Nutrition and Aging Resource Center

Consumer Needs Assessment: Adults Ages 40-59 Companion Report

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Table of Contents

List of Figures

List of Tables

Overview

This document serves as a companion report to the National Resource Center on Nutrition and Aging (NRCNA)'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 Ages 40-59 Companion Report* includes data specific to the middle-aged 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 94 respondents aged 40-59 years old 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 current and future 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 (HDM), and other community-based food and nutrition programs
- **Utilization:** around one-half reported SNAP utilization and about one-third reported food pantries/banks and Commodity Supplemental Food Program utilization, utilization was low overall for SNPs and other community-based food and nutrition programs
- **Top reasons for congregate meal use:** affordable meal, convenience, nutritious meal
- **Top reasons for home-delivered meal use:** affordable meal, ability to age in place, nutritious meal, choice and variety of meal options, inability to prepare or cook meals 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, and reduce hunger and food insecurity

- **Perspectives of SNP Recipients:** *"moderately agree"* that recipients are more likely to be friendly, low income, social, and 60-70 years old; *"moderately agree"* that HDM recipients are more likely to have a functional impairment or disability and be unemployed/retired

Community Programming Needs and Preferences

- **Factors Likely to Increase SNP Participation:** affordable meal, accessible location, financial need, delicious and tasty meals
- **Programming Interests:** vouchers to eat at local restaurants; fresh, locally grown food; free health assessments; mobile truck meals
- **Preferred Meals Tailored to Dietary Needs:** heart healthy, high protein, diabetes-friendly
- **Preferred International or Regional Cuisine:** Mexican, Asian, Chinese, Latin American/Hispanic, Soul Food

Informational Needs, Preferences, and Practices

- **Topics of Interest:** physical activity, nutrition/healthful eating, stress management, meal preparation, grocery shopping
- **Preferred Education Methods:** online lessons, individual sessions in-person, online group sessions, written materials
- **Preferred Methods of Hearing About Programs:** email announcements, social media, community-based newsletters
- **Typical Food and Nutrition Information Sources:** medical visits, Facebook, websites
- **Top General Media Use:** email, internet, texting, computer, social media
- **Top Social Media Use:** Facebook, Snapchat, 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 94 adults ages 40-59 years completed the survey (Table 1). Overall, respondents identified as white (43%) or Black (34%), non-Hispanic (61%), and had acquired at least some college education or higher (36%).

Two out of five respondents were located in suburban areas (40%) (Table 1). Around one-half of respondents identified as being currently married (47%), reported an average income of less than $40,000 annually (47%), and had a full-time job at the time they completed the survey (52%). The most common sources of healthcare coverage included employment-based private insurance (32%), Medicaid (26%), and Medicare (23%) (Table 1).

Table 1.

Sociodemographic Characteristics of Adult 40-59 Survey Respondents (n=94)

Characteristic	Number	Percentage (%)
Education		
Less than high school	7	7
High school	27	29
Some college	25	27
Bachelor's degree	20	21
Some post-graduate or advanced degree	14	15
Prefer not to answer	1	1
Spanish, Hispanic, or Latino/a		
No	57	61
Yes	36	38
Prefer not to answer	1	1
Race[a]		
American Indian/Alaskan Native	6	6
Asian	11	12
Black or African American	32	34
Native Hawaiian/Pacific Islander	1	1
White	40	43
Not Listed	7	7
Do not wish to answer	1	1
Home Location		
Rural	24	26
Suburban	38	40
Urban	32	34
No response	-	-

Characteristic	Number	Percentage (%)
Marital Status		
Currently Married	44	47
Divorced, Separated, or Widowed	24	26
Never Married	26	28
Other	-	-
Prefer not to answer	-	-
Income		
≤20K	22	23
Over 20K to 40K	23	24
>40K	40	43
No response	9	10
Prefer not to answer	-	-
Employment		
Full-time	49	52
Full-time student	-	-
Homemaker	4	4
Part-time	10	11
Retired	9	10
Unemployed	18	19
Other	4	4
Prefer not to answer	-	-
Health Coverage[a]		
Charity Care	3	3
COBRA or Temporary Insurance	-	-
Medicaid	24	26
Medicare	22	23
Private Insurance: Direct Purchase	12	13
Private Insurance: Employment-Based	30	32
Tricare or VA Coverage	5	5
Uninsured	8	9

[a]Respondents were able to select more than one

The majority indicated that they live with at least 1 other person (82%), often their spouse (65%) or children (56%) (Table 2). Of those living with others, most had between 2-4 individuals residing in their household, including themselves (84%).

The respondents were further asked questions related to their health (Table 3). Four out of five of the respondents self-reported that their health status was *"good"* or better (80%), and around two out of five respondents have been diagnosed with 1-2 chronic health conditions (44%). Most shared that they had at least *"good"* quality of life overall (73%), and in the areas of physical (80%), mental (73%), and social health (70%). On average, quality of life scores were slightly higher for physical and mental health (3.2/5) compared to social health (3/5).

Table 2.

Household Characteristics of Adult 40-59 Survey Respondents (n=94)

Characteristic	Number	Percentage (%)
Live Alone		
Yes	17	18
No	77	82
No response	-	-
# of People in Household (including self) [a]		
1-2	30	39
3-4	35	45
5 or more	12	16
# of Adults Living in Household (including self)[a]		
1-2	56	73
3-4	16	21
5 or more	5	6
# of Children Living in Household[a]		
0	35	45
1-2	33	43
3-4	9	12
5 or more	-	-
Household Members[a,b]		
Spouse	49	64
Children	43	56
Relatives	10	13
Domestic Partner	7	9
Other	2	3

[a]Out of 77 respondents

[b]Respondents were able to select more than one

Table 3.

Health Characteristics of Adult 40-59 Survey Respondents (n=94)

Characteristic	Number	Percentage (%)
Health Status		
Excellent	9	10
Very Good	16	17
Good	50	53
Fair	17	18
Poor	2	2
# of Chronic Conditions		
5 or more	1	1
3-4	18	19
1-2	41	44
0	34	36
Quality of Life		
Excellent	11	12
Very Good	19	20
Good	39	41
Fair	20	21
Poor	5	5
Physical Health		
Excellent	10	11
Very Good	19	20
Good	46	49
Fair	17	18
Poor	2	2
Mental Health		
Excellent	12	13
Very Good	21	22
Good	36	38
Fair	21	22
Poor	4	4
Social Health		
Excellent	8	9
Very Good	21	22
Good	37	39
Fair	22	23
Poor	6	6

Awareness and Utilization of Community Food and Nutrition Programs

Awareness of community food and nutrition programs likely impacts current and future participation in these programs, as well as the likelihood of individuals to recommending these services to others who could benefit. Most respondents had at least a moderate awareness of food pantries/banks (76%) and the Supplemental Nutrition Assistance Program (SNAP) (73%) (Figure 1). However, between 45% to 62% had "*very low/low*" awareness of the other community food and nutrition programs listed. Notably, 60% of respondents had "*low/very low*" awareness of the congregate meal program, and 48% 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 adults 40-59 years old to build greater awareness.

About one out of every two respondents reported utilizing SNAP (46%) (Figure 2). Additionally, around one-third of respondents indicated that they have utilized food pantries/banks (33%) and the Commodity Supplemental Food Program (CSFP) (27%). Utilization was 20% or less for the rest of the programs (Figure 2).

Figure 1.

Awareness of Community-based Food and Nutrition Programs (n=94)

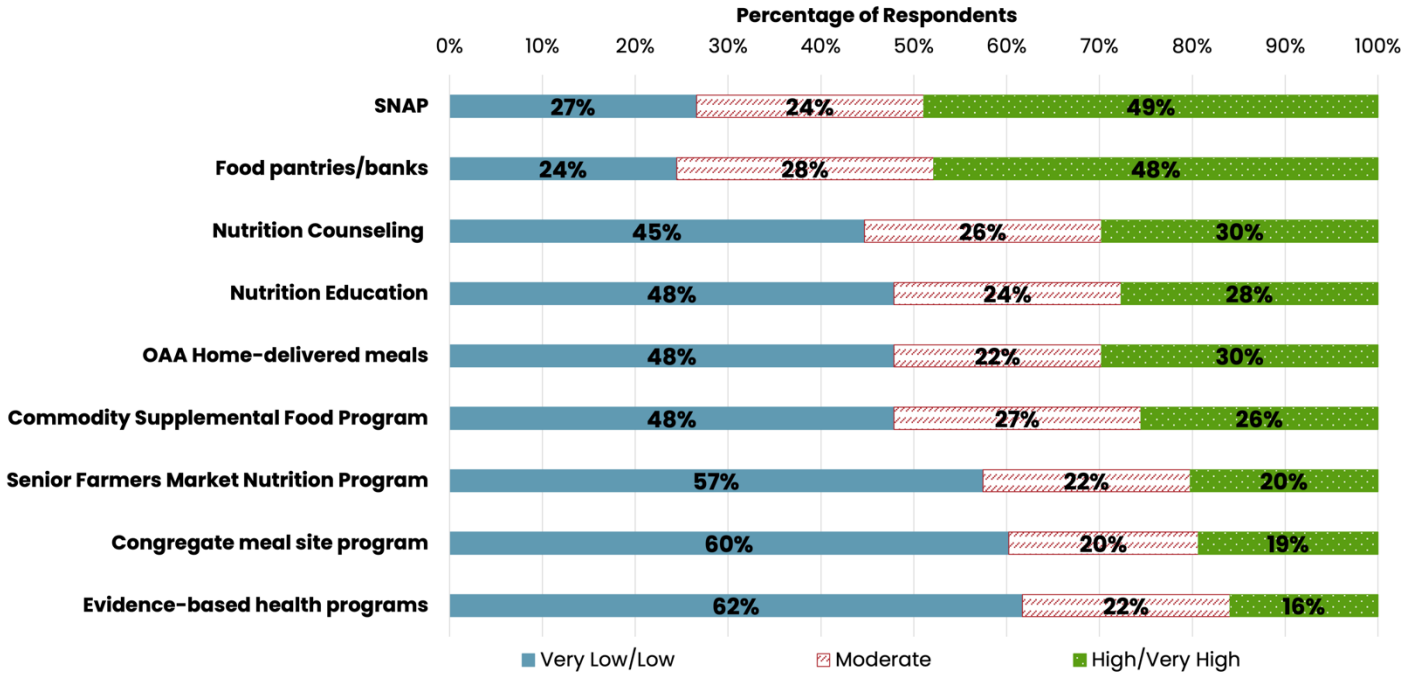
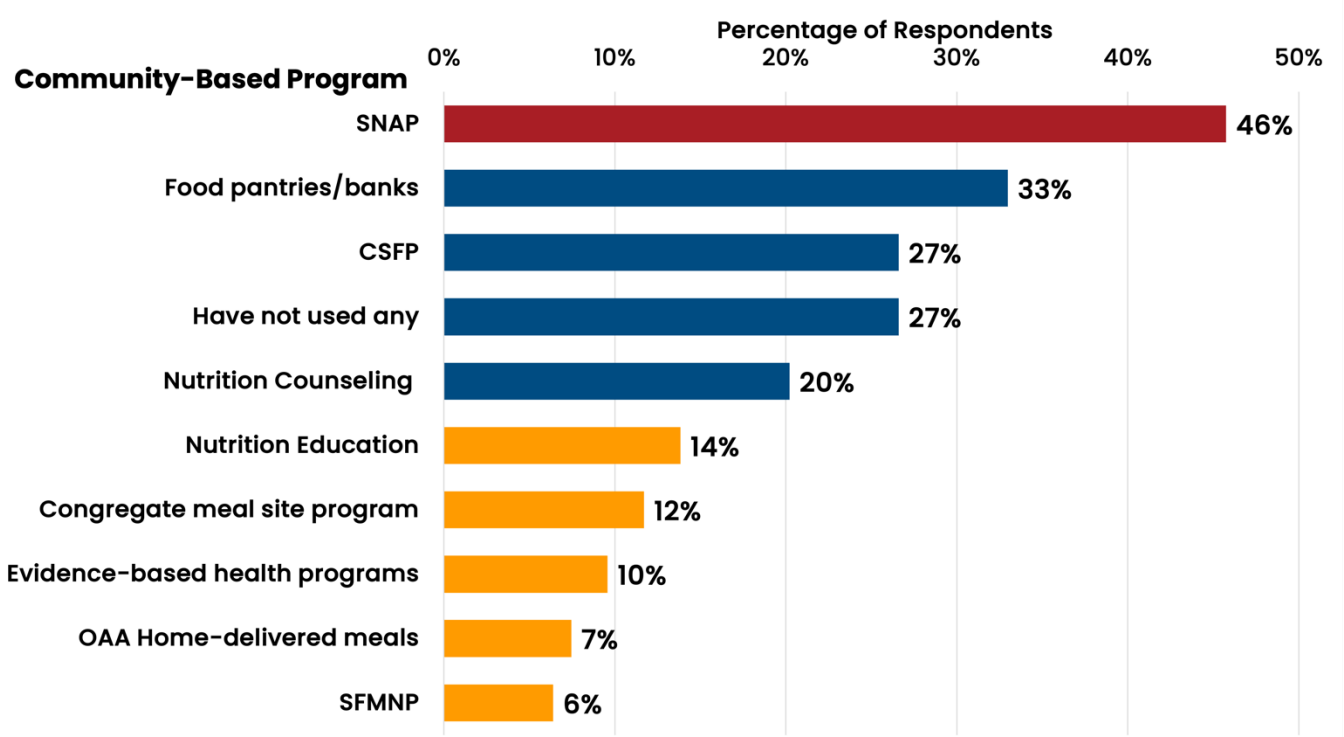


Figure 2.

Utilization of Community-based Food and Nutrition Programs (n=94)



Congregate Meal Program Utilization

Among those who have attended a congregate meal program (*n*=11), 64% indicated that they have attended for 1-2 years. The top reasons they shared for attending were for the affordable meal (73%), convenience (64%), and for the nutritious meal (55%) (Table 4).

Table 4.

Reasons for Attending a Congregate Meal Program (n=11)

Attendance Reason[a]	Number	Percentage (%)
An affordable meal	8	73
Convenience	7	64
A nutritious meal	6	55
Ability to age in place	5	45
Choice and variety of meal options	5	45
To reduce food waste at home	5	45
Delicious and tasty meals	4	36
Functional need	4	36
Nice meal site environment	4	36
Programs and activities	4	36
Socialization	4	36
Welcoming environment	4	36

[a]Respondents were able to select more than one

Home-Delivered Meal Program Utilization

Among those who have utilized a home-delivered meal program (*n*=7), duration of use varied. Around one-third have attended for 1-2 years (29%), 5 or more years (29%), and less than 1 year (28%), respectively. The top reasons respondents shared for utilizing a home-delivered meal program included affordability (86%), enhancing their ability to age in place (71%), the nutritious meal (71%), the choice and variety of meal options (71%), and addressing an inability to prepare or cook their own meals (71%) (Table 5).

Respondents were asked questions about their home-delivered meal consumption due to concerns that there are users who may be using 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). Over one-half shared that they *"often"* eat the provided meal in one sitting (57%), while 43% shared that they *"sometimes"* consume the provided food for two meals.

Table 5.

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

Utilization Reason[a]	Number	Percentage (%)
An affordable meal	6	86
Ability to age in place	5	71
A nutritious meal	5	71
Choice and variety of meal options	5	71
Unable to prepare or cook meals	5	71
Convenience	4	57
Functional need	4	57
Friendly staff	4	57
To reduce food waste at home	4	57
Unable to purchase meals/groceries independently	4	57
Programs and activities offered online	4	57
Socialization with delivery driver	3	43

[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 survey respondents who have participated in **nutrition counseling** (*n*=19), 32% participated in 1-2 sessions, 32% in 6-10 sessions, 11% in 11-15 sessions, 11% in 3-5 sessions, and 5% in more than 15 sessions. Among those who have participated in **nutrition education** (*n*=13), 31% have participated in 3-5 sessions, 31% in 11-15 sessions, 23% in 1-2 sessions, and 15% in 6-10 sessions. The top reasons they shared for participating in these services included general health

and wellness (50%), helping with eating on a budget (38%), and chronic disease prevention and management (33%) (Table 6).

Table 6.

Reasons for Participating in Nutrition Counseling and/or Nutrition Education (n=24)

Utilization Reason[a]	Number	Percentage (%)
General health and wellness	12	50
Help with eating on a budget	9	38
Chronic disease prevention or management	8	33
Encouragement of family, friends, or partner	7	29
Weight management (gain or loss)	7	29
Ability to age in place	5	21
Disordered eating	5	21
Manage nutrient deficiencies	5	21
Support with meal plans/preparation	5	21
Manage feeding tube or total parenteral nutrition	4	17
Referral from a healthcare provider	4	17
Optimize sports or physical activity performance	3	13
Gastrointestinal/digestion concerns	2	8
Manage allergies, intolerances, or sensitivities	-	-

[a]Respondents were able to select more than one

Attitudes and Perceptions of Senior Nutrition Programs

Understanding the attitudes and perceptions individuals 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, and (3) eligibility requirements. Only respondents who had at least a *"moderate awareness"* of congregate meals (*n*=37) and home-delivered meals (*n*=49) were asked questions about their attitudes toward these specific programs.

Positive and Negative Attitudes

On average, respondents "*somewhat agreed*" that SNPs promote health and wellbeing, enhance socialization, and reduce hunger and food insecurity (Table 7). These perceptions align with the purpose of OAA Title III-C senior nutrition programs (OAA, 2020). Additionally, on average respondents "*somewhat agreed*" that 1) the programs are suitable for people like them or the individual(s) they are a caregiver for, and 2) they do not make people more dependent on assistance programs (Table 7). These results suggest generally positive perceptions toward congregate and home-delivered meal programs.

Table 7.

Attitudes Toward Senior Nutrition Programs

Attitudes	**Congregate: Average Likert Score (1-7)**	**Home-Delivered: Average Likert Score (1-7)**
Positive Attitudes	Congregate Meals	Home-Delivered Meals
Promote health and wellbeing	5.76	5.39
Promote socialization	5.57	5.27
Reduce hunger and food insecurity	5.81	5.45
Negative Attitudes	Congregate Meals	Home-Delivered Meals
Not for people like me	3.41	3.55
Make people more dependent	3.84	3.84

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 be friendly, low income, social, and 60-70 years old (Figure 3). On average, respondents "*somewhat disagreed or disagreed*" that they are more likely to be lacking education. Similar results were found related to their perception of home-delivered meal recipients (Figure 4). However, respondents also "*somewhat agreed*" that home-delivered meal recipients were more likely to have a functional impairment or disability or be unemployed/retired.

Figure 3.

Perspectives About Congregate Meal Participants (n=37)

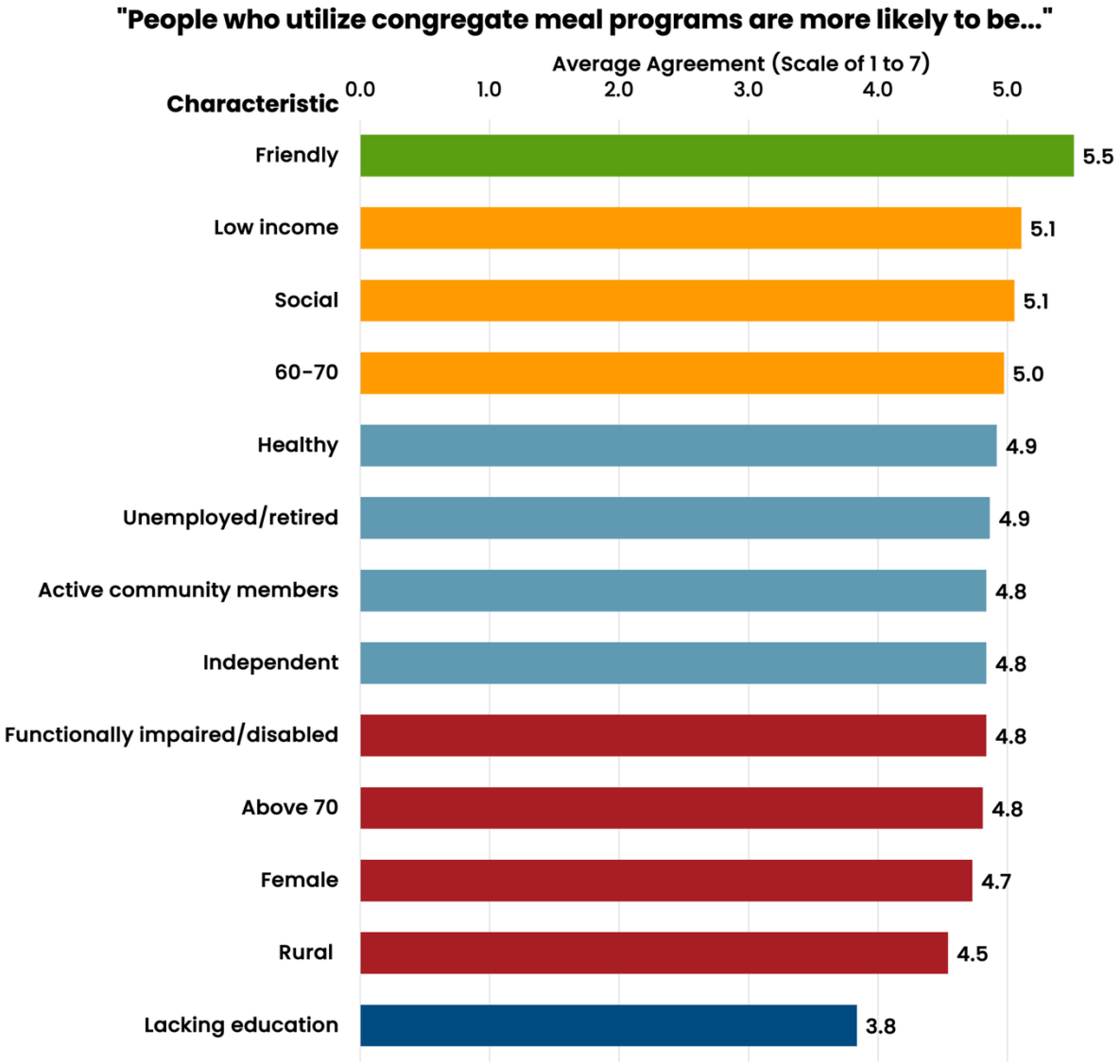
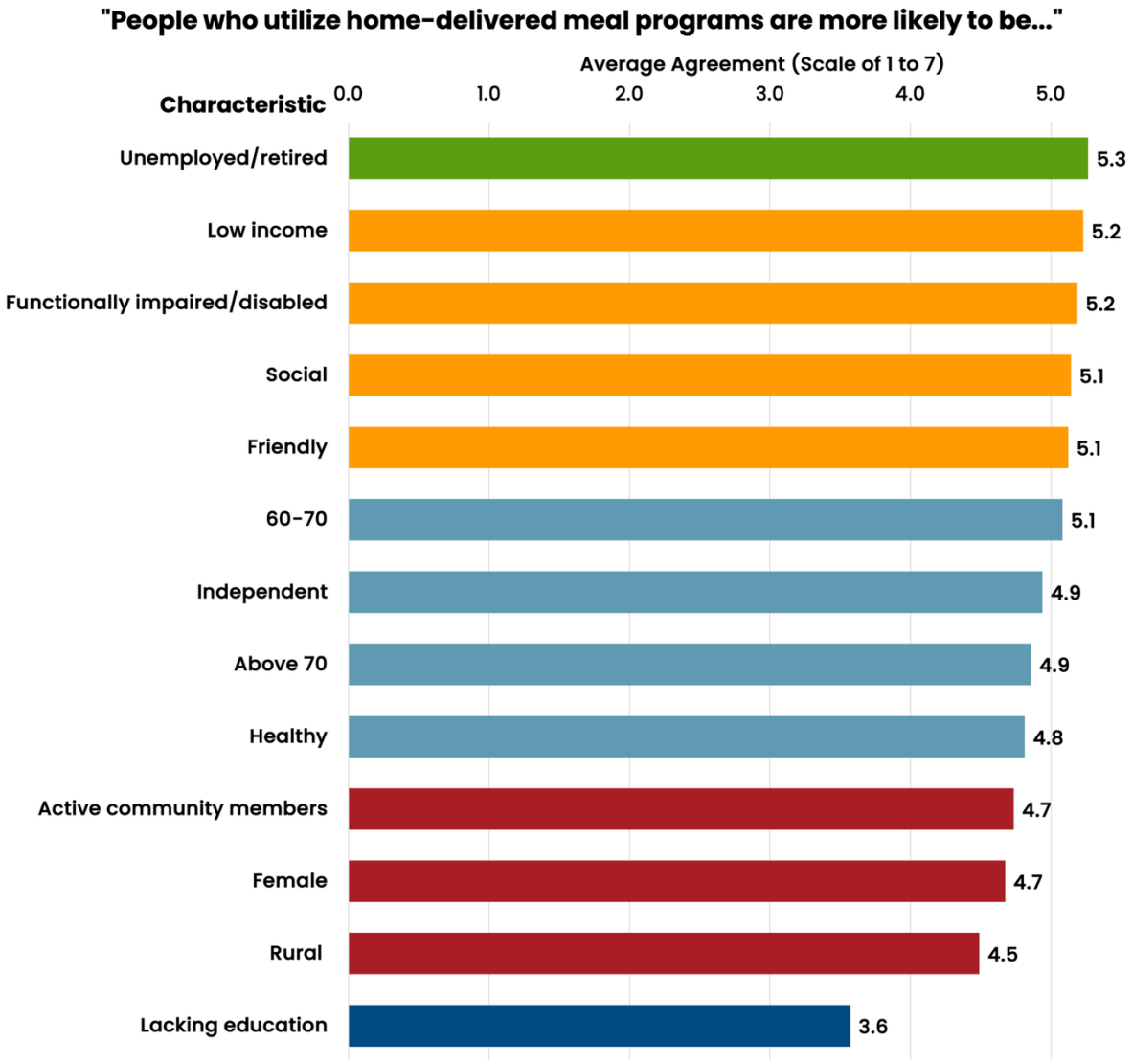


Figure 4.

Perspectives About Home-Delivered Meal Participants (n=49)



Perceived OAA Senior Nutrition Program Eligibility

Misunderstanding eligibility requirements can be another potential barrier to utilization of or referral to 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 (71-78%) selected age as an eligibility requirement to receive congregate and home-delivered meals (Table 8). Additionally, over one-half of respondents indicated that one's living situation (57%), food/nutrition insecurity status (55%), chronic disease or health status (51%), and having a disability or functional impairment (51%) are

requirements to receive home-delivered meals. For congregate meal programs, respondents indicated one's living situation (73%) and having a disability or functional impairment (57%) are requirements to receiving congregate meals. While these data reflect some understanding of who the programs are targeted toward, there is an opportunity to educate that many of these characteristics are not requirements.

Table 8.

Perceived Congregate and Home-Delivered Meal Eligibility Requirements

Eligibility Requirement[a]	Congregate Meals (n=37)	Home-Delivered Meals (n=49)
Age	29 (78%)	35 (71%)
Living situation	27 (73%)	28 (57%)
Disability or functional impairment	21 (57%)	25 (51%)
Food/nutrition insecurity status	18 (49%)	27 (55%)
Nutritional risk status	18 (49%)	15 (31%)
Chronic disease or health status	15 (41%)	25 (51%)
Specific income requirements	15 (41%)	19 (39%)
Age of partner/spouse	11 (30%)	16 (33%)
No requirements	1 (3%)	-

[a]Respondents were able to select more than one

Programming Needs and Preferences

Respondents were also prompted to answer 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 40-59 years old.

Individuals who reported that they have **not** accessed a congregate meal program (*n*=83) or home-delivered meal program (*n*=87) were asked about the factors that would increase their likelihood of participating (Table 9). The most popular factor was affordability (54-57%) (Table 9). Around 40-50% of the non-users further indicated that having a financial need (43-51%), delicious/tasty meals (41-43%), nutritious meals (41-44%), and the convenience of using the programs (42-47%) would increase their likelihood of participating. Accessibility of the location was also identified as a top factor for the likelihood of participation in a congregate meal program (49%) (Table 9).

Similarly, the leading factor likely to increase participation in nutrition counseling or education among non-users (*n*=70) was affordability (73%), followed by accessibility/convenience (53%), insurance coverage (46%), and support with eating on a budget (41%) (Table 10).

Table 9.

Factors Likely to Increase Likelihood of Participation in SNPs

Programming Factors of Interest[a]	Congregate Meals (n=83)	Home-Delivered Meals (n=87)
Affordable meal	47 (57%)	47 (54%)
Accessible location	41 (49%)	N/A
Delicious and tasty meals	36 (43%)	36 (41%)
Financial need	36 (43%)	44 (51%)
Convenience	35 (42%)	41 (47%)
Nutritious meals	34 (41%)	38 (44%)
Choice and variety of meal options	30 (36%)	26 (30%)
Ability to age in place	29 (35%)	34 (39%)
Reliable, accessible transportation	25 (30%)	N/A
Flexible meal times	24 (29%)	34 (39%)
Functional need	24 (29%)	26 (30%)
Friendly staff or volunteers	N/A	25 (29%)
Meal site environment	24 (29%)	-
Welcoming environment	24 (29%)	N/A
Information about options available	19 (23%)	20 (23%)
Opportunity to socialize	19 (23%)	N/A
Reduce food waste at home	19 (23%)	18 (21%)
Programs and activities offered	18 (22%)	10 (11%)
Offered at site that isn't restricted for older adults	17 (20%)	N/A
Encouragement or invitation from friends/family	15 (18%)	17 (20%)
Common interests/similarities with others	14 (17%)	N/A
Attendance alongside friends/family	13 (16%)	N/A
Restaurant style meals	12 (14%)	N/A
None- would never participate	6 (7%)	5 (6%)
Other	1 (1%)	1 (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=70)

Programming Factors of Interest[a]	Number (Percentage)
Affordability	51 (73%)
Accessibility/convenience	37 (53%)
Insurance coverage	32 (46%)
Support with eating on a budget	29 (41%)
Ability to age in place	28 (40%)
A nutrition counseling provider similar to me	28 (40%)
Flexible session times	25 (36%)
Support with meal ideas or preparation	24 (34%)
Information about the options available	23 (33%)
More options available in my area	20 (29%)
Healthcare provider referral	19 (27%)
Supportive, trusting nutrition counseling provider	18 (26%)
Option for online participation	14 (20%)
None- would never participate	13 (19%)
Attendance alongside friends, family, or partner	12 (17%)
Lack of judgement or criticism	11 (16%)
Development of food allergies, intolerances, or sensitivities	10 (14%)
Development of GI concerns	10 (14%)
Encouragement of friends, family, or partner	10 (14%)
Options in my preferred language	9 (13%)
Receiving lab results indicating the need	9 (13%)
Optimize sports or physical activity	6 (9%)
Receiving chronic disease diagnosis	4 (6%)
Other	2 (3%)

[a]Respondents were able to select more than one

Further, the survey inquired about the respondents' interest in other community-based programs and services. A majority were "*moderately/very interested*" in fresh, locally grown food and meals (79%), vouchers to eat at local restaurants (79%), free health assessments (70%), and mobile truck meals (68%) (Figure 5).

Around two-thirds of respondents indicated "*moderate/very high*" interest in meals tailored to their dietary needs (Figure 5). 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 (72%) and high protein (72%) (Table 11). Separately, 59% of respondents reported "*moderate/very high*" interest in international or regional cuisine (Figure 5). When asked what

specific types of meals they would be interested in, the ones of greatest interest were Mexican (78%), Asian (65%), Chinese (65%), Latin American/Hispanic (65%), and Soul Food (Table 11).

Other topics of inquiry included educational topics of interest; current engagement with social media, technology and health information; and preferences for obtaining information. A majority noted a "*moderate/high*" interest in learning more about physical activity (70%), nutrition/healthful eating (68%), stress management (67%), meal preparation (63%), grocery shopping (62%), and sustainable foods (60%) (Figure 6).

Preferred methods of receiving education included online lessons (52%), individual in-person sessions (34%), online group sessions (33%), and written materials (33%) (Table 12). Preferred ways to learn about available wellness, nutrition, or food safety programs and resources were email announcements (48%), social media (45%), and community-based newsletters (36%) (Table 12).

Figure 5.

Other Programs/Services of Interest (n=94)

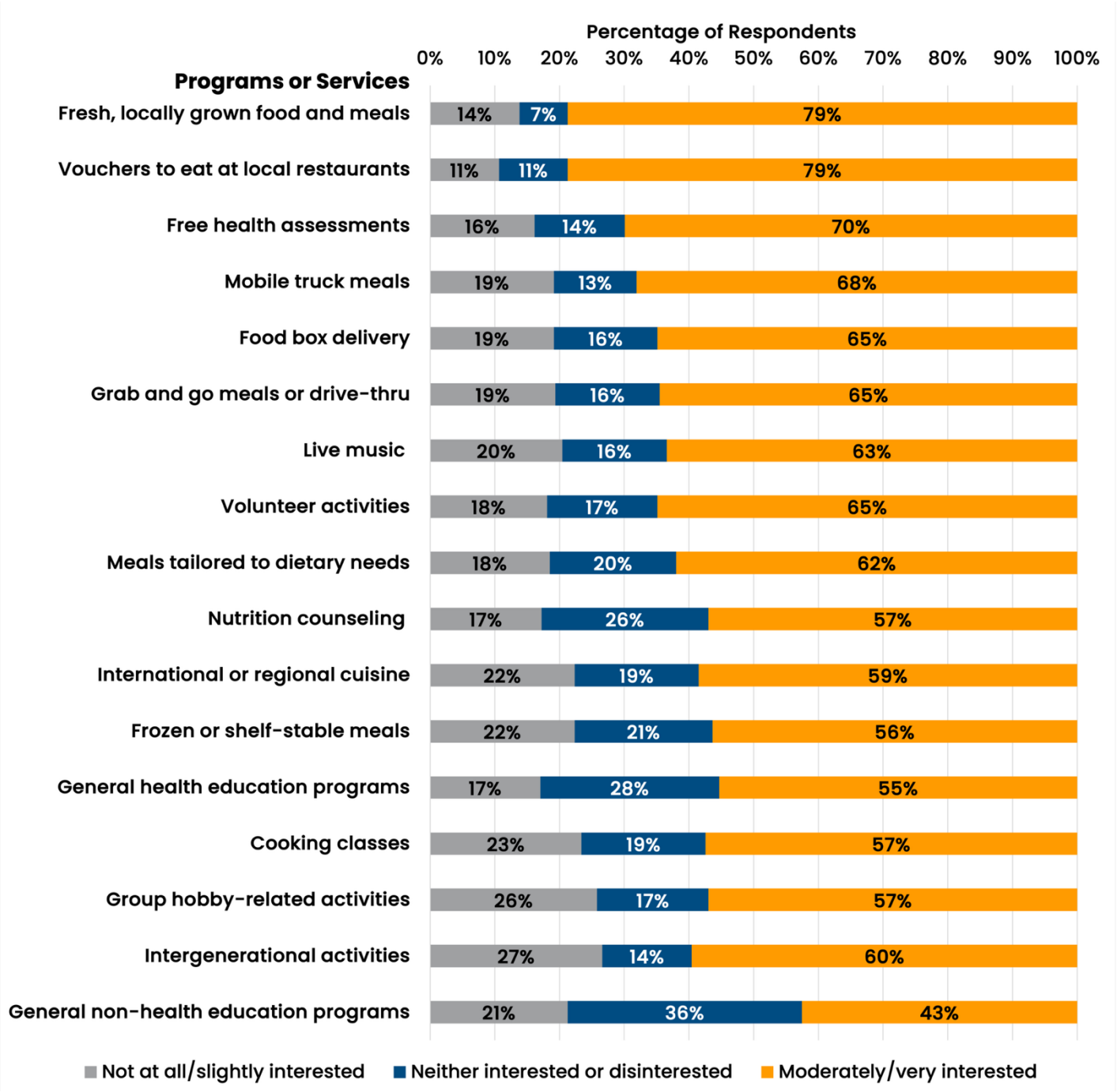


Table 11.

Meals of Interest

	Number	Percentage (%)
Meals Tailored to Dietary Needs[a] (n=57)		
Heart healthy	41	72
High protein	41	72
Diabetes friendly	23	40
Gluten-free	16	28
Vegetarian	13	23
High calorie	12	21
Soft	10	18
Free of a major allergen	9	16
Kosher	9	16
Halal	8	14
Liquid	8	14
Other	7	12
Vegan	6	11
Renal	3	5
International or Regional Cuisine[a] (n=55)		
Mexican	42	76
Asian	36	65
Chinese	36	65
Latin American/Hispanic	36	65
Soul Food	33	60
Caribbean	24	44
Central American	24	44
Japanese	23	42
European	20	36
African	17	31
Indian	17	31
Middle Eastern	12	22
Native American	11	20
Criollo	9	16
Other	1	2

[a]Respondents were able to select more than one

Figure 6.

Educational Topics of Interest (n=94)

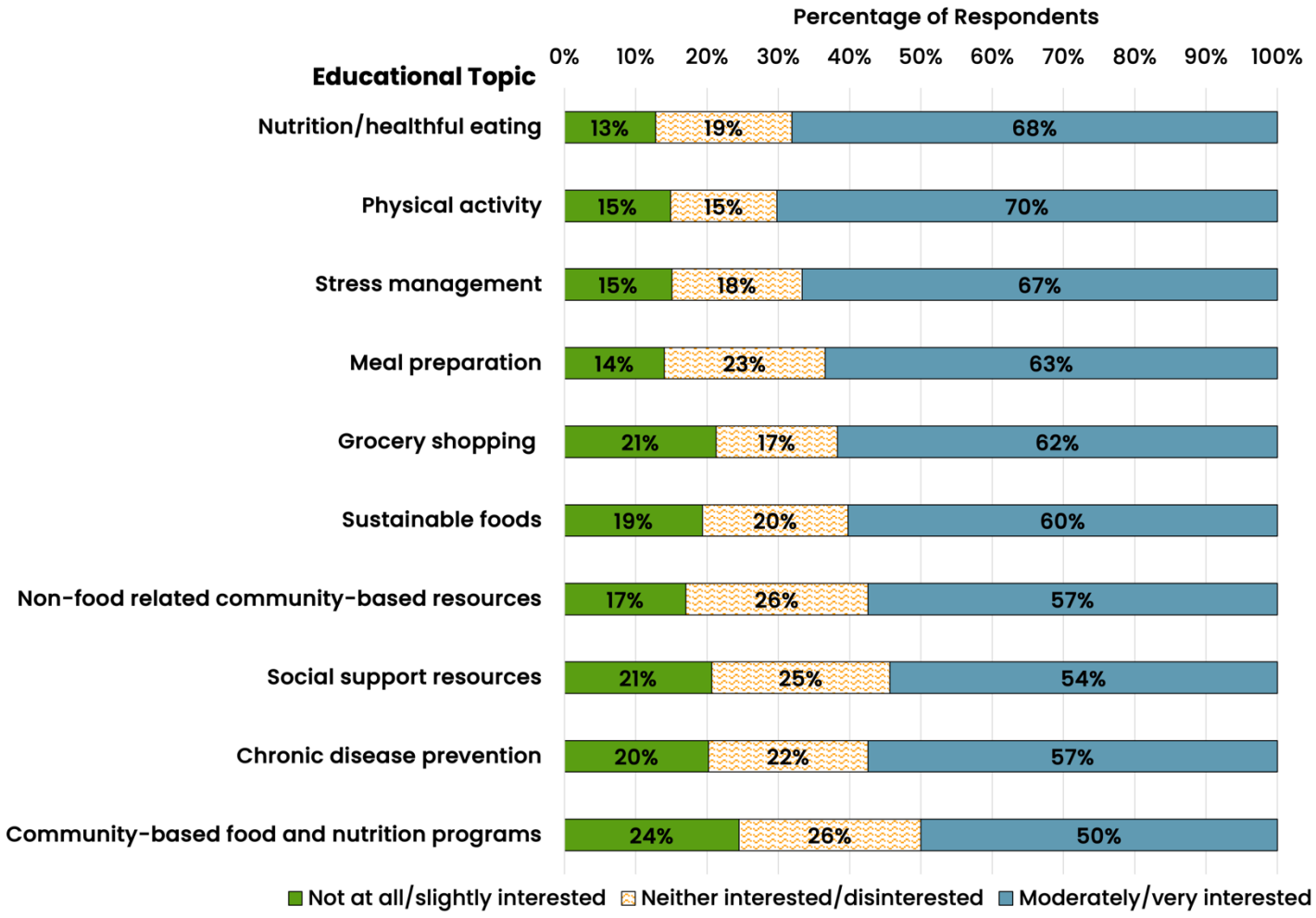


Table 12.

Preferred Programming Features (n=94)

	Number	Percentage (%)
Preferred Methods for Education[a]		
Online lessons	49	52
Individual session, in-person	32	34
Group session, online	31	33
Written materials	31	33
Group session in-person	29	31
Individual session, online	28	30
Live webinar	28	30
Interactive app	26	28
Podcast	22	23
Preferred Program Marketing[a]		
Email program announcements	45	48
Social media	42	45
Community-based newsletters	34	36
Word of mouth	30	32
Personal invitation	27	29
Local newspaper	21	22
Local radio	20	21
Flyers around town	13	14
I do not wish to learn about	6	6
Other	1	1

[a]Respondents were able to select more than one

The primary sources that respondents seek wellness or nutrition information were medical visits (36%), Facebook (33%), and websites (33%) (Figure 7). Most shared that their technology use includes email (84%), the internet (84%), texting (80%), and computer (74%) (Table 13). Two out of three respondents indicated that they utilize social media (69%), particularly Facebook (92%), Snapchat (89%), and YouTube (68%) (Table 13). Finally, most respondents reported being "*very comfortable*" (47%) or "*somewhat comfortable*" (41%) with using technology for educational purposes (Table 13).

Figure 7.

Typical Food and Nutrition Information Sources (n=94)

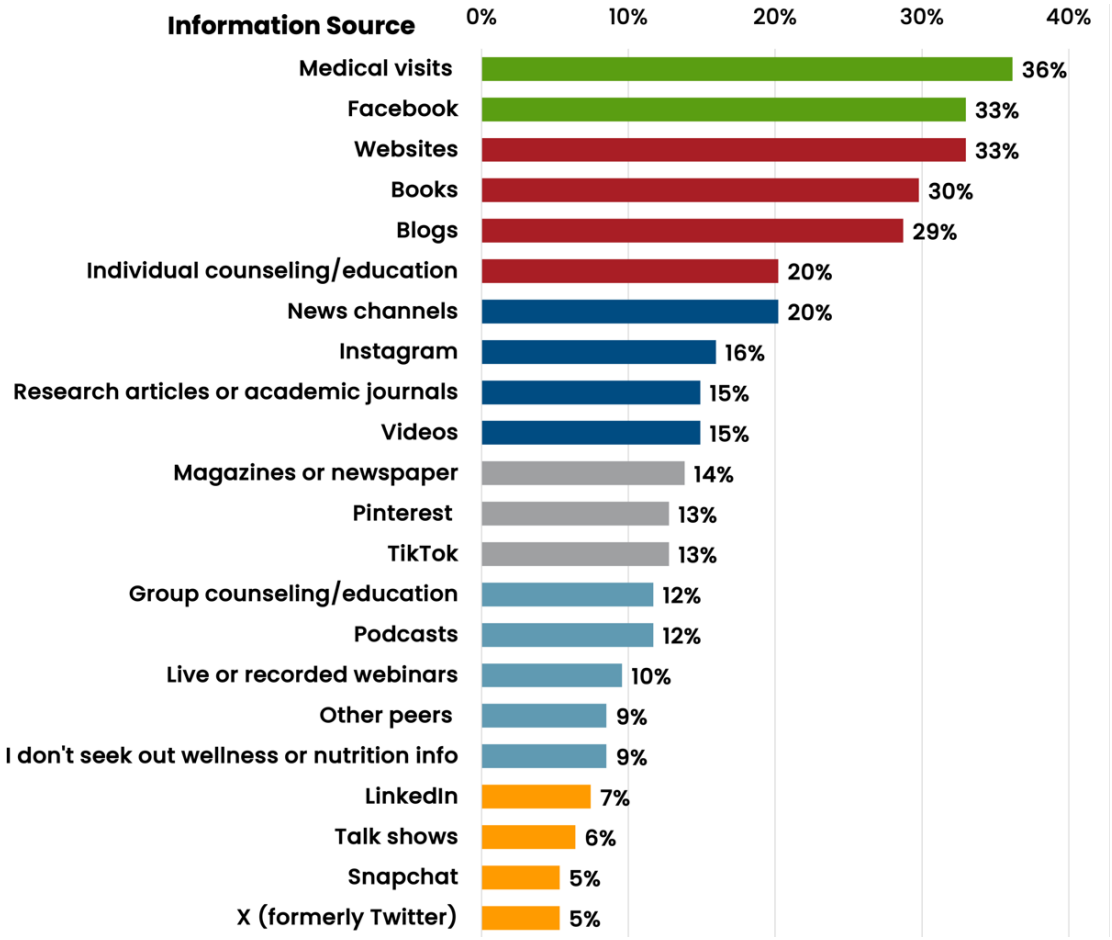


Table 13.

Media Utilization and Comfort with Technology Use

	Number	Percentage (%)
General Media Use[a] (n=94)		
Email	79	84
Internet	79	84
Texting	75	80
Computer	70	74
Social media	65	69
Tablet	57	61
Video calls	45	48
Landline	26	28
Social Media Use[a] (n=65)		
Facebook	60	92
Snapchat	58	89
YouTube	44	68
Instagram	30	46
LinkedIn	30	46
X	29	45
TikTok	21	32
Pinterest	20	31
Technology Comfort (n=94)		
Very comfortable	44	47
Somewhat comfortable	39	41
Not comfortable	9	10
I refuse to use technology-based education	2	2

[a]Respondents were able to select more than one

Food Source Utilization, Food/Nutrition Security, Nutritional Risk

This portion 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 40-59 years old.

Respondents reported accessing food at supermarkets (83%); discount or big box stores (62%), and restaurants, cafeterias, fast food places, or similar (45%) (Table 14).

Table 14.

Food Source Utilization (n=94)

Food Source	Number (Percentage)
Supermarket	78 (83%)
Discount or big box store	58 (62%)
Restaurant, cafeteria, fast food, or similar	42 (45%)
Dollar, 99 cent store, or similar	38 (40%)
Wholesale club	32 (34%)
Convenience store	32 (34%)
Food banks, food pantries, religious sites, 'Meals on Wheels,' or other places or programs that offer free food	29 (31%)
Food grown or harvested, and/or hunting/fishing for food	23 (24%)
Farmer's market	22 (23%)
Food donated from friends, family, neighbors, or other people	20 (21%)
Produce store or fruit/vegetable stand	14 (15%)
Found discarded food to eat	8 (9%)

The average survey respondent food security rating was *"low food security,"* which indicates many respondents experience challenges accessing reliable, adequate sources of food (Table 15).

On average, respondents indicated a relatively "*moderate*" availability (1.7 out of 3) of high quality, healthful foods that they liked at the food stores they shopped at (Table 15). Further, 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 of healthful foods and foods that meet their preferences (2.1 out of 3) (Table 15).

Based on the "one-item" screeners, many respondents, on average, had somewhat "*high nutrition security*", or did not often worry that the foods they were able to eat would hurt their health and wellbeing (0.4 out of 1). Additionally, around one-half reported "*low healthfulness choice"* or an inability to control whether the foods they were able to eat were good for their health and wellbeing (53%) (Table 15).

Table 15.

Food/Nutrition Security Measures

	Average (Score Range)
USDA-Six Item Food Security Survey (n=92)	2.6 (0-6)[a]
Food Store Perceived Limited Availability (n=94)	1.7 (0-3)[b]
Food Pantry Perceived Limited Availability (n=29)	2.1 (0-3)[b]
Nutrition Security One-Item Screener (n=92)	0.4 (0-1)[c]
Healthfulness Choice One-Item Screener (n=94)	0.5 (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

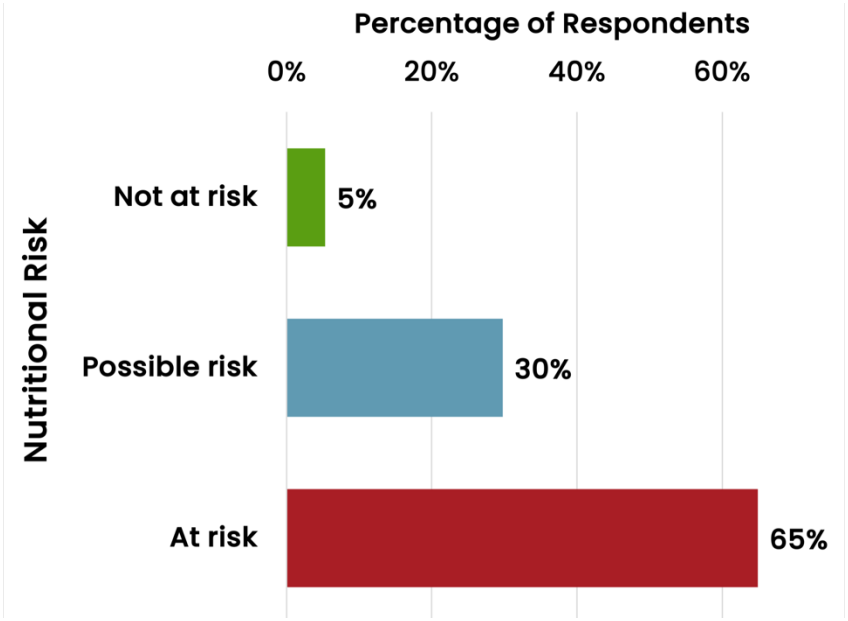
[b] ↑ score indicates lower availability of healthful foods and foods that meet their preferences

[c] ↑ score indicates lower nutrition security or healthfulness choice; 1 low security/choice, 2 high security/choice

Around two out of three the survey respondents were at "*high*" nutritional risk (65%) while 30% were at "*possible*" nutritional risk at the time of this survey (Figure 8).

Figure 8.

Nutritional Risk (n=94)



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 current and future programming efforts. In particular, **the data identify a need to address notable gaps in awareness of SNPs and other community-based food and nutrition programs among adults 40-59 years old**. While attitudes toward SNPs were fairly positive, there is room to grow average attitudes from "*somewhat*" to "*strong*" positive perceptions. Information on the programming preferences of adults 40-59 years old can be used to develop or maintain offerings that are of interest to the upcoming generation of aging adults.

Recommendations

- **Increase Marketing of Congregate and Home-Delivered Meals.** Between 48-60% 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, social media, and community-based newsletters. Marketing tips and guides can be found on the NRCNA website.
- **Offer and Spread Awareness on Programming Attributes of Interest.** Users and non-users of SNPs were most interested in meal affordability. 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, accessible location, and convenience. Additional opportunities to offer services of interest include local restaurant vouchers; fresh, locally grown food; free health assessments; and mobile truck 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:** Over one-half of respondents expressed interest in meals tailored to their dietary needs, and international or regional cuisine. SNPs can aim to offer meals of greatest interest such as heart healthy, high protein, Mexican, Asian, and Chinese. 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 currently aged 40-59, the aging network should explore utilizing preferred formats such as online lessons, in-person individual sessions, and online group sessions. For sharing food and nutrition information, medical visits, Facebook, and websites were common sources.

Additionally, the aging network can provide information on topics of interest such as physical activity, nutrition/healthful eating, stress management, and meal preparation.

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