



SECURING THE ESSENTIALS:

FINDINGS ON NUTRITION KNOWLEDGE AND FOOD INSECURITY AMONG OLDER ADULTS

ABOUT THE RESEARCH

AARP Foundation is working to win back opportunity for struggling Americans 50+ by being a force for change on the most serious issues they face today: housing, hunger, income and isolation. By coordinating responses to these issues on all four fronts at once, and supporting them with vigorous legal advocacy, the Foundation serves the unique needs of those 50+ while working with local organizations nationwide to reach more people, strengthen communities, work more efficiently and make resources go further. AARP Foundation is the charitable affiliate of AARP. Learn more at www.aarpfoundation.org.



KRC Research conducted a telephone survey among 1,000 adults 50 and older below 200 percent federal poverty line (FPL).^{1,2} Interviews were completed on both landline and mobile telephones. Fieldwork took place between September 7 and September 21, 2014. The data was weighted by age, gender, race/ethnicity, region, and education to reflect the total population of adults 50 years and older below 200 percent FPL. The margin of error for the total sample is 3.1 percentage points.



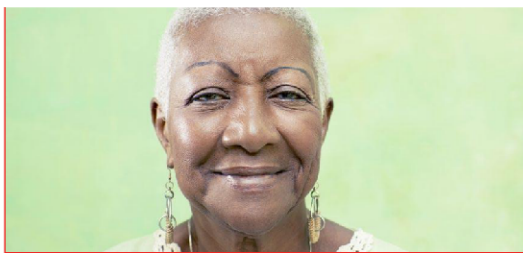
¹For the purposes of this research, the population surveyed is referred to as “older adults” in the rest of this report. Where possible, findings are also broken out by key demographic groups, including three age cohorts of older adults: 50 to 59, 60 to 64, and 65 and older. Those 65 and older are also described as “seniors” throughout this report.

²Adults below 200 percent FPL are those who fall two or more times below the federal poverty guidelines, an annual measure of poverty in the United States.

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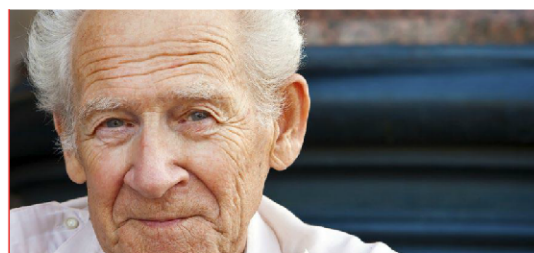
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EXECUTIVE SUMMARY

1

EXECUTIVE SUMMARY

Recognizing that nearly 9 million older adults in the U.S. are food insecure, AARP Foundation commissioned a survey to explore related topics among this population. The research was designed to better understand:

- Nutrition patterns, including where older adults purchase food;
- Availability of nutritious foods;³
- The importance and readability of nutrition labels;
- Enrollment in food assistance programs and experience with food hardships; and
- Food and nutrition information gaps.

FOOD INSECURITY

A sizeable number of adults 50 and older—and below 200 percent federal poverty line (FPL)—report experiencing food hardships over the past year. Food hardships are defined as 1) cutting the size of meals or skipping meals because there was not enough money for food or 2) buying less nutritious foods because there was not enough money for nutritious foods. Both types of hardships are more common among those in the 50 to 59 and 60 to 64 age cohorts compared to those 65 and older.

- Approximately one-third of older adults say they cut the size of meals or skipped meals because they did not have enough money to buy food. Thirty-five percent say they bought less nutritious foods because there was not enough money for nutritious foods.
- One in four older adults have both cut the size of meals or skipped meals and bought less nutritious foods because of costs (26 percent).
- Forty-eight percent of those between the ages of 50-59 and 60-64 experienced at least one of the two hardships, as compared to 22 percent of those 65 and older who cut the size of meals or skipped meals and 26 percent who bought less nutritious foods.

- African American and Hispanic older adults are more likely to have experienced food hardships compared to White older adults.
- Renters are also more likely to experience food hardships compared to homeowners.

Enrollment in the Supplemental Nutrition Assistance Program (SNAP) is low among those surveyed, with only 13 percent saying they are enrolled in this program. Participation in other community food assistance programs is similarly low (12 percent). And, while enrollment in such community programs is consistent across age cohorts, SNAP enrollment does vary depending on age. Those ages 50-59 are about twice as likely as those 65 and older to say they participate in SNAP (19 percent and 9 percent, respectively). Still, the vast majority across age cohorts do not report participating in SNAP.

Low SNAP enrollment, coupled with the higher prevalence of food hardships among those ages 50 to 59 and 60 to 64, may at least partly explain this population's interest in how to enroll in nutrition assistance programs.⁴ In fact, 37 percent of those ages 50 to 59 and 60 to 64 express interest in this topic, compared to 29 percent of seniors.

³For purposes of this study, nutritious foods are defined as "fruits, vegetables, whole grains, lean protein and low- or fat-free dairy products." Please see Appendix B to identify where this appears in full in the questionnaire.

⁴The population surveyed for this research was 100 percent SNAP-eligible.

NUTRITION: RESOURCES, KNOWLEDGE AND ACCESSIBILITY

In addition to interest in information about how to enroll in nutrition assistance programs, majorities across the three age cohorts say that ways to find affordable fruits and vegetables where they live would make finding these foods easier (despite saying that it is very easy to find affordable, nutritious foods). Recipe ideas, more time to cook, better cooking skills and transportation to diversify food buying would also make this easier for older adults. There is interest in help with reading nutrition labels as well, with over a third of those surveyed saying this would make eating nutritious foods easier. Interestingly, few volunteer that “more money” would make it easier to eat more nutritious foods, although one-third report not having enough money to buy nutritious foods in the past 12 months.

While majorities report that it is both very easy to find affordable, nutritious foods and, at the same time, would like ways to find more affordable fruits and vegetables, fewer than half of older adults say it is very easy to read nutrition labels. Further, most do not consider these labels a way to learn about food and nutrition. Increasing familiarity with nutrition labels could, in turn, increase the

number of individuals who say they look to them as a resource on better eating.

Currently, friends and family are a top source of information about food and nutrition. Media (television, magazines and newspapers) falls into a second tier. The Internet is a resource for those between the ages of 50 to 59 and 60 to 64 but, not surprisingly, is less likely to be cited as a resource by those 65 and older. Older adults generally are less likely to say they look to health care professionals for food and nutrition information. Fewer report relying on nutrition assistance programs, which may be due to the low levels of enrollment in such programs among those surveyed.

Age matters. In fact, age is a factor relative to the ease of finding both nutritious and unhealthy foods. Those over 65 are less likely to describe getting affordable foods such as fruits, vegetables, lean protein, low- or nonfat dairy and whole grains as very easy as compared to those ages 50 to 59. They also are less likely than this younger cohort to say it is very easy to find fried or processed foods. Older adults do not report eating at fast food restaurants very often, but, on average, seniors are less likely than those ages 50 to 59 to say they eat at these types of establishments weekly.

FOOD SHOPPING

By a wide margin, supermarkets are the most common place for food shopping. Almost 90 percent of those surveyed say they purchase food at supermarkets. Yet small food stores and drug stores also make up a significant percentage (42 percent and 40 percent, respectively). Fewer report shopping at farmer's markets (31 percent). Food shopping at drug stores is largely driven by older adults living in urban areas. Nearly half of adults surveyed who live in urban areas say they purchase food at drug stores.



DETAILED FINDINGS

2

DETAILED FINDINGS

ABOUT THIS POPULATION

This survey was conducted among adults 50 and older below 200 percent FPL. Thirty-four percent of the sample was between the ages of 50 and 59, and another 19 percent were between the ages of 60 and 64. The rest were 65 and older (47 percent of the total sample).

Very few of those surveyed live in an assisted living facility or with a family member. Most own or rent their homes (66 percent and 30 percent, respectively). The average household size is 2.4. The majority of those surveyed are either married (42 percent) or divorced, widowed or separated (40 percent).

Most are insured (84 percent), with eight percent saying they do not currently have health insurance. The proportion that is uninsured is highest among those ages 50 to 59 (14 percent). High blood pressure, or hypertension, is the most common chronic health condition among those surveyed, with almost half reporting they have this condition (47 percent). One in three report having high cholesterol (34 percent), and 27 percent have diabetes. Both high blood pressure or hypertension and diabetes are more common among those 60 and older.

FOOD INSECURITY

Food insecurity, defined as lacking enough food-related resources, is a fairly common experience for older adults below 200 percent of the FPL. Almost one in three report having cut the size of their meals or skipping a meal because they did not have enough money to buy food (31 percent) in the last 12 months. This type of hardship is especially common among those ages 50 to 59 and 60 to 64, with roughly four out of ten having experienced this in the past year. In comparison, 22 percent of seniors say they have cut the size of a meal or skipped one over this same time period.

A sizeable minority also report having eaten less nutritious foods because there was not enough money for nutritious foods (35 percent). Again, this proves more common among those under age 65.

**OLDER ADULTS WHO SKIP
OR EAT SMALLER MEALS
DUE TO LACK OF MONEY**

22%

AGES 65+

41%

AGES 60-64

38%

AGES 50-59

**OLDER ADULTS WHO EAT
LESS NUTRITIOUS MEALS
DUE TO LACK OF MONEY**

26%

AGES 65+

43%

AGES 60-64

42%

AGES 50-59

**OLDER ADULTS WHO SKIP
OR EAT SMALLER MEALS
DUE TO LACK OF MONEY**

46%

RENT HOME

24%

OWN HOME

In fact, almost half of those ages 50 to 59 and those 60 to 64 have experienced at least one of these two types of food hardships (48 percent). Thirty-one percent of those 65 and older say they have experienced either type of food insecurity over the past year.

Food hardships are more common among African Americans and Hispanics as compared to Whites. They also are more likely to be reported by those who rent their homes than those who are homeowners. The proportion of renters saying they have cut their meal size or skipped a meal in the past 12 months is almost two times as high as among homeowners (46 percent and 24 percent, respectively).

OLDER ADULTS WHO SKIP
OR EAT SMALLER MEALS
DUE TO LACK OF MONEY

39%

HISPANIC

38%

AFRICAN AMERICAN

26%

WHITE

OLDER ADULTS WHO EAT
LESS NUTRITIOUS MEALS
DUE TO LACK OF MONEY

42%

HISPANIC

40%

AFRICAN AMERICAN

31%

WHITE

**OLDER ADULTS WHO EAT
LESS NUTRITIOUS MEALS
DUE TO LACK OF MONEY**

47%

RENT HOME

30%

OWN HOME

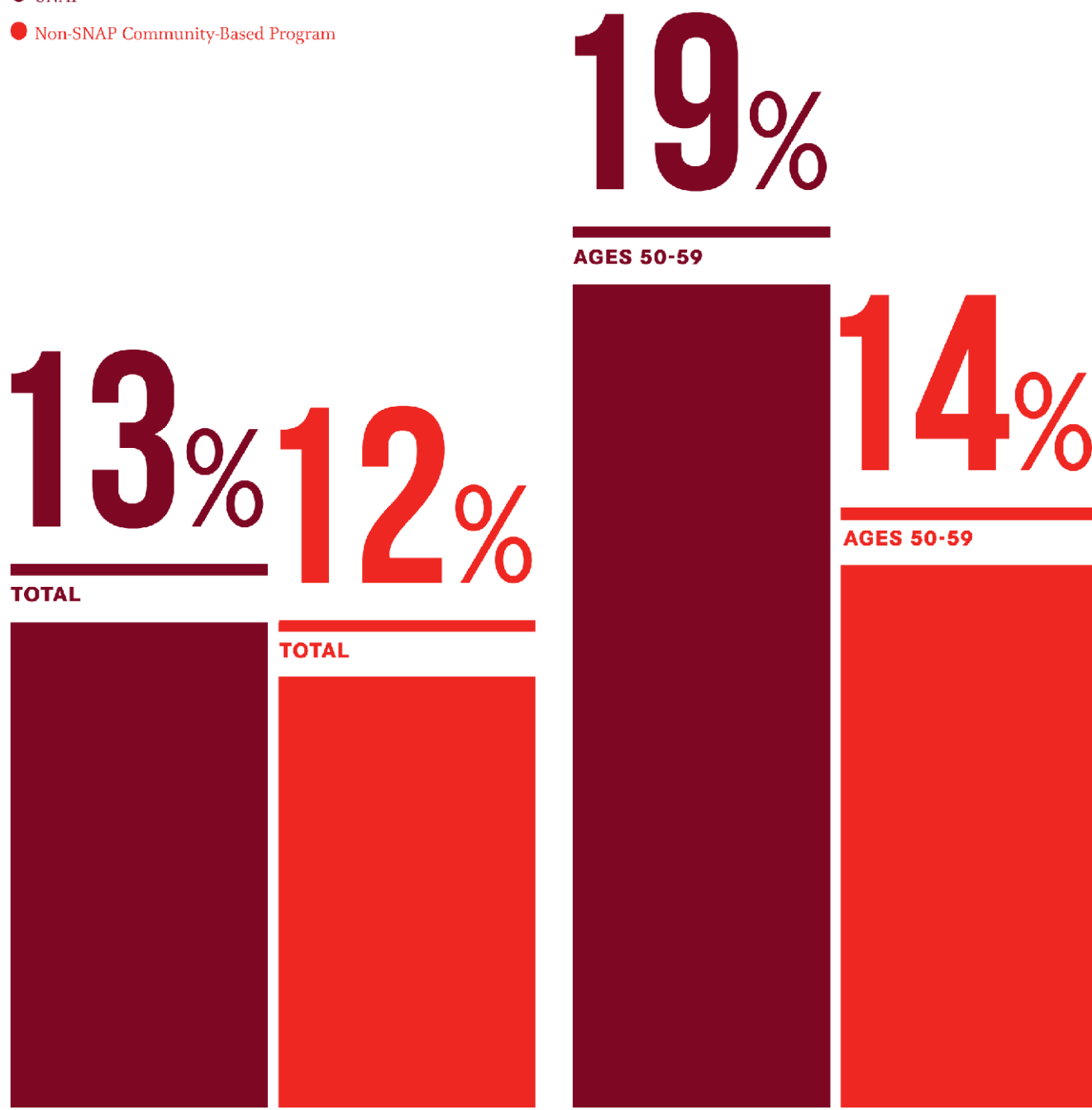
This survey reveals that over half of older adults who are uninsured report having experienced at least one food hardship this past year (53 percent). Previous research has shown that food insecurity among older adults often leads to adverse health conditions. For example, food insecure 50 to 59 year old adults are more likely to be diabetic (19 percent versus 2 percent), are far less likely to be in excellent or very good health (17 percent versus 44 percent), are over five times more likely to suffer from depression (16 percent versus 3 percent), and over twice as likely to have at least one activity of daily living (ADL) limitation (52 percent versus 21 percent).⁵ The health costs of food insecurity may be further compounded by the frequency of food insecurity among those without health insurance.

One in three older adults say that information about how to enroll in nutrition programs would make it easier for them to eat more nutritious foods (34 percent). This is higher among those ages 50 to 59 than among seniors (37 percent and 29 percent, respectively). Regardless of age cohort, a large minority of this population selects this as one, among several, ways to eat better. At the same time, few of those surveyed report being enrolled in SNAP or a community nutrition

assistance program (13 percent and 12 percent, respectively). Participation in SNAP, in particular, is higher among those ages 50 to 59 than among seniors, but still low (19 percent) given the prevalence of food hardships among this age cohort (48 percent have experienced at least one of the two food hardships included in this survey).

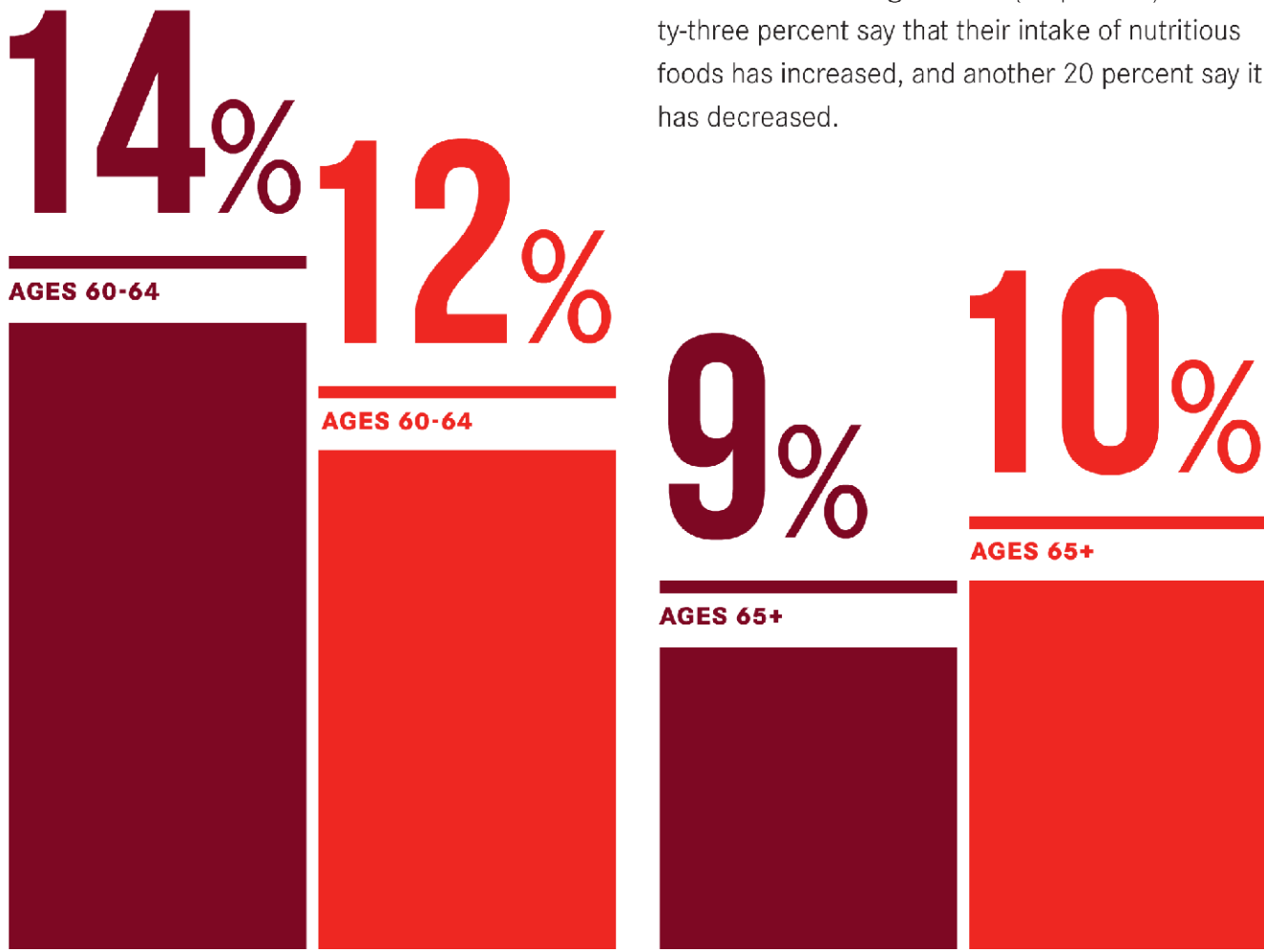
⁵"Food Insecurity Among Older Adults," AARP Foundation, August 2011, http://www.aarp.org/content/dam/aarp/aarp_foundation/pdf_2011/AARPFoundation_HungerPolicyBrief_2011.pdf.

- SNAP
- Non-SNAP Community-Based Program



ENROLLMENT IN FOOD ASSISTANCE PROGRAMS

Among those surveyed, there is no indication that enrollment in SNAP leads to better eating. Rather, enrollment in SNAP generates mixed outcomes around nutritious foods. Just over half say that the amount of nutritious foods they eat has stayed the same since enrolling in SNAP (54 percent). Twenty-three percent say that their intake of nutritious foods has increased, and another 20 percent say it has decreased.



NUTRITION: RESOURCES, KNOWLEDGE AND ACCESSIBILITY

Right now, older adults rely on friends and family, media sources (television, newspapers and magazines) and the Internet for information about food and nutrition. The proportion relying on each depends on age cohort. Friends and family are a leading resource for those 50 to 59 and 65 and older. Friends and family are also a top resource for those ages 60 to 64, but they rely on magazines about as much. Not surprisingly, newspapers are more likely to be a source for seniors while the Internet is more likely to be selected as a place to look for food and nutrition information by those ages 50 to 59 and 60 to 64.

Importantly, health care professionals fall into a lower tier, with about a third saying they look to them for this type of information. Health care professionals consistently rank lower as a resource, even among those with chronic conditions. Approximately three in ten of those who are enrolled in SNAP or other nutrition assistance programs look to these programs for information about food and nutrition. Almost none of those surveyed see food labels as a resource for guidance on food and nutrition.

POPULARITY AMONG OLDER ADULTS OF WAYS TO HELP THEM EAT MORE NUTRITIOUS FOODS

Over half of older adults surveyed say that ways to find affordable fruits and vegetables where they live will make it easier to eat more nutritious foods. Notably, most also say that it is very easy to find affordable fruit, vegetables, lean meats and other types of foods that could be considered nutritious, so this population may be looking for ways to make eating well even more affordable, which could be explored in follow-up research.

This population is interested in several other ways to make eating more nutritious foods easier, including recipe ideas, more time to cook, transportation so they could shop for food at different places and better cooking skills. More than a third are also interested in information on how to read nutrition labels and information about how to enroll in nutrition programs. Only about one in ten report that they do not need anything to make eating better easier for them, underscoring that there is widespread interest in learning more about this topic.

56%

WAYS TO FIND AFFORDABLE
FRUITS AND VEGETABLES

44%

RECIPE IDEAS

40%

MORE TIME
TO COOK

39%

TRANSPORTATION

37%

BETTER
COOKING
SKILLS

36%

INFORMATION
ON HOW TO READ
NUTRITION LABELS

3%

MORE MONEY/
BETTER FINANCES/
DISCOUNTS

34%

INFORMATION ON ENROLLING
IN NUTRITION ASSISTANCE

1%

OTHER

11%

I DON'T NEED ANYTHING
TO MAKE IT EASIER

5%

DON'T KNOW/
REFUSED

POPULARITY AMONG OLDER ADULTS OF WAYS TO HELP THEM EAT MORE NUTRITIOUS FOODS, BY AGE

Interest in the different ways to make nutritious eating easier varies by age. This includes a higher level of interest among those 50 to 59 and 60 to 64 in recipe ideas and how to enroll in nutrition programs. Across age groups, though, a similar proportion say that information on how to read nutrition labels would be helpful.

	TOTAL	AGES 50-59	AGES 60-64	AGES 65+
WAYS TO FIND AFFORDABLE FRUITS AND VEGETABLES WHERE YOU LIVE	56%	60%	54%	55%
RECIPE IDEAS	44%	49%	48%	39%
MORE TIME TO COOK	40%	45%	40%	36%
TRANSPORTATION SO I COULD SHOP FOR FOOD AT DIFFERENT PLACES	39%	37%	42%	38%
BETTER COOKING SKILLS	37%	40%	39%	34%
INFORMATION ON HOW TO READ NUTRITION LABELS	36%	33%	36%	39%
INFORMATION ABOUT HOW TO ENROLL IN NUTRITION ASSISTANCE PROGRAMS	34%	37%	37%	29%
MORE MONEY/BETTER FINANCES/DISCOUNTS	3%	3%	5%	2%
OTHER	1%	1%	2%	1%
I DON'T NEED ANYTHING TO MAKE IT EASIER	11%	9%	11%	13%
DON'T KNOW/REFUSED	5%	4%	3%	7%

POPULARITY AMONG OLDER ADULTS OF
WAYS TO HELP THEM EAT MORE NUTRITIOUS
FOODS, BY RACE

Minorities are particularly interested in the different resources or ideas presented to facilitate better eating. African Americans and Hispanics are consistently more receptive to ways to make it easier to eat more nutritious foods.

	TOTAL	WHITE	AFRICAN AMERICAN	HISPANIC
WAYS TO FIND AFFORDABLE FRUITS AND VEGETABLES WHERE YOU LIVE	56%	54%	63%	66%
RECIPE IDEAS	44%	41%	52%	53%
MORE TIME TO COOK	40%	36%	52%	52%
TRANSPORTATION SO I COULD SHOP FOR FOOD AT DIFFERENT PLACES	39%	33%	46%	50%
BETTER COOKING SKILLS	37%	33%	48%	45%
INFORMATION ON HOW TO READ NUTRITION LABELS	36%	31%	42%	53%
INFORMATION ABOUT HOW TO ENROLL IN NUTRITION ASSISTANCE PROGRAMS	34%	29%	44%	41%
MORE MONEY/BETTER FINANCES/DISCOUNTS	3%	2%	3%	3%
OTHER	1%	2%	1%	0%
I DON'T NEED ANYTHING TO MAKE IT EASIER	11%	12%	8%	8%
DON'T KNOW/REFUSED	5%	5%	5%	4%

EASE OF READING NUTRITION LABELS FOR OLDER ADULTS

Nutrition labels, in particular, could be a greater resource for older adults. Currently, only half say they look at them all or most of the time when shopping for food (51 percent). This is consistent across age cohorts. Another 26 percent say they sometimes look at labels, 13 percent say once in a while, and about one in ten say they never look at them (9 percent).

The value of nutrition labels as a resource for older adults may be limited by varied levels of understanding of how to read these labels. Fewer than half say it is very easy to understand nutrition labels on food (44 percent). The rest are divided between characterizing the labels as somewhat easy (32 percent) or difficult (20 percent) to read. Again, as with the frequency of using nutrition labels, there is very little difference in reported comprehension by the three age cohorts.

44%

VERY EASY

32%

SOMEWHAT EASY

14%

SOMEWHAT DIFFICULT

5%

VERY DIFFICULT

4%

DON'T KNOW/REFUSED

HOW OFTEN OLDER ADULTS PURCHASE NUTRITIOUS FOODS WHEN BUYING FOOD

Nearly all of those surveyed say that nutritious foods are available where they shop for food (93 percent), and this is consistent by age cohort. Two-thirds report purchasing nutritious foods all or most of the time. This is more common among those ages 50 to 59 and 60 to 64 than among those 65 and older.

TOTAL

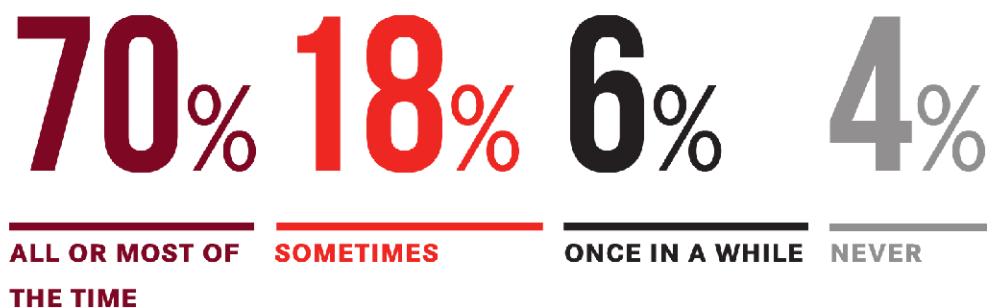


AGES 50-59

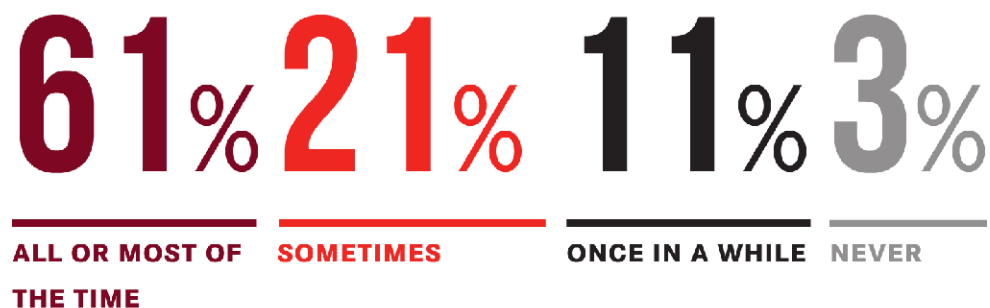
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AGES 60-64



AGES 65+



MOST IMPORTANT FACTOR INFLUENCING WHERE OLDER ADULTS BUY FOOD

However, the availability of such foods is not a leading factor in deciding where to shop for food, nor does it reveal what proportion of older adults' total food budget when grocery shopping is spent on nutritious foods as compared to other items. Only 14 percent cite the availability of nutritious foods as the most important variable when determining where to go food shopping, compared to

38 percent who say food costs and 29 percent who select location as the leading factor. While cost tops the list for those ages 50 to 59 and 60 to 64, seniors are divided between food costs and location, revealing potential limitations posed by their mobility and accessibility of food stores.

TOTAL



AGES 50-59



AGES 60-64



AGES 65+



EASE OF GETTING AFFORDABLE FOODS FOR OLDER ADULTS

LOW-FAT OR NONFAT DAIRY FOODS



VEGETABLES



FRUITS



WHOLE GRAINS



LEAN PROTEIN



BEANS AND PEAS



Many find it very easy to get affordable foods in the following categories:

- Fresh, frozen and/or canned fruits;
- Fresh, frozen and/or canned vegetables;
- Beans and peas, such as black beans, chick peas and lentils;
- Lean protein, such as chicken, turkey, eggs and seafood;
- Whole grains, such as brown rice, whole wheat bread and whole wheat pasta; and
- Low-fat or nonfat dairy foods, such as milk, yogurt and cheese.

Many older adults also report that it is very easy to find affordable processed foods and fried foods.

PROCESSED FOODS

73%

VERY EASY

12%

SOMEWHAT EASY

FRIED FOODS

69%

VERY EASY

14%

SOMEWHAT EASY

PERCENT “VERY EASY” TO GET AFFORDABLE FOODS, BY AGE COHORT

Overall, those in the youngest age cohort (ages 50 to 59) seem to have an easier time finding affordable foods in these categories than those 65 and older. Seniors are also less likely to report that finding affordable processed and fried foods is very easy.

	TOTAL	AGES 50-59	AGES 60-64	AGES 65+
LOW-FAT OR NONFAT DAIRY FOODS	80%	85%	77%	76%
FRUITS	77%	80%	72%	76%
VEGETABLES	75%	80%	71%	74%
LEAN PROTEIN	75%	78%	79%	71%
WHOLE GRAINS	70%	73%	69%	68%
BEANS AND PEAS	70%	79%	66%	65%
PROCESSED FOODS	73%	81%	73%	67%
FRIED FOODS	69%	78%	73%	61%

PERCENT “VERY EASY” TO GET AFFORDABLE FOODS, BY ABILITY TO READ NUTRITION LABELS

The ease or difficulty associated with reading nutrition labels also impacts the reported ease of finding specific types of food. By wide margins, those who say it is easy to read nutrition labels are more likely than those who find it difficult to say it is very easy to find affordable fruits, vegetables, beans and peas, lean protein, whole grains and low- or nonfat dairy.

	TOTAL	EASY	DIFFICULT
LOW-FAT OR NONFAT DAIRY FOODS	80%	85%	66%
FRUITS	77%	81%	62%
VEGETABLES	75%	81%	58%
LEAN PROTEIN	75%	81%	57%
WHOLE GRAINS	70%	75%	52%
BEANS AND PEAS	70%	75%	55%
PROCESSED FOODS	73%	77%	63%
FRIED FOODS	69%	72%	66%

32%

ONCE PER WEEK

9%

TWICE PER WEEK

10%

MORE THAN TWICE
PER WEEK



49%

0 TIMES PER WEEK

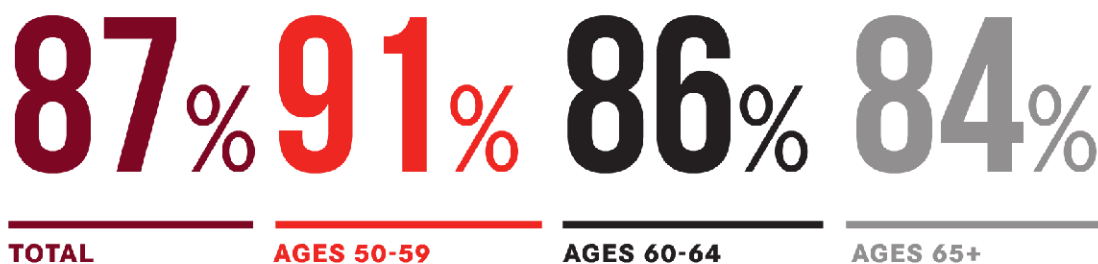
TIMES PER WEEK OLDER ADULTS EAT AT FAST FOOD RESTAURANTS

Notwithstanding the availability of affordable processed and fried foods, very few report eating at fast food restaurants each week. On average, older adults say they eat one meal at places like McDonalds, Domino's, or Popeye's. In fact, half if not more of those 60 and older say none of the meals they eat each week are at fast food restaurants (52 percent for those 60 to 64, 56 percent for those 65 and older).

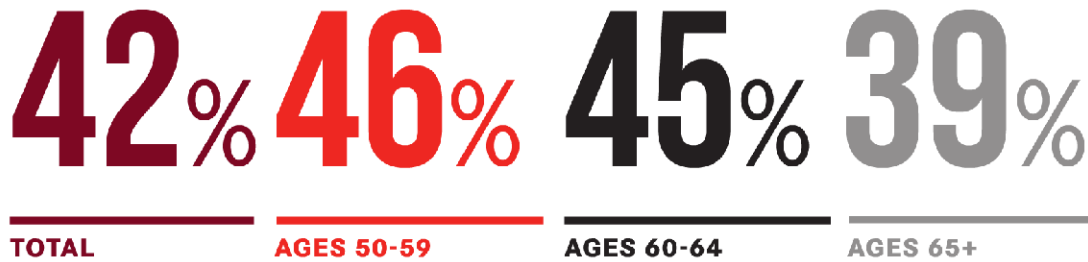
WHERE OLDER ADULTS SHOP FOR FOOD

Older adults are most likely to shop for food at supermarkets. This is the leading place to purchase food for all subgroups of those surveyed. Fewer say they usually shop at small food stores, such as bodegas or neighborhoods stores, drug stores and local farmer's markets. About four in ten shop at small food stores and drug stores, and 31 percent report going to local farmer's markets to buy food. The proportion purchasing food at drug stores is largely driven by older adults who live in urban areas. Almost half of this group says that they buy food at drug stores.

LARGE SUPERMARKETS



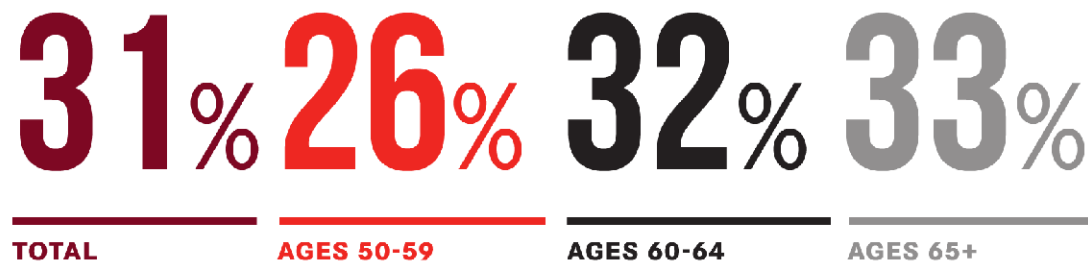
SMALL FOOD STORES



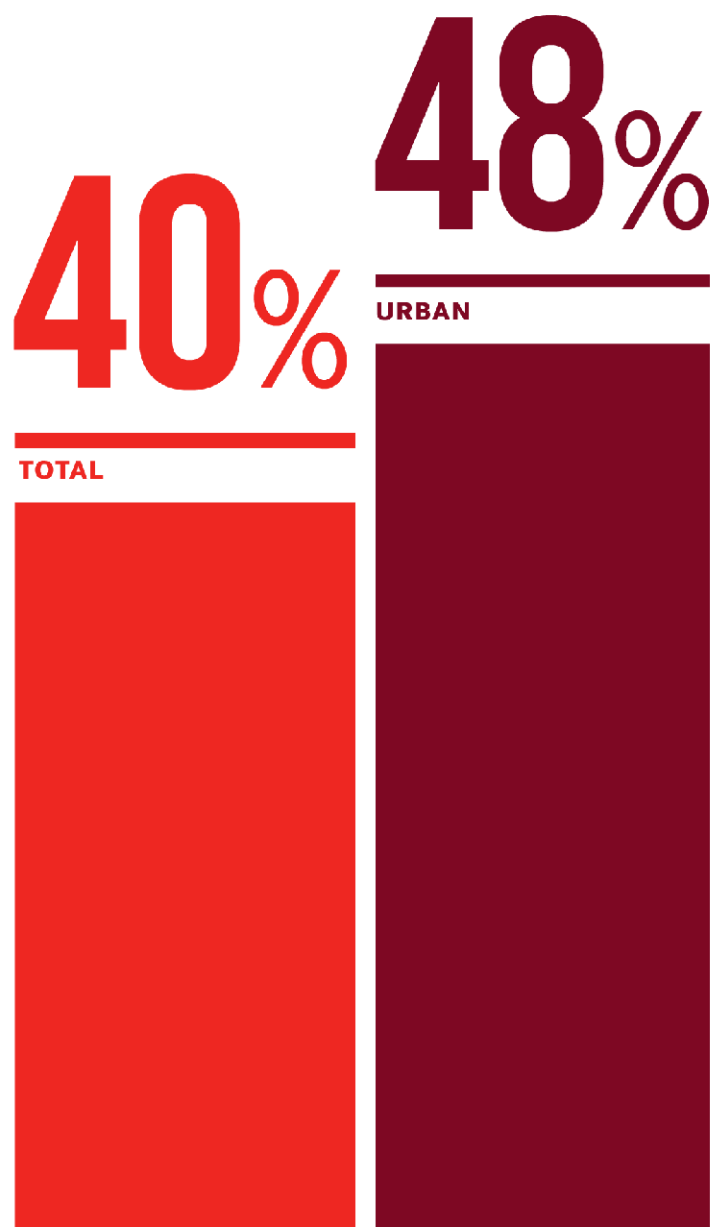
DRUG STORES, SUCH AS WALGREENS OR CVS

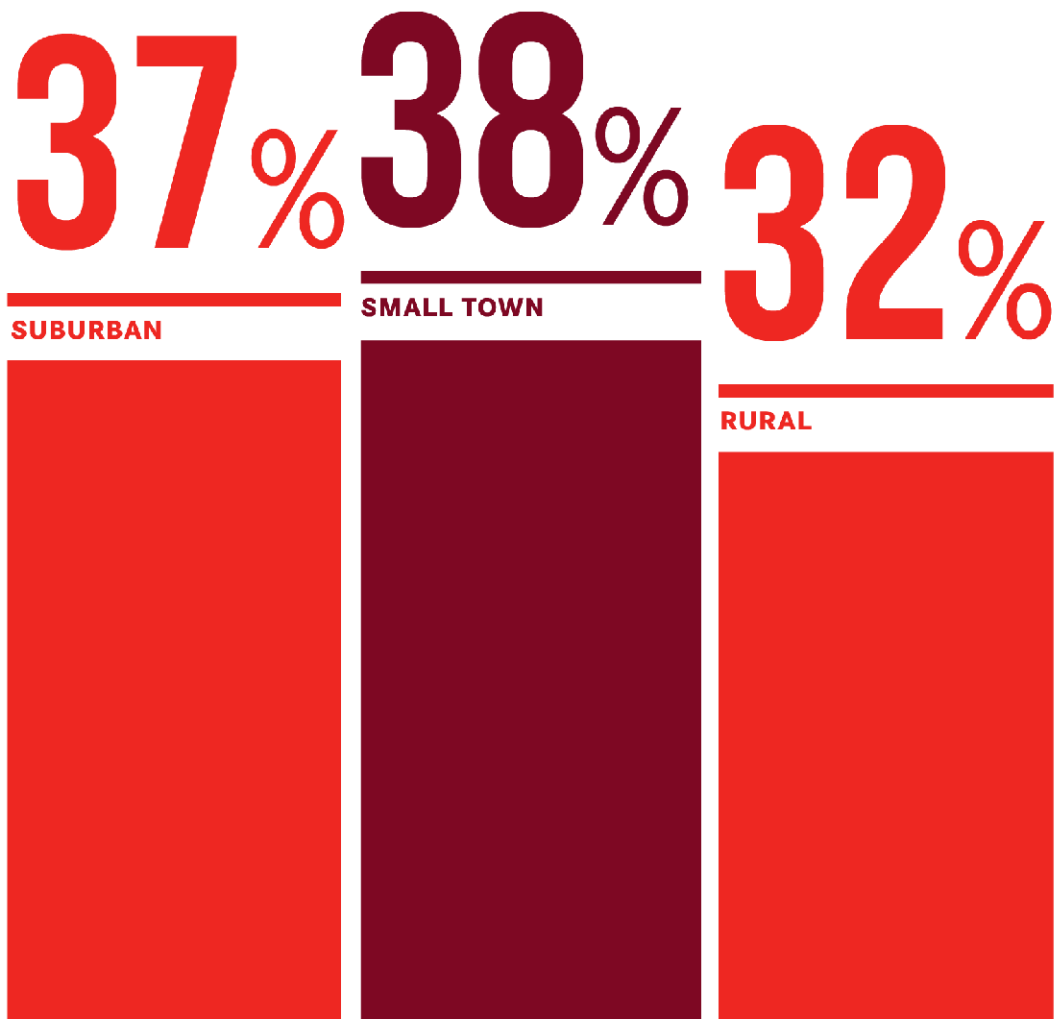


LOCAL FARMERS' MARKETS



PERCENTAGE OF OLDER ADULTS WHO BUY
FOOD FROM DRUG STORES BY AREA OF
RESIDENCE





2%

DON'T KNOW/REFUSED

5%

LOCAL FARMERS' MARKETS

4%

DRUG STORES

15%

SMALL FOOD STORES

WHERE OLDER ADULTS SHOP FOR FOOD MOST OFTEN

Two-thirds say they shop at more than one place. Even among these older adults, supermarkets are the most commonly visited.



74%

LARGE SUPERMARKETS





3 IMPLICATIONS

IMPLICATIONS

AARP Foundation focuses on sustainable, long-term public health and market-driven solutions to help meet the dietary needs of older adults, especially those of the nine million food insecure. The following are key areas for considerations as we work to increase access to safe, affordable and nutritious food for older adults.

AFFORDABILITY

While large majorities say it is easy to find nutritious foods, many also say that finding affordable fruits and vegetables would make it easier for them to eat better. This may mean that older adults are looking for ways to make these specific foods even more affordable. Two-thirds report purchasing nutritious foods all or most of the time. However, the frequency with which nutritious foods are bought does not necessarily signify quantity nor does it mean they are purchased exclusively.

It's difficult because I can't afford to buy like I want to. Fresh vegetables are higher than the canned vegetables, canned vegetables I can get in quantities like 3 for \$1. And they are already cooked and they have a lot of sodium and all in them and if I fresh cook it, it would be better but it's more expensive to buy the fresh vegetables than it is the canned vegetables. – Female, 50-59

FINANCIAL CHALLENGES

Over a third say they eat less nutritious foods because they do not have enough money to buy nutritious foods. Future research could seek to answer questions about how frequently this happens, specific tradeoffs or how unhealthful the alternative food choice is when facing this hardship.

Well I'm on a fixed income, I'm on Supplemental Security Income (SSI) and a slight problem I also supplement the food for the [Storewoods] and food bank food and I guess the hardest to keep in stock is lettuce and such because I have to pay a driver if I run out of those kinds of foods. – Male, 50-59

NUTRITION WHILE EATING OUT

Older adults report eating at fast food restaurants, on average, once a week. Fast food restaurants have typically been synonymous with processed and fried foods, but as the availability of fruits, vegetables and other nutritious options grows at these locations, this may become an opportunity for older adults to more easily obtain moderately nutritious meals. The research did not assess whether individuals are picking up take out, going

through a drive through or eating fast food in places other than the restaurants themselves.

NUTRITION RESOURCES

There is an interest in and need for information to help older adults eat more nutritious foods, with only about one in ten saying they do not need anything to make it easier to eat more nutritious foods (11 percent). While a definition of nutritious foods was provided to survey respondents for specific questions, qualitative research is needed to learn how older adults define nutritious foods unaided.

Normally I try to look at how much calories it is and lately I've been trying to cut down on sodas I've been drinking, drinking more water and stuff like that. – Male, 60-64

NUTRITION LABELING

More research may be required to understand how information on nutrition labels is interpreted by older adults, what information on these labels stands out and what is not well understood, and just how much these labels actually impact purchasing decisions. Even without additional research, there are opportunities to provide more education to this population about nutrition labels since fewer than half say reading them is very easy.

Whenever they say portions in two and then they will give the calorie count on it, what I really want to know and I don't think about it until I'm fixing to eat it or whatever if I eat both portions that means I get all those calories, if I eat only one portion does that mean I get half? – Female, 65+

FOOD AND NUTRITION INFORMATION

Friends and family, rather than health care professionals, are the leading resource for older adults when looking for information on food and nutrition. It is important, then, that this trusted resource receives accurate, timely and relevant nutrition information. It is also important to examine how consumers receive and filter this information, from health care professionals to the media.

NUTRITION ASSISTANCE PROGRAMS

SNAP enrollment among eligible older adults, particularly those 65 and older, remains low, and few take advantage of community-based programs. The non-senior population—ages 50 to 59 and 60 to 64—faces more significant food hardships and is more interested in information about nutrition assistance programs as compared to those 65 and older. Those 65 and older may be harder to target when it comes to communications and outreach, but like the younger cohorts, there is a clear interest in and need for information on nutrition assistance programs. More can be done to connect older adults of all ages to these programs.

DRUG STORES

Drug stores are a surprisingly common place to shop for food, especially in urban areas. At the same time, select drug stores seem to be increasing their healthful food options. Given the number of older adults purchasing foods in this venue, drug stores may be a place to connect this population to both healthy foods as well as dietary guidance.



APPENDIX

4

APPENDIX

		TOTAL	AGES 50-59	AGES 60-64	AGES 65+
TOTAL		100% n=1000	34% n=339	19% n=191	47% n=470
GENDER	MEN	41%	44%	45%	37%
	WOMEN	55%	56%	55%	63%
RESIDENCE	OWN	66%	58%	62%	75%
	RENT	30%	40%	36%	20%
MARITAL STATUS	MARRIED	42%	42%	46%	39%
	UNMARRIED	55%	55%	53%	57%
MEAN HOUSEHOLD SIZE		2.4	2.8	2.4	2.1
EDUCATION	NON-COLLEGE	89%	86%	91%	90%
	COLLEGE	11%	14%	9%	10%
AREA	URBAN	26%	27%	25%	26%
	SUBURBAN	17%	20%	14%	16%
	SMALL TOWN	29%	28%	30%	29%
	RURAL	19%	14%	24%	20%

A: SURVEY RESPONDENTS DEMOGRAPHICS

		TOTAL	AGES 50-59	AGES 60-64	AGES 65+
INSURANCE	INSURED	84%	79%	86%	87%
	UNINSURED	8%	14%	9%	3%
	MEDICARE, MEDICAID, PUBLIC AID	47%	35%	40%	59%
	NOT MEDICARE	45%	58%	55%	32%
HEALTH CONDITIONS	CHOLESTEROL	34%	31%	35%	35%
	HIGH BLOOD PRESSURE OR HYPERTENSION	47%	39%	46%	53%
	DIABETES	27%	21%	31%	30%
ETHNICITY	WHITE	63%	63%	55%	66%
	AFRICAN AMERICAN	16%	18%	19%	13%
	HISPANIC	14%	15%	15%	13%
REGION	NORTHEAST	17%	18%	18%	16%
	MIDWEST	21%	23%	23%	19%
	SOUTH	40%	38%	44%	40%
	WEST	22%	21%	15%	25%
SNAP	ENROLLED	13%	19%	14%	9%

AARP FOUNDATION

**FOOD INSECURITY AND
NUTRITION KNOWLEDGE
RESEARCH**

N=1,000 ADULTS 50+ UNDER 200% FPL

JANUARY 14, 2015

GOAL TIMING: 15 MINUTES

QUOTAS	
LANDLINE	n=800
WIRELESS	n=200

INTRODUCTION

[LANDLINE INTRO]

Hello. My name is _____, and I’m calling from KRC Research, a public opinion research company. We’re conducting a confidential public opinion study among Americans nationwide, and I’d very much like to have the opinions of someone in your household. I am not selling anything, and I will not ask for any contributions or donations.

May I please speak to the person in your household 50 or older?

- Yes, speaking to him/her _____ 1
- Yes, transfers to other contact _____ 2
- No _____ TERMINATE
- Don't know/refused (VOL.) _____ TERMINATE

[WIRELESS INTRO]

Hello. My name is _____, and I’m calling from KRC Research, a public opinion research company. We’re conducting a confidential public opinion study among Americans nationwide, and I’d very much like to have the opinions of someone in your household. I am not selling anything, and I will not ask for any contributions or donations.

Can you confirm that I have reached you on a cell phone? [TERMINATE IF NO]

WIRELESS SAMPLE: CONFIRM RESPONDENT IS NOT DRIVING OR DOING AN ACTIVITY THAT REQUIRES FULL ATTENTION. RESCHEDULE INTERVIEW IF NEEDED.

SCREENING**ASK ALL**

The first few questions are to make sure we are surveying a range of respondents. All of your answers are strictly confidential.

1a. What state do you live in?

1. FOR LANDLINE, RECORD ZIP CODE FROM SAMPLE.

FOR WIRELESS SAMPLE: First, what is the zip code where you live?

RECORD ZIP CODE: _____

RECORD USING ZIP:

Region: _____

2. RECORD GENDER

Male _____ 1

Female _____ 2

3. Just to make sure we have a diverse mix of people, in what year were you born?

Record _____

Don't know/refused (VOL.) _____ GO TO Q4

4. [ASK IF REFUSED IN Q3] Are you...

[READ LIST]

Under 21 _____ TERMINATE

21-34 _____ TERMINATE

35-49 _____ TERMINATE

50-59 _____ 4

60-64 _____ 5

65 or older _____ 6

Don't know/refused (VOL.) _____ TERMINATE

TERMINATE IF BORN AFTER 1964 (MUST BE 50 OR OLDER TO CONTINUE)

5. Including yourself, how many people live in your household?

Record _____

Don't know/refused _____ TERMINATE

6. What is your annual household income before taxes?

(CODE IN INCOME ALTERNATIVES BASED UPON HOUSEHOLD SIZE.)

HOUSEHOLD SIZE	READ CATEGORY	DISPOSITION
1	LESS THAN \$23,000	Under 200% FPL
	\$23,000 OR MORE	200%+ FPL
2	LESS THAN \$31,000	Under 200% FPL
	\$31,000 OR MORE	200%+ FPL
3	LESS THAN \$40,000	Under 200% FPL
	\$40,000 OR MORE	200%+ FPL
4	LESS THAN \$40,000	Under 200% FPL
	\$40,000 OR MORE	200%+ FPL
5	LESS THAN \$56,000	Under 200% FPL
	\$56,000 OR MORE	200%+ FPL
6	LESS THAN \$64,000	Under 200% FPL
	\$64,000 OR MORE	200%+ FPL
7	LESS THAN \$72,000	Under 200% FPL
	\$72,000 OR MORE	200%+ FPL
8	LESS THAN \$80,000	Under 200% FPL
	\$80,000 OR MORE	200%+ FPL
EACH ADDITIONAL PERSON	ADD \$8,000 PER ADDITIONAL PERSON IN HOUSEHOLD	

FPL VARIABLE - CODE BASED ON Q6

Under 200% Federal Poverty Level _____ 1
 200%+ Federal Poverty Level _____ TERMINATE

7. Do you live at home OR do you live in an assisted living facility?
[PROMPT IF HOME: And, do you own or rent the home where you live?]
 Own home _____ 1
 Rent home _____ 2
 Live with family member _____ 3
 Assisted living facility _____ 4
 Don't know/refused _____ 99
8. **[IF Q7=3/LIVE IN ASSISTED LIVING FACILITY]**
 Are all or most of the meals you eat provided by the assisted living facility?
 Yes _____ TERMINATE
 No _____ 2
 Don't know/refused _____ TERMINATE

INDIVIDUAL FOOD/NUTRITION PROFILE

The next questions are about food, including what you eat in a typical week and where you purchase the food you eat.

[READ IF Q5>1 /MORE THAN ONE PERSON IN HOUSEHOLD]

When answering these questions, please think about yourself only, even if there are others living in your household.

9. Approximately how many times per week do you eat at fast food restaurants, such as McDonalds, Dominos, or Popeye's? **[RECORD NUMERIC RESPONSE 0-21]**
10. I'm going to read a list of different places to buy food. Please tell me at which ones you usually shop for food. You can select more than one answer.

[READ AND RANDOMIZE LIST]

	YES 1	NO 2	DK/ REFUSED (VOL.) 99
LARGE SUPERMARKETS	1	2	99
SMALL FOOD STORES, SUCH AS BODEGAS OR NEIGHBORHOOD STORES	1	2	99
LOCAL FARMER'S MARKETS	1	2	99
DRUG STORES, SUCH AS WALGREENS OR CVS	1	2	99

11. [IF YES TO MORE THAN ONE IN Q10] You mentioned that you shopped at [PIPE IN ANSWERS FROM Q10 IN SAME ORDER].

Where do you shop MOST often?

[DO NOT READ LIST]

Large supermarkets_____1
 Small food stores_____2
 Local farmer's markets_____3
 Drug stores_____4

12. Which of the following is MOST important when deciding WHERE to shop for food?

[READ AND RANDOMIZE LIST]

Food costs_____1
 Location_____2
 Availability of certain foods_____3
 Availability of nutritious foods_____4
 Availability of items other than food_____5

13. Are a variety of nutritious foods available at the place or places where you usually shop for food? By nutritious foods, I mean fruits, vegetables, whole grains, lean protein and low- or fat-free dairy products.

Yes_____1
 No_____2
 Don't know/refused_____99

14. Now, I am going to read through a list of different types of food. For each, please tell me how easy or difficult it is to for you to get affordable foods like this where you live?

[PROMPT FOR EACH: Is it very easy, somewhat easy, somewhat difficult or very difficult for you to get affordable INSERT FOOD TYPE? If you cannot get this type of food where you live, please just say so.]

[RANDOMIZE LIST]

	VERY EASY	SOMEWHAT EASY	SOMEWHAT DIFFICULT	VERY DIFFICULT	CANNOT FIND
	1	2	3	4	5
FRESH, FROZEN AND/OR CANNED FRUITS	1	2	3	4	5
FRESH, FROZEN AND/OR CANNED VEGETABLES	1	2	3	4	5
BEANS AND PEAS, SUCH AS BLACK BEANS, CHICK PEAS AND LENTILS	1	2	3	4	5
LEAN PROTEIN, SUCH AS CHICKEN, TURKEY, EGGS AND SEAFOOD	1	2	3	4	5
WHOLE GRAINS, SUCH AS BROWN RICE, WHOLE WHEAT BREAD AND WHOLE WHEAT PASTA	1	2	3	4	5
LOW-FAT OR NONFAT DAIRY FOODS, SUCH AS MILK, YOGURT AND CHEESE	1	2	3	4	5
PROCESSED FOODS, SUCH AS HOT DOGS, CHICKEN NUGGETS AND FROZEN PIZZA	1	2	3	4	5
FRIED FOODS, SUCH AS FRIED CHICKEN, FRENCH FRIES OR POTATO CHIPS	1	2	3	4	5

15. How often do you purchase nutritious foods when you go food shopping—all or most of the time, sometimes, once in a while, or never? By nutritious foods, I mean fruits, vegetables, whole grains, lean protein and low- for fat-free dairy products.
- All or most of the time _____ 1
 Sometimes _____ 2
 Once in a while _____ 3
 Never _____ 4
 Don't know/refused (VOL.) _____ 99

The next few questions are about what you consider when you are shopping for food...

16. Based on your experience, how easy or difficult is it to understand nutrition labels on food – very easy, somewhat easy, somewhat difficult or very difficult?
- Very easy _____ 1
 Somewhat easy _____ 2
 Somewhat difficult _____ 3
 Very difficult _____ 4
 Don't know/refused (VOL.) _____ 99
17. How frequently do you look at the nutrition labels when you are shopping for food—all or

most of the time, sometimes, once in a while or never?

- All or most of the time _____ 1
 Sometimes _____ 2
 Once in a while _____ 3
 Never _____ 4
 Don't know/refused (VOL.) _____ 99

FOOD HARDSHIPS

Now, thinking about the past year...

18. In the last 12 months, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes _____ 1
 No _____ 2
 Don't know/refused (VOL.) _____ 99

19. In the last 12 months, did you ever eat less nutritious foods because there wasn't enough money for nutritious foods? **[REPEAT IF NECESSARY: By nutritious foods, I mean fruits, vegetables, whole grains, lean protein and low- for fat-free dairy products.]**

- Yes _____ 1
 No _____ 2
 Don't know/refused (VOL.) _____ 99

INFORMATION SOURCES AND GAPS

20. Which of the following would make it easier for you to eat more nutritious foods? **[REPEAT IF NECESSARY: By nutritious foods, I mean fruits, vegetables, whole grains, lean protein and low-fat for fat-free dairy products.]**

[READ AND RANDOMIZE LIST, SELECT ALL THAT APPLY]

Information about how to enroll in nutrition assistance programs	1
Information on how to read nutrition labels	2
Ways to find affordable fruits and vegetables where you live	3
Recipe ideas	4
Better cooking skills	5
More time to cook	6
Transportation so I could shop for food at different places	7
Other (SPECIFY: _____)	8
I don't need anything to make it easier (VOL.)	9
Don't know/refused (VOL.)	99

21. Where do you look for information about food and nutrition?

[READ AND RANDOMIZE LIST, SELECT ALL THAT APPLY]

Television	1
Internet	2
Newspapers	3
Magazines	4
Friends and family	5
Health care professionals	6
Nutrition assistance programs	7
Other (SPECIFY: _____)	8
I don't look for this type of information (VOL.)	9
Don't know/refused (VOL.)	99

FOOD ASSISTANCE PROGRAMS

22. Are you enrolled in the Supplemental Nutrition Assistance Program, also known as SNAP?

Yes	1
No	2
Don't know/refused (VOL.)	99

23. **[Q22=1]** Since enrolling in SNAP, would you say that the amount of nutritious foods that you eat has increased, decreased or stayed about the same? **[REPEAT IF NECESSARY: By nutritious foods, I mean fruits, vegetables, whole grains, lean protein and low-fat for fat-free dairy products.]**

Increased _____ 1
Decreased _____ 2
Stayed about the same _____ 3
Don't know/refused (VOL.) _____ 99

24. Besides the Supplemental Nutrition Assistance Program or SNAP, do you participate in any programs within your community that offer free or subsidized meals?

Yes _____ 1
No _____ 2
Don't know/refused (VOL.) _____ 3

DEMOGRAPHICS

Thank you. The remaining questions are for statistical purposes only.

25. Which of the following best describes your marital status

[READ LIST]

Married or living with partner _____ 1
Single and never married _____ 2
Divorced, widowed, or separated _____ 3
Don't know/refused (VOL.) _____ 99

26. Which of the following categories includes your highest level of education?

[READ LIST]

Some high school _____ 1
Graduated high school _____ 2
Trade, vocational or technical school _____ 3
Some college or 2-year degree _____ 4
Graduated college _____ 5
Post-graduate degree _____ 6
Don't know/refused (VOL.) _____ 99

27. Which of the following best describe the area in which you live?

[READ LIST]

Urban _____ 1
Suburban _____ 2
Small town _____ 3
Rural _____ 4
Don't know/refused (VOL.) _____ 99

28. How did you obtain the primary health insurance coverage you currently have?
[READ AND RANDOMIZE LIST. SELECT ONE RESPONSE ONLY]

I do NOT currently have health insurance _____ 1
Through my employer or my spouse's employer _____ 2
Purchased directly from a health insurance company, not through an employer _____ 3
Purchased through a federal or state insurance exchanged _____ 4
Through the local, state or federal government employee program _____ 5
Through Medicare, Medicaid or public aid _____ 6
Through another method (SPECIFY: _____) _____ 7
Don't know/refused (VOL.) _____ 99

RECODE:

Uninsured _____ 1 (Q28=1)
Insured _____ 0 (Q28=2-6)

29. I am going to read through a list of health conditions. Please say if you have any of the following chronic conditions that require ongoing care? Let's start with...

[READ AND RANDOMIZE LIST]

	YES 1	NO 2	DK/ REFUSED (VOL.) 99
A. HIGH CHOLESTEROL	1	2	99
B. HIGH BLOOD PRESSURE OR HYPERTENSION	1	2	99
C. DIABETES	1	2	99

30. Are you of Hispanic or Latino background – such as Mexican, Puerto Rican, Cuban or another Latin American background?
Yes _____ 1
No _____ 2
Prefer not to answer _____ 3
31. IF NOT HISPANIC OR LATINO (Q30=2): Which of the following categories best describes your race or ethnicity?
[READ LIST]
White _____ 1
Black or African American _____ 2
American Indian or Alaskan Native _____ 3
Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese) _____ 4
Native Hawaiian or other _____

- Pacific Islander _____ 5
 Other [SPECIFY] _____ 6
 Prefer not to answer _____ 7
32. [LANDLINE SAMPLE] Do you happen to have a cell phone?
 Yes _____ 1
 No _____ 2
 Don't know/refused (VOL.) _____ 99
33. [WIRELESS SAMPLE] Now thinking about your telephone use, is there at least one telephone INSIDE your home that is currently working and is not a cell phone?
 Yes, has a home telephone _____ 1
 No, doesn't have a home telephone _____ 2
 Don't know/refused (VOL.) _____ 99
34. [ASK IF Q32=1 OR Q33=1] Of all the telephone calls that you and the other people in your household receive, are (READ LIST)?
 All or almost all calls received on a cell phone _____ 1
 Some received on a cell phone and some on a regular home phone _____ 2
 OR very few or none received on a cell phone _____ 3
 Don't know/refused (VOL.) _____ 99
35. [CODE FROM Q32-Q34] Landline/cell phone usage
 Q32=2 Landline only _____ 1
 Q33=2 Mobile only _____ 2
 Q32=1
 AND Q33=1 Landline and mobile _____ 3
 Q34=1 All or almost all calls on mobile _____ 4
 Q34=3 All or almost all calls on landline _____ 5
 Q34=2 About equal _____ 6
36. One more thing. In the future, if we would like to include you in follow-up research on this topic, would you be willing to be contacted and asked if you would like to participate?
 Yes _____ RECORD CONTACT INFO
 No _____ 2

Thank you very much for your time.

SECTION 1: INTRODUCTION**1 MINUTE**

- My name is _____ and I am calling from KRC Research, an independent research firm.
- This call is a follow-up to a survey you recently completed about where you purchase food and what types of food are available where you live.
- Is now still a good time to talk? (If not, reschedule. Otherwise, proceed.)
- Great. There are a few things we need to cover before we get started with the interview.
 - I am an independent researcher, and as such, I am not vested in any particular viewpoint. I am looking to learn from you and your experiences. Your candidness in responses is what helps me most.
 - Your participation in this interview is anonymous and your feedback will remain confidential.
 - The interview will take 10 minutes of your time. With your permission, I'd like to record the interview so that I don't need to slow down to take notes.
- Before we begin, do you have any questions?

SECTION 2: NUTRITIOUS FOOD**2 MINUTES**

I am going to spend part of this interview talking about the foods you eat most frequently.

1. What does breakfast usually look like? Lunch? Dinner?
2. What proportion of your weekly diet would you consider to be pretty healthy? What makes you say that?
3. What are some examples of nutritious foods you eat most often? Why do you choose these foods?
4. How easy or difficult is it for you to eat nutritious foods regularly? What, if anything, poses a challenge to this? PROBE FOR WHY.

SECTION 3: NUTRITION LABELS**3 MINUTES**

1. What helps you determine if the foods you are eating are healthy or nutritious?
2. What about nutrition labels? How helpful are these in determining if foods are healthy or nutritious?
3. When purchasing food, how often do you look at its nutrition label?
 - a. Why do you look at the label? Why do you not look at the label that frequently?
4. What information do you typically look for on a nutrition label?

THEN, PROBE: Do you look at...

- a. Serving size?
 - b. Calories?
 - c. Fat?
 - d. Cholesterol?
 - e. Sodium?
 - f. Dietary fiber?
 - g. Sugar?
 - h. Protein?
 - i. Nutrients and vitamin information?
5. Which of those has the greatest impact on your decision to purchase a specific food?
 6. What other information on food packaging do you use to make decisions about how to purchase food?
- THEN, PROBE:** Do you look at whether a food is/has...
- a. Gluten-free?
 - b. Low-fat or nonfat?
 - c. Doctor or physician recommended?
 - d. No preservatives?
 - e. All whole grains?
 - f. No genetically modified organisms or GMOs?
 - g. Low sodium?
 - h. Low sugar?
 - i. No added sugar?

7. What, if anything, would make food packaging more helpful to you when deciding what to purchase at the grocery store?

SECTION 4: FOOD AFFORDABILITY 3 MINUTES

1. How does the cost of food affect your decisions about purchasing foods that are more healthy or nutritious?
2. What types of healthy or nutritious foods tend to be more expensive?
3. How often does the cost of food change your food buying decisions?
4. What would be different about your food buying choices if cost was not a factor?

SECTION 5: WRAP UP 1 MINUTE

That's all the questions I have for your today.

1. Is there anything you would like to add?

THANK AND END INTERVIEW

