disadvantaged client may be referred to Urban Renewal personnel for shelter, and surplus food products are available for direct distribution.

There exist in the area a large group of elderly people, recently immigrated from Latin American countries who are alienated by their lack of finances, their age, and their inability to speak the language. These barriers preclude many of them from availing themselves of medical services when the need arises. At the time, arrangements are underway at the Center to work with the Latin American social organizations to secure funding for a convalescent home for these people.

11. Community Action

The concept of concerted action to express social and economic problems has not been applied here, and it is doubtful that such group action is possible at this time. Apathy and hopelessness in the attitudes of the people preclude self-generated action as a way of voicing their grievances and finding solutions to their problems. Those who receive services appear to be grateful, but there seems to be no social awareness on the part of most of the area residents. Some of the people are willing to do all they can to help themselves as individuals to become self-sufficient, but they feel loyalty to themselves, not to their neighborhoods.

Community action in the city is confined strictly to the established order; it is the middle class that has made the attempt to coordinate the city's resources in order to better the lot of the poor. The program was generated by this group and it is being carried out by this group; the poor have yet to participate except as clients and staff members. It is the Center staff that has been instrumental in setting up the organizations that do exist, i.e., block clubs, etc. The heterogeneous nature of the population serves to alienate many of the people from each other and causes them to seek out among their neighbors only those who speak the same language, have the same color skin, and the same religion.

12. Participation of the Poor

Provision has been made for the poor to participate as employees of the various programs, to work as sub-professionals, and as neighborhood workers. Their work is invaluable in providing a link between the Center professionals and the poor residents of the area. They can survey area needs and carry this information back to the Center officials. They can, in turn, inform the poor about the services and activities of the Center.

It does not appear that there is provision in the program for the poor to learn to function in policy-making or supervisory capacities. Token participation is allowed on the boards, but it is only a token and their presence on boards is viewed by the establishment as advisory only.

The long-established Health and Welfare Board is precluded by law from extending voting privileges to any additional members; therefore, the new members who will represent the poor on the Board will function only to make suggestions and recommendations. The CAA Board of Directors allows the poor to have voting privileges but, as constituted, only three of the 24 members of the Board are representatives of the poor. The effectiveness of the poor who are so greatly outnumbered is questionable.

At the time of our study, area boards had not yet been formed. A few small meetings had been held to initiate the process of choosing these boards. The Boards too will act only to make suggestions; policy-making and program formulation are not intended functions of area boards. Rather, they are to be set up to afford the poor a method of voicing their grievances.

CENTER "N"

1. History and Origins

In January, 1965, a group of about ten religious, educational, and community leaders met to discuss methods of utilizing the newly-passed poverty program legislation in the county. Poverty is a problem that is common to at least half the people of this rural, mountainous area. During several meetings of this group, some fifteen possible projects were explored; one of these was the Homemaking Center Program. In setting up the preparations for this program, assistance was sought from the Home Economics faculty of a nearby university. These professionals were able to supply the necessary advice regarding curriculum preparation and staff training. After the initial preparations were made, application was submitted to the OEO for funding of the projects. Funding was granted in July, 1965, and three Centers were opened in September of that year. An additional Center was operational by February of 1966, and a Day Care Center was formed in August, 1966.