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Review of Applied Urban Research 1976, Vol. 04, No. 10

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Recommended Citation

(CPAR), Center for Public Affairs Research, "Review of Applied Urban Research 1976, Vol. 04, No. 10" (1976). *Publications Archives, 1963-2000*. 428.
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REVIEW OF APPLIED URBAN RESEARCH

CAUR Center for Applied Urban Research/University of Nebraska at Omaha

Volume 4 OCTOBER 1976 Number 10

HOSPITAL FACILITIES IN MIDCONTINENT METROPOLITAN AREAS

As the costs of medical care continue to rise, citizens demand the best possible hospital facilities even while demanding the most economical hospital management. To determine the extent to which hospital facilities have kept pace with needs and to compare facilities in Midcontinent metropolitan areas with national averages, three factors will be considered: a) the relation between an area's hospital facilities and its population, b) the occupancy rate of an area's hospital facilities and c) changes in these factors between 1971 and 1975. Selected indicators relating to hospital facilities in 22 Midcontinent metropolitan areas are presented in Table 1.[1]

Decisions of health care planners, of course, are based on many complex criteria, of which the general averages discussed here are only two small considerations. Direct comparisons between any two areas are inconclusive because an area's health care needs depend on many factors other than geographic location and total population. In particular, it should be noted the data in this study represent total hospital beds in each metropolitan area and thus cannot reflect the availability of particular facilities such as cardiac care or infant care facilities. Secondly, population totals do not reveal the extent to which a metropolitan area's hospitals may serve state or even national needs as do hospitals in the six metropolitan areas with major medical schools located in them.[2]

Hospital Beds and Population

The most useful single measure of the adequacy of hospital facilities is the relationship between available hospital beds and population. The ratio between hospital beds and population in 1975 was higher than the national average in all except five Midcontinent metropolitan areas. Areas reporting the highest number of hospital beds per 1,000 residents in 1975 were Duluth (8.0 beds/1,000) and St. Joseph (7.9). Only Billings (3.8), Denver (4.2) and Tulsa (4.2) were lower than the national average (4.4), which was matched by St. Louis and Oklahoma City.

Occupancy Rates

Because the ratio of hospital beds to population cannot measure an area's demand for hospital facilities, another important consideration for health care planners is the average daily occupancy of an area's hospitals. Ideal occupancy rates are a delicate balance between average daily rates low enough to insure an adequate supply of available beds at times of peak demands and occupancy rates high enough to keep hospital costs down.

Hospitals in nine Midcontinent metropolitan areas in 1975 reported average daily occupancy rates lower than the national average of 75.0 percent. Dubuque reported the lowest occupancy rate (66.2 percent), possibly because Dubuque area hospital beds increased between 1971 and 1975 more than four times as rapidly as did population. Great Falls hospitals' low occupancy rate declined, from 76.9 percent to only 69.3 percent, during a period in which population increased substantially. Coupled with the fact that there was only a slight increase in available hospital beds, this would suggest a decreasing demand for hospital facilities in the Great Falls area. Occupancy rates in 1975 were highest in Billings and Topeka. Both these cities also show lower than average bed/population ratios, suggesting a potential need for more hospital facilities.

Trends Since 1971

Between 1971 and 1975, hospital beds in the United States increased by 8.7 percent while the population increased by only

[1] Hospital data are from 1971 and 1975 American Hospital Association *Hospital Statistics* which report findings from detailed annual surveys of the nation's hospitals. 1971 Current Population Reports (Census Bureau) and 1975 National Planning Data Corporation population estimates for Midlands Standard Metropolitan Statistical Areas were used to establish relationships between trends in hospital facilities and in population. No hospital data available for Casper, Cheyenne or Rapid City.

[2] Denver, Minneapolis, Kansas City, St. Louis, Omaha and Oklahoma City.

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TABLE 1
HOSPITAL FACILITIES IN SELECTED MIDCONTINENT AREAS, 1971 AND 1975

Standard Metropolitan Statistical Areas		Hospitals[a]	Hospital Beds	Percent Change	Population (1,000)	Percent Change	Hospital Beds/ 1,000 Population	Percent Change	Occupancy Rate[b] (Percent)	Percent Change
COLORADO										
Denver-Boulder	1971	22	5,572		1,266.8		4.4		77.1	
	1975	21	5,936	6.5	1,409.6	11.3	4.2	- 4.5	74.1	- 3.9
IOWA										
Cedar Rapids	1971	2	997		165.3		6.0		71.5	
	1975	2	1,126	12.9	172.4	4.3	6.5	8.3	70.5	- 1.4
Des Moines	1971	5	1,571		320.2		4.9		82.8	
	1975	6	2,150	36.9	336.4	5.1	6.4	30.6	77.7	- 6.2
Dubuque	1971	3	642		92.1		7.0		63.6	
	1975	4	714	11.2	94.3	2.4	7.6	8.6	66.2	4.1
Sioux City	1971	3	835		118.3		7.1		70.2	
	1975	3	848	1.6	120.6	1.9	7.0	- 1.4	77.7	10.7
Waterloo-Cedar Falls	1971	4	962		134.3		7.2		71.5	
	1975	4	988	2.7	136.0	1.3	7.3	1.4	71.3	- 0.3
KANSAS										
Topeka	1971	3	790		183.0		4.3		80.4	
	1975	4	896	13.4	185.3	1.3	4.8	11.6	85.2	6.0
Wichita	1971	5	2,104		383.9		5.5		79.3	
	1975	6	2,244	6.7	382.3	- 0.4	5.9	7.3	80.7	1.8
MINNESOTA										
Duluth-Superior	1971	12	2,152		268.2		8.0		77.1	
	1975	11	2,130	- 1.0	267.0	- 0.5	8.0	--	73.3	4.9
Minneapolis-St. Paul	1971	35	10,193		1,988.4		5.1		74.0	
	1975	35	10,753	5.5	2,043.3	2.8	5.3	3.9	71.7	- 3.1
MISSOURI										
Kansas City	1971	28	5,641		1,288.7		4.4		80.3	
	1975	29	6,352	12.6	1,315.5	2.1	4.8	9.1	78.8	- 1.9
St. Joseph	1971	2	622		99.8		6.2		80.4	
	1975	2	802	28.9	101.5	1.7	7.9	27.4	76.6	- 4.7
St. Louis	1971	30	9,378		2,407.2		3.9		83.0	
	1975	34	10,346	10.3	2,370.7	- 1.5	4.4	12.8	80.4	- 3.1
Springfield	1971	3	1,168		174.6		6.7		86.2	
	1975	3	1,387	18.8	193.7	10.9	7.2	7.5	83.2	- 3.5
MONTANA										
Billings	1971	2	404		89.8		4.5		75.5	
	1975	2	375	- 7.2	97.7	8.8	3.8	-15.6	85.6	13.4
Great Falls	1971	2	589		84.2		7.0		76.9	
	1975	2	596	1.2	88.1	4.6	6.8	- 2.9	69.3	- 9.9
NEBRASKA										
Lincoln	1971	7	1,072		173.1		6.2		70.2	
	1975	4	950	-11.4	183.1	5.8	5.2	-16.1	71.4	1.7
Omaha	1971	13	4,159		557.2		7.5		72.8	
	1975	13	4,303	3.5	581.1	4.3	7.4	- 1.3	73.0	0.3
NORTH DAKOTA										
Fargo-Moorhead	1971	4	750		123.1		6.1		77.3	
	1975	4	789	5.2	130.7	6.2	6.0	- 1.6	80.4	4.0
OKLAHOMA										
Oklahoma City	1971	17	2,805		717.1		3.9		79.5	
	1975	21	3,435	22.5	788.9	10.0	4.4	12.8	77.0	- 3.1
Tulsa	1971	13	2,140		553.4		3.4		73.8	
	1975	16	2,479	15.8	587.3	6.1	4.2	23.5	77.0	4.3
SOUTH DAKOTA										
Sioux Falls	1971	3	625		96.4		6.5		78.9	
	1975	3	687	9.9	98.6	2.3	7.0	7.7	82.1	4.1
22 Midcontinent SMSA's (Composite)	1971	218	55,171		11,285.1		4.9		NA	
	1975	229	60,286	9.3	11,684.1	3.5	5.2	6.1	NA	NA
Metropolitan United States	1971	2,733	617,942		130,211.0		4.7		79.3	
	1975	2,944	695,599	12.6	141,993.0	9.0	4.9	4.3	77.4	- 2.4
United States	1971	5,865	866,519		207,006.0		4.2		76.7	
	1975	5,875	941,844	8.7	212,796.0	2.8	4.4	4.8	75.0	- 2.2

[a]/Non-federal, short-term general or other special hospitals other than psychological and tuberculosis hospitals.

[b]/Occupancy rate is the ratio of average daily hospital census to average number of available beds.

Sources: Data for fiscal years ending nearest September 30, 1971 and 1975, as reported in *Hospital Statistics, 1971 and 1975* (Chicago: American Hospital Association, 1972 and 1976); 1975 population estimates from National Planning Data Corporation, Ithaca, New York; 1971 population estimates from *Current Population Reports*, U.S. Department of Commerce.

2.8 percent. As a group, the 22 Midcontinent areas experienced a more rapid population increase than did the nation and Midcontinent hospital facilities improved at an even faster rate. Thus in 1975 there were 4.9 hospital beds per 1,000 residents of these Midcontinent metropolitan areas in comparison to a national average of 4.4 beds per 1,000 residents.

In comparison to all metropolitan areas in the nation, the Midcontinent areas experienced slower increases in both population and hospital facilities, but maintained a higher ratio of hospital beds to population. In nearly one third of the metropolitan areas studied, the ratio of hospital beds to population decreased, although ratios remained higher than the national average in all these areas except Denver and Billings. Denver's 1975 ratio of hospital beds to population was lower than the average but this does not appear to suggest a shortage of hospital facilities when related to Denver's declining average daily occupancy rates during this period, even in the face of rapid population growth. Billings' low hospital bed/population ratio, however, occurred at the same time as a decline in total hospital beds and an increase in occupancy rates.

The ratio between hospital beds and population increased most rapidly between 1971 and 1975 in Des Moines and St. Joseph. Both these cities substantially increased their inventories of hospital beds without decreasing the 1975 occupancy rate below the national average, suggesting that increases in hospital facilities corresponded to increasing needs in these two areas.

The nation's average hospital occupancy declined from 76.7 percent to 75.0 percent between 1971 and 1975. Midcontinent metropolitan areas were almost evenly divided between those in which average daily hospital occupancy rates increased and those in which they declined. Billings and Sioux City experienced the sharpest increases in hospital occupancy rates during the past four years; Great Falls saw the sharpest decline.

Summary

In relation to the United States, most Midcontinent metropolitan areas studied had more available hospital beds per 1,000 residents, although the 1975 average daily occupancy of those beds was higher than the U.S. average in more than half of them.

No single indicator can demonstrate the extent to which hospital facilities meet the needs of area residents, and this is even more evident when working with annual and metropolitan area-wide averages. However, it can be seen that the ratio of hospital beds to population and average daily occupancy rates are valuable components in an assessment of hospital facilities. The only Midcontinent area in which both the bed/population ratio and the average daily occupancy suggested a shortage of hospital facilities was Billings, where the number of hospital beds has decreased during a period of rapid population increase. At the other extreme, both indicators suggested a surplus of hospital facilities in Dubuque, although the occupancy rate there improved between 1971 and 1975.

Linda Ferring

ATTITUDES OF AREA RESIDENTS REGARDING THE AMERICAN RED CROSS

Major Findings

A random sample of 662 Douglas and Sarpy County residents were interviewed between August 4 and 10, 1976, to determine their attitudes toward the Douglas/Sarpy County Red Cross and their knowledge of Red Cross services. The survey included residents of nine subareas: northeast (102 residents), northcentral (121), northwest (66), southeast (88), southcentral (66), and southwest Omaha (62); Bellevue (52); rural Douglas County (53) and rural Sarpy County (52). Responses are summarized in Table 1.

The following brief analysis of responses describes public awareness of Red Cross services, evaluation of these services and opinions about Red Cross purposes.

Slightly more than four of five people (84 percent) were aware of Red Cross programs and services. Blacks and other racial minorities were slightly less likely to be aware of Red Cross services (77 percent) than whites (84 percent), as were residents of northeast Omaha, Bellevue and rural Sarpy County (each 79 percent). The 103 individuals who replied that they were not aware of the Red Cross were asked no further questions about their attitudes or knowledge of the programs.

More than three of four area residents who were aware of the Red Cross rated Red Cross services either excellent (37 percent) or good (42 percent). Respondents under 35 years of age were more likely to rate them high. Some respondents showed reservations, rating services fair (6 percent) or poor (3 percent). The proportion of respondents rating services poor increased with age. Men were almost three times as likely as women (20 percent vs. 7 percent) to rate services fair or poor. (Men were a smaller proportion of the sample population than they are of the total population, suggesting that the reported proportion of fair and poor ratings understates negative evaluations.) Bellevue residents were least likely to rate services excellent; southwest Omaha residents were most likely. Minority respondents were twice as likely as whites to rate services only fair (11 percent vs. 6 percent). Those from families of Red Cross volunteers or blood donors rated services slightly higher than did other respondents. Similarly, those who had received Red Cross services were more likely to rate Red Cross services excellent (45 percent) than those who had not used them (30 percent). Twelve percent of area respondents said they did not know how to rate Red Cross services.

Reasons for poor ratings among a small segment of the population may have been reflected in responses about characteristics of the Red Cross disliked by area residents. The aspect disliked by most respondents (6 percent) stems from encounters while in military forces, with older residents and males most heavily represented. Contrary to what might have been anticipated, Bellevue area residents were less likely to mention negative

TABLE 1
ATTITUDES OF AREA RESIDENTS REGARDING THE AMERICAN RED CROSS

Variable	Total Number of Respondents	Are you aware of Red Cross programs and services? Yes (Percent)	No (Percent)	Don't Know (Percent)	IF YES: Number of Respondents	How would you rate Red Cross services? Excellent (Percent)	Good (Percent)	Fair (Percent)	Poor (Percent)	Don't Know (Percent)	What do you consider the most important purpose of the Red Cross? Blood Bank (Percent)	Swimming Lessons (Percent)	Military Assistance (Percent)	Help in Need (Percent)	Disaster Assistance (Percent)	Other (Percent)	Don't Know (Percent)
Total	662	84	15	1	559	37	42	6	3	12	8	0	3	34	42	3	10
Sex:																	
Male	151	80	18	3	124	33	39	10	10	10	13	1	2	27	42	4	11
Female	511	85	15	0	435	38	43	6	1	13	6	0	3	37	42	3	9
Age:[a]																	
Under 35	289	83	17	0	240	42	43	5	1	9	8	0	1	37	41	3	10
35-55	164	90	10	0	148	32	45	8	3	12	9	0	5	32	43	2	9
Over 55	208	80	18	1	170	36	37	7	4	16	7	0	2	34	42	5	10
Race:[b]																	
White	601	84	15	1	512	38	42	6	3	11	8	0	3	33	44	3	9
Other	60	77	23	0	46	30	35	11	2	22	11	0	2	52	17	4	13
Location:[b]																	
Northeast Omaha	102	79	18	3	84	41	33	7	2	17	11	0	5	38	29	4	14
Northcentral Omaha	121	82	17	1	100	32	43	6	5	14	8	0	0	33	44	3	12
Northwest Omaha	66	83	17	0	55	38	49	2	6	6	7	2	6	33	46	0	7
Southeast Omaha	88	84	16	0	74	39	45	5	0	11	12	0	4	31	39	5	8
Southcentral Omaha	66	83	15	2	56	39	41	5	0	14	5	0	0	39	43	2	11
Southwest Omaha	62	94	7	0	58	48	35	3	2	12	5	0	2	31	48	7	7
Bellevue	52	79	21	0	41	24	56	10	5	5	0	0	5	42	37	7	10
Rural Douglas County	53	94	6	0	50	34	44	10	2	10	10	0	0	40	46	0	4
Rural Sarpy Dounty	52	79	21	0	41	37	34	12	2	15	7	0	2	24	54	2	10

[a]/One respondent refused to state his age; one refused race.

[b]/Sectors of Omaha are bounded by 42nd, 72nd and Dodge Streets.

experiences with the Red Cross in the military forces than to mention the fact that the Red Cross charges for its services, citing this as a dislike more than three times as often as did the area population as a whole (17 percent as compared to 5 percent). Fewer residents of Bellevue and rural Sarpy County had no dislikes. Attitudes of the area population as a whole were quite positive; 86 percent of area residents who were aware of the Red Cross said they disliked nothing about the organization.

Asked what they considered the most important purpose of the Red Cross, 42 percent identified disaster assistance, often commenting about the Red Cross role following the Big Thompson Canyon (Colorado) flood, which occurred the week before interviewing began, and the 1975 Omaha tornado.

Another 35 percent considered the general mission of helping any people in need the most important Red Cross function. Only 8 percent referred to the blood bank program as most important and 3 percent to military assistance, although these may be aspects of "helping those in need." Racial minority groups were most likely to cite the general helping mission and least likely to cite disaster assistance.

In summary, responses indicated that a clear majority of area residents were aware of Red Cross services, rated them either excellent or good and could identify nothing about the Red Cross they disliked, although nearly half of them had never used any of those services. They believed the most important purposes of the Red Cross were to aid disaster victims and anyone else in need.

Very few negative attitudes were voiced. More prevalent were those who were not aware of Red Cross services and those who said they were aware of them but could not state the purpose of the Red Cross.

Comparison to National Attitudes

The current Douglas/Sarpy County survey of attitudes toward the American Red Cross parallels two earlier surveys performed by a private agency for the national office of the American Red Cross. Probability samples of approximately 1,500 United States residents aged 18 and over were interviewed in 1969 and 1974 to measure public attitudes toward the American Red Cross to reveal any public misconceptions and to assist in staffing volunteer programs. Local responses paralleled national responses in the three major areas of inquiry and showed one significant variation.

As was true in Douglas and Sarpy Counties, a majority of national respondents also rated Red Cross services in the highest two of five categories ranging from extremely good to poor, 59 percent in the nation as compared to 79 percent in Douglas and Sarpy Counties. As in the Omaha region, women and people under 35 years of age rated services slightly more favorably than did men and older people.

Asked what they disliked about the American Red Cross, most national respondents said they had no dislikes and this was true of a greater percentage in 1974 (76 percent) than in 1969 (69 percent). The two items disliked most by Omaha area respondents were also cited most often in the 1969 national survey--bad military experiences (6 percent of Omaha area respondents, 8 percent in the nation) and the charge for Red Cross services (5 percent in Omaha, 8 percent in the nation). However in 1974, negative impressions of Red Cross assistance to military personnel and their families had almost disappeared and the complaint that the American Red Cross doesn't help enough was cited most frequently (8 percent of U.S. respondents, 1 percent in Omaha).

Asked to rate the importance of specific Red Cross services, 94 percent of the national respondents rated disaster assistance as extremely or very important and 88 percent considered helping the needy of equal importance. Although the question was asked differently in the national survey than in the Douglas/Sarpy survey, opinions about the two most important Red Cross services again corresponded.

The national interviews revealed one significant difference from the current local interviews. Nationally, black respondents rated both the effectiveness and the importance of American Red Cross services markedly higher than did white respondents. Responses of nonwhite Omaha area respondents more often suggested that they have had very little contact with Red Cross programs.

URBAN LITERATURE REVIEW: DOCUMENTING U. S. WOMEN

A Statistical Portrait of Women in the U.S. U.S. Bureau of the Census Current Population Reports: Special Studies: Series P-23; No. 58. (Washington, D.C.: U.S. Government Printing Office, April, 1976. 90 pp. $2.10.)

1975 Handbook on Women Workers. U.S. Department of Labor Employment Standards Administration, Bulletin 297. (Washington, D.C.: U.S. Government Printing Office, 1976. 435 pp. No price.)

Women-Owned Businesses, 1972. U.S. Bureau of the Census. (Washington, D.C.: U.S. Government Printing Office, March, 1976. 277 pp. $4.40.)

The first government document including information about women in the work force was the Census of 1870. The first entire document on working women was a special report compiled from previously unpublished data from the Census of 1900, for reasons emphasized in the cover letter:

> . . .The importance of the subject with which the report deals has been emphasized in the annual messages of the President of the United States and also by the passage at the recent session of Congress of an act providing for the investigation of the individual, social, moral, educational and physical condition of women workers in the United States.
>
> from Letter of Transmittal for *Statistics of Women at Work*
> S. N. D. North, Director
> United States Bureau of the Census
> May 20, 1907

It is therefore no surprise that the International Women's Year (1975) provided sufficient incentive to generate a deluge of new government documents on women. Three of the most prominent 1976 issues are *A Statistical Portrait of Women in the U.S., 1975 Handbook on Women Workers* and *Women-Owned Businesses, 1972.*

All three documents relate to the goals of the International Women's Year to promote equality between men and women and to support the full integration of women into the economic, social and cultural life of their countries. The value of the documents varies greatly, according to the sources of the data, the method of presentation and the subjects encompassed.

The *Statistical Portrait* is the most superficial of the three, and is thus most useful as an overview or an introduction. However, it is based primarily on estimates of sample populations from the Census Bureau's Current Population Surveys, and can thus present estimates to 1975 in many subject areas.

To show the changing role of women in the U.S. during the 20th Century, most data in the *Statistical Portrait* is presented for women in the nation as a whole, often categorized by five- or ten-year age intervals, and usually with historical comparisons, reaching back to the early 1940's Current Population Surveys whenever data are comparable. The format is almost entirely tabular with no analysis, and the consistent approach to the question of equality by comparing the nation's women to the nation's men makes this as much a statistical portrait of men as of women. This format emphasizes the significance of data such as the increasing discrepancy between female and male median incomes and the increasing number of families with female heads.

The subjects encompassed are primarily demographic and vital-statistics oriented, with brief sections on labor force participation, income, political participation, and crime. Only three instances of previously unpublished data were noted: 1967 birth expectations (Table 5-3), 1972 and 1974 candidates for public office (Table 11-13) and 1960 education level--age correlations (Table 13-11). Separate sections on black and Spanish women are of some value, but the potential of the volume as a reference is limited by its lack of an index or of any state or Standard Metropolitan Statistical Area classification of the data.

The Labor Department's *1975 Handbook on Women Workers* is more detailed in format and subject matter and, as one would expect, more complete in the areas of employment and unemployment. Tables are supplemented by bar graphs with newspaper-headline captions and extensive analysis of significant relationships among items of data, giving the *Handbook* the appearance and tone of a textbook.

Nearly all data is presented on a national level with quite detailed age, industry and wage categories. Occasionally 1974 data is available, but most is from 1972 and 1973 Bureau of Labor Statistics and President's Manpower Commission series and special reports.

The *Handbook* is problem-oriented, with tables and graphs constructed to highlight specific discrepancies between working women and men or specific trends. This leads to very useful data on industry-group employment of women, showing uncomfortable similarity to industry-group employment of women reported in the previously-cited 1900 Census Special Report,[1] and on women's unemployment, an area of increasing significance to which only one table was devoted in the *Statistical Portrait*. The *Handbook* section on unemployment uses data from 1947 to 1974, including age, sex, race and reason-for-unemployment comparisons.

The *Handbook* also includes projections of employment opportunities for women by industry group and summaries of laws and government programs relating to women's employment. Its usefulness as a reference is augmented by a detailed index.

The third document, *Women-Owned Businesses in 1972*, is much more restricted in subject and much more complete in depth, presenting almost entirely previously unpublished compilations from the 1972 economic censuses and Internal Revenue Service returns. The first in a series of special surveys of women-owned businesses, the document is a joint project of the Office of Minority Business Enterprise and the Census Bureau, reporting data from all women-owned firms filing tax returns, regardless of their gross receipts. Number of firms, gross receipts and number of paid employees are reported in selected one- to four-digit SIC categories for the nation, regions, states, counties and SMSA's.

Although the survey can show no historical trends and relates to only a small portion of the women in the work force, it is the only one of the three sources to provide for analysis of regional and urban related differences a) between business women and their male counterparts, b) between similar businesses in different geographical regions or urban areas of different sizes, or c) between different types or sizes of businesses within the same area.

The three documents are all typical of the statistician's tendency to compile data as an end in itself, documenting some relationships that will be found to have absolutely no potential for increasing our understanding of the significance or the problems of women in business. However, all three statistical approaches demonstrate the existence of some noteworthy differences between the sexes in their effects on the nation's economic system and its effects on them. L.F.

[1]The narrow range of employment for women in 1900 was illustrated by the categories selected for focus in the 1907 study: servants and waitresses, laundresses, seamstresses, dressmakers, milliners, textile mill workers, saleswomen, clerks and copyists, stenographers and typewriters, teachers, farmers. All except the last of these categories is represented in the Department of Labor finding that more than two-fifths of women employed in 1974 were secretaries, saleswomen, bookkeepers, private household workers, elementary teachers, waitresses, typists, sewers and registered nurses (*Handbook*, p. 91).

ANNOUNCEMENT

The Division of Housing Research and Services of the Center for Applied Urban Research has received a grant from the Administration on Aging of the U.S. Department of Health, Education and Welfare to assist in establishing a national policy on housing for the elderly. Because large numbers of reasonably healthy retired persons, living alone or as couples, are a comparatively new phenomenon in this nation, there is need for a clear, coherent national policy on aging. Three methods will be used to determine how the Federal government can best serve the housing needs of the elderly: (1) a conference of national experts on Housing Policy and Age, (2) a survey of existing legislation and literature on housing and the elderly, and (3) interviews with elderly recipients of Federal housing assistance in ten cities across the nation.

The study will be a joint effort of the Center for Applied Urban Research and UNO's Gerontology Program. William B. Rogers, Coordinator of the Housing Division, and Dr. Bill Bell, Research Coordinator for the Gerontology Program, will be Co-Principal Investigators for the study. Other principal staff will be Dr. Paul S.T. Lee, CAUR Research Associate, and Professor F. Charles Powell from the Gerontology Program.

WHAT IS CAUR?

The Center for Applied Urban Research (CAUR) is an interdisciplinary research component of the College of Public Affairs and Community Service of the University of Nebraska at Omaha. The primary goal of the Center is to contribute to the solution of problems plaguing urban society. To achieve this, the following objectives have been established:

- to conduct research
- to provide technical assistance and consultation to governmental and other agencies
- to collect and disseminate data on urban conditions
- to contribute to the educational experience of students

The Center's research staff of ten full-time professionals includes five Ph.D.'s (in economics, geography, political science, sociology, and statistics) and a senior government official on assignment from the U.S. Department of Housing and Urban Development. Graduate and under-graduate students with training in urban planning, social work, criminal justice, economics, history, political science, and other urban-related skills, as well as faculty members from other departments of the University of Nebraska and Creighton University, are available to the Center as needed for various research projects.

The Center has a full-time urban information and statistical data coordinator and its own library containing over 5,000 documents concerned with urban Nebraska, the Mid-Continent and the United States.

The Division of Housing Research and Services fosters cooperation among University colleges and departments in a long-term, comprehensive program of education, research and services on the full spectrum of housing concerns and problems in the Omaha metropolitan region, the state of Nebraska and the nation with special attention to housing for low- and middle-income families.

The research staff serves on city, state, regional and national advisory committees and boards to make available the Center's research findings and conclusions to decisions on urban problems.

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REVIEW OF APPLIED URBAN RESEARCH

Vol. 4 October 1976 No. 10

Published monthly by the Center for Applied Urban Research as a public service and mailed free upon request in Nebraska. Annual subscription rate outside Nebraska $3.60. The views and opinions expressed in the *Review* are those of the individual authors and do not necessarily represent those of the University of Nebraska at Omaha. Material in this report may be reproduced with proper credit.

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