.4	-------
Continental United States	3.2	2.8	1.6	0.3	New Hampshire	3.4	4.4	1.7	.1
					New Jersey	3.4	3.1	1.9	.6
Alabama	2.4	1.2	0.5	-------	New Mexico	3.9	1.8	.8	.1
Arizona	3.8	1.8	1.1	.1	New York	3.4	4.2	1.9	.6
Arkansas	1.9	1.6	2.1	-------	North Carolina	3.5	3.0	2.5	.1
California	3.0	3.4	1.4	.2	North Dakota	5.1	4.0	2.8	.2
Colorado	4.4	4.4	4.7	-------	Ohio	3.0	2.5	1.2	.1
					Oklahoma	3.4	2.7	1.3	.1
Connecticut	3.3	4.3	2.9	.4	Oregon	2.5	2.4	1.9	-------
Delaware	4.0	2.4	1.7	.8	Pennsylvania	3.4	3.1	1.1	.2
District of Columbia	3.0	3.4	1.7	.2	Rhode Island	2.4	4.0	2.2	1.6
Florida	3.3	2.5	2.5	.4	South Carolina	3.1	1.8	2.0	.1
Georgia	2.6	3.2	1.4	.5	South Dakota	4.2	2.9	2.3	-------
Idaho	2.7	1.6	1.0	.3	Tennessee	2.8	2.5	1.3	.7
Illinois	3.3	2.2	1.8	.4	Texas	3.5	1.5	1.1	.4
Indiana	2.1	2.5	1.1	.1	Utah	3.4	1.6	1.5	.1
Iowa	3.4	1.2	1.6	.2	Vermont	3.0	3.4	1.3	.1
Kansas	3.5	3.2	1.4	.1	Virginia	2.9	2.0	1.4	-------
Kentucky	2.7	2.7	1.0	.1	Washington	2.8	2.4	3.7	.5
Louisiana	3.7	2.3	1.5	.1	West Virginia	2.7	1.4	1.9	-------
Maine	2.1	3.3	1.4	.2	Wisconsin	3.8	2.7	2.7	.3
Maryland	3.3	2.8	1.5	.8	Wyoming	3.6	2.5	1.8	.3
Massachusetts	2.8	4.6	2.3	.4	Alaska	1.3	-------	.5	-------
Michigan	2.4	1.9	2.1	.2	Hawaii	2.3	1.9	5.1	.4
Minnesota	3.8	3.0	3.1	.2	Puerto Rico	2.6	1.0	.7	.1
Mississippi	2.6	1.8	.9	-------	Virgin Islands	-------	-------	-------	-------
Missouri	3.7	3.2	1.4	.3					
Montana	6.4	3.9	1.5	-------					

[1] As set by Title VI, Public Health Service Act. [2] Per average annual death from tuberculosis.

SOURCE: 1951 State Plans for Hospital Construction.

achieving coordination between curative and preventive services. In smaller communities, there is a growing conviction that a health center can be housed in the building with the local hospital, if there is only one hospital in the community. In the larger communities, health centers, combining a great many different functions, are being built as separate units. At the close of 1951, a total of 323 health centers had been approved for construction under the Hill-Burton program, including the 46 to be combined with general hospitals.

The standard for public health centers set forth in the Hill-Burton Act is 1 health center per 30,000 population, except in States with a population density of less than 12 persons per square mile, where the ratio is 1 health center per 20,000 population. On this basis, the estimated need is for more than 5,000 additional health centers.

Since 1948 the States have planned the construction of about 1,500 health centers (fig. 3). State plans show a total of 590 public health centers now in existence. New construction is beginning to provide specially designed quarters for health centers formerly housed in inadequate and inappropriate quarters.

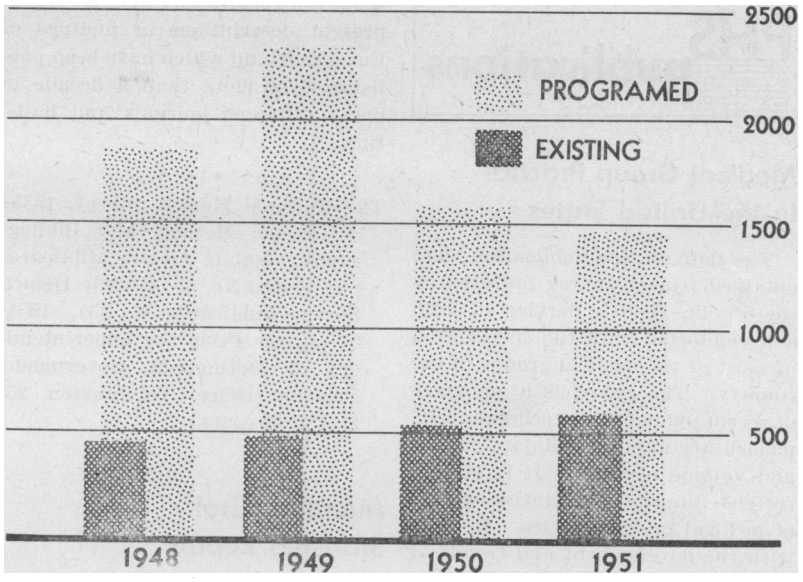

Figure 3. Public health centers programed and existing, United States, 1948 to 1951.

Refresher Course in Epidemiology for Public Health Nurses

A refresher course in communicable disease, with emphasis on the knowledge and skills necessary for field investigation of major communicable diseases and disease outbreaks, will be offered by the Communicable Disease Center, Public Health Service, Atlanta, Ga., May 12–30, 1952. Field experience in communicable disease investigations will be available, to a limited number of students, at Jackson, Miss., in cooperation with the Mississippi State Board of Health, June 2 to August 2, 1952.

Those eligible to enroll in the course include public health nursing supervisors, educational directors, coordinators, qualified public health staff nurses, and communicable disease nursing instructors in schools of nursing. Applicants must be recommended by their State Public Health Nursing Director or by an appropriate Federal official.

Application should be made through the State Public Health Nursing Director and the Regional Public Health Nursing Consultant and should be addressed to: Medical Director in Charge, Communicable Disease Center, Public Health Service, 50 Seventh Street, NE., Atlanta 5, Ga., Attention: Chief Nursing Consultant.