MIGRATION AT OLDER AGES: 
INSIGHTS INTO THE LIVES OF OLDER DOMINICAN IMMIGRANTS 
IN NEW YORK CITY AND THEIR HOST COMMUNITY

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I am thankful to Dr. Irene Gutheil, Director of the Ravazzin Center for Social Work Research in Aging, for the support and consultation she provided to this pilot study, which explores the effects of late age at migration as experienced by one nationality group in the New York City-based Hispanic population. The topic selected responds to the need to distinguish the intra-group diversity among Hispanics, in terms of nationality of origin and immigrant vs. US-born status.

Special appreciation is expressed to Rev. Msgr. Gerald T. Walsh, Pastor of the Church of St. Elizabeth and to Sr. Loretta Carey, Director of the Church’s Senior Citizens and Homebound Program. The Parish not only offered continual hospitality, assistance and guidance, but also ‘housed’ the research team by generously offering work-space to conduct interviews on their premises. Their support was extremely important in ‘legitimizing’ this study in the Washington Heights community. For their assistance in locating interviewees, special thanks are also extended to Ms Isalia Carvalho and Ms Fior Jimenez, both affiliated with the Parish. Ms Edith Prentiss of the Executive Board of the Washington Heights & Inwood Council on Aging (WHICOA), who created the Community Resource Directory compiled by WHICOA, was extremely helpful in facilitating our access to Social Agencies in the district.

This research effort has greatly benefited from the participation of Lisette Sosa-Dickson, Ph.D. candidate at Fordham’s Graduate School of Social Service. I am thankful to her for her thoughtful insights and social skills which allowed her to gather the information needed with both sensitivity and diplomacy when interviewing older Dominican immigrants as well as Directors of Social Agencies. Above all, I am grateful for her commitment to every stage of the project.

N.H.C.
About the Author

Nadia H. Cohen is Senior Research Scholar at the Ravazzin Center for Social Work Research in Aging. She received her doctorate in sociology from the University of California at Berkeley and was Associate Professor of Sociology and Assistant Director of the Ph.D. Training Program in Demography at the University of Southern California. Since the 1980’s, she has focused her professional career around policy-oriented research, initially at the international level, more recently on the domestic scene. As Research Director of the International Center for Research on Women in Washington, DC, and later as Senior Policy Specialist at UNICEF’s Policy and Program Division, her main focus was to assess the social impact of economic development on women living in poverty in Third World countries. She has also worked as a consultant for the World Bank’s Eastern Europe and Central Asia Region in Washington, DC, where she conducted project-related social research. As Senior Demographer at the former CUNY Center for Immigration and Population Studies, Dr. Cohen’s interest became more focused on the diversity of immigrant and ethnic communities in New York City.

Her major works in the field of social gerontology include research on the situation of older people in Eastern Europe and Central Asia following the 1991 dissolution of the Soviet Union (World Bank); “Widowhood at Older Ages: An Emergent Issue in Feminist Research and Social Gerontology” (UN NGO Committee on Aging) and more recently at the Ravazzin Center: “Older Hispanics in New York City: An Assessment of their Circumstances and Needs” and “Migration at Older Ages: Insights into the Lives of Older Dominican Immigrants in New York City and Their Host Community.”
MIGRATION AT OLDER AGES:
INSIGHTS INTO THE LIVES OF OLDER DOMINICAN IMMIGRANTS
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I. CONTEXTUAL BACKGROUND

Research Objectives

This is a pilot study of a relatively unexamined area in the literature on aging: the impact of immigration on populations who emigrate as older adults (Paulino, 1998; Gelfand, 1993, 1989; Angel and Angel, 1992). At the core of the issues to be explored in the following pages are the perceived advantages and adverse consequences that this experience has on the life conditions of an older Dominican immigrant community residing in New York City, and the needs for services that it creates.

A glance at New York’s immigration statistics lends evidence for the need to address this issue. During 1990-1994, New York City was the recipient of 39,685 legal immigrants over the age of 60 from worldwide birthplaces. Among these, 4,382 reported birthplaces in South America, 862 in Central America and 9,026 in the Caribbean islands. Over one-half of the older documented immigrants from the Caribbean islands—4,741 to be exact—were born in the Dominican Republic (NYC Dept of City Planning, 1996). To these numbers may be added an unknown number of older persons who arrived in New York City during the 90’s who did not enter the official count.

Immigration can be a problematic event for older persons. For many, the decision to emigrate is not so much prompted by a search for an opportunity—as is the case with younger immigrants—but rather to avoid being left behind when adult children have settled elsewhere or are in the process of doing so (Gelfand, 1989). Gelfand (1993) has outlined a series of impacts and needs generated by emigration at older ages “that are not intrinsically part of the normal process of aging” These can be summarized as follows:

- difficulties in finding employment for those desiring to work;
- family fragmentation;
- increased dependency on family members who have emigrated;
- loss of social networks;
- role losses and intergenerational conflict.
This study does not pursue systematically each one of these impacts. Instead attention is more explicitly focused on exploring some of the issues and concerns expressed by the study participants in relation to their living condition, economic standing, health status, supportive networks, social affiliations and perceived social needs. In that sense, the findings touch upon some of the impacts and needs outlined by Gelfand. In addition to interviewing older Dominican immigrants, the study has also sought information from a number of social agencies in the community, regarding their perception of the existent relationship between this population and the social service system.

The selection of older Dominicans as the focal point for this pilot study stems from the following:

- an information gap in the social work literature pertaining to conditions and needs of older immigrants in New York City, notably those coming from villages/towns in the South/Central American countries and the Caribbean islands. Immigrants are particular challenges for service providers (Gelfand, 1993), more so in important host communities, such as New York City. A major purpose of this study is to fill in some of these information gaps and facilitate their incorporation into the planning and provision of service delivery.

- the fact that the Dominican community is the second largest Hispanic nationality group in New York City—a flow of Dominican Republic-New York City migratory moves having been institutionalized for many decades.

- the importance of distinguishing analytically and operationally the intra-group diversity of the US–based Hispanic population, in terms of nationality of origin and immigrant vs. US-born status.

With this as background, the organization of this study will be structured along the following lines. First, a brief review of some of the non-familial supportive structures and systems available to service older people in the district of Washington Heights – the host community in New York City in which the overwhelming majority of Dominicans take up residence; second, a qualitative profile of older Dominican immigrants; and third, an identification of the social service needs of this population and their implications for action.
Certain limitations to this study should be mentioned at the outset. As a pilot study, it includes a small group of participants. All those interviewed are parishioners of the Church of St. Elizabeth located in Washington Heights and—in the overwhelming majority of cases—are women. This naturally introduces a bias into the findings. The conclusions drawn and recommendations outlined are not meant to be extrapolated to older immigrants in general. It is hoped, nevertheless, that they will be suggestive of some of the important issues that could be pursued in a larger and more systematically designed research effort.
II. WASHINGTON HEIGHTS: THE HOST COMMUNITY

The section below presents a brief overview of the presence of Dominicans in New York City and—more importantly—of the social context which surrounds them. The Washington Heights district in Manhattan has in the past and continues to the day to represent this “social context”. It is ‘par excellence’ the “host community” of Dominicans coming to New York City and the area in which all the participants in this study reside.

After a brief glance at the demographics and socio-economic characteristics of Washington Heights, the main body of the discussion identifies some of the major support systems that are “in place” in this district to serve older persons in this community. In so doing, attention is directed at “forces in the lives of Chicago/Latino elderly that transcend familism” (Wallace and Facio, 1987, p.350). The support systems identified include: Social Service Centers; Health Care and Medical Providers; Out-of-Home/In-Home Care Services; Services for People with Special Needs; Religious Institution and other Spiritual Belief Systems.

A. Dominicans in New York

The 2000 census count for New York City reports 2,160,554 Hispanics representing 27% of the City’s population. This means that New York City now houses the largest Hispanic community in any American city. While the patterns and trends of this influx have not been disputed, the size of the diverse Hispanic nationality groups has been under scrutiny in recent surveys conducted by the Census Bureau in several cities to

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1 New York City’s Washington Heights/Inwood District 12 encompasses the northern tip of the island of Manhattan, bounded on the south by West 155th Street, West 220th Street on the north, with the Harlem River its eastern boundary and Hudson River its western boundary.

2 Over 5 million foreign-born Hispanics entered the United States between 1990 and the year 2000 instead of the anticipated 3 million; they represent 49% of all the foreign-born entering the country during the last decade. The improved count was aided by a strong Spanish language media blitz, encouraging undocumented immigrants to fill out census forms and by a greater ethnic pride in the Hispanic community which led people to check off ‘Hispanic” on the census format (Porter, 2001).

3 The surge in NYC’s overall population registered a 6% growth spurt in the year 2000, adding 456,000 more people to the City count. This enabled the City’s population to surpass the 8 million mark, thereby accounting for more than two-thirds of the State-wide population gain (Sachs, 2001).
determine the origin /nationality background of those initially classified as “other Hispanics.”

In New York City, this procedure drastically reduced the number of “Other Hispanic” residents from an initial total of 403,952 to 51,317; the residual being allocated to specific nationality groups. Based on this re-calculation, Professor Jon Logan of the State University at Albany concludes that the City’s Dominican residents should be raised to 593,777—a figure that is 186,304 higher than the original census count (Scott, 2001). The revised figure bears importance not only for the make-up of New York City’s ethnic profile, but more critically for the work of practitioners in planning housing needs and appropriate social and health delivery systems that are responsive to the specific priorities of Dominicans.

Since 1965, Dominicans have comprised a large component of the Hispanic population increase in New York, indexed by their total population count and from year-to-year immigration statistics. As the local economy deteriorated in the Island, leaving the homeland has become an increasingly frequent option for Dominicans. Between 1980 and 1990, the size of the City’s Dominican-descent population rose from 125,380 to 332,713 (NYC Dept. of City Planning, 1994). Based on the latest estimate for the year 2000, Dominicans now number 593,777. As a proportion of the City’s total Hispanic population during these decades, the Dominican component climbed from 8.9% to 18.7% over the 1980-1990 decade, to a current estimate of 27.4%.

Between 1990 and 1994, a total of 110,140 Dominicans were legally admitted into New York City—each successive year showing incremental growth in numbers (in 1990, 18,896 admissions; in 1994, 26,257). Among these 110,140 immigrants, 108,080 or 98% were “family sponsored” and close to 5,000 were over age 60 (NYC Department of City Planning, 1996), pointing to a distinct pattern of family reunification and/or migration of entire families.

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The problem is traced to a change in the wording of the census question about ‘Hispanic origin’ which failed to give space to the identification of a respondent’s nationality group of origin. In the coding/tabulation process, the Census Bureau categorized a significant number of respondents simply as ‘Other Hispanic’. The Puerto Rican, Mexican and Cuban count was not affected by this problem, since these 3 nationality groups have separate questions on the census (Scott, 2001).
During 1995-1996, the Dominican Republic was the second largest source of immigration to New York City; by the year 2000, Dominicans emerged as the second largest Spanish-speaking nationality group in the City (Strug & Mason, in press). Though the exact number of Dominicans living in New York City today cannot be reported with any degree of accuracy given the number of undocumented who did not enter the count, credible figures testify to the residential concentration of Dominicans in the Washington Heights district of northern Manhattan.

B. Washington Heights

1. The Demographics. In the year 2000, the total population of Washington Heights stood at 208,414; Hispanics accounted for 154,414, or 74.1% of the total number, as compared to a share of 67.1% in 1990 when the total population numbered 198,192 (NYC Dept of City Planning, 2001). In 1990, the district’s resident population over age 60 totaled 29,549 persons, or 14.9% of the overall population, with an overwhelming sex ratio in favor of women: 64.7 vs. 35.3, making Washington Heights the district with the 15th largest senior population New York City-wide and the 3rd largest in Manhattan. Within that population, an estimated 12,743 or 42% of persons aged 60 years and over were Hispanic, making Washington Heights the district with the largest concentration of older Hispanics relative to other community districts in Manhattan (NYC Dept for the Aging, 1993).

The increasing share of Hispanics in the district is traceable to the natural growth and immigration flows of Dominicans. Though Dominican-specific population figures for Washington Heights in 2000 were not available at the time of writing, in 1990 the Dominican share in the districts Hispanic population was 82% (NYC Dept. of City Planning, 1993).

In 1990, 50.6% of Washington Heights’ population were foreign born; near half their number had come during the 1980’s (NYC Dept of City Planning, 1993). From 1983 to 1989, Dominicans constituted over 80% of all immigrants who settled in Washington Heights (Haslip-Viera & Baver, 1996). Of the total number of 28,824 legally admitted immigrants to New York City during 1990-1994 who expressed intent to reside in Washington Heights, 82.2% came from the Dominican Republic. Among the 44,605
legally admitted Dominicans of all ages during those four years who declared their intended destination to be Manhattan, 64.4% selected Washington Heights as their residence (NYC Dept of City Planning, 1996).

2. *Socio Economic Setting.* From 1990 to the year 2000 the district has experienced substantial improvements in a number of sectors, while not in others. In the health area, for example, the birth rate dropped from 23.7 to 17.2/1000 population; the infant mortality rate declined by one half—from 7.0 to 3.5/1000 population. The death rate, however, decreased only slightly—from 7.7 to 6.2/1000 population (NYC Dept of City Planning, 2001). Whether or not births out of wedlock have declined over the decade is as yet unknown. From 1987 to 1989, of all the health districts in Manhattan, Washington Heights reported the 3rd highest percentage of births out of wedlock (Hernandez & Torres Saillant, 1996; Haslip-Viera & Baver, 1996).

Public income support dropped in the district during the 1990’s. Whether this attests to the population’s improved sources of economic self support, or to politically mandated cuts in the extension of welfare needs to be looked into. During the 1990-2000 year interim, the number of residents receiving public income support declined from 82,219 to 69,397. This marks a dip in the proportion of recipients from 41.5% to 33.3%. Public Assistance (AFDC, Home Relief) recipients also dropped from 52,263 to 22,356, while the numbers receiving Social Security Income stipends increased only slightly: from 13,729 to 16,947. By contrast, the number of residents receiving “Medicaid Only” increased twofold: from 15,940 to 30,094 (NYC Dept of City Planning, 2001; Business Information Solutions, 2002).

Is this recent decline in public income support reflected in the income levels reported by Washington Heights residents? And if so, how has this changed the income profile? The data below reflect information given by residents who reported income in 1990 and in the year 2000, pointing to some differentials between the two decades. Corresponding State-wide figures are provided for comparisons (Business Information Solutions, 2002; NYC Department of City Planning, 1993).

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<tr>
<th></th>
<th>Washington Heights</th>
<th>New York State</th>
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<tr>
<td></td>
<td>1990</td>
<td>2001</td>
</tr>
<tr>
<td>Per Capita Income</td>
<td>n.a.</td>
<td>$13,636</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$21,800</td>
<td>$25,438</td>
</tr>
<tr>
<td>Median Household Income of Householders</td>
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<tr>
<td>65+</td>
<td>$15,107</td>
<td>$14,147</td>
</tr>
<tr>
<td>(65-74)</td>
<td>$15,410</td>
<td>n.a.</td>
</tr>
<tr>
<td>(75 +)</td>
<td>$12,670</td>
<td>n.a.</td>
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</table>

Source: Business Information Solutions, 2002; NYC Department of City Planning, 1993.

In 1990, the overall number of Washington Heights’ residents for whom poverty status was determined numbered 194,656; among these 58,235 or 29.9% were living below the poverty line. The District’s older population fared slightly better in that year. Of the 21,339 older citizens (ages 65 and over) for whom poverty was determined, 4,763 or 22.3% were reported to be living below the poverty line; and they accounted for 8.2% of the district’s total population in poverty (NYC Dept of City Planning. 1993; NYC Department for the Aging, 1993).

C. Formal Support Systems in the Community

There are a wide range of agencies and a coalition of service providers located in the Washington Heights/Inwood district that are reported to be equipped to provide social, health and other support services to the older residents in the area. How many are truly ‘responsive/effective’ in servicing older Dominicans, or are ‘de facto’ accessible to them would require not only a comprehensive inventory detailing proximity, quality of services provided and the particular language and cultural sensitivity capacity of each, but as well an evaluative component of their effectiveness to respond to unmet needs. Such information is beyond the scope of this study.
With the exception of the religious and spiritual support systems existing in the area, all other support services mentioned below are drawn from the collective profile of support resources serving the elderly as reported in the latest (2002) “Community Resource Directory” compiled by the Washington Heights and Inwood Council on Aging (refer to Appendix A). This Council is an important umbrella organization and support resource attending to the interests and needs of the older population in the district. The listing below does not make claims to be complete; there may well be other support resources that have not been included.

1. **Social Support Services.** Taken together as a collective there is a gamut of social service agencies from which older Dominicans could benefit. There are 9 senior citizen centers which provide hot lunch, educational, health, cultural, recreational and social programs and activities. Their staff, it is reported, are in most cases bilingual and among other assistance rendered, help participants with information referrals, entitlement applications, and in some instances provide housing assistance. In addition there are 6 social service programs in the district which offer a variety of services including assistance with entitlements, housekeeping and personal care, telephone reassurance and other social services. Three senior clubs provide trips, arts and craft activities, inter-generational programs as well as advocacy activities.

   There are also 4 different services available to provide transportation for older persons who are disabled and /or unable to use buses or subways. This facility enables people to attend recreational activities, do their shopping and keep their medical appointments.

2. **Major Health Care Providers.** Health, medical and dental care is provided by the various wings and centers of the New York-Presbyterian Hospital (formerly Columbia-Presbyterian); most particularly through its Health Outreach Program which coordinates health services for older people, and by the ACNC Washington Heights Inwood Ambulatory Care Network Corporation. In addition, there are a number of specialized clinics, including: the Geriatric Practice, the Harkness Eye Clinic and the Ed Mysak Speech, Language and Hearing Clinic among others. Dental and
oral surgery services are offered by the Columbia University Dental School, while the Washington Heights District Health Center provides diagnostics for TB and tropical diseases. At intervals, some senior citizen centers collaborate with the Columbia Center for the Active Life of Minority Elders (CALME) in conducting free health screenings in the district.

3. Mental Health Services. There are 13 Mental Health Agencies offering counseling and psychiatric services, including assessment, treatment and referrals. Bilingual staff is available, but unfortunately many agencies have long waiting lists. The services provided include: alcoholic and drug abuse counseling, crises intervention in family problems; late-life depression, etc. The Rafael Tavares Mental Health Clinic targets the Spanish-speaking population, in particular, for individual and group psychiatric services, and the STAR Senior Center offers individual and group services for the elderly in the community.

4. Support Services for People with Special Needs. At least 10 different Agencies are in place to respond to the needs of persons with developmental disabilities; those with visual and hearing impairments; post-stroke victims, and those suffering from memory loss. A number of the services offered are particularly geared to persons 55 years and older.

5. In-Home and Out-of-Home Care Services. Twelve centers offer health care to older people at different levels. There are 6 home care services that provide nursing; physical, speech, occupational and respiratory therapy; home health aides; housekeepers; supportive services and home visits to elderly homebound and nursing home residents. Two centers provide respite/care out-of-home facilities and 4 others offer long term home health care. The latter offer individualized, coordinated in-home care for persons with chronic illness to help them stay at home, including nursing, physical/speech and occupational therapy, personal care, transport arrangements, etc.
In addition, Washington Heights houses two Nursing Homes—the Fort Tryon Center for Nursing and Rehabilitation and the Isabella Geriatric Center—which provide 24 hour medical and nursing care as well as short and long term rehabilitation.

6. **Other Services.** The Northern Manhattan Improvement Corporation (NMIC) and the Washington Heights/Inwood Coalition (WHICH) specialize in advocacy for tenants rights and help solve housing problems. Four agencies provide legal services, another two offer language (ESL) and citizenship training and another three service crime victims. The Foster Grandparents Programs and Seniors in Community Service offer training and part time employment to low income older people searching for jobs.

7. **Religious and Spiritual Sources of Support.** Religion has been recognized to play a vital role in the life of older Hispanics and, in some studies, has been found to be positively associated with fostering an optimistic and hopeful outlook on life and greater life satisfaction among this population (Korte and Villa, 1988). As a support system, religious beliefs and rituals have often shown to make life bearable by explaining the unexplainable, serving as coping mechanisms to partially answer and explain the painful losses and trials that older people have had to confront (Gallego, 1988).

The Catholic Church prides itself in being the Church of immigrants. To the extent that it can also serve as a socializing agent for assimilating newcomers into a new culture (Gallego, 1988), it has proved to be of great importance to worldwide immigrants, in general, and the older population in particular. Though older Dominicans in Washington Heights cannot be assumed to be monolithically Catholic, Catholicism has a strong presence in this community, with six churches in Washington Heights and three in the Inwood area. There are no estimates of the flow of Washington Heights’ Dominican Catholics away from the Church to join Baptist, Evangelical and other congregations.5 Reportedly, such a flow is associated with the perception that these congregations are better equipped to meet the social and spiritual needs of older Hispanics through their

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5 The latest findings of the American Religious Affiliation Survey, show a total of 56 million persons identifying themselves as Catholics; 9.5 million stated they had left the Church (Grossmann, 2002).
greater emphasis on ‘personalismo.’

If the presence of non-Catholic Christian congregations in the district is an indicator of the ‘conversion trend,’ it would not appear to be significant. There is only one Protestant church and one Pentecostal congregation in Washington Heights, in addition to one Mormon Church recently established in the Inwood area.

Combined with their formal Church affiliation, Dominicans (Caribbean and Latinos, in general) draw upon a great source of support from natural folk-healing systems and folk-based spiritualism in searching for culture-specific methods to diagnose their ailments, develop appropriate treatment procedures, solve their problems, and regain a more positive perspective of the difficulties facing them.

Santeria is not only a folk healing system; it is a structured religion to which allegiance is given as a life-long commitment. As a belief system it has shown to be an effective coping mechanism (Delgado & Humm-Delgado, 1982). The seven recognized spiritual beings (‘orishas’) who can influence human behavior are believed to have been human at one point, just like Catholic saints, and are called upon to help the person in need to cope with distressing situations and find solutions to everyday problems (Paulino, 1995). In some less privileged socio-economic communities, for example, it is a ‘spiritist’ who would be sought out for help as opposed to a psychiatrist or mental health professional.

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6 Personal communication with five older Hispanic women who left the Catholic Church to join Pentecostal and Jehovah’s Witnesses congregations.
III. A PROFILE OF OLDER DOMINICAN IMMIGRANTS

A. Methodology

To collect firsthand information from older Dominican immigrants, certain selection criteria were established: that participants be currently over age 55 and have immigrated to this country at ages 45 years and older. With the generous assistance of the staff of St. Elizabeth’s Parish in Washington Heights, a group of 20 Dominicans meeting these criteria from among its parishioners agreed to participate in this study. With a current average age of 72.5 years, few had come as early as 1965; two arrived as late as 2001, the bulk arrived during the 1980’s.

The decision to seek the collaboration of the Parish was prompted by one major factor. It is one of the largest Catholic Churches in the Washington Heights area, with over 4,000 parishioners. It sustains a comprehensive ‘outreach program’ for the elderly in the community, rendering special support services and organizing visits to those who are homebound and nursing home residents. Announcement of this study and a call for participant volunteers was made in the Parish’s regular newsletter. Those interested in knowing more about the study were invited to meet with the two-person Spanish-speaking research team who explained the study’s objective, stressing that no questions regarding either their income or legal status in the country would be pursued. The facts that the research team worked through the Parish, was offered the continued assistance of their staff and generously given work-space to conduct interviews on their premises were very important in ‘legitimizing’ this study in the community.

This section of the study reports the findings obtained from targeted interviews aimed at yielding a socio-economic profile of this older immigrant group. Interviews were all conducted in Spanish at the Parish (except for two meetings conducted in respondents’ home). The interviews consisted of a mix of semi-structured and open-ended questions and lasted anywhere between 1½ to two hours. At the end of the day, the two researchers reviewed the responses obtained to find possible inconsistencies and exchanged information on issues that may have arisen during the interview process.

The small size and self-selection of the group interviewed is not unusual in exploratory studies; it does, however, prohibit definitive statements of a population at
large and inhibit statistical analyses of the data obtained (Frankel, 1988, cited in Gelfand, 1989). As mentioned earlier, the fact that all respondents are actively involved parishioners in a Catholic Church and in 18 out of 20 cases are women, introduces a significant bias into the study. The findings reported, nevertheless, should help shed light on a relatively unexplored population and on some important issues of increasing concern to professional social service providers.

B. Migration History of Respondents

Almost all participants are part of the historical pattern of family reunification or migration of entire families that has characterized the exit of Dominicans from their homeland, a relatively cushioned experience given the geographical proximity between the Island and New York which enables immigrants to phone, visit and contact family members.

The majority of the 18 women and 2 men interviewed were of rural origin; their current age ranging between 55 and 94 years. The length of time residing in New York ranged from 37 years to as recently as one year—and spanned over the 1965-2001 period. The clustering of departures from the Island was heaviest during the 1980’s—a decade noted for deteriorating economic conditions in the Dominican Republic, with unemployment rates ranging between 19.6 and 28.7%. Two participants were affected by the 1996 Personal Responsibility and Work Opportunity Reconciliation Act which establishes restriction on eligibility of public assistance.

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<th>Table 2. Age Distribution of Participants</th>
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<td>65 to 69 years</td>
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<td>70 to 74 years</td>
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<tr>
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<td>85 to 89 years</td>
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Dominican immigrants are said to defy monolithic portrayals (Haslip-Viera and Baver, 1996), in that they represent various social strata of Dominican society (Paulino, 1998); their socio economic diversity being traced to the different historical periods that brought them to the United States. Given the wide span in years and historical circumstances covering this particular group’s departure, it would have been expected that participants reflect some differentiation along social and economic lines. Except for differences in educational levels attained in the homeland, there are more similarities than differences discerned among the group in skill-level and life style.

The question of what factors motivated participants to come to New York yielded multiple responses. In the majority of cases (12), migration was primarily an economically induced movement prompted by the:

- “desire to find work opportunities”;
- “search to improve one’s economic situation”;
- “desire to find work and earn higher wages”;

All these and more were cited as ‘reasons for their move to New York’. But it is also true that a majority (14) could count with the presence of already–settled family members (children, sisters, fathers, siblings and, in one case, a spouse) to receive them in New York City. Invited by children (8), being close to children and other family members already living here (2), and helping to bring children and siblings left behind (3) were also important considerations. Two participants explained their move to the United States as a way of providing their children with better education. Health reasons were cited by only two members of the group.

Six participants migrated with their spouse; two among them brought only their oldest children along, leaving the younger ones behind to join them later. Another two

<table>
<thead>
<tr>
<th>Table 3. Length of Stay of Participants in New York</th>
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<tbody>
<tr>
<td>Less than 5 years</td>
</tr>
<tr>
<td>5 to 9 years</td>
</tr>
<tr>
<td>10 to 19 years</td>
</tr>
<tr>
<td>20 to 29 years</td>
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<tr>
<td>30 years or more</td>
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</table>
women came with their children, but without their spouse. Strong family commitment on the part of both blood and non-blood related kin facilitate departing parents to leave younger children behind, knowing they will be cared for and protected (Drachman et al. 1996). Five participants migrated in the company of a daughter, another two with their son. One, in each instance, came accompanied by a sister and a niece. Three women arrived alone.

<table>
<thead>
<tr>
<th>Persons Migrating with Respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daughter</td>
</tr>
<tr>
<td>Spouse</td>
</tr>
<tr>
<td>Son</td>
</tr>
<tr>
<td>Spouse and Oldest Children</td>
</tr>
<tr>
<td>Children</td>
</tr>
<tr>
<td>Niece</td>
</tr>
<tr>
<td>Sister</td>
</tr>
<tr>
<td>Alone</td>
</tr>
</tbody>
</table>

Why is New York the destination point? The City’s advantages were pointed out as….. “a Spanish-speaking community”; “offering work opportunities”; and “chances for economic improvement”. But in many cases the choice was dictated by the presence of children and other family members already settled in the City. Upon arrival, the majority initially lived with one of their adult children—in most cases a daughter (8); less so with a son (4). Only one respondent began her new life living alone.

C. **Adaptation to New York**

In the case of specific responses given to questions related to participants’ ‘adaptation’ to New York, the reference point of ‘the City’ for the group interviewed was, in most cases, circumscribed to the Dominican community of Washington Heights. Their home, Church, social life, and where they shop are—for the most part—centered within the boundaries of this district.

As with many other older Hispanics, none of the participants spoke English on arrival, nor do they speak so now. It was no surprise to find that this language barrier did not generate “feelings of social isolation” and in the case of one half of the group “did not
make a difference in their life”. In their own words, most “never felt disconnected” or “disoriented”. Only few identified certain negative consequences for not speaking English, related in most cases to ‘restricting their job opportunities’; ‘affecting their pay-scale at work’; and ‘finding difficulties in dealing with the bureaucracy’.

Paulino (1998, 1997) suggests that the resistance among Dominicans to learn/speak English is symptomatic of a deep conflict: the fear of losing their identity and becoming part of mainstream society. Other authors maintain that in their attempt to avoid being identified as a minority group in the United States, Dominicans “cocoon themselves in their national identity” (Drachman et al., 1996, p.632). This attitude often complicates or delays their settlement in New York City and hampers their adaptation to become a permanent community (Haslip-Viera & Baver, 1966). Strong attachment to their native land coupled with the language barrier has affected Dominicans at large, the elderly included, by way of: curtailing their job opportunities, for those still able and willing to work; undermining their ability to communicate with necessary social institutions; isolating them from potential sources of formal support and creating barriers to gain access to formal services (Mui and Burnett, 1996).

The phenomenon of a ‘transnational identity’ (Duany, 1994) surfaced when participants were asked how they “identify” themselves as immigrants in New York City. The overwhelming majority (16) stated that they “love the Dominican Republic” at the same time that “they feel happy, comfortable and integrated into New York”. Only four participants fully identified themselves as “Dominicans” (“es mi tierra”; “es mi pais”). Yet there are clear indications that a level of residential permanency among Dominicans at large may have begun to set in. To illustrate: Dominican New Yorkers outnumbered all other immigrants who pursued citizenship between 1982 and 1989; and their recent naturalization rate has shown to be higher than in previous years (Haslip-Viera and Baver, 1996). During 1995-1996, Dominicans at large were the second largest source of immigration to New York City (Strug and Mason, in press). Most indicative of all these trends are the expressed intentions of the group interviewed when asked about their future plans: fifteen voiced the intent to pay intermittent visits to family members
remaining on the Island, but not to return to live permanently in the Dominican Republic. 7

In what way has their life changed since coming to New York? Only four participants assessed the move as a negative experience citing multiple factors: ‘homesickness’; ‘spouse’s illness’; ‘marital disruption’; ‘high cost of living’; ‘inability to find a job’; ‘perceived discrimination’. For three others, life had not changed significantly in New York. Thirteen participants evaluated the move in very favorable terms, many expressing gratefulness to the United States for giving them “an opportunity to earn a living”. Other benefits mentioned included:

“we are very happy in New York”;
“the US is a good country for children and the elderly;
“our health has improved”;
“we are well treated”;
“we have learnt a lot by living here”;
“our children have had a better chance to become successful here”…..

What do older Dominicans like most about New York City? What do they like least? On the first question, participants overwhelmingly expressed admiration and gratitude for the availability and accessibility of resources and material goods; the advantage of the benefits and entitlements received, with Medicaid and other health-related services the most loudly applauded; the respect and friendliness shown to older persons, etc. Life in New York, many said, was: “easier”; “calmer”; “more peaceful than back home”; and “helped our children become successful”. Should one attribute these positive valuations to the protective mantle of their neighborhood? Would the same responses have come forth if these immigrants lived in some other neighborhoods of Manhattan? In other boroughs of New York City? These questions can be pursued more reliably with further research studies.

The favorable reactions noted above did not imply that New York City was problem-free. Aside from complaints about the hot/cold weather, participants mentioned a number of City-related problems such as: “inability to find work”; “crime, drugs and

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7 Of the other 5, two want to return to the Dominican Republic, but admit that their limited income makes such a prospect difficult.
street violence”; “dirty, dangerous and noisy neighborhoods”; “inability to secure their own apartment”; “expensive rents”; and “lack of open space”.

D. Living Arrangements

Does late age at migration result in the absorption of older Dominicans into extended/multi-generational households upon arrival to New York? Or are their living arrangements dictated by other factors (Kotlickoff and Morris, 1990)? Separate studies have mentioned the advantages of such an absorption, particularly in the case of older immigrants, as facilitating adjustment to their new surroundings and minimizing the economic, emotional and psychological ‘shocks’ of the migration experience (Wilmoth, de Jong and Himes, 1997).

The findings of this study show that the group interviewed have accommodated themselves to a variety of living arrangements and household types, which may, in large part, be explained by the participants’ marital status composition and gender.

One in every two participants is widowed: three are separated/divorced and one has never married. Of the six participants ‘with spouse present,’ two couples live in separate dwellings because of health reasons and lack of space; another has doubled up with a sister and her family. The other three live in nuclear-type households. Widowed, separated and divorced respondents tend to live with a single daughter (4); others with a single son (3). One resides alone with her grandchild; another shares residence with a nephew. It is not clear whether any of these last cases reflect a generational shift in roles with reversals in family-based assistance. One participant lives alone. Three others have set up living arrangements with friends. Only three respondents live in a three-generational household composed of a married daughter/son with their respective spouse and children.

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8 In addition there were single mentions of problems related to: lack of transportation to hospitals; lack of assistance available to solve bureaucratic problems; poor quality service from home attendants; vulgar programs on Spanish radio/tv channels; landlord harassment and the absence of ‘personalismo’.  
9 It has also been suggested that living arrangements of immigrants are dictated by income factors. In this instance: the absorption of older immigrants into extended/multi-generational households is more typical of lower income groups (Pratt and Pennington, 1993; Kotlikoff and Morris, 1990)  
10 In 1990, 34.3% of older Hispanics in New York City were living alone; 36.2% with a spouse and 29.6% without a spouse (Cantor & Brennan, 1993). Other studies place the percentage of older Hispanics in New York City ‘living alone’ at close to 24% (DeLeaire, 1994; ) and 19% (Hu, 1998).
Almost all participants live in rental apartments. Only three live in rented rooms. Though a substantial number report being happy with their current living arrangements, there are some who clearly wish to have their own apartment and voice complaints about the high rents. With the exception of 4 participants whose rent is covered by their children, most of the participants’ income is absorbed by rental costs. Only two receive exemptions from rental increases.

These findings suggest three trends: 1) Older Dominican immigrants in this urban setting are not left to live alone; where family members are not available, they will form households with friends. 2) The generally held contention that late age at migration is likely to result in the absorption of older immigrants into multi-generational households (Wilmoth, de Jong and Himes, 1997) did not hold true, either because it is not the desired arrangement of choice, is economically impossible to maintain, or is not economically necessary. Instead, there appears to be a tendency among this group to favor living with a single daughter or a single son. 3) Regardless of their living arrangements, the majority of older Dominicans are not fully dependent economically on their children or others for their living expenses. Except for the four participants whose rent is covered by a daughter or son, all other participants are contributing either their entire income (6); half their income (5) or only a small portion (5) to household expenses.

Given the mix of household profiles, it is difficult to surmise whether any one of these living arrangements conform to cultural expectations held in traditional Dominican

Table 5. Respondents’ Living Arrangements

<table>
<thead>
<tr>
<th>Arrangement</th>
<th>Number</th>
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<tbody>
<tr>
<td>Alone</td>
<td>1</td>
</tr>
<tr>
<td>With daughter</td>
<td>4</td>
</tr>
<tr>
<td>With son</td>
<td>3</td>
</tr>
<tr>
<td>With spouse</td>
<td>2</td>
</tr>
<tr>
<td>With spouse and daughter</td>
<td>1</td>
</tr>
<tr>
<td>With nephew</td>
<td>1</td>
</tr>
<tr>
<td>With grandchild</td>
<td>1</td>
</tr>
<tr>
<td>With sister and her family</td>
<td>1</td>
</tr>
<tr>
<td>With son/daughter-in-law and grandchildren</td>
<td>1</td>
</tr>
<tr>
<td>With daughter/son-in-law and grandchildren</td>
<td>2</td>
</tr>
<tr>
<td>With friends</td>
<td>3</td>
</tr>
</tbody>
</table>
family structure regarding obligations towards older family members. The notion held in the professional social service community is that older Hispanics are financially supported by their family members. This assumption is challenged by a number of scholars (Miranda, 1991; Suarez, 1982; Keefe, 1984) and has certainly not held true in this study. Neither is the claim that in large urban areas older Hispanics are increasingly isolated and left to live alone (Barsa, 1998). As far as the findings of this study are concerned, the majority of older Dominican immigrants are active contributors/co-contributors to the household in which they live, drawing upon their personal income resources, much less so on the occasional assistance some receive from family members.

E. Educational and Occupational Resources

The immigrants interviewed arrived in New York with a limited portfolio of resources. Three participants had ‘no schooling’; near half the group had attended/completed 1 to 3 years of schooling, mostly in rural areas; and three other attended/completed primary levels (4 to 7 years of education). A post-primary level of formal education—7 to 9 years—was reported by three; while another two respondents completed more than 10 years of schooling before emigrating.

The limited educational resources of the majority were clearly reflected in the work history of participants prior to their arrival in New York. This included experience in a variety of skills related to factory work; janitorial services; tailoring. One respondent had worked as a seamstress, another was skilled in jewelry making, while a third one worked as a professional cook in a private home. The two women with 10 years of schooling were employed as primary school teachers in rural areas. One participant in every four had no skills at all.

Though none of the participants were working at the time of the interview, two were looking for jobs. The rest identified themselves as ‘homemakers’ (13) and ‘retired’ (5). Over the years, thirteen participants had worked in New York, mostly in ‘assembly-
line’-related jobs (6); child care (5); and as home attendants (2). Among these 13, only one participant received job-related benefits upon retirement; another is the recipient of her deceased husband’s retirement pension and social security benefits.

F. Economic Resource

No attempt was made during the interviews to enquire about the monetary value of participants’ income. All questions were confined to the origin of their own income sources, as listed below. The information obtained shows that cash benefits from SSI are the most important financial resource in the life of more than half of the older immigrants in this study. Not only is this entitlement the primary stable revenue for most; in three cases it represents their only income source.

<table>
<thead>
<tr>
<th>Table 6. Origin of Participants’ Multiple Income Sources</th>
</tr>
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<tbody>
<tr>
<td>SSI together with other sources</td>
</tr>
<tr>
<td>SSI as the only source</td>
</tr>
<tr>
<td>Social Security</td>
</tr>
<tr>
<td>Food Stamps</td>
</tr>
<tr>
<td>Rent Subsidy</td>
</tr>
<tr>
<td>Pension</td>
</tr>
<tr>
<td>Family Assistance with other sources</td>
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<tr>
<td>Family Assistance as the only source</td>
</tr>
</tbody>
</table>

Together with their own income sources, 3 married respondents can count on their husbands SSI entitlement, one on his work and pension, another on his Social Security and SSI and a last one on his earnings.

The number receiving occasional family assistance (5) and the three older immigrants living in three generational households—who are most likely dependent on their children do not altogether support the notion that Dominicans regularly provide financially for their older immigrant parents. Larger scale enquiries need to be pursued to

12 The 1990 nationwide data report the median family income of Dominicans at $ 19,176, the lowest compared to all other Hispanic nationality groups. As a collective the corresponding average family income for all Hispanics at the time was $ 25,225 (US Census Bureau, 1993. WE 2. Fig 15).
better capture the intergenerational flow of financial resources in the Dominican immigrant community.

Participants who do receive family assistance were very vocal in expressing their deep appreciation for the financial help they receive from their children. Those who do not showed great understanding of their children’s limited resources and inability to offer financial help as well as a realistic assessment of the extent to which they can depend on their children for support in the future. This assessment was not riddled with anger or sadness. Rather it reflected an inner strength, vitality and desire among those participants to retain a certain degree of autonomy vis-à-vis their children (Wallace and Facio, 1987). As evident from the information presented earlier, public benefits and entitlements have certainly contributed to the fostering of this independence, since less reliance for survival needs to be placed on family help (Torres-Gil and Villa, 1993).

Public measures in New York have been particularly effective in reducing poverty and dependency among older immigrants in general, by giving them a level of income security.

Thirteen of the 20 participants interviewed did not think that their children would be able to take care of their financial needs in the future. In their own words:

“my children in Santo Domingo are unable to help me” …;
“they may want to support me, but they can’t” ……;
“they can’t sacrifice easily, because of their wives” ……;
“I would feel uncomfortable, at the thought of my children supporting me. ... I am not used to this”……;
“each have their own problems and families to support” ……;
“they are not in a financial situation to be able to help me” ……;
“I only want emotional support from them; I don’t want to burden them”……;
“they will always be there in an emergency; even if they cannot support me” …….

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13 Older women rather than older men appear to be more accepting of their children’s inability to provide financial assistance (personal communication with Lisette Sosa).
14 As reported in other studies (De Leaire, 1994), older people tend to be fiercely independent and try to manage on their own. Community agencies are referred to primarily when personal or family resources are exhausted or non-existent, or when the assistance required is beyond the capacity of the informal system.
15 In addition to SS and SSI benefits, public programs in New York entitle older Hispanics holding or having applied for citizenship or the green card the following services: food stamps; Medicaid; once-yearly energy and telephone rebates and access, when available, to subsidized housing. Additional services include meals provided by voluntary agencies, food pantries and senior citizen centers. Whether or not eligible Dominicans benefit from these entitlements needs to be investigated.
Those who expressed confidence in their children’s ability to meet their future financial needs were already receiving family assistance from them at the time. Their responses clearly project their present circumstances into the future:

“my son houses and supports me fully now”…..’
“my son already pays part/all my rent now” ….;
“my children help me take care of my needs”…..’
“my children help me every way they can. ...even now they give me all I need”……;
“my daughter provides everything I need…..she and my son-in-law support me” ….;

While fully appreciating the benefits and entitlements they receive, half the group judged them to be ‘barely adequate’; the remainder were equally divided between those considering them ‘adequate’ and ‘inadequate’. Medicaid was the most favored benefit, followed by SSI. Among the 17 participants covered by Medicaid, only two complaints were lodged against the system: “a disrespectful staff” and “difficulties setting up appointments”.

Are older immigrants able to meet all their needs given their current income sources and entitlements? One third of the group can. The ‘unmet needs’ of the others pertain mostly to: ‘payment of non-covered medication and medical expenses’ (7); ‘inability to purchase decent clothing’ (5); and money to help family members back home’ (3). There are also single mentions of other ‘unmet needs’ such as ‘not owning a bed’; ‘needing eyeglasses’; ‘paying utility expenses’;’ covering the rent’; ‘inability to afford home repairs’ …..

G. Health Conditions

Based on self reports, 15 participants rated their health as ‘not too good’, two as ‘bad’ and only three reported their health condition as ‘good’. Does this reflect a stronger tendency among Hispanics—particularly the women—to verbalize illnesses more readily because of their wider acceptability of ill health (DeLeaire, 1994)16.

16 It is not possible to ascertain whether older Dominicans, in general, or other Hispanic nationality groups are prone to experience the same health problems as the group interviewed, since health statistics are not disaggregated by specific nationality of origin.
Three participants in every four reported to be afflicted by chronic illnesses that are generally associated with older age. In most cases these relate to ‘high blood pressure’. Less frequently reported problems—in each instance mentioned by three participants—include: arthritis; asthma; diabetes; colitis and other stomach problems. One respondent suffers from facial paralysis.

Based on indicators pertaining to daily functioning ability, participants were in relatively good physical shape. Not one reported being ‘disabled by loss of sense or mobility’ despite their advanced age. A number did complain of physical limitations related to ‘eyesight’ (8); ‘walking’ (6); ‘carrying heavy loads’ (5) and ‘back pain’ (3).

Except for three participants who complained of barriers in gaining access to health services (perceived discrimination; difficulties making appointments, and lack of Spanish-speaking staff), all others praised the medical attention and health care services received from the Medicare system.

Only a few (4) reported minor emotional problems related to occasional feelings of sadness; depression and anxiety. The low incidence reported supports: a) earlier findings that Dominican immigrants did not match the poor mental health status and depression reported by older-age south East Asian refugees (Rumbart, 1985), and b) the positive mental health profile reported for a group of Dominican legalization applicants in Maryland (Gelfand, 1989). Paulino (1998, p.69) attributes this sign of mental health to a “strong sense of spirituality as a central theme shaping the world view of Dominicans”, which helps them gain perspective as to what is important in life despite the losses suffered or crisis confronted. As a belief system, spirituality is perceived as having the power to engender gratefulness to God for what one has; and inner strength to come to terms with the circumstances, losses and crises that one has been dealt with in life (Ibid).

Opposite opinions have been expressed regarding the mental health of Hispanics, in general; one being the tendency to somaticize mental health problems. According to Barsa (1998), Hispanics experience “more psychological distress in large part because they have fewer psychological and social resources with which to cope with stress (p.7)”; the manifestation being most acute among older persons because “they have fewer culturally appropriate coping resources as a result of their financial deprivation, low
socio-economic status, language barriers,” etc. This was not immediately visible with the group interviewed.

H. Support Networks

1. The Family. Given conflicting perspectives regarding the strength of the contemporary Hispanic family’s commitment to its elders, to what extent—and in what manner—do participants perceive their own family to be part of their support network?

All but two participants have children and grandchildren. A number live with their children or near them. In other instances, the children reside in other boroughs; in few cases outside of New York. Judging from the manner in which participants referred to their children, bonds of emotional support and intergenerational solidarity appear to be more typical of the relationship sustained with daughters, particularly those living with them or nearby. This type of support is not necessarily linked to financial assistance. There is ample evidence from studies conducted in Hispanics communities that many who do maintain emotional bonds with their elderly parents are unable to assist them financially because of their own lack of resources (Barsa, 1998). The diminished capacity to do so is attributed to high unemployment rates, and—to a lesser extent—to negative effects of ‘acculturation’. But it is also due to changes in Hispanic family structure, specifically the fall in marriage rates; serial and short term relationships; rising incidence of divorce/separation, in addition to a high incidence of single parenthood. Combined, these forces create a shifting kinship circle, making it difficult to decide who will care in times of need and for whom. As mentioned earlier, the majority of participants interviewed recognize these circumstances and express the desire to retain a degree of autonomy from their children.

Self-reliance mixed with some traits of emotional trust in their children characterize the responses given by participants when asked whose help they would seek in a variety of hypothetical situations. In the event of a serious problem or crises, for example, participants made it very clear that to date they “have not needed to seek help

17 This may well prove to be a healthy sign. Strong feelings of dependency have shown to be positively correlated with distress and depressive symptoms among elderly Hispanics. This is particularly pronounced among older immigrants who have become dependent on children for information and advice on how to cope with their basic daily needs (Gelfand, 1993; Markides & Kraus, 1986).
from anybody”. Were such a need to arise, three in every four favored calling upon their children: the remainder would rely on a Priest; very few mentioned siblings or friends. In the hypothetical instance of illness, reliance for help was more heavily placed on daughters (8) than on sons (5), though seeking the support of friends was also mentioned (4).

As to expressed preferences for future long term care, near one-half of the group mentioned they would like to remain “in their own home together with their family”; five chose to return to the Dominican Republic, and only two participants preferred “to be cared for in the home of their family members”. Only three participants entertained the notion of entering a hospital, a nursing home and/or an assisted-living arrangement.

Resistance to utilize formal-care services, in particular nursing home facilities, is notable among Hispanics, in general. Many elderly have “become suspicious of the dominant culture and its services and refuse formal services” (Barsa, 1998, p.17). Preference to rely on informal support networks, mainly the family, is traced to the problem of cultural and language barriers. Such ‘inhibitors’ may even be more pronounced among older persons and among immigrants, for these two groups are the least familiar with modern methods of medical treatment, in addition to being unable to navigate the bureaucratic system. All combined, these factors de facto restrict the choices older people make for either acute or long term care (Angel and Angel, 1992).

2. The Church. One important finding from this study is the support given to older people by structures that transcend the family (Wallace and Facio, 1987). Among these is the Catholic Church which emerged during the interviews as a driving support force in the lives of older Dominican immigrant women. This can of course be attributed to the fact that all participants are Church parishioners. Only a larger more representative study can validate whether the Catholic Church at large plays a similar supportive role in the life of other older immigrants.

Through their involvement in social and community activities organized by the Parish of St. Elizabeth Church, older immigrant women have been able to actively

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18 This is not surprising given the 1990 findings that only 1% of Hispanic men and 0.9% of Hispanic women in the 65-74 age range and 4.3% of the men and 5.4% of the women over age 75 years, were nursing home residents.
develop meaningful roles for themselves in their new environment, channel their energy and resources into valued activities and create social relationships that transcend the family. Open ended discussions with participants and the Parish staff brought forth the social benefits gained by older immigrants from this involvement.

While no information was sought as to whether this group had been involved in community and social-related activities prior to their arrival in New York\textsuperscript{19}, accounts of their present social life show the importance of time and energy spent in socially meaningful pursuits related to the Parish’s community outreach program. These include, among others, regular visitations to and running errands for the homebound, visitations to older patients in hospitals and nursing homes and organizing and participating in religious retreats.

Given the minute number of men in the study, it is not clear whether the Church plays as vital a role in the lives of older immigrant men. The general impression from the literature is that older men find it more difficult to participate in organized social activities (Korte and Villa, 1998). This issue is open to further exploration.

The fact that this group of women was found to actively participate in activities with other older people outside of their family circle is important from another perspective. It challenges the notion advanced in the literature that older Hispanics are not naturally prone to gravitate towards exclusive age-segregated environments, nor to participate in exclusive age-related activities (Torres-Gil, 1993). This argument has often been made to explain the relative absence of the Hispanic elderly from Senior Citizen Centers and their resistance to utilize nursing home facilities when compared to other ethnic groups.

I. Relationship with the Community Based Social Service System

1. Ambivalence towards seeking Assistance. With the exception of two participants, none of the group had to date contacted any community-based social service agency to seek assistance, nor did they state they intend to do so in the future. Most of

\textsuperscript{19} Angel and Angel (1992) maintain that Mexicans immigrating to the United States at older ages were \textit{less likely} than younger immigrants to have been involved in religious activities in their homeland; interacted with peers, or participated in group activities.
the reasons given for not needing assistance from outside Agencies centered around the following:

“my children will take care of me”;
“my children will not abandon me”;
“my children will always be there for me”;

The two women who sought assistance did so for multiple purposes: to seek rent reduction; request a home attendant; gain access to an adult day care center and to an outpatient mental health clinic.

How to explain the reluctance to seek such assistance? Is this attitude unique to the group under study or a generalized sentiment among Dominicans/Hispanics at large? Several viewpoints have been forwarded as explanation.

On a generalized level, earlier studies have singled out Hispanics to be among the least likely group to request assistance from the formal service sector, the reticence being highest among immigrants of both sexes and men of all ages (Cohen, 2000). The reluctance has been attributed to: harbored feelings of mistrust; language limitations; cultural bias against seeking out public assistance; intimidation in having to deal with a bureaucracy, etc., all of which can be problematic for older people. But there may be other explanations for these participants as well. It is conceivable, for example, that some older Dominicans may not need services at the present time and do not seek them. Depending on the influence that cultural heritage bears upon the manner in which help is sought and received, some may need assistance, but do not express it (Paulino, 1998). Others may have needs that are not dealt with by agencies; may not know where to find the specific services that match their needs (DeLeaire, 1994); or been told of the frustration involved in seeking out assistance (Strug & Mason, in press) 20

Garcia (1999) maintains that public policy tends to ignore the needs of older Hispanics because of the belief that they are taken care of by their children more so than other ethnic groups. This perception has allowed service provider professionals to explain

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20 In a separate study conducted in Washington Heights in 2001 by Drs. Strug & Mason which included 30 Hispanic participants of all ages, seven indicated they tried to get help from a number of multi-service agencies in the community, but gave up after they saw there were no results. Twelve said they were reluctant to request assistance from non-Hispanic agencies in the community, after being mistreated because of their ethnic background…. Emphasizing that Russian immigrants in the City have no problems accessing services.
away the low public service utilization levels of Hispanics, without addressing the structural and psychological barriers they confront in seeking access to public agencies.

2. **Inhibitors to Seeking Assistance.** Based on interviews held with professional social service providers affiliated with a number of social agencies located in Washington Heights (refer to Appendix B for a listing), it is possible to tentatively identify some interlinked ‘inhibitors’ to seek assistance specific to Dominicans, which might affect the relationship they maintain with the community-based social service system.

   **Limited knowledge of available resources and services**
   - attributed to heavy reliance on and focused interaction with family members, who themselves may be uninformed of the gamut of services that exist in the area (although they were certainly well informed about Medicare and other health-related services)

   **A Strong National Identity**
   - evident in their strong attachment to the homeland; ambivalence towards identifying themselves as a permanent community in the US; or be identified as a US minority population (Drachman et al. 1996);
   - manifested in an ‘inwardly oriented’ preference to only seek out a close circle from among their own nationality group; restricting their interaction/association to Dominicans rather than mixing with other diverse groups in the community;
   - observed in their interest and stronger commitment to programs/activities in Centers where Dominican staff are available.
IV. SOCIAL SERVICE NEEDS IN WASHINGTON HEIGHTS

As noted earlier, older Dominican immigrants expressed strong feelings about not intending to seek assistance from community-based social agencies. In their response to subsequent questions in the interview, however, the same group was very vocal in identifying and prioritizing a number of basic needs and services they considered important for: a) themselves and their family; and b) for older people in the community at large. All of the services mentioned involve delivery from the formal service sector. It would appear as if no connection was made by respondents at the time between their own stated reluctance to seek out assistance from formal agencies and the needs they prioritized.

The discussion below brings together a gamut of basic social service needs identified not only by the participants in this study, but also by social and health-care professionals and academic researchers who have recently investigated conditions in the Washington Heights community. Relevant community needs identified in the 2001 Report of the NYC Department of City Planning for the Washington Heights area are also noted.

A. Health Related Needs

For participants in this study, access to affordable health care for themselves, their family members and the older community at large, was vocalized as the most pressing concern. Continued and expanded access to Medicaid, and the availability of doctors and health care professionals were specifically mentioned. Affordable medicine was also cited as a priority need.

Almost all participants (17) have Medicaid; only two are affected by the restrictions of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act, barring non-qualified aliens from most federal, state and local benefits. Nevertheless, there remains the potential problem in the Dominican community at large of: other older immigrants lacking Medicaid and other forms of health care insurance due to their immigration status; difficulties related to pursuing the application process; and fear of deportation. The extent to which these constraints are preventing older Dominicans from seeking emergency medical care for which they are eligible needs to be
identified. Even among those who have proper coverage, many still face financial constraints in seeking health care related to the high cost of medical equipment and prescription drugs that are not typically covered by most private insurance companies (Strug & Mason, in press).

B. Mental Health Care Needs

Participants did not voice mental health care needs during the interviews, but it is not known whether their responses are associated in any way with the stigma of talking about this subject with non-Hispanic outsiders (Rogers, Melgady, & Rodriguez, 1989) or a tendency to somaticize their mental health problems by expressing their depression as hard-to-pin-down physical symptoms. Strug and Mason found that it was particularly the younger members of the focus group who were the most reluctant to talk about mental health needs (Strug & Mason, in press). It is also plausible that the group interviewed do not themselves experience emotional problems by virtue of the support drawn from spiritual belief systems that lie outside conventional religiosity.

Social service professionals and academic researchers conducting studies in the district do make reference to a number of mental health problems in the area though not necessarily identified as specific to the Dominican elderly. Namely: high levels of depressive symptomology among Hispanic women (Burnette, 1999); dementia (Planning Conference, 1994); tensions, strains and intergenerational clashes among immigrant families suffering the consequences of acculturation-induced stressors (Strug & Mason, in press), among others.

A Planning Conference on the Needs of the Elderly in Washington Heights (1994) called attention to the following unmet needs in the mental health sector.

a. insufficient mental health programs for the aging population; specifically for Alzheimer’s patients; for the clinically depressed and the growing population of elderly with dementia disorders;

b. insufficient places to refer the mentally ill elderly who are in need of a safe non-threatening environment with professional psychiatric help available, such as a Day Care Program;

c. extremely limited psychiatry programs for the home-bound elderly suffering from mental health problems;
d. absence of supportive services to address the depression and stress experienced by older persons with chronically mentally-ill adult children.

Attention also needs to be directed towards pursuing a more reliable examination of elderly Dominicans/Hispanics in general, to differentiate between those suffering from general depressive symptoms and those who are actually afflicted with Alzheimer’s. An Alzheimer diagnosis may well be reached in the case of older Hispanics who are sad and anxious due to particular social/family circumstances they confront in later years. The language barrier clearly affects the communication between patient and doctor and can impede a comprehensive understanding of the ‘situational’ circumstances and symptoms experienced by older people who are unable to explain themselves21.

Measures adopted to be responsive to any of the above concerns, require the Mental Health Sector in Washington Heights to staff its clinics with culturally sensitive/Spanish-speaking professionals. It should be noted that a federally funded project on the “Health Situation of Older Hispanics” focused on memory loss and Alzheimer’s in a heavily populated Dominican neighborhood has been underway for some time at New York-Presbyterian Hospital, originally headed by Dr. Rafael Lantigua, a Dominican doctor.

C. Qualified Home Attendants

The lack of qualified home attendants came to the foreground as one of the major concerns of participants, most particularly as this affects the homebound, the seriously ill and those living alone. This problem probably surfaced as participants look into their own future needs and from close observations made of the circumstances surrounding the sick and homebound they visit regularly as part of their involvement in the Church’s “Outreach Program”.

Conversations held with the Outreach staff of the St. Elizabeth Parish confirmed the difficulties encountered with the quality of home attendants that older people in the

21 The language barrier causes a number of problems in the doctor-patient relationship. Older patients are often embarrassed to disclose personal/intimate information in the presence of a younger person serving as translator. Many home attendants and nurse’s aides are not well enough versed in Spanish to convey the patient’s symptoms. Doctors feel that even when family members act as translators, they often ‘filter’ the information conveyed to the doctor. (Personal communication with R. Sean Morrison, MD. Palliative Care. Mount Sinai Hospital, New York, 1999)
community have access to. Added to this is the aggravation ensuing as non-Spanish-speaking and culturally insensitive attendants are assigned to older Hispanic people.

D. **Access to Decent and Affordable Housing**

With few exceptions, participants did not make an explicit call for “decent housing”. Complaints centered mostly around problems related to sharing a household with other family members, and being forced to live apart from their spouse because of space problems. Overcrowded housing conditions, indexed by person/room ratio, did not appear to be a serious problem with the group interviewed, except for one married participant who together with her spouse and two children is doubling up with her sibling’s five member family, and three other participants who reside in three-generation households.

References for the need to find affordable housing, however, were frequent. Fortunately, most participants have been long-term residents in their present location and all but three live in apartments rather than in rented rooms. The Senior Citizen Rent Increase Exemptions, when made available, freeze apartment rentals to a total not to exceed one-third of a person’s income. But this exemption benefits only apartment residents. It does not apply to elderly people renting a room in an apartment who are particularly vulnerable to high rent increases and eviction. Some focus group members interviewed by Strug & Mason (in press) complained about high rents and were worried about being forced out of their apartment due to rising costs; none, though, mentioned having actually been evicted.

Scarcity of housing and the need for affordable housing was one of the pressing issues mentioned by Hispanic focus group members of all ages and by community experts interviewed by Strug & Mason (in press). The recent arrival of large numbers of Hispanic immigrants to the district coincided with the time period when available housing has remained more or less constant, creating severe housing shortages and overcrowding. Exacerbating the problem is the rapid gentrification Washington Heights is witnessing in areas which to date have been low-income neighborhoods.

Expansion of subsidized housing, which is the only avenue to keep housing affordable, faces many problems: decreasing availability of empty land; gentrification;
and an already long waiting list on record. The HUD sponsored Dunwell Plaza designed to meet the needs of the elderly and the disabled no longer accepts applications as of December 2001. The Isabella House, one bedroom/studio apartments with supportive services, recreation and meals for independent elderly, is affordable only to those with comfortable financial means.

The housing problem in the district has caught the attention of the City’s Department of City Planning. Their 2001 Report calls for the expansion and renewal of Section 8 certificates and vouchers and for new investments and construction funds to address the overcrowded housing problem in Washington Heights, which has worsened by the illegal conversion of apartments to commercial space and of family units into single room occupancies.

E. A Centralized Public Information Center

A number of participants mentioned the need for a focal community center to help solve the problems they encounter. This could fill the expressed need to inform and connect people with appropriate resources, services, programs, agencies and bureaucracies, and assist older immigrants with translation problems. Back in 1994, a Planning Conference on the Needs of the Elderly held in Washington Heights recommended the need to appoint a Community Outreach Worker whose main function would be to get messages across of the availability of programs and services that can help older people by way of bulletins, flyers, TV time and radio announcements. At this point in time, older Dominican immigrants need a more formal public information center staffed by professional social workers.

Discussions held with participants and upper-level management professionals affiliated with a number of social agencies in Washington Heights (refer to Appendix B) point to a variety of problems confronted by the older immigrant population which necessitate intervention from bureaucratic structures. A number of the district’s Councilmen are helping Dominicans solve some of these problems, but such assistance is not formalized. Particular areas in which assistance is needed include to:

- follow up on application procedures to obtain benefits and entitlements particularly for health/medical care benefits; subsidized housing; rental increase exemptions, etc.;
• seek advice on citizenship procedures and INS/IRS related problems;

• deal with landlord/tenant problems; obtaining translation assistance, etc.

• provide in-home services in these and other areas to elderly people who are homebound.

• provide translation assistance.

F. Senior Citizen Centers

Participants did not have issues with the Senior citizen centers they attend. They spoke positively of the importance of such centers in “providing meals for the elderly” and “offering them social opportunities to interact with peers”. No comments were made regarding the type of activities organized by these centers.

Evaluation of the programs offered at these and other Community Centers are beyond the scope of this study. Nevertheless, it is important to assess at some point the relevancy, strength and capacity of such centers to serve as focal points for: providing capacity training; organizing public education workshops and neighborhood meetings to address issues of importance to an older population.

In its commitment to improve services and expand outreach to senior citizens in Washington Heights, The City’s Department of City Planning has prioritized the need to: “increase funding for the renovation and improvement of existing senior citizen centers” in the district. These are to include improvement in the heating systems, air conditioning units and sanitary facilities.
V. CONCLUDING REMARKS

Due to the increasing number of older immigrants settling in Washington Heights in recent years, the demand for services for the Hispanic population has increased dramatically. From a policy perspective, the evolving presence of older people heightens special concerns regarding their social and health needs in the community. Even without international migration, the Hispanic-descent population may grow more rapidly than other major population groups and will eventually age. That can only add to the already significant demand on New York City’s available resources.

If the expressed intent voiced by the participants in this study reflects the opinion of a larger majority of older Dominican immigrants, one can expect larger numbers among them to remain in New York permanently, returning to their homeland only for periodic visits. One may assume that many have come to an understanding of the irreversibility of their migration, in large part due to the more favorable circumstances encountered in New York in terms of benefits, entitlements, services and care they would not have access to back home (Haslip-Viera & Baver, 1996). Regardless of the reluctance expressed by older Dominicans in this study to avail themselves of services provided by the formal sector, one may expect that in the future this population will draw more extensively upon the resources of that system.

The following are some of the target areas of special concern that evolve from this study.

A. Extension of Concerted Outreach Efforts

The complex relationship of older Dominicans to the social service system delineates four trends:

- little knowledge of supportive services, as some Agency staff have noted;
- weak predisposition to utilize these services, as evidenced by the participants in this study;
- little faith in existing community-based organizations. Two among every three Hispanic focus group members interviewed by Strug and Mason (in press), perceived that there were few, if any, community based organizations in the area that could effectively help them get the service they need; 12 members said they were reluctant to seek help from non-Hispanic agencies in the community after being treated badly because they were Hispanics;
• obstacles confronted due to language difficulties and psychological isolation.

It is not the case that community-based social service and health care agencies/centers have a weak presence in Washington Heights. (Refer to Appendix A.) As mentioned earlier, there are a large number of agencies/centers in the district providing a cross-sectional gamut of different types of assistance for the older community. Dominicans can also count on Advocacy Associations such as the Community Association of Progressive Dominicans; the Dominican Alliance; and the Dominican Women’s Development Center. Whether their platforms include and promote the interests of the older immigrant population should be pursued in further research.

In planning a special outreach effort to engage older Dominicans in Washington Heights a number of steps need to be taken.

1) To **assess** the activities of the Agencies themselves. Are those listed as serving the elderly truly operative? Are their services effective, but underutilized? How well are these services known to Washington Heights’ immigrants? Do they provide targeted support to newly arrived immigrants? How well are they equipped to coordinate effective delivery of services, and how well are they funded to meet the needs of the older community?

2) To **explore the needs and requirements** of Dominican elders. Launching a large-scale systematic enquiry of their felt needs and their evaluation of the social service programs available would reveal who among this population are being served and who are not, and whether or not differences in needs are prevalent between older women and older men. Such information is vital to:(a) establish new types of services that are responsive to the specific needs of the Dominican older immigrant community; (b) devise more innovative and targeted practices in the delivery system (De Leaire, 1994); and (c) explore the type of grass root community linkages that might be effective in establishing trust among the Dominican elderly.

3) To **evaluate** whether community-based social service programs targeted to older Hispanics, in general, might need to be modified to address concerns that are specific to Dominicans. Exploring these concerns should be planned with the
participation of Dominicans themselves and with encouraging the involvement of Dominicans in direct political advocacy.

4) To bring into question whether activities undertaken by advocacy groups in the community promote the priorities and interests of the older population. The local political leadership is the most vital resource to be mobilized to reach this goal. It can be the most effective agent to exert political pressure City-wide and ensure that appropriate programs and services are launched/energized to respond to the needs of the elderly.

B. Home Attendants

As mentioned earlier, there is concern regarding the quality of services rendered by some home attendants, which can be traced to the low status ascribed to this job. Recruited to an entry level/low salaried job at the low end of the employment ladder, home attendants may not be taught the necessary skills to carry out their tasks nor motivated to do so. An additional problem to consider is the lack of Spanish-speaking home attendants assigned to Dominican older persons. More attention is needed to “professionalize” the position of home attendants which can be done by raising the social prestige and financial remuneration offered them.

Ultimately, having sufficient numbers of qualified home attendants who are able to communicate with Spanish-speaking clients is a community concern. It is incumbent upon the agencies serving Dominican elders to work together with organizations providing training for home attendants to ensure that high quality services are delivered. When insufficient numbers of Spanish speaking home attendants are available, those sent to work with Hispanic elders who do not speak English should be offered basic conversational skills in Spanish.

C. Specific Attention to Long Term Care Needs

Though participants in this study expressed great satisfaction with the health care they are receiving through Medicaid, there remains the larger need to assure long-term care and protection for the current and future cohort of elderly Dominicans at large. This can only be done through a new/revised national health insurance program.
Whether or not health insurance programs should be redesigned to assist children to take care of their aging parents needs to be further explored. Such arrangements have had positive outcomes in enabling older people to remain in the community. But it is not always the case that older people want to be taken care of by their children, nor that family members are necessarily equipped to carry out this responsibility. The changing role of the Hispanic family needs to be factored in as potentially vulnerable in some cases for undertaking the charge to provide long-term care to older parents. With greater numbers living longer, the participation of family members in long-term care assistance can create burdens for children whose lives are already complicated by their own family responsibilities and the need to be out of the home to earn a living.

D. Strengthening Income Security

The findings of this study point to the near-absence of retirement pensions and work-related health insurance in the life of the older Dominican immigrants interviewed. A number among them had not worked in New York; those who had held jobs that were relegated to small-scale enterprises outside of the mainstream economy. Whether this is typical of the older Dominican population at large needs to be pursued.

The reported drop in the proportion of Washington Heights’ population receiving public income support from 41.5 to 33.3% during the 1990-2000 year interval is alarming at face value. Age-specific information as to which groups were most affected by this decline was not available at the time of writing, but should be looked into to ascertain the effect on the older population. One may question, for example, whether this reduction in public income support explains the noted decline in the median household income of householders ages 65 years and over from $15,107 in 1990 to $14,147 in 2001 (refer to Table 1 for particulars). A policy target of particular concern in this respect is the older person with no public income or family support. Among others, this could include immigrants, persons who are childless and those whose support came from family members who are no longer able to offer financial assistance.

Since SSI is the major, in some cases the ONLY, source of cash income for the older immigrant Dominicans interviewed, the continuing accessibility and, above all, the adequacy of this benefit should be assured to offer a dignified life to its recipients.
Likewise, efforts need to be made to locate older Dominicans who are eligible for these benefits but do not apply because of: uncertainty regarding their legal status in the country; fear of dealing with government agencies and the bureaucracy; apprehension of filing application forms incorrectly; and general discomfort because of the language barrier.

It is not known whether able-bodied Dominicans among the older population are interested in/willing to supplement their income through employment, provided this does not jeopardize their entitlements and benefits. There are resources in the district that can provide assistance in this matter for those who are. Two agencies listed—Citizenship NYC and Technology Learning Center—provide marketable skills training, ESL and computer courses. In addition, the NY Urban League Seniors in Community Service Program and the NYC Dept of Aging Foster Grandparents Program in the district connect older people with employment opportunities in part time jobs.

Existing demand for training and for jobs among the older population need to be explored, as well as the adequacy and effectiveness of the training programs currently established in the district.

E. Addressing the Housing Problem

The housing problem is critical. If not for the participants interviewed, it needs to be addressed for the Dominican population at large. Its severity is indicated by the decision taken by the HUD-sponsored Dunwell Plaza Housing Agency to no longer accept applications, and in the gentrification taking place in the district. Action needs to be taken on several fronts, with the full support of local political leadership.

- Rental costs of housing need to be stabilized. This will be difficult to achieve so long as the NYC Rent Guideline Board continues their current practice of authorizing increases on renewals or rent stabilized apartments, despite negligible income increases for tenants and despite the city’s severe housing shortage (Strug and Mason, in press).

- Section 8 Certificates and Vouchers need to be expanded and renewed.

- Overcrowded housing conditions need to be reduced. This can be effectively done when measures are taken to prevent the illegal conversion of apartments to commercial space and of family units into multi occupant single-room occupancies (NYC – DCP, 2001).
F. The Importance of Religious Organizations

The present research findings are limited to observations of and familiarity with the Parish of St. Elizabeth Church. Whether other Churches and religious congregations in Washington Heights also provide support functions to older people would need a comprehensive evaluation of the type of activities they organize and their impact on older immigrant parishioners.

Within this limited observation, the Parish has shown to play an important role in supporting Dominican women who have immigrated late in life, by replacing social roles and functions they may have lost with newer active ones and channeling them to participate in a social network that transcends the family. The Church has also shown to be an institution that can be tapped to become a formal and effective vehicle for the broader dissemination of information. It partly does this now, but in a selective and informal way. Furthermore, given the influence religious institutions bear in social settings, the Church should be called upon to become an active ‘social agent’ in: doing advocacy for the elderly; articulating the needs of this population to the outside world; and exercising its influence with local politicians to become more forceful in responding to the needs of elderly persons.

To accomplish such a mandate effectively, religious institutions need to be strengthened internally with professional staff. The extension of their social functions need to be formalized rather than extended on an ad-hoc basis, and their dissemination capacity upgraded. Achieving these important objectives necessitates the appointment of professional social service providers experienced in this area.

G. Recruitment of Professional Social Service Providers

The appointment of professional social service providers at different institutional levels in the formal sector as well is critical for improving the life conditions of the district’s older resident community. For many of the issues identified in this exploratory study, the professional social worker can perform the functions of a ‘cultural broker’ between older immigrants and the outside world (Paulino & Burgos-Servidio, 1997). Such positions should be filled by competent, qualified professionals with cultural sensitivity and language competency—preferably of Hispanic descent.
The following are among the functions that professional social workers could assume responsibility for:

- investigate the specific needs of older immigrants and inform them of the formal sector agencies available that can respond to these needs;
- work together with social and health agencies to facilitate accessibility and improve service delivery;
- advocate for increased housing availability and for the improvement of housing and rental conditions by working with landlords, tenants associations and housing agencies (Strug & Mason, in press);
- keep fully informed of services available outside of mainstream public social welfare agencies that could provide effective assistance to the non-documentated population (Drachman, Young and Paulino, 1996);
- help address mental health service needs in the community by way of advocating the recruitment and appointment of more Spanish-speaking counselors in existing mental health clinics (Strug & Mason, in press);
- visit/call on the elderly who are sick and homebound.

One last cautionary note: It is imperative that any one of the policy measures or program actions to be adopted on behalf of the older Dominican community be incorporated into existent mainstream acts and policies for older persons which are funded by solid/well established sources, rather than relegated to soft money, ‘ethnic-specific’ budgetary allocations targeted for minority elderly. The latter are more vulnerable to financial upheavals and cannot always guarantee sustainability.
Appendix A

P.O. Box 392, Ft. George Station
New York, NY  10040-0392

This COMMUNITY RESOURCE DIRECTORY was compiled by the Washington Heights & Inwood Council on Aging (WHICOA). WHICOA is a not for profit organization that represents a coalition of providers and consumers of services to seniors in Washington Heights & Inwood. Its Mission is to advocate on behalf of older adults and to encourage the expansion and insure the coordination of services to the elderly in order to improve the way of life of the elderly citizens.

This edition is published by the NewYork-Presbyterian Hospital's Office of Government & Community Affairs. We hope this Directory helps you assist clients to obtain services located in our neighborhood. Services outside our community have been listed if similar services are not available locally.

WHICOA BOARD

Co-Chairs: Susan Bendor and Fern Hertzberg
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SENIOR CENTERS

Senior centers serve anyone over 60. All provide hot lunch (at noon unless otherwise listed), educational, health, cultural, recreational and social programs and activities. Their staff, who speak English and Spanish, will help you with information and entitlement applications. Listed below are local centers with their addresses, phone numbers, director's name, additional languages spoken and special programs.

Reprinted with permission of Washington Heights & Inwood Council on Aging, Inc.
ARC XVI FORT WASHINGTON SENIOR CENTER  
4111 Broadway, NYC 10033  
Fern Hertzberg, Director  212-781-5700  
Lunch at noon. Social Adult Day Care, English as a Second Language, yoga and transportation. Information and referral, case assistance, citizenship classes, arts and crafts, fitness center, escort, BP screening, recreational and cultural trips.

CHURCH ON THE HILL OLDER ADULT LUNCHEON CLUB  
2005 Amsterdam Ave., NYC 10032  
Jane Ruddy, Director  212-781-6580  
Lunch at 1:00 PM. Meals walked in immediate area. Spanish Class, ESL, yoga, computer class, crochet class, BP screening, information and referral, case assistance and recreational and cultural trips.

DYCKMAN SENIOR CENTER  
3754 Tenth Ave., NYC 10034  
Judy Veras, Director  212-569-7790  
Breakfast 9-10, lunch noon. Pokeno, billiards, knitting, arts and crafts, ESL, Spanish class, information and referral and recreational and cultural trips.

FORT WASHINGTON HOUSES SENIOR CENTER  
99 Ft. Washington Ave., NYC 10032  
Rebecca Carel, Director  212-927-5600  
Breakfast 8:30, lunch noon. Programs for persons with memory loss and developmental disabilities. Legal Services. Daily money management. Information and referral, case assistance, case management, computer classes, Spanish classes, ESL, citizenship classes, art classes, arts and crafts, Tai-Chi, yoga, billiards, bingo, dominos, socialization, recreational, educational activities, recreational and cultural trips.

HARRY & JEANETTE WEINBERG SENIOR CENTER- YM/YWHA  
54 Nagle Ave., NYC 10040  
Joel Lichtenstein, Director  212-569-6200 x 221  
Kosher lunch at noon and home delivered meals. Additional languages: Russian, German and Yiddish. Transportation to center. Case Management, information and referral, exercise classes, swimming trips, arts and crafts, ESL, Spanish and Hebrew lessons, cards and games, dance parties, current events, creative writing, BP and other health screenings and lectures, recreation and cultural trips, and weekly camp trips in summer.

MARY MCLEOD BETHUNE SENIOR CENTER  
1970 Amsterdam Ave., NYC 10032  
Ilanthe Gillette, Director  212-568-6933  
Breakfast 8 AM. Lunch noon. Crocheting, arts and crafts, bingo and other board games, health and nutrition education, and recreational and cultural trips.
MORIAH OLDER ADULT LUNCHEON CLUB
90 Bennett Ave., NYC 10033
Betty D. Moniker, Director 212-923-5715
Glatt Kosher Lunch 1:15 M-TH; 11:30 F. Computer and ESL, mending service, library and audio library, needlework, movies, bingo, information and referral, case assistance and recreational and cultural trips.

RAIN-INWOOD SENIOR CENTER
84 Vermilyea Ave., NYC 10034
Soledad Hicano, Director 212-567-3200
Breakfast 8 AM. Lunch noon. Meals walked in immediate area. Yoga, ESL, arts and crafts, readers' club, information and referral, case assistance, sewing classes and recreational and cultural trips.

S. T.A.R. SENIOR CENTER
650 W. 187 St., NYC 10033
David Johnson, Director 212-781-8331
Breakfast 8 am. Lunch noon. Limited transportation to center. Meals on Wheels central intake. Barber, yoga, Tai-Chi, ESL, citizenship classes, arts and crafts, computer class, recreational and cultural trips.

SENIOR CLUBS

No lunch is served.

HUDSON VIEW GARDEN THE SENIOR GROUP
Faith Pomponio 212-923-7800 x 2333
Luncheon group meets monthly.

J. HOOD WRIGHT RECREATION CENTER
New York City Dept. of Parks & Recreation
351 Ft. Washington Avenue, NYC 10033
Stephanie Harris 212-927-1514
Billiards, computer classes and recreational trips.

WASHINGTON HEIGHTS INSTITUTE FOR RETIRED PERSONS (WHIRP)
Rita Palter 212-795-6666
Study group, meets weekly
Anytime you are admitted to a hospital, ask to see a social worker.

**NEW YORK-PRESBYTERIAN HOSPITAL (NYPH)**
622 W 168 St, NYC 10032

**MILSTEIN HOSPITAL BUILDING**
177 Ft. Washington, NYC 10032
General information 212-305-2500
Patient Relations 212-305-5904

**ALLEN PAVILION**
5141 Broadway, NYC 10034
General information 212-932-4000
Health Outreach - Tom Sedgwick, Director 212-932-5844
Membership program coordinates services for seniors at Allen.

**COLUMBIA UNIVERSITY SCHOOL OF DENTAL AND ORAL SURGERY**
622 W. 168 St., NYC 10032 212-305-6725
Costs less than a private dentist but takes longer. Medicaid accepted. Emergency services Mon.-Fri. on VC7.

**E.D. MYSAK SPEECH, LANGUAGE & HEARING CLINIC**
Teachers College, Columbia University
525 W. 120 St., NYC 10027
Pat Sweeting, Director 212-678-3409
Hearing and speech testing, individual and group speech therapy sessions. Sliding fee.

**WASHINGTON HEIGHTS DISTRICT HEALTH CENTER**
600 W. 168 St., NYC 10032 212-368-5500
TB clinic and children's health services.

**WASHINGTON HEIGHTS INWOOD AMBULATORY CARE NETWORK CORPORATION (ACNC)**
Appointments required. 24-hour coverage. Medicare and Medicaid accepted.
For additional sites call 212-932-5083

**Ft Washington Geriatric Practice**
99 Ft Washington Ave., NYC 10032 212-740-2290

**Allen Pavilion Practice** 212-932-4126
Mental health agencies offer counseling and psychiatric services including assessment and treatment. Unfortunately, many have long waiting lists. All have English and Spanish speaking staff.

**CATHOLIC CHARITIES**  
652 W. 187 St., NYC 10033  
212-795-6860  
Corina Harten, Administrative Supervisor

**INWOOD COMMUNITY SERVICES**  
651 Academy St., NYC 10034  
212-942-0043  
Charles Corliss, Director  
Alcohol and drug abuse counseling.

**JEWISH BOARD OF FAMILY AND CHILDREN'S SERVICES- MADELINE BORG COMMUNITY SERVICES**  
549 W. 180 St., NYC 10033  
212-795-9888  
Focuses on family problems, serves seniors within the family setting.

**WASHINGTON HEIGHTS INWOOD AMBULATORY CARE NETWORK CORPORATION (ACNC)**  
710 W 168 St (Floor 12), NYC 10032

**Adult Out Patient Psychiatry Clinic**  
212-305-5977  
Bilingual individual and group psychiatric services.
Rafael Tavares Mental Health Clinic 212-305-5977
Spanish individual and group psychiatric services.

Psychiatric Mobile Crisis Team
Adrienne Birt MD, Director 212-242-5797
Crisis intervention with limited follow up services. Available 7 days a week.

Mental Health Outreach Program for the Homebound Elderly
Erika Goldsmith, Director 212-342-5799
Additional language: German
Assessment, acute intervention, cases coordination, and long term psychiatric treatment.

NYS PSYCHIATRIC INSTITUTE (NYSPI)
1051 Riverside Dr., NYC 10032

Depression Evaluation Service 212-543-5734
Out patient antidepressant medication clinical research for persons to age 65. English fluency required.

Late Life Depression Center 212-543-5825
Out patient clinical research for older adults. English literacy required.

WASHINGTON HEIGHTS COMMUNITY SERVICES
Serves people with a history of major psychiatric disorders or requiring psychiatric medication.

Audubon Treatment Center
513 W. 166 St., NYC 10032 212-928-8300

Inwood Treatment Center
26-34 Sherman Ave., NYC 10040 212-942-8500

VNS UPPER MANHATTAN GERIATRIC OUTREACH
Linda Wayne 212-290-3231
In home assessment, short term treatment and referral.

UPPER MANHATTAN MENTAL HEALTH CENTER OLDER ADULT PROGRAM
1727 Amsterdam Ave., NYC 10031
Saraswathi Muniratnam, Director 212-694-9200 ext. 359
MEMORY LOSS

NYSPI - MEMORY DISORDER CENTER
1051 Riverside Dr., NYC 10032    212-543-5853

NORTH MANHATTAN COMMUNITY INFORMATION CENTER ON MEMORY LOSS
Ft. Washington Houses Senior Center    212-927-5600
Library with bilingual information and educational material about memory loss and services. by appointment.

ADULT DAY SERVICES

Provide social, recreational and therapeutic activities for mentally or physically frail seniors in a congregate setting. Most have services for caregivers, as well.

ARC ADULT SOCIAL DAY CARE CENTER FOR THE ELDERLY
4111 Broadway, NYC 10033
Agueda Perez, Program Director    212-781-5700
For adults with physical/mental frailty.

CLUB ISABELLA -DAY HEALTH CARE AND ACTIVITIES FOR OLDER ADULTS
515 Audubon Ave, NYC 10040
Kathy Fink, Program Director    212-342-9813
For chronically ill older adults. Physical and occupational therapy, pain management, nursing care and a kitchen for cooking. Daily hot meals.

COMMUNITY CAREGIVING
Ft. Washington Houses Senior Center
Carmen Nuñez, Director    212-927-5600 ext. 21
English and Spanish programs for persons with memory loss.

ELDERSERVE AT THE Y
54 Nagle Ave., NYC 10040
Susan Kunkel    212-942-4182
For frail elders and individuals with early/moderate dementia, co-sponsored with Hebrew Home for Aged at Riverdale.
JEWISH COMMUNITY COUNCIL OF WASHINGTON HEIGHTS & INWOOD (JCC)
Robin Kahan 212-568-5450
A weekly activity group for persons with memory loss. Glatt Kosher meals.

PEOPLE WITH SPECIAL NEEDS

The "OPEN DOOR"
Ft. Washington Houses Senior Center
Lynne Diwinsky, Program Director 212-927-5600
A social recreational program for developmentally disabled people 55+.

NAVH LOW VISION LIBRARY & SERVICE CENTER
Isabella Geriatric Center
515 Audubon Ave., NYC 10040
Denise Leguillou, Director 212-342-9370
Provides services, home visits and visual aides to people of all ages with low vision problems.

CENTER FOR INDEPENDENCE OF THE DISABLED IN NEW YORK (CIDNY) 212-674-2300
Non residential center to help people, of all ages, with disabilities to obtain skills they need to live independently.

JEWISH GUILD FOR THE BLIND 212-769-6237
Low vision clinic, cassette library, Day Health Care; radio station that broadcasts newspapers and a residence for blind seniors.

LEAGUE FOR THE HARD OF HEARING
Keith Muller, Director 212-741-7650
Hearing tests, dispenses hearing aids, and counseling.

LIGHTHOUSE INTERNATIONAL 212-821-9235
Low vision clinics, vocational training, and independent living classes.

NORTHERN MANHATTAN STROKE CLUB
710 W. 168 St. NYC 10032
Consuelo Mora-McLaughlin 212-305-1702
Resource center for stroke victims and caregivers. Bilingual activity and support group for post stroke individuals, families, and caregivers.
VISIONS - SERVICES FOR THE BLIND AND VISUALLY IMPAIRED
Nancy D. Miller, Executive Director.  212-625-1616
Recreation, camp, educational programs and rehabilitative services for legally blind and visually impaired persons of all ages.

RESPITE CARE OUT OF HOME

ELDERSERVE AT NIGHT - HEBREW HOME AT HOME
800-567 -3646
Overnight recreational and therapeutic program for older persons living at home who require continuous supervision during the night.

ISABELLA GERIATRIC CENTER
Yvonne Jones, Director of Admissions 212-342-9245
Laurie Trombetta, Admissions/Respite Coordinator 212-342-9225
Scheduled stays, up to 30 days.

HOME CARE

INSTITUTE HOME CARE SERVICES
23 Nagle Ave., NYC 10040
Joan Shockness 212-942-6780
Nursing, physical, speech, occupational and respiratory therapy, social work, home health aides, and housekeepers. Medicaid, self pay and private insurance may cover services.

N.O.M.M.E. & T.S.S.
YM-YWHA of Washington Heights Inwood
54 Nagle Ave, NYC 10040
Libby Josephberg, Director 212-569-6200 ext. 251

RENA-COA "FRIENDS FOR FRIENDS"
1920 Amsterdam Ave., NYC 10032
Mary Merriweather, Director 212-368-3295
Information and referral, case management, entitlement screening, and in home assessments.
ST. ELIZABETH'S CHURCH PARISH OUTREACH
268 Wadsworth Ave., NYC 10033
Sr.Loretta Carey 212-568-8803
Isalia Carvalho
Supportive services and home visits to elderly homebound and nursing home residents.

VNS HOME CARE SERVICES
Ginny Fields, Manhattan Director 212-290-3800
Nursing, physical, speech, occupational and respiratory therapy, social work, home health aides, and housekeepers. Medicare, Medicaid or private insurance may cover services.

MEDICAID HOME CARE
Medicaid provides home care services through vendor agencies or through a Consumer Directed Personal Assistant Program (CDPAP). For information on CDPAP, contact Concepts of Independence 212-293-9999. Many senior centers and agencies will help you apply for Medicaid and home care.

LONG TERM HOME HEALTH CARE

Individualized, coordinated in home care for the chronically ill to help them stay at home including: applying for Medicaid; nursing; physical, speech and occupational therapy; personal care; arranging transportation; lab; etc.

FT. TRYON LTHHC
204 Pinehurst Ave (5L), NYC 10033
Susan Cohen Administrator and DPS 212-740-6200

ISABELLA HOME CARE
525 Audubon Ave., NYC 10040
Tracey Sokoloff, Administrator 212-342-9500

JEWISH HOME AND HOSPITAL AGED LTHHC
Bridget Gallagher, Assoc. Director 212-870-5071

VNS CHOICE
Sherri Zabko, Membership Coordinator 212-290-4975
Total continuum of managed care for nursing home eligible people 65+ with Medicaid, or Medicaid and Medicare.
**NURSING HOMES**

Nursing homes provide 24-hour medical and nursing care; activities; short and long term rehabilitation; and nutritional meals. Patient, Medicare, Medicaid or private insurance all pays for services. Good sources of information on nursing homes and placement are **Friends and Relatives of the Institutionalized Aged (FRIA)** 212-732-4455 and **NYC Dept for the Aging (DFTA)** Judy Brickman (212-442-3091).

**FORT TRYON CENTER FOR NURSING & REHABILITATION**  
801 W. 190 St., NYC 10040  
Jeff Hoffman, Administrator  212-923-2530  
Glatt kosher meals.

**ISABELLA GERIATRIC CENTER**  
515 Audubon Ave., NYC 10040  
Yvonne Jones, Admissions Director  212-342-9245  
Short stay rehabilitation, ventilator care and dementia unit.

**MEALS ON WHEELS**

Meals on Wheels and CitiMeals provide home delivered meals to seniors who cannot cook for themselves and have no one to cook for them. CitiMeals provides weekend meals prepared by Isabella. Payment by donation. There may be a waiting list, depending on the delivery area.

Many senior centers walk meals, in their neighborhoods. Check the Senior Center listing for information. For easiest access to home delivered meals, call S.T.A.R. Senior Center which coordinates most meal delivery from 155 to 220 Streets.

**S.T.A.R. MEALS ON WHEELS**  
Mekonnen Abraha, Coordinator  212-781-8331  
Elizabeth Lopez, Case Assistant  
Central MOW intake, van delivered meals, non-Kosher, Kosher, Glatt Kosher and CitiMeals.

**HARRY & JEANETTE WEINBERG SENIOR CENTER – YM/YWHA**  
Leonardo Holuin, Coordinator  212-569-6200 ext. 230  
Van delivered Kosher meals.
TRANSPORTATION

WHIST TRANSPORTATION SERVICE
4111 Broadway, NYC 10033
Harold Lowe, Program Coordinator  212-568-5030
Transportation to senior centers, medical and group recreational trips. You can bring a companion, if necessary.

S.T.A.R. SENIOR CENTER  212-781-8331
Limited transportation to center and shopping.

HARRY & JEANETTE WEINBERG SENIOR CENTER YM/YWHA  212-569-6200 ext. 200 or ext.227
Shalom Van -Transportation to center.

ACCESS-A-RIDE  877-337-2017
Sidewalk to sidewalk para-transit for persons unable to use public buses or subway.

MTA REDUCED FARE PROGRAM  718-243-4999
Half fare for 65+ and the disabled.

MTA TRAVEL INFORMATION  718-330-1234

SYMPHONY  800-253-1443
Wheelchair accessible livery service.

SOCIAL SERVICE PROGRAMS

Programs offering a variety of services including help with entitlements, housekeeping and personal care, telephone reassurance, and social services. Each program has its own mission. You must explore them to meet your needs.

INSTITUTE FOR PUERTO RICAN & HISPANIC ELDERLY
54 Nagle Ave., NYC 10040
Fredesvinda Mosco  212-544-7637

JEWISH COMMUNITY COUNCIL OF WASHINGTON HEIGHTS-INWOOD (JCC)
121 Bennett Ave., NYC 10033
Elisabeth Wurzburger, Director
Robin Kahan  212-568-5450
99 FT. WASHINGTON CASE MANAGEMENT PROGRAM/ FT. WASHINGTON HOUSES SERVICES FOR THE ELDERLY
Mary Lamasney 212-927-5600 ext.24
For unserved seniors living north of 155th St.

SELFHELP COMMUNITY SERVICES
620 Ft Washington Ave NYC 10040
Adeena Horowitz, Director 212-781-7200
Serves survivors of Nazi persecution.

SENIORS HELPING SENIORS (SHS)
600 W. 168th St., NYC 10032
Brenda Carpenter, Director 212-543-9383
Roberta Tournor, Social Work Supervisor

UNITED IRISH FOUNDATION COMMUNITY ACTION BUREAU
93 Cooper Street, NYC 10034
Maria Broderick 212-757-3433

LEGAL SERVICES

CITIZENSHIP NYC
Armory
216 Ft. Washington Ave. NYC 10032 212-543-3525
Free service to assist individuals with a Green Card to become Citizens.

FWHSE
99 Ft. Washington Ave. NYC 10033 212-927-5600
Health Care Proxy, will and bankruptcy.

NORTHERN MANHATTAN IMPROVEMENT CORP. (NMIC)
76 Wadsworth Ave., NYC 10033
Barbara Lowry, Director 212-882-8300
Housing

NORTHERN MANHATTAN COALITION FOR IMMIGRANTS RIGHTS
2 Bennett Ave, NYC 10033 212-781-0648
Immigration
ESL, CITIZENSHIP AND OTHER TRAINING

Most senior centers and clubs have English as a Second Language, Spanish and computer classes. Most NY Public Libraries also offer classes.

CITIZENSHIP NYC
Armory
216 Ft. Washington Ave. NYC 10032 212-543-3525
Free service to assists individuals with a Green Card to become Citizens.

TECHNOLOGY LEARNING CENTER (T.L.C.)
Armory
Christian Marino 212-923-1803 Ext. 27
Provides ESL and computer classes.

EXERCISE AND FITNESS

Most senior centers and clubs have Yoga and other exercise programs.

WALKING WORKS WONDERS
The Armory Track and Field Center
216 Ft. Washington Ave., NYC 10032
Isabella Geriatric Center
Karen Brinn, Public Affairs 212-342-9539
Free exercise program for 50+.

VACATIONS

NYC MISSION SOCIETY CAMP GREEN ACRES
Year round vacation program 212- 674-3500

VOLUNTARY ASSOCIATION FOR SENIOR CITIZEN ACTIVITIES, INC. (VASCA)
George Kramer, Executive Director 212-645-6590
Vacation opportunities for seniors of 55 years or older. Accommodations for visual impairments and physical disabilities.
HOUSING FOR THE ELDERLY

Housing designed to accommodate the needs of the elderly and or disabled.

DUNWELL PLAZA
1920 Amsterdam Ave., NYC 10032
HUD sponsored. As of 12/01 no applications are being accepted.

ISABELLA HOUSE
525 Audubon Ave., NYC 10040
Leona Chen, House Manager 212-342-9343
Cari Fershing Social Worker 212-342-9412
One bedroom/studio apartments for independent elderly. Supportive services including 2 meals a day, garden, recreation, and 24-hour security.

WIEN HOUSE
60 Nagle Ave., NYC 10040
Michael Fermiglich, Housing Director 212-304-1800
Low income housing for the elderly and disabled. As of 12/01, no applications are being accepted. Write to be placed on the inquiry list for next application period.

HOUSING ASSISTANCE

Agencies specializing in advocating for tenant rights. Most senior centers and agencies also help with housing problems.

NORTHERN MANHATTAN IMPROVEMENT CORP (NMIC)
76 Wadsworth Ave., NYC10033
Barbara Lowry, Director 212-882-8300
Free bilingual housing legal services; benefits advocacy; tenant organizing; housing development; and Weatherization Program

WASHINGTON HEIGHTS INWOOD COALITION (WHIC)
652 W. 187 St. NYC 10033
John Swauger, Director 212-781-6722
Dispute mediation and tenant organizing.
EMPLOYMENT & TRAINING

FOSTER GRANDPARENTS PROGRAM
Elease Gant, Director  212-442-3117
Part time jobs for low income people 60+.

SENIORS IN COMMUNITY SERVICE
New York Urban League
Ralph Carpenter, Project Counselor  212-926-8000 ext.19
Training and employment for low income people 55+.

VOLUNTEER

Help in your community - hospitals, senior centers, nursing homes, children at school, and homebound frail neighbors. Call an agency listed or RSVP, who will help to match your talents and interests.

RETIRED SENIORS VOLUNTEER PROGRAM (RSVP)
Community Service Society (CSS)  212-674-7787

NEW YORK-PRESBYTERIAN HOSPITAL VOLUNTEER SERVICES
Evelyn Ramos  212-305-2542

FORT TRYON CENTER FOR NURSING & REHABILITATION
212-923-2530

ISABELLA GERIATRIC CENTER
Rema Sessler  212-342-9351
NYC School Volunteer Program 212-213-3370 Trains volunteers to tutor reading, math or English in NYC public schools.

RENA-COA "Friends to Friends"  212-368-3295

SENIORS HELPING SENIORS (SHS)  212-543-9383
CRIME VICTIMS

Services for crime victims including Crime Victim Board applications, assistance for victims of elder abuse, domestic violence and child abuse.

SAFE STREET / SAFE CITY
Selfhelp Community Services
620 Ft. Washington Ave, NYC 10040
Miriam Rolon, Crime Victims Coordinator  212-781-7200
Limited financial assistance; crime prevention services, security devices, lock replacement; and security surveys for crime victims 60+.

SAFE HORIZON
336 Ft. Washington Ave., NYC 10033
Rosa Rosado, Director.  212-740-7446
For crime victims under 60.

PROJECT SAFE
212-406-3010
Lock replacement for crime victims

CITY WIDE RESOURCES

NYC DEPT. FOR THE AGING (DFTA)  212-442-1000
NYC HPD HOUSING COMPLAINTS  212-824-4328
NYC DEPT. CONSUMER AFFAIRS  212-487-4444
NYPD QUALITY OF LIFE HOTLINE  888-677-LIFE
SOCIAL SECURITY/SSI  800-772-1213
MEDICARE  800-633-4227
EPIC  800-342-3742
FOOD STAMPS  718-220-7001
ECUMENICAL FOOD PANTRY  212-781-8328
FOOD FOR SURVIVAL  866-NYC-FOOD
CON ED POWER EMERGENCIES  800-752-6633
AMERICAN RED CROSS  212-757-1000
ADVOCACY GROUPS

JPAC FOR OLDER ADULTS  212-273-5200
Providing older adults with information and tools to speak out on issues of importance to them.

JPAC INSTITUTE FOR SENIOR ACTION  212-273-5262
A 10 week leadership and advocacy training class.

MEDICARE RIGHTS CENTER  212-869-3850
Helps ensure Medicare and Medicare HMO beneficiaries Americans get the health care they need.

METRO NY HEALTH CARE FOR ALL CAMPAIGN  718-694-8290 ext. 44
A citywide community-labor health care justice coalition which fights for universal health care.

NEW YORK STATEWIDE SENIOR ACTION COUNCIL  212-316-9393
Fighting for the dignity, well being and security of seniors including health and long-term care; prescription drug coverage; protecting and improving Social Security, Medicare and Medicaid and developing coalitions with the disabled, families and children.

STATEWIDE'S PATIENT'S RIGHTS ADVOCACY PROJECT  212-316-9393
Provides information and assistance to hospitalized patients to prevent discharge problems, access needed care and to others seeking information and referrals on other health care problems.

MISCELLANEOUS

CON EDISON-COMMUNITY AFFAIRS
ZamiraSetaro  212-460-4384
Presentations and information on customer rights, products, and services.
Con Edison -Senior Direct  800-404-9097
VERIZON-COMMUNITY AFFAIRS
Sandy Wilson, Director 212-395-2643
Presentations and information on customer rights, products, and services.

COLUMBIA CENTER FOR THE ACTIVE LIFE OF MINORITY ELDERS (CALME)
Nelson Peralta, Administrator 212-305-6262

NORTHERN MANHATTAN STROKE STUDY (NOMASS)
Consuelo Mora-McLughlin, Research Assistant 212-305-1702

WASHINGTON HEIGHTS & INWOOD COUNSELING AGING PROGRAM (WHICAP)
Maria Gonzalez-Diaz, Field Coordinator 212-305-2473

THE TAUB INSTITUTE FOR RESEARCH ON ALZHEIMER'S DISEASE AND THE AGING BRAIN
Christine M. Weber, Project Coordinator 212-305-2435
Appendix B

Listing of Social Service Agencies interviewed in Washington Heights

Ms. Soledad Hicano, Director,
RAIN-INWOOD Senior Center.

Mr. George Mendizabal, Center Manager,
Citizenship NYC.

Ms/ Lourdes Sanchez, Asst. Director,
S.T.A. R Senior Center.

Mr. John Swauger, Director,
Washington Heights/Inwood Coalition.

Ms Consuelo-Mora Mc Laughlin, Clinic Coordinator
Northern Manhattan Stroke Club.

Ms Mary Merriweather, Director,
RENA-COA “Friends for Friends”.

Ms Fern Hertzberg, Director,
Action for the Retired Community [ARC] XVI
Fort Washington Senior Center

Ms Miriam Rolon, Crime Victims Coordinator
Safe Street/ Safe City

Mr. Charles Corliss, Director
Inwood Community Services

Ms Dinorah Cordero,
Northern Manhattan Coalition for Immigrant Rights
References


