TABLE 10.—*Hospital construction: Value put in place, 1946–65*

[In millions of dollars]

Calendar year	Hospital construction by ownership in current dollars [1]				Construction cost index (1957–59=100) [3]	Total hospital construction in 1957–59 dollars
	Total	Public		Private		
		Total [2]	State and local			
1946	170	85	64	85	54.0	
1947	187	77	47	110	63.5	
1948	339	213	115	126	71.6	
1949	660	458	289	202	72.5	
1950	843	499	353	344	75.8	
1951	946	527	395	419	81.7	
1952	889	495	382	394	84.4	
1953	686	369	303	317	87.1	
1954	670	333	298	337	87.8	
1955	651	300	278	351	90.4	
1956	628	300	263	328	94.8	
1957	879	354	309	525	97.7	
1958	990	390	355	600	99.4	
1959	998	428	370	570	102.9	
1960	1,006	401	345	605	105.0	
1961	1,140	369	314	771	106.3	
1962	1,382	397	342	985	108.8	
1963	1,433	403	337	1,030	111.3	
1964	1,741	440	367	1,301	114.6	
1965	1,928	494	400	1,432	118.5	
Total	18,166	7,332	5,926	10,832		

[1] Construction of health related facilities, such as nursing homes, is included.
[2] Does not include Defense Department construction.
[3] Boeckh composite cost index for apartments, hotels, and office buildings.

Source: U.S. Department of Commerce, Bureau of the Census, *Value of New Construction 1946–63, Revised* and Construction Reports C 30–65 S *Value of New Construction Put in Place 1962–65.*

In 1946 hospital construction had just begun to respond peacetime health needs of the Nation. An early postwar peak reached in 1951, by which time the "construction put in place" volume of $946 million had increased 456 percent since 1946. next 5 years was a period of declining volume culminating in a low of $628 million in 1956. All sources of funds showed decreases but the sharpest drops from 1951 were in federally projects (mainly veterans hospitals) and in Hill-Burton grar in funds (table 11). Since 1956 a strong upward trend of construction put in place has been evident. Construction Federal aid has led the field by almost tripling in volume. important factor in the rise has been a threefold increase since in the construction of nursing home beds, particularly those proprietary ownership. Currently we are riding a wave of precedented construction activity in almost every type of facility. Public interest and concern with health care has never been greater and vigorous strides to meet these expectations are bei by private initiative as well as by public authorities on n State, and local levels.

2. CAPITAL OUTLAY BY OWNERSHIP

Hospital construction data from the Bureau of the Census somewhat limited as to detail by ownership. The annual outlays for State and local governments are not published se and are therefore shown together in table 10. The same s pertains to nonprofit and proprietary hospital construction data;