



Food Security Concerns Among Mexican Seniors: Summary Perspectives from Food Safety Net Providers

Introduction

The Community Engaged Nutrition Action (CENA) project is a new initiative targeting seniors (age 50+) in the West Side of San Antonio. The **goal** of the CENA program is to decrease the number of Mexican American (MA) seniors who are food insecure through a senior peer-to-peer leadership based on the *Animador* (community promoter) service navigator and organizing change model. Gathering information regarding the food secure experience of MA seniors is an integral CENA component and will assist in guiding project activities. These include the training of the *Animadores* in providing outreach, navigation and education that assists food insecure MA seniors.

The information being gathered in this document is from a survey of MA seniors as well as focus group discussions with resident leaders from the targeted neighborhoods and food security safety net providers. The information in this document reflects the experience and perspectives of food security safety net providers.

Description of Food Security Safety Net Providers Focus Group

The CENA Program held a two-hour focus group with six local food safety net providers on Thursday, April 12, 2012, at Neighborhood Place, a Westside 1-Stop social service center. The providers represented the City of San Antonio - Department of Senior Services Division, Texas Department of Protective and Family Services- Adult Protective Services Division, San Antonio Food Bank, Pride PHC Services, AACOG-Alamo Area Agency on Aging and Urban Connection.

The focus group objective was to create a space to discuss barriers, challenges and the cultural dimensions of accessing the food security safety network. Specifically, church-based food pantries, Food Bank, senior nutrition centers, home-delivered meals, food stamps, commodities, senior farm markets and food co-operatives. Strategies to enhance accessibility were also identified.

The Problem of Food Insecurity among Senior in San Antonio

Throughout the city and regardless of race or ethnicity seniors on a daily basis need food. Many Westside seniors live on limited incomes, a small Social Security check (\$670), which pays for medicines, basic living expenses and food. In this situation, food may not be their top priority. Some seniors have familial relationships that are not formalized, for example, a grandparent voluntarily raising a grandchild. They do not have the documents needed to apply for food stamps and other assistance programs. They are also fearful of applying for programs because

they believe that it will reduce the amount they get in Social Security benefits or have other legal ramifications.

Providers identified that the community is generally unaware of hunger among seniors, except during the holidays. Social service providers who work with seniors find them struggling to pay for food, rent and out-of-pocket medication expenses. Many seniors forego buying medication, using their money for car insurance, gas and emergencies, limiting the money available to buy food. Even with these challenges, the media and elected officials tend to focus on the needs of children rather than seniors.

Nutritional Food Assessments conducted by some organizations as a component of case management, found food insecurity among some seniors however they also found that they do not apply for food stamps. One reason is that food stamp allocation for a household of one or two is so low that seniors opt not to apply. Some seniors don't apply because they also need food for their grandchildren or extended family members in their households but many do not meet eligibility requirements.

Services to homebound seniors are complex. A State policy, based on a National policy, restricts a homebound senior from accessing more than one program. Homebound seniors with assistance of a home provider do not qualify for home (Meals on Wheels) delivered meals. If the homebound provider comes only a few hours each day, then seniors don't get 3 meals. Meals on Wheels do not provide any meals on weekends-, so homebound seniors are at an even higher risk of food insecurity.

Transportation remains a major barrier for many Westside seniors trying to access food, either from grocery stores or food pantries, commodity programs or nutrition sites.

Challenges/Barriers Faced by Seniors Accessing Food Security Programs (Senior Nutrition Programs/Project HOPE/Food Bank/Home Delivered Meals/Senior Farm Markets).

Structural barriers exist to accessing assistance with food. Barriers include paperwork, intrusive questions, red tape, communication, fear of the U.S. Immigration Service and transportation, especially for seniors without cars and the homebound. Seniors may not have a telephone or know how to use automated systems. Seniors with limited education see a long application with small print and become discouraged and Spanish speaking service providers are not always available.

Many providers recognize that some Food Stamp Program policies are cumbersome and not congruent to the life situation of seniors; therefore, they are in support of some program policy changes. Seniors often find the process too complex for such a small amount of food stamps. Most seniors are eligible for \$10-\$14 per month. Further, in determining income eligibility, only \$30 is allowed as a deduction for phone expense. For isolated seniors who live alone and/or are homebound having cable/phone, which is more expensive, is a necessity.

The amount of food stamps can be increased if there are high medical expenses. But most seniors have Medicare so they don't have large medical expenses to pay. Seniors with dual coverage, Medicare/Medicaid, qualify for a larger quota of food stamps. However, often seniors have expenses that do not meet the eligibility criteria for the Food Stamp Program (car payments made to help out their adult children). Plus, there is a 30-45 day processing timeframe which is not responsive to seniors with immediate food needs.

Donation requests for meals can create a barrier at Nutrition Centers. Seniors feel that if they can't pay for it, they can't eat. Often, the seniors get this impression from Site Managers. Thus, seniors feel embarrassed and don't come. Hours of operation at Nutrition Centers can sometimes be a barrier. Having staff on site that do not speak Spanish is another barrier. As more Nutrition sites close, seniors need to travel further to participate in another site. There is no way to verify that all the seniors from a closed center are now enrolled in other Nutrition Centers. Future changes/improvements are anticipated at Nutrition Centers as a result of the City's Senior Strategic Plan.

Many times a homebound senior is unable to access needed resources. For commodities, the first time seniors apply, they need to show Social Security number, ID and a utility bill. Fear of identity theft makes seniors hesitant to give their confidential information to someone else in order to get registered. Once enrolled, a provider or relative can be designated to pick up commodities for the senior.

Seniors have immediate food needs and getting emergency food assistance takes time. Food pantries have different rules on how often food can be distributed. They are open on different days at various locations. Some seniors who get commodities receive food they don't like or is foreign to them. In this case, the seniors will share it with their family so they can use it. Their needs include basic staples (beans, rice, fideo) that they know so they can prepare meals they enjoy. Seniors often see feast or famine. When they have food, they enjoy eating/sharing it. When they are short on food, they know how to make it stretch.

Cultural-Based Values among Mexican American Seniors That Influence Their Participation or Lack of Participation in Food Security Programs

The key culturally-based values that influence decisions seniors make related to food security are: familial support/reciprocity, pride, self-reliance, personal responsibility and cultural preferences in food and language. These are ingrained values for older MA seniors.

Older people lived through the 'Depression' so they know they can make it now. *Food insecurity*, an American phase/concept, is not well understood among MA seniors. They understand "how much food do you have," MA seniors don't think about the nutrition food pyramid. They prefer a tradition menu of beans, rice and fideo, which is nutritionally sound/healthy. With these items they can create adequate meals for themselves.

From the perspective of some MA seniors, help is there for Anglos more so themselves. Pride often keeps them from asking for help. They will turn off air conditioner and open windows so

that they can make it without help. MA seniors pride themselves in knowing: “I’ve never asked for help”. They will say “give it to someone else who needs it more”.

Familial support is a strong Mexican value among seniors. Older MAs often want to take care of their family ahead of their own needs. Seniors can become over-extended by using payday loans and pawn shops when they run short of money. Payday loans are perpetual problems, often obtained to help adult children with emergencies. MA seniors feel responsible for paying their debts on time. So they pay bills as soon as they are received and then are short on funds for their own needs.

How did so many Mexican American seniors get diabetes? They eat fast food (like Church’s) and eat large quantities of food that is cheaper than fresh fruits and vegetables. For them, life was hard in the 1940s -1960s which included exercising (more walking), women stayed at home more and people keep moving all day (compared with today’s sedentary life style). Older seniors had and some still have a more active lifestyle.

Recommended Strategies to Effectively Enhance Awareness and Utilization of Food Security Services/Programs

- ❖ A strategy to get MA seniors to accept Food Stamp assistance is to present it as a temporary approach that can be terminated when no longer needed. For instance, they can use the assistance for months when they have large prescription expenses.
- ❖ In 1960s, food demonstrations were done along with food commodities distributions. People got recipes for the food they received. Many of those recipes are still used by seniors. This strategy could still work today. For nutrition education, peer-to-peer teaching works best as well as asking MA seniors what nutritional topics they are interested in learning more about.

An example is the Community Engaged Nutrition Action (CENA) Project that will train seniors as *Animadores* to help food insecure MA senior’s access food resources and nutrition education support. *Animadores* need to monitor changes in food security program guidelines so they can provide the most current and accurate information to seniors. Maintaining an updated bilingual food and social support resource list is critically important to effectively connect seniors to the basic human needs services they need so they can more safely age in place within their community.

- ❖ The USDA Commodities Program, managed by Project HOPE, is limited by space restrictions at program sites and the number of people who can be served by the program. The Commodities Program offers large amounts of prepackaged food that is easier to distribute. Project HOPE is labor intensive. Food arrives on large pallets and must be re-packaged for distribution in large/heavy food bags. The process involves many volunteers: seniors, probationers doing community service projects and Catholic high school students doing community service projects. Strategies to bridge youth and seniors are needed to help youth grow in awareness of the life situations of seniors.

- ❖ Back Packs for seniors (similar to Back Packs for kids) is a new initiative being piloted by the Food Bank. Sponsored by Project Hope, the initiative will be partnering with Meals on Wheels to give seniors in their program a backpack with snack-type foods for the weekend.
- ❖ COSA-Senior Services Division started an initiative; the Senior Nutrition Advisory Council (SNAC) which will make recommendations to nutritionists, dieticians, and food vendors that serve seniors.
- ❖ Increase the amount of diabetic management education to homebound seniors. Currently, they can receive diabetic education but Medicare pays for only 6 sessions. Diabetic education is complex and changes in lifestyle cannot be done in 6 sessions.
- ❖ Urban Connection is moving away from dependency (having a food pantry) and is moving toward self-empowerment by starting a food co-op that has already developed its by-laws describing their operations.
- ❖ Conduct community meetings on food insecure concerns. The Town Hall meetings that were part of the COSA-Senior Services Strategic Planning process addressed food security concerns: transportation/food quality/vendor services. No other planning activities focused on seniors were identified.

In summary, there is an interest among Food Security service providers to meet and involving churches that work with seniors, especially those who are home bound. Involving churches is also important to help link community service initiatives for kids with efforts targeting seniors.

The food security service providers often work through informal networks to help people with food insecurity issues/concerns. They know how to “work around barriers, under the radar” to get things done. A Food Security Council is needed where food security service providers and community representatives can discuss strategies for better service coordination and improved services. Those invited should be the direct “front line” providers of services, not the top administrators of the programs. These are the staff that knows best what the situations are that seniors are facing related to food insecurity.