Nutrition and Aging Resource Center

Consumer Needs Assessment: Adults Age 60+ Companion Report

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Overview

This document serves as a companion report to the Nutrition and Aging Resource Center's *Consumer Needs Assessment Report* (Rudolph & Francis, 2025), which summarized data from a national survey among: 1) older adults (aged 60 years and older), 2) middle-aged adults (aged 40 to 59 years old), and 3) informal caregivers of older adults and adults with disabilities. While the full report shared consolidated findings from all three population groups, the *Adults Age 60+ Companion Report* includes data specific to the older adult respondents.

Briefly, a 125-item Qualtrics™ survey was distributed through Qualtrics™ market research panels. The survey investigated topics such as awareness and utilization of community-based food and nutrition programs; programming needs and preferences; and other population characteristics. Data was collected from a total of 208 respondents aged 60 years and older and analyzed for descriptive statistics. The findings can inform strategies for Older Americans Act (OAA) Title III-C senior nutrition programs (SNPs) to connect more eligible participants to their services. Additional background and methodology information on the needs assessment survey can be found in the full *Consumer Needs Assessment Report* (Rudolph & Francis, 2025).

Summary of Key Findings

Awareness and Utilization of Community Food and Nutrition Programs

- **Awareness:** "moderate" awareness of food pantries and banks and the Supplemental Nutrition Assistance Program (SNAP); *"very low/low"* awareness of congregate meals, home-delivered meals, and other community-based food and nutrition programs
- **Utilization:** one-fourth reported utilization of SNAP and food pantries/banks, utilization was low overall for senior nutrition programs and other community-based food and nutrition programs
- **Top reasons for congregate meal use:** affordable meal, socialization, nutritious meal
- **Top reasons for home-delivered meal use:** functional need, convenience, inability to prepare, cook, or purchase meals/groceries independently

Attitudes and Perceptions of Senior Nutrition Programs

- **General Attitudes Toward SNPs:** *"agree"* that adequate funding should be allocated to support SNPs and "moderately agree" that SNPs promote health and wellbeing, promote socialization, reduce hunger and food insecurity
- **Perspectives of SNP Recipients:** "moderately agree" that recipients are more likely to have varied life experiences, and be 60-70 years old, unemployed/retired, friendly, and low

income; *"moderately agree"* that HDM recipients are more likely to be 60 years and older and have a functional impairment/disability

Community Programming Needs and Preferences

- **Factors Likely to Increase SNP Participation:** affordable meals, delicious and tasty meals, nutritious meals, convenience, ability to age in place
- **Programming Interests:** vouchers to eat at local restaurants; fresh, locally grown food; frozen or shelf-stable means; grab and go meals or drive-thru
- **Preferred Meals Tailored to Dietary Needs:** heart healthy, high protein, diabetes friendly
- **Preferred International or Regional Cuisine:** Mexican, Chinese, Asian, Japanese, Caribbean, Soul Food

Informational Needs, Preferences, and Practices

- **Topics of Interest:** chronic disease prevention, grocery shopping, nutrition/healthful eating, community-based food and nutrition programs
- **Preferred Education Methods:** written materials, online lessons
- **Preferred Methods of Hearing About Programs:** email announcements, community-based newsletters, word of mouth
- **Typical Food and Nutrition Information Sources:** websites, medical visits
- **Top General Media Use:** email, internet, computer, texting, social media
- **Top Social Media Use:** Facebook, YouTube

Summary of Key Recommendations:

- Increase marketing of congregate and home-delivered meals
- Offer and spread awareness on programming attributes of interest
- Tailor meals to meet dietary preferences
- Provide education/information via preferred formats

Findings

Respondent Demographic Characteristics

A total of 208 adults 60 years and older participated in the survey (Table 1). Many respondents identified as white (67%), non-Hispanic (89%), and had acquired at least some college education or higher (81%).

Respondents mostly resided in suburban areas (49%), were currently married (44%), and reported an average income of less than $40,000 annually (44%) or more than $40,000 annually (46%) (Table 1). Many respondents were retired (63%), and received health coverage through Medicare (60%) (Table 1).

Table 1.

Sociodemographic Characteristics of Adult 60+ Survey Respondents (n=208)

Characteristic	Number	Percentage (%)
Education		
Less than high school	2	1
High school	37	18
Some college	66	32
Bachelor's degree	64	31
Some post-graduate or advanced degree	38	18
Prefer not to answer	1	0.5
Spanish, Hispanic, or Latino/a		
No	185	89
Yes	21	10
Prefer not to answer	2	1
Race[a]		
American Indian/Alaskan Native	6	3
Asian	27	13
Black or African-American	31	15
Native Hawaiian/Pacific Islander	1	0.5
White	139	67
Not Listed	5	2
Do not wish to answer	4	2
Home Location		
Rural	46	22
Suburban	102	49
Urban	59	29

Table 1.

Sociodemographic Characteristics of Adult 60+ Survey Respondents (n=208)

Characteristic	Number	Percentage (%)
No response	1	0.5
Marital Status		
Currently Married	91	44
Divorced, Separated, or Widowed	78	38
Never Married	35	17
Other	2	1
Prefer not to answer	2	1
Income[b]		
≤20K	46	22
Over 20K to 40K	46	22
>40K	95	46
No response	13	6
Prefer not to answer	8	4
Employment		
Full-time	41	20
Full-time student	-	-
Homemaker	4	2
Part-time	15	7
Retired	131	63
Unemployed	9	4
Other	7	3
Prefer not to answer	1	0.5
Health Coverage[a]		
Charity Care	-	-
COBRA or Temporary Insurance	1	0.5
Medicaid	35	17
Medicare	125	60
Private Insurance: Direct Purchase	23	11
Private Insurance: Employment-Based	50	24
Tricare or VA Coverage	10	5
Uninsured	6	3

[a]Respondents were able to select more than one

When asked about household characteristics, a majority indicated that they live with at least 1 other person (64%) who was their spouse (65%) (Table 2). Among those who lived with others, the majority did not have any children living with them (86%).

Respondents were further asked about their health and quality of life (Table 3). Nearly one-half of the respondents self-reported that their health status was *"good"* (44%), and that they have been diagnosed with 1-2 chronic health conditions (48%). Additionally, most shared that they had at least *"good"* quality of life overall (81%), and in the areas of physical (74%), mental (89%), and social health (76%). On average, quality of life scores were highest for mental health (3.7/5) and lowest for physical health (3.1/5).

Table 2.

Household Characteristics of Adult 60+ Survey Respondents (n=208)

Characteristic	Number	Percentage (%)
Live Alone		
Yes	75	36
No	133	64
No response	-	-
# of People in Household (including self) [a]		
1-2	97	73
3-4	28	21
5 or more	8	6
# of Adults Living in Household (including self)[a]		
1-2	102	77
3-4	25	19
5 or more	6	5
# of Children Living in Household[a]		
0	114	86
1-2	18	14
3-4	1	1
5 or more	-	-
Household Members[a,b]		
Spouse	87	65
Children	32	24
Relatives	15	11
Domestic Partner	8	6
Other	12	9

[a]Out of 133 respondents

[b]Respondents were able to select more than one

Table 3.

Health Characteristics of Adult 60+ Survey Respondents (n=208)

Characteristic	Number	Percentage (%)
Health Status		
Excellent	16	8
Very Good	46	22
Good	91	44
Fair	47	23
Poor	8	4
# of Chronic Conditions		
5 or more	8	4
3-4	50	24
1-2	100	48
0	50	24
Quality of Life		
Excellent	23	11
Very Good	63	30
Good	84	40
Fair	29	14
Poor	9	4
Physical Health		
Excellent	16	8
Very Good	51	25
Good	85	41
Fair	46	22
Poor	10	5
Mental Health		
Excellent	58	28
Very Good	67	32
Good	61	29
Fair	15	7
Poor	7	3
Social Health		
Excellent	39	19
Very Good	62	30
Good	57	27
Fair	30	14
Poor	20	10

Awareness and Utilization of Community Food and Nutrition Programs

Awareness of community food and nutrition programs likely impacts participation in these programs, as well as the likelihood of individuals recommending these services to others who could benefit. Most respondents had at least a *"moderate"* awareness of food pantries/banks (72%) and the Supplemental Nutrition Assistance Program (SNAP) (65%) (Figure 1). However, a substantial number of respondents (between 51% to 81%) had *"very low/low"* awareness of the other community food and nutrition programs listed. Notably, 69% of respondents had *"low/very low"* awareness of the congregate meal program, and 51% had *"very low/low"* awareness of OAA funded home-delivered meals. This highlights an important opportunity to increase the marketing of senior nutrition programs among older adults to build greater awareness.

Following similar trends, about 1 out of 4 respondents reported that they have utilized SNAP and food pantries/banks (Figure 2). Utilization was less than 6% for the rest of the programs.

Figure 1.

Awareness of Community-based Food and Nutrition Programs (n=208)

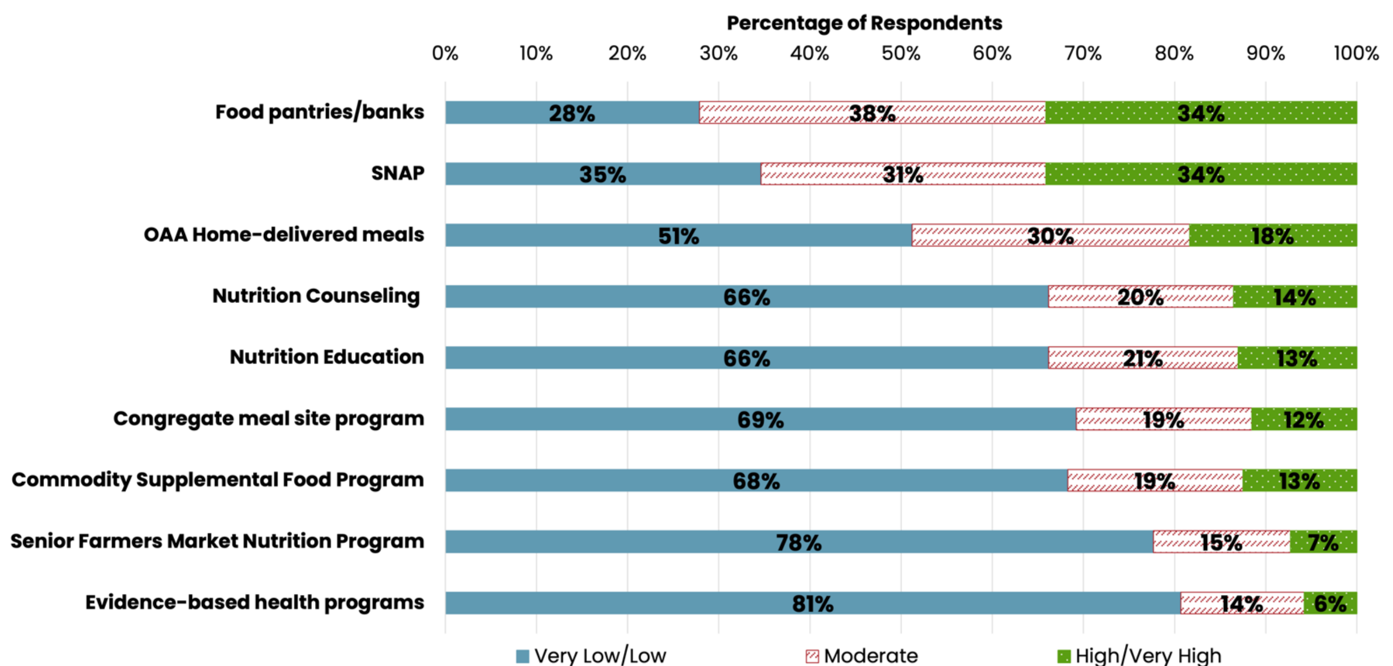
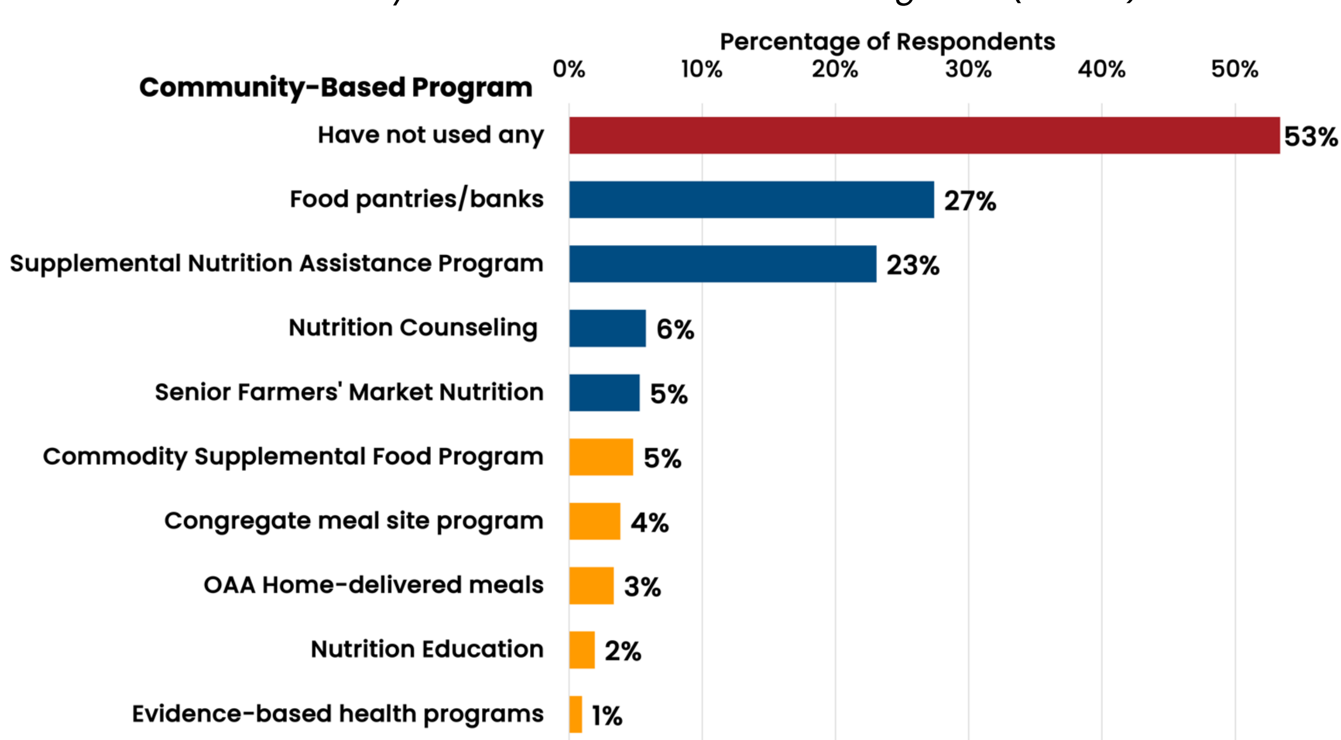


Figure 2.

Utilization of Community-based Food and Nutrition Programs (n=208)



Congregate Meal Program Utilization

Among survey respondents who have attended a congregate meal program (*n*=8), a majority report attending congregate meals to have an affordable meal (75%) and for socialization (63%) (Table 4). One-half of attendees shared that they attended for the nutritious meal (50%).

Table 4.

Reasons for Attending a Congregate Meal Program (n=8)

Attendance Reason[a]	Number	Percentage (%)
An affordable meal	6	75
Socialization	5	63
A nutritious meal	4	50
Convenience	3	38
Nice meal site environment	3	38
Welcoming environment	3	38
Delicious and tasty meals	2	25
To reduce food waste at home	2	25
Don't know/Other	1	13
Ability to age in place	-	-
Choice and variety of meal options	-	-
Functional need	-	-

Table 4.

Reasons for Attending a Congregate Meal Program (n=8)

Attendance Reason[a]	Number	Percentage (%)
Programs and activities	-	-

[a]Respondents were able to select more than one

Home-Delivered Meal Program Utilization

Among survey respondents who have received meals from a home-delivered meal program (*n*=7), the leading reasons they indicated for utilizing the program were due to functional need (57%), convenience (43%), an inability to prepare or cook their meals independently (43%), and an inability to purchase meals/grocery shop independently (43%) (Table 5).

Respondents were asked questions about their home-delivered meal consumption due to concerns that there are users who may be using the one meal for two meals and thus may not be receiving adequate nutrition since each OAA-funded meal is required to provide at least one-third of an individual's nutrient needs (OAA, 2020). Around two out of every five respondents shared that they *"often"* eat the provided meal in one sitting (43%), while a similar percentage shared that they *"sometimes"* consume the provided food for two meals (43%).

Table 5.

Reasons for Utilizing a Home-Delivered Meal Program (n=7)

Utilization Reason[a]	Number	Percentage (%)
Functional need	4	57
Convenience	3	43
Unable to prepare or cook meals independently	3	43
Unable to purchase meals/groceries independently	3	43
Ability to age in place	2	29
An affordable meal	2	29
A nutritious meal	2	29
Socialization with delivery driver	2	29
Choice and variety of meal options	1	14
Friendly staff	1	14
To reduce food waste at home	1	14
Don't know/Other	1	14
Programs and activities offered online	-	-

[a]Respondents were able to select more than one

Nutrition Counseling and Education Utilization

Within the survey, nutrition counseling was defined as "*one-on-one personalized [nutrition] assessment and goal setting with a registered dietitian nutritionist*" and nutrition education was defined as *"group [nutrition] education, does not include individual or personalized counseling."*

Among respondents who have participated in **nutrition counseling** (*n*=12), 50% participated in 1-2 sessions, 17% in 11-15 sessions, 17% in 3-5 sessions, and 8% in more than 15 sessions. Among those who have participated in **nutrition education** (*n*=4), 50% have participated in 1-2 sessions and 25% in 6-10 sessions. The top reasons they shared for participating in these services included chronic disease prevention or management (46%), general health and wellness (38%), and receiving a referral from a healthcare provider (38%) (Table 6).

Table 6.

Reasons for Participating in Nutrition Counseling and/or Nutrition Education (n=13)

Utilization Reason[a]	Number	Percentage (%)
Chronic disease prevention or management	6	46
General health and wellness	5	38
Referral from a healthcare provider	5	38
Weight management (gain or loss)	4	31
Encouragement of family, friends, or partner	3	23
Gastrointestinal/digestion concerns	2	15
Manage nutrient deficiencies	2	15
Help with eating on a budget	1	8
Support with meal plans/preparation	1	8
Optimize sports or physical activity performance	1	8
Don't know/Other	1	8
Ability to age in place	-	-
Disordered eating	-	-
Manage allergies, intolerances, or sensitivities	-	-
Manage feeding tube or total parenteral nutrition	-	-

[a]Respondents were able to select more than one

Attitudes and Perceptions of Senior Nutrition Programs

Understanding the attitudes and perceptions that older adults have toward SNPs can offer insight into their likelihood to participate in or recommend them to others. Respondents were asked about their general perceptions toward: (1) senior nutrition programs, (2) individuals that use the programs, (3) eligibilty requirements, (4) funding sources, and (5) attitudes toward food assistance. Only respondents who had at least a *moderate* awareness of congregate meals (n=64) and home-delivered meals (n=101) were asked questions about their attitudes toward these specific programs.

Positive and Negative Attitudes

On average, respondents "*somewhat agreed"* that senior nutrition programs promote health and wellbeing, enhance socialization, and reduce hunger and food insecurity (Table 7). The exception is that respondents, on average, *"agreed"* that congregate meals reduce hunger and food insecurity. These perceptions align with the purpose of OAA Title III-C senior nutrition programs (OAA, 2020). Further, respondents "*somewhat agreed,*" on average, that 1) the programs are suitable for people like them, and 2) they do not make people more dependent on assistance programs (Table 7). Overall, these results suggest generally positive perceptions toward congregate and home-delivered meal programs among older adults.

Table 7.
Attitudes Toward Senior Nutrition Programs

	Average Likert Score (1-7)	
	Congregate Meals	**Home-Delivered Meals**
Positive Attitudes		
Promote health and wellbeing	5.86	5.61
Promote socialization	5.69	5.08
Reduce hunger and food insecurity	6.00	5.84
Negative Attitudes		
Not for people like me	3.36	3.74
Make people more dependent	3.42	3.09

Perceptions of Who is Using Senior Nutrition Programs

When asked about characteristics of individuals who utilize congregate meal programs, on average respondents "*somewhat agreed"* that they are more likely to have varied life experiences, and be 60-70 years old, unemployed/retired, friendly, and low income (Figure 3). On average, respondents "*somewhat disagreed or disagreed"* that they are more likely to be white, lacking

education, lazy, greedy, or boring. Similar results were found related to their perception of home-delivered meal recipients (Figure 4). However, in addition to the congregate meal traits, respondents "*somewhat agreed*" that they are more likely to be above 70 years old and have a functional impairment or disability.

Figure 3.

Perspectives About Congregate Meal Participants (n=64)

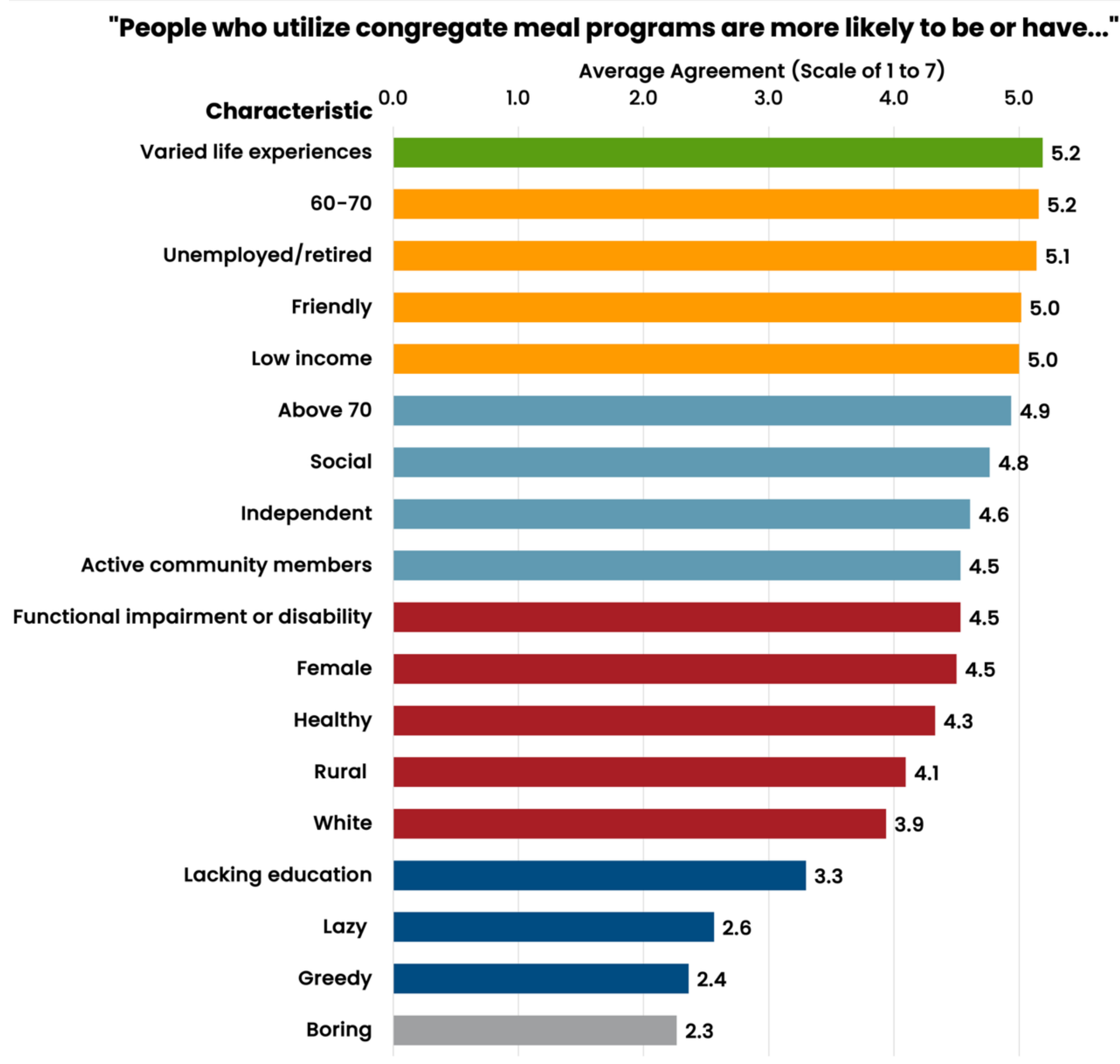
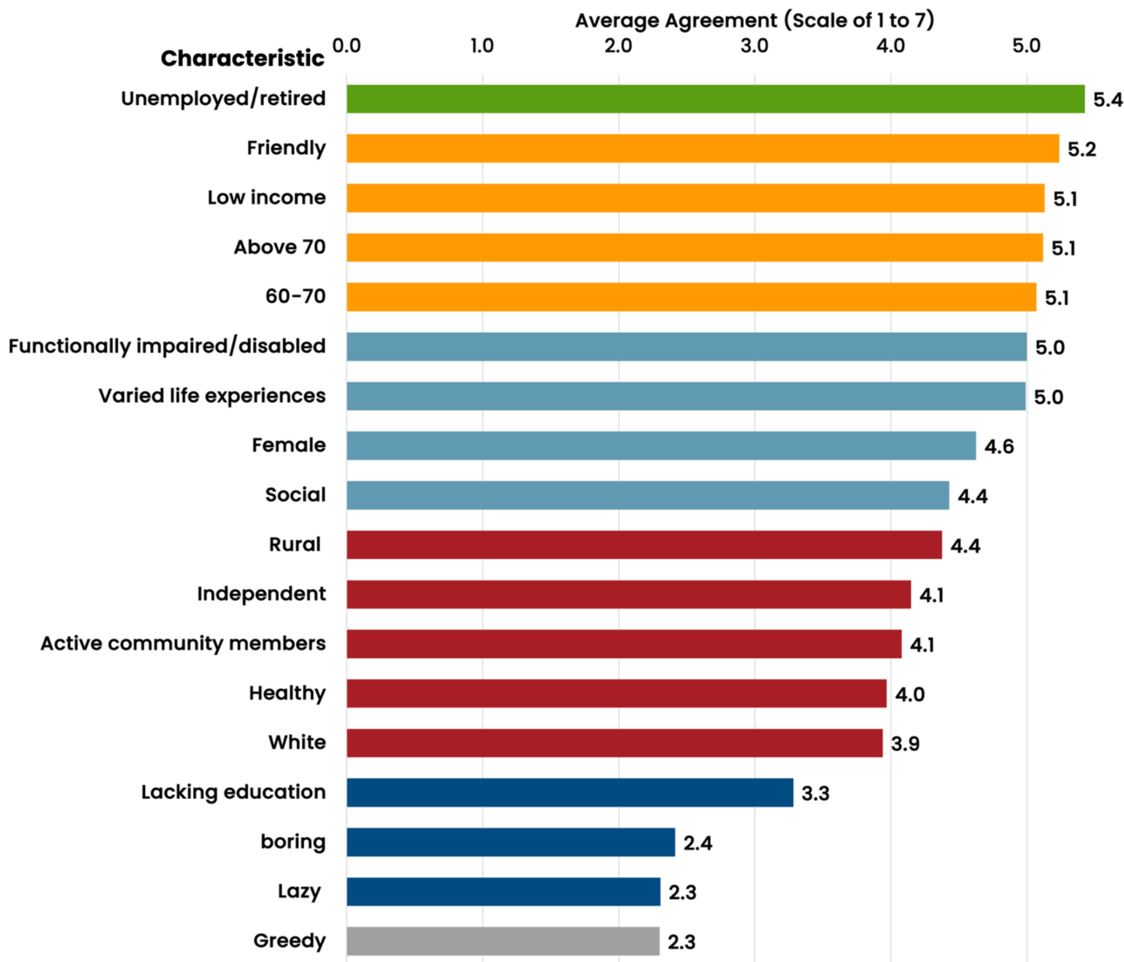


Figure 4.

Perspectives About Home-Delivered Meal Participants (n=101)



Perceived OAA Senior Nutrition Program Eligibility and Funding

Misunderstanding eligibility requirements can be another potential barrier to utilization of senior nutrition programs. Individuals who receive OAA Title III-C programs must be at least 60 years of age at the time of service (OAA, 2020). Spouses of eligible individuals regardless of age can also receive meals. In some cases, adults with disabilities and meals service volunteers may be eligible (OAA, 2020). While not a strict eligibility requirement, the programs are intended to prioritize individuals with greatest social need and greatest economic need.

About three out of every four respondents (69-77%) selected age as an eligibilty requirement to receive congregate and home-delivered meals (Table 8). Additionally, many respondents indicated that chronic disease or health status (72%), having a disability or functional impairment (70%), food/nutrition insecurity status (62%), and specific income requirements (61%) are requirements to receiving home-delivered meals. On the other hand, the majority perceived specific income requirements (59%) and living situation (58%) were a requirement for

participation in congregate meal programs (Table 8). While these data reflect a general understanding of who the programs are targeted toward, there is opportunity to educate older adults that many of these characteristics are not requirements.

Table 8.

Perceived Congregate and Home-Delivered Meal Eligibility Requirements

Eligibility Requirement[a]	Congregate Meals (n=64)	Home-Delivered Meals (n=101)
Age	49 (77%)	70 (69%)
Specific income requirements	38 (59%)	62 (61%)
Living situation	37 (58%)	51 (50%)
Disability or functional impairment	33 (52%)	71 (70%)
Chronic disease or health status	31 (48%)	73 (72%)
Food/nutrition insecurity status	28 (44%)	63 (62%)
Nutritional risk status	25 (39%)	55 (54%)
Work status	19 (30%)	11 (11%)
Citizenship status	16 (25%)	14 (14%)
Age of partner/spouse	15 (23%)	26 (26%)
Race	2 (3%)	6 (6%)
No requirements	2 (3%)	-

[a]Respondents were able to select more than one

General Attitudes Related to Food Assistance

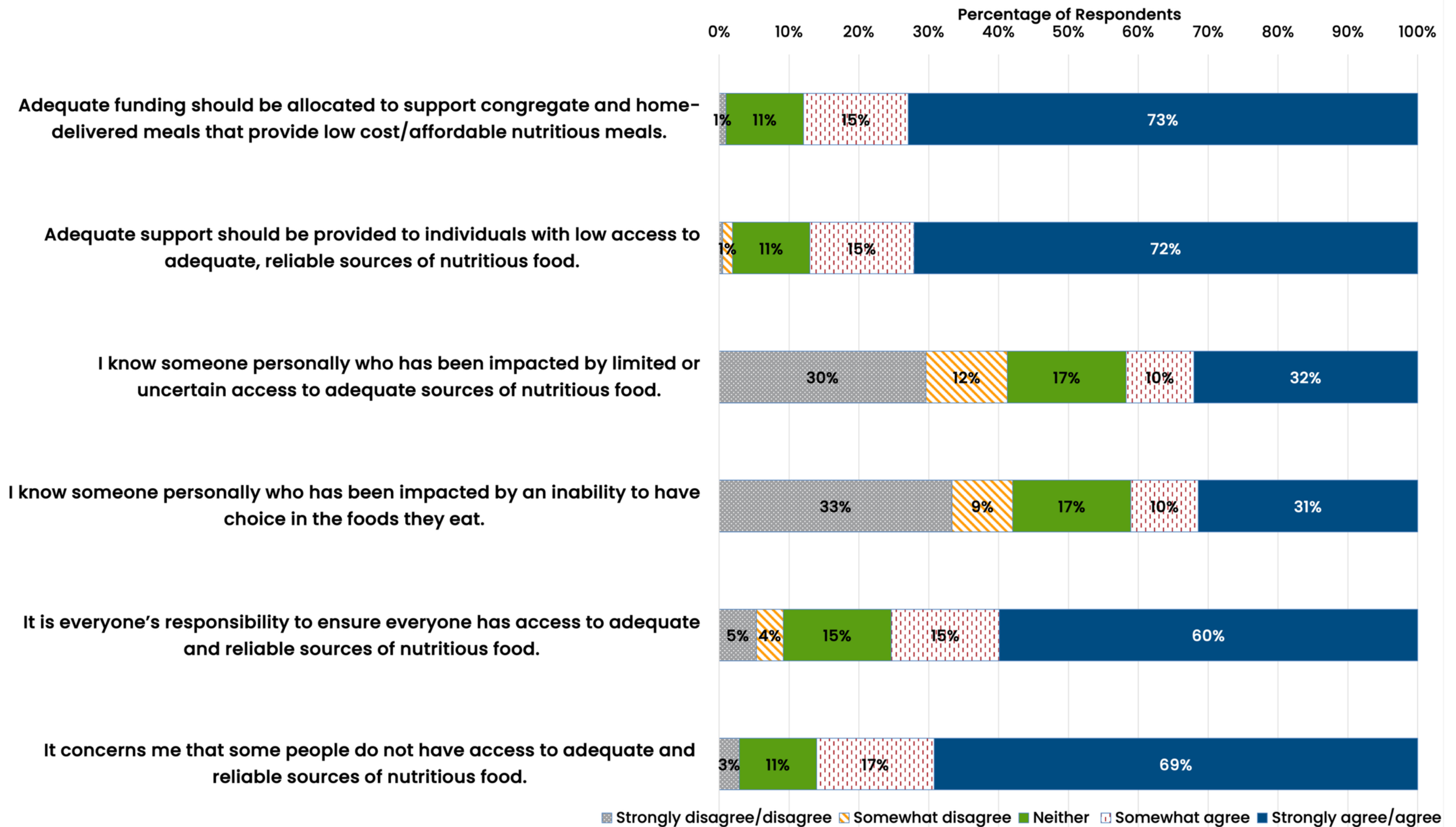
Lastly, general attitudes related to food assistance were assessed. As shown in Figure 5, about two out of every three respondents "*strongly agreed/agreed*" that:

1) Adequate funding should be allocated to support congregate meal and home-delivered meal programs that provide low-cost/affordable nutritious meals to individuals ages 60 and older and persons with disabilities (73%),
2) Adequate support should be provided to individuals with low access to adequate and reliable sources of nutritious food (72%),
3) It concerns me that some people do not have access to adequate and reliable sources of nutritious food (69%), and
4) It is everyone's responsibility to ensure that everyone has access to adequate and reliable sources of nutritious food (60%).

A smaller percentage of respondents reported that they know someone personally who has been impacted by limited or uncertain access to adequate sources of nutritious food (32%) or who has been impacted by an inability to have choice in the foods they eat (31%) (Figure 5).

Figure 5.

Perceptions Related to Food Assistance (n=208)



Programming Needs and Preferences

The respondents were also asked questions related to their programming needs and preferences. These findings can be used to guide the efforts of senior nutrition program providers, as well as other community-based services targeted toward adults 60 years and older.

Individuals who reported that they have **not** accessed a congregate meal program (*n*=200) or home-delivered meal program (*n*=201) were asked about the factors that would increase their likelihood of participating with the most popular factor being affordability (58-61%) (Table 9). Around one-half of the non-users further indicated that delicious/tasty meals (51-54%), nutritious meals (49-50%), the convenience of using the programs (48-51%), and the ability to age in place (47-50%) would increase their likelihood of participating.

Similarly, the chief factor likely to increase participation in nutrition counseling or education among non-users (*n*=195) was affordability (59%), followed by ability to age in place (48%), accessibility/convenience (47%), and insurance coverage (42%) (Table 10).

Table 9.

Factors Likely to Increase Likelihood of Participation in SNPs

Programming Factors of Interest[a]	Congregate Meals (n=200)	Home-Delivered Meals (n=201)
Affordable meals	121 (61%)	117 (58%)
Delicious and tasty meals	107 (54%)	102 (51%)
Nutritious meals	99 (50%)	99 (49%)
Convenience	96 (48%)	102 (51%)
Ability to age in place	94 (47%)	100 (50%)
Accessible location	89 (45%)	N/A
Financial need	87 (44%)	88 (44%)
Choice and variety of meal options	84 (42%)	83 (41%)
Welcoming environment	73 (37%)	N/A
Flexible meal times	65 (33%)	69 (34%)
Reliable, accessible transportation	65 (33%)	N/A
Meal site environment	62 (31%)	-
Functional need	56 (28%)	73 (36%)
Friendly staff or volunteers	N/A	64 (32%)
Information about options available	51 (26%)	57 (28%)
Opportunity to socialize	46 (23%)	N/A
Reduce food waste at home	43 (22%)	41 (20%)
Restaurant style meals	41 (21%)	N/A

Table 9.

Factors Likely to Increase Likelihood of Participation in SNPs

Programming Factors of Interest[a]	Congregate Meals (n=200)	Home-Delivered Meals (n=201)
Offered at site that isn't restricted for older adults	38 (19%)	N/A
Programs and activities offered	35 (18%)	24 (12%)
Attendance alongside friends/family	33 (17%)	N/A
Common interests/similarities with others	28 (14%)	N/A
None- would never participate	27 (14%)	25 (12%)
Encouragement or invitation from friends/family	26 (13%)	25 (12%)
Other	3 (2%)	3 (1%)

[a]Respondents were able to select more than one

Table 10.

Factors Likely to Increase Likelihood of Participation in Nutrition Education or Counseling (n=195)

Programming Factors of Interest[a]	Number (Percentage)
Affordability	115 (59%)
Ability to age in place	93 (48%)
Accessibility/convenience	92 (47%)
Insurance coverage	81 (42%)
Information about the options available	67 (34%)
Flexible session times	60 (31%)
Support with eating on a budget	58 (30%)
More options available in my area	55 (28%)
Support with meal ideas or preparation	50 (26%)
None- would never participate	41 (21%)
A nutrition counseling provider of similar age, cultural, or social background	38 (19%)
Receiving lab results indicating the need	38 (19%)
Option for online participation	37 (19%)
Supportive, trusting nutrition counseling provider	37 (19%)
Healthcare provider referral	31 (16%)
Lack of judgement or criticism	28 (14%)
Attendance alongside friends, family, or partner	27 (14%)
Development of GI concerns	27 (14%)
Development of food allergies, intolerances, or sensitivities	25 (13%)

Table 10.

Factors Likely to Increase Likelihood of Participation in Nutrition Education or Counseling (n=195)

Programming Factors of Interest[a]	Number (Percentage)
Encouragement of friends, family, or partner	21 (11%)
Receiving chronic disease diagnosis	19 (10%)
Optimize sports or physical activity	16 (8%)
Options in my preferred language	11 (6%)
Other	2 (1%)

[a]Respondents were able to select more than one

The survey inquired about the respondents' interest in other community-based programs and services. A majority were "*moderately/very interested*" in vouchers to eat at local restaurants (71%), fresh, locally grown food and meals (70%), and frozen or shelf stable meals (59%) (Figure 6).

Around one-half of respondents indicated "*moderate/very high*" interest in grab and go or drive-thru meals (55%), mobile truck meals (52%), food box delivery (51%), free health assessments (49%), and meals tailored to their dietary needs (49%) (Figure 6). As a follow-up, these individuals were asked what specific types of meals they would be interested in to meet their dietary needs. The most popular meals included heart healthy (67%) and high protein (49%) (Table 11). Separately, 38% of respondents reported "*moderate/very high*" interest in international or regional cuisine (Figure 6). When asked what specific types of meals they would be interested in, the ones of greatest interest were Mexican (80%), Chinese (75%), and Asian (72%) (Table 11).

Further, the respondents were asked about educational topics of interest; current engagement with social media, technology and health information; and preferences for obtaining information. Over one-half or one-half noted a "*moderate/high*" interest in learning more about chronic disease prevention (56%), grocery shopping (53%), nutrition/healthful eating (52%), and community-based food and nutrition programs (50%) (Figure 7).

Preferred methods of receiving education included written materials (49%) and online lessons (42%) (Table 12). Preferred ways to learn about available wellness, nutrition, or food safety programs and resources were email program announcements (52%), community-based newsletters (36%), and word of mouth (32%) (Table 12).

Figure 6.

Other Programs/Services of Interest (n=208)

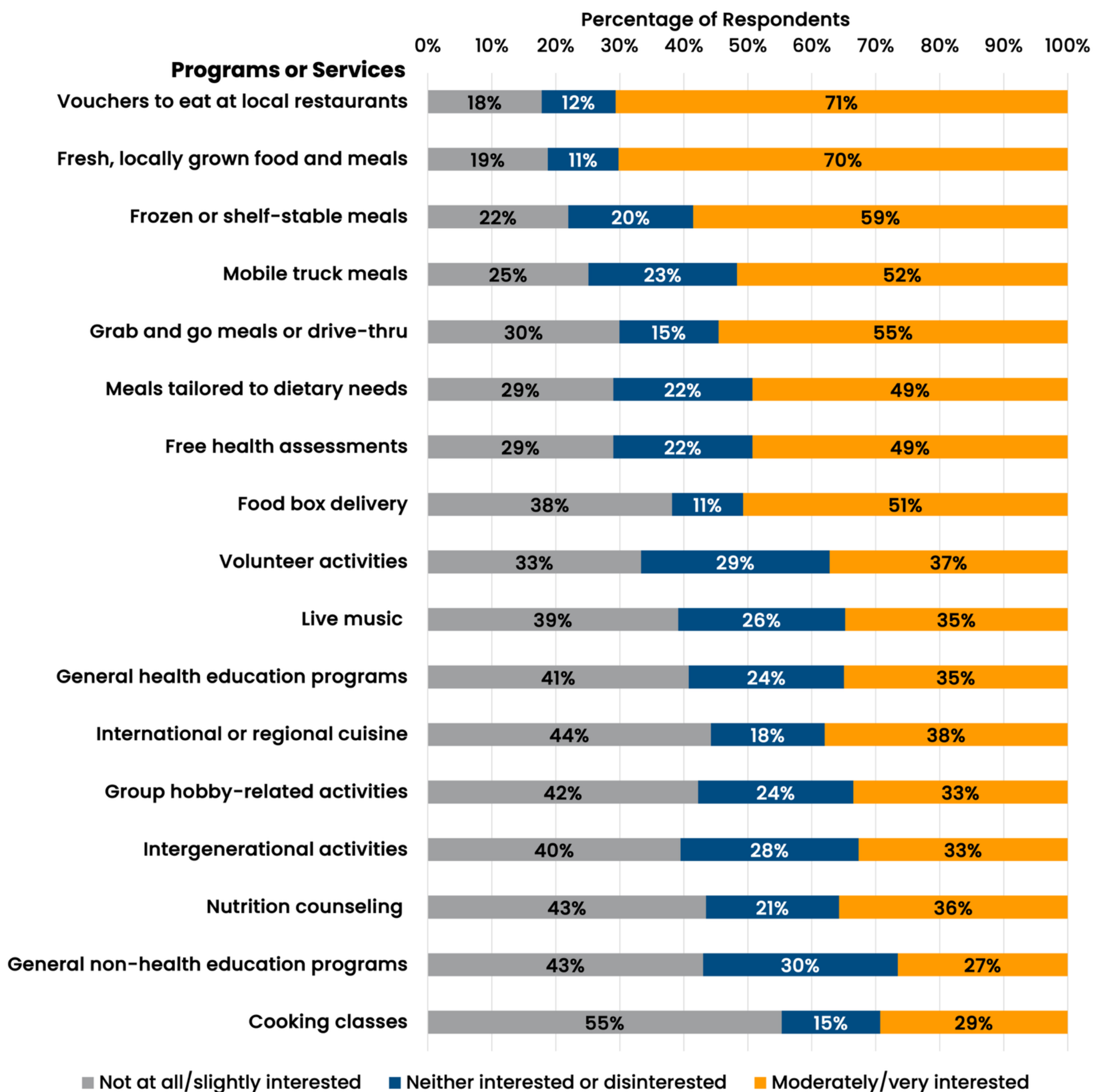


Table 11.

Meals of Interest

	Number	Percentage (%)
Meals Tailored to Dietary Needs[a] (*n*=102)		
Heart healthy	68	67
High protein	60	59
Diabetes friendly	40	39
Free of a major allergen	25	25
Gluten-free	24	24
Vegetarian	19	19
Kosher	14	14
Soft	11	11
High calorie	9	9
Vegan	9	9
Halal	8	8
Other	7	7
Renal	5	5
Liquid	4	4
International or Regional Cuisine Preferences[a] (n=79)		
Mexican	63	80
Chinese	59	75
Asian	57	72
Japanese	45	57
Caribbean	42	53
Soul Food	41	52
European	40	51
Latin American/Hispanic	40	51
Indian	33	42
African	32	41
Native American	32	41
Middle Eastern	29	37
Central American	27	34
Criollo	10	13
Other	4	5

[a]Respondents were able to select more than one

Figure 7.

Educational Topics of Interest (n=208)

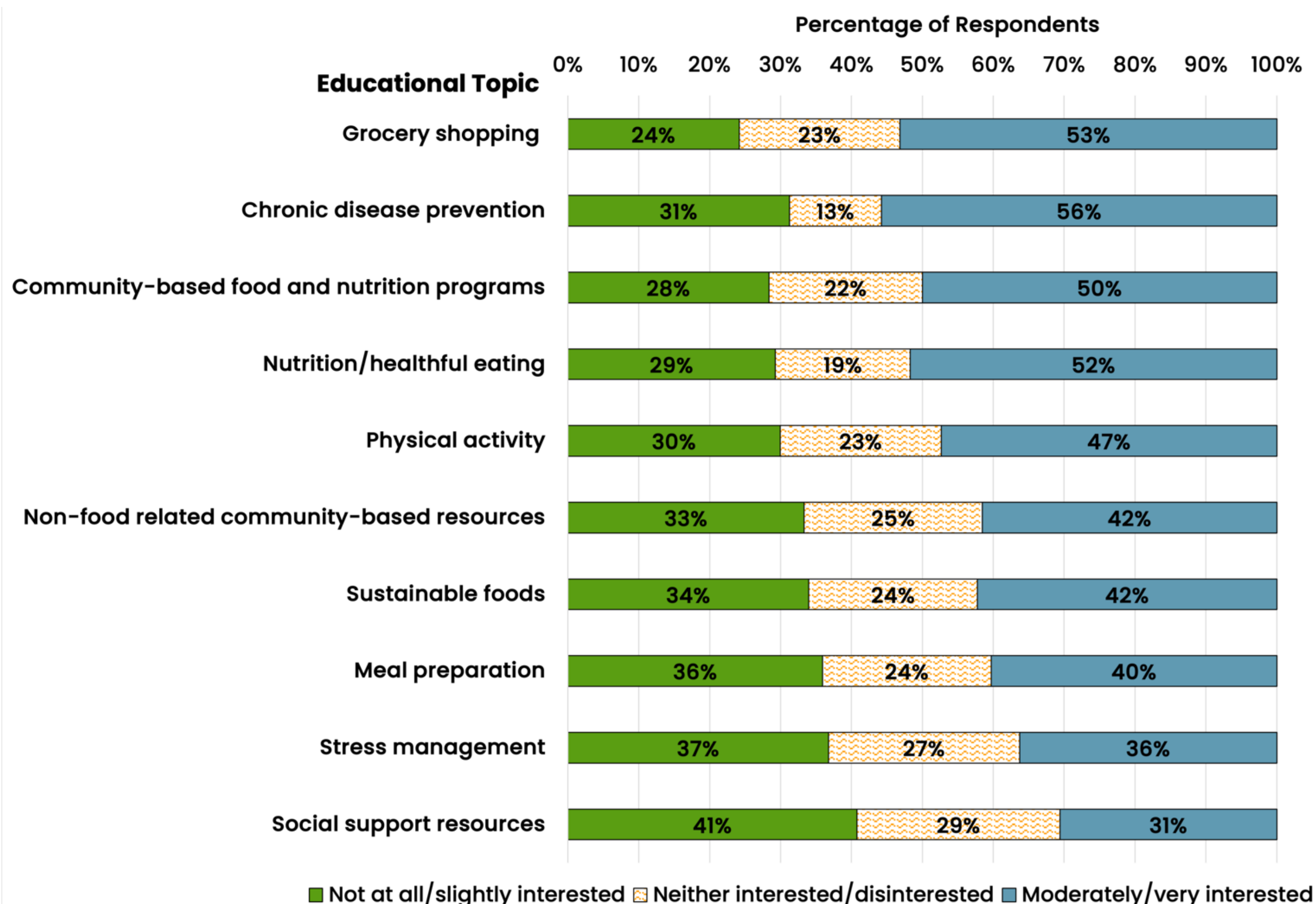


Table 12.

Preferred Programming Features (n=208)

	Number	Percentage (%)
Preferred Methods for Education[a]		
Written materials	101	49
Online lessons	87	42
Individual session, in-person	63	30
Group session in-person	51	25
Live webinar	49	24
Group session, online	44	21
Individual session, online	40	19
Interactive app	35	17
Podcast	32	15
Preferred Program Marketing[a]		
Email program announcements	108	52
Community-based newsletters	75	36
Word of mouth	66	32

Table 12.

Preferred Programming Features (n=208)

	Number	Percentage (%)
Social media	56	27
Local newspaper	54	26
Personal invitation	48	23
Local radio	30	14
I do not wish to learn about	27	13
Flyers around town	25	12
Other	3	1

[a]Respondents were able to select more than one

The primary source of wellness or nutrition information for respondents were websites (39%) and medical visits (38%) (Figure 8). Most shared that their technology use includes email (95%), the internet (92%), computer (88%), texting (77%), and social media (73%) (Table 13). Around two out of five respondents reported that they utilize a tablet (43%), video calls (43%), and a landline (41%) (Table 13). Of those using social media (*n*=152), many indicated that they use Facebook (90%) and YouTube (84%) frequently. Lastly, around two out of every five respondents selected that they were *"very comfortable"* (37%) or *"somewhat comfortable"* (40%) with using technology for educational purposes (Table 13).

Figure 8.

Typical Food and Nutrition Information Sources (n=208)

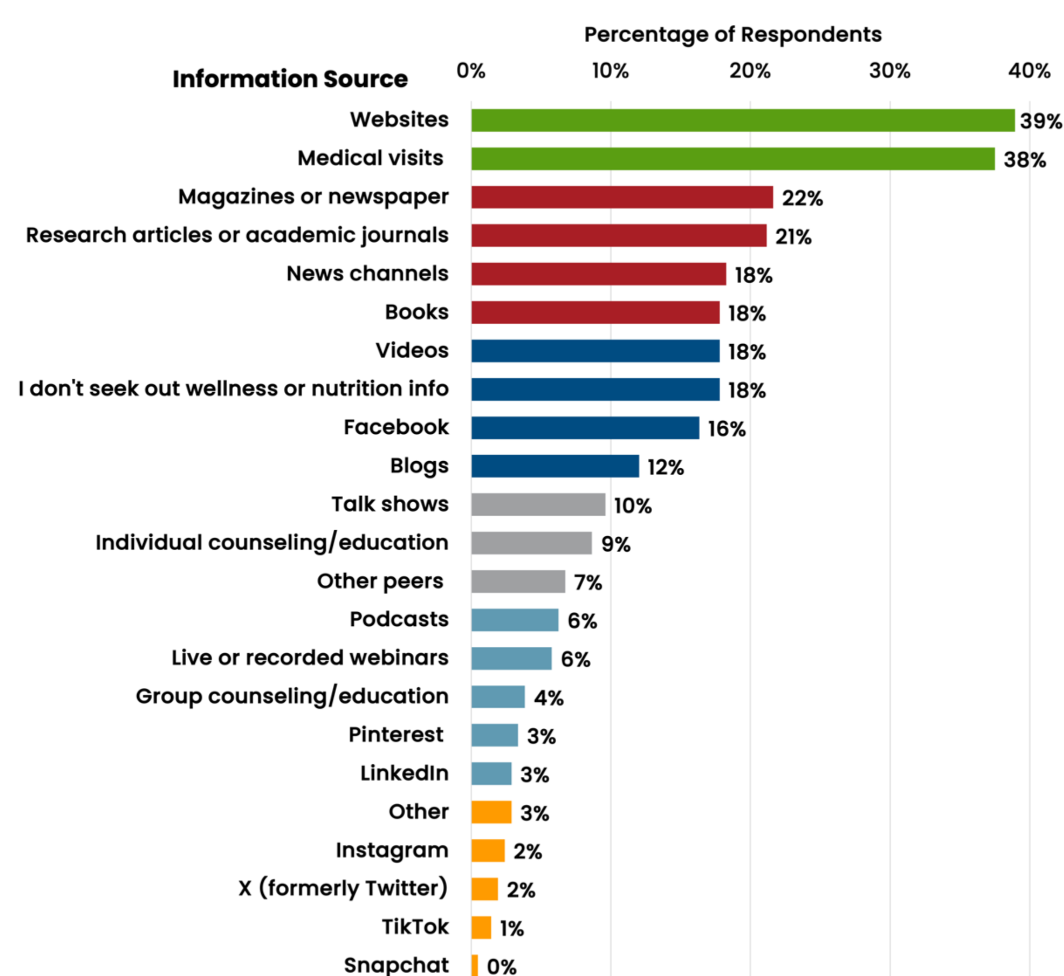


Table 13.

Media Utilization and Comfort with Technology Use

	Number	Percentage (%)
General Media Use[a] (n=208)		
Email	197	95
Internet	191	92
Computer	182	88
Texting	161	77
Social media	152	73
Tablet	89	43
Video calls	89	43
Landline	85	41
Social Media Use[a] (n=152)		
Facebook	137	90
YouTube	128	84

Table 13.

Media Utilization and Comfort with Technology Use

	Number	Percentage (%)
Instagram	60	39
LinkedIn	57	38
Pinterest	45	30
X	43	28
TikTok	28	18
Snapchat	5	3
Technology Comfort (n=208)		
Very comfortable	76	37
Somewhat comfortable	83	40
Not comfortable	39	19
I refuse to use technology-based education	9	4

[a]Respondents were able to select more than one

Food Source Utilization, Food/Nutrition Security, Nutritional Risk

This section of the survey aimed to gather data on food source utilization, food/nutrition security, and nutritional risk. The data can be used to guide areas for intervention and ultimately enhance the nutritional health and wellbeing of U.S. adults 60 years and older.

Respondents reported accessing food at supermarkets (93%); discount or big box stores (61%), and restaurants, cafeterias, fast food places, or similar (48%) (Table 14).

Table 14.
Food Source Utilization (n=208)

Food Source	Number (Percentage)
Supermarket	193 (93%)
Discount or big box store	127 (61%)
Restaurant, cafeteria, fast food, or similar	100 (48%)
Wholesale club	80 (38%)
Dollar, 99 cent store, or similar	63 (30%)
Farmer's market	50 (24%)
Food banks, food pantries, religious sites, 'Meals on Wheels,' or other places or programs that offer free food	43 (21%)
Convenience store	29 (14%)
Food donated from friends, family, neighbors, or other people	27 (13%)
Food grown or harvested, and/or hunting/fishing for food	27 (13%)
Produce store or fruit/vegetable stand	22 (11%)
Found discarded food to eat	2 (1%)

The average survey respondent food security rating was "*marginal food security*," which indicates many respondents reported 1-2 indications that they experience challenges accessing reliable, adequate sources of food (Table 15).

On average, respondents indicated relatively "*high*" availability (0.9 out of 3) of high quality, healthful foods that they liked at the food stores they shopped at (Table 15). However, among those who obtain food from free or low cost food sources such as food banks and pantries, respondents, on average, reported a relatively "*moderate*" availability healthful foods and foods that meet their preferences (1.9 out of 3) (Table 15).

Based on the "one-item" screeners, many respondents, on average, had "*high nutrition security*", or did <u>not</u> often worry that the foods they were able to eat would hurt their health and wellbeing (0.2 out of 1). Additionally, a majority reported "*high healthfulness choice*" or an ability to control whether the foods they were able to eat were good for their health and wellbeing (62%) (Table 15).

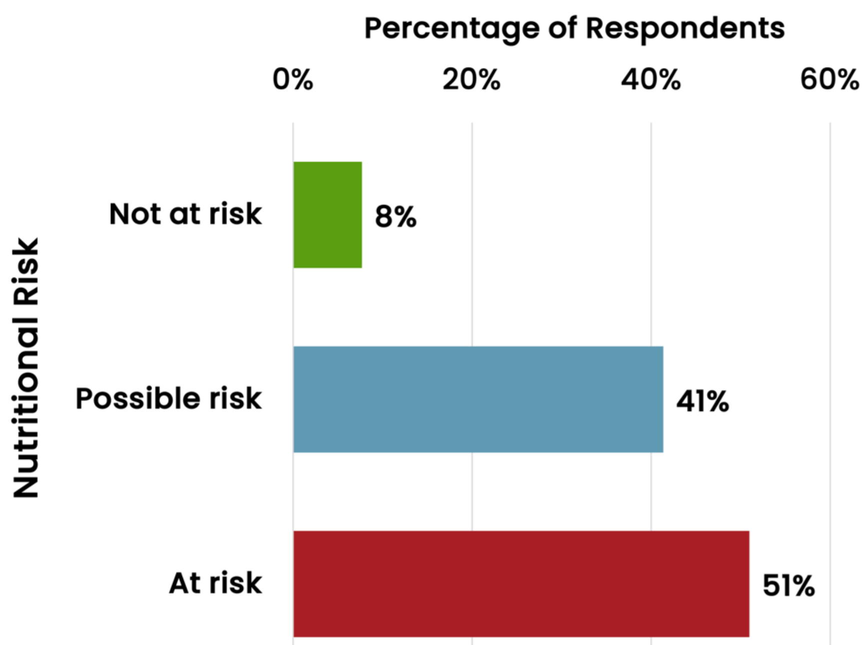
Table 15.
Food/Nutrition Security Measures

	Average (Score Range)
USDA-Six Item Food Security Survey (n=204)	1.2 (0-6)[a]
Food Store Perceived Limited Availability (n=207)	0.9 (0-3)[b]
Food Pantry Perceived Limited Availability (n=43)	1.9 (0-3)[b]
Nutrition Security One-Item Screener (n=204)	0.2 (0-1)[c]
Healthfulness Choice One-Item Screener (n=204)	0.4 (0-1)[c]

[a] ↑ score indicates lower food security; 0-1 high or marginal food security, 2-4 low food security, 5-6 very low food security
[b] ↑ score indicates lower availability of healthful foods and foods that meet their preferences
[c] ↑ score indicates lower nutrition security or healthfulness choice; 0 high security/choice, 1 low security/choice

Around one-half of the survey respondents were at "*high*" nutritional risk (51%), and 41% were at "*possible*" nutritional risk at the time of this survey (Figure 9).

Figure 9.
Nutritional Risk (n=208)



Conclusions

These findings offer insights that Older Americans Act Title III-C senior nutrition programs (SNPs), and other community-based food and nutrition programs, can use to guide programming efforts among adults 60+. In particular, **the data identify a need to address the substantial gap in older adults' awareness of SNPs and other community-based food and nutrition programs.** While attitudes of SNPs and general food assistance were fairly positive, there is room to grow average attitudes from "somewhat" to "strong" positive perceptions. Information on programming preferences can be used to develop or maintain offerings that are of interest to older adults.

Recommendations

- **Increase Marketing of Congregate and Home-Delivered Meals.** Over one-half of the adult 60+ respondents reported *"low/very low"* awareness of congregate and home-delivered meals. The aging network can work to address this gap by providing information through a wide variety of communication channels including preferred methods such as email announcements and community-based newsletters. Marketing tips and guides can be found at the NRCNA website.
- **Offer and Spread Awareness on Programming Attributes of Interest.** Older adult respondents who were users and non-users of SNPs were most interested in the affordability of the meals. This highlights an opportunity to market this programming feature to potential clients. Other desired features that SNPs can incorporate or market include the nutritional content of meals, taste, and convenience. Additional opportunities to offer services of interest include local restaurant vouchers; fresh, locally grown food; frozen or shelf-stable meals; and grab and go meals. Guides and best practices for incorporating innovative ideas such as these can be found at the NRCNA website.
- **Tailor Meals to Meet Dietary Preferences:** Around one-half of respondents expressed interest in meals tailored to their dietary needs, and 38% in international or regional cuisine. SNPs can aim to offer meals of greatest interest such as heart healthy, high protein, Mexican, Chinese, and Asian. Resources on international/regional cuisine menu planning can be found at the NRCNA website.
- **Provide Education/Information via Preferred Formats:** When providing education to adults 60+, the aging network should explore utilizing preferred formats such as written materials and online lessons. For sharing food and nutrition information, websites and medical visits were identified as common sources. Additionally, the aging network can provide information on topics of interest such as chronic disease prevention, grocery shopping, nutrition/healthful eating, and community-based food and nutrition programs.

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