



Mexican American Older Adults and Seniors: Health and Food Access Profile

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The Community Engaged Nutrition Action (CENA) program is a new initiative focused on addressing barriers that contribute to food insecurity (hunger) and improved *bienestar* (well-being) among low income Mexican American seniors age 50 plus. The CENA program will develop senior *Animadores* (promoter and organizer) from San Antonio Westside neighborhoods to outreach and help resident navigate access to resources' and make positive social service or community changes as means to improving their food security.

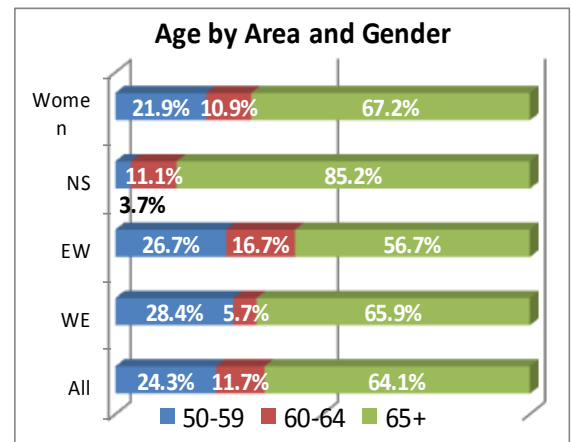
Survey Target Areas
Westend Neighborhood (WE):
 Precinct 2006 = 87 surveys
Edgewood Neighborhood (EW):
 Precinct 1032 = 88 surveys
Nutrition Sites (NS):
 Good Samaritan (15) & West End (12)

Animadores: community-based volunteers who work with both individuals and groups in their immediate community to access resources and organize for positive change.

To gather a snapshot of the scope of challenges facing Seniors, over 200 qualitative surveys were conducted in three distinct targeted areas as seen above. The profile context includes the data analysis and survey team focus group discussion notes regarding their observations and experiences in conducting the survey.

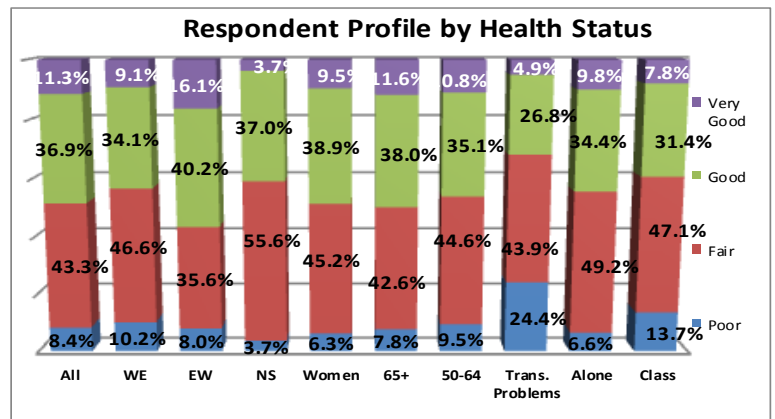
Profile of Survey Respondents:

- Respondents were majority Female (62.1%) at all area locations especially in Westend area and at Nutrition Sites.
- Six-in-ten respondents were over the age of 65.
- Most likely to own their own home (87%). Home ownership was higher among Women (90.2%) and 65+ respondents (90.4%).
- The majority of respondents were most likely to live with a **Spouse** (25.9%) or **Extended Family** (47.8%). This was particularly true for respondents with **Transportation Problems** (59%) and **Older Adults 50-64** (52.9%). **Respondents from NS (65.4%)** were more likely to **Live Alone** compared to respondents who were surveyed in the neighborhoods (WE-22.4%; EW-28.1%).
- *Note:* Transportation issues was a more prevalent issue expressed than documented in the survey responses. With limited financial resources and access, most were reliant on free rides thus waiting for availability of others and often feeling rushed. Respondents mentioned it was easy to get a ride to the store than to find a ride to a doctor's appointment because it wasn't all day waiting game.



Health Status

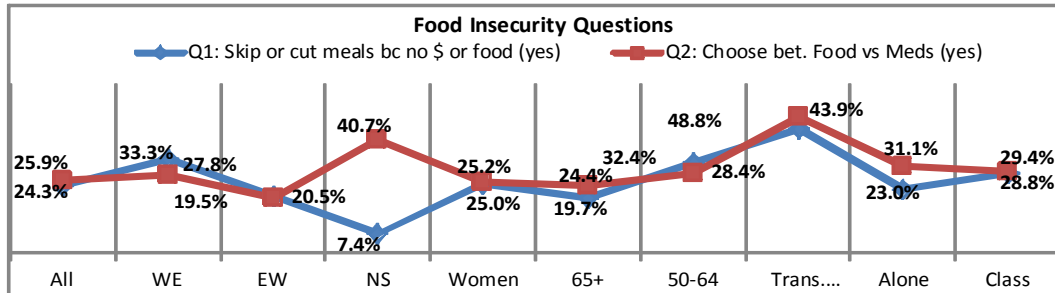
- Forty-three percent (43%) of respondent identified their health status to be **Fair** or being in **Good** condition (36.6%). Respondents with transportation problems (24.4%) were more likely to identify their health status as **Poor**. While, Edgewood respondents were the most likely to identify their health status as **Very Good** (16.1%).
- **High blood pressure** was most identified health issues among 66.7% of all respondents. This was followed by having high cholesterol (44.1%) and Diabetes (33.3%).
- Over 80% of all respondents have **health coverage**. Respondents under 65 (57.5%) were the least likely to have health coverage understandably.
- A quarter of Respondents identified participating in a **healthy cooking class**. Women (32%), those surveyed in NS (29%) and with transportation problems (34.1%) were more likely.
- *Note:* For older adult respondents (age 50 –64), the ability to identify which chronic issues they were facing was more challenging given many had not or were unable to see a doctor for a proper diagnosis.



Continued....Mexican American health and food access profile

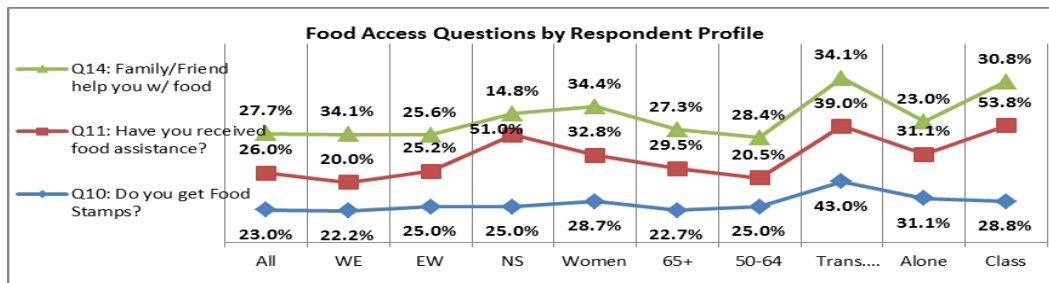
Food Insecurity Questions

- Among all respondents, about quarter (24.3%) of respondents in the past year had to **skip or cut the size of their meals** due to financial constraints. Respondents from Westend (33.3%) more likely to skip or cut the size of meals among the areas surveyed. While respondents between 50-64 (32.4%) and with transportation issues (43.9%) were more likely to portion out their meals.
- Over that last year, little over 25% of respondents had to **pick from purchasing medicine and buying food**. Among those more likely to choose between food and medicine were respondent in NS (40.7%); with Transportation Problems (48.8%); and who lived Alone (31.3%).
- *Note:* The issue of having to choose between food or medicine triggered Respondent to discuss the other challenges they faced such as inability to pay bills, home repair needs that are impacted by financial constraints.



Food Access

- When respondents were asked to identify where they purchase their food, all identified a large grocery store on a weekly or bi-weekly basis. Most respondents identified that they drove their car (59.2%) to the large grocer or a family/friend/neighbors gave them a ride at no charge (31.6%). (Bus-8.7%; Walk-4.9%; Pay-3.4%)
- Other places where food was purchased or attained included Corner Store (10.3%); Food Pantry (9.9%); Farmers Market (.4%) and Family and/or Friends (10.3%)
- Among all respondents **who ate out at restaurants**, 45.6% ate out more than once a week. Among those who eat out the most were respondent from NS (60%), those who live Alone (47.5%) and respondents 50-64 (46%).
- *Note:* Regardless of access to food, Senior are still not getting nutritious meals and are choosing unhealthy food because they cost less.



- While only 23% of respondents **receive Food Stamps**, the respondent more likely to receive Food Stamps were Women (28.7%), those with transportation problem (43%), those who live Alone (31.1%) and attended a healthy cooking class (28.8%).
- Utilization rate among respondents who **received Food Assistance** from Food Pantry, Government Commodities or Project Hope (26%) is similar to those who receive food stamps. While a large percentage of respondents were familiar with these resources (86.8%): Respondents from NS, were more likely to receive Food Assistance (51%). Compared to WE (20%) and EW (25.2%). Once again, Women (32.8%), those with transportation problem (39%), live Alone (31.1%) and attended a healthy cooking class (53.8%).
- A little over 27% of Respondents answered that they **get help from family or friends with food**. Responded from WE (34.1%) were more likely than those in EW and NS. Women (34.4%), those with transportation problem (34.1%), and those who have attended a healthy cooking class (30.8%).
- Among the 206 individuals surveyed only 3 respondents **received home-delivered meals** yet 86.7% knew of the program.
- Only 10% of respondent shopped at a **Senior Farmers Market** and only little over half knew of them.
- *Note:* Many respondents mentioned they were confused by changing eligibility age and criteria for programs for Seniors. They were unclear on what was the definition of a "senior citizen" today. Respondent mentioned having to ask everywhere if they qualify or were eligible? For example, one nutrition site move the age at the nutrition site from 55 to 60 because they had more Senior to serve due to closure of facilities in the area.