

DOCUMENT RESUME

ED 138 708

UD 016 997

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 TITLE Advances for the Spanish Speaking Elderly through Advocacy Programs.  
 INSTITUTION Aguilar Senior Citizens for Community Action, Inc., New York, N.Y.  
 PUB DATE 14 Jan 77  
 NOTE 34p.; Paper presented at the Research Utilization Project/The Generation Connection, Texas. State Department of Public Welfare Conference; A New Wrinkle on an Old Theme -Advances, Trends and Developments for the Spanish Speaking Elderly (McAllen, Texas, January 14, 1977)

EDRS PRICE MF-\$0.83 HC-\$2.06 Plus Postage.  
 DESCRIPTORS \*Community Action; \*Community Involvement; Gerontology; Neighborhood Centers; \*Older Adults; \*Senior Citizens; Spanish Americans; Spanish Culture; \*Spanish Speaking  
 IDENTIFIERS \*Advocacy; New York (Harlem); New York (New York)

ABSTRACT

This paper describes some of the ways in which Hispanic elderly in East Harlem in New York City are advancing as a result of advocacy program involvement. Major problems and needs endemic to the Hispanic elderly in East Harlem are identified and some of the basic causes of these problems are discussed. The areas discussed include housing, health, finances, social attitudes, family structure, and the community. Some of the advances that have been made in the East Harlem community include the work being done by the East Harlem Coalition of Senior Centers and advocacy programs such as the Aguilar Senior Citizens Center. Another positive program is the Outreach and Linkage Program where written agreements between the Aguilar Center and 8 major service providers in the community have been worked out. As a result of this program, the Hospital for Joint Diseases has become more involved in Hispanic community matters and in the special needs of the Hispanic elderly whom they serve. Descriptions of other specific programs are included. (Author/AM)

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ADVANCES FOR THE SPANISH SPEAKING ELDERLY THROUGH ADVOCACY PROGRAMS

by

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Aguilar Senior Citizens for Community Action, Inc.

New York, New York

presented at the

Research Utilization Project/The Generation Connection  
Texas State Department of Public Welfare

conference

"A New Wrinkle On An Old Theme--Advances, Trends and Developments  
for the Spanish-Speaking Elderly"

January 14, 1977

at the

McAllen Civic Center, McAllen, Texas

60016997

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## THEMES

### 1. Advances By The Hispanic Elderly As A Result Of Advocacy Program Involvement

- Examples:
- A- The Coalition
  - B- The Peer Counseling Project
  - C- The Outreach And Linkage Program
  - D- Attitude Changes

### 2- The Funding Structure

- A- At Present - Problems And Facts
- B- Suggested Changes

### 3- The Delivery Of Care And Services

- A- At Present
- B- Suggested Changes

## OPENING REMARKS

Today, I am going to present to you some projects and concepts which my agency and other local community programs have tried and are presently utilizing, and which might be adaptable to similar programs in other areas of the country. However, in order to do this, I must first provide you with the general background in which these programs were developed, and some details regarding their conceptualization and implementation.

### THE BASIC PROGRAM

The Aguilar Senior Citizens Center is a program of the Aguilar Citizens For Community Action Inc., a non profit agency located in the East Harlem Community (El Barrio) of New York City. The Aguilar Senior Citizens Center has been in operation since 1969 and until two years ago it's only source of funding was a \$45,000 a year grant from the Community Service Administration's Senior Opportunity Program. In 1975 we were awarded a \$23,800 grant from the Greater New York Fund for the purpose of operating a special project entitled The Outreach And Linkage Project. Our present staff consists of 6 full time and 2 part time workers. The highest salary is that of the Executive Director, \$9,000 per year, and the lowest is the Community Worker's at \$5,600 a year, full time.

The Center is open from 9:00 A.M. to 5:00 P.M., Monday thru Friday, and the following services are provided daily to our clients:

- 1- Hot lunch, free of charge - Title VII, N.Y.C.  
Dept On Aging
- 2- Escort service
- 3- Individual counseling
- 4- Friendly home visits to the homebound
- 5- Indoor and outdoor recreation
- 6- Information and referral
- 7- Outreach to the homebound
- 8- Alcoholism identification and referral
- 9- Psychiatric identification and referral
- 10- Basic Community Work Train senior citizens
- 11- Social Health Advocacy

The Aguilar Senior Citizens Center's services are available to seniors of all nationalities and ethnic groups, however, the Center's structure, personnel, and ambience is reflective of, and responsive to, the ethnic composition and makeup of the catchment area it serves. Therefore, it's programs are all geared to meet the special needs of the Hispanic elderly, since they comprise approximately 42.12% of all seniors in East Harlem. At the present time, there are approximately 20,000 senior citizens living in East Harlem.

## GEOGRAPHIC AREA SERVED

The East Harlem Community, or "El Barrio" is generally accepted as the area between East 96 St. and East 125 St., from the East River to 5th Avenue.

## POPULATION AND ETHNIC COMPOSITION OF EAST HARLEM

The ethnic composition of East Harlem's senior population is approximately 42.12% P.R; 33.98% Black; 21.39% white; 2.51% other. As of 1970, there were an estimated 141,239 persons living in East Harlem. Of these, there were 30,218 white; 47,992 black; 59,488 Puerto Ricans; and 3,540 Other Non White.

## FINANCIAL LEVELS - DATA AND STATISTICS

According to Mr. Henry Serrano, S.S.I. Field Representative of East Harlem, the current Social Security and S.S.I. statistics for this community are as follow:

~~Total persons receiving Social Security in East Harlem - 11,000 of which 5% are Hispanic elderly and 2% disabled.~~

Total persons receiving S.S.I. in E. Harlem - 5,000 of which 2,000 are Hispanic, the majority of them elderly.

The figures show that with the exception of approximately 700 persons, all the rest of the elderly, Hispanic, East Harlem population who have applied for and been granted Social Security have been shown to be below the National poverty level.

## HOUSING

The perimeter of East Harlem is composed of new, middle to high income co-ops, subsidized semi-private housing, and N.Y.C. Project buildings. The center is primarily made up of "old law" brown stone buildings, most of which have had recent fires which have partly or totally damaged them. The average monthly rental for the brownstones, even those in decrepit conditions, is approximately \$120 per month for a two bedroom apartment.

## HEALTH

There are 5 major hospitals servicing East Harlem. One is a State Psychiatric Hospital, three are Private Voluntary, and one is a City Hospital, None of them have geriatric clinics. Ten years ago there were 3 large Nursing Homes, now there's (1) one. Five years ago the private doctor practice was the primary alternative to the hospitals. In the past two years there has been an outstanding proliferation of "Neighborhood Health Centers" privately owned, and operated on a "for profit" basis. A typical example of the degree of proliferation is this: On one of the main streets of East Harlem there are three such clinics; one each of two corners and another in mid-block. At last count there were 5 others within a 5 block radius of 116 Street. A significant number of seniors are regular patients of those "clini

Concomitant with the increase in "Neighborhood Health Centers", is the increase in numbers of the "specialty" drugstore, which is usually in close proximity to the Neighborhood Health Centers and which seem to specialize in filling prescriptions of those Neighborhood Health Centers.

#### SENIOR CENTERS AND PROGRAMS

There are (6) six centers which provide a full complement of services to the elderly of East Harlem on a full time basis. There are (9) nine programs which offer a limited range of services on a two or three day per week schedule. One offers limited daily services. Of this total, only (2) two programs give priority to the special needs of the Hispanic elderly; Aguilar Señor Center is one, and La Iglesia Del Buen Vecino (The Church Of The Good Neighbor) is the other. There are a number of other programs and projects which open and close sporadically, frequently change their sites of operation and which maintain a very low profile. Their "Modus Operandi" render them of little, if any, consequence when tabulating the number of area programs which have a positive influence of the problems of the elderly.

#### EDUCATION

The average number of years of schooling completed by mainland Puerto Ricans was 8.6 in 1970. Among the elderly the figure drops to less than 5 years of completed school.

## IDENTIFIED PROBLEMS AND NEEDS OF THE HISPANIC ELDERLY IN EAST HARLEM AND SOME BASIC ROOT CAUSES

All problems of the elderly are interrelated and in the majority of cases they stem from the same root causes. In addition to the general problems which plague other seniors, the Hispanic senior must also contend with a language barrier, transculturation effects, and racial discrimination. I shall explore the problems as they pertain to: Housing, Health, Financial, Social Attitudes, The family structure, and the community.

### HOUSING

During 1940's the overall architectural design of most buildings in residential communities in N.Y.C. offered large, 4 and 5 bedroom apartments capable of accommodating the large extended family unit inherent to the Hispanic culture. The increased demand for housing led a number of landlords to subdivide large apartments into two and three smaller ones. At about the same time, the public housing projects being built consisted of mainly two and three bedroom aparts and efficiency studios. They imposed stringent eligibility requirements and occupancy laws which, combined with the trend for private apartment subdivision made the transition from extended family to nuclear family units almost imperative for the individuals survival. The split in the family usually manifested itself by the moving out of the younger, more mobil, family members, while the older, less capable, less financially independent persons remained in the old neighborhood.

Note - "The older a person gets, the more he or she needs and seeks stability, continuity and links with the past."

The home, "el hogar", is seen by the Hispanic elderly as a major stabilizing element in their lives. The advent of Urban renewal was a terrible blow to them. Over 90% of all government and community level planning in terms of demolition, relocation, and new construction was done without the input or knowledge of those who would be most affected, the elderly Hispanic apartment dweller.

The newly constructed buildings demanded rental fees which, in most cases, were out of the reach of those persons who had been relocated from the site. Some seniors have attempted to return to Puerto Rico to live, but most come back within a three month period of time. Their main complaints are that they don't feel "really" wanted, or that they could not adjust to the current life style in Puerto Rico. A large percentage of elderly Hispanics are now engaged in constant movement; from ghetto to ghetto, from burnt out buildings, to S.R.O. hotels, to high crime depersonalized public housing and back again to sub standard brown stones. They have been turned into "nomads of the inner city."



## FINANCIAL

Almost all of the Hispanic elderly of East Harlem live on fixed incomes. The monies come in the form of a check, via the regular mail. Lost checks are a daily occurrence in our community. Urban renewal projects, and emergency relocation due to fires keep a high percentage of the area's Hispanic population on the move. (This invariably leads to checks being sent to wrong addresses, and eventually lost or returned to the issuing agency. It then takes up to a month for a new check to be issued; and triggers a host of problems such as not being able to pay the rent, or to buy food, or other life sustaining necessities. The language barrier makes it literally impossible for the Hispanic elderly of East Harlem (most of whom are illiterate) to negotiate with the service providing agency on their own.

The Hispanic shut-ins, unable to go out of their homes because of physical or emotional illness, have no alternative but to wait and suffer, until the next regular check arrives. When the check arrives they must depend on others to take it and cash it for them. We have encountered many situations in which unscrupulous persons take advantage of the helpless, dependent position of the homebounds and swindle, trick, or just browbeat them out of most of their monies, on a regular basis.

## HEALTH - HOSPITALS

For years the New York City and State hospitals treated the Hispanic patients as second class citizens. They acted with total disregard for the language and cultural differences of the Hispanic population, even though in areas like East Harlem the Hispanics were in the majority. The new community militancy brought about many positive changes in the care and treatment of the Hispanic patient. However, the changes were aimed at the more vocal, active patient group; while the passive, less visible senior population continued to suffer the inadequacy of upper middle class, youth oriented hospitals and health services.

In order to be eligible for most forms of public financial assistance, the seniors have had to secure medical letters of certification. This kind of letter has also been required by New York City Housing, and government service provision agencies. Obtaining medical letters, statement, or records from hospitals was often a harrowing, traumatizing experience. For the elderly Hispanic patient who spoke no English and had no one to accompany him, and who was beginning to feel the confusion of senility it was sheer madness.

In those clinics which primarily services the poor and the elderly, it was common practice for doctors to arrive late, leave early- and devote a minimal amount of time to each patient. Follow up and outreach was sporadic, and often the elderly homebound received care only when their condition warranted the calling of an ambulance or probably admission. It was amid this chaos and "benign neglect" that the local, neighborhood "medicaid mills" were spawned. These "health centers" offered the Hispanic patient, especially the elderly illiterate all of the services which they had long yearned for. They could get any medical letters or statements



at any time of the day or evening. These letters were tailor made for each patient. The patients could visit the office as many times as they wished, obtain the medications of their choosing, and at times assist with the diagnosis. The staff were always Hispanic or bilingual and the doctors and nurses never made fun of the Hispanic elderly's "peculiar" cultural habits or characteristics. The "Medicaid Mills" made a bundle at the expense of the Hispanic patients wellbeing, while the medical establishment looked on with time studied pacivity. The delivery of health care and social services is one of our society's biggest business enterprises.

#### HEALTH-NURSING HOMES AND INSTITUTIONAL CARE

A few years back, of the three East Harlem based nursing homes, two were geared for the exclusive provision of services to a non Hispanic, (non Black) elderly, ethnic population. The third one made token admissions of Hispanic elderly, but since it's services, staff and cultural orientation were in no appreciable way cognizant of the special needs of the Hispanic elderly, they probably would have been better off not being admitted to it. The recent Nursing Home scandals, and subsequent investigations have brought about a dramatic change in the average Nursing Home's awareness of the Hispanic seniors existence. Not their needs, just their existence. Two months ago a top executive of a major Residential Care facility in New York City visited my office to offer the services of his establishment to our Hispanic seniors. His program would offer our seniors a non-Spanish speaking staff, all meals prepared to meet only the special requirements of another ethnic group, a telephone in every room (at .30¢ per call) daily. un-announced room inspections to be sure the property was not being damaged, and for all this, the elderly patient would be allowed to keep \$11.00 per month of his fixed income checks, regardless of the varying allowance sums up to \$600.00 per month. They did not provide direct medical care, but they did have contacts with certain medical personnel who visited the establishment regularly, and who treated the patients for no fee, other Medicaid and Medicare.

#### SENIOR CENTERS AND PROGRAMS

In the words of an ex-friend of mine, "the reason why small, Hispanic oriented community based programs fail to grow is that their staff and Board of Directors do not contain at least 50% of White Anglo-Saxon Professionals in them. Persons who are in the mainstream of power channels within the system and who can therefore add credibility to the programs in the eyes of the funding sources. Coming from a person who at the time held a major managerial position in a Hispanic community senior program this statement is a revelation indeed. In New York City, where 82% of the total Puerto Rican population in America reside, I estimate that almost all funding for programs which address the special needs of the Hispanic elderly are filtered through large "umbrella agencies", none of which are either Hispanic communities in New York were staffed almost entirely by non-Hispanic, non bilingual personnel.

This was especially true of the more influential decision making positions such as Program Directors and Executive Directors. The Board of Directors were mostly persons who commuted to the inner city Hispanic community from the suburbs, attended a board meeting and made decisions which would have profound effect on the lives of the Hispanic elderly, and then commuted back to their safe havens in the suburbs. Meanwhile, the elderly Hispanic consumer was left to deal with situations not of their making. Also, since most informational materials were in English only, they couldn't understand what they contained even if they could read. Disenfranchized by society, abandoned by their children, their cultural mainstay, the extended family in fragments, and faced with an ever decreasing life expectancy is it any wonder that they withdraw from society and become the isolated shut in of today.

Note: According to a 1960 report by Dr. Mario Rendon, M.D., Bellevue Psychiatric Hospital, NYC, Although Puerto Ricans are only 3.8% of the total population of New York, they provide 4.5% of all first admissions to all mental hospitals. Of those admissions, those over the age of 70 rank first.

In order to be assured of funding, no senior citizens program in New York dare state that it will only provide services to the Hispanic elderly. The same is not true for most of the other well known minorities in New York. They can, openly and with pride, proclaim their ethnic or racial orientation or priority, and in some cases exclusively. However, the Hispanic senior program must always couch its public statements in generally defined terms and qualified terminology. It's almost as if there was a stigma attached to the definition of "Hispanic". This negative attitude to something which other ethnic groups take pride in only serves to reinforce the feelings of deprecation and diminished self esteem amongst the elderly consumer, and the service providing programs staff. To date most of the advancements of the Hispanic elderly in New York State have been made on the coat tails of other ethnic groups. Thank heavens for long coat tails!

#### THE FAMILY UNIT VS. THE SYSTEM

As the family unit disintegrated, and the community structure crumbled, our society has sought to replace these natural support mechanisms with synthetic systematized processes which in the past had only been applied in cases of disfunctional or impaired persons. The emergence of this subtle conversion at first led to the fostering of undue dependency on service systems by the clients served. In the end, it has resulted in the wholesale use of the institutionalization process in seeking to address the ever increasing service needs of the powerless and infirm, young and old alike, but especially the aged. The elderly persons are either completely ignored in their own homes, or institutionalized and then forgotten. All for the sake of convenience. The irony is that studies have proven that it is much more costly (in terms of money) to care for a person in an institution, than to help them gain a measure of independence and self esteem in their own home.

## FUNDING

From the time that money is allocated at the Federal level, to the time that it actually reaches the elderly Hispanic it must travel through a maze of fiscal agents, conduits, appropriation boards, regional offices, city, State, and local "umbrella agencies". Finally it reaches the community agency which hopefully will know how (and be willing) to convert the moneys (at this point the moneys take the form of salaries and o.t.p.s) into direct services and delivery of care to the client. At almost any point in it's long, nebulous journey the moneys run the risk of getting bottled up, or re-routed, or just plain misappropriated (white collar crime).

These convoluted turns through which the allocated dollar must travel are of particular importance to the Hispanic elderly. Since their relative powerlessness and ostracism from the decision making process render them easy targets of fiscal abuse.

Note: The Hispanic elderly is usually mugged in one of two ways; at the street level by a desperate junkie addicted to drugs, or along the fiscal allocation route by desperate individuals addicted to power and money.

One of the latest wrinkles in the allocations process is the establishment of the "lateral movement" of monies. In the past, the course of the allocated dollar tended to be a vertical one, and no matter how many layers were interposed, some of it filtered down to the intended target population. However, now it gets moved along horizontal trajectories, at basically similar levels of operation. For example, the simplest form of horizontal movement is: Federal, to State, to City. The new parallel movement goes: Federal agency to Federal agency, Regional agency to Regional agency, State agency to State agency, City agency to City agency, local agency to local agency.

An in-depth comparative study of salaries and operating expenses between high, and mid-level public allocation units and Hispanic oriented, direct service providing, community based programs will portray a microcosm of the general inequity of the present system of allocations.

The sad part is that there is an apparent growing trend developing among some Hispanic controlled programs, at all levels, to mimic and emulate the negative, self serving behavior and operating style which I just detailed and described.

INNOVATIONS, SPECIAL PROJECTS,  
AND TECHNIQUES UTILIZED BY  
THE AGUILAR SENIOR CITIZENS CENTER  
AND OTHER ADVOCACY PROGRAMS OF  
EAST HARLEM IN THE ADVANCEMENT OF THE  
HISPANIC ELDERLY

I. THE EAST HARLEM COALITION OF SENIOR CENTERS  
PURPOSE:

1. To amplify and augment the strength and resources of small, independent, non-profit, community based, Hispanic elderly oriented agencies (as well as other ethnic minority oriented programs) and thereby, to insure their continuity, autonomy ethnic, identify and viability, in light of those problems which I have today enumerated.
2. To provide the consumer, especially the Hispanic elderly with a vehicle for the timely delivery of their in-pu<sup>t</sup>, to the decision making levels of "the system".
3. To insure the improvement and quality maintenance of service delivery, especially in the area of nutrition, to the elderly of East Harlem, with special consideration given to the particular needs (language and cultural) of the Hispanic elderly and other local minority groups of East Harlem.
4. To help break down the racial and ethnic barriers.
5. To provide the individual program administrators with an additional tool in the daily management of their programs.

DETAILS ON IT'S INCEPTION AND CHRONOLOGY OF EVENTS

In 1972 the City of New York informed its communities of the availability of funds from Title XVI of The Older Americans Act. Only one agency per target area would be funded. There were a limited number of target areas in New York and all hell broke loose in the inner city. Competition for the grant was fierce and viscous. I estimate that at least 55% of the work hours and energies of most senior center administrative and managerial personnel were devoted to the pursuit of that grant during an almost year long battle that further divided and polarized an already unstable community (in terms of service for the elderly).

During the course of the struggle, some important community aspects surfaced. The main ones being:

- A) Some of the larger, Anglo-oriented agencies made it quite clear that they didn't see a need for becoming involved in the competition since they would probably get the money any way, because of their structure.

- B) These large, non Hispanic agencies seemed to know all of the latest information even before it was made officially public.
- C) The small programs consistently got their information third hand, and had no channel to the funding sources.
- D) The small agencies flailing away at each other, down grading each other; and getting nowhere fast!
- E) The community's elected public officials were nowhere to be seen, or contacted by the small Hispanic programs and interested parties.
- F) The "system" seemed quite complacent with matters as they were.
- G) There had to be a better way!

The two smallest programs, Aguilar and Committee on Aging established a dialogue which eventually turned into a regular sharing of information (especially by phone) and which was joined by several other small groups. The trend grew rapidly, and almost in direct response there was a flurry of activity and interest on the part of the once haughty aloof super powers in the community.

We established ongoing communications with the City, and we came quite close to working out a "small miracle" in terms of cooperative work. However, at the last minute, The City hits us with the technicality of space requirements and seed money, and we began collapsing and breaking ranks as the large agencies dangled promises of "a small piece of the pie" to each small group.

As has been predicted, the grant was awarded to one of the cities oldest established, non Hispanic (but yet located in the middle of an overwhelmingly Hispanic Neighborhood) agency. However, we had learned a monumental lesson, and next time, when the next grant was announced, we were better prepared.

In 1974 two grants were announced almost simultaneously, Title III and Title VII of the Older American Act. Once again we fought, bickered, etc., but this time most of the small groups and Hispanic persons were as well versed in the details as any other group. The Title III was awarded in a novel tri-partite arrangement. I personally was unhappy at the fact that none of the three agencies involved was Hispanic controlled. But, I recognized (and so did other Hispanics) that at least they were in tune with, and aware of (in a genuine, demonstrative way) the special needs of the Hispanic elderly. We supported the arrangement and it still stands.

In the matter of the Title VII, we had become quite sophisticated in our use of available resources and overall approach. We used a multifaceted, wide array of tactics which included phone calls, neo-sit'ins, quasi-demonstrations at City Hall, letters, friendly persuasion, and breakfast and lunch meetings at our agencies and at the government offices. We also began opening channels of communication between the constituent seniors and the public elected officials.



In the end, the city and the small East Harlem groups struck an agreement whereby the Title VII grant would be awarded to a coalition of six (6) East Harlem based programs; four of which were very Hispanic oriented. The basics of the agreement are as follows:

- A Coalition of programs, designated as "satellites" would be formed.
- The coalition would have an Advisory Committee of one senior citizen representative from each agency, and one alternate. Also, one staff person from each agency would attend the meetings.
- Each agency would have one (1) vote.
- Only the Senior Citizen Representative (60 years old or older) could vote.
- The role of the staff person would be that of consultant and technical assistant to the seniors.
- The program would have one fiscal management unit and one legal sponsor on behalf of the group.
- The lunches (150 per day) were to be prepared in a central location.
- The central site would feed 60 persons per day in a congregate setting. The rest of the meals would be delivered by van to the satellites.
- The Dept. On Aging supplied the Coalition with the van, driver, and special equipment.
- East satellite fed as many (about 45 persons per day) as they could accommodate.
- Each satellite would be responsible for the provision of supportive services... (Social Service, Recreation, escort, etc) to each of its members.

DETAILED NET, TANGIBLE, GAINS FOR THE HISPANIC ELDERLY AS A RESULT OF THE ESTABLISHMENT OF THE EAST HARLEM COALITION OF SENIOR CENTERS.

- 1- The elderly Hispanic were given, for the first time in this community the opportunity to participate in a direct way as an active equal partner in the planning, development, and execution of a major enterprise which was to have a dramatic impact on their health and lives, as individuals and as a whole.
- 2- Specifically, it was the elderly, the consumer, who chose:
  - A) The food preparation site
  - B) The number of meals served at each center.
  - C) The kind of meals which were to be prepared.
  - D) The time the meals would be eaten.
  - E) The setting in which the meals would be served.
  - F) They participated directly in the interview and hiring process of the staff.
- 3- The elderly Hispanic was taught, for the first time, the workings of an Advisory Board and a Board of Directors.
- 4- The Hispanic senior, numerically attained a proportionate share of the input in a major community project.



- 5- The Hispanic elderly got the opportunity to be in a position of authority with their peers, both Hispanic and of other Hispanic ethnic groups. This provides them with the common ground conducive to the dispersal of racial biases and fears.
- 6- The Coalition not only helps predominantly Hispanic programs to retain their identity, but it also helps the Hispanic who are in the minority on other Coalition Centers.
- 7- The Coalition encourages the members of the individual centers and programs to participate in the activities and functions of all programs. This is a significant factor, since I have witnessed countless instances in which program personnel browbeat, cajole, and bribe people to keep them from participating in other programs. The reason for this is that they want to insure a certain level of statistics in order to insure their jobs. In almost every instance, these service programs (and Medicaid mills as well) are the least productive, least people oriented, and most impersonal of all programs. They are the ultimate expression of the way in which a great number of persons in our society view the delivery of services and care, as a BIG BUSINESS! Programs to be politically and logistically manipulated until the monies or interest runs out, then it is discarded in the mad scramble for greener (money green) pastures. But by then the program has been sucked dry of all its vibrancy and usefulness. The Coalition presents a most forthright and direct answer to this viscous trend. Its members are not in competition with one another, and the needless duplication of services is avoided by careful joint planning.

#### THE COALITION AT PRESENT

The Coalition is now serving 50 meals per day to 7 community satellites, and 100 meals at the central location. We have maintained fiscal integrity, accountability, and food quality at its maximum levels. In addition to meals on site, each satellite sends out approximately 10 meals to the seniors who are homebound. The meals are delivered by seniors volunteers who stay and visit for a while with the shut-in elderly.

The regular, bi-weekly meetings, and the attendance and interest shown, have slowly transformed the meetings into a "functional forum" where issues other than nutrition are freely and concisely discussed and analyzed. In almost 90% of the cases, direct action is taken on those issues discussed. Other community agencies, like the New York City Housing Authority, are communicating openly and regularly with the Coalition and its satellites in matters concerning the elderly. And so, things (at least as far as Coalition is concerned) are reaching a point of uniformity and mutual cooperation in the overall care and service delivery to the Hispanic and other elderly of East Harlem.

The Coalition has evolved into a planning council for other matters regarding the elderly. The key idea became that of "comprehensive" service delivery. I feel that this subtle change was due in part to the New York City Dept. On Aging's ongoing insistence for more than just meal service to the elderly by the satellites; that there should be other supportive service structured into each program and satellite. Interestingly enough, I also feel that the Dept. On Aging got that idea from community input at the planning stages of their programs. This is functional advocacy at its best! This is a prime example of the importance of the affirmative action clauses and the adherence to its principle of equal representation at all levels.

NOTE:

- 1- "Affirmative Action Clauses" are contained in all the guidelines of all Federal programs for the aging.
- 2- Most of the laws and legislature and legal support needed to insure the adequate equitable delivery of care to the Hispanic elderly are already on the books, in the records. What remains is to continue to make maximum use of them, and to set up training and informational forums for those who are not as well versed in the existence or proper use of these tools.

An example of this is the proposed project between the Aguilar Senior Citizens Center, and P.R.A.C.A. - The Puerto Rican Association For Community Affairs, and The West Harlem Tenants Council. (See attached initial agreement).

With the full cooperation and support of Ms. Valerie Levy, Manhattan Office Director, N.Y.C. Dept On Aging, the Coalition has begun talks with representatives of senior programs on the West Side of Manhattan to explore the feasibility of utilizing parts or all of the Coalition concepts in that area.

VIEWS AND OPINIONS RELATIVE TO THE SUCCESS OF THE COALITION

1. The need for a Coalition or similar structure was present.
2. There were enough advocacy minded persons, both lay and professionals working in the community and in the government agencies to effectively affect permanent change when working together.
3. Food is a common link between people. Eating is a natural socializing function, it brings people together. It gives them a known tangible quantity around which to interact with each other.
4. The very nature of the service, the daily provision of food, is a very stabilizing element. The feeling of constancy, and continuity are passed along to the concept of the Coalition and becomes a positive force, present (and palpable) at each Coalition meeting.

The open, candid, public minded approach used by us, together with the concept of "sharing" is antithetical and unattractive to self serving, negative, corrupt, and divisive community elements. This engenders the necessary ambience of mutual trust and respect, which in turn gives free reigns to the exchange of vital ideas and information. It saves a great deal of time and energy because the individuals don't have to be constantly on the alert and on the defensive. There's greater level of productivity and quality of work.

#### ACKNOWLEDGMENTS

Almost from the beginning, the New York City Dept. On Aging has been very supportive of the Coalition, and its efforts. I wish to give recognition to the following Dept. on Aging's staff persons for their cooperation and dedication to all elderly, including Hispanics:

Mrs. Valery Levy, Director, Manhattan Regional Office

Mr. Tony Knapp  
New York City Dept For The Aging

Mr. Hugo Cohen  
New York City Dept, For The Aging

and my congratulations to Commissioner Alice Brophy for her ability and resourcefulness in putting together the New York City Dept. On Aging, which I consider to be one of the exemplary agencies in our country in terms of humane and clarity of purpose.

## II. THE OUTREACH AND LINKAGE PROGRAM

### PROGRAM GOALS

1. To reach out, contact, and identify those seniors in the community who are lonely, isolated shut-ins.
2. To provide solid links between these persons and the rest of society.
3. To link up with other related agencies in this area in order to mount a concerted attack on the problems of our elderly population.

### FUNDING

The funding for this project was provided in part by the Greater New York Fund- Special Allocations Unit. We received \$23,824.00 the first year, and \$19,843.00 the second year which ends on January 27, 1977. We matched this money to that we received from the Community Services Administration \$43,296 per year. During the two program years, by means of the linkage aspect of the project we were able to secure approximately \$20,000 in in-kind contributions in the form of manpower and labor hours, especially skilled.

### PROGRAM IMPLEMENTATION

Aguilar convened a meeting between representatives of 36 programs and agencies in the community (see attached attendance list). We made sure that all persons in attendance were in a decision making, or authoritative, position in their agencies.

We presented our program and goals to them, and after a discussion period we requested and obtained firm commitments of future involvement and support from at least one-third of all persons in attendance.

With the help of the New York City Board of Education and the East Harlem Block School we set up a corps of volunteer students. To this body, we added teen agers from the Manpower Youth Program and adult volunteers from the East Harlem Community. We then divided the volunteer group up into units of two or three, composed of one adult and one or two youngsters. These units were then combined into a task force which was sent out to cover a building or set of buildings in carefully selected areas. The task forces were supervised by either a regular staff member or a Graduate Social Work Student. Special simplified recording and data gathering techniques were devised, and a recording "kit" was issued to each volunteer. Identification papers and cards were also prepared and issued.

Before any field work was done by any of the volunteers they were all given two weeks orientation, group and individual, by trained staff members and consultants. The linkage with the New York City Housing Authority proved invaluable, since they helped us compile lists of tenants who were over the age of sixty. We were able to key on specific targets and our work time and experience was out by at least half.

An important side product was that eventually the parents of the school students started coming to the center to get information about this project in which their sons and daughters were so engrossed. In most cases the parents became volunteers also, and the teams were received and restructured so that they made the home visits with their parents (in most cases their mothers). We perceived this as a beautiful natural trend leading to the bridging of the age groups.

Sadly enough, in the first year, we identified more homebound elderly that we could service directly (600 in one 6 month period) and since we couldn't find enough referral sources, we had to drastically gear down the identification process and concentrate on the aspect of service provision. At this point, having exhausted all direct service provision referral sources, and seeing our own limited resources taxed beyond their limit, we have devised a program, The Senior Training Project which we hope will provide us with enough trained Advocates, "Peer Counselors" to begin to have a greater impact on the enormous needs of the isolated shut-in senior citizen. Through out all our work, beginning with the planning process, we have been in constant touch with the seniors in the community. We have gotten their opinions and advice, and we have given them detailed reports of all of our activities. We have publicized our efforts by means of the Hispanic and American news media. We have also made full use of the local and community news letters, and have sent out in excess of 2,800 flyers.

#### ACHIEVEMENTS

- (A) We have identified 1,009 homebound seniors and have provided direct services (especially crisis intervention) to over 700 aged shut-ins, most of whom are Hispanic.
- (B) We have established links, and worked out written agreements between Aguilhar and 8 major service providers in the community. These are: Hospital For Joint Diseases, Kirby Psychiatric Center, Experimental and Bilingual Institute of East Harlem, College For Human Services - NYC, James Weldon Johnson Community Center, The 110th Street Plaza Housing Development Corporation, Cornell University's - East Harlem Nutrition and Education Program, East Harlem Tenants Council (initial stages).
- (C) Three of the initial agreements have flourished into other areas, for example:

- c1) The Hospital For Joint Diseases, and Aguilar, are exploring the idea of a "Community Residence" as an alternative (and prevention) to institutionalization of the elderly person.
- c2) Since the East Harlem Tenants Council is also working closely with both, Aguilar and Joint Diseases Hospital there is the possibility of a tri-partite arrangement which would add a greater dimension and scope to the Linkage Project.
- c3) Aguilar, and The Experimental And Bilingual Institute had an original agreement for E.S.L. classes for our seniors. As a result of those classes we have jointly developed a Senior Citizens Training Program. It is designed to help seniors become more self sufficient in handling concrete problems and crisis situations. Also, we hope to provide the program participants with enough tools and skills to be able to help other seniors, especially the homebound shut-ins, of which over 42% are Hispanic. (See attached Prospectus). Self help and the volunteer spirit are the goals and hallmarks of this program, which has so far shown great promise and potential.
- (D) The Outreach and Linkage Project has made maximum use of already existing resources in a way that has enabled the Aguilar Senior Citizens Center to provide approximately 1.50 unit of service for every 1 unit of direct cash input.

#### FINDINGS AND OBSERVATION

Our country's present economic situation mandates exploration of alternate uses of existing resources, other than a direct 1 to 1 application ratio.

Some larger minority non profit organizations have been able to actually use "seed monies" to generate ongoing services from the private, individual and business sector. This has yet to be realized by the Hispanic oriented non-profit direct service providing programs in our area.

The linkage between program which service people of different ages and needs is not only feasible, but it's actually imperative in this period of rapidly depleting resource, and accelerated de-personalization and desensitization.

The current wave of brutal, seemingly senseless, assault on the elderly population, by the younger group bears testimony to this fact. And the increased incidence rate of elderly persons being discovered in their apartments, dead for 2 or 3 weeks, gives constant tragic reminder of the ravages of loneliness, isolation, and neglect.



AGUILAR OUTREACH AND LINKAGE PROJECT  
WITH HOSPITAL FOR JOINT DISEASES

GOALS AND OBJECTIVES

- 1- To develop effective use of community resources and referral systems.
- 2- To develop staff skills in such areas as:  
observation, identification, recording, communication.
- 3- To identify, and try to assist, seniors who suffer from alcoholism.
- 4- To determine the most functional approach to the alcoholism problems of elderly persons, in view of the severe shortage of alternate supporting mechanisms, and direct services, available to them.
- 5- To explore the use of interpreters and para-professionals by therapists in doing psychiatric evaluations, therapy, and case finding.
- 6- To establish and maintain a working relationship between the Hospital For Joint Diseases and Aguilar Center as an agent for change and advocacy in the community.

# P R O S P E C T U S

Title of Program: Experimental & Bilingual Institute, Inc.  
Senior Citizen Training Program

Address: 12 East 111th Street  
New York, New York 10029

Telephone: 348-4770/4771

Contact Person: Lorraine Cortes, Director  
Roberto Clemente, Instructor

## Statement of Goals

The Senior Citizen Training Program is committed to:

- 1) Develop the inherent skills and potentialities of East Harlem senior citizen, primarily hispanic, through a peer counseling project.
- 2) Expand services for East Harlem senior citizens, primarily the homebound, through a coalition of East Harlem Senior Citizen Center.

## Need

As part of its Community Service Program, The Experimental and Bilingual Institute has established close working relationships with various community agencies; one of these being The Aguilar Senior Citizen Centers.

Aguilar is the only bilingual full-time senior citizen center in East Harlem. Its program are specifically geared to meet the needs of the hispanic senior citizens.

Aguilar was funded for two years to develop and implement an outreach and linkage program in East Harlem. They have identified 700 homebound senior citizens, to date.

Though they were able to provide homevisits to all, they were unable to provide and follow up services to many, due to the shortage of personnel.

Aguilar has also been able to coordinate a group of senior citizen volunteers, who though willing to provide many services, lack the necessary skills and have been limited to providing friendly visiting.

### Background

In the Spring of 1976, the Institute and Aguilar co-sponsored basic literacy classes for hispanic senior citizens. The classes were well received. It was discovered that seniors not only grasp information easily and work diligently at improving their skills, but displayed a deep concern for each other. The Institute and Aguilar felt they could draw from this experience a mechanism which would not only develop skills in seniors, but also provide the community with a much needed resource; trained volunteers. The concept of peer counseling for senior citizen was developed.

### Target Population

Primarily hispanic senior citizens who are presently attending East Harlem Senior Citizen Centers; have volunteered or been active in senior citizen centers or other community agencies; are willing to further develop their skills and willing to serve their fellow senior citizens.

## Program Components

### Administration

Responsible for fiscal-administrative operations, community relations, resource development; implement new projects, coordinate and evaluate all program components to ensure that they are following our overall goals.

### Training Program

Includes an intensive six week workshop on self-improvement; development of counseling, interviewing and resource development skills; and problem solving techniques. After the initial six week workshop, trainees will attend weekly seminars for six months.

### Field Work

The training is supplemented by field work experience which enables the trainee to practice what he/she has learned.

Trainees are to volunteer 24 hour per week at one of the East Harlem Senior Citizen Centers, as well as doing a minimum of four home visits per week.

### Community Organization

Trainees will meet twice a month with Program Staff and Senior Citizen Center Directors to work collectively on the development and implementation of new services for East Harlem Senior Citizens; establish task forces in response to identified needs.

Achievements

- obtained an \$80,000. grant from Health Education and Welfare Administration on Aging to operate a demonstration program.
- developed peer counseling curriculum for senior citizens
- Endored by eight senior citizen centers in East Harlem
- Working with a coalition of East Harlem Senior Citizen Centers
- three field work students from City College and Lehman College
- recruited 28 candidates for program

## GENERAL DESIGN

We will select 16 senior citizens to undergo an intensive 8 month in service training program. The training shall include workshops on specific counseling, interviewing and resource building skills; problem solving techniques; field work and self evaluation.

The trainees will attend workshops five days per week for the first six weeks. The workshops will be held in English and Spanish. The trainees will be assigned to a field placement site, an East Harlem Citizen Center, to volunteer for a minimum of 16 hours per week; be responsible for doing 4 home visits per week to the homebounds identified by their field placement sites.

The trainees will serve as a liaison between the homebound and the existing service agencies, especially the Senior Citizen Centers. In addition they will assist in providing information and referral services and when appropriate engage in center activities and staff meetings.

During the field experience the project staff will provide on-going supervision and explore new ways in which the peer counselors can be helpful.

The peer counselors will attend weekly seminars held by the project staff for the duration of the training period.

The peer counselors will receive a \$20.00 stipend per week. Lunch and educational materials will be provided.



## SELECTION CRITERIA FOR PEER COUNSELORS

East Harlem resident, 55 years or older, who is interested in servicing their community and is presently active in an East Harlem Senior Citizen Center or other community agency which services the elderly. They must be able to read and write English or Spanish and physically able to do home visits.

## EXPECTATIONS DURING TRAINING CYCLE

To develop in the trainee:

- knowledge of the social, cultural and economic composition of the community
- ability to take and use available resources
- an understanding and awareness about themselves
- sensitivity to individual and group differences needs and conflicts
- understanding of individual and group behavior
- critical thinking, analyzing and observations
- and interviewing skills

## EXPECTATIONS AFTER TRAINING PERIOD

The trainee is to have accomplished the following:

- shown an ability to perceive the need and importance of self-help
- show competence in the areas which constitute a peer counselor
- to participate in influencing change

## SELECTION PROCEDURE FOR TRAINEES

Candidates will be recruited from senior citizen centers of other community agencies which services senior citizens. They will be required to complete an application, which will include a narrative section where they state their reasons for selecting this training program. Applications will be reviewed by Program Director and Counselor. After screening applications, project staff will contact referral agency for a recommendation. A brief

## CRITERIA FOR THE SELECTION AS A FIELD PLACEMENT SITE

- acceptance of training program objectives
- evidence of acceptance and need of peer counselors by agency personnel
- willingness to aid in supervision of peer counselors
- willingness to share resources with peer counselors
- willingness to serve on coalition of East Harlem Senior Citizens Centers, for the improvement and expansion of services to East Harlem Senior Citizens

## GENERAL GUIDELINES FOR AGENCIES

- provide trainee with opportunity to engage in tasks which supplement, complement and reinforce training.
- appraise trainee of agency's functions and policies
- include trainee, when appropriate, in staff meetings and community meetings.
- remain in contact with project staff re: trainees progress, problems, etc.
- include trainee in agency's volunteer corp after training program

## AGENCY RELATIONSHIP WITH SENIOR CITIZEN TRAINING PROGRAM - PEER COUNSELOR PROJECT

The agencies should meet with project staff and peer counselors. This three way meeting guarantees a close working relationship as well as integrating the training and practice.

In order to guarantee effective communication and provide an instrument of accountability the agencies involved should meet once a month with Project Staff to discuss progress and problem areas. Agencies should make recommendations that would provide a richer learning experience for the trainees. Also we should continue working together, through the coalition, to ensure the delivery of quality services to East Harlem Senior Citizens. In addition to

## ASPECTS OF ADVOCACY

There are two primary ways in which an advocate can be of help to the Hispanic elderly. First, by direct intervention in the immediate concrete problem of the client. Second, by his or her input into the decision making process of our society and thereby affecting permanent attitude changes which address themselves to the root causes of the daily concrete problems of the Hispanic elderly. Both actions must occur at once, since:

- a) The need for direct immediate intervention is enormous. Most daily problems of the elderly person require a one to one ratio of worker to client. As fast as one handles a crisis another crops up, and so the need for addressing the root causes becomes self-evident.
- b) The way our society is structured and functions, if all advocacy efforts were to be aimed at the root causes, by the time permanent change occurs, other root causes would have evolved, and meanwhile countless numbers of elderly would have suffered needlessly.

It would appear that the need for social intervention in problems of the less fortunate person is an ongoing process. At least, it must last as long as the present conditions of urban blight and decay last. It must last as long as there is a strong active market for people inclined to make a living from the suffering (or at the expense) of others.

Until now social and community work has been seen as a supportive mechanism to the overall service delivery structure of our society. This accounts for the fact that most program funding is temporary; one to two year funding being the most prevalent time allotment. This creates instability, insecurity and an orientation to produce more and more research and "innovative programs and projects." However important innovation and research are, they still need a basic structure to adhere and incorporate into. In the absence of such ongoing stable, productive "basic service structure" and programs, the whole funding process becomes a charade, a farce, counter-productive to the well being of all society. In spite of all the present turmoil and cutbacks in our city's services, such as police, sanitation, and health care, they have one very strong determining factor. That factor being the fact that our society has determined that as long as there are people in cities, there is going to be a need for all of the above mentioned services. It would be absurd to conceive of the department being run on a one year funding budget and having to spend 45% of its time and energy tracking down the funds for second year of operation.

of now, this situation is being felt most severely by the Hispanic elderly. Other minorities seem to have, without written or public agreement, been able to establish very solid, stable, and enduring service delivery systems for their elderly. Lest we begin putting ourselves against the former, I would urge the establishment of Public Services Department or structure, at the Federal, State, and Local level. Not a charitable service like welfare but a guaranteed right as the former, service much in the manner of social security.

Foundations for this structure already there, and functioning well in the form of the Older Americans Act, with its categories such as: Title 7 and Title 3. The strength of these programs lies in their ability to reach the disenfranchised, the isolated, the powerless. As long as we continue to present systems of funding and service delivery which allow anyone group to gain almost absolute control of the mechanism, the temptation to service that one ethnic or racial or political group to the detriment of others will continue to be overwhelming, almost like a mandate. No minority knows this better than the elderly, and especially the Hispanic group. This is why I look forward with such great anticipation of positive change, to the new body of leadership of this great nation of ours.

## SUMMATION

The Hispanic elderly have perennially been at the back of the line in terms of service delivery and establishment of needs and priorities. However, they have, as a result of advocacy and social changes in our society made some significant programmatic advancement. Some examples of the advances in the Harlem Community would be the work being done by the Harlem Community Coalition of Senior Centers and by advocacy programs like the Aguilar Senior Citizens Center. Other very positive examples are:

### Health

The new emphasis and active involvement by the Hospital for Special Diseases in community matters, and in the special needs of the Hispanic elderly whom they serve.

The innovative design of the C.A.B.S. Nursing Home in Brooklyn, New York which has sought to capture the ambience of the Hispanic life style in its architecture and program structure.

### Housing

The newly established New York City Housing Authority's direct open channels of communication with the communities of New York City.

The application of new "people oriented" concepts in the construction of low to middle income residential buildings such as Taino Towers at 123rd Street & Third Avenue (see enclosed prospectus) which in the words of Mr. Julio Marquez, M.U.P., Taino Corporation Board Chairman, "Reflects a conscious effort to insure that there will be adequate housing for the seniors of the area. Also to continue the intent and ability of the community in maintaining the original ethnic composition of the block - 55% Hispanic, 20% black, 5% other.

### Attitude Changes

The expressed interest and intent of the Borinquen Lions Club, a civic organization, to come to the aide of the Hispanic elderly by direct support of Hispanic agencies like the Aguilar Senior Citizens Center.

The interest of New York City Government Agencies in joining forces with the community in order to ameliorate the problems of the elderly. For example, the recent memorandum by Commissioner Jerome Hornbliss, Addiction Services Agency, to his staff and community programs regarding proposed escort service for the elderly of New York City.

The generous continued donations of food and materials to senior programs in the community by private businesses such as Valencia Bakery and Community Improvement through Involvement Inc.

The New York City Police Department, especially the Neighborhood Community Relations Team, are quite active in the affairs of the elderly, and have demonstrated an awareness of the special language and cultural needs of the Hispanic elderly.

### Financial

The recent ongoing efforts by social security and S.S.I. Local offices to insure better attention and services for their clients by means of active community liaisons.



SPECIAL RECOGNITIONS AND APPRECIATION FOR  
THEIR ASSISTANCE AND SUPPORT

Dr. Barrett Meyers, M.D. Hospital For Joint Diseases  
New York City

Mrs. Eleanor Donaldson, Director, James Weldon Johnson  
Senior Center

Dr. Mamie P. Clark, Executive Director, Northside Center For  
Child Development

Ms. E. Ward, New York City Board of Education

Mrs. Valerie L. Levy, Director, Manhattan Office, New York  
City Dept. On Aging

Ms. Carolina Quintana, Assistant Case Work Director, Northside  
Center for Child Development

Ms. Suleika Drine Cabrera, Director, Asociacion Nacional Pro  
Personas Mayores, N.Y.C. Office

Dr. Sheldon Zimberg, M.D., Chief of Department of Psychiatry,  
Hospital For Joint Diseases, N.Y.C.

Mr. Gary Wallach, Special Allocations Unit, The Greater New  
York Fund

Mr. Ben Ross, Director, Special Allocations Unit, The Greater  
New York Fund

The Staff, Volunteers, and Board of Directors of the Aguilar  
Senior Citizens Center.

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