

Draft material for Congressman John E. Fogarty, to be presented
before American Nursing Home Association, Oct. 9, 1957,
Atlantic City, New Jersey

It is a pleasure for me to participate in this meeting. I appreciate the opportunity of meeting with you as a group and of becoming acquainted with many of you personally. For I believe that you are performing a service that is vital to the health and well-being of millions of Americans.

In the field of health, I am, of course, a layman. My years in the Congress of the United States, however, have increased my awareness of progress and problems in health. As a member and in recent years as chairman of the House of Representatives Subcommittee on Appropriations which considers health and related matters, I have had many opportunities to become acquainted with health needs in the United States today.

I have also been watching the rapid growth of such organizations as yours - organizations dedicated to finding solutions to our pressing health problems. A few years ago the American Nursing Home Association had only a handful of members, and only a few States were represented. Now you have thousands of members representing practically every State in the Nation. You have been drawn together by the need for high standards of care, by the benefits of mutual cooperation and interchange of knowledge, and by your earnest desire to brighten the later years of the millions who seek your services.

The work you are doing is of the utmost importance. As one of the senior medical officers of the Public Health Service has said:

"Nursing homes are a greatly needed part of our current cultural pattern. The nursing home in which skilled nursing care is provided and where the patient is under a physician's direction is rapidly becoming a part of the constellation of medical care facilities. It is not a substitute for a hospital. It is not a substitute for the private home. It is, in fact, an entity in the medical care field for those now frequently found occupying beds in our hospitals who could be adequately cared for in facilities designed to meet their specific needs more realistically and less expensively."

Nursing homes of this kind are an invaluable addition to our total health resources in this country. They help to relieve the shortage of beds in general hospitals. For many people, they represent new hope, new opportunity to live in decent surroundings. In our complex society, we cannot do without this type of facility. And that is why it is your job, as well as ours, to see that these facilities have the highest possible standards of care and operation.

I believe you well know the needs and the factors which have given rise to them. The control of infection, higher standards of living, better medical and hospital care are all contributing to greater longevity and to the higher proportion of older people in our population.

With a population that now exceeds 170 million people, chronic illness and the problems of aging are of tremendous national

significance. The age group 65 and over represents something over 10 percent of the population but accounts for about 40 percent of the chronically ill in this country. These older citizens occupy 22 percent of the long-term hospital beds and require between 80 and 90 percent of the nursing home beds and supplies.

These are not merely statistics, but millions of people -- many of them suffering, bed ridden, and in need of care. I know you will agree that this represents an enormous responsibility, and one in which we all share.

The 25,000 nursing homes in this country have become increasingly important resources upon which the community must depend for the care of the chronically ill and the disabled aged. The fact that over 90 percent of these homes are privately owned indicates the nature of the responsibility that you should ^{er} as operators and directors. Studies made by the Public Health Service have revealed that 71 percent of the 450,000 beds in nursing homes are in privately owned homes, whereas only 15 percent are in publicly owned facilities.

The progress you have made in less than a decade of existence as an organized association is a tribute to your initiative and your dedication to the public good. It is a demonstration of the kind of voluntary action that has served to make our country great. Cooperation among private, voluntary, professional, and governmental agencies, and the public in general, has enabled us to meet our health and welfare problems in a manner that is perhaps not duplicated anywhere in the world.

What kind of patients do you serve in nursing homes? The Public Health Service study tells us that the average age of patients in nursing homes is 80. Less than half of these patients can walk unaided. More than half have periods in which they are disoriented. Two thirds have some type of circulatory disorder.

These facts clearly indicate the need for close medical supervision and skilled nursing care.

On the other hand, most nursing homes are small, and are limited in capacity and resources. For the country as a whole, they have an average capacity of 18 beds. The size of these institutions obviously limits the amount of medical and nursing services that can be provided. It would be unrealistic to expect every private nursing home to provide all the medical supervision, and nursing and restorative services that are usually available in general hospitals and large institutions.

The point to remember, I think, is that no one expects all these services to be given in every nursing home—provided they can be made available in some other practical way. There was a time when it seemed enough for a nursing home or a rehabilitation center to operate as a separate entity, without relation to any other health or medical service in the community, but now we know we can no longer afford this separation of functions. The ultimate test of any institution providing medical or related care today is that it makes available to a patient all of the services and comforts which he may

need, oftentimes including some which the institution does not offer within its own four walls. This calls for very close coordination and good working relationships with other public and private community health facilities.

I understand that the average monthly charge for nursing home care in this country is about \$150. In the Public Health Service study, it was learned that the average cost of nursing home care ranged from \$90 to \$200 per month. It was found that approximately 50 percent of the patients in nursing homes are cared for through public funds and public assistance payments that ranged from \$55 to \$155 per month. It is obvious, therefore, that privately owned nursing homes have to keep their rates low. As a consequence they are seriously handicapped, in many instances, in the amount of medical and nursing service they can provide.

This is a serious problem, and I am happy to see that your Association has invited to this convention some of the experts in the field of medicine and public health and welfare to discuss it with you. As a group, you need help in discharging your important responsibility. But the community also needs your help in providing the services and facilities within reach of most of the families.

There are avenues of approach to this problem that can be mutually beneficial to the nursing home operators, the chronically ill and disabled aged, and to the community in general. On financing, for example, welfare departments can help by recognizing the need for increasing the amount of welfare payments for those who are cared for at community expense.

Close working relationships with State and local welfare departments can, I am sure, accomplish a great deal in adjusting the cost of the services you provide to public assistance recipients. Through conventions such as this one, your Association can help focus public attention on the problems of nursing home operators and directors and in so doing, develop support for meeting these problems.

I know that all of you are aware of the assistance you can obtain from the Small Business Administration and the Federal Housing Administration, and of the new amendments to the Hill-Burton legislation enacted by the Congress in 1954. The Congress is aware that these approaches do not solve the whole problem and is exploring for new, practical ways to aid privately operated nursing homes.

There is a vital need for private and public agencies to work together in the common task of improving the care for older people and the chronically ill. A great step forward would be the extension of health insurance plans to include nursing home fees, and broader coverage of heart, blood vessel, cancer, paralysis, and other ailments common to the elderly.

Individual institutions have a direct interest in the activities of other community agencies. For example, the policies and money paid by welfare agencies, as I indicated earlier, have a profound effect upon the care provided the indigent aged in institutions. Your Association can play - and is playing - a vital role in elevating standards of efficiency and service in nursing homes, and in gaining public recognition for their contributions.

What we are all too likely to hear about, unfortunately, are the instances of inferior services and poor management. A newspaper headline shrieking about infirm and bedfast older people trapped in a disastrous nursing home fire. A magazine feature on crowded and dirty conditions in some nursing homes. An editorial on the expensive rates and hopelessly long waiting lists in some homes. These are the things that capture public attention, that create public impressions.

Your work, patient and painstaking, seldom makes the newspapers. It is nonetheless courageous and pioneering, although largely unsung. For you are creating, out of your own mind and spirit and determination, the kind of conditions that are fashioning for the nursing home an indispensable place in the constellation of national health resources.

I can assure you that you do not stand alone in this great task. I believe you will find many helpful allies in your States and communities. The kind of leadership demonstrated here and the concerted support of all your affiliated State associations inspire this cooperation in all aspects of your work.

For example, I feel certain that State and local medical societies will, upon invitation, provide guidelines in the development and operation of medical care and rehabilitation programs for nursing home patients. Voluntary health and welfare agencies are also sources of valuable assistance.

State and local health departments are especially valuable resources that you can count upon for considerable help. On the staff of these agencies are people skilled in such fields as medical care, nursing administration, nutrition, social casework, records maintenance, health education, sanitation, safety and engineering. Most State health departments have programs in chronic disease control and health of the aging that are closely related to your work.

I understand, for example, that many State health departments offer training for nursing home personnel in patient care and education, and in nutrition. Some health departments provide professional consultation on all aspects of nursing home maintenance and operation. By working with your health department, you can help in the development of nursing home standards that are satisfactory to the operators and patients of nursing homes alike. Since the health departments in 43 States are responsible for setting standards for nursing home operation, the desirability of continuing cooperation with these agencies is obvious.

It seems to me that our nursing homes are going through the same process of maturing experienced by our hospitals. Not so many years ago, people still considered a hospital as a place to go to die. Today, our hospitals are becoming centers of preventive as well as curative medicine. They are becoming centers of life, not death.

In a very real sense, this is the future of the Nation's nursing homes, too. We know today that it is no longer necessary for older people to spend their later years merely vegetating. We know that modern medical care makes it possible for many who might otherwise be bedridden to be up and about most of the time.

Therefore, I believe earnestly that we can look forward to the day when a nursing home - like a hospital - will no longer be considered a place to go to die, but a haven of comfort and companionship which will add abundantly to the quality of living. The work of your Association is hastening the dawn of this new day. I believe you can make no more worthwhile contributions to our national health and progress.