

C. Health professions construction program, title VII, part B of the PHS Act (42 U.S.C. 293-293h).

D. Community Mental Health Centers, construction program—Title II of the Community Mental Health Centers Construction Act; section 202 of the Appalachian Regional Development Act of 1965. (42 U.S.C. 2681-2687; 40 U.S.C. app. 202).

E. Nursing schools construction program, title VIII, part A of the PHS Act (42 U.S.C. 296-296e).

Division of Nursing, PHS Act, as amended, particularly secs. 301, 311, and title VIII (42 U.S.C. 241, 243, 296-298f).

PART II. DATA BEARING ON ECONOMIC ASPECTS AND IMPACTS OF THE PROGRAM

9. *Economic effects*

The following are illustrations of the economic effects of these programs:

The economic impact of accidents in the United States is virtually incalculable. Accidental nonfatal injuries require nearly 40 million people a year to seek medical care, and annually result in 107 million days of work lost and 13 million days lost from school. Accidental injuries impose enormous burdens on the Nation's medical treatment facilities. The number of visits to hospital emergency rooms necessitated by injury amounts to 10 million a year. The treatment of accident cases requires the use of 50,000 hospital beds and absorbs more than 18 million hospital bed days. The loss to the economy resulting from accidental deaths and disabling injuries, particularly within the work force, are of staggering proportions. Injury control programs in the Division of Accident Prevention have resulted in the reduction of injuries and deaths in selective areas where tested preventive measures have been applied. However, estimates concerning the economic value of such services are not yet available.

Receipt of dental care is very closely linked with income level. As a result of this, only 40 percent of the American public sees a dentist even once a year. To lower the cost barrier, plans of dental prepayment or insurance are being developed. The Division of Dental Health analyzes prepayment plans of various types in different parts of the country, serves as a clearinghouse of information on such programs, and offers consultative service to groups planning and developing dental insurance programs. Approximately 1½ million Americans are now covered by plans of this kind.

It is estimated that dental diseases account for a loss from work of 85 to 100 million man-hours a year. Prevention of dental decay and control of periodontal disease, which are now quite feasible, would reduce this toll by one-half to two-thirds.

The national bill for professional dental services is about 2.5 billion dollars a year. In cities with fluoridated water, the bill for children's dental care is half or less than half the amount in nonfluoridated cities.

It has been demonstrated that children in fluoridated cities require 30 percent less orthodontia than in nonfluoridated cities.

Some groups of patients—the aged, the chronically ill, the disabled, the handicapped, the mentally retarded and mentally ill—cannot as a rule seek dental care. The dental health programs are providing support to States and communities and dental schools so that such