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Utilization of Services by Omaha's Older Mexican-Americans

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UTILIZATION OF SERVICES
BY
OMAHA'S OLDER MEXICAN-AMERICANS

Dr. Genevieve Burch
and
Carole M. Davis



Center for Applied Urban Research
University of Nebraska at Omaha

1979

Supported in part by University of Nebraska Center on Aging

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The authors are indebted to all who assisted in this project. The interpretation of the research results and the meaning of the results for service providers and the Mexican-American community are the responsibility of the authors.

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* The Spanish version is not in the same order as the English version because of the format in which the Spanish version is to be printed.

UTILIZATION OF SERVICES BY OMAHA'S OLDER MEXICAN-AMERICANS

INTRODUCTION

Today's elderly population has become a major focus of concern. Modern technology and improved health care have contributed to longevity and consequently increased the senior citizen population. Lay (1975) has estimated that by the year 2000 approximately 25 million elderly will be living in the United States.

Many of our nation's elderly face problems related to health care, transportation, shelter, socialization, crime, and income. These problems make it difficult for them to continue to be productive citizens who enjoy an independent, satisfying life-style.

Recognition of these problems has been instrumental in developing both Federal and state assistance to address the needs of this target group with programs and services.

The Problem

The problem that this research addressed was to determine the needs of the Mexican-American older population in Omaha, Nebraska.

According to the March, 1978 Bureau of the Census supplement (1978, p. 1), 12 million persons in the United States were reported to be of Spanish origin. About 7.2 million were Mexican. Of those 7.2 million, approximately eight percent were 55 years of age and older. The 1970 census reported only 6,490 Spanish-speaking persons in the Omaha Standard Metropolitan Statistical Area. However, estimates of the current population by leaders in the Mexican-American community, the schools and by other reports (Nixon, 1979) placed

the population between 20,000 and 30,000. These sources suggest that considerable increase in the population has occurred since 1970. In addition, the 1970 figure is considered significantly smaller than the actual figure because of under-reporting, the problems of undocumented aliens, and the tendency to under-report persons in lower socio-economic categories.

If the Census Bureau estimates that eight percent of the Mexican-American population is over 55 years of age are used, then the Omaha population would be between 519 and 2,400.

A problem with both assessing needs of and providing services for the Mexican-Americans in Omaha is that the concentration is not great in any one area. The 1970 Census reported only 28 percent of persons of Spanish-speaking ancestry in the census tract most densely populated with Mexican-Americans. The other five tracts reporting the most persons of Spanish-speaking ancestry varied from 10 percent to 20 percent.

The Mexican-American elderly are even less concentrated. One of the assumptions often made is that they live with their children. Much of the literature relevant to the familial structure of Mexican-Americans supports this assumption. Because kinship ties are strong, most of their needs are believed to be met by their children as opposed to outside agencies. This assumption may contribute to the lack of knowledge regarding the target population's location.

In early 1979, the Center for Applied Urban Research received two small grants to study the needs of the Mexican-American older population in Omaha. The Nebraska Mexican-American Commission granted funds to determine the needs of older Mexican-Americans in several Omaha neighborhoods, the current knowledge about and utilization of services, and factors that caused under-utilization.

The Institute on Aging of the University of Nebraska granted funds under its public service grants to cover additional neighborhoods in the original study and to work with service providers to improve services based on the results of the study.

A complaint often voiced by administrators and service personnel is that those persons who most need the services do not use them. The most needy include the disabled, low-income, and minority groups. Under-utilization is caused by several factors. These include cultural, economic, spatial, and practical barriers. In addition, organizational and systems factors such as location of services, times of operation, and cost and availability of transportation may also contribute to under-utilization of services by some segments of the elderly population.

In order to increase utilization of service of a target population or to plan for new services, these three questions should be answered:

1. Is a particular service needed?
2. Does the population perceive that it is needed?
3. How can the service be most effectively organized and delivered?

The approach of the research part of this study was to do a needs assessment to answer the above questions for Omaha's older Mexican-Americans. The focus of the service segment of the study was to enable Omaha's service providers to improve utilization of current services by older Mexican-Americans or to develop new needed services based on the research. The remainder of this report is in four sections: 1) an overview of the population and cultural factors that need to be considered in providing services to Mexican-Americans, 2) a description of the research design, 3) the research results, and 4) recommendations to service providers and an outline of CAUR's service activities. Appendix A consists of the research instruments; Appendix B, the tables with the research data, a rough draft of a proposed brochure of services, and a map; and Appendix C, the bibliography.

AN OVERVIEW OF MEXICAN-AMERICANS

In order to make the results of this needs assessment more meaningful, an appreciation for and understanding of the Mexican-American people, their life-style, and cultural heritage are necessary.

Mexican immigration to the United States dating back to the 1920's fluctuated greatly with a large number of people migrating here for a few years and then returning home to Mexico. Repatriation occurred partly on a voluntary basis by those Mexicans who wished to return to their native land as they grew older. However, forced return was also common as demonstrated in "Operation Wetback" during the 1950's.

Such events make difficult an accurate representation of Mexican-American elderly currently in the United States. In addition, the Mexican-American population has a high fertility rate and an earlier mortality rate as compared to Anglo-Americans. Thus, the number of elderly Mexican-Americans would appear to be quite small in proportion to the young. (Moore, 1971, pp. 30-32).

Kinship. The Mexican-American family structure is characterized by an extended family system with very strong kinship ties. Loyalty to the family members and responsibility for helping each other in times of need are integral aspects of the family functions. "The important elements are the interpersonal and intergenerational relationships and the interdependence rather than the strictly physical or geographical proximity of family members" (Maldonado, 1975, p. 213).

Religion. Their religious beliefs are very strong. The dominant religion is Catholicism, and the church plays an important role in the lives of Mexican-American people. It is the social center, second only to family and friends.

Economic Status. Awareness of these cultural variants is important whether seeking information about or providing services to the Mexican-American population. Also important is keeping the socioeconomic status of the Mexican-American in mind. Although they have a long history as hard workers, the jobs they have held have been primarily in unskilled manual labor. When they migrated to the United States, they did so at a time when demand was great for labor in railroad work and agriculture. As technology advanced, their menial skills were no longer needed, resulting in the migratory syndrome or in unemployment.

Their unemployment rate is 170 percent higher than that of the national average. They are believed to be the most socially disadvantaged group of people in the United States with the exception of Native Americans.

Education. In addition to unemployment, the Mexican-American also has a very low level of education. Monteil (1975, p. 41) states, "About 20 percent of Chicanos age 25 or over have less than a sixth grade education." Moore (1971, p. 34) cites similar findings obtained in 1960 from Census Bureau records concerning the elderly stating, "Ninety percent of the Mexican-Americans over 65 had eight or fewer years of education."

Lack of education, unemployment or under-employment, and an inability to speak English typify many Mexican-Americans. These aspects, of course, are intensified in the elderly Mexican-American population.

Health. Many problems of the elderly are exacerbated by physical changes associated with aging such as loss of hearing, decreased mobility, diminished sight, and an array of other maladies commonly associated with old age. Heart disease, cancer, and strokes are the major causes of death, and nutritional problems are found at all levels (Raya, 1975, p. 31). In addition, mental and neurological dysfunction may occur in many elderly as well.

To compound these problems many Mexican-Americans, because of culture and/or poverty, fail to practice preventive health care with treatment often occurring late, resulting in hospitalization.

Furthermore, the curandero or "folk healer" may be the person solicited to cure health and social problems, as the curandero serves the same purpose in the Mexican-American culture as does the priest, physician, or social worker (Garcia, 1971, p. 277).

Mental Health. Mental health services are utilized even less than medical services because of a strong family orientation that prevents seeking help outside the family structure. Barrera (1978, pp. 43-44) suggests that mental health service utilization is not due to cultural factors per se but to a lack of bilingual workers and inadequate service to this population.

Nutrition and Housing. Little evidence is found in the literature on either the nutritional or housing patterns of older Mexican-Americans. The assumption has been that because of the close family ties, the elderly live and eat with their families. Furthermore, because of the high fertility rate, older persons are likely to have children in the household throughout their lifetimes.

RESEARCH METHODS

A needs assessment is similar to market research in nature; that is, the needs assessment attempts to describe a population's need for, use of, and potential use of a product or service. Obviously, a needs assessment is applied research in that both the study design and the research questions are developed to answer practical questions for program planners rather than to respond to theoretical issues of causality.

Study Design

The study was descriptive in nature in that it attempted to describe one target population and its needs for and utilization of services. The study had three segments:

1. A survey of service providers for the elderly in the geographic area to determine the services available for the elderly, numbers of elderly Mexican-Americans currently being served, and the impressions of the service providers of the needs of this population.
2. A survey of leaders of the Mexican-American community to gain insight into the issues of service delivery to the elderly and to determine their impressions of the needs of their older population.
3. A survey of older Mexican-Americans to determine their life situations, their knowledge of services, utilization patterns, and factors that would help explain under-utilization.

The Target Area

The target area was concentrated in South Omaha to the south and east of the stockyards. The stockyards have provided employment for Mexican-Americans since the 1920's. Three areas can be delineated. One is the area directly south of the stockyards from 36th Street on the west to the railroad tracks. The second area is east of the railroad tracks extending to the Missouri River on the east and from Harrison Avenue on the south to Interstate 80 on the north with the largest concentration south of Missouri Avenue. The third area is north of Interstate 80 to Pacific Street and from the railroad tracks on the west to the river on the east. A map is included in Appendix B, Figure 1.

Population and Sample

The research focus was on the total population of older Mexican-Americans and all service providers in the target area. While the results of this study can only describe Omaha's older Mexican-Americans, the insights have wider application to service providers.

The Service Providers. The service providers were defined as all

agencies providing health and welfare services to older persons in the target areas. The providers included religious, income support, nutrition, mental health, and safety organizations.

Initial telephone calls were made to 29 service providers to elicit cooperation. A list of the services contacted and their responses to the initial questions can be found in Appendix B, Table 1. Mental health services are not represented in this list because providers of these services reported no Mexican-Americans on their caseloads and felt that lack of knowledge would make their suggestions unhelpful. A total of 27 was eventually interviewed, some more than once.

Community Leaders. Community leaders were defined as persons recognized as leaders by their peers. They were selected using a sociometric approach in which leadership is attributed to those persons most frequently mentioned as leaders by members of that group. Initially, boards of directors and staff of the three major Mexican-American agencies in the area were asked to identify leaders. These people were then asked to identify additional leaders. A total of 15 persons was interviewed as leaders. Most had been mentioned three or more times. Respondents represented a wide variety of occupations, economic statuses, and perspectives.

The Older Mexican-American Population. The study was originally designed to be attached to an area random sample of all Mexican-American households in the three census tracts with the highest proportions of Mexican-American populations. A set of questions for older persons was to be administered in households where they were present. The household study was subsequently canceled. An area random sample was thought inappropriate for locating older Hispanic persons. Since the census tract with the highest proportion of Mexican-Americans had only 28 percent in that category, those households with both Mexican-Americans and elderly would be

too sparse for this technique. The strategy developed to locate the older persons is described by DiMartino (1979). It was basically a non-random availability technique where the community leaders, service providers, and respondents were asked for names of older persons. A total of 98 persons was interviewed with 80 fitting all criteria of age and ethnic background.

Data Gathering Methods

The data from all three groups were gathered using interviews. Focused, unstructured interview schedules were used for both community leaders and service providers. The interview schedules, revised and shortened on the basis of the experience of the investigators, are found in Appendix A. A structured interview was used for the target population. This instrument was pre-tested on younger Mexican-Americans, aged 35 to 50, and translated into Spanish. Interviewers had both English and Spanish versions and used the language in which respondents were most comfortable. The instrument is found in Appendix A.

Interviewers were Mexican-Americans from the community. Many were the community leaders who had been interviewed previously.

Interviewers were trained in two practice sessions using the schedule. Effort was made to deal with problems that others have found with using indigenous interviewers. These problems are summarized by Weiss (1977) and Myers (1977).

THE RESULTS

The results are presented here with two perspectives. One is to compare the responses from service providers, community leaders, and the target population concerning perception of, utilization of, and need for services. The other perspective is to determine some of the reasons for

under-utilization of services by older Mexican-Americans. The results are presented in five sections: 1) description of living styles, 2) perceived need for services, 3) services currently available and knowledge of these services, 4) utilization of services, and 5) factors that affect utilization.

Living Styles

The Mexican-American culture is believed to be characterized by strong kinship bonds. Older members are thought of as a vital part of the social structure who are provided for by the extended family.

Some authors, however, have suggested that this relationship (the relationship between the Mexican-American family and its older members) should be studied further (Moore, 1971) and (Maldonado, 1975). They question whether the extended family is still functional in the face of upward social mobility and the economic and social pressures it brings to the family. These authors are concerned that the assumption that older Mexican-Americans are cared for by their extended families may be dysfunctional in providing necessary services.

For example, Maldonado (1975, p. 213) says, "Public and private social agencies may find it convenient to use these generalizations to cover their inadequate services to older Mexican-Americans and their lack of understanding of these people. Governmental social agencies in 'respecting the culture' may be avoiding their responsibility to provide services since they place the responsibility on the Chicano family. At the same time, the agencies are not providing the family with the resources for making needed services available to the aged."

To determine whether traditional values prevail within Omaha's Mexican-American community, community leaders were asked what they thought the current role of the elderly is within the family. The majority responded that older Mexican-Americans are still very much respected and are thought

of as the ultimate authority within the family. They remain the center of tradition, and children are taught to respect them. One respondent said, however, "The elderly are supposed to be the head of the family but this is no longer so, unless they are strong and control the money."

Community leaders were asked if they thought there were many elderly Mexican-Americans living alone. The majority of the respondents thought that most older Mexican-Americans were living with their families. For example, one respondent said that it was uncommon for older Mexican-Americans to be living alone because the extended family is alive and well.

Several community leaders, however, disagreed. One respondent said, for example, that he felt the majority of older Mexican-Americans were living alone. Other respondents indicated that many older Mexican-Americans were living alone, but their families checked on them regularly. Another respondent said there were older Mexican-Americans living alone because they had no children or relatives to care for them.

The majority of community leaders indicated that older Mexican-Americans preferred to live independently from their families. Several respondents felt that older Mexican Americans were concerned about being a burden on their families. Even though older Mexican-Americans preferred to be independent, several respondents felt they appreciated having friends and families visit them on a regular basis.

These latter results from community leaders reflect the actual living patterns of the target population. Of the older Mexican-Americans surveyed, 74 percent lived alone or with only their spouses, and only 26 percent lived with friends or non-spouses. Seventy-three percent reported that they owned the houses in which they lived. The actual percentage of older Mexican-Americans living alone is probably even greater than reported here. The manner in which the respondents were located suggests that respondents

were more socially involved than those who were isolated.

Perceived Needs of Older Mexican-Americans in Omaha

Community leaders reported many problems facing older Mexican-Americans. The language barrier was the most often mentioned problem. The implication was that inability to speak the dominant language affects communication with those outside the Mexican-American community. Two-way communication must take place in order for services to be rendered. Lack of information about available services was the second most frequently mentioned problem. Transportation and the need for more and better health care were also felt to be priority needs.

Other needs which the leaders felt should be addressed were housing maintenance, more recreational or social outlets, consumer education, problems of a fixed income, the lack of concern of the community toward older citizens, and the need to educate older Mexican-Americans about their rights to receive services without feeling as if they were begging for a handout.

The language barrier was also most frequently cited by service providers as a cause of under-utilization of services. Transportation and lack of information about services were other needs frequently cited by service providers.

The target population was asked if the items cited above were not a problem, a somewhat serious problem, or a very serious problem. The problem most frequently reported as very or somewhat serious by respondents was language, 63 percent. Others most frequently listed as very or somewhat serious were services for older persons (57 percent), losing the culture (51 percent), education (51 percent), and transportation (45 percent). Table 2 in Appendix B shows the full distribution.

Table 1 shows the responses of the three respondent groups on perceived needs. Because the community leaders and service providers were asked this question as an open-ended question and the target population was asked for each problem area, the responses are not directly comparable.

TABLE 1
 PROBLEMS REPORTED AS SOMEWHAT SERIOUS OR VERY SERIOUS
 BY OLDER MEXICAN-AMERICANS COMPARED WITH PERCEIVED NEEDS
 BY COMMUNITY LEADERS AND SERVICE PROVIDERS

	Percent of Older Mexican-Americans Reporting Problem Somewhat or Very Serious (N=*)	Perceived Need of Older Mexican-Americans	
		Community Leaders (N=16)	Service Providers (N=27)
Language	67	60	80
Services for older persons	60	-	-
Welfare service	41	-	-
Losing the Hispanic culture	74	-	-
Education	61	47	-
Transportation	51	27	50
Employment	57	-	-
Recreation	43	13	-
Health services/care	46	20	-

* N varies with problem areas referred to.

The three respondent groups were in agreement only about the language problem. The service providers seemed to suggest that language and transportation were the major problems in obtaining services. They did not suggest a lack of services. Community leaders added education about services and education in general. The target population expressed a greater need for specific services.

The needs for bilingual service, general services for the elderly, education, and transportation were supported by responses to other questions by the target population. Nineteen percent of the older respondents read only Spanish, and 11 percent could not read at all. Thirty-seven percent reported no formal education, and another 35 percent reported fewer than six years of formal education. This information supports their expressed needs for some kind of technical assistance and/or bilingual help in gaining services.

Thirty-four percent of the older Mexican-Americans drove their own cars; 50 percent were driven by family/friends. These figures were significantly lower than for older Nebraskans in general as reported in DiMartino (1979). Six percent reported that transportation was a problem in getting health services.

Only four percent reported welfare as a source of income. This supports the findings that general social services for older persons are a problem in this population, since 90 percent of the respondents reported incomes that would be in the Department of Agriculture's low income or poverty level. The problem may originate from the Mexican culture with its strong emphasis on work and pride or from the manner in which services are offered.

Services Available to Older Mexican-Americans in Omaha

Services available to both older persons in Omaha and within the

boundaries of the Mexican-American communities are examined in this section. A look is taken at whether the target population knew about the services available and if they did, how did they learn of these services.

Services Available in the Omaha Area. Numerous social services are available throughout Omaha and surrounding areas. A Human Service Directory compiled by Midlands Information and Referral Agency (MIRA) provides information about nearly 500 non-profit health, welfare, recreational, and educational agencies located throughout Douglas and Sarpy Counties in Nebraska and Pottawattamie County in Iowa. The information contained in the directory was gathered from a computerized resource file which is constantly being updated. Most of these services, however, do not specifically serve the elderly.

The Eastern Nebraska Office on Aging is the major service delivery agency for the elderly within the Eastern Region of Nebraska. ENOA provides extensive health, nutrition, socialization, and outreach programs. For example, the agency operates a major multi-service center for senior citizens in Downtown Omaha which provides health maintenance, education, recreation, and craft programs. Within Douglas and Sarpy Counties the agency operates 19 health maintenance centers and 23 nutrition sites. Nutrition sites are multi-purpose in that educational and social activities are also available. Special services exist through the Senior Companion and Friendly Visitor/Telephone Reassurance programs which are particularly helpful for senior citizens who are alone and isolated. In-patient and long-term care can be obtained through Douglas County Hospital. A draft copy of a brochure describing ENOA programs is found in Appendix B.

Services Available to Older Persons in the Mexican-American Community. Twenty-six providers within the southeast Omaha area, within or near the Mexican-American community, whose services could be presumed to be needed

by older persons were contacted. A list of these programs and response from them is found in Appendix B. Most programs were not organized to relate specifically to the elderly and their needs. Only the Eastern Nebraska Office on Aging sites in the area were organized specifically for the elderly.

Few services were organized around the needs of Mexican-Americans. The Indian-Chicano Health Center, the Chicano-Awareness Center, and the G. I. Forum were the exceptions. These three groups, however, had few older Mexican-Americans among their clients. The Health Center's focus is on families especially those with young children; the Chicano-Awareness Center reported that it has the Head Start program, Community Information, education service, and other technical assistance. The G. I. Forum was established to aid Mexican-American veterans and to further Mexican-American culture.

In summary, many services and programs for the elderly exist in the Omaha area. Only one of these services is geared to older Mexican-Americans. Within the community are several service and advocacy programs geared to Mexican-Americans, but none list more than six older persons among their clients. The issue here is, if the services already exist, what if any effort should be made to provide the service to a specific ethnic sub-culture?

If the services do exist, why are older Mexican-Americans not being served? Service providers, by their responses in Table 1, Appendix B, seem to suggest that older Mexican-Americans aren't aware of the service because of language and can't get to services because of transportation problems.

Community leaders were not asked about the national services. However, they indicated little knowledge of services offered to older Mexican-Americans by Omaha agencies outside the Mexican-American community. Several respondents said they knew that the Eastern Nebraska Office on Aging had a lot of

services available but were unable to name any of them specifically except for the local nutrition site.

The Douglas County Food Stamp Office and Greater Omaha Community Action (GOCA) each received one mention by respondents. Some of those who responded felt that GOCA's services were mostly for Blacks.

The community leaders were aware of the agencies in the Mexican-American community. The ones most frequently mentioned were the Indian-Chicano Health Center and the nutrition site.

Most older Mexican-Americans in the survey were aware of programs available nationally for older people. Ninety-two percent knew of Social Security, 87 percent knew of food stamps, and 72 percent had heard of welfare. Many programs/services for the elderly in Omaha were also known by respondents. They had heard of the senior citizens' center (74 percent), Meals on Wheels (72 percent), Senior Citizens' Discounts (71 percent), Handibus Transportation (64 percent), Homemaker Chore Service (41 percent), Retired Senior Volunteer Program (40 percent), Home Health Care Program (33 percent), and Friendly Visitor (29 percent).

The older target population was not asked the knowledge questions for specifically local services. However, 84 percent did know of a local place that served hot meals, and a number of respondents mentioned the Chicano Awareness Center as a resource if they had legal problems.

Use of Services

Eight of the community leaders said older Mexican-Americans in Omaha were not using services that were available to them. Two community leaders reported that services were being used but qualified this by saying that older Mexican-Americans used services only if they knew about them. Another three community leaders felt older Mexican-Americans used only minimal services such as the nutrition site at Our Lady of Guadalupe Church.

Initial telephone calls made to 29 service providers revealed a concern by them that they had little data to provide because they were serving few Mexican-Americans. Many had no older Mexican-Americans among their clients. Even those which did serve the target population reported only a few. These data can be seen in Table 1, Appendix B.

The data from the Mexican-American older respondents confirmed the fact that services are under-utilized by them. Of the services mentioned in the interview only Social Security was used substantially (78 percent). The others were utilized as follows: senior citizen center (16 percent), food stamps (12 percent), Meals on Wheels (12 percent), Senior Citizen Discounts (11 percent), Handibus Transportation (11 percent), Home Repair Service (9 percent), and welfare (8 percent). Fewer than 5 percent of respondents used all other listed services. Table 3, Appendix B has the full data.

In summary, older Mexican-Americans appear to utilize some services and not others. Neither lack of awareness of the program nor transportation is the whole reason for under-utilization. For instance, Social Security and welfare are both known by a large percentage of respondents. Social Security is highly utilized, but welfare use is reported by only four percent.

The need for the services has been established previously. The task now is to determine barriers to utilization and to suggest ways for overcoming those barriers. In the remainder of this report, the focus will be on local Omaha services or the local offices that administer state and national programs.

Barriers to Utilization

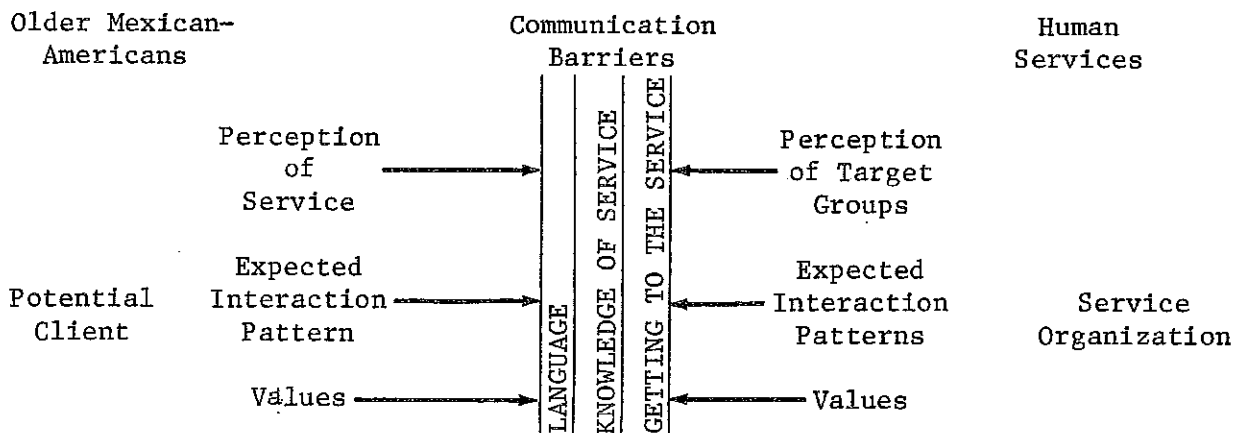
Community leaders, service providers, and the older Mexican-Americans contacted during this study as well as in previous research on utilization

of services suggest a number of barriers to utilization of services. These barriers fall into two broad classes, communication barriers and structural barriers.

Communication barriers are factors which affect getting potential clients and service providers in contact with each other. Structural barriers are factors which affect the ways in which potential clients and the services interact with each other while receiving and providing services. Structure refers to the patterns or established ways in which social institutions, either informal as a family or formal as an organization or bureaucracy, organize their roles and role interactions to fulfil the goals of the institutions. In order for roles from two structures to interact, some congruence in role expectations must occur between them. Obviously, of the two types of barriers, the structural barriers are more difficult to overcome because the roles, rules, expectations, values, and norms of social institutions are rooted in the cultures or subcultures of persons acting in those roles.

The situation for older Mexicans and services is diagrammed in Figure 1.

FIGURE 1



Three communication barriers are easily recognized: 1) awareness of the service and/or information about getting the service, 2) language difficulties between clients and service providers, and 3) the ability to get to the service. The latter includes not only transportation but factors such as times of operation and locations of services. These barriers need little explanation.

Too much emphasis appears to have been placed on language and communication skills and access to media, especially by service providers. In a previous section many of the programs, especially national programs, were found to be well known. This means that other barriers may be more important.

Three barriers can be distinguished in the structures of both the Mexican-American community and the service organizations: 1) incongruent perceptions about each other, 2) incongruent interaction expectations, and 3) values of each that stand in the way of services.

Incongruent Perceptions. Older Mexican-Americans, even if they know about a service, may not understand their own eligibility for this service. They fear red tape, being "asked for papers," and exorbitant costs. They also are afraid they won't know how to act in a new situation.

Service providers not understanding this perspective are exasperated with potential clients who need their services and know about these services yet fail to use them. They want the clients to get needed services and to trust providers professional expertise.

Incongruent Interaction Expectations. Mexican-Americans, especially older ones, expect interaction to be based on ascribed status: that is, age, sex, and family status are important. In most of their life situations other than work, this is true. On the other hand, interaction in most human services

is based on achieved status with roles organized on bureaucratic principles. Interaction is based either on the performance of specific tasks, task expertise, or on a supervisory basis.

When an older Mexican-American with the above expectation enters a clinic and is asked to fill out a form or wait in line or is told that he is in the wrong place and is given little help in finding the right place, no wonder he hesitates to return.

Values. The Mexican-American culture has some values which hinder service. Among those that have been identified in the literature and by community leaders in Omaha are:

1. Fatalism. The Mexican-American culture, especially for older people, promotes some fatalism about personal fortunes and death. They feel little control over what happens to themselves and consequently fail to take preventive or early curative measures. "God's will" or "it's my time to die" are responses to many illnesses.
2. Pride. Older Mexican-Americans believe that physical health, mental health, companionship, and care for the sick, old, disabled, and poor are functions of the family. Consequently, if one needs these services, it is evidence of family failure.
3. Privacy. Invasion of privacy may deter older Mexican-Americans from inquiring about services. In the Mexican-American culture personal matters are generally handled in small groups of family members or long-time friends. Seeking outside advice or assistance could be uncomfortable in that it would require confiding in strangers such as agency personnel.
4. Personal modesty about the body. The culture of older Mexican-Americans requires that the body be covered especially for women. Medical practice in many hospitals requires complete undressing even for minor problems. This is considered a deterrent to both preventive medicine and solving the minor health problems. It must be a major problem to go through the ordeal of undressing before strangers.

Service providers also have some values which hinder the provision of services to some ethnic subcultures.

1. Professional Expectation of Client/Professional Interaction. The client must recognize the need for service to be able to utilize the services. This value tends to prevent human service organizations from doing any outreach.

2. Professional Perception of Clients. Professionals tend to emphasize an impersonal view of clients, focusing on problems rather than the whole persons.
3. Professional Behavior. Mexican-American clients experience difficulty, to some extent, because of the standardized behavior of various professions. For instance, physicians often fail to explain their treatment adequately and what is expected of the client. Mental health professionals expect clients to help work out their own problems. Mexican-Americans generally want a more authoritarian approach.

If service providers want to serve this target population adequately, some change must occur. The final section of this report makes some tentative suggestions.

SUMMARY OF PLANNING RECOMMENDATIONS

The previous sections on services available in Omaha and their utilization by older Mexican-Americans lead to the following summary.

- 1) Older Mexican-Americans in Omaha need a wide variety of services.
 - 2) A wide variety of services to older people is available in the Omaha areas.
 - 3) Older Mexican-Americans are in only those local services geared specifically to Mexican-Americans.
 - 4) Communication and structure appear to stand in the way of full service for older Mexican-Americans.
- In order to bring clients who need services into contact with the services offered, both the communication and the structural barriers must be addressed.

Structural Barriers

Those structural barriers associated with rational organizations are more readily addressed than those associated with a general subculture. Listed below are some of the structural and administrative changes suggested by respondents and in the literature that might improve services to this target population.

Three major areas have been suggested for attack:

1. Intake and Referral. Suggestions have been made that intake workers should be friendly, outgoing, personal, and helpful. Language should be simple and concrete. Workers should volunteer help with forms and with getting referred services. Intake workers should discuss with clients their expectations from the service.
2. Role of Professionals. Professionals should try to establish personal rapport with client, reach out actively, and follow-up with drop-outs. The clients' life situations and culture should be understood. Professionals should be able to adapt their response patterns to patterns which most closely enable clients to receive proper services.
3. Administrative Processes. Location, hours of operation, and cost of services should be adapted to specific client populations. Outreach by bilingual workers should be encouraged. Bilingual staff and public relations material should be readily available. Staff training and supervision should concentrate on implicit values and procedures which prevent services.

In service delivery when one partner of an interaction has more power than the other, the more powerful partner must work to build a sense of trust in the less powerful partner. The powerful partner must also prove over time that he/she is trustworthy.

By attempting to adapt to the subculture, services can prove that they really want to serve older Mexican-Americans.

Implementation of some of these practices could be a major focus for human service agencies in their organizational planning and staff development. In the meantime, some steps can be taken to attack the communication barriers that prevent Omaha's older Mexican-Americans from receiving adequate services. It is this modest plan which is recommended as a current activity.

As was earlier reported, the need most expressed by older Mexican-Americans in Omaha was a general need for services for older persons. The most persistent barrier recognized by all three respondent groups was language.

This study indicates that a sufficient number of medical, mental health, and social services are located in or near the target area for this population. However, the population is not aware of the services, and the services do not appear to be involved in outreach. The focus of this recommendation is to provide the means of bringing together providers with needed services and clients who need those services.

The development of an outreach mechanism for older Mexican-Americans along with information and educational material about available services is recommended. An agency such as the Indian-Chicano Health Center could be the vehicle for this project, as it is already organized around Mexican-American cultural values though currently it serves few older persons.

The outreach effort could begin by publicizing the services. The study indicated that mass media are heavily used. The respondents of the survey read newspapers regularly (62 percent), magazines (47 percent), listened regularly to radio (69 percent), and watched T.V. (95 percent). Some of these media were in Spanish. Twenty-six percent read Spanish-language newspapers, 22 percent read Spanish-language magazines, and 20 percent listened to Spanish-language radio.

The outreach effort should also utilize informed channels. Community leaders, local organizations, and potential clients should be contacted in their areas by Spanish-speaking advocates who explain the services and help persons who need services obtain them.

As part of this project, development and implementation of part of a plan to encourage outreach has been developed.

Steps in Implementation

The steps to implementing this recommendation include:

1. Form an advisory committee of community leaders, service providers, selected advocates, and clients to develop and direct the plan.

2. Hire the outreach worker who, with the committee, will:
 - a. enlist the cooperation and support of area service providers
 - b. develop and implement an information and education plan about services
 - c. begin the search for permanent funding sources
 - d. work with the committee to help service providers modify their delivery systems to serve this target population better.

The committee should hire an outreach worker who is bilingual. He/she should be able to contact people in the community, visit places with a high proportion of the elderly, be available to talk with the target population, and refer persons to services. The worker would be available for drop-ins or phone calls at least half of each day on a planned basis at the agency.

Clients would be referred to appropriate service providers in the area and assisted in making appointments, filling forms, finding transportation, and in general evading the red tape so frequently present. A follow-up for each referral to both the agency and the client should be done by the worker.

Funding could be shared by the service providers, United Way, a Federal grant, ENOA, Mexican-American Commission, the Nebraska Commission on Aging, etc.

The public relations strategy should familiarize this group with services available and requirements for obtaining them. A brochure should be developed in Spanish with the phone number of the agency chosen as the vehicle for this project. The Spanish-speaking media should be saturated with posters placed in commercial and service establishments in the area and a mailing made to homes with Spanish surnames, etc. The English language media should also be utilized.

CAUR's Community Service Effort to Begin Implementation of the Plan

CAUR has undertaken three steps toward implementing this plan.

1. An advisory committee has been formed.
2. The committee, along with several local service providers, has begun information and outreach planning.
3. The first steps of the planning have been taken:
 - a. A brochure of services to older persons has been developed and is being translated into Spanish. The rough draft of the English-language copy is found in Appendix B.
 - b. Several local agencies have assisted in the translation and publication of the brochures.
 - c. A plan of publicizing and disseminating the brochure using the local Spanish-speaking church, Spanish language media, and local service organizations is being finalized.

CAUR agrees to work with any providers interested in using this needs assessment to obtain funds either for further implementation of this plan or for plans to attack the more difficult structural barriers.

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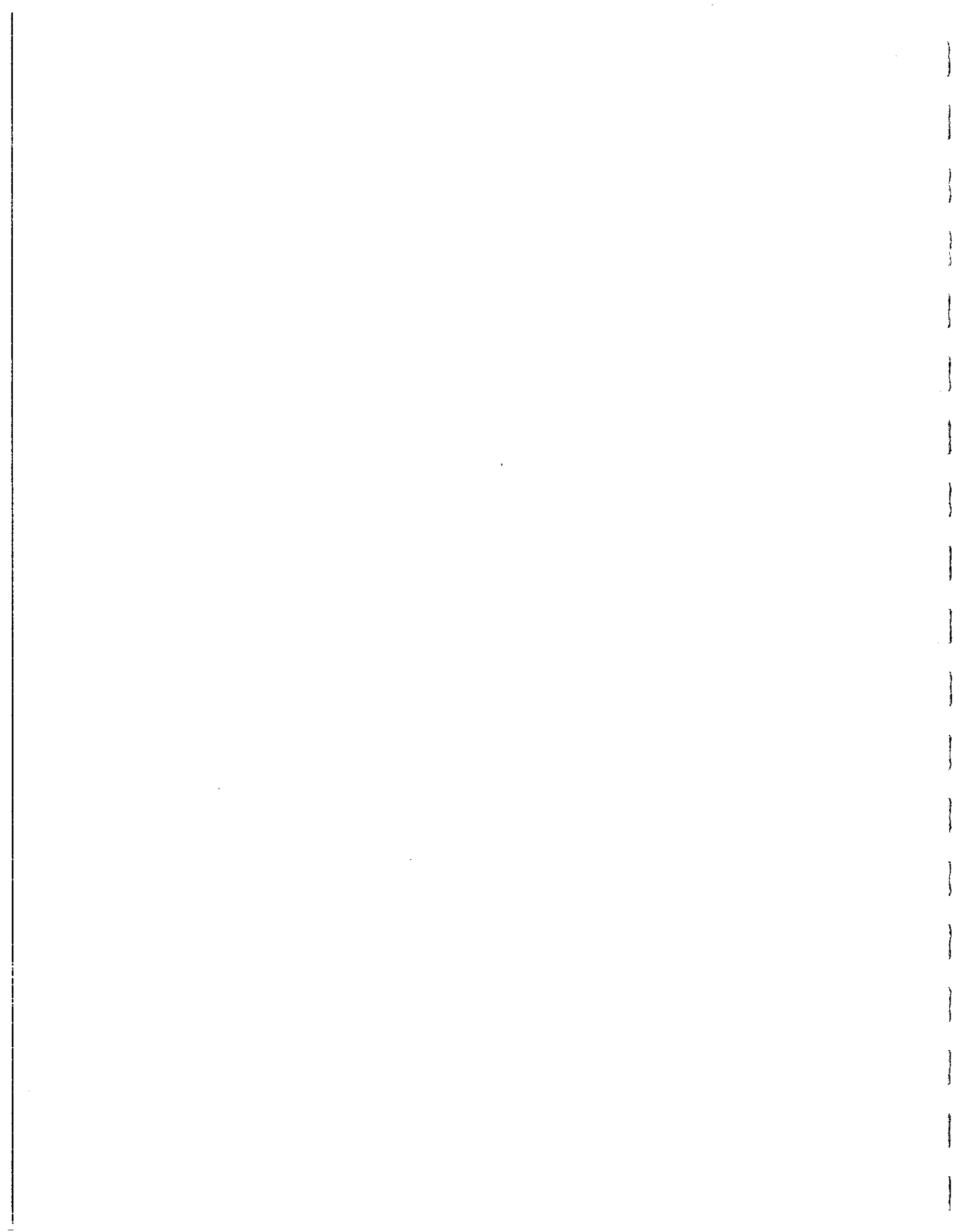
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APPENDIX A



COMMUNITY LEADERS SURVEY

A. Personal Information

1a. How long have you lived in Omaha? _____

2a. What is your occupation? _____

3a. What organizations do you belong to?

B. Demographic

1b. How many older Mexican-Americans would you say are living in the community? _____

2b. I have here a map of Douglas and Sarpy Counties. Would you please outline what you feel are the geographic boundaries of the Mexican-American community?

C. Definition

1c. How do Mexican-Americans define "elderly" in terms of age?

D. Needs

1d. In your opinion what are the most pressing needs of older Mexican-Americans living in your community?

2d. What kinds of services do you feel should be provided to meet these needs?

E. Utilization of Services

1e. Do older Mexican-Americans use services that are available to them?

Yes _____ No _____ Some _____

Which ones?

2e. Would older Mexican-Americans use Public Housing if they knew about it?

	Yes	No	If No, Ask: Are there barriers to using?
Public Housing	1	2	_____
Mental Health Care Services	1	2	_____
Information and Referral Bureau	1	2	_____
Alcoholic Treatment Services	1	2	_____
Adult Educational Services	1	2	_____
Legal Assistance Program	1	2	_____
Nursing Home Facilities	1	2	_____
Senior Citizen's Center	1	2	_____
Meals on Wheels	1	2	_____
Food Stamps	1	2	_____
Home Repair Service for Elderly (Handyman)	1	2	_____
Programs Assisting in Winterizing & Insulating Homes for Older Americans	1	2	_____
Programs Assisting in Homemaker/Chores for Senior Citizens	1	2	_____
Senior Citizen's Discounts	1	2	_____
Retired Senior Volunteer Program (RSVP)	1	2	_____
Home Health Care Programs	1	2	_____
Telephone Reassurance Program	1	2	_____
Handibus Transportation for Senior Citizens	1	2	_____
Supplementary Security Income say or SSI	1	2	_____
Welfare Programs	1	2	_____
Friendly Visitor	1	2	_____
Consumer Fraud Bureau	1	2	_____
Crime Prevention Program	1	2	_____
Neighborhood Clinics	1	2	_____
Health Planning - Preventative Services	1	2	_____

3e. I'm going to read a list of reasons that we found which explain why older Mexican-Americans do not use available services. Please tell me if you feel this is a reason within your community. (Interviewer — please read and check each yes answer.)

- _____ They are not informed about the services
- _____ There is too much red tape
- _____ Language barriers
- _____ Services are too far from their neighborhood
- _____ They have no transportation
- _____ They are not U.S. citizens
- _____ Personal modesty about the body
- _____ Privacy - they don't want a social worker around
- _____ Distrust of Anglo society and so don't want the services
- _____ Pride - they don't want to be a charity case
- _____ Cost too much money
- _____ Eligibility standards are too rigid
- _____ Times of operation of service agencies are inconvenient

4e. How do older Mexican-Americans learn about services that are available to them? _____

5e. In your opinion is there a more effective way of keeping them informed?

Yes _____

No _____

If yes, what? _____

6e. Are older Mexican-Americans getting the benefits they are entitled to? (i.e., Social Security, Medicare coverage)

7e. In your opinion, how do the children of older Mexican-Americans feel about their parents receiving services?

8e. In your opinion, who makes the decision to use services, older Mexicans-Americans or their children?

F. Resources Currently Available

1f. What agencies OUTSIDE your community currently provide services to older Mexican-Americans?
Interviewer should ask what service they provide unless self-explanatory.

2f. What agencies and individuals within your community provide services to older Mexican-Americans?
Interviewer should ask what service they provide unless self-explanatory.

G. Mexican Culture

1g. What is the role of older Mexican-Americans within the family?

2g. Are there many older Mexican-Americans living alone?

3g. Do older Mexican-Americans prefer to live independently from their families?

4g. How do older Mexican-Americans view illness?

5g. Do you know of a curandero in this area?

6g. Are there any barriers to going to the hospital?

H.

1h. When interviewing the elderly Mexican-American, whom do you feel they would respond to most favorably as interviewers?

- Younger women 20 - 30
- Middle-aged women
- Middle-aged men
- Younger men 20 - 30

2h. Who are the key leaders within the Mexican-American community? (List names and where they can be reached.)

3h. Would you be able to provide me with a list of names and addresses of as many of these individuals as possible?

Yes _____ No _____

SERVICE PROVIDERS SURVEY

Demographic

Name of Agency: _____

Services Provided: _____

Catchment Area: _____

Interviewee: _____

1. Is there an elderly Mexican-American population being served by your agency?

Yes _____

No _____

2. If yes, about how many? _____

3. How do you define "elderly" in your agency? _____

Utilization of Services

1. In your opinion are the elderly Mexican-Americans in your Catchment Area under utilizing the services offered by your agency?

Yes _____

No _____

If yes, why? _____

2. How do the elderly learn about services that are available to them?

3. Certain organizational factors are felt to effect the minority use of services. I'm going to read a list of these factors. Please tell me if you think this is a problem in your agency.

_____ Location of services

_____ Time of operation

_____ Cost of transportation

_____ Availability of transportation

_____ Intake procedures or too much red tape (paperwork)

_____ Lack of bilingual workers

_____ Eligibility standards are too rigid

_____ The service system is to impersonal

_____ Other (please list) _____

Fees and Transportation

1. Approximately, what proportion of client fees are payed by each of these methods?

- ___ Medicare
- ___ Sliding scale based on need
- ___ Private insurance
- ___ Self-pay elderly person
- ___ Family takes responsibility for fees
- ___ Other

2. Does your agency provide transportation?

- Yes ___
- No ___

If yes, is there a fee? _____

If no, how do they get to the service? _____

Need

1. In your opinion, do the elderly Mexican-Americans have a special need that is not being met.

- Yes ___
- No ___

If yes, what? _____

2. Do you think these needs (problems) could be met by some new service?

- Yes ___
- No ___

If yes, what service? _____

Current Resources

1. What other agencies currently provide services to the Mexican-American elderly?

Service _____	Function _____
Service _____	Function _____

2. Are these services coordinated with those offered by your agency?

Yes _____

No _____

If yes, how? _____

3. Are you currently aware of any gaps in services to the elderly Mexican-American?

Yes _____

No _____

If yes, where? _____

Community Leaders

1. Could you tell me who the leaders are in the Mexican-American Community? (Please list)

Demographic — Personnel

1. How many staff do you have? _____

2. Of those, how many speak Spanish? _____

3. If they speak Spanish, are they also bilingual? _____

4. What is the job title of the Spanish speaking person? _____

5. Are your personnel involved in training sessions that promote better understanding of this particular client group? _____

Health Providers

1. Are preventive services available? _____

If so, what are they? _____

2. How many Mexican-Americans, 55 or older, have been seen for a physical exam in 1978? _____

3. What outreach activities do you provide? _____

4. Are the health needs being met? _____

Public Housing

1. Is the public housing that is available located outside of the Mexican-American community?

2. Do you have to be a citizen of the United States to get into public housing.

3. What are the limitations on entry into public housing for the elderly?

Interview Schedule for Older Mexican-Americans
(in English)

Person No. _____
Area No. _____

Name _____

Address _____

Record type of housing

1. House
2. Apartment/duplex
3. Apartment/duplex for senior citizens
4. Mobile home
5. Rented room
6. Boarding house, hotel

7. Other _____

Knock on door or ring bell. When answered say:

"Hello, I'm _____ working for the Nebraska Mexican American Commission."

Is _____ at home?

We would like to ask him/her some questions about life in Omaha so that we can improve services for older Mexican Americans. Can you tell me when he/she will be home?

We would like you to tell us what you do and what services you need so that Omaha will be a better place for older Mexican Americans to live.

PART I

State

I'd like to ask you questions about your activities and needs.

1. On the whole, how satisfied are you with your life today?

	Very Satisfied	Fairly Satisfied	Not Very Satisfied	Not At All Satisfied	1
	1	2	3	4	<input type="checkbox"/>

Read choices

2. How often do you feel lonely?

	Often	Sometimes	Never	2
	3	2	1	<input type="checkbox"/>

Read choices

3. Do you feel you have: too much to do, enough to do, or not enough to do?

	Too Much To Do	Enough To Do	Not Enough To Do	3
	1	2	3	<input type="checkbox"/>

4. What kinds of activities do you enjoy at your home? How often?

Activity	How often?			Other (Specify)
	Daily	Weekly	Monthly	
_____	1	2	3	4 _____
_____	1	2	3	4 _____
_____	1	2	3	4 _____
_____	1	2	3	4 _____

List

If no answer, ask "How about hobbies, reading, TV, gardening?"

5. What kinds of activities do you enjoy away from your home? How often?

_____	1	2	3	4 _____
_____	1	2	3	4 _____
_____	1	2	3	4 _____
_____	1	2	3	4 _____

List

If no answer, ask "How about visiting, picnics and outings, sports, eating out, church activities, hobbies, entertainment, clubs?"

6. What other activities would you enjoy if you could? How often?

_____	1	2	3	4 _____
_____	1	2	3	4 _____
_____	1	2	3	4 _____
_____	1	2	3	4 _____

List

7. Can you read Spanish, English, both?

Neither 1
Spanish 2
English 3
Both 4

If neither, go to 11

7

7A. Do you read newspapers regularly?

Yes 1 No 2

7A

8. Are any of them printed in Spanish?

Yes 1 No 2

8

If Yes

Which? 1. _____
2. _____
3. _____

9. Do you read magazines regularly?

Yes 1 No 2

9

10. Are any of them printed in Spanish?

Yes 1 No 2

10

If Yes

Which? 1. _____
2. _____
3. _____

11. Do you listen to radio regularly?

Yes 1 No 2

11

12. Are any programs in Spanish?

Yes 1 No 2

12

If Yes

Which? 1. _____
2. _____
3. _____

13. Do you watch TV regularly?

Yes 1 No 2

13

14. Are any programs in Spanish?

Yes 1 No 2

14

If Yes

Which? 1. _____
2. _____
3. _____

15. Do you have a telephone in your home?

Yes 1 No 2

15

16. How often do you get out of your home?

Read choices

- Almost every day 1
- A few times a week 2
- A few times a month 3
- Once a month 4
- Several times a year 5
- Once a year 6
- Never, except for emergencies 7

16

17. How do you usually get around for your regular chores and activities?

Read choices; if more than one, number in order of their use to the left.

- Walk 1
- Take a bus 2
- Take a senior citizen bus 3
- Take a taxi 4
- Drive your own car 5
- Get driven by family/friends 6

17

18. How often do relatives visit with you in your home?

Read choices

Regularly Often Seldom Never

1 2 3 4

18

19. How often do you visit with relatives in their homes?

1 2 3 4

19

20. How often do friends visit with you in your home?

1 2 3 4

20

21. How often do you visit with friends in their homes?

1 2 3 4

21

22. How often do you eat meals away from your home?

1 2 3 4

22

23. With whom do you usually eat your main meal of the day?

Read choices

- Alone 1
- With spouse 2
- With other relatives 3
- With friends/neighbors 4

23

Other 5

24. Do you know of a program in your neighborhood which provides hot noon meals at a public place?

If no, go to 26

Yes No
1 2

24

If yes

25. How often have you eaten there?

- Yes, regularly 1
- Yes, occasionally 2
- Yes, rarely 3
- No, never 4

25

26. How many times have you been ill in the last year? _____ 26

Record details if relevant

27. How many times have you sought out medical services in the last year? _____ 27

28. How many times have you used these services in the last year? _____ 28

Dentist _____	1	<input type="checkbox"/>
Private doctor _____	2	<input type="checkbox"/>
Medical clinic _____	3	<input type="checkbox"/>
Medical school _____	4	<input type="checkbox"/>
Hospital _____	5	<input type="checkbox"/>
"Curandero" _____	6	<input type="checkbox"/>
Other <input type="text" value="Specify"/> _____	7	<input type="checkbox"/>

Read each

29. Did you have any problems in getting health services? _____ 29

	Yes	No	
	1	2	<input type="checkbox"/>

If yes, ask

30. What problems? _____ 30

Availability _____	1	<input type="checkbox"/>
Cost _____	2	<input type="checkbox"/>
Spanish speaking _____	3	<input type="checkbox"/>
Transportation _____	4	<input type="checkbox"/>
Long waits _____	5	<input type="checkbox"/>
Other _____	6	<input type="checkbox"/>

Wait; if no response, offer choices. . . .
 "Star" those problems cited before choices were offered.

31. Have you had a regular health checkup during the last year? _____ 31

	Yes	No	
	1	2	<input type="checkbox"/>

32. How do you usually pay for medical services? _____ 32

Cash	1	
Health insurance	2	
Medicare	3	
Medicaid	4	
Other <input type="text" value="Specify"/> _____	5	<input type="checkbox"/>
Not paid, yet	6	

Don't read choices
 There may be more than one answer

33. How many times have you had legal questions or problems in the last year? _____

33

Such as those related to contracts, program eligibility, mortgage, etc.

If the person has had problems, ask:

34. Who do you ask about legal matters?

Don't read choices

- Lawyer 1
- Family 2
- Friends 3
- Priest/minister 4
- Doctor 5
- Other Specify _____ 6

34

If the person has not had problems, ask:

35. If you had legal problems who would you consult?

Don't read choices

- Lawyer 1
- Family 2
- Friends 3
- Priest/minister 4
- Doctor 5
- Other Specify _____ 6

35

36. How many times have you used legal services in the last year? _____

36

If no times

37. Why didn't you use legal services?

Don't read choices

- No legal problems 1
- Didn't know where to go 2
- No services available 3
- Too expensive 4
- Transportation problems 5
- Health problems 6
- Rely on family 7
- Other Specify _____ 8

37

38. Are you registered to vote?

- Yes 1
- No 2

38

If yes

39. Did you vote in the last election?

- Yes 1
- No 2

39

40-42. Now I'm going to read you a list of programs and services for older citizens in Omaha and ask you some questions about each one.

READ EACH SERVICE, ASK: 1. Have you heard of; (IF YES)
 2. Have you participated in it; (IF THEY PARTICIPATED)
 3. Were there Spanish speaking workers available to work with you?

	40.			41.			42.		
	Heard of			Participated			Spanish speaking workers available to you		
	Yes	No	Not Sure	Yes	No	NA	Yes	No	NA
Senior citizen's center	1	2	3	1	2	8	1	2	8
Social security	1	2	3	1	2	8	1	2	8
Meals on wheels	1	2	3	1	2	8	1	2	8
Food stamps	1	2	3	1	2	8	1	2	8
Home repair service for elderly (handyman)	1	2	3	1	2	8	1	2	8
Programs assisting in winterizing & insulating homes for older Americans	1	2	3	1	2	8	1	2	8
Programs assisting in homemaker/chores for senior citizens	1	2	3	1	2	8	1	2	8
Senior citizen's discounts	1	2	3	2	3	8	1	2	8
Retired Senior Volunteer Program (RSVP)	1	2	3	1	2	8	1	2	8
Home health care programs	1	2	3	1	2	8	1	2	8
Telephone reassurance program	1	2	3	1	2	8	1	2	8
Handibus transportation for senior citizens	1	2	3	1	2	8	1	2	8
Supplementary Security Income say or SSI	1	2	3	1	2	8	1	2	8
Welfare programs	1	2	3	1	2	8	1	2	8
Friendly visitor	1	2	3	1	2	8	1	2	8
Other	1	2	3	1	2	8	1	2	8

43. I am going to read a list of problems that the community leaders often feel are serious. Please tell me how serious you think these problems are for the Omaha Hispanic community. Not at all serious, somewhat serious, or very serious. These are problems for the community itself.

Stress "Community"

Are language problems not at all serious, somewhat serious, or very serious in Omaha?	Not At All Serious	Somewhat Serious	Very Serious	Not Applicable
Language	1	2	3	8
Services for older persons	1	2	3	8
Alcohol over-use	1	2	3	8
Education	1	2	3	8
Youth activities	1	2	3	8
Losing the Mexican/Hispanic culture	1	2	3	8
Housing	1	2	3	8
Recreation	1	2	3	8
Crime/safety	1	2	3	8
Drug use	1	2	3	8
Transportation	1	2	3	8
Employment	1	2	3	8
Health care	1	2	3	8
Discrimination	1	2	3	8
Getting welfare services	1	2	3	8
Law enforcement	1	2	3	8

44. I'm going to read the problems again and I want you to tell me which ones have been most serious for you.

Stress "for you"

Are language problems not at all serious, somewhat serious, or very serious for you?

	Not At All Serious	Somewhat Serious	Very Serious	Not Applicable
Language	1	2	3	8
Services for older persons	1	2	3	8
Alcohol over-use	1	2	3	8
Education	1	2	3	8
Youth activities	1	2	3	8
Losing the Mexican/Hispanic culture	1	2	3	8
Housing	1	2	3	8
Recreation	1	2	3	8
Crime/safety	1	2	3	8
Drug use	1	2	3	8
Transportation	1	2	3	8
Employment	1	2	3	8
Health care	1	2	3	8
Discrimination	1	2	3	8
Getting welfare services	1	2	3	8
Law enforcement	1	2	3	8

PART II State Now, I'd like to ask you a few questions about your residence.

45. How long have you lived at this address? _____ years

45

46. Where did you live last?

Read choices

- Same neighborhood in Omaha _____ 1
- Other neighborhood in Omaha Specify _____ 2
- Outside of Omaha Specify _____ 3
- Outside of state Specify _____ 4
- Outside of country Specify _____ 5

46

49. Did you have trouble finding your present residence?

Yes 1 No 2

49

If yes

50. What trouble did you have?

Wait; if no response, offer choices. . . . "Star" those problems cited before choices were offered.

Availability 1
Cost 2
Ethnic Neighborhood 3
Discrimination 4
Other Specify _____ 5

50

51. Do you own the residence you live in?

Yes 1 No 2

51

If yes

52. What are your total housing costs per month? _____

52

53. Have you heard of the homestead tax exemption?

Yes 1 No 2

53

If yes

53A. Have you applied for the homestead tax exemption?

Yes 1 No 2

53A

If no

54. What are your rental costs per month? _____

54

55. Does this include utilities?

Yes 1 No 2

55

PART III

State

Now I'd like to ask a few questions about you.

Record whether male or female

56. Male 1
Female 2

56

57. How old were you on your last birthday? _____ years

57

58. Are you single, married, widowed, divorced or separated?

Single 1
Married 2
Widowed 3
Divorced 4
Separated 5

58

59. Are you head of your household?

Yes 1 No 2

59

60. What are your living arrangements?

- Do you live alone 1 60
 - with husband or wife 2
 - with your children 3
 - with other relatives 4
 - with friends 5
61. How many in household _____
- Other Specify _____ 6 61

62. What is your employment status?

- Are you currently working 1 62
- unemployed 2
- retired 3
- Never worked outside the home 4

If working

63. How many hours per week do you work? _____ 63

63A. What is your job? _____ 63A

If retired

64. What was your job? _____ 64

65. Did you ever attend school?

- Yes 1 65
- No 2

If no, go to question 67

65A. What was the last year of school you completed?

- No formal education 1 65A
- Kindergarten thru 6 2
- 7 thru 9 3
- Some high school 4
- Trade school 5
- Completed high school (12 years) 6
- Post high school business or trade school 7
- Some college 8
- Completed college 9
- Advanced college degree 10
- Other Specify _____ 11

If there is a problem ask how many years of formal education.

66. Where did you attend school?

- U.S. Specify state(s) _____ 1 66
- Mexico 2
- Other Specify _____ 3

67. Where were you born?

- U.S. Specify State _____ 1 67
- Mexico 2
- Other Specify _____ 3

68. When you refer to your ethnic heritage, how do you identify yourself?

- Hispanic 1 68
- Chicano 2
- Mexican-American 3
- Other Specify _____ 4

Read choices

69. What is your religion?

- Catholic 1
- Protestant _____ 2
- Other _____ 3
- None 4

69

70. What religious activities do you participate in regularly?

70

71. What is your weekly/monthly income?

Weekly _____

Monthly _____

71

72. What are your sources of income?

- Earnings 1
- Savings 2
- Social security 3
- Other retirement funds 4
- Family 5
- Welfare 6
- Other _____ 7

72

73. Is there anything else about your life in Omaha that you would like to change, or any services that you could use?

Thank you very much for taking the time to help us.

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Interview Schedule for Older Mexican-Americans
(in Spanish)

Person No. _____

Area No. _____

Name _____

Address _____

Record type of housing

1. House
2. Apartment/duplex
3. Apartment/duplex for senior citizens
4. Mobile home
5. Rented room
6. Boarding house, hotel

7. Other

Specify _____

Knock on door or ring bell. When answered say:

Buenos días yo soy _____ y estoy trabando para la comisión mejicana-Americana de Nebraska.

¿Esta _____ en casa?

If NO say:

Queremos hacerle algunas preguntas acerca de la vida diaria en Omaha, para poder amejorar los servicios para los Mejicanos de edad madura de aquí. ¿Me puede decir cuando estara _____ en casa?

Make an arrangement to return later.

If YES say:

Deseamos que usted nos dijera que hace usted y que nos dijera cuales servicios necesita, para que Omaha sea Mejor lugar donde los Mejicanos de edad madura puedan vivir.

PART I

State

Ahora, quisiera saber algo acerca de sus actividades y necesidades..

1. Generalmente, que tan satisfecho esta Ud. con su vida hoy?

Read choices

muy satisfecho 1 un poco satisfecho 2 no muy satisfecho 3 desatisfecho 4

1

2. Con cuanta frecuencia se siente Ud. solo?

Read choices

con mucha frecuencia 1 algunas veces 2 nunca 3

2

3. Siente Ud. que tiene

demasiado que hacer 1 suficiente que hacer 2 muy poco que hacer 3

3

¿ Cuantas Veces?

4. Que clases de actividades le gusta hacer en su hogar?

List

Actividad	Diario	Semanal	Mensual	Otro (especifique)
_____	1	2	3	4 _____
_____	1	2	3	4 _____
_____	1	2	3	4 _____
_____	1	2	3	4 _____

If no answer, ask "How about hobbies, reading, TV, gardening?"

5. En que actividades se divierte Ud. fuera del hogar?

List

Actividad	Diario	Semanal	Mensual	Otro (especifique)
_____	1	2	3	4 _____
_____	1	2	3	4 _____
_____	1	2	3	4 _____
_____	1	2	3	4 _____

If no answer, ask "How about visiting, picnics and outings, sports, eating out, church activities, hobbies, entertainment, clubs?"

6. Que otras actividades quisiera Ud. hacer si pudiera?

List

Actividad	Diario	Semanal	Mensual	Otro (especifique)
_____	1	2	3	4 _____
_____	1	2	3	4 _____
_____	1	2	3	4 _____
_____	1	2	3	4 _____

7. ¿Puedes leer Español, Inglés, o los dos?

o ninguno 1
Español 2
Inglés 3
o los dos 4

If neither, go to 11

7

7A. ¿Lee ud periódicos regularmente?

Sí 1 No 2

7A

8. ¿Lo que lee usted, es en Español?

Sí 1 No 2

8

If Yes

¿Cuales?
1. _____
2. _____
3. _____

9. ¿Lee ud, revistas regularmente?

Sí 1 No 2

9

10. ¿Lo que lee usted, es en Español?

Sí 1 No 2

10

If Yes

¿Cuales?
1. _____
2. _____
3. _____

11. ¿Escucha el radio regularmente?

Sí 1 No 2

11

12. ¿Son algunos de estos programas en Español?

Sí 1 No 2

12

If Yes

¿Cuales?
1. _____
2. _____
3. _____

13. ¿Mira usted al televisión regularmente?

Sí 1 No 2

13

14. ¿Son algunos de estos programas en Español?

Sí 1 No 2

14

If Yes

¿Cuales?
1. _____
2. _____
3. _____

15. ¿Tiene Ud. telefono en su casa?

Sí 1 No 2

15

16. ¿Con cuanta frecuencia sale ud. de su residencia?

Read choices

- casi todos los días 1
- algunas veces a la semana 2
- algunas veces al mes 3
- una vez al mes 4
- algunas veces al ano 5
- una vez al ano 6
- nunca, excepto en emergencias 7

16

17. ¿Cuando va usted a atender sus negocios, como va?

Read choices; if more than one, number in order of their use to the left.

- Caminando 1
- va en autobus 2
- va en autobus de ancianos 3
- va en taxi 4
- va en su propio automóvil 5
- lo/a lleva un miembro de la familia O un amigo 6
- 7

17

18. ¿Cada cuando lo visita su familia en la casa de usted?

Read choices

- | | con mucha frecuencia | con poca frecuencia | nunca | |
|---|----------------------|---------------------|-------|--------------------------|
| 1 | 2 | 3 | 4 | <input type="checkbox"/> |

18

19. ¿Cada cuando lo visita sus parientes (en la casa al ellos)

- | | | | | |
|---|---|---|---|--------------------------|
| 1 | 2 | 3 | 4 | <input type="checkbox"/> |
|---|---|---|---|--------------------------|

19

20. ¿Cada cuando lo visita sus amigos (en la casa al usted)

- | | | | | |
|---|---|---|---|--------------------------|
| 1 | 2 | 3 | 4 | <input type="checkbox"/> |
|---|---|---|---|--------------------------|

20

21. ¿Cada cuando visita a sus amigos en la casa de ellos?

- | | | | | |
|---|---|---|---|--------------------------|
| 1 | 2 | 3 | 4 | <input type="checkbox"/> |
|---|---|---|---|--------------------------|

21

22. ¿Cada cuando come ud. fuera de la casa?

- | | | | | |
|---|---|---|---|--------------------------|
| 1 | 2 | 3 | 4 | <input type="checkbox"/> |
|---|---|---|---|--------------------------|

22

23. ¿usualmente, con quien come su comida principal del día?

Read choices

- solo/a 1
- con el/la esposo/a 2
- con parientes 3
- con amigos/vecinos 4

23

otro 5

24. ¿Saber Ud. de algún programa en su vecindario que sirve comidas calientes a medio día, en sitios públicos?

If no, go to 26

If yes

25. Ha comido allí?

- | Yes | No | |
|----------------------|----|--------------------------|
| 1 | 2 | <input type="checkbox"/> |
| si, regularmente 1 | | |
| si, a veces 2 | | |
| si, pero raramente 3 | | |
| no, nunca 4 | | |

24

25

26. ¿Cuántas veces durante el año pasado ha necesitado usted ayuda para mantener su salud? _____ 26

Record details if relevant

27. ¿Cuántas veces durante el año pasado, ha ido usted por servicios médicos? _____ 27

28. ¿Cuántas veces durante el año pasado, ha usado usted estos servicios? _____ 28

el dentista _____ 1

el doctor privado _____ 2

la clínica médica _____ 3

la escuela medica _____ 4

el hospital _____ 5

el/la "Curendero/a" _____ 6

otro Specify _____ 7

Read each

29. ¿Tuvo ud. problemas? _____ 29

Sí No
1 2

If yes, ask

30. ¿Que problemas? _____ 30

Accesibilidad _____ 1

costo _____ 2

tuvo problemas con el idioma _____ 3

transportación _____ 4

tuvo que esperarse mucho para recibir atención _____ 5

otro _____ 6

Wait; if no response, offer choices. . . .
"Star" those problems cited before choices were offered.

31. ¿Ha recibido un examen físico durante el año pasado? _____ 31

Sí No
1 2

32. ¿Como paga ud. usualmente por los servicios medicos? _____ 32

al contado _____ 1

seguro medico _____ 2

medicare _____ 3

medicaid _____ 4

otro Specify _____ 5

no ha pagado, todavía _____ 6

Don't read choices
There may be more than one answer

33. ¿Cuántas veces ha tenido preguntas o problemas legales durante el año pasado? _____

33

Such as those related to contracts, program eligibility, mortgage, etc.

If the person has had problems, ask:

34. ¿Con quien consulta Ud. acerca de cuestiones legales?

Don't read choices

- con un abogado 1
- con la familia 2
- con amigos 3
- con un ministro/sacerdote 4
- con un doctor 5
- con otro Specify _____ 6

34

If the person has not had problems, ask:

35. ¿Si ud. tuviera problemas legales, con quien consultara?

Don't read choices

- con un abogado 1
- con la familia 2
- con amigos 3
- con un ministro/sacerdote 4
- con un doctor 5
- con otro Specify _____ 6

35

36. ¿Cuántas veces usó ud. servicios legales en el año pasado? _____

36

If no times

37. ¿Si nunca, por que no?

Don't read choices

- no existió problema legal 1
- demasiado caro 2
- no los pude encontrar 3
- problemas con transportacion 4
- problemas con la salud 5
- no supo donde ir. 6
- confio en la familia/(los resolvio en la familia) 7
- otro Specify _____ 8

37

38. ¿Esta ud. registrado para votar?

- Si 1
- No 2

38

If yes

39. ¿Votó ud. en las ultimas elecciones?

- Si 1
- No 2

39

40-42. Ahora le voy a leer una lista de programas y servicios para ancianos en Omaha y hacerle algunas preguntas acerca de ellos.

READ EACH SERVICE, ASK: 1. Have you heard of; (IF YES)
 2. Have you participated in it; (IF THEY PARTICIPATED)
 3. Were there Spanish speaking workers available to work with you?

	40. Ha oído algo del programa			41. Participó			42. Hubo trabajadores de habla Español		
	Sí	No	Dudoso	Sí	No	NA	Sí	No	NA
Centro da ancianos	1	2	3	1	2	8	1	2	8
Seguro Social	1	2	3	1	2	8	1	2	8
Comidas traídas a su casa	1	2	3	1	2	8	1	2	8
Estampas de alimento	1	2	3	1	2	8	1	2	8
Reparamiento de hogar para ancianos	1	2	3	1	2	8	1	2	8
Programas para mejorar su casa aules del invierno	1	2	3	1	2	8	1	2	8
Programas para ayudarlo con los que haceres de la casa	1	2	3	1	2	8	1	2	8
Descuentos para ancianos	1	2	3	1	2	8	1	2	8
Programa de ancianos retirados voluntarios	1	2	3	1	2	8	1	2	8
Programas de salud eh el hogar	1	2	3	1	2	8	1	2	8
Programas daude usted puede reciiier qyuda par telefono	1	2	3	1	2	8	1	2	8
Transportation para ancianos	1	2	3	1	2	8	1	2	8
Dinero suplementario del estado <input type="checkbox"/> say <input type="checkbox"/> o SSI	1	2	3	1	2	8	1	2	8
Programas de welfare	1	2	3	1	2	8	1	2	8
Visitantes amigos	1	2	3	1	2	8	1	2	8
Otro _____	1	2	3	1	2	8	1	2	8

43. Le voy a leer una lista de problemas que lidere de la comunidad creen que son serios. Por favor dígame que tan serios cree Ud. que son estos problemas para la comunidad Hispana de Omaha. Estos problemas son para la comunidad misma en general.

Stress "Community"

¿ Son los problemas de idioma: No es serio, Es un poco serio, muy serio en Omaha?	No Es Serio	Es Un Poco Serio	Muy Serio	No Es Aplicable
Idioma	1	2	3	8
Servicios para ancianos	1	2	3	8
Alcoholismo	1	2	3	8
Educacion	1	2	3	8
Actividades de juventud	1	2	3	8
Perdiendo la cultura Mejjicana/Hispana	1	2	3	8
Habitacion	1	2	3	8
Recreacion	1	2	3	8
Crimen/seguridad	1	2	3	8
Drogas	1	2	3	8
Transportacion	1	2	3	8
Trabajo	1	2	3	8
Servicios medicos	1	2	3	8
Descriminacion	1	2	3	8
Adquiriendo servicios de welfare	1	2	3	8
Servicios de la policia	1	2	3	8

44. Le voy a leer la lista otra vez y le voy a pedir que Ud. diga cuales son los mas serios para Ud.

Stress "for you"

¿ Son los problemas de idioma: no es serio, es un poco serio, muy serio en Omaha?	No Es Serio	Es Un Poco Serio	Muy Serio	No Es Aplicable
Idioma	1	2	3	8
Servicios para ancianos	1	2	3	8
Alcoholismo	1	2	3	8
Educacion	1	2	3	8
Actividades de juventud	1	2	3	8
Perdiendo la cultura Mejicana/Hispana	1	2	3	8
Habitacion	1	2	3	8
Recreacion	1	2	3	8
Crimen/seguridad	1	2	3	8
Drogas	1	2	3	8
Transportacion	1	2	3	8
Trabajo	1	2	3	8
Servicios medicos	1	2	3	8
Descriminacion	1	2	3	8
Adquiriendo servicios de welfare	1	2	3	8
Servicios de la policia	1	2	3	8

PART II State Ahora, quisiera hacerle algunas preguntas acerca de su residencia.

45. ¿Cuanto tiempo ha vivido ud. en esta dirección? _____ 45

46. ¿Donde vivio ud. ultimamente?

	en el mismo barrio en Omaha	1	
	en otro barrio en Omaha Specify _____	2	
Read choices	Fuera de Omaha Specify _____	3	46
	Fuera del estado Specify _____	4	
	fuera del país Specify _____	5	

49. ¿Tuvo ud. problemas para hallar su hogar, cuando andaba buscando casa? Sí 1 No 2 49

If yes

50. ¿Que problemas tuvo?

Wait; if no response, offer choices. . . . "Star" those problems cited before choices were offered.

- Accesibilidad 1
- Costo 2
- Barrio étnico 3
- Discriminación 4
- Otro 5 Specify _____

50

51. ¿Es ud dueño de la residencia donde vive? Sí 1 No 2 51

If yes

52. ¿Cuanto son los pagos mensuales por su casa? _____

52

53. ¿Ha oído algo acerca de la deducción de impuesto de propiedad? Sí 1 No 2 53

If yes

53A. ¿Ha ud aplicado por la deducción de impuesto de propiedad? Sí 1 No 2 53A

If no

54. ¿Cuanto paga en renta mensualmente? _____

54

55. ¿Incluye esto los servicios públicos Sí 1 No 2 55

PART III State Ahora, quisiera hacerle unas preguntas acerca de usted.

Record whether male or female

56. Male 1
Female 2

57. ¿Que edad tuvo ud. en su cumpleaños mas reciente? _____

56

57

58. ¿Es ud soltero/a, casado/a, viudo/a, divorciado/a, separado/a? soltero/a 1
casado/a 2
viudo/a 3
divorciado/a 4
separado/a 5 58

59. ¿Es ud el jefe de la casa? Sí 1 No 2 59

60. ¿vive ud solo/a? 1 60
 con su esposo/a? 2
 con sus hijos? 3 61. ¿Cuantos viven en la casa?
 con otro parientes? 4
 con amigos? 5

otro Specify _____ 6

62. ¿Trabaja ud. ahora? Sí 1 No 2 62
 If no ask

If working

esta desempleado? 2
 retirado? 3
 nunca ha trabajado fuera de la casa 4

63. ¿Cuantas horas por semana trabaja usted por pago? _____ 63

63A. ¿De que consiste su trabajo? _____ 63A

If retired

64. ¿Que era su trabajo, cuando estaba empleado/a? _____ 64

65. ¿Que escuela a atendido? Sí 1 No 2 65
 If no, go to question 67

65A. ¿Cual fue el ultimo ano de escuela que cumplio ud.? no fue a la escuela 1 65A
 K - 6 2
 7 - 9 3

If there is a problem ask how many years of formal education.

algunos años de secundaria 4
 escuela técnica 5
 cumplio escuela secundaria (12 años) 6
 escuela técnica despues de escuela secundaria 7
 alguna universidad 8
 se graduó de la universidad 9
 diploma auanzado de la universidad 10
 otro Specify _____ 11

66. ¿Donde asistió ud. a la escuela? E.U. Specify state(s) _____ 1 66
 Mejico 2

 otro Specify _____ 3

67. ¿Donde nació ud? E.U. Specify State _____ 1 67
 Mejico 2

 otro Specify _____ 3

68. ¿Cuando se refiere ud. a su grupo étnico, se identifica ud. como Hispano/a? 1 68
 Chicano/a? 2
 Mejicano/a-Americano/a? 3
 Read choices
 otro Specify _____ 4

69. ¿Cual es su religión?

- Católica 1
- Protestante _____ 2
- otro _____ 3
- ninquna 4

69

70. En que actividades religiosas participa ud. regularmente

70

71. ¿Cual es su salario semanal/mensual?

semanal _____

mensual _____

71

72. ¿De donde recibe su ingreso?

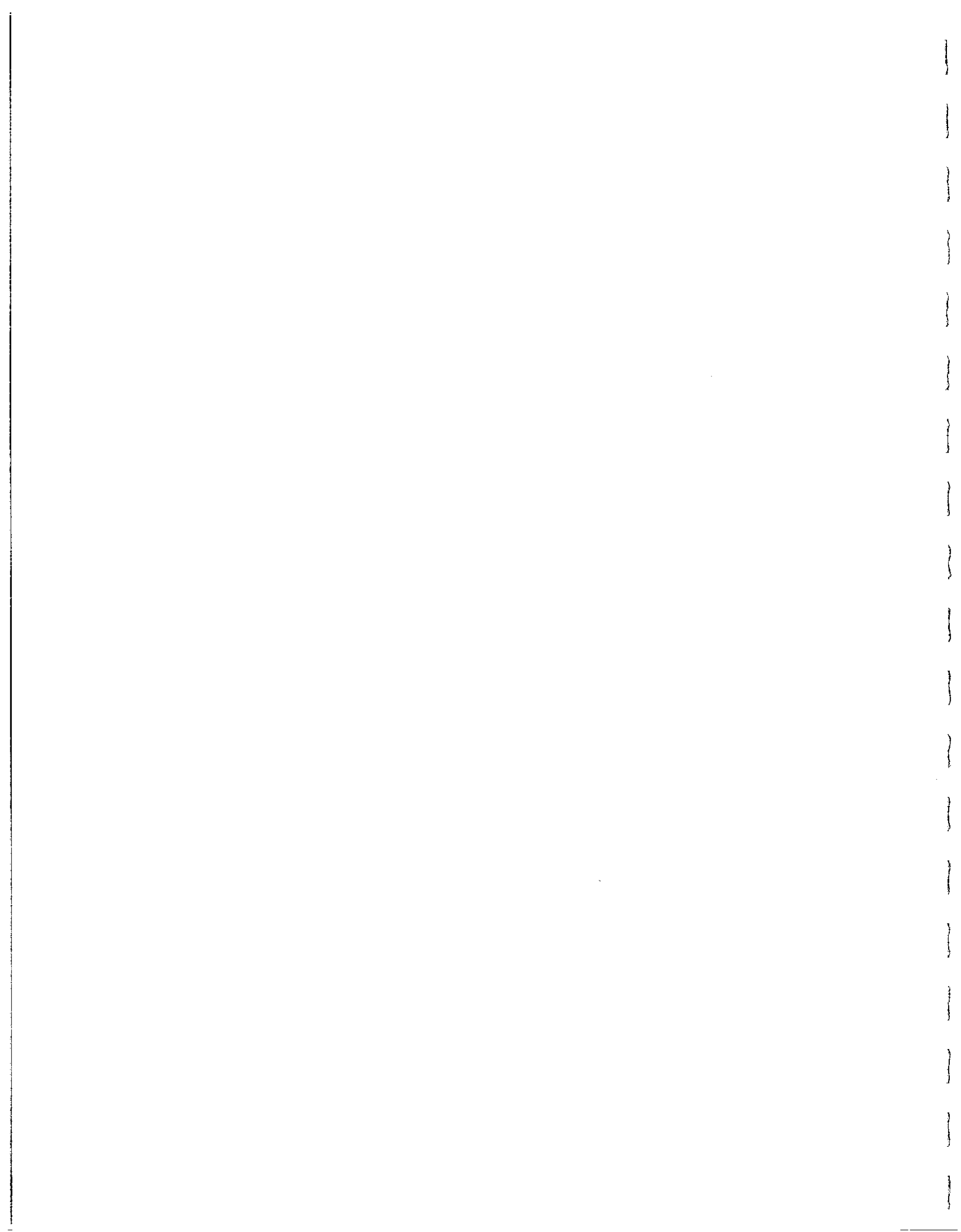
There may be more than
one answer.
Read choices

- los ingresos 1
- los ahorros 2
- el seguro social 3
- los fondos de retiramiento 4
- la familia 5
- la sociedad de beneficencia 6
- otro _____ 7

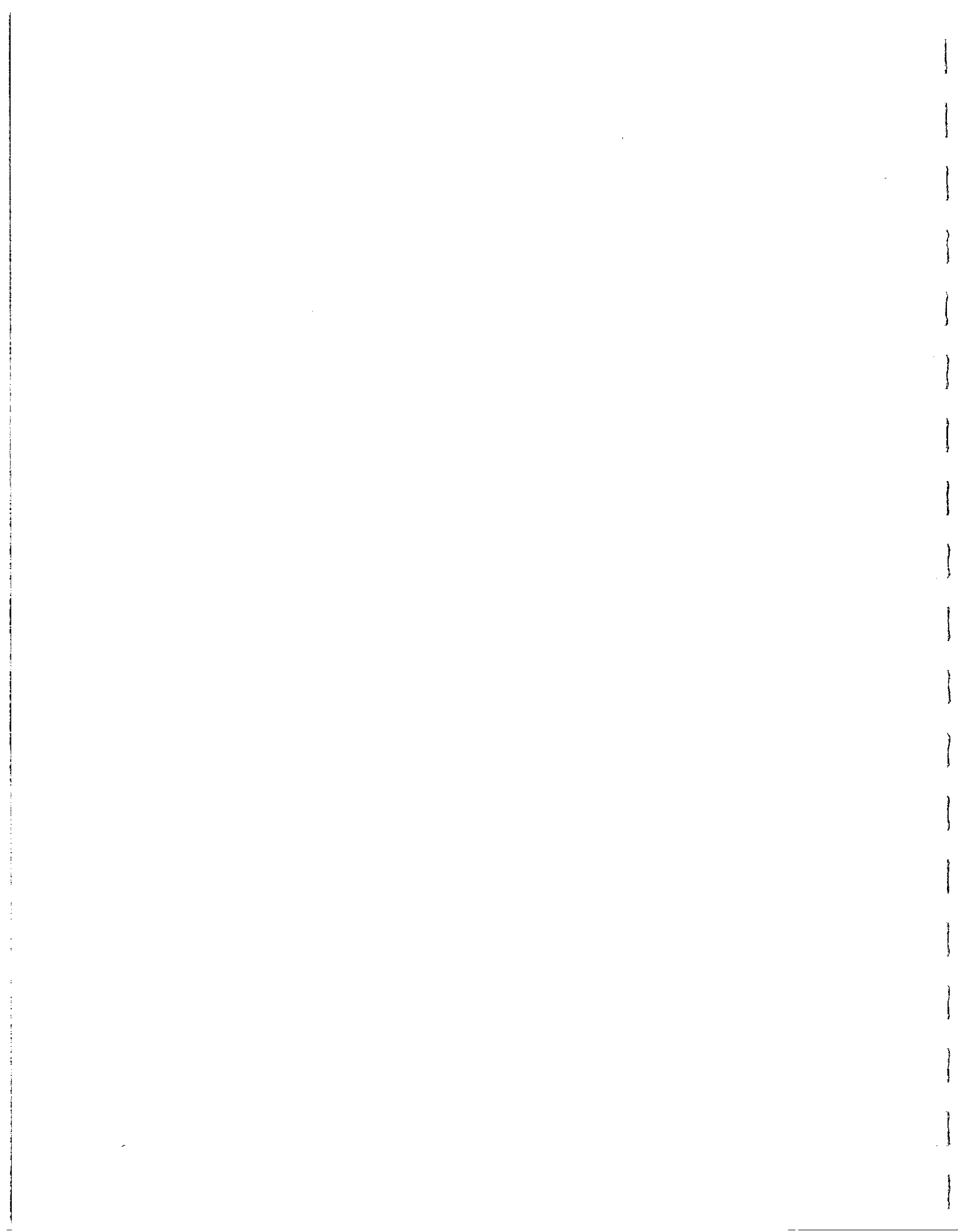
72

73. ¿Hay alguna otra cosa acerca de su vida en Omaha que ud. desea compiar o hay algunos otros servicios que ud. pueda usar?





Muchisimas gracias por su ayuda.



APPENDIX B



**RESIDENTIAL LOCATION
OF RESPONDENTS
(Older Omaha Hispanics)**

-  Expressway
-  Streets
-  Railroad
-  Park
-  Cemetery
- CBD** Central Business District

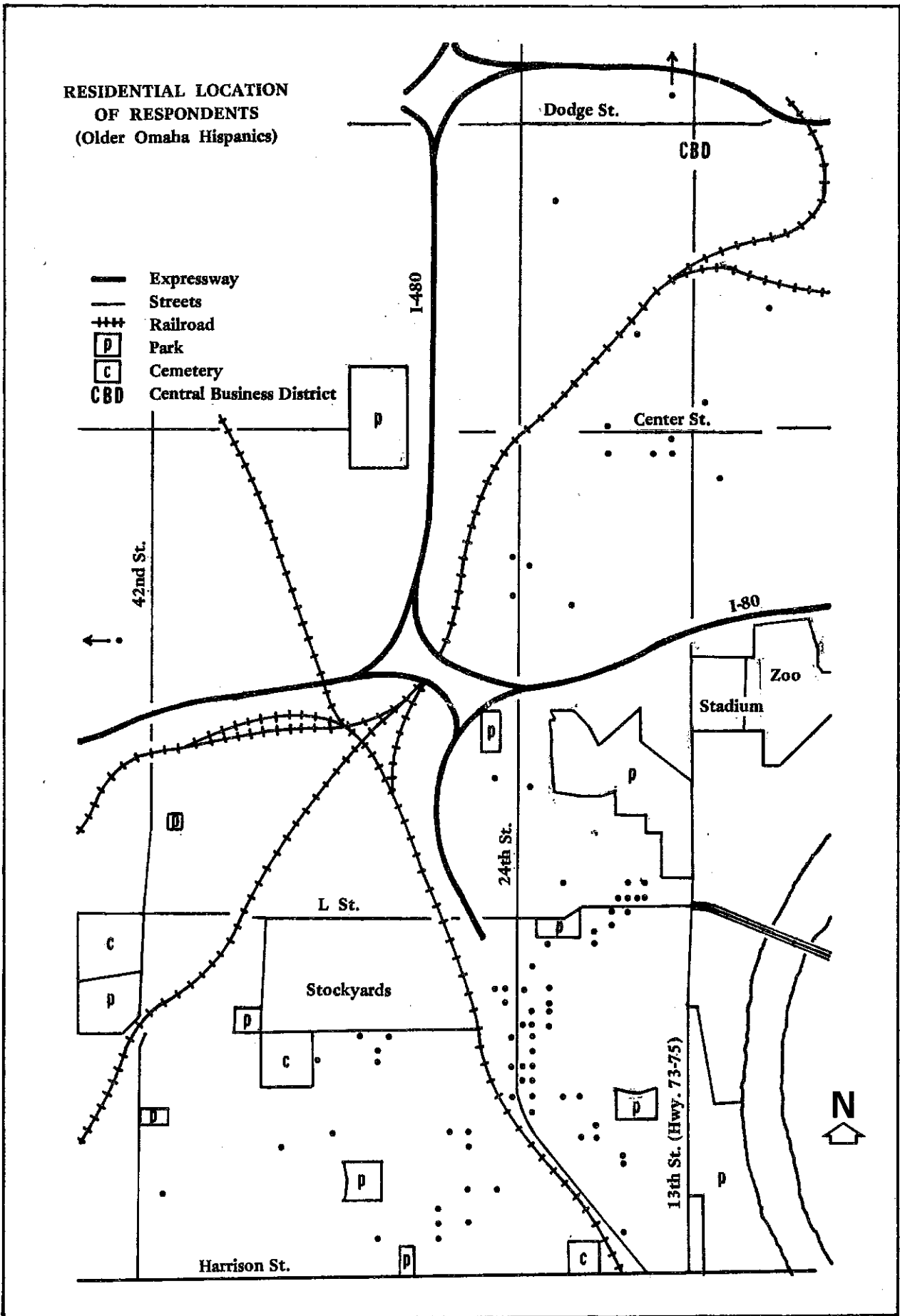


TABLE I

SERVICE PROVIDERS CONTACTED

Agency Name	Address	Type of Contact	Result
Indian Chicano Health Clinic	2401 S. 20	Interview	—Serves Mexican-American elderly —Obtained names
Visiting Nurses Assn.	5002 S. 24	Interview	—Serves few Mexican-American elderly
Douglas County Food Stamps Sona Bldg.	5211 S. 31st	Interview	—Serves a few Mexican-American elderly
South Omaha Family Health Center A satellite of Univ. of Nebr. Medical Center and Family Practice, Sona Bldg.	5211 S. 31st	Interview	—Serves some Mexican-Americans but few elderly
Social Settlement	4868 Q St.	Telephone	—Did not have a Mexican-American clientele
Lutheran Family and Social Services (mental health services in particular)	120 S. 24	Telephone	—No Mexican-American clientele
Burt Street Clinic (satellite clinic of Douglas County)	711 N. 21st	Telephone	—No Mexican-American elderly
ENHSA, South Omaha Mental Health Center: Satellite Clinic	1315 Deer Park Blvd.	Telephone	—No Mexican-American clientele
ENHSA: Sarpy Co. Mental Health Clinic	1318 Fed. Sq., Bellevue	Telephone	—No Mexican-American clientele
Douglas County Hospital	4102 Woolowrth Ave.	Telephone	—Serves no Mexican-American elderly
Omaha Police Department		Telephone	—No information gained
United Methodist Metro Ministries	124 S. 24th St.	Interview	—No Mexican-American clientele
Salvation Army	426 S. 40th St.	Telephone	—No Mexican-American clientele
Veterans Administration at Douglas Co.	503 Civic Center	Interview	—No Mexican-American clientele
Omaha Housing Authority	5529 S. 30th (South Side Terrace)	Interview	—No Mexican-American elderly clientele
ENSHA—ENOA Senior Companion Program	888 S. 72nd	Interview	—Serves a few Mexican-American elderly
ENOA - Nutrition Site Our Lady of Guadalupe Church	2310 O St.	Interview	—Serves elderly Mexican-Americans —Obtained names
ENOA - Information and referral specialist	888 S. 72nd	Interview	—Serves a few Mexican-American elderly
GOCA	161 Vinton St.		—Serves some Mexican-American elderly
St. Vincent DePaul Senior Citizens Center	4805 S. 24th	Interview	—Serves some Mexican-American clients —Obtained few names
McAuley - Bergan Center	3552 Farnam St.	Interview	—No Mexican-American elderly clientele
Douglas Co. Social Services Income maintenance		Telephone	—No information given
Eastern Nebraska Community Office of Mental Health	885 S. 72nd St.	Interview	—No Mexican-American elderly clientele
Nebr. State Dept. Public Welfare, Division of Research and Statistics	Lincoln, Nebraska	Telephone	—No ethnic breakdown of statistics available
Chicano Awareness Center	4825 S. 24th	Interview	—Serves Mexican-Americans
SER	2002 N	Telephone	—Serves Mexican-Americans

TABLE 2
 OLDER OMAHA HISPANICS' VIEWS OF THE SERIOUSNESS OF PROBLEM AREAS

Problem Area	For the Community					For the Respondent				
	Number of Respondents	I Not Serious (Percent) [†]	II Somewhat Serious (Percent) [†]	III Very Serious (Percent) [†]	II and III Somewhat or Very Serious (Percent)	Number of Respondents	I Not Serious (Percent) [†]	II Somewhat Serious (Percent) [†]	III Very Serious (Percent) [†]	II and III Somewhat or Very Serious (Percent)
Language	79	33	30	37	67*	75	37	41	21	63*
Elderly Services	79	40	29	32	60*	70	43	37	21	57*
Alcohol	77	45	29	26	55*	56	74	18	8	26
Education	77	39	30	31	61*	61	49	26	25	51*
Youth Activities	72	59	24	17	41	40	73	15	12	27
Culture Loss	80	26	33	41	74*	70	49	19	32	51*
Housing	77	60	24	16	40	63	88	13	0	12
Recreation	77	57	26	18	43	62	76	24	0	24
Crime	78	36	28	36	64*	72	64	23	13	36
Drugs	74	40	33	27	60*	58	75	18	8	25
Transportation	79	49	24	28	51*	69	55	21	24	45
Employment	78	43	30	27	57*	53	74	21	5	26
Health Services	80	54	24	22	46	72	70	19	11	30
Discrimination	75	45	27	28	55*	71	65	22	14	35
Welfare	70	59	28	13	41	53	74	15	11	26
Law Enforcement	76	69	27	4	31	64	81	16	4	19

[†] Percentages are computed from those respondents expressing opinions; non-respondents are excluded. Percentages in columns I, II, and III may not total to 100 percent due to rounding error.

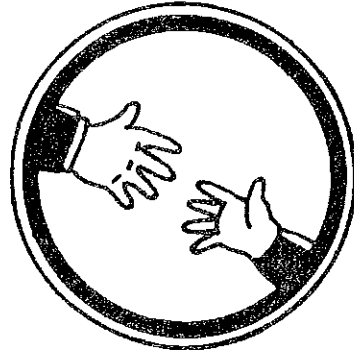
* Problem areas with a majority of respondents expressing somewhat or very serious concern.

Underlining identifies those problem areas with a majority of respondents expressing a not serious view of the issue.

**TABLE 3
AWARENESS OF PROGRAMS FOR THE ELDERLY BY OLDER OMAHA HISPANICS**

Type and Name of Program	Number of Respondents	Categories of Awareness			Number and Percent of Program Participants Encountering Spanish-Speaking Personnel
		I Heard of and Participated in Program (Percent)	II Heard of but did Not Participate in Program (Percent)	III Did Not Hear of Program (Percent)	
Financial					
Social Security	76	78*	14	8	10 (of 60) - 17%
Supplemental Security Income (SSI)	74	5	30	65*	0 (of 4) - 0%
Senior Citizen Discount	75	11	60*	29	3 (of 8) - 38%
Welfare	74	8	64*	28	0 (of 6) - 0%
Health/Nutrition					
Food Stamps	75	12	75*	13	3 (of 9) - 33%
Meals on Wheels	76	12	60*	28	2 (of 9) - 22%
Home Health Care	74	3	30	67*	0 (of 2) - 0%
Residential					
Handyman Repair Service	74	9	38	53*	0 (of 8) - 0%
Homemaker/Chores	76	0	41	59*	- -
Winterize and Insulate	76	3	47	50*	0 (of 8) - 0%
Interaction					
Senior Citizen Center	77	16	58*	26	8 (of 12) - 67%
Friendly Visitors	68	3	26	71*	2 (of 2) - 100%
Telephone Reassurance	75	0	12	88*	- -
Retired Senior Volunteers (RSVP)	73	4	36	60*	1 (of 3) - 33%
Handibus Transportation	75	11	53*	36	2 (of 8) - 25%
*Category of awareness for each program with which a majority of Omaha's older Hispanics identified themselves.					

(CREDITS)

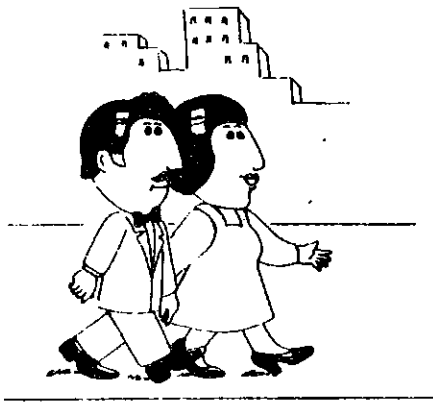


SERVICES

for

Senior Citizens





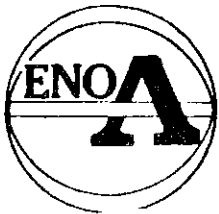
This brochure briefly explains the various programs available through the Eastern Nebraska Office on Aging and other agencies throughout Omaha. Taken as a whole, these programs contribute to the twin goals of the Office on Aging. 1) to enhance the independence of older citizens, and 2) to promote satisfaction and enjoyment in their lives.

For information on any of the programs described in this brochure, or any of the other services for the aging available in the community, please call:

345-5898

A Spanish-speaking person will assist you.

Developed by



and



CENTER FOR APPLIED URBAN RESEARCH

Eastern Nebraska Office on Aging

University of Nebraska at Omaha



SENIOR CITIZENS CENTERS AND NUTRITION SITES

Such centers are located throughout the community and offer a number of social and recreational opportunities for senior citizens. Nutrition sites, in most cases, are at the same location. To learn more about the Senior Citizen Center near you call 345-5898.

Senior Citizen Centers

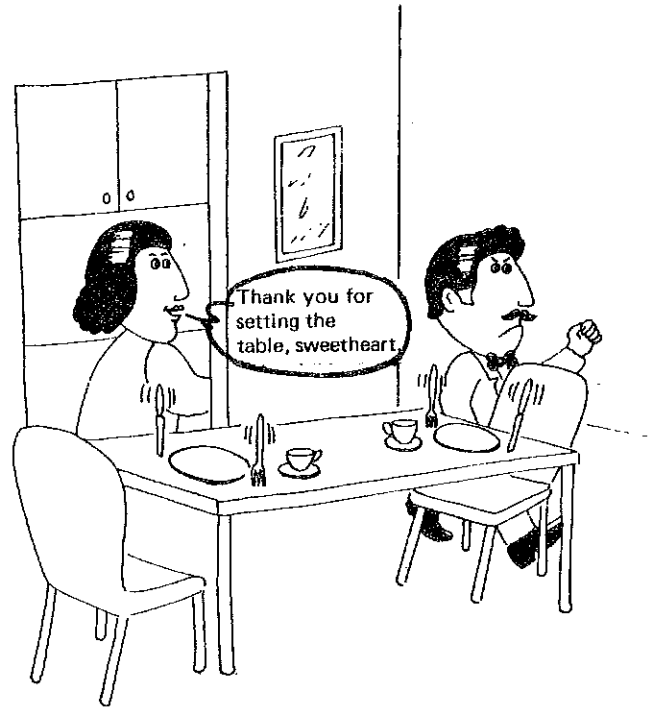
St. Vincent DePaul - 4805 S. 24th
DOCS - Downtown Omaha Center for Seniors
1401 Farnam

Nutrition Site

Highland Tower - 2500 B
Park Tower South - 1601 Park Ave.
Our Lady of Quadalupe - 2310 O St.

Both Senior Citizens Centers and Nutrition Sites

Christ Child - 1248 S. 10th
Woodson Center - 3009 R St.



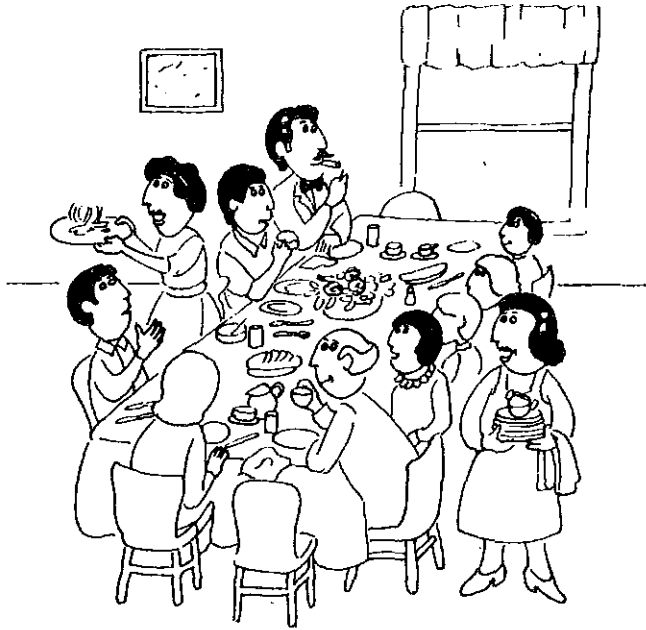
If eating at home is getting you down try attending your local nutrition site.



Senior citizens' activities give you the opportunity to see old friends and to make new ones.

NUTRITION

Nutritionally balanced noon meals are available weekdays to senior citizens through the Nutrition Program's meal sites located throughout the community. No charge is made for the meals (though donations are suggested). In addition to the meals, the nutrition sites offer a variety of educational, recreational and social activities, including fitness exercises and food preparation tips. Modified diets are available to seniors based on a physician's prescription. The nutrition programs provide transportation whenever possible. Call 345-5898 to learn more about this program and to find out where the meal site nearest to you is located.



Eating nutritional meals makes you healthier. The friendship and companionship gained from being with others is an added bonus.

MEALS FOR THE HOMEBOUND

Nutritional meals will be brought to your home if you are eligible. The Visiting Nurse Association offers this service. Call 345-5898 to learn more about this program.

OMBUDSMAN

The ombudsman responds to concerns from members of the community about Aging Office services and programs and handles any complaints. The ombudsman also provides personal, confidential assistance in situations where older persons are having difficulty solving a problem which no other program meets. Call 345-5898 to contact the ombudsman.

DISCOUNT PROGRAM

Approximately 700 merchants in Douglas and Sarpy Counties offer discounts of 5%, 10%, or as much as 25% on goods and services to senior citizens who have joined the Discount Program. To join requires only that the senior obtain a photo I.D. card through the Aging Office (at a nominal one-time charge) and then show the card when making a purchase at a participating merchant. Call 345-5898 to find out where to obtain a Discount card and to get a list of participating merchants.

POSTAL ALERT

An older person can alert the mail carrier in his neighborhood to keep a special watch on his house through the Postal Alert Program. The mail carrier will then be careful to note any signs of possible problems (e.g., uncollected mail, paper not picked up, etc.) and will notify the Office on Aging if they occur. The Aging Office will then check with the older person or a family member or neighbor to see if everything is all right or to give assistance. There is no charge for this service. Call 345-5898 to apply or to obtain more information.

LEGAL SERVICES

Older persons can secure the help of attorneys and paralegals specially trained in the problem areas of the elderly through Legal Services Program of the Aging Office and Omaha Legal Aid. These may include problems with landlords or tenants, taxes, insurance, Social Security and Medicare, or wills and estates. (Sorry, no traffic, misdemeanor or criminal cases.) Call 345-5898 to obtain this legal assistance or to learn more about the program.

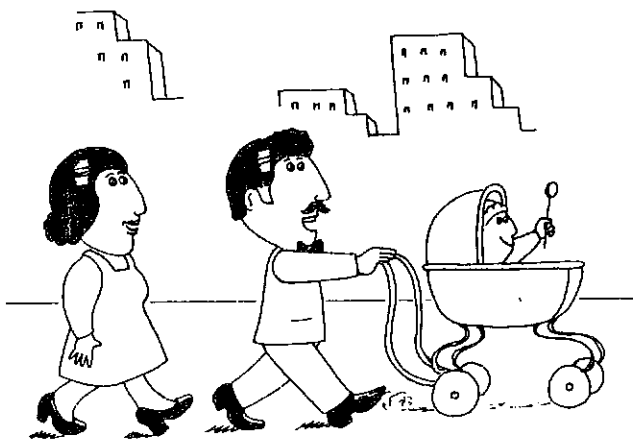
**HELP YOURSELF BY
HELPING OTHERS:
BE A VOLUNTEER**

**RETIRED SENIOR
VOLUNTEER PROGRAM**

The Retired Senior Volunteer Program (RSVP) places older volunteers in community agencies where they work in positions which fit their skills and interests. These volunteers receive benefits in insurance, meals and transportation and are given special recognition each year. Call 345-5898 to learn more about being an RSVP volunteer.

FOSTER GRANDPARENT PROGRAM

Foster Grandparents are senior citizens who work 20 hours per week as volunteers, establishing supportive relationships with children who need their companionship. Foster Grandparents work in hospitals, day care centers, schools and other agencies where children are present. They are given a tax-free stipend for their work and also receive benefits in insurance, meals and transportation. Call 345-5898 to learn more about becoming a Foster Grandparent.



Children need lots of care. Put some joy into your life and be a foster grandparent.

SENIOR COMPANION PROGRAM

Senior Companions are older volunteers who establish supportive, one-to-one relationships with other senior citizens who have a special need for a companion who can bring a sense of fullness and friendship, or some assistance, to the lives of those they help. Senior Companions usually work directly in the home of another senior. Companions receive a tax-free stipend for a 20-hour week, and other benefits in insurance, meals and transportation. Call 345-5898 to learn more about becoming a Senior Companion or to request the help a Companion can provide.

**FRIENDLY VISITOR/
TELEPHONE REASSURANCE**

This program provides volunteers who will arrange with senior citizens to place a regular telephone call or make a visit to them in order to keep in touch and help with any problems that might arise. Times for calls or visits are agreed upon in advance with the seniors. Call 345-5898 or obtain this service.

FOOD STAMPS

Food stamps are available through county social services for persons with limited resources. To find out if you are eligible to purchase food stamps call 345-5898.

EMPLOYMENT ASSISTANCE

The Employment Assistance Program seeks to locate jobs in the community for persons in their mid-fifties and older. Jobs are with community agencies or with private employers. Some have income qualifications; some do not. Call 345-5898 to find out how the Employment Assistance Program can help you.

SOCIAL SECURITY

Monthly social security checks may go to workers and their families when the worker retires, becomes severely disabled, or dies. Monthly benefits social security pays include: 1) *Retirement checks* - which you can start getting as early as age 62. 2) *Disability checks* - which go to workers who become severely disabled before age 65. 3) *Survivors checks* - which go to certain members of the worker's family if the worker dies. Social security checks usually are based on your average earnings under social security over a period of years. For more information about social security call 345-5898.

MEDICARE

The *Medicare* program helps protect people 65 and over from the high cost of health care. People under 65 who are disabled and who have been entitled to social security are also eligible. There are two parts of *Medicare*—hospital insurance and medical insurance. To find out more about the Medicare program call 345-5898.

SUPPLEMENTAL SECURITY INCOME

The SSI program provides extra money from the government every month in addition to your social security check if you qualify. SSI checks go to people 65 or older or blind or disabled who have little or no income and who do not own much in the way of resources. The limit on personal resources is \$1,500 for an individual and \$2,250 for a couple. If you are eligible for SSI, the amount of your monthly check will depend on what other income you have. You can apply for SSI checks at any social security office. You can find out more about SSI by calling 345-5898.



Taking care of your health is important, so have a check-up regularly!

HEALTH CENTERS

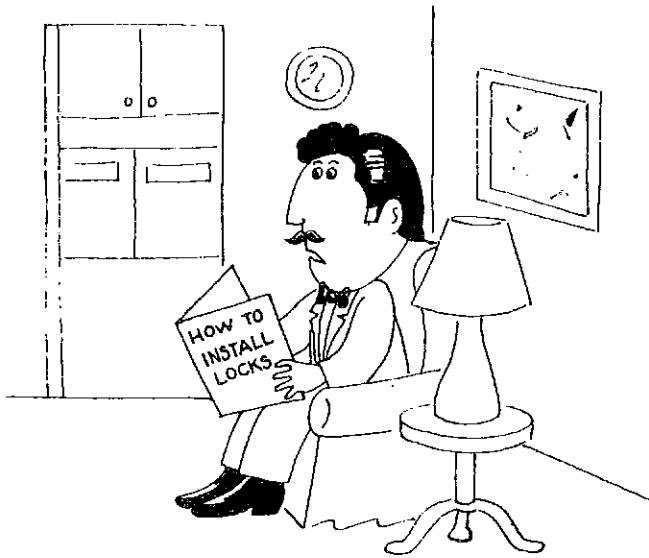
Staffed by the Visiting Nurse Association, these centers offer routine testing (e.g., blood pressure, weight monitoring), minor health services, and the opportunity to discuss general health condition with a nurse. There is no charge for these services. To learn more about this program call 345-5898.

INDIAN CHICANO HEALTH CENTER

This center offers dental care and preventive medical care. There are no charges for these services. To learn more about this program call 345-5898.

MEDICAID

In most states, people eligible for SSI checks also qualify automatically for Medicaid. If you are 65 or older, you probably have Medicare already. Medicaid is different. It is a state program that pays medical and hospital charges that Medicare does not cover. And Medicaid may be able to pay for dental care, eyeglasses, or prescription medicines. For help in finding out more about this program call 345-5898.



Do you need help with small repairs? If so, call the handyman program.

HANDYMAN/SECURITY

Older homeowners can obtain minor repairs on their houses at moderate to low cost through the Handyman Program. Most common smaller repairs are included, along with some decorating jobs. Major items such as remodeling, roofing or a complete exterior paint job would not be provided, however. This program will also install security devices such as dead bolt locks, window locks, and door viewers. Call 345-5898 if you need home repair services.

HOMEMAKER PROGRAM

This program helps the older person living at home with routine household tasks such as laundry, grocery shopping, meal planning and cleaning. Trained personnel provided by the Visiting Nurse Association perform these tasks and also will do some personal care as prescribed by a physician or nurse. Cost of these services is based on the senior citizen's income. Call 345-5989 to obtain more information.

VETERANS BENEFITS

The veterans administration provides benefits and services for former members of the nations armed forces and for eligible members of the families of veterans. To find out more information about pensions, compensation payments, education and training, vocational rehabilitation for disabled veterans, veterans' hospitals or soldiers' homes call 345-5898 and they will help you.

TITLE XX FUNDING

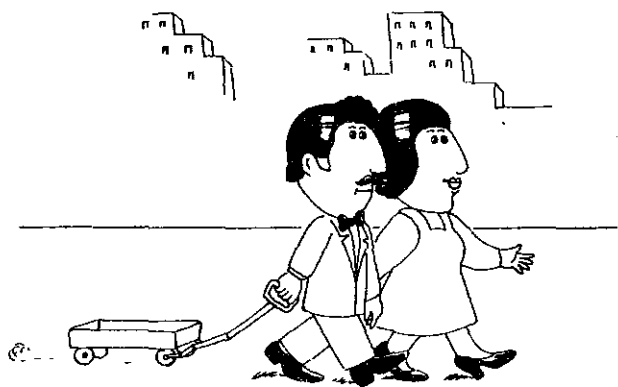
The main purpose for the Title XX program is to help elderly persons get the services they need to remain independent. If you are eligible the program will pay for the following services:

- 1) Adult day services
- 2) Chore services
- 3) Home delivered and congregate meals
- 4) Homemaker services
- 5) Transportation

Call 345-5898 to find out more about this program.

ADULT DAY SERVICES

Adult day services provide professional assistance in the areas of health, socialization, daily living skills, nutrition, nursing and recreation while allowing the older person to retain a base in his own home or the home of family members. Senior citizens receive these services at a day services center according to a schedule specifically designed for them by health professionals and family. For more information on day services and how to obtain them, call 345-5898.

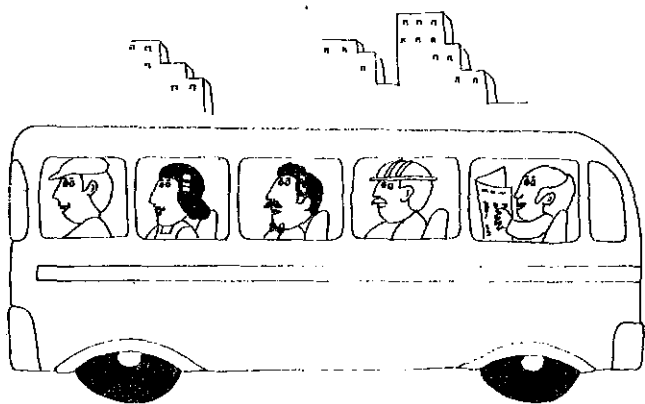


Why wear yourself out every day running errands or shopping?

TRANSPORTATION METRO AREA TRANSIT SERVICES

1) Reduced Fare For Elderly:

Individuals who are 62 or older who are retired may use public transportation for 10 cents a ride in Omaha. Proof of retirement is required before the individual will be certified to ride the bus. For more information about this program call 345-5898.



Instead... Ride the bus, relax and enjoy the trip to town in an \$80,000 chauffeured vehicle.

2) MOBY or Senior Handibus:

MOBY is Metro Area Transit's service for elderly or handicapped persons who *because of handicaps*, are unable to use public transportation, and have no other means of transportation. This is a specialized service and you must be certified to use it. Call 345-5898 to find out more about the service and to see if you qualify.

3) Portal to Portal Elderly:

This service provides transportation to the doctor, for grocery shopping or for other necessary trips. This service is very limited and is available only under certain conditions. To find out more about this service call 345-5898.

HOMESTEAD EXEMPTION

Older homeowners who are disabled, widowed, or living on a limited income may be eligible to be taxed on only a portion of the assessed value of their property. Call 345-5898 and they will assist you in finding out if you qualify.

WEATHERIZING YOUR HOME

Greater Omaha Community Action (GOCA) offers assistance to older citizens with weatherizing and insulating their homes. A GOCA work crew will do an assessment to see what work should be done. If you qualify GOCA will help you with both the cost and with the actual work that needs to be done. Call 345-5898 to see if you are eligible for this program.

INFORMATION AND REFERRAL

Questions about aging services in the community can be answered by calling one central telephone number at the Indian Chicano Health Center. The number is 345-5898. A Spanish-speaking person is on duty to help you. A call can be the best way to learn what kinds of aging services are available and to make arrangements to receive them when needed.

Desarrollado por

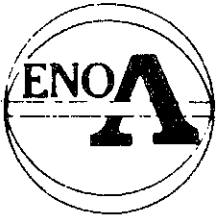


EL CENTRO PARA EL BUSQUEJO URBANO Y APLICADO

La Universidad de Nebraska en Omaha



y

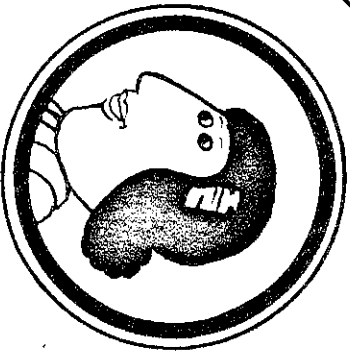


La Oficina para las Personas Mayores de Nebraska Oriental



SERVICIOS para

Ciudadanos Mayores





Las actividades para las personas mayores les dan la oportunidad para ver a los antiguos amigos y para conocerlos a nuevos.

Este folleto explica brevemente los varios programas de la "Eastern Nebraska Office on Aging" (La Oficina para los Ciudadanos Mayores de la Nebraska Oriental) y las otras agencias de Omaha. En su totalidad estos programas contribuyen a dos fines de la Oficina para los Mayores: 1) para realizar la independencia de las personas mayores; 2) para aumentar la satisfacción y los gustos de su vida.

Para cualquier información sobre los programas discutidos en este folleto, o sobre cualquier otro programa de servicios para los mayores de nuestra comunidad, favor de llamar: 345-5898. Un hispanohablante contestará.

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Geri Carmona

Josephine Heward



El cuidado de la salud es importante, por eso usted debe tener los exámenes regulares.

LAS CLÍNICAS

Estos centros que mantiene un cuerpo de la Asociación de Enfermeras Visitantes ofrecen exámenes rutinarios (por ejemplo, de la presión de la sangre, el amonestar del peso, etc.), los servicios menores de la salud y la oportunidad para discutir la condición general de la salud con una enfermera. No hay un costo para estos servicios. Para saber más sobre este programa, llame vd.: 345-5898.

LA CLÍNICA INDÍGENA-CHICANA

Este centro ofrece el cuidado dental y el cuidado médico y preservativo. Tampoco hay gastos para estos servicios. Para saber más sobre este programa, llame vd.: 345-5898.

EL "MEDICAID"

En la mayoría de los estados, los que son elegibles para los cheques del "SSI" también son elegibles automáticamente para el Medicaid. Si usted tiene 65 años, pudiera ser que ya tenga el Medicare. El Medicaid es diferente. Es un programa del estado que paga los costos médicos y los costos del hospital que no paga el Medicare. También el Medicaid pudiera pagar los costos del dentista, de las gafas y de las medicinas. Si usted quiere ayuda para aprender más sobre estos asuntos, llame vd.: 345-5898.

LA EXEMPCIÓN PARA LOS HERÉDADES

Los dueños mayores de casas que sufren alguna inhabilidad, que son viudos (as) o que viven de rentas limitadas pueden ser elegibles para impuestos parciales del valor avaluado de la propiedad. Para saber si usted califica, llame vd.: 345-5898.

REPARACIONES MENORES Y SEGURIDAD DE LA CASA

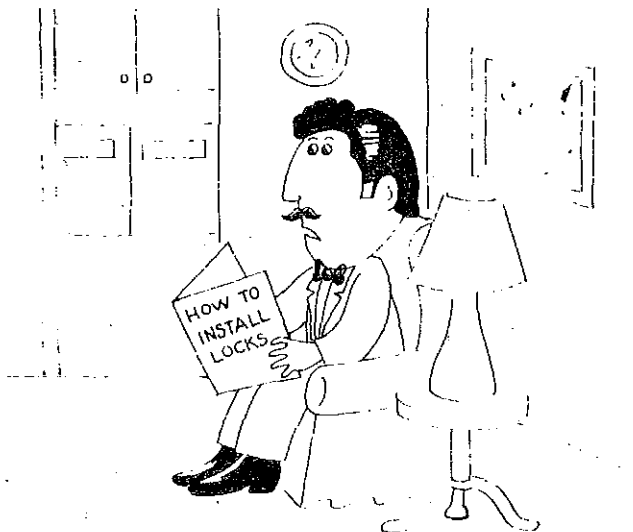
Los dueños mayores de casas pueden conseguir reparaciones menores para su casa para gastos moderados o aún bajos por el Programa "Handyman" (un hombre que hace varias tareas menudas). Este programa paga la mayoría de las reparaciones menores y algunas obras de decoraciones. Sin embargo, no se incluyen los trabajos mayores como la renovación, el techado ni la pintura exterior. Con este programa también se puede instalar los aparatos de seguridad como cerraduras, veedores para la puerta, etc. Si usted necesita este servicio, llame vd.: 345-5898.

EL PROGRAMA DOMICILIARIO

Este programa les ayuda a las personas mayores que viven solas a lavar la ropa, hacer las compras, planear las comidas, fregar y hacer los otros trabajos rutinarios de la casa. Las personas entrenadas proveídas por la Asociación de Enfermeras Visitantes hace estos trabajos y también harán algunos servicios recetados por un médico o una enfermera. Los costos de estos servicios están basados en las rentas de la persona mayor. Para más información, llame vd.: 345-5898.

LA PROTECCIÓN DEL MAL TIEMPO PARA LA CASA

La "GOCA" (en inglés "Greater Omaha Community Action" - La Acción de la Comunidad de Omaha) les ofrece la ayuda a los ciudadanos mayores para proteger la casa del mal tiempo. Unos trabajadores de la GOCA vendrán a su casa para averiguar y estimar lo necesario. Si usted califica, la GOCA le ayudará con el costo y con el trabajo efectivo. Para saber si usted califica para este programa, llame vd.: 345-5898.



¿Necesita usted ayuda con las reparaciones menores? Pues llame el Programa "Handyman".

LOS BENEFICIOS PARA VETERANOS

La administración para veteranos provee los beneficios y servicios para los exmiembros de las fuerzas armadas y para sus familias. Para saber más sobre las pensiones, los pagos de compensación, la educación y el entrenamiento, la rehabilitación vocacional para los veteranos que sufren de alguna inhabilidad, los hospitales para los veteranos o casas para veteranos, llame vd. 345-5898 y le ayudarán.

FONDOS DEL TÍTULO XX

La intención principal del Programa-Título XX es ayudar a las personas mayores a conseguir los servicios que necesitan para quedarse independientes. Si usted califica, el programa pagará lo siguiente:

- 1) los servicios diarios para adultos;
- 2) los servicios para las tareas domésticas;
- 3) las comidas en casa o congregadas;
- 4) los servicios para los caseros;
- 5) la transportación.

Para más información y para saber si usted puede utilizar estos servicios, llame vd.: 345-5898.

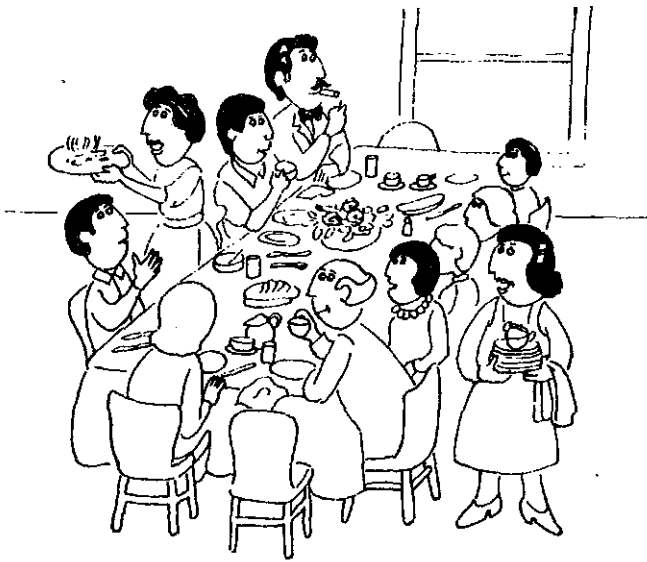
LOS SERVICIOS PARA ADULTOS DURANTE EL DÍA

Los Servicios para Adultos durante el Día provee ayuda profesional en los asuntos de la salud, la socialización, las habilidades para la vida cotidiana, la nutrición, el cuidado de los enfermos y el recreo, mientras la persona mayor mantiene su base en su propio hogar o en la casa de parientes. Los ciudadanos mayores reciben estos servicios en el Centro de Servicios Diarios en coordinación con un programa especialmente establecido para ellos por profesionales y la familia particular. Para más información sobre este programa y para saber conseguir estos servicios, llame vd. 345-5898.

LA TRANSPORTACIÓN Y LOS "SERVICIOS DE TRÁNSITO PARA EL ÁREA METROPOLITANA"

(o en inglés el "Metro Area Transit Services")

1) Rebaja del pasaje para las personas mayores: Los individuos que tienen 62 años o más y que son retirados pueden utilizar la transportación pública por 10 centavos por pasaje en la Ciudad de Omaha. Se necesita presentar una prueba de retirado antes de ser certificado para este programa. Para más información sobre este programa, llame vd.: 345-5898.



La comida nutritiva es buena para la salud. La amistad y la camaradería que se puede lograr de comer en estos centros con los amigos es un dividendo extra

LAS COMIDAS PARA LOS QUE NO PUEDEN SALIR DE CASA

Si usted es eligible, se lo llevarán las comidas nutritivas a su casa. La Asociación de Enfermeras Visitantes ("The Visiting Nurse Association") ofrece este servicio. Para información, llame vd.: 345-5898.

EL OMBUDSMAN

El "Ombudsman" responde a las preocupaciones que los miembros de la comunidad presentan sobre la Oficina para las Personas Mayores (la "Aging Office") y sobre los programas para los mayores. El Ombudsman también ayuda personalmente y confidencialmente en las situaciones cuando la persona mayor tiene dificultades especiales que uno de nuestros programas no puede resolver. Para ponerse en contacto con el Ombudsman, llame vd.: 345-5898.

EL PROGRAMA DE DISCUENTOS

Aproximadamente 700 comerciantes del Condado Douglas y del Condado Sarpy ofrecen descuentos de 5%, 10%, y hasta 25% en sus mercancías y servicios para los ciudadanos mayores que son miembros del Programa de Descuentos. Para alistarse, no requiere más que usted obtenga una tarjeta de identidad con foto de una Oficiante para los Mayores. Se puede conseguir esta tarjeta para una retribución nominal y luego cuando usted compre algo, no hay más que enseñarle esta tarjeta al comerciante que participa en este programa. Para saber dónde conseguir la tarjeta y una lista de comerciantes participantes, llame vd.: 345-5898.

LA ALERTA POSTAL

Por el Programa de Alerta Postal las personas mayores pueden avisar al cartero de su barrio para que el vigile la casa. El cartero notará cualquier indicación de problemas peculiares (por ejemplo, cuando usted no colecciona el correo o el periódico, etc.) y si estas cosas pasan, notificará a la Oficina para los Mayores. Entonces la Oficina averiguará si hay algún problema (es decir, llamará o a la persona mayor o a la familia o a un vecino para verificar si haya o no un problema). Tampoco hay costos para este programa. Para usar este programa o para saber más de ello, llame vd.: 345-5898.

LOS SERVICIOS LEGALES

Las personas mayores pueden conseguir la ayuda de un abogado o de personas paralegales especialmente entrenadas en los problemas de los mayores por el Programa de Servicios Legales para la Oficina para los Mayores y la Oficina de Ayuda Legal de Omaha. Estos problemas pueden incluir los problemas con los arrendadores o los arrendatarios, los impuestos, el seguro, la Seguridad Social y el MEDICARE, o con testamentos y propiedades. (Lo sentimos, pero no incluye infracciones del reglamento del tráfico, fechorías, ni acciones criminales.) Llame vd. 345-5898 para discutir la posibilidad de la ayuda legal o para saber más sobre estos programas.

AYÚDESE AYUDÁNDOLOS A OTROS: SEA VOLUNTARIO

EL PROGRAMA VOLUNTARIO DE MAYORES RETIRADOS

El Programa Voluntario de Mayores Retirados (o "Retired Senior Volunteer Program-RSVP, en inglés) los pone a los voluntarios mayores en las agencias de la comunidad donde trabajan en los puestos que mejor utilizan sus habilidades e intereses. Estos voluntarios reciben beneficios del seguro, de comidas y de la transportación y reciben cada año reconocimiento especial. Para aprender más sobre este programa, llame vd.: 345-5898.

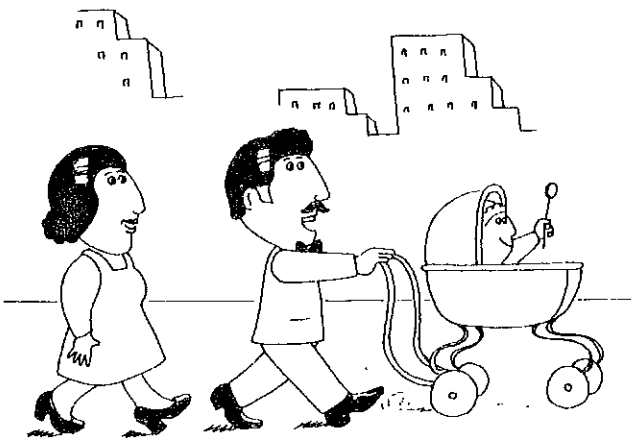
EL PROGRAMA DE COMPAÑEROS MAYORES

Los Compañeros Mayores son voluntarios mayores que establecen relaciones soportivas de una persona mayor con otra que tenga necesidades especiales de un compañero que pueda dar un sentido de totalidad y amistad, o ayuda,

a la vida de los que necesitan ayuda. Los compañeros reciben un estipendio libre de impuestos para una semana de 20 horas y otros beneficios del seguro, de comidas y transportación. Para saber más de este programa o para pedir la ayuda de un compañero, llame vd.: 345-5898.

EL PROGRAMA DE ABUELOS ADOPTIVOS

Los Abuelos Adoptivos son personas mayores que trabajan 20 horas por semana de voluntarios, estableciendo relaciones soportivas con los niños que necesitan tales compañeros. Los Abuelos Adoptivos trabajan en los hospitales, en los centros del cuidado diario, en las escuelas y en otras agencias donde se encuentran a los niños. Los voluntarios reciben un estipendio (libre de impuestos) para su trabajo y también reciben otros beneficios como el seguro, las comidas y la transportación. Si usted tiene interés en este programa, llame vd.: 345-5898.



Los niños necesitan el amor y la atención. Aumente la felicidad de su vida y sea un abuelo adoptivo.

UN VISITANTE AMABLE/EL REASEGURO POR TELÉFONO

Este programa provee voluntarios que establecen un horario para llamarlas regularmente a las personas mayores o para visitarlas de vez en cuando para que se queden en contacto con alguien y para que alguien pueda ayudarlas cuando haya problemas. Se puede establecer la hora predeterminada para las llamadas o las visitas si usted llame: 345-5898.

LAS ESTAMPILLAS PARA LA COMIDA

Las estampillas para conseguir la comida están disponibles para las personas con rentas limitadas en los centros de servicios sociales del condado. Para más información sobre la compra de estas estampillas, llame vd.: 345-5898.

LA AYUDA PARA ENCONTRAR EMPLEO

El Programa para la Ayuda para Encontrar Empleo ("Employment Assistance Program") trata de encontrar puestos en la comunidad para las personas de cincuenta o más años. Hay puestos con agencias civiles y con compañías privadas. Algunos tienen calificaciones de rentas, y otros no. Llame vd. 345-5898 para saber más de este programa.

LA SEGURIDAD SOCIAL

Los cheques mensuales de la Seguridad Social se puede enviar al trabajador o a su familia cuando se incapacite severamente o cuando se muera. Los beneficios mensuales de la Seguridad Social incluyen: 1) *los cheques de jubilación* — los cuales vd. puede recibir después de llegar a los 62 años; 2) *los cheques de la incapacidad* — los cuales recibe el que esté incapacitado antes de llegar a los 65 años; 3) *los cheques para los sobrevivientes* — los cuales puede recibir la familia del muerto. En general, el valor del cheque de la Seguridad Social está basado en el promedio de ganancias bajo la Seguridad Social después de un período determinado de años. Para más información, llame vd.: 345-5898.

EL "MEDICARE"

El programa del *Medicare* trata de proteger a los ciudadanos de 65 o más años de los aumentados costos del cuidado de la salud. Las personas con menos de 65 años que están incapacitadas y que tienen derecho a los beneficios de la Seguridad Social son también elegibles para este programa. Hay dos partes del *Medicare* — el seguro para el hospital y el seguro médico. Para saber más, llame vd.: 345-5898.

RENTAS SUPLEMENTARIAS A LA SEGURIDAD SOCIAL

Si usted es elegible, el programa de Rentas Suplementarias a la Seguridad Social (o "SSI" en inglés) provee fondos suplementarios del gobierno cada mes además del cheque de la Seguridad Social. El "SSI" les envía los cheques a las personas con 65 años o más o a los que son ciegos o que están incapacitados y que no tienen (o tienen pocas) rentas y que no poseen muchos recursos. Los límites para fondos personales son \$1,500 para un individuo y \$2,250 para un matrimonio. Si usted es elegible para el "SSI," la cantidad de su cheque mensual dependerá de las otras rentas que usted tenga. Usted puede llenar una solicitud para los cheques del "SSI" en cualquier oficina de Seguridad Social.