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The State of Black Omaha 1994: Health Care and Criminal Justice: Executive Summary

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THE STATE OF BLACK OMAHA: 1994

HEALTH CARE & CRIMINAL JUSTICE

EXECUTIVE SUMMARY



State Of Black Omaha: 1994

Health Care & Criminal Justice Executive Summary

December 1994

The State Of Black Omaha: 1994

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State of Black Omaha: 1994

Executive Summary

By Urban League of Nebraska, Inc.

Summary and Findings

This report touches on two critical areas of concern: Health Care and Criminal Justice. Its purpose is to identify areas of disproportionate impact which hinder civil rights objectives and obstruct an open society.

In April of 1992 the Urban League co-sponsored with the University of Nebraska Medical Center and Creighton University a symposium on health entitled "Healthy People 2000." This review of community health care leads one to question whether minorities are being adequately integrated into the primary health care delivery system. The conference further revealed that there was a paucity of health information on Blacks and other minorities. So while the nation debates a new direction in health care, Blacks in the State of Nebraska continue to demonstrate inadequate health status. Unless all of the health system agencies gather this information, it will be difficult to address the real health needs of the black community.

We know that Americans are living longer in 1994 than ever before. It is therefore safe to say that the overall status of the American people has improved. Much of this improvement can be attributed to major advances in medical technology, health and medical research and better utilization of a new and diversified workforce. However, this improvement in health is not consistent across the board, particularly where Blacks, Hispanics, Native Americans and this country's poor are concerned. In addition, Blacks face the daily impact of crime on their families and neighbors especially those of lower economic means who struggle daily with inadequate housing, limited education, and lack of job opportunities.

Douglas County Blacks are overrepresented in the criminal justice system, from sentencings to death row. This coupled with the fact that more black men are in prison than in college, paints a disturbing picture. With homicide the fifth leading cause of death among black males in Douglas County, violent crime is indeed a health problem.

We are convinced that we must place greater emphasis on prevention and the eradication of those factors that contribute to the overrepresentation of Blacks sentenced and in prison. However, information on the problem of overrepresentation is incomplete. We need increased access to court records and related criminal justice information so that we can more clearly identify those factors responsible for overrepresentation. Improved access will require increased cooperation from law enforcement and judicial officials.

Health care and criminal justice, while seemingly incongruent have a common bond in the poor outcomes that arise from lack of preventive measures. For instance, the National Urban League reports that the "health gap between affluent, well educated people and poor and poorly educated has greatly widened during the past three decades" (*The State of Black America 1994*).

The following suggested actions proposed by the Urban League could go far in closing this gap.

- Expand prevention programs aimed at substance abuse, AIDS, infant mortality, homicide, cancer, teen pregnancy, hypertension, and others.

- Create partnerships with community-based organizations to deliver health services.
- Solicit consumer and provider input to planning and evaluation, especially in promoting family-oriented, community-based care.
- Design and deliver health education programs targeting Blacks and the illnesses prevalent in this group that consider the beliefs and attitudes of Blacks toward health care and their unique lifestyles and practices.
- Reinforce the behavior of providers to ensure that health care services are “user friendly.”
- Require state and federal government officials to review practices to reduce barriers.
- Require program monitoring by local, state, and federal governments for quality, cost, and access.

This report, by providing local health and criminal justice data serves to broaden our understanding of the problem so that we can begin to work together to solve it.

Advisory task forces were formed to further the discussion of health care and criminal justice status of Blacks in Omaha and Douglas County and to make policy recommendations. Task force members included the following: George Dillard and Aletha Gray, Urban League of Nebraska, Inc.; Magda Peck, University of Nebraska Medical Center; John Weston, Douglas County Health Department; John Whittington, Mt. Nebo Baptist Church; and Judith Carroll, Charles Drew Health Center. Other members were: A’Jamal-Rashad Byndon, United Catholic Social Services; Joyce Harrison, North Omaha Alcoholism Counseling Program; Darryl Lowe, Public Defender; and William Williams, Clair Memorial United Methodist Church.

The section on “Health Status of Blacks” was written by Alice Schumaker and Jerome Deichert from the Center for Public Affairs Research, University of Nebraska at Omaha. The “Crime, Criminal Justice and the Black Community” section was written by Miriam DeLone and Vincent Webb, Criminal Justice Department, UNO. Joyce Carson, UNO Center for Public Affairs Research, was responsible for the word processing and layout.

Health Status of Blacks

Key Findings

Health care remains an issue of concern to black Americans. They continue to be disproportionately represented among the young, the poor, the homeless, and the unhealthy. American Blacks' chances of dying as infants and from homicide, stroke, cirrhosis, diabetes, and AIDS are two or more times greater than those of Whites (Hale, 1992).

Health status, as used in this report, indicates health conditions and serves as a surrogate for economic, social, cultural, and other life factors. The larger issues of poverty, education, employment, and housing have significant impacts on health.

Although there is a general lack of health data collected by race or ethnic group, the following statistics provide a somber background in which to view the health status of Blacks in Douglas County.

- Black infants die at a rate 2.6 times higher than white infants.
- Black infants are born at low birthweight (less than 1500 grams) 2.4 times more often than white infants.
- 27 percent of births to black women are to teenagers.
- 75 percent of all births to black women are to single women.
- Black women (65 percent) are less likely to receive prenatal care in the first trimester of pregnancy than are white women (86 percent).
- 25 percent of black mothers did not graduate from high school.
- 58 percent of black children had not received complete immunizations by age 2.
- Black women had 47 percent of all AIDS cases in females.
- Blacks have the highest age-adjusted incidence and mortality from cancer of any population group. In Nebraska, Blacks are twice as likely to die from cancer as Whites.
- Blacks have higher rates of heart disease, cancer, and adult diabetes than Whites.
- Top 5 causes of death by years of life lost are perinatal, heart disease, cancer, accidental death, and homicide.

High infant mortality rates are reflective of medical circumstances and complex quality-of-life issues that contribute to infant death. Risk factors which jeopardize healthy pregnancy and birth include maternal age, race, marital status, education, onset of prenatal care and socioeconomic status. Infants of black women who are young, single, undereducated, and poor face high risks.

Immunizations are required before going to school, yet barely over 50 percent of all children in Douglas County receive all their immunizations by age 2. Although cost of immunization from private physicians has risen, Douglas County immunization clinics are available at little or no cost.

Since there is no evidence to suggest that Blacks are biologically more susceptible to AIDS than Whites, the difference in disease rates are likely due to differences in risk behaviors, existence of co-conditions, and lack of access to early diagnosis and treatment (National Research Council, 1989).

High incidence of hypertension among Blacks is a major contributing factor to heart disease. Contributing factors for cancer incidence and survival rates are 1) knowledge, attitudes, and practices, including exposure to tobacco and alcohol, diet/nutrition and occupation; 2) health and medical resources, and 3) other variables including biological factors and socioeconomic status.

The 1991 Omaha Conditions Survey of Blacks in North Omaha showed that respondents:

Had a greater likelihood of going to a hospital than a private physician for health care.

Took a longer time to get to the doctor and a longer time to see the doctor once there than in other parts of the city.

Were more likely to rely on some type of public payer for at least part of their doctor bill than were respondents from other areas of the city.

Were less likely to have a particular dentist and less likely to visit the dentist than other respondents.

After a review of the data presented in the report, the advisory task group identified barriers to health care for Blacks in Douglas County. These barriers included poor transportation; low incomes; lack of information, especially for teens; a health system that is not user-friendly; and a fragmented care system. Of great concern to the group was poverty among young people, multiple births to young mothers, low immunization rates, and the number of teenage homicides. Increased substance abuse, especially by pregnant women and mothers of small children was seen as a major contributor to other health problems.

The advisory group recommended that more disease-specific and race-specific health data be collected and be made available to health researchers, agencies, and organizations interested in racial minority or ethnic group health issues. Improvement in the collection of hospital discharge data by race or ethnic minority is needed.

Crime, Criminal Justice, and The Black Community

Crime and criminal justice are issues that have special meaning for black Americans. Blacks are disproportionately represented in crime and victimization statistics, and the scenario for young, black males is even more sobering. Nationally, almost one in four black men in the age group 20-29 is either in prison or in jail, or on probation or parole on any given day. White men show a ratio of one in sixteen. Women under criminal justice control show similar statistics with 1 in 37 for black women and 1 in 100 for white women. Black men are overrepresented nationally on death row and in execution statistics.

Violent crime is a leading health problem in America, Nebraska, and Douglas County, as shown by the following data.

- Homicide is the fifth leading cause of death for black males in Douglas County.
- In Omaha, a black male is about eight times more likely than a white male to die as a homicide victim.
- In Nebraska, Blacks are arrested at four times their representation in the population.
- Nationally, more young black males are in prison than in college, while four times as many young white men are in college as in prison.
- In Nebraska, 20 percent of all jail inmates were black.
- In Nebraska, 33 percent of all prison inmates were black.
- 46 percent of Nebraska inmates who had their parole revoked were black.
- 53 percent of homicide victims and 60 percent of homicide perpetrators in Nebraska were black.
- Arrests of black youths increased at a higher rate than their representation in society.

Results of the 1991 Omaha Conditions Survey showed the following about crime and police in Omaha.

- Nonwhite respondents were somewhat more likely than white respondents to say they were “very worried” about crime.
- White respondents were somewhat more likely to say that the crime problem had gotten “worse” than nonwhite respondents.
- 81 percent of Omaha nonwhites surveyed agreed that police are more strict in some neighborhoods than others.

- 64 percent of Omaha nonwhites surveyed agreed that police officers are prejudiced against minority persons.

The advisory task force recommended that a better system of data collection (especially by race and ethnic group) be implemented from all agencies in the criminal justice system. This would provide more accurate and detailed data about Blacks in the criminal justice system. The group also recommended a study of the risk factors, including socioeconomic factors that influence people to commit crime.

References

- Hale, C. 1992. "A Demographic Profile of African Americans" in Health Issues in the Black Community.* San Francisco: Jossey-Bass.
- National Research Council. 1989. *Aids: The Second Decade.* Washington, DC: National Academy Press.
- Omaha Conditions Survey: 1991. Center for Public Affairs Research, University of Nebraska at Omaha. (Unpublished).
- The State of Black America 1994.* Annual publication of the National Urban League. Billy J. Tidwell (ed.). New York: AG Publishing.

Data Sources

Nebraska Department of Health
Douglas County Department of Health
Federal Bureau of Investigation: Uniform Crime Reporting System
Nebraska Commission on Law Enforcement and Criminal Justice's Crime in Nebraska
Omaha Homicide Research Project
Nebraska Department of Corrections Annual Report

Urban League of Nebraska Mission Statement

The Urban League of Nebraska is an affiliate of the National Urban League, based in New York. It is governed by an interracial Board of Directors and operated by an interracial staff.

The mission of the Urban League of Nebraska is to provide or assist in the provision of programs and other societal activities designed to improve the social and economic conditions of blacks and other disadvantaged and disenfranchised group members in the State of Nebraska. To accomplish its mission, the Urban League works to effect a coordination of efforts and cooperation among other concerned agencies, organizations, businesses, labor unions, churches, and the local, state, and federal governments as they work toward developing an open, pluralistic, integrated society.

The Urban League will also serve as an advocate in matters affecting these constituent groups in the metropolitan Omaha area. It will provide public forums through which people of differing ethnic, economic, and social backgrounds can exchange views for the purpose of developing understanding and acceptance of each other's differences and similarities as well as an appreciation of their contribution to the total community.

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