

1-1-2011

Unmet healthcare Needs of Native American Populations in Douglas and Lancaster Counties

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(CPAR), UNO Center for Public Affairs Research, "Unmet healthcare Needs of Native American Populations in Douglas and Lancaster Counties" (2011). *Publications since 2000*. 99.

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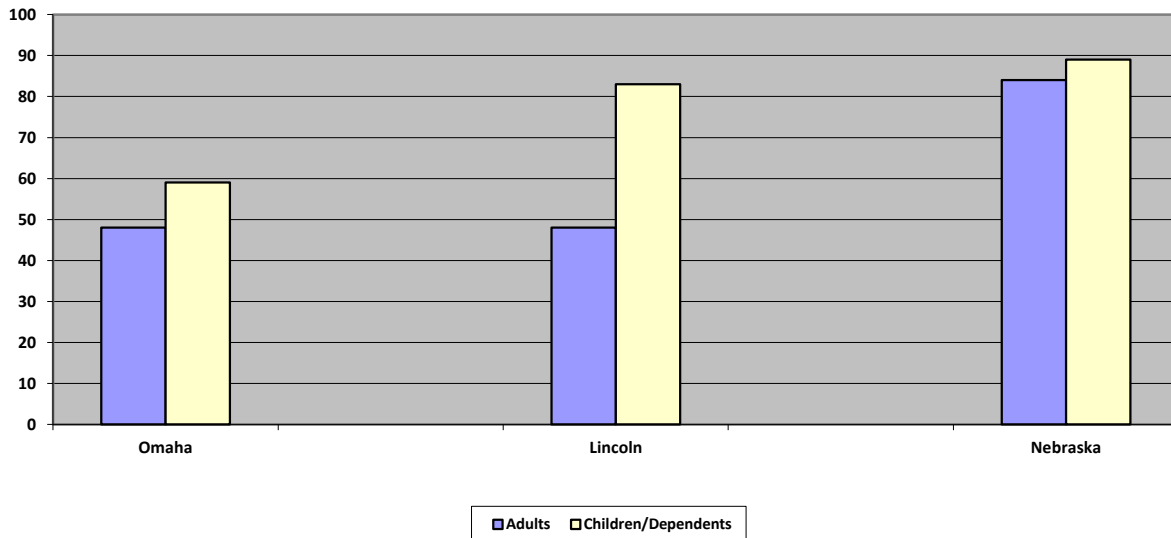
In 2010 The UNO Center for Organizational Research and Evaluation (CORE) completed a comprehensive study of the problems and unmet healthcare needs of Native American populations (approximately 3,700 persons) in Nebraska's Douglas and Lancaster counties for the Nebraska Urban Indian Health Coalition (NUIHC). The major findings of this analysis are in the four study areas: 1) healthcare insurance coverage, 2) healthcare services and usage, 3) satisfaction with services and 4) perceptions of personal and community health; and are as follows:

Health Insurance Coverage

- Over half (52%) of Native American adults in both Omaha and Lincoln reported having no healthcare coverage of any kind for themselves. [1] This compares with an overall uninsured rate of 15.5% of all Nebraska adults.[2]
- Of those with children and dependents, only 59% in Omaha have coverage for them (75% covered by Medicaid/SCHIP5 and 25% by private insurance). By comparison, 89% of all Nebraska children have medical insurance coverage.
- Significantly more Native Americans in Lincoln (83.0%) have coverage for their children and dependents (90% Medicaid/SCHIP, 5% private insurance and 5% Medicare).

Figure 1 shows the percentage of Native American adults and children/dependents in Omaha, Lincoln and all of Nebraska who have public or private insurance coverage.

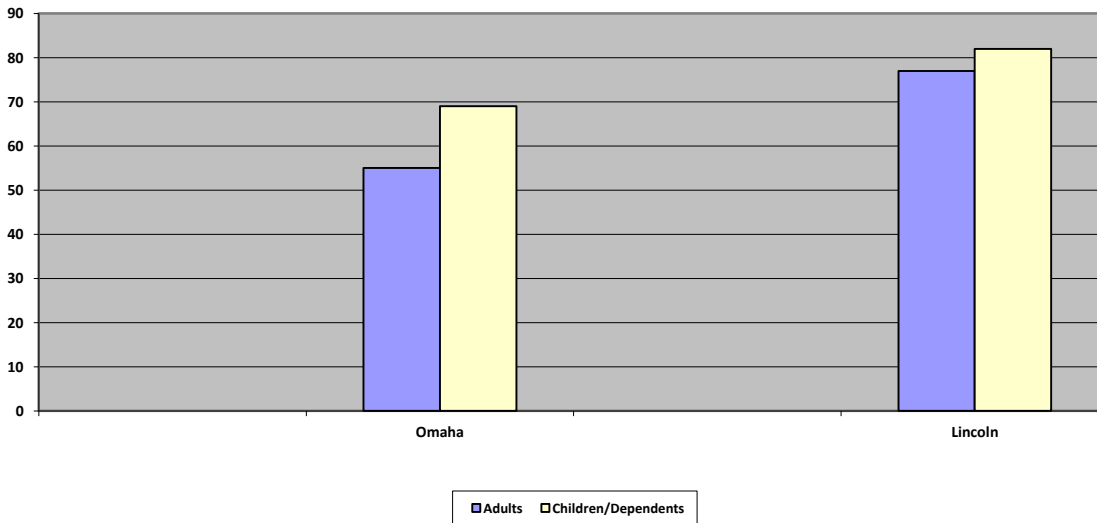
Figure 1. Percent of Native Americans Covered by Health Insurance for Omaha, Lincoln and Nebraska



Satisfaction with Healthcare Services

- Of the 48% of Native Americans who have public or private medical insurance, only slightly more than half (55%) in Omaha said their coverage meets their needs. Respondents in Lincoln expressed more satisfaction with their coverage as over three-fourths (77%) said it meets their needs.
- Of those with coverage for their children or dependents, a smaller proportion in Omaha (69%), also feel that their coverage meets their needs compared to 82% in Lincoln. Figure 2 shows the percentages of respondents satisfied that their coverage for themselves and their children/dependents meets their needs.

Figure 2. Percent Native Americans Who Feel Their Insurance Coverage Meets Their Needs for Omaha and Lincoln

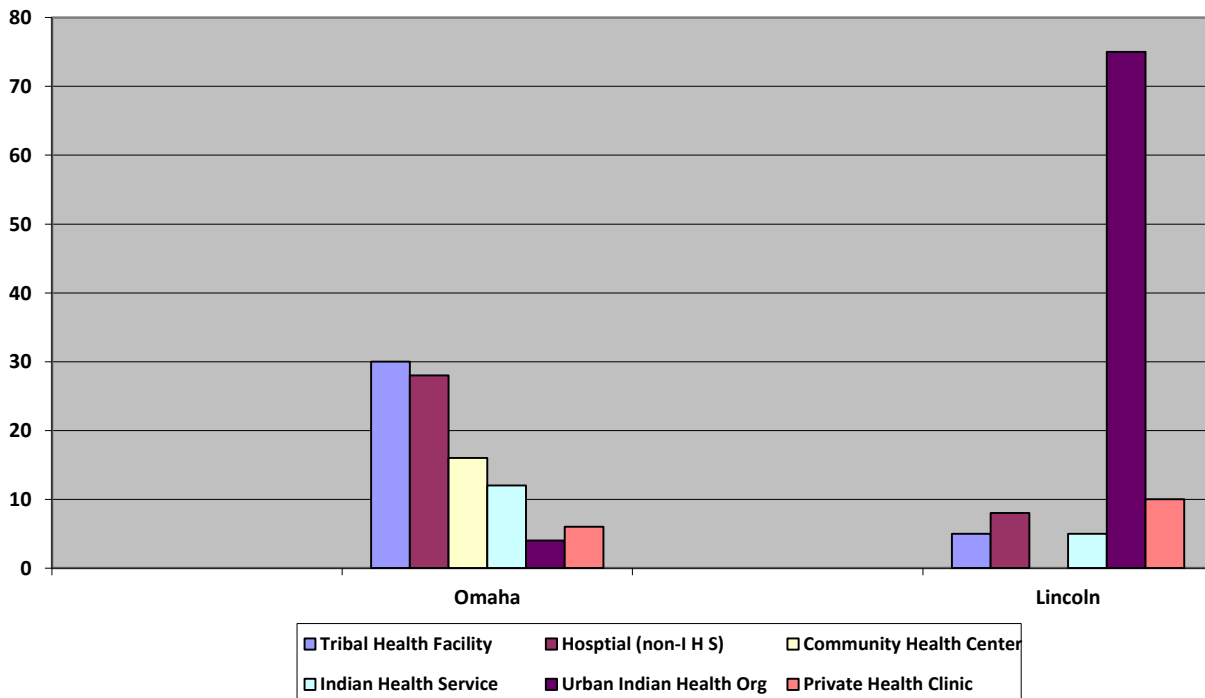


Healthcare Services and Usage

- Despite very low rates of medically-insured (48% in both Omaha and Lincoln), about 84% of Native Americans in both cities received health services within the past 12 months.
- A majority of respondents in Omaha (30%) received most of their services at a tribal health facility (a clinic on or off reservation), slightly fewer (28%) go to a hospital (non-Indian Health Services), 16% go to a community health center (free or public clinic), and 12% use an Indian Health Service facility.
- In contrast, three-fourths (75%) in Lincoln received most of their services at an urban Indian health organization (compared to only 4% in Omaha), 10% use a private health clinic (doctor in private practice or HMO), 8% go to a hospital (non-Indian Health Services) and only 5% use a tribal health facility.

Figure 3 shows the types of healthcare facilities where Native Americans in Omaha and Lincoln receive most of their services.

Figure 3. Type of Healthcare Facilities where Native Americans Receive Most Services for Omaha and Lincoln



[1] From the 2010 CPAR report prepared for the Nebraska Urban Indian Health Coalition entitled *Native American Health Needs Assessment: Omaha and Lincoln, Nebraska* by R.K. Piper.

[2] U. S. Census Bureau: 2007 Current Population Survey (CPS); Annual Social and Economic (ASEC) Supplement.