Hospitals and Nursing Homes in the United States, 1959

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This report brings up to 1959 the general review of hospital beds in the United States published in Public Health Reports, May 1955, pp. 484–491. It includes for the first time inventories and programs of skilled nursing homes under the Federal grant-in-aid (Hill-Burton) program.

IN THE YEARS since World War II good health has become popular. People generally know that the modern skills in health care have greatly improved, and that the resources for treatment and prevention are an important part of their personal needs. This awareness has led to broad public support for the major outlays needed to build hospitals, clinics, nursing homes, and rehabilitation centers. Gains in the postwar period have been impressive for some of our health resources, while losses have occurred in others. The new forms of therapy, together with changing characteristics of our population as a whole, pose new needs hardly imagined a generation ago.

This report reviews national trends and net gains in health facilities in the United States in the last 10 years and it provides a look ahead. It is based on the series of comprehensive plans for hospital and medical facilities developed by the States under title VI of the Public Health Service Act. Hospital data are now available on a comparable reporting basis for 12 years, from 1948 through 1959. Data for skilled nursing homes are available only since 1957, but such record is considered to be reasonably comprehensive. Inventories in these plans reflect designed capacities, rather than present bed complements. The State plans include long-range programs for additional bed needs. Another, more limited, approach to the future is also described in this paper, with specific goals for health facilities in the next decade, as developed recently by the Public Health Service.

The State plans provide data on all facilities open to civilians, with the exception of Federal hospitals of the Veterans Administration and the Public Health Service. They report all hospitals according to the four principal categories of service provided: general, mental, chronic, and tuberculosis. They also include skilled nursing homes and a variety of facilities confined entirely or principally to outpatient care, such as public health centers, diagnostic and treatment centers (both as outpatient departments of hospitals and as independent clinics), and rehabilitation centers. This report deals only with inpatient facilities.

At the beginning of January 1959, according to the State plans, the Nation had 1,322,000 hospital beds and 245,000 beds in nursing homes which provide skilled nursing care. Not all these beds, however, are acceptable for long-range planning purposes. On the basis of fire and health hazards, 168,000 hospital beds and 112,000 nursing home beds are classified as nonacceptable.

Data for each State and Territory are shown in tables 1 and 2. For easy comparison, the States are grouped by the broad socioeconomic regions of the United States. Federal beds for civilians are not included in these figures. They comprise 126,000 beds in hospitals of the

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Table 1. Existing civilian hospital beds [1] in the United States and Territories, by service category, January 1, 1959

State and socioeconomic region	General		Mental		Chronic		Tuberculosis	
	Acceptable	Nonacceptable	Acceptable	Nonacceptable	Acceptable	Nonacceptable	Acceptable	Nonacceptable
United States [2]	**587, 318**	**65, 764**	**445, 009**	**88, 578**	**44, 461**	**6, 622**	**76, 685**	**7, 760**
New England	**32, 312**	**7, 339**	**34, 435**	**5, 579**	**5, 401**	**3, 018**	**3, 986**	**1, 100**
Connecticut	8, 321	261	8, 905	145	1, 441	0	727	0
Maine	2, 439	1, 306	2, 768	25	65	106	196	254
Massachusetts	15, 364	5, 165	16, 408	4, 147	2, 727	2, 912	2, 405	703
New Hampshire	2, 056	176	2, 180	120	0	0	87	0
Rhode Island	2, 883	12	3, 258	0	1, 168	0	571	0
Vermont	1, 249	419	916	1, 142	0	0	0	143
Middle East	**138, 299**	**16, 868**	**126, 944**	**36, 709**	**15, 750**	**873**	**15, 751**	**3, 720**
Delaware	1, 676	50	1, 000	645	750	142	223	0
District of Columbia	4, 286	264	5, 979	0	136	0	870	0
Maryland	8, 364	141	8, 653	144	2, 541	0	1, 644	0
New Jersey	16, 705	1, 197	19, 181	1, 046	345	0	2, 752	110
New York	59, 985	8, 887	61, 267	22, 169	6, 778	77	6, 270	2, 534
Pennsylvania	40, 259	5, 136	26, 736	12, 705	4, 445	654	2, 982	1, 076
West Virginia	7, 024	1, 193	4, 128	0	755	0	1, 010	0
Southeast	**108, 466**	**10, 631**	**75, 861**	**18, 206**	**5, 482**	**189**	**17, 146**	**303**
Alabama	9, 525	393	3, 861	3, 815	160	0	1, 147	22
Arkansas	5, 614	847	2, 760	1, 726	192	0	1, 653	0
Florida	12, 522	1, 643	11, 984	264	753	15	2, 169	0
Georgia	12, 062	1, 264	11, 528	0	505	30	2, 088	0
Kentucky	9, 192	533	7, 232	115	449	0	1, 355	0
Louisiana	11, 048	770	7, 894	94	441	0	1, 642	0
Mississippi	5, 975	1, 461	4, 047	1, 894	140	25	650	0
North Carolina	14, 578	476	12, 482	0	547	47	2, 246	0
South Carolina	5, 745	1, 383	2, 079	2, 502	71	0	877	140
Tennessee	10, 497	1, 515	6, 558	3, 111	1, 632	72	1, 574	141
Virginia	11, 708	346	5, 436	4, 685	592	0	1, 745	0
Southwest	**44, 523**	**4, 225**	**24, 877**	**966**	**1, 942**	**84**	**6, 485**	**209**
Arizona	3, 716	529	1, 529	0	211	0	722	115
New Mexico	2, 600	355	1, 279	0	321	6	330	74
Oklahoma	9, 436	348	8, 137	0	591	0	947	0
Texas	28, 771	2, 993	13, 932	966	819	78	4, 486	20
Central	**159, 937**	**15, 316**	**102, 166**	**20, 246**	**10, 012**	**2, 006**	**18, 823**	**1, 340**
Illinois	33, 590	4, 051	21, 363	7, 055	2, 944	205	4, 621	0
Indiana	11, 521	2, 558	6, 402	2, 856	520	150	1, 055	467
Iowa	10, 694	1, 052	3, 979	1, 639	1, 150	75	476	14
Michigan	24, 344	3, 878	14, 397	6, 596	676	0	4, 472	121
Minnesota	14, 132	861	9, 807	365	597	0	1, 495	0
Missouri	17, 303	1, 267	10, 758	120	1, 480	775	1, 682	0
Ohio	32, 158	1, 297	23, 532	224	1, 531	792	3, 633	618
Wisconsin	16, 195	352	11, 928	1, 391	1, 114	9	1, 389	120
Northwest	**34, 248**	**5, 796**	**20, 699**	**5, 469**	**1, 347**	**0**	**2, 452**	**353**
Colorado	5, 657	1, 670	3, 527	2, 903	52	0	806	154
Idaho	1, 374	1, 124	1, 036	20	37	0	50	35
Kansas	8, 597	785	3, 221	2, 498	240	0	522	20
Montana	3, 344	243	1, 906	0	196	0	285	0
Nebraska	6, 116	405	5, 256	48	303	0	221	0
North Dakota	2, 904	295	1, 829	0	76	0	300	0
South Dakota	2, 710	497	1, 669	0	42	0	118	144
Utah	2, 184	589	1, 483	0	386	0	100	0
Wyoming	1, 362	188	772	0	15	0	50	0
Far West	**61, 782**	**5, 198**	**55, 922**	**1, 363**	**3, 788**	**20**	**8, 226**	**718**
Alaska	641	355	18	0	0	0	475	299
California	47, 016	2, 070	44, 757	296	3, 129	0	5, 774	354
Nevada	785	158	580	0	20	0	36	23
Oregon	5, 474	1, 360	4, 243	70	349	20	500	42
Washington	7, 866	1, 255	6, 324	997	290	0	1, 441	0
Territories	**7, 751**	**391**	**4, 105**	**40**	**739**	**432**	**3, 816**	**17**
Guam	161	0	0	0	0	0	160	0
Hawaii	1, 758	391	928	40	353	396	949	0
Puerto Rico	5, 698	0	3, 151	0	386	36	2, 677	17
Virgin Islands	134	0	26	0	0	0	30	0

[1] Excluding Federal facilities.

[2] Includes Territories.

SOURCE: State plans, approved under title VI of the Public Health Service Act.

Veterans Administration, 6,500 beds in hospitals operated by the Public Health Service for merchant seamen and others, and about 1,200 beds in Indian hospitals.

Postwar Construction and Net Gains

During World War II and for most of the depression decade preceding the war, hospital construction was curtailed, piling up a serious backlog of need. After the war when money, men, and materials became available for peacetime development, a great upturn in hospital construction took place. This was stimulated by Federal assistance provided by the Hospital Survey and Construction Act of 1946 (now referred to, with its amendments, as title VI of the Public Health Service Act). In this period, too, a large increase occurred in construction of new Federal hospitals for the Veterans Administration. As shown in figure 1, total hospital construction reached a peak of more than $5 per capita in 1951, dropping to a little more than one-half this level in 1956. Thereafter, another marked upturn took place, largely as a result of increased Federal support. A further rise is predictable through 1960 on the basis of Federal funds now appropriated. Figure 1 is based on constant prices, thus discounting the marked increase in construction costs, amounting to 44 percent, which has occurred since 1947–49. In current dollars, the 1958 volume of $1,011 million exceeded the previous alltime peak of $947 million in 1951.

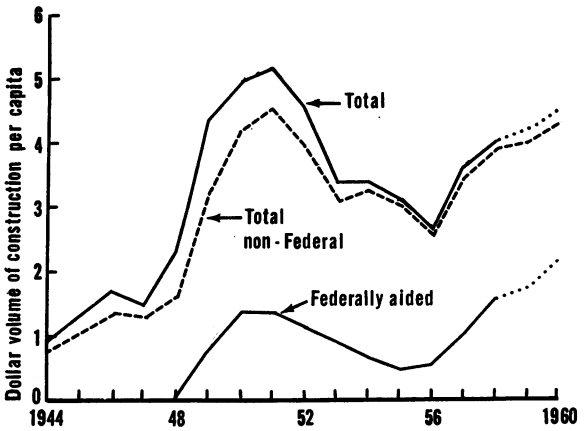
Table 2. Existing beds in skilled nursing homes in the United States and Territories, January 1, 1959

State and socioeconomic region	Skilled nursing home beds		State and socioeconomic region	Skilled nursing home beds	
	Acceptable	Nonacceptable		Acceptable	Nonacceptable
United States [1]	**133, 016**	**112, 815**	**Central**	**34, 048**	**56, 720**
New England	**7, 347**	**20, 574**	Illinois	3, 881	19, 631
Connecticut	3, 943	2, 544	Indiana	342	8, 262
Maine	0	1, 211	Iowa	2, 082	14, 791
Massachusetts	409	14, 544	Michigan	4, 112	4, 366
New Hampshire	581	1, 450	Minnesota	7, 013	2, 462
Rhode Island	2, 195	0	Missouri	3, 957	0
Vermont	219	825	Ohio	8, 770	5, 839
Middle East	**30, 037**	**10, 850**	Wisconsin	3, 891	1, 369
Delaware	121	0	**Northwest**	**5, 722**	**5, 263**
District of Columbia	1, 026	22	Colorado	989	2, 953
Maryland	1, 297	2, 445	Idaho	698	469
New Jersey	8, 068	0	Kansas	162	233
New York	12, 222	4, 316	Montana	794	199
Pennsylvania	5, 528	4, 058	Nebraska	443	638
West Virginia	1, 775	9	North Dakota	523	231
Southeast	**19, 099**	**5, 235**	South Dakota	431	249
Alabama	515	381	Utah	1, 553	0
Arkansas	1, 216	1, 314	Wyoming	129	291
Florida	3, 629	1, 309	**Far West**	**28, 170**	**10, 918**
Georgia	2, 311	511	Alaska	84	15
Kentucky	1, 396	168	California	17, 689	3, 797
Louisiana	3, 393	0	Nevada	296	48
Mississippi	580	347	Oregon	2, 339	3, 048
North Carolina	315	63	Washington	7, 762	4, 010
South Carolina	493	576	**Territories**	**225**	**237**
Tennessee	1, 233	566	Guam	0	0
Virginia	4, 018	0	Hawaii	138	200
Southwest	**8, 368**	**3, 018**	Puerto Rico	87	37
Arizona	425	70	Virgin Islands	0	0
New Mexico	541	47			
Oklahoma	1, 997	421			
Texas	5, 405	2, 480			

[1] Includes Territories.

SOURCE: State plans, approved under title VI of the Public Health Service Act.

Figure 1. Value of all hospital construction in the United States and Territories, at constant prices, 1944–60



Trends in the Nation's total civilian resources for inpatient care appear in table 3, together with rates of availability per 1,000 population and of additional need, as recorded in the State plans. An expanding population and mounting obsolescence have offset new construction to a marked degree, so that from 1948 to 1959 the increase of 306,000 beds for all hospital purposes has resulted in a gain of less than 0.5 bed per 1,000 population for acceptable facilities. There are now 20,000 more nonacceptable beds in hospitals than were reported initially in 1948. Also, nearly one-half of the nursing home beds failed to meet current standards.

An elaboration of table 3 is presented in table 4 to show annual trends by type of service provided. In rates per 1,000 population, this record displays substantial progress for general hospitals, a small gain and subsequent decline in mental hospital beds, a rise and decline in tuberculosis beds, and a slow growth in chronic hospital beds. Every category has increased in the actual number of acceptable beds.

The distribution by State of the net gain in total beds available in the decade 1949–59 shows substantial variation (fig. 2). States with rapid population growth increased their total beds much more rapidly than States of little or no growth. This relation applies both to percentage increase and to the quantitative increase expressed as gain in beds per 1,000 of the population living in the State during the base year 1949. The net gain in beds per 1,000 population is not related to State income levels; the general trend for all States shows a gain of about 2 beds per 1,000 of the base year population at all income levels. However, percentage gains were much higher in low-income States, where the initial level of availability was low.

Local circumstances have produced occasional wide departures from the trend. Still, the broad pattern of relationship between net gains, income levels, and rate of population growth provides a new dimension of understanding and prediction. It is encouraging to find that net gains are related to population growth and that they are largely commensurate with it. Study has shown that the gains in the low-income States are predominantly the result of the Federal assistance (Hill-Burton) construction program. It must be noted that this analysis of net gains in the 1949–59 decade relates to total existing beds for all categories of hospitals. Throughout this period between 8 percent and 9 percent of these beds have been deemed obsolete and needing replacement.

Additional Needs

Basic standards of need developed in the State plans have undergone gradual changes since 1948, as shown by the data on acceptable beds and additional beds needed in table 3. From 1948 to 1959 the total need for hospital beds reported decreased from 12.8 beds per 1,000 population to 11.8. This decrease is two-thirds of the net decrease in additional need reported.

Historical data on need by single categories appear in table 4. The need for additional general hospital beds has been reduced nearly one-half, and the need for more tuberculosis beds, on a nationwide basis, reduced drastically (from 0.61 to 0.11 bed per 1,000 population) because of diminishing incidence of new cases. The States have continued to use a presumptive standard of need for mental hospitals of 5 beds per 1,000 population. According to this measure, construction of mental hospitals has not kept pace with population growth, with the result that there is a net increase in additional need of 0.17 bed per 1,000 population.

There is prospect of a long-continued backlog of needed construction, to judge by the historical trend of slow overall gain in beds per 1,000

Table 3. Trends in total civilian beds for inpatient care,[1] United States and Territories, 1948–59

Year (January 1)	Total beds needed [2]	Existing beds					Additional beds needed	
		Total	Acceptable			Nonacceptable	Number	Rate per 1,000 population
			Number	Rate per 1,000 population	Percent of total need			
	Total beds for inpatient care [3]							
1956 [4]	2,012,179	1,407,375	1,180,135	7.29	58.6	227,240	1,039,628	6.42
1957	2,399,060	1,505,034	1,219,885	7.43	50.8	285,149	1,184,245	7.21
1958	2,444,726	1,521,267	1,238,188	7.36	50.6	283,079	1,211,141	7.20
1959	2,412,802	1,568,028	1,286,489	7.52	53.3	281,539	1,119,165	6.54
	Total hospital beds							
1948	1,776,401	1,016,712	867,960	6.28	48.9	148,752	908,441	6.57
1949	1,776,673	1,025,179	879,872	6.30	49.5	145,307	896,801	6.42
1950	1,850,052	1,118,535	952,196	6.49	51.5	166,339	897,856	6.12
1951	1,883,487	1,185,480	1,009,918	6.78	53.6	175,562	873,569	5.87
1952	1,899,806	1,193,836	1,017,823	6.71	53.6	176,013	881,983	5.81
1953	1,899,279	1,218,781	1,057,427	6.90	55.7	161,354	848,567	5.54
1954	1,887,372	1,242,087	1,083,056	7.00	57.4	159,031	812,765	5.25
1955	1,926,600	1,275,072	1,098,815	6.93	57.0	176,257	838,745	5.29
1956	1,960,410	1,279,050	1,117,933	6.91	57.0	161,117	850,061	5.25
1957	1,985,354	1,287,051	1,106,991	6.74	55.8	180,060	883,433	5.38
1958	2,009,040	1,299,832	1,125,169	6.69	56.0	174,663	888,474	5.28
1959	2,027,750	1,322,197	1,153,473	6.74	56.9	168,724	867,129	5.07
	Nursing home beds (skilled care) [3]							
1956 [4]	251,769	128,325	62,202	0.60	24.7	66,123	189,567	1.84
1957	413,706	217,983	112,894	.69	27.3	105,089	300,812	1.83
1958	435,686	221,435	113,019	.67	25.9	108,416	322,667	1.92
1959	385,052	245,831	133,016	.78	34.5	112,815	252,036	1.47

[1] Excluding Federal facilities.
[2] As limited by title VI of the Public Health Service Act and State programing thereunder. For some types of service, some States now have beds in excess of these measures of need.
[3] No data reported for nursing homes for 1948–55.
[4] Preliminary report for nursing homes, from 34 States.

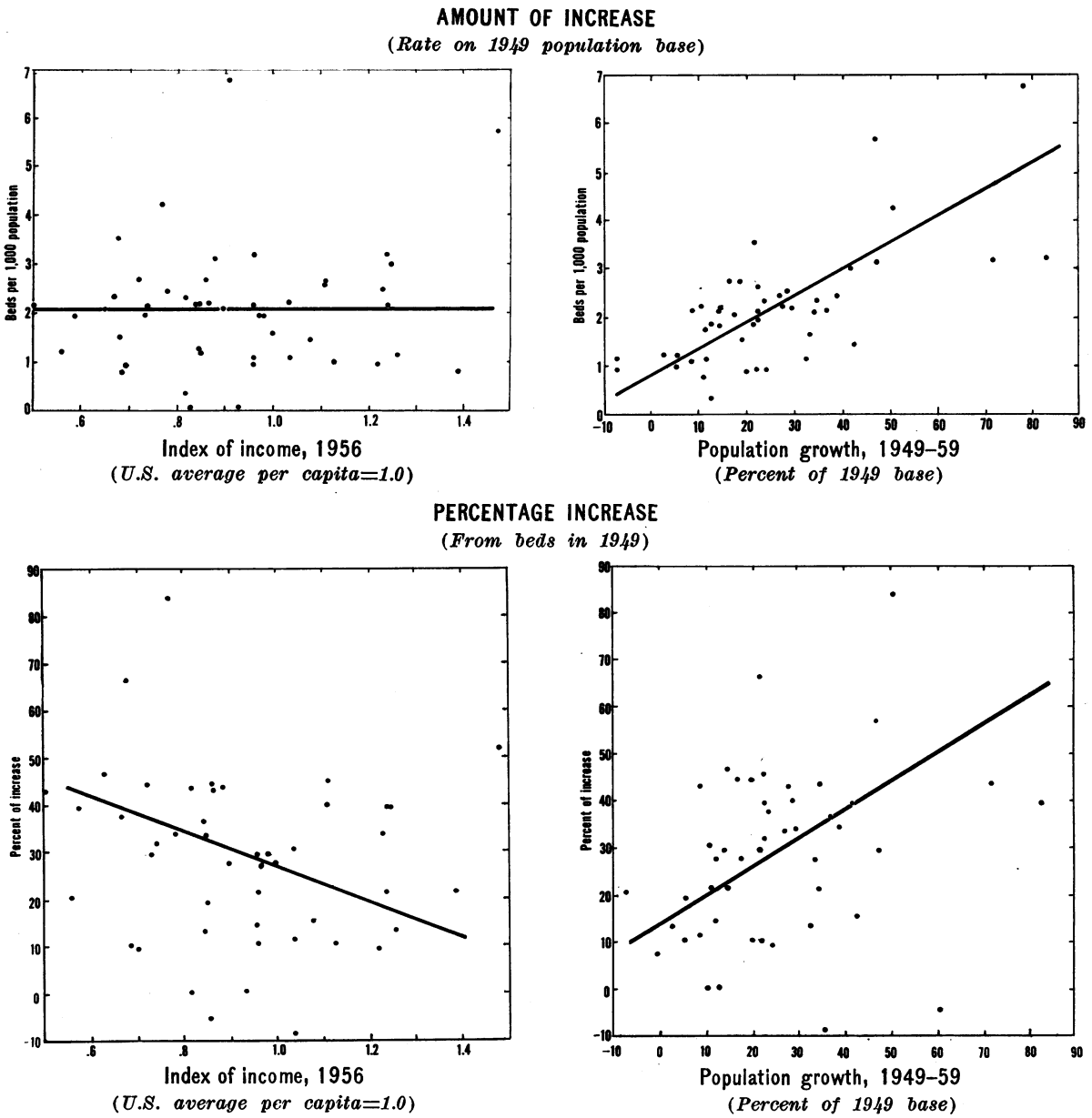
SOURCE: State plans, approved under title VI of the Public Health Service Act.

population. In this context it is useful to analyze specific levels of actual programing in each State. The additional construction definitely planned at identified sites is found, upon study, to be strongly related to the level of average income in a State, as well as to the level of acceptable beds now available.

Figure 3 shows the trend of beds now available and those programed in relation to income level for three main classes of care: short-term care in general hospitals, long-term care in chronic hospitals and nursing homes, and care in mental hospitals. The charts reflect a summary of trends found in scatter diagrams prepared from data for all the States and must not be taken as an exact pattern for all States. They show a marked tendency at all incomes for States to program at a constant level above that of the acceptable beds available, rather than to a uniform standard of need. This is particularly true for mental hospitals.

It appears that the short-term plan of most States reflects official judgment on feasible advances for the near future. This may be entirely realistic, as against arbitrary standards of long-range need. The Public Health Service

Figure 2. Increase in total civilian hospital beds in relation to State income level and population growth, 1949–59



has recently withdrawn all uniform standards of adequacy from its regulations for carrying out title VI of the Public Health Service Act, except for a minimum planning level of 2.5 beds per 1,000 population for each service area of general hospitals. Changes may therefore be expected as each State comes to identify its own formal targets of need. This new flexibility may mark a second major phase of positive planning for the Nation's health facilities, after the early pioneering stage when statewide planning was itself an innovation and uniform standards were a valuable guide.

A Look Ahead

Prospects for the future in regard to the Nation's health plant point to a high construction expenditure during 1959 and 1960. However, because of increased construction costs (about

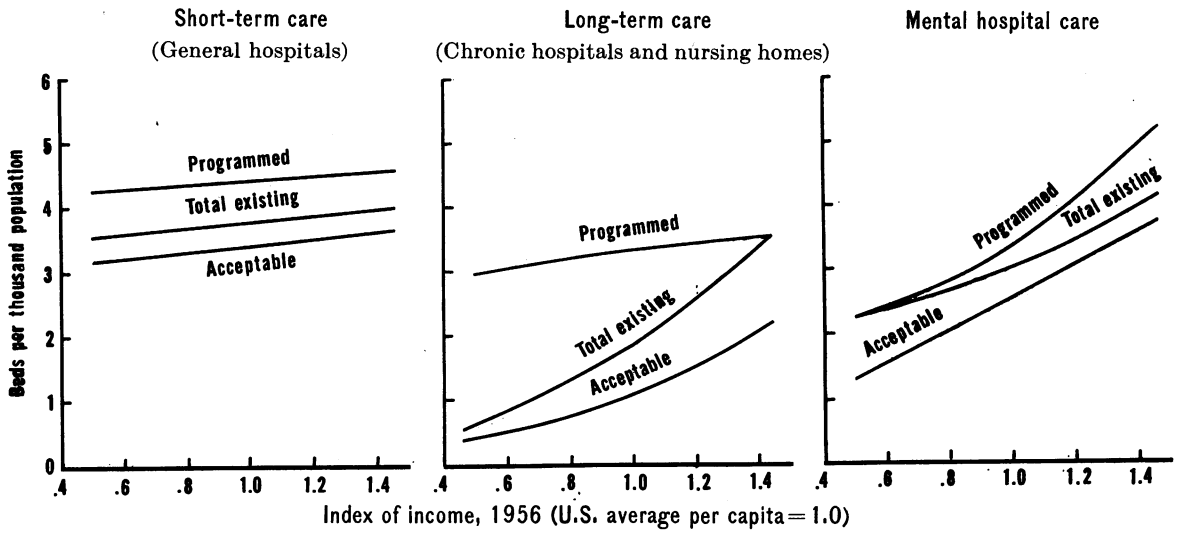
Table 4. Trends in civilian hospital beds,[1] by type of service, United States and Territories, 1948–59

Year (January 1)	Total beds needed[2]	Existing beds					Additional beds needed	
		Total	Acceptable			Non-acceptable	Number	Rate per 1,000 population
			Number	Rate per 1,000 population	Percent of total need			
	General hospital beds							
1948	652, 974	469, 398	388, 144	2. 81	59. 4	81, 254	264, 830	1. 92
1949	652, 611	474, 532	397, 168	2. 84	60. 9	77, 364	255, 443	1. 83
1950	682, 601	513, 814	437, 786	2. 99	64. 1	76, 028	244, 815	1. 67
1951	700, 952	548, 798	469, 192	3. 15	66. 9	79, 606	231, 760	1. 56
1952	708, 574	554, 084	474, 334	3. 13	66. 9	79, 750	234, 240	1. 54
1953	714, 469	572, 493	495, 185	3. 23	69. 3	77, 308	219, 222	1. 43
1954	704, 400	589, 565	515, 934	3. 34	73. 2	73, 631	188, 420	1. 22
1955	720, 001	601, 241	526, 458	3. 32	73. 1	74, 783	193, 543	1. 22
1956	722, 112	614, 020	541, 363	3. 35	75. 0	72, 657	180, 749	1. 12
1957	726, 821	620, 922	547, 473	3. 33	75. 3	73, 449	179, 926	1. 10
1958	745, 016	632, 674	559, 818	3. 33	75. 1	72, 856	185, 776	1. 10
1959	761, 610	653, 082	587, 318	3. 43	77. 1	65. 764	174. 292	1. 02
	Mental hospital beds							
1948	690, 381	427, 201	380, 343	2. 75	55. 1	46, 858	310, 038	2. 24
1949	692, 150	428, 931	381, 627	2. 73	55. 1	47, 304	310, 523	2. 22
1950	725, 203	462, 859	399, 138	2. 72	55. 0	63, 721	326, 065	2. 22
1951	744, 323	483, 310	415, 530	2. 79	55. 8	67, 780	328, 793	2. 21
1952	755, 097	482, 733	412, 932	2. 72	54. 7	69, 801	342, 165	2. 25
1953	766, 463	490, 598	431, 007	2. 81	56. 2	59, 591	336, 676	2. 20
1954	773, 428	500, 568	437, 659	2. 83	56. 6	62, 909	336, 989	2. 18
1955	793, 125	513, 278	441, 440	2. 78	55. 7	71, 838	352, 349	2. 22
1956	808, 265	520, 010	449, 706	2. 78	55. 6	70, 304	359, 223	2. 22
1957	821, 412	525, 455	435, 453	2. 65	53. 0	90, 002	387, 587	2. 36
1958	840, 782	528, 406	441, 691	2. 63	52. 5	86, 715	400, 719	2. 38
1959	855, 649	533, 587	445. 009	2. 60	52. 0	88. 578	412. 574	2. 41
	Tuberculosis hospital beds							
1948	155, 987	84, 158	71, 151	0. 51	45. 6	13, 007	84, 836	0. 61
1949	155, 101	85, 466	72, 560	. 52	46. 8	12, 906	82, 541	. 59
1950	148, 936	94, 024	81, 511	. 56	54. 7	12, 513	67, 425	. 46
1951	140, 391	96, 955	85, 351	. 57	60. 8	11, 604	55, 040	. 37
1952	133, 899	99, 147	87, 550	. 58	65. 4	11, 597	46, 349	. 31
1953	112, 075	100, 204	86, 698	. 57	77. 4	13, 506	30, 934	. 20
1954	100, 467	101, 425	86, 035	. 56	85. 6	15, 390	21, 707	. 14
1955	96, 507	100, 234	85, 901	. 54	89. 0	14, 333	20, 902	. 13
1956	114, 536	96, 268	84, 923	. 52	74. 1	11, 345	36, 533	. 23
1957	119, 653	91, 301	81, 491	. 50	68. 1	9, 810	41, 026	. 25
1958	114, 449	87, 967	79, 523	. 47	69. 5	8, 444	37, 323	. 22
1959	104, 555	84. 445	76, 685	. 45	73. 3	7, 760	18, 788	. 11
	Chronic hospital beds							
1948	277, 059	35, 955	28, 322	0. 20	10. 2	7, 633	248, 737	1. 80
1949	276, 811	36, 250	28, 517	. 20	10. 3	7, 733	248, 294	1. 78
1950	293, 312	47, 838	33, 761	. 23	11. 5	14, 077	259, 551	1. 77
1951	297, 821	56, 417	39, 845	. 27	13. 4	16, 572	257, 976	1. 73
1952	302, 236	57, 872	43, 007	. 28	14. 2	14, 865	259, 229	1. 71
1953	306, 272	55, 486	44, 537	. 29	14. 5	10, 949	261, 735	1. 71
1954	309, 077	50, 529	43, 428	. 28	14. 1	7, 101	265, 649	1. 72
1955	316, 967	60, 319	45, 016	. 28	14. 2	15, 303	271, 951	1. 71
1956	315, 497	48, 752	41, 941	. 26	13. 3	6, 811	273, 556	1. 69
1957	317, 468	49, 373	42, 574	. 26	13. 7	6, 799	274, 894	1. 67
1958	308, 793	50, 785	44, 137	. 26	14. 3	6, 648	264, 656	1. 57
1959	305, 936	51, 083	44. 461	. 26	14. 5	6, 622	261, 475	1. 53

[1] Excluding Federal facilities. [2] See table 3, footnote 2.

SOURCE: State plans, approved under title VI of the Public Health Service Act.

Figure 3. Trend of civilian hospital beds available and programed, 1959, in relation to State income level, 1956



44 percent since 1948) much larger sums are required than in the past for comparable results. In addition, scientific and technological changes have created new services and new means of therapy requiring new kinds of facilities, while changes in the age of the population and shifts in population to large cities and their suburbs are creating new needs and maldistribution of facilities, requiring costly relocations. Other factors to be considered include the following:

1. In urban centers the hospital plants are relatively old, needing much renovation and modernization aside from actual replacement.

2. There is a new understanding of the importance of community resources for mental health care in clinics and psychiatric treatment units of the larger community hospitals.

3. The great cost of building and operating hospitals today forces attention to planning for coordination of all resources for health in the community. In particular, the long-term care of the elderly in family settings, clinics, nursing homes, and hospitals requires more attention to provide skilled services in facilities which are interrelated for common purposes.

In the light of these circumstances, which suggest substantial shifts in emphasis, the Public Health Service has recently developed national goals for health facilities during the next decade (*1*). These goals have guidance status only, but they reflect a concrete program (*a*) with genuine net improvement on a scale appropriate to current purposes, (*b*) feasible to achieve within a time span which recognizes the possible impact of new discoveries in medical knowledge and therapy, and (*c*) reasonably possible to finance. The goals are as follows:

- Provision of sufficient new beds annually to continue the present level of 7.5 beds per 1,000 population for the annual population increase, which now exceeds 3 million persons.
- Provision of an additional 0.2 beds per 1,000 population annually in order to bring the level of all inpatient beds to 9.5 beds per 1,000 by 1970 (more than double the net advance of 0.80 beds per 1,000 population achieved in the past decade). The total gain by 1970 would be apportioned as follows:
  - 0.5 beds per 1,000 for general hospital care.
  - 0.5 beds per 1,000 for mental hospital care.
  - 1.0 beds per 1,000 for long-term care facilities.
- Replacement of old hospital plant which becomes obsolete annually (obsolete plant being defined as that 50 years old).
- Renovation and modernization over a 10-year period (estimated at $1 billion).
- Increase in outpatient care facilities to equal the net gain of the last decade for public health centers and diagnostic and treatment centers and a reasonable increase in rehabilitation centers.

Table 5. Health facility program goals, 1960–70

Purpose and type	Average annual program		
	Added capacity		Estimated cost (millions)
	Rate per 1,000 pop.	Number	
All facilities	------	----------	$1,600
Inpatient care			
All inpatient care	------	81,500 beds	1,490
Population increase at 3 million per year.	7.5	22,500 beds	405
Additional facilities for 185 million population (average).	.2	37,000 beds	590
Replacement (facilities 50 years old).	------	22,000 beds	395
Modernization	------	----------	100
Outpatient care			
Facilities for diagnosis, treatment, and rehabilitation.	------	230 units	70
Research			
At 0.5 percent of operating cost.	------	----------	40

• Increase in research on hospital planning, operation, and use.

These goals would require construction to provide annually about 81,500 inpatient beds and 230 outpatient facilities, at a total annual cost of $1,600 million, as shown in table 5. This annual expenditure is about $600 million more than the amount expended in 1958 for health facility construction. It would constitute a substantial acceleration, with important shifts in emphasis to meet changing conditions. It cannot be achieved without broad understanding and support for its underlying purposes as a national investment for health as a basic resource.

Summary

At the beginning of 1959 the Nation had 1,322,000 non-Federal hospital beds and 245,000 beds in nursing homes which provide skilled nursing care, besides about 134,000 beds for civilians in Federal hospitals.

The rate of new construction is now at an alltime peak, in current dollars, but construction costs have increased by 44 percent within the last decade.

The total gain of more than 300,000 hospital beds since 1948 appears substantial, but when offset by the increase in population it amounts to only 0.5 beds per 1,000 population for acceptable facilities.

States with rapid population growth have increased the total number of hospital beds more rapidly than States of little or no growth.

Percentage gains were greatest in low-income States, where the initial level of availability was low.

Basic standards of total need for hospital beds have decreased somewhat with operating experience in State planning, but the relatively low rates of net gain in beds for hospitals and nursing homes during the past decade in relation to population to be served, indicates a long-continued backlog of needed construction.

State planning tends toward programing for specific construction at a uniform level above present level of availability, rather than upon a uniform standard of need. This may be realistic in the light of economic differentials.

For the future, changes in emphasis to meet shifting needs and new scientific and technological discoveries are expected.

A 10-year program goal has been developed by the Public Health Service to raise the total level of inpatient beds from 7.5 beds per 1,000 population to 9.5 beds per 1,000 by 1970, with increased emphasis on mental hospitals, long-term facilities for the aged, and a modernization program. This would require an estimated expenditure of $1,600 million annually, which is about 60 percent above the present level of construction.

REFERENCE

(*1*) Haldeman, J. C.: Here are the goals for health construction. Mod. Hosp. 93: 70–74, October 1959.