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A Needs Assessment of Older Hispanics in Omaha, Nebraska

The original report on which this article is based was the result of research conducted by CAUR for the Nebraska Mexican American Commission with funding from the Nebraska Commission on Aging. The full report was titled A Needs Assessment of Older Hispanics In Omaha, Nebraska. A second project examining public service usage by older Hispanics in Scottsbluff and Lincoln is currently underway and is being sponsored by the same agency.

By David R. DiMartino

The Context

The successful delivery of human services requires rational program planning. Rational program planning, in turn, requires evaluation of 1) the needs of targeted client groups, 2) the availability of established services to the potential clients, and 3) the utilization of available services by the client population(s). The success of human service delivery systems, therefore, must incorporate the assessment of public programs in terms of the correspondence between client needs and service provision and usage.

Lack of participation in established programs may be attributed to a wide variety of cultural, economic, spatial, and/or structural factors; those factors may serve as direct or indirect barriers to participation. Agencies responsible for program administration and service delivery may be unaware of the existence or extent of such barriers or of the options available to overcome them, or they may be unconcerned with such considerations. In any case, public programs which fail to reach identifiable groups in need cannot be considered successful. Therefore, the assessment of program participation is a primary requisite for rational program planning and development in the human service field.

The objective of this report is to assess the utilization of public service programs by one specific client group—older Hispanics residing in Omaha, Nebraska. The focus of the report is to assess the degree to which older Hispanics are both aware of and participate in established public service programs. The analysis also examines factors which may influence public services usage, including the study group's demographic, residential, interaction, and attitudinal characteristics. Patterns in the data base are noted and compared with the tendencies of other older Nebraskans.

The Research Design

The study subjects of this analysis, older Hispanics in Omaha, were defined according to three characteristics—age, ethnicity, and residential location. The age characteristic was predefined to include only those persons 60 years of age or older. The group's ethnic character was defined originally as Hispanic in order to avoid both the use of culturally and socio-politically biased terms and allow for the inclusion of subethnic groups (including Mexican-Americans, Puerto Rican-Americans, etc.). In fact, all of the study subjects located through field research proved to be of Mexican ethnic origins. Also predetermined was the limitation of selecting study subjects only from those older Hispanics residing in the City of Omaha.

The data analyzed for this report were generated from the information gained from personal interviews conducted with 80 of Omaha's older Hispanics during May and June of 1979. The survey instrument was designed in consultation with the Mexican-American Commission and Commission on Aging in order to insure its comparability to a previous statewide survey of older Nebraskans. The questionnaire was translated into Spanish and was administered by bilingual interviewers in the language for which each respondent expressed a preference.

Potential respondents were identified and located (see map) by Omaha Hispanic Community leaders. The unavailability of up-to-date reliable data (census or otherwise)—characterized as both age-specific and ethnicity-specific—on the exact size of the study group makes it impossible to compute the exact proportion of their group which the respondents represent. Though imprecise, the most reliable estimates available suggest that the 80 respondents represent a sample of approximately 16 percent of all older Hispanics in Omaha.

Analysis of the data consisted of the computations of joint frequency distributions in order to determine the degree of association between any pair of variables. The statistical measurements of those associations were used to examine the possible explanations for the use or non-use of public service programs by Omaha's older Hispanics.
Omaha's older Hispanic population was found to be concentrated within the southern section of Omaha, known as South Omaha. At the time of the survey older Hispanics resided predominately in individual private homes (89 percent), and 73 percent of older Hispanics owned their houses. Older Hispanics have lived in their present residences relatively long periods of time, with 57 percent living at their present locations 20 or more years. Ninety percent have lived at other locations in the United States prior to their present residence.

Omaha's older Hispanics were found to be physically mobile and socially interactive. Eighty-nine percent of older Hispanics got out of their homes at least several times per week. Twenty-six percent walked to get around, 30 percent took a bus, 33 percent drove, and 41 percent were driven.

Most of older Hispanics dined with others. Sixty-six percent ate their main meals with a spouse. This might mean they were married and living with spouses. Slightly more than 90 percent were currently married. Forty-seven percent were currently employed. Forty-seven percent of older Hispanics had household incomes which fell below "low-income" levels, according to HUD guidelines.

Older Hispanics visited with relatives; however, a full 25 percent did dine alone. Additionally, 40 percent of older Hispanics ate meals away from home regularly/often. Older Hispanics enjoyed many varied activities in and away from their homes. Categories of activities in their homes were: entertainment (70 percent), gardening (55 percent), and chores (41 percent). Activities away from home included: entertainment (46 percent), socializing (30 percent), and church-related activities (30 percent). Other activities desired but unrealized by older Hispanics included: entertainment (65 percent), sports (29 percent), and church-related activities (30 percent). Spanish-language education, employment (4 percent), and church-related activities (30 percent). Spanish-language education, employment (4 percent), and church-related activities (30 percent). Older Hispanics visited with relatives more frequently than with friends. Seventy-six percent visited with family members regularly/often. Twenty-four percent visited with friends regularly/often.

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program. Proportionately more women, fewer married, and less educated Hispanics participated in the program. In addition, greater participation came from those of longer residence at their current addresses.

The Food Stamp Program was used by 12 percent of older Hispanics. Proportionately more renters, younger, and more married among older Hispanics used this program.

The Senior Citizen Discount program had 11 percent of older Hispanics using its services. A greater proportion of participants were married, younger (in their 60's), and were relatively more educated.

More than participation rates must be determined, however, in order to assess the adequacy of public programs in reaching their intended clients. Two of the additional considerations are whether the potential program users qualify for the programs, and whether the potential users wish to participate in the programs.

The financial characteristics of Omaha's older Hispanics suggest that considerably greater numbers of older Hispanics are qualified to participate in certain programs than are currently participating. With 90 percent of Omaha's older Hispanic households falling within the low income status (according to HUD guidelines), the proportions of households eligible for financially defined programs are greater than those currently participating. (See Table 2.)

As an example, with 13 percent of older Hispanics owning their own houses and 90 percent at or below low income levels, those qualified to receive assistance through residential programs should logically exceed the current number of users. Likewise, considering the sizable minority who eat alone (25 percent) and the relatively lesser participation in the Meals on Wheels program (12 percent), some additional demand for that service should be found among older Hispanics. In similar manner, given the considerable dependence upon travel by foot and by bus among older Hispanics and the prominence of transportation problems cited by the few who had difficulty receiving health care, both the Handibus and Home Health Care programs might be expected to have a greater number of participants than is currently the case. Thus there are strong indications that the current demand for public programs among Omaha's older Hispanics is not being met by the supply of public programs.

<table>
<thead>
<tr>
<th>TABLE 2</th>
<th>ANNUAL HOUSEHOLD INCOME AS DIFFERENTIATED BY SIZE OF HOUSEHOLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Household Income($)</td>
<td>Number in Households</td>
</tr>
<tr>
<td>Person in Households</td>
<td>1-Person</td>
</tr>
<tr>
<td>0-2,400</td>
<td>3</td>
</tr>
<tr>
<td>2,401-3,600</td>
<td>5</td>
</tr>
<tr>
<td>3,601-4,800</td>
<td>3</td>
</tr>
<tr>
<td>4,801-6,000</td>
<td>1</td>
</tr>
<tr>
<td>6,001-9,600</td>
<td>-</td>
</tr>
<tr>
<td>9,601-13,200</td>
<td>-</td>
</tr>
<tr>
<td>Low-income threshold</td>
<td>-</td>
</tr>
</tbody>
</table>

*Douglas/Sarpy Counties “low income” threshold values for 1978 are: $9,350 for one-person households, $10,700 for two-person households, and $12,000 for three-person households.

Whether actual demand for public programs among older Hispanics exceeds the supply is not so clear, particularly in non-financial programs. In other words, while older Hispanics may be eligible, they may not desire to participate in some public programs. As an example, although 85 percent of older Hispanics knew of a hot noon meal program, only 31 percent participated regularly or occasionally. Whether that knowledge without participation is due to disinterest, lack of transportation, or some other reason(s) is difficult to establish. Likewise, while an analysis of social interaction suggests a need for additional interaction for some (particularly with non-relatives), not really clear is whether older Hispanics desire that greater interaction with non-relatives through public programs. Therefore, whether the older Hispanics would utilize additional interaction services if given the opportunity is not clear from this analysis.

An alternative way of examining the relative desirability of a public program might be to compare rates of participation in that program with rates of knowledge about the program between the age subgroups. If the proportion of older Hispanics with knowledge about a program increases with age (60's to 70's to 80's) but participation decreases with age, then participation in that program either becomes less desirable among older Hispanics with increasing age or becomes less accessible for older Hispanics with age. In such a case the public agency must either demonstrate the desirability of the program to potential clients or facilitate their usage of the program. The only one of the 15 selected programs which fits that pattern is the Senior Citizen Centers program.

Alternatively, if the proportion of older Hispanics participating in a program increases with age but the proportion knowledgeable about the program decreases with age, then the public program would seem to be failing to reach Hispanics who would use the program. The two programs which fit this case are the Handibus Transportation program and the Handyman Repair Service program. Other programs do not demonstrate a regular change in participation and knowledgeability with age.

In short, the needs of Omaha's older Hispanics can be documented, and their lack of participation in and knowledge of programs can be shown. Less clear, however, is whether established public programs are serving an adequate proportion of Hispanics in need and, more importantly, whether older Hispanics desire that public assistance. If the assumption is made that Hispanics desire and would participate in public programs addressing their needs, then the indication is strong that established public programs for the elderly need to reach a greater proportion of older Hispanics than is currently being achieved.

Public Service Utilization - the Comparative Context

The extent of the usage of public programs by Omaha's older Hispanics can be further analyzed by comparing their usage to the usage rates of other older Nebraskans. (See Table 3.) Given the proportionately greater number of older Hispanics receiving relatively lower incomes, Omaha's older Hispanics should be expected to utilize public programs (particularly those involving financial aid) to a greater extent than would older Nebraskans in general. (Some of the difference in participation between groups also may be influenced by the existence of a particular program in one location, such as Omaha, but not in other locations across the state.)
Older Nebraskans participated to a greater extent than did Omaha’s older Hispanics in six of the 15 selected public programs examined. The six programs with greater participation from older Nebraskans included: Social Security, Supplemental Security Income, Senior Citizen Discounts, Homeowners’ Insurance, Senior Citizen Centers, and Telephone Reassurance. Only the Senior Citizen Discount program had a substantially greater proportion of older Nebraskans (more than twice as many) participating in the program as compared to older Hispanics. However, the greater participation of older Nebraskans, as compared to older Hispanics, is more characteristic of financial and one residential programs were the opposite of what would be expected, based upon the lesser financial status of the older Hispanic group. Thus, Omaha’s older Hispanics appeared to be participating disproportionately less than were older Nebraskans in several of the public service programs examined.

Older Nebraskans participated to a lesser extent than did Omaha’s older Hispanics in eight of the examined programs. The eight programs tended to be of the health/nutrition (Food Stamps, Meals on Wheels, and Home Health Care) and interaction (Friendly Visitors, Retired Senior Volunteers, and Handibus) types. Determination of what the expected balance usage for these programs should be between the groups is more difficult. However, if financial need can be accepted as an indicator of the need for nutrition program assistance (Food Stamps and Meals on Wheels), and if transportation need is acceptable as an indicator of the need for assistance (Friendly Visitors and Handibus), then older Hispanics should participate in those programs to a greater extent than do older Nebraskans. How much more older Hispanics should participate in the programs cannot be determined from the data.

Older Hispanics, therefore, participated proportionately less than did older Nebraskans in eight of the programs examined. The differences in the proportion of older citizens of each group participating in public programs were not great, except for the Senior Citizen Discount program with significantly less Hispanic participation. In view of the relatively greater financial need among older Hispanics of these results suggest a need for public programs to reach a greater number of older Hispanics.

The need for public service programs to reach a greater proportion of older Hispanics is further substantiated by the comparison of program awareness among older Hispanics and older Nebraskans. Ten of the 15 public programs more familiar to a greater proportion of older Nebraskans than they were to older Hispanics. Furthermore, 14 of the programs were better known among older Nebraskans in the urbanized Eastern Region than they were among the older Hispanics, who resided in that same region. (The differences in awareness of some programs were particularly great between older Hispanics and older Nebraskans in the Eastern Region.) If a greater awareness of public programs is likely to generate greater program participation, then program usage by older Hispanics should increase with an increased awareness of public programs. The anticipation of increased participation with increased awareness is particularly true for older Hispanics since the existence of unmet needs can be documented.

Conclusions

Analysis of the responses of those surveyed for this report demonstrates several areas of need among older Hispanics. Comparisons of the espoused needs of older Hispanics with the needs of other older Nebraskans reinforce the relative greater needs among Hispanics as compared to the general population. The most significant of the documented needs for older Hispanics are financial. The proportion of older Hispanics (90 percent) subsisting on incomes below low-income level demonstrates the extent and severity of the financial problems faced by the group. In addition, almost all other aspects of living, including activities and services which involve use of less than 16 percent for 14 of 15 programs examined, the public services are clearly under-utilized by older Hispanics. Moreover, compared to other older Nebraskans, older Hispanics are less aware of 10 out of 15 programs and participate less in six of the programs. Ironically, the financial and residential programs for which older Hispanics have the greatest need are those very programs least utilized.

The need for greater knowledge of and participation in public service programs by older Hispanics suggests the necessity for better dissemination of information on those programs. That information should be available in Spanish, as well as English, so that those who have difficulty with English may also receive first-hand information. In addition, the financial needs of Omaha’s older Hispanics suggest the necessity for greater efforts at locating and encouraging older Hispanics with participation rates of less than 16 percent for 14 of the 15 programs examined, the public services are clearly under-utilized by older Hispanics. Moreover, compared to other older Nebraskans, older Hispanics are less aware of 10 out of 15 programs and participate less in six of the programs. Ironically, the financial and residential programs for which older Hispanics have the greatest need are those very programs least utilized.

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The results of this research are compared to the reported results of the survey of older Nebraskans conducted by Research Associates of Lincoln (1978) under contract with the Nebraska Commission on Aging.


The consumer is defined as a folk practioner or folk healer in Arthur L. Campbell, Hispanic Culture in the Southwest, Norman: University of Oklahoma Press, 1970, pp. 201 - 203.

Similar conclusions were reached based upon the perspective of Omaha’s service providers and leaders in the Hispanic community in Galveston, as reported in Utilization of Services by Omaha’s Older Mexican-Americans, Omaha: Center for Applied Urban Research, University of Nebraska at Omaha, 1970.

## Table 3

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Percentage of Older Hispanics Participating</th>
<th>Percentage of Older Nebraskans Participating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security</td>
<td>92</td>
<td>97</td>
</tr>
<tr>
<td>Supplemental Security</td>
<td>35</td>
<td>48</td>
</tr>
<tr>
<td>Senior Citizen Discounts</td>
<td>72</td>
<td>63</td>
</tr>
<tr>
<td>Health/Nutrition</td>
<td>87</td>
<td>90</td>
</tr>
<tr>
<td>Meals on Wheels</td>
<td>81</td>
<td>86</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>33</td>
<td>46</td>
</tr>
<tr>
<td>Residential</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handymen Repair Service</td>
<td>67</td>
<td>62</td>
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<tr>
<td>Homeowners’ Insurance</td>
<td>50</td>
<td>53</td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Citizen Center</td>
<td>74</td>
<td>86</td>
</tr>
<tr>
<td>Handibus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephonic Reassurance</td>
<td>12</td>
<td>22</td>
</tr>
<tr>
<td>Retired Senior Volunteers (HIV)</td>
<td>60</td>
<td>40</td>
</tr>
</tbody>
</table>

* The size of N varies among programs, from 65 to 22, see Table 83.