

Hospital and Medical Facilities Survey And Construction Program

By JOHN W. CRONIN, M.D.

THE Hospital Survey and Construction (Hill-Burton) Program was instituted in August 1946. Its purpose is to make available adequate hospital, clinic, and similar services to all the people through a program of grants to States for survey and planning; and grants on a matching basis to assist in the construction of public and voluntary nonprofit hospitals, public health centers, and related facilities.

The facility must fill a community need and may be new construction or the remodeling or enlarging of existing facilities. The project sponsor must initiate the project and is responsible for its operation. The Federal Government provides financial assistance, sets minimum standards of construction, and, by law, is restricted from the selection of personnel in the operations or in the administration of the completed facility. All projects must be nonprofit or public in type which render a community service, and, in general, do not discriminate on basis of race, creed, or color.

The Medical Facilities Survey and Construction Amendments of 1954 authorized categorical funds for hospitals for the chronically ill and impaired; nursing homes; diagnostic centers or diagnostic and treatment centers; and, rehabilitation facilities.

Federal funds were appropriated to match State funds to survey the need for hospitals and

medical facilities prior to the utilization of the construction funds within the respective States.

As of May 1, 1956, the total estimated cost of all facilities approved amounted to \$2,284 million. The Federal contribution represents \$740 million and is matched by sponsors' funds amounting to \$1,544 million.

There have been 2,905 projects approved. Of these, 2,035 providing 94,566 beds have been completed and are in operation; 553 projects adding 24,915 beds are under construction; and 317 projects adding 11,580 beds are in the pre-construction stage. A grand total of 131,061 hospital beds, 619 public health centers and many adjunct facilities are provided.

The majority of all approved applications are for general hospitals—73 percent and 94,928 beds. Three percent are for mental hospitals—13,047 beds. Two percent are for tuberculosis hospitals—8,478 beds. Two percent are for chronic disease facilities—7,484 beds. Nineteen percent are for public health centers and one percent for other related health facilities.

Twenty percent of the total funds went to teaching institutions, including 37 university medical school hospital projects. Of the 1,057 new hospitals about 55 percent are located in towns under 5,000 population while only 11 percent are in cities of 50,000 or more people. The civil defense implications are obvious. Five hundred and thirty-five new general hospitals are located in areas which had no hospitals prior to the beginning of the program.

The total annual authorization of this program is \$210 million.

The estimated bed deficit in the United States and Territories as reflected by the official State Plans is 850,000 beds. Progress in alleviating this shortage is slow because of annual population increase and the physical and functional obsolescence of the Nation's existing hospital resources.

In 1955, \$1,200,000 of Federal funds were appropriated for research in hospital services, facilities, and resources by the Public Health Service and through grants for research and demonstration purposes. All of these funds have been awarded to qualified applicants. A total of 27 grants have been made.

Dr. Cronin is chief of the Division of Hospital and Medical Facilities, Public Health Service. This is a summary report based on a paper presented at the meeting of the section on preventive and industrial medicine and public health, American Medical Association, on June 14, 1956, at Chicago, Ill.
