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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.

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.

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

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In relation to the United States, most Midcontinent metropolitan areas studied had more 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 had increased during the period under study. 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, 1975, 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), southwestern (68), and southwest Omaha (82); Bellevue (52); Douglas Counties (83) and rural Sarpy County (82). Responses are summarized in Table 1. The following brief analysis of responses describes public awareness 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 fourths of area residents were aware that the Red cross rated Red cross services either excellent (37 percent) or good (46 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, and the area's northeast 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 volunteer blood donors were 15 percent more likely than the remainder of the sample who had not used them (20 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 character-istics 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 experiences of Red Cross personnel with patients, ordering food, and taking care of patients, than were respondents from other parts of the county. The only group of residents significantly more likely to mention such negative experiences was the older (60 and over) residents of Sarpy county.

Summary

2.8 percent. As a group, the 22 Midcontinent areas experienced a more rapid population increase than 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 hospital both and hospital facilities, but maintained a higher ratio of hospital beds to population. In nearly one third of the metropolitan areas 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 trend 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 as a decline in total hospital beds and an increase in occupancy rates.

The ratio between hospital beds and population increased more 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 in 1971 to 74.0 percent. A hospital occupancy between Midcontinent metropolitan areas was almost evenly divided between those in which average daily hospital occupancy rates increased and those in which they declined. Red Cross services that were experienced the sharpest increases in hospital occupancy rates during the past four years; Great Falls saw the sharpest decline.

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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 had had very little contact with Red Cross programs.

URBAN LITERATURE REVIEW: DOCUMENTING U.S. WOMEN


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 rather than by five- or ten-year age intervals, and usually with historical comparisons, reaching back to the early 1900’s. The Portrait includes data on industry-group employment of women, showing the changing role of women in the U.S. over time. The data is limited by its lack of an index or of any state or Standard Metropolitan Statistical Area classification of the data.

The Handbook 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 a consistent similarity to industry-group employment of women reported in the previously-cited 1900 Census Special Report, 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 NEW Handbook also includes projections of employment opportunities for women by industry group and summaries of laws and government programs relating to women’s employment. It uses data as a reference by augmented with a detailed index.

The third document, Women-Owned Businesses in 1972, is more restricted in subject and much more complete in depth, presenting almost entirely previously unpublished compilations from the 1972 Census of Women-Owned Enterprises 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 SMSAs.

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 to provide analysis of regional and urban related differences across 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 national economic system and its effects on them.

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

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 undergraduate 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 and Research 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.

Research findings are published monthly by the Center as a public service and distributed free in Nebraska. Annual subscription rate outside Nebraska is $3.60.