

Puerto Ricans in a Small U.S. City

LORRAINE V. KLERMAN, Dr.P.H., JANE G. JONES, M.P.H., AND MONA C. HULL, Ph.D.

ALTHOUGH the health problems of Puerto Ricans in the United States have been studied extensively in New York, the area with the highest concentration, few attempts have been made to examine the situation in smaller cities. The New York studies revealed the struggles of the Puerto Ricans in attempting to cope with the vast network of health and welfare agencies and their difficulties with housing and education (1-4). Would they have fewer problems in a smaller city where the limited resources might be more understandable and where their difficulties could be easily recognized by the community, rather than obscured by the myriad of other minority groups characteristic of New York?

In the fall of 1964, the educational needs of a group of Peace Corps trainees being prepared for work in public health and community development in a South American country (5) made it possible to seek the answer to this question. A survey was planned of the Puerto Rican population in a small city (population 31,214; 1960 census) in the Metropolitan Boston area. The Puerto Ricans, who had originally come to this area as agricultural migrants, had apparently found conditions favorable

Dr. Klerman is assistant professor, department of epidemiology and public health, Yale University School of Medicine, New Haven. Mrs. Jones is a student at the Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis University, Waltham, Mass. Dr. Hull is director, Massachusetts Migrant Education Project, Office of Economic Opportunity, and consultant to the Massachusetts Migrant Health Project, Massachusetts Department of Public Health. At the time of the survey described in this paper, all the authors were associated with the Peace Corps Training Program at Brandeis University.

enough to decide to settle with their families for some undefined period. This situation was of interest to the Massachusetts Migrant Health Project (a program carried out by the State department of public health under a grant from the Department of Health, Education, and Welfare), who suggested the survey, and also to the local health and welfare department and the Ministry to Migrants of the Massachusetts Council of Churches who cosponsored the study.

The study was planned to satisfy several objectives. Educationally, it was to provide the Peace Corps trainees with experience in the preparation and execution of a health survey (an activity often undertaken by many of their predecessors in South America), with exposure to health problems, and with opportunities to speak Spanish. Practically, it was hoped to obtain for the State and local health departments and several other interested agencies information about Puerto Ricans that could be used to develop necessary programs. An additional practical goal of the study was to serve as a pilot project for the Commonwealth Service Corps, a group organized along Peace Corps lines to help provide health and welfare services in Massachusetts. If it could be shown that a group of volunteers, with a minimum of training, could undertake such a survey and obtain valid results, then similar studies might be tried by the Commonwealth Service Corps in other areas. Theoretically, there was an interest in obtaining an answer to the question concerning the magnitude of the problems faced by Puerto Ricans.

Procedure

Data were collected in two stages. First, because there was no definitive information on the number and location of Puerto Rican in-

dividuals and families, it was necessary to complete a census of the Spanish-speaking families in the city. Then interviews were conducted with all of the families found, unless they refused or were repeatedly not at home.

With the assistance of the health and welfare and the police departments, the census was undertaken using a list of all streets which were believed to contain Spanish-speaking persons. The trainees checked 186 dwelling units on 21 streets, and listed 28 definitely and 14 possibly Spanish-speaking households. (A household was listed as "definitely Spanish" only if the trainee was able to speak to a member of that household and determine whether any adult was from Puerto Rico or another Spanish-speaking area. If no one was at home, but the neighbors indicated that one or more of the occupants of the dwelling unit were Puerto Rican or Spanish speaking, such a unit was listed as "possibly Spanish." The possibly Spanish households were rechecked during the interview phase.)

With the advice of the Migrant Health Project, an interview schedule was developed which covered health and other anticipated problems. The schedule was purposely kept short and simple in an attempt to reduce problems due to language and cultural differences between interviewers and interviewees and also to shorten the time necessary for the analysis of the data, since the agencies wanted the material as soon as possible. Questions which would have provided greater insight into the Puerto Rican situation were therefore not included. A preliminary version was pretested on Puerto Rican families in an adjacent community and the necessary revisions were made.

Before the survey started several local officials had suggested that the trainees would have difficulty interviewing the Spanish-speaking group. They did not think the interviewers would be allowed into the homes or that their questions would be answered. Actually, the experience was quite favorable. There were few problems in gaining admittance. In only two cases were interviews refused. A few other interviews were lost because people were not at home despite several callbacks. In all but two instances, the interviews were conducted inside the home by invitation of the occu-

pants. The hallway was the site of one interview because of the respondents' reluctance to allow the trainee to enter, and a nearby restaurant was used in another interview because female interviewers had been instructed not to enter apartments where only men were present.

The interview rating form completed by the trainees showed that an overwhelming majority of the respondents were friendly and at ease. In only 8 of the 33 households was any shyness or tension reported. Whether this cordial reception resulted from the fact that the trainees were prepared to conduct the interview in Spanish (21 interviews were conducted exclusively in Spanish, 5 mostly in Spanish, and 7 in English mainly or only) or to their general interest and demeanor is difficult to say. The interviewers were told to identify themselves as students at a nearby university, not as Peace Corps trainees.

Nevertheless, the interview material should be interpreted with the understanding that it was collected by inexperienced interviewers, most of whom were not completely familiar with Spanish. (The trainees had participated in several classroom and field sessions on interview techniques and received instruction in survey methods generally and orientation to this study in particular. They had completed 9 weeks of intensive study of Spanish. Also, they were given the interview schedule well in advance of the assignment so that they could familiarize themselves with the necessary Spanish vocabulary.)

Because of these limitations, the results may not have as high a degree of validity as generally expected in such a survey. For several reasons, however, we are convinced that the overall picture presented by the results is accurate enough for planning purposes. First, there was a high degree of consistency within each interview and among all the interviewers. Second, a series of postsurvey interviews by the instructors with health and education personnel and religious leaders who had contacts with the survey group confirmed the important findings. Finally, to increase the educational value of the study, all interviews were reviewed with the trainees and particular emphasis was given to sources of difficulty. Few language or comprehension problems were reported by the inter-

viewers, and the subject areas in which these problems arose are not included in the results presented in this paper.

Population Characteristics

Interviews were conducted in 33 households containing 166 persons. (The 1960 census had reported only 89 persons born in Puerto Rico and 4 of Puerto Rican parentage living in the survey area.) Twenty-five of the households contained family units, in one case two complete families. In 23 families, including the 2-family unit, both the husband and wife were born in Puerto Rico; in 2 units, the husband was Puerto Rican and the wife was born in the United States; and in 1 unit, both husband and wife were born in a South American country. (The last three units are subsequently referred to as mixed-other families.) Eight units contained Puerto Rican men only, singly and in groups.

The number of occupants per family household ranged from 2 to 12, but only 10 family units contained more than 5 persons each. Six families had more than four children apiece. Among the Puerto Rican family households, 10 had occupants other than the husband, wife, and children of either or both. The other occupants were relatives of the parents (5 under 18 years of age) or unrelated friends (table 1). Also, four families and three men living in all-male households reported that they had left children in Puerto Rico. However, family separation was probably underreported because this ques-

tion was not specifically included in the interview schedule. The 65 children of Puerto Rican families consisted of 44 preschoolers, 14 in school, and 7 between 16 and 20 years of age who were no longer in school. Of 13 children in the mixed-other families, 6 were preschoolers and 7 were in school.

The Puerto Rican population was concentrated; 20 of the 30 households were located on three adjacent blocks immediately behind a main shopping area. The streets were narrow and dirty, and two ended in a vacant lot occupied by abandoned cars on the edge of a cemetery. Most of the households were in multifamily houses, and almost all were in poor repair. None of the mixed-other families lived on these blocks.

Mobility within the city and to adjacent communities and Puerto Rico was marked. Some families slated for the pretest in an adjoining town could not be found and were later discovered in the survey city. One survey family had just moved into its house; another was about to move out of its apartment. A check of the schools 2 months after the survey revealed that several of the families had withdrawn their children, reportedly to return to Puerto Rico. The ease of movement between New York and San Juan has been discussed in the New York studies (6).

Ten of the Puerto Rican family households reported that one of the family members had stayed home for a day or more because of illness or injury during the 2 months preceding the interview. These were the months of September and October, however, before the onset of cold weather and outbreaks of influenza and measles. None of the mixed-other or the male households reported recent health problems.

Table 1. Distribution of study group, by family relationship and type of household

Family relationship	Type of household			Total
	Puerto Rican family (N=22)	Mixed-other family (N=3)	Puerto Rican male (N=8)	
Husbands and wives	46 ¹	6	-----	52
Children	65	13	-----	78
Others	18	0	18	36
Total	129	19	18	166

¹ 1 family household contained 2 complete families.

Responses to Health Aid Queries

Physicians. To determine the potential sources of medical assistance, the respondents were asked to whom they would turn if an adult needed medical care. Fifteen respondents named a specific physician, seven stated that they would see a physician but were unable to specify which one, nine would go directly to a hospital, and three were uncertain. In one household, two sources were cited. When the

same question was asked regarding medical care for children, 11 of the respondents with children named a physician (in all cases but one it was the same as the adult's physician), 4 would see a physician but could not specify which one, 4 would take the child to a hospital, 1 to the police, and 1 did not know. A total of seven physicians were mentioned at any point during any interview, including the section on prenatal care, but four physicians accounted for most of the actual and potential medical care in the survey.

Clinics. The respondents were also asked whether they knew of any clinics for adults or for children. The local hospital was suggested for adults by six respondents and for children by three. Actually, the local hospital does have an outpatient department, but it is restricted to emergency care and X-ray and does not have medical, surgical, pediatric, or specialty clinics. Three respondents mentioned other hospitals for adults and three mentioned them for children. There were three references to public health clinics; one reference for adults and two for children. But the largest group of respondents, 24 in regard to adults and 13 to children, did not know of any clinics.

Immunization. The reported immunization status was quite poor. Only 35 of the 67 children over 1 year of age had received the usual childhood immunization series (diphtheria, tetanus, pertussis). Protection against poliomyelitis had been obtained by only 31 of the 67. Forty-six of the 67 children over 1 year of age, 31 of the 52 husbands and wives, and 7 of the 10 occupants of the male households, for whom reliable information was obtained, had been vaccinated against smallpox at any time.

These vaccination rates are considerably lower than those reported from the immunization survey conducted in Worcester, Mass., by the State and local health departments under a Vaccination Assistance Project grant. In Worcester's lowest socioeconomic group, 77.0 percent of the age group 1-4 years, 97.6 percent of the 5-9, and 100 percent of the 10-19 had ever been immunized against smallpox (7).

Insurance. Only eight households reported having health and accident or hospitalization insurance. This figure seems unusually low. Possibly some of the men working in industrial

plants were covered at their place of employment but were unaware of it. However, the comment of officials at the local hospital that 90 percent of the Puerto Ricans did not pay their bills for hospitalization or outpatient services, confirmed the validity of the findings. Also, one of the physicians used by many in this group commented, in a postsurvey interview, that although he had little difficulty in receiving payment for services rendered to Puerto Ricans in his office, he was aware of their reluctance or inability to pay hospital bills. This may be related to expectations about medical care, based on experiences in Puerto Rico. According to Arbona, the Puerto Rican department of health and welfare is "responsible for the provision of medical and hospital care to about 60 percent of the population who are unable to purchase private health care" (8).

None of the men doing agricultural work were covered by the group health insurance plan available to migrant farmworkers who come to the United States under contract through arrangements with the Secretary of Labor of the Commonwealth of Puerto Rico. The local representative of the Commonwealth stated that the employers in the survey area preferred to recruit their laborers directly, rather than through the Puerto Rican Department of Labor. Such workers are not eligible for this particular group insurance plan and apparently no alternative plan is offered by their employers.

Comparison of responses. The medical care and immunization responses revealed a striking difference between the Puerto Rican families and the families with mixed or other Spanish backgrounds. The Puerto Rican families had less knowledge of medical care facilities, carried less insurance, and had lower immunization rates than the mixed-other families. The Puerto Rican men who lived without families were similar to the family units in knowledge of clinics and insurance status but had less knowledge of physicians, owing probably to lack of need, and a higher rate of smallpox vaccination, possibly as a result of the efforts of the Migrant Health Project (table 2).

Generally, the responses in the health and medical care area correspond with the finding of the New York studies. Certainly they con-

Table 2. Proportion of study group giving favorable responses to questions regarding medical care, by type of household

Favorable response to medical care questions	Type of household						Total	
	Puerto Rican family		Mixed-other family		Puerto Rican male			
	Number ¹	Per-cent	Number ¹	Per-cent	Number ²	Per-cent	Number	Per-cent
Named a specific physician for adult.....	12 (N=22)	54.6	2 (N=3)	66.7	1 (N=8)	12.5	15 (N=33)	45.5
Named a specific physician for child.....	8 (N=18)	44.4	3 (N=3)	100.0			11 (N=21)	52.4
Knew of any clinic for adults.....	6 (N=22)	27.3	2 (N=3)	66.7	2 (N=9)	22.2	10 (N=34)	29.4
Knew of any clinic for children.....	6 (N=18)	33.3	2 (N=3)	66.7			8 (N=21)	38.1
Children over 1 year of age with DTP immunization.....	23 (N=54)	42.6	12 (N=13)	92.3			35 (N=67)	52.2
Children over 1 year of age with polio immunization.....	19 (N=54)	35.2	12 (N=13)	92.3			31 (N=67)	46.3
Children over 1 year of age vaccinated against smallpox.....	34 (N=54)	63.0	12 (N=13)	92.3			46 (N=67)	68.7
Adults vaccinated against smallpox.....	26 (N=46)	56.5	5 (N=6)	83.3	7 (N=10)	70.0	38 (N=62)	61.3
Carried some form of health insurance.....	³ 3 (N=20)	15.0	3 (N=3)	100.0	2 (N=11)	18.2	8 (N=34)	23.5

¹ Total numbers of persons vary according to whether the question applied to the household as a unit, to adults only, or to children only.

² Total numbers of persons vary because of differences in the number of occupants for whom reliable information could be obtained in the male households.

³ In 2 households this question was omitted.

firm Suchman's statement that "In most aspects of health knowledge, attitudes, and behavior, the Puerto Rican group stands out as the most divorced from the objectives and methods of modern medicine and public health" (9).

Responses to Adjustment Queries

The survey included questions concerning the Puerto Ricans' adjustment to other facets of life in a small city to determine if their difficulties were limited to health and medical care or if they were experiencing similar problems with language, employment, housing, recreation, and religion.

Language. Certainly the ability of the Puerto Ricans to obtain necessary medical services would be enhanced by an adequate command of the English language. Yet all of the Puerto Rican families and the respondents in six of the eight male households stated that they had some difficulty with English. Many of the

respondents claimed to speak no English at all, and 28 indicated that they would be willing to improve it by attending English classes (table 3). But despite the fact that in 15 of the households where English was a problem and the

Table 3. Interest in English language class, by type of household

Interest in English language class	Type of household			Total
	Puerto Rican family ¹	Mixed-other family ¹	Puerto Rican male ²	
Willing to attend.....	18	0	10	28
Unwilling to attend.....	4	0	1	5
Not interested, proficient in English.....	0	3	2	5
Total.....	22	3	13	38

¹ Based on answer of principal respondent in each household.

² Based on number of occupants for whom reliable information could be obtained.

respondents knew that English instruction was available at the local high school and the Catholic church, in only 5 households had anyone attended these classes. Less difficulty with English was reported by the mixed-other families.

Employment. Language difficulties, however, had not precluded finding employment. All the husbands, except two who were recovering from surgery, as well as all the occupants of male households were employed. Four wives and two of the seven children who were no longer in school were also working. Among the other persons in the family households, 11 of the 16 who had finished school were employed. In the mixed-other group, none of the wives were working and there were no other household residents of working age (table 4).

Adjustment in the employment area was not as adequate as these figures might indicate. Almost all the men held semiskilled or unskilled positions. The largest number worked in several small shoe factories; some men, mostly from the male households, worked in the plant nurseries which had originally attracted the migrant laborers; and the rest were scattered. Answers to a subsequent question, dealing with the decision to remain in the Boston area, showed that the ability to find work was a significant factor. Thus it is likely that most Puerto Ricans came to this city because it was known that jobs were available, and that those who did not find work immediately or whose employment was terminated did not remain, but returned to Puerto Rico. Ob-

viously, such mobility would make great demands on the providers of health services. All medical services would have to be performed as soon as the need was established, because if appointments were made for the future there was the chance that the person would no longer be in the area. This had been the experience in the survey city.

Housing. Housing was a problem, particularly for the families with children. Respondents in 14 of the households reported that they had experienced difficulty in finding a place to live. In six cases, the need for space for children or the resistance of landlords to renting to families with children were given as reasons. High rents and prejudice were also mentioned. Fourteen of the households reported satisfaction with their housing. The remainder had some specific complaints or were not satisfied with it (table 5). The most frequent complaints concerned insufficient or irregular heating, drafts, or poorly constructed windows. Although the data on source of heat was incomplete, a large number of apartments seemed to be heated exclusively by the kitchen stove. Other complaints concerned inadequate space, poor service, leaks, lack of hot water, and rental cost. Difficulties in finding housing and dissatisfaction with housing were reported less frequently by the men probably because their needs were less, they did not have children, and, in the case of some agricultural workers, housing was provided by the employer.

Recreation. Leisure-time activities were almost entirely informal. Visiting friends and

Table 4. Employment status of persons who had finished school, by family relationship and type of household

Family relationship	Type of household						Total
	Puerto Rican family		Mixed-other family		Puerto Rican male		
	Employed	At home or unemployed	Employed	At home or unemployed	Employed	At home or unemployed	
Husbands.....	21	2	3	0	-----	-----	26
Wives.....	4	19	0	3	-----	-----	26
Children.....	2	5	0	0	-----	-----	7
Others.....	11	5	0	0	18	-----	34
Total.....	38	31	3	3	18	-----	93

Table 5. Housing problems reported, by type of household

Housing problem	Type of household			Total
	Puerto Rican family (N=22)	Mixed-other family (N=3)	Puerto Rican male (N=8)	
Difficulty finding housing--	12	1	1	14
Complaints with present housing-----	13	2	3	18

¹ In one household this question was omitted.

relatives was an important activity. Twenty of the family households reported that there were one or more families whom they visited or who came to see them at least once or twice a month. Twenty of the family households and five of the male units had television sets, and in a large proportion of the units at least one of the respondents watched television frequently. In contrast, only 11 of the family respondents said that they went to the movies one or more times a month. The figure was much higher in the male households. But participation in active sports or formally organized activities was limited. A few families commented that the adults or the children played ball in the parks and some of the single men also played ball or bowled; but there was no mention of the YMCA, Boys Club, scouting organizations, or similar recreational groups.

Religion. Shortly before the survey, a priest and two nuns began a program of conducting services in Spanish, followed by a social hour, on Sunday afternoons. The personnel, provided by the Cardinal Cushing Spanish-Speaking Center in Boston, picked up the Spanish-speaking families in the city and surrounding communities and brought them to church by bus. It was not surprising, therefore, to find that in 25 of the households at least one adult attended the services regularly or occasionally. However, a priest from the local church reported that none of the Puerto Ricans attended the other regular church functions, and that few, if any, of their children came for religious instruction. The nonparticipation by

children may be partially explained by the small number who were of school age, but it is also in keeping with the New York findings on non-participation (6). Other churches were mentioned only by respondents in mixed-other families.

Discussion

The data on overall adjustment indicates that the Puerto Ricans were having difficulties in many areas, not just concerning health and medical care. However, the responses also suggest that when a special attempt was made to reach out and help this group at its own level, as in the case of the Spanish-language church services, the members did respond.

The results of this study must be considered in terms of the several objectives it was meant to satisfy. As an educational experience for the Peace Corps trainees, the instructors rated it highly. The students were introduced to survey methods; gained increased confidence in their ability to speak understandable Spanish outside the classroom; and, as an unexpected dividend, gained first-hand knowledge of the prejudice, poor housing, and inadequate health care suffered by underprivileged persons.

Moreover, the study provided important information for the State and local health departments. The findings confirmed the estimates of service agencies concerned with migrants and formed the basis for several new programs. The local Rehabilitation Council used the survey material in its study of specific community needs. The new Massachusetts Migrant Education Program, funded by the Office of Economic Opportunity, cited the survey findings as indicative of rural-urban movement and of need among migrant families. Also as a result of the study, a local community action group is planning to enlist health and welfare agencies, churches, and community organizations to work with the Puerto Ricans in an attempt to help them to help themselves and to feel that they belong in the community. And the Puerto Ricans themselves have formed an organization, the Sons of Puerto Rico, which has initiated educational and social programs.

The general success of the survey indicates that the procedure is feasible, and that similar

projects could be undertaken by other groups of service volunteers.

Finally, some insights were developed into the difficulties encountered by Puerto Ricans in urban areas other than New York. Apparently their problems are not mitigated by conditions in a relatively small city. Despite the reduction in the complexity of the health and welfare machinery, the Puerto Ricans were unwilling or unable to take advantage of the services normally offered by the community. In fact, it seems that the needs of such subpopulations are even less likely to be met in a small city because few small cities can provide the specialized services they require, such as Spanish-speaking health, welfare, and recreation workers or preschool language training.

The funds now available from the antipov-erty and migrant health programs may help to solve this problem, for if the Puerto Ricans and other underprivileged groups are to make adequate use of community facilities, special efforts will have to be made to reach them in their own language and in ways they understand—and such programs are frequently expensive. But in addition to adequate financing there will be needed, as Baumgartner has stated, “a far greater effort than we now put forth and . . . a willingness to redesign or rearrange services so that they serve the needs of patients rather than the convenience of professional personnel or the pride of boards of trustees” (10).

Summary

As part of a Peace Corps training program, a survey was undertaken of health and other adjustment problems among Puerto Rican and other Spanish-speaking households in a small U.S. city. The trainees conducted interviews in 33 households containing 166 persons. The number of occupants per household was generally large, owing not only to the number of children but also to the presence of other relatives and friends. There were more than twice as many preschool as school-age children. Most of the households were concentrated in a small and dilapidated area of the city. The survey uncovered health problems such as limited

knowledge of medical care resources, a low level of immunization, and little health insurance coverage. Difficulties in adjustment were also found in the areas of language, employment, housing, and recreation. One of the few organizations with which the group had made contact was the local Catholic church, which was providing a bus to transport them to special Spanish services.

Apparently the problems faced by Puerto Ricans in a small city did not differ appreciably from those in New York. Moreover, there were few specialized programs to help overcome these problems.

In addition to obtaining information about the Puerto Rican group, which was useful to local and State agencies, the study served as an educational opportunity for the Peace Corps trainees and as a possible prototype for use of volunteers by other agencies.

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