TABLE OF CONTENTS

Background 2
Methodology 3
Key Findings 4
Respondent Demographics 9
A Disparity in Health, But Evidence of Changing Habits 13
Healthy Eating & Perceived Needs 19
Purchasing Behavior 32
Reaching Low Income Americans over 50 42
As people age, changes in health necessitate a new set of dietary needs and habits. In early adulthood, most Americans see benefits from food largely as a way to manage their weight. At age 50, however, cardiovascular and heart health catch up to weight management as the top health priority. In addition, new concerns around issues like physical and cognitive abilities, self-sufficiency, and digestive health mean that longstanding dietary habits have to evolve. It is unclear, however, how low income Americans over 50 translate these new needs and concerns into action at the grocery store and in the kitchen. This study seeks to provide answers on these topics and to better understand how low income Americans over 50 think about their nutrition and health, and how they are motivated to make positive changes.
METHODOLOGY

• Online survey of 1,032 Americans ages 50 and older with **household income of less than $35,000**. Fielded January 30 to February 9, 2018. Took an average of 19 minutes to complete.

• The results were weighted to ensure that they are reflective of the older American population, as seen in the Census Bureau’s 2017 Current Population Survey. Specifically, they were weighted by age, education, gender, race/ethnicity, and region.

• The survey was conducted by Greenwald & Associates, using ResearchNow’s consumer panel.

• Funding for the low-income oversample was provided by the AARP Foundation.
Key Findings

**A Disparity in Health, But Evidence of Changing Habits**

Overall, older Americans feel good about their health and while the same is generally true for low income older Americans as well, there does exist a significant health disparity between the groups. In fact, while nearly 60% of older Americans rate their health as 8, 9 or 10 out of 10, the same is true of only 38% of those with low income. Low income consumers also lag behind the average in terms of the healthfulness of their diet, how much physical activity they get, and how much energy they feel they have to do the things they want to do.

Some of this disparity can be attributed to the fact that many low income older Americans are in that category because they have retired. This means that our sample of low income Americans skews older, and may be less healthy as a result of their advanced age. But that doesn’t fully account for the difference: a gap in health persists between the groups even when comparing narrower age groups.

Despite the health disparity across income, low income older Americans are making a concerted effort to eat healthy: half say that the healthfulness of their diet has improved over the last 20 years. In addition, more than 8 in 10 believe eating healthy is important to maintaining their health as they age. And despite many feeling that it is difficult to eat healthy, the vast majority agree that it is never too late to make diet and lifestyle changes and nearly everyone is making some effort to do better.
Key Findings

Healthy Eating and Perceived Needs

Low income older Americans believe they have a good understanding of nutrition requirements: 6 in 10 of those over age 50 say they are confident that they understand the nutrition requirements recommended for people their age (and only 1 in 8 are not confident). Women, in particular, feel confident about this information.

For many, nutrition requirements mean something new to them now that they are over 50: nearly half believe that eating healthy means something different than it did when they were younger. This is a sensible belief, but it also highlights a perceived disconnect with official recommendations geared towards an “average healthy adult.” When asked to evaluate their needs of specific food groups versus what the USDA recommends, the majority think they require a different amount. For example, half believe they require more vegetables in their diet than the recommended 2½ cups and more than half think they should be getting even less salt and added sugars than the suggested limits.

As mentioned, the vast majority of consumers over 50 are making some effort to eat healthy, although fewer (between 20%-40%) make a great deal of effort on any specific healthy eating task. This tempered level of effort could be related to some of the barriers to eating healthy faced by the low income population. Time, physical ability, accessibility, and knowledge about healthy foods are all slightly more likely to be impediments for those with low income. Most of all, the cost of healthy foods is naturally a difficult roadblock: 57% of low income older Americans say cost makes it difficult to eat healthy, vs. just 44% of the age 50+ population in general.
Key Findings

Healthy Eating and Perceived Needs (CONT.)

Nonetheless, older Americans do make an effort and often do so with an eye towards long-term health and preventing future health conditions. More than 8 in 10 consider these as major reasons for why they try to eat healthy and nearly 3 in 10 name one of these as their top reason. It is notable, however, that low income older Americans are also more likely to be dealing with current health conditions and recovering from surgery or illness, and many make an effort to eat healthy for those more immediate reasons.

In terms of top health topics, cardiovascular health is seen as most important and has the greatest impact on consumers’ actual diet. Maintaining a healthy weight is not seen as a highly important topic, but it not surprisingly has an outsized influence on diet and food choices. Energy and mobility are also important drivers of food choices as well.
Key Findings

Purchasing Behavior

For older Americans in general, taste is by far the leading driver of purchase decisions. For those with lower income, taste and cost are essentially neck and neck. Interestingly, availability and familiarity with foods are also highly impactful, edging out the influence of healthfulness on purchasing and far surpassing the impact of brand name.

Despite healthfulness being a lower priority overall, its influence does grow in consumers’ calculus as they age: nearly 6 in 10 say it has more of an impact now than it did for them 20 years ago. A similar share of low income older Americans also say cost is now more of an impact, however. Older Americans also admit that they are paying more attention to nutrition labels on food than they did when they were younger, with the ingredients list, the Nutrition Facts Panel, and calorie/nutrition information icons and graphics being the most commonly consulted information.

While technology may be starting to exert an influence on consumer food purchasing habits, only 1 in 5 low income older Americans say this is true for them. In-store shopping still dominates and online grocery ordering and meal kits are relatively rare. Still, for those 1 in 5 who are impacted by technology, 6 in 10 say technology has made it easier to eat healthy.
Key Findings

**Reaching Low Income Americans over 50**

While the news and family and friends are the most common sources of nutrition information for older Americans, one’s own personal healthcare professional is most likely to be the primary source. In comparison to the general population, those with lower income are less likely to get information from the news and scientific studies.

In terms of how to talk to and about this demographic, the phrase “adults over 50” is the most preferred label, followed by “seniors” and “mature adults.” However, label preference is greatly dependent on one’s age: those in their 50s prefer to be described as “adults over 50,” while “seniors” and “senior citizens” are popular among those age 70 and older. This makes sense given the distance these consumers are from age 50.

Lastly, for crafting messages that resonate with low income older Americans and motivate this group to eat healthy, there is an interesting difference in comparison to the general population. Older Americans in general favor a message that make an emotional appeal about the impact that a balanced diet can have on quality of life. This is also appreciated by those with lower income, but the top choice is a fact-based message that explains how that balanced diet translates to a reduced risk of heart disease. Interestingly, the “accessibility” message that emphasizes it being easy and affordable to accomplish is least motivating.
General Demographics

Gender

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>40%</td>
<td>59</td>
</tr>
</tbody>
</table>

Race/Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Hispanic</th>
<th>African American</th>
<th>Asian or Pacific Islander</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>67%</td>
<td>12%</td>
<td>15%</td>
<td>4%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Age

<table>
<thead>
<tr>
<th></th>
<th>50-59</th>
<th>60-69</th>
<th>70+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>29%</td>
<td>44</td>
<td>27</td>
</tr>
</tbody>
</table>

Education

<table>
<thead>
<tr>
<th></th>
<th>Less than high school</th>
<th>Graduated high school</th>
<th>Some college</th>
<th>AA degree/technical/vocational</th>
<th>Bachelor's degree</th>
<th>Graduate/professional degree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8%</td>
<td>50%</td>
<td>16%</td>
<td>10%</td>
<td>11%</td>
<td>5%</td>
</tr>
</tbody>
</table>
## Household Demographics

### U.S. region

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northeast</td>
<td>17%</td>
</tr>
<tr>
<td>South</td>
<td>42%</td>
</tr>
<tr>
<td>West</td>
<td>21%</td>
</tr>
<tr>
<td>Midwest</td>
<td>21%</td>
</tr>
</tbody>
</table>

### Marital status

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>26%</td>
</tr>
<tr>
<td>Living with partner</td>
<td>4%</td>
</tr>
<tr>
<td>Single, never married</td>
<td>18%</td>
</tr>
<tr>
<td>Divorced or separated</td>
<td>32%</td>
</tr>
<tr>
<td>Widowed</td>
<td>19%</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>1%</td>
</tr>
</tbody>
</table>

### Type of location

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suburban</td>
<td>33%</td>
</tr>
<tr>
<td>Urban</td>
<td>30%</td>
</tr>
<tr>
<td>Rural</td>
<td>23%</td>
</tr>
<tr>
<td>Small town</td>
<td>14%</td>
</tr>
</tbody>
</table>

### Type of residence

<table>
<thead>
<tr>
<th>Arrangement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I own the property where I live</td>
<td>49%</td>
</tr>
<tr>
<td>I rent the property where I live</td>
<td>45%</td>
</tr>
<tr>
<td>I have another arrangement</td>
<td>6%</td>
</tr>
</tbody>
</table>

### Number of people in household

<table>
<thead>
<tr>
<th>Number of People</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>51%</td>
</tr>
<tr>
<td>Two</td>
<td>36%</td>
</tr>
<tr>
<td>Three to four</td>
<td>11%</td>
</tr>
<tr>
<td>Five or more</td>
<td>2%</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>1%</td>
</tr>
</tbody>
</table>
Household Demographics

### Employment status
- Full time, year round: 6%
- Full time for part of the year: 1%
- Part time, either year round or for part of the year: 9%
- Not employed for pay: 83%

### Retirement status
- Retired from primary job or career: 77%
- Not retired from primary job or career: 23%

### Spouse's/Partner's retirement status
- Retired from primary job or career: 65%
- Not retired from primary job or career: 35%

### Food assistance
- Receives food assistance: 36%
- Does not receive food assistance: 62%
- Prefer not to say: 1%

### Provides ongoing care for adult family member
- Provides care: 10%
- Does not provide care: 90%
- Prefer not to say: 1%

### Receives ongoing care
- An unpaid friend or family member: 4%
- A nurse or other paid professional caregiver: 3%
- No, do not receive care from either: 92%
- Prefer not to say: 1%
## Health Demographics

<table>
<thead>
<tr>
<th>BMI Score</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal or low</td>
<td>31%</td>
</tr>
<tr>
<td>Overweight</td>
<td>31</td>
</tr>
<tr>
<td>Obese</td>
<td>36</td>
</tr>
<tr>
<td>No answer</td>
<td>2</td>
</tr>
</tbody>
</table>

### Health Conditions

*Multiple responses accepted*

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure</td>
<td>47%</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>38%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>27%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>22%</td>
</tr>
<tr>
<td>Stress/anxiety/depression</td>
<td>21%</td>
</tr>
<tr>
<td>Overweight/obesity</td>
<td>11%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>12%</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>7%</td>
</tr>
<tr>
<td>Mobility/functionality or muscle loss</td>
<td>6%</td>
</tr>
<tr>
<td>Lung disease</td>
<td>5%</td>
</tr>
<tr>
<td>Recent surgery</td>
<td>4%</td>
</tr>
<tr>
<td>Cancer</td>
<td>3%</td>
</tr>
<tr>
<td>Recent hospitalization</td>
<td>3%</td>
</tr>
<tr>
<td>Stroke</td>
<td>2%</td>
</tr>
<tr>
<td>Cognitive loss</td>
<td>1%</td>
</tr>
<tr>
<td>Diagnosis of Alzheimer’s disease or related forms of dementia</td>
<td>1%</td>
</tr>
<tr>
<td>None of the above</td>
<td>23%</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>1%</td>
</tr>
</tbody>
</table>
A disparity in health, but evidence of changing habits

Overall, older Americans feel good about their health and while the same is generally true for low income older Americans as well, there does exist a significant health disparity between the groups. Low income consumers also lag behind the average in terms of the healthfulness of their diet, how much physical activity they get, and how much energy they feel they have to do the things they want to do.

That said, low income older Americans are making a concerted effort to eat healthy and despite many feeling that it is difficult to eat healthy, the vast majority agree that it is never too late to make diet and lifestyle changes.
Most See Themselves as Relatively Healthy

Those above age 60 report better health than those in their 50s, likely showing the difference between low income during the working years and low income as a result of retirement.

Self-Reported Health Status

Q1: On a scale of 1 to 10, with 1 being “poor” and 10 being “excellent,” how would you rate your own health, in general? (n=1,032)

29%
Of those who receive food assistance rate their health as good (8-10), vs. 43% of those who do not.

31%
Of those in their 50s rate their health as good (8-10), vs. 41% of those age 60 and above.
4 in 10 See Diet as Healthier than Average

Low income older Americans are twice as likely to have improved their diet over the last 20 years than for their diet to have become less healthy.

Q2: On a scale of 1 to 10, with 1 being "not healthy at all" and 10 being "extremely healthy," how would you rate the following? (n=1,032)
Physical Activity Has Declined for 3 in 4

While BMI has a strong relationship with one’s current level of physical activity, there is little difference across BMI in terms of the physical activity consumers report to have had 20 years ago.

Q3: On a scale of 1 to 10, with 1 being “extremely sedentary” and 10 being “extremely physically active,” how would you rate the following? (n=1,032)
Energy Has Also Declined for 3 in 4

In comparison to what they see as the average for their age, 30% of low income older Americans think they have more energy and 40% think they have less.

Q4: On a scale of 1 to 10, with 1 being “have no energy to do the things you want to do” and 10 being “have more than enough energy to do the things you want to do,” how would you rate the following? (n=1,032)

Consumer vs. Average American
- 30% More energy
- Same
- Less energy

Consumer now vs. 20 years ago
- 75% Less energy
- Same
- Less energy
Low Income Consumers Show Health Disparity

In terms of a high rating (8-10), low income older Americans lag behind the general population by 19% points in overall health, 8% points in healthfulness of diet, 10% points in physical activity, and 14% points in level of energy.

Comparison of Low Income vs. General Population

- **Overall health**: Low Income lags behind Gen Pop by 19%.
- **Healthfulness of eating habits**: Low Income lags behind Gen Pop by 8%.
- **Level of physical activity**: Low Income lags behind Gen Pop by 10%.
- **Level of energy**: Low Income lags behind Gen Pop by 14%.

**Consumer now vs. 20 years ago**

- Overall health: 54% Better, 59% Same, 59% Worse.
- Healthfulness of eating habits: 59% Better, 59% Same, 59% Worse.
- Level of physical activity: 73% Better, 64% Same, 64% Worse.
- Level of energy: 75% Better, 70% Same, 70% Worse.
HEALTHY EATING & PERCEIVED NEEDS

Older Americans believe they have a good understanding of nutrition requirements and for many, nutrition requirements mean something new to them now that they are over 50. This is a sensible belief, but it also highlights a perceived disconnect with official recommendations geared towards an “average healthy adult.”

The vast majority are making some effort to eat healthy, although fewer make a great deal of effort on any specific healthy eating task. This tempered level of effort could be related to some of the barriers to eating healthy faced by the low income population. Time, physical ability, accessibility, and knowledge about healthy foods are all slightly more likely to be impediments for those with low income. Most of all, the cost of healthy foods is naturally a difficult roadblock for low income older Americans.
4 in 10 Think Healthy Eating Has New Meaning

As with the general population of older Americans, the vast majority think it is never too late to make eating and lifestyle changes and that eating healthy is important to maintaining health as they age.

Agreement of Health Statements

- It’s never too late to make changes to my eating and lifestyle habits
- Eating healthy is important to maintaining my health as I age
- I wish I had eaten healthier earlier in my life
- I regret not taking better care of myself when I was younger
- I am confident I understand nutrition requirements recommended for people my age
- I find it difficult to change my eating and lifestyle habits
- Eating healthy means the same to me at this age as it did when I was younger

Q16: To what extent do you agree or disagree with the following statements? (n=1,032)

88% Of those age 70+ agree that eating healthy is important to maintaining health as they age, vs. 79% of those in their 50s.

64% Of women are confident that they understand the nutrition requirements recommended, vs. 54% of men.
Older Americans Often See Difference in Needs

Lower income consumers, and especially those receiving food assistance, are more likely to think they need more dairy than is recommended for the average healthy adult.

Perceived Food Group Needs of Older Americans vs. Recommended Amount for Average Healthy Adult

Q5: The USDA recommends the following amounts of each food group per day for the average healthy adult. Based on your current age, do you think you personally need more, less, or the same amount in order to stay healthy? (n=1,032)

- Vegetables: 2 ½ cups per day
- Fruit: 2 cups per day
- Protein: 5 ½ oz per day
- Whole grains: 3 – 6 oz per day
- Dairy: 3 cups per day
- Oils: 27 g (~6 tsp) per day
- Saturated fats: no more than 10% of total calories per day
- Salt/sodium: no more than 2,300mg (~1 tsp) per day
- Added sugars: no more than 10% of total calories per day

Q5: The USDA recommends the following amounts of each food group per day for the average healthy adult. Based on your current age, do you think you personally need more, less, or the same amount in order to stay healthy? (n=1,032)
**Breakfast and Dinner are the Healthiest Meals**

Nearly half eat a very or extremely healthy breakfast and dinner; Few eat healthy snacks

---

### Healthy Meals and Snacks

**Meals**

- **Breakfast**: 50% extremely healthy, 23% very healthy, 15% somewhat healthy, 9% not too healthy, 3% not at all healthy
- **Lunch**: 40% extremely healthy, 28% very healthy, 18% somewhat healthy, 10% not too healthy, 4% not at all healthy
- **Dinner**: 35% extremely healthy, 30% very healthy, 15% somewhat healthy, 10% not too healthy, 10% not at all healthy

**Snacks**

- **Mid-morning snack**: 40% extremely healthy, 25% very healthy, 15% somewhat healthy, 10% not too healthy, 10% not at all healthy
- **Afternoon snack**: 35% extremely healthy, 20% very healthy, 15% somewhat healthy, 15% not too healthy, 10% not at all healthy
- **Evening snack**: 30% extremely healthy, 30% very healthy, 15% somewhat healthy, 15% not too healthy, 10% not at all healthy

---

Northeasterners report having healthier breakfasts vs. those in other regions. Southerners are less likely to consider their typical dinner to be healthy.

**23%**

Of women typically eat a healthy mid-morning snack, vs. 14% of men.

---

Q29: How healthy is the meal/snack you typically consume when you do eat the following? (n=1,032)*

*Note: not asked of those who responded “always skipped”
Older Americans Often Skip Snacks

Breakfast, the most likely meal to be skipped among all older consumers, is even more often missed by those who have a lower household income.

**Skipping Meals and Snacks**

- **Breakfast:** Always 0%, Often 10%, Sometimes 20%, Rarely 30%, Never 40%
- **Lunch:** Always 0%, Often 10%, Sometimes 20%, Rarely 30%, Never 40%
- **Dinner:** Always 0%, Often 10%, Sometimes 20%, Rarely 30%, Never 40%
- **Mid-morning snack:** Always 0%, Often 10%, Sometimes 20%, Rarely 30%, Never 40%
- **Afternoon snack:** Always 0%, Often 10%, Sometimes 20%, Rarely 30%, Never 40%
- **Evening snack:** Always 0%, Often 10%, Sometimes 20%, Rarely 30%, Never 40%

Low income older Americans are much more likely to skip breakfast than older Americans in general (26% vs. 20% always/often) but less likely to skip mid-morning snacks (60% vs. 67%) and evening snacks (31% vs. 43%).

Obese consumers are in fact more likely to skip breakfast and snacks than those with a lower BMI.
Half Say Eating Healthy is Difficult

Women and those with higher BMI are more likely to see it as difficult

Q8: How difficult is it for you personally to eat a healthy diet? (n=1,032)

Level of Difficulty to Eating Healthy

- **Very easy**: 21% (NET: Easy)
- **Somewhat easy**: Of women think eating healthy is difficult, vs. 44% of men.
- **Neither easy nor difficult**
- **Somewhat difficult**: 50% (NET: Difficult)
- **Very difficult**

% Difficult by BMI

- Obese
- Overweight
- Normal/Low

Q6: How difficult is it for you personally to eat a healthy diet? (n=1,032)
Cost is a Significant Barrier to Healthy Eating

Time, physical ability, accessibility, and knowledge are also more likely to be barriers for the low income population.

Q9: How do each of the following impact your eating habits? (n=1,032)

- Your knowledge of healthy foods
  - Makes it easier to eat healthy: 12%
  - Neither easier nor harder: 16%
  - Makes it harder to eat healthy: 16%

- The accessibility of healthy foods
  - Makes it easier to eat healthy: 16%
  - Neither easier nor harder: 10%
  - Makes it harder to eat healthy: 9%

- Your physical ability to shop for and/or prepare healthy foods
  - Makes it easier to eat healthy: 16%
  - Neither easier nor harder: 9%
  - Makes it harder to eat healthy: 23%

- The time it takes to shop for and/or prepare healthy foods
  - Makes it easier to eat healthy: 26%
  - Neither easier nor harder: 23%
  - Makes it harder to eat healthy: 44%

- The cost of healthy foods
  - Makes it easier to eat healthy: 57%
  - Neither easier nor harder: 44%
  - Makes it harder to eat healthy: 23%

% Harder to Eat Healthy

<table>
<thead>
<tr>
<th></th>
<th>Low Income</th>
<th>Gen Pop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>26%</td>
<td>23%</td>
</tr>
<tr>
<td>Physical ability</td>
<td>26%</td>
<td>23%</td>
</tr>
<tr>
<td>Accessibility</td>
<td>16%</td>
<td>9%</td>
</tr>
<tr>
<td>Knowledge</td>
<td>12%</td>
<td>8%</td>
</tr>
<tr>
<td>Cost</td>
<td>57%</td>
<td>44%</td>
</tr>
</tbody>
</table>
Nearly All Make an Effort to Stay Healthy

Women in particular are likely to be making an effort on many of these to stay healthy

Q6: To what extent do you make an effort to do the following to stay healthy? (n=1,032)

- Limit your consumption of salt/sodium
- Limit your consumption of added sugars
- Eat the right amount and variety of vegetables
- Eat the right amount of fruit
- Eat the right amount and variety of protein
- Limit your consumption of saturated fats
- Replace less healthy foods and beverages with healthier, more nutritious options
- Eat the right amount of healthy oils
- Eat the right amount of fat-free or low-fat dairy
- Eat the right amount of whole grains

Women are more likely to be making an effort on eating the right amount and variety of protein, making healthy replacements, limiting added sugars, eating the right amount of healthy oils and dairy.
Vast Majority Seek to Protect Long-Term Health

More than 8 in 10 say protecting long-term health and preventing future health conditions are major/top reasons why they eat healthy; Low income older Americans are more likely to be dealing with current health conditions or recovering from surgery/illness.

Low income older adults are more likely to be making an effort than older adults in general for the following reasons:
- To help improve a current condition (84% vs. 78%)
- To improve focus/alertness (83% vs. 79%)
- To recover from surgery/illness (42% vs. 32%)

Q7: Which of the following are reasons why you make an effort to eat this way? (Of those making an effort to stay healthy, n=989)
Many Health Topics Considered Important

With the exception of appetite, women find all of the health topics more important than men

Q10: How important are the following health topics to you currently? (n=1,032)

<table>
<thead>
<tr>
<th>Health Topic</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular health</td>
<td>82%</td>
<td>73%</td>
</tr>
<tr>
<td>Brain function (memory, focus, cognition)</td>
<td>82%</td>
<td>72%</td>
</tr>
<tr>
<td>Muscle health/mobility</td>
<td>81%</td>
<td>68%</td>
</tr>
<tr>
<td>Energy</td>
<td>81%</td>
<td>68%</td>
</tr>
<tr>
<td>Immune function</td>
<td>79%</td>
<td>64%</td>
</tr>
<tr>
<td>Emotional/mental health</td>
<td>77%</td>
<td>67%</td>
</tr>
<tr>
<td>Bone health</td>
<td>79%</td>
<td>57%</td>
</tr>
<tr>
<td>Digestive health</td>
<td>75%</td>
<td>61%</td>
</tr>
<tr>
<td>Maintaining a healthy weight</td>
<td>69%</td>
<td>61%</td>
</tr>
<tr>
<td>Oral health</td>
<td>70%</td>
<td>55%</td>
</tr>
<tr>
<td>Maintaining a healthy appetite</td>
<td>50%</td>
<td>47%</td>
</tr>
</tbody>
</table>

FOODINSIGHT.ORG

28
Heart Health Makes Greatest Impact

Energy, maintaining a healthy weight, and mobility are less likely to be the top impact, but are major drivers nonetheless.

**Impact of Topic on Diet/Food Choices**
(Of those who see some importance in each)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Greatest impact on diet</th>
<th>Major impact on diet</th>
<th>Minor impact on diet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintaining a healthy weight</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscle health/mobility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Digestive health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immune function</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bone health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brain function (memory, focus, cognition)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintaining a healthy appetite</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional/mental health</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Low income older adults are less likely to be impacted by maintaining a healthy weight.

While women find cardiovascular health more important, men are nearly twice as likely to say it has a significant impact on their diet.

Those in their 60s and 70s are more likely to say bone health and brain function have an impact on their diet.

Q11: Which of the following health topics currently have an impact on your diet/food choices? (n=1,032)*
*Note: only asked of those who answered very or somewhat important
Although consumers had already indicated that a health issue has a significant impact on their diet, more than a third can’t name a food they avoid because of it; Those focused on weight are especially likely to target sugars.

**Foods Avoided Due to Top Health Issue**

Q12: Can you name a specific food or nutrient that you avoid or limit as a result of your concern about [TOP HEALTH ISSUE]? (Of those who selected top issue, n=624)
Vegetables, Protein, Fruits Most Often Sought

Although consumers had already indicated that a health issue has a significant impact on their diet, nearly 3 in 10 can’t name a food they seek because of it.

Foods and Nutrients Sought Due to Top Health Issue

<table>
<thead>
<tr>
<th>Foods and Nutrients</th>
<th>Weight</th>
<th>Cardiovascular</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vegetables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protein</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other ingredients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oils/Fats</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grains/Grain foods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dairy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamins and minerals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can’t name anything</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q13: Can you name a specific food or nutrient that you seek out or eat more of as a result of your concern about [TOP HEALTH ISSUE]? (Of those who selected top issue, n=624)
PURCHASING BEHAVIOR

For those with lower income, taste and cost are both leading drivers of purchasing decisions. Interestingly, availability and familiarity with foods are also highly impactful, edging out the influence of healthfulness on purchasing and far surpassing the impact of brand name.

Despite healthfulness being a lower priority overall, its influence does grow in consumers’ calculus as they age: nearly 6 in 10 say it has more of an impact now than it did for them 20 years ago. A similar share of low income older Americans also say cost is now more of an impact, however.

While technology may be starting to exert an influence on consumer food purchasing habits, only 1 in 5 low income older Americans say this is true for them. Still, for those 1 in 5 who are impacted by technology, 6 in 10 say technology has made it easier to eat healthy.
Taste and Price Have Nearly Equal Impact

Healthfulness falls below taste, price, availability, and familiarity, but is still a major impact for 6 in 10 low income older Americans

Impact on Buying Food and Beverages

- **Taste**
- **Price**
- **Availability**
- **Familiarity**
- **Healthfulness**
- **Convenience/ease of preparation**
- **Brand**
- **Environmental sustainability**

85%
Of low income older Americans say price is a major factor, vs. 74% of older Americans in general.

This low income segment is also more likely to say environmental sustainability has an impact, however: 26% vs. 20%

67%
Of those age 70+ say that healthfulness is a major impact, vs. 57% of those in their 50s.

Q21: How much of an impact do the following have on your decision to buy foods and beverages? (n=1,032)
Price and Healthfulness are Biggest Changes

Low income older Americans are more likely to report an increase in the impact of many of these purchase drivers

Impact on Buying Food and Beverages Compared to 20 Years Ago

Q22: Compared to 20 years ago, to what extent do the following have more or less of an impact on your decision to buy foods and beverages than they did when you were younger? (n=1,032)

Low Income  Gen Pop

<table>
<thead>
<tr>
<th>Purchase Driver</th>
<th>% More</th>
</tr>
</thead>
<tbody>
<tr>
<td>Price</td>
<td></td>
</tr>
<tr>
<td>Healthfulness</td>
<td></td>
</tr>
<tr>
<td>Taste</td>
<td></td>
</tr>
<tr>
<td>Convenience/ease of preparation</td>
<td></td>
</tr>
<tr>
<td>Availability</td>
<td></td>
</tr>
<tr>
<td>Familiarity</td>
<td></td>
</tr>
<tr>
<td>Environmental sustainability</td>
<td></td>
</tr>
<tr>
<td>Brand</td>
<td></td>
</tr>
</tbody>
</table>

61%  43%
57%  56%
44%  38%
44%  36%
40%  32%
36%  30%
29%  27%
27%  23%

Q22: Compared to 20 years ago, to what extent do the following have more or less of an impact on your decision to buy foods and beverages than they did when you were younger? (n=1,032)
Nearly Half Consult the Ingredients, NFP

Low income older Americans consult this packaging information less regularly than older Americans in general, however

Q24: How often do you consult the following packaging information before deciding to purchase a food or beverage? (n=1,032)

Low income older Americans are less likely to look at the ingredients list, NFP, and calorie/nutrition info.

In general, women pay closer attention to packaging information than men.
7 in 10 are Paying More Attention to Labels

8 in 10 of those who pay much more attention to labels now regularly consult the NFP and ingredients list

Level of Attention to Nutrition Labels Compared to 20 Years Ago

- Much more attention
- Somewhat more attention
- No difference
- Somewhat less attention
- Much less attention

Packaging Information Consulted (% Always/Often)

- Attention to labels vs. 20 years ago
- Much more attention to labels
- Somewhat more
- No difference or less

- Ingredients list
- Nutrition facts panel
- Calorie/nutrition info via an icon or graphic
- Statements about nutrition benefits
- Statements/claims about health benefits

Low income older Americans are less likely than older Americans in general to be paying more attention. This is especially true of men.

Q23: Compared to 20 years ago, do you pay more or less attention to nutrition labels on food? (n=1,032)
Q24: How often do you consult the following packaging information before deciding to purchase a food or beverage? (n=1,032)
Few Order Groceries or Meal-kits Online

Those age 60+, and especially 70+, are less likely eat out or get delivery/take-out

Frequency of Food Shopping and Preparation

- Prepare my dinner at home
  - Daily/Several times a week: 10%
  - Once a week: 20%
  - Several times a month: 30%
  - Once a month: 40%
  - Less than once a month: 50%
  - Never: 60%

- Go grocery shopping in person
  - Daily/Several times a week: 10%
  - Once a week: 20%
  - Several times a month: 30%
  - Once a month: 40%
  - Less than once a month: 50%
  - Never: 60%

- Go out to eat
  - Daily/Several times a week: 10%
  - Once a week: 20%
  - Several times a month: 30%
  - Once a month: 40%
  - Less than once a month: 50%
  - Never: 60%

- Someone else prepares my dinner at home
  - Daily/Several times a week: 10%
  - Once a week: 20%
  - Several times a month: 30%
  - Once a month: 40%
  - Less than once a month: 50%
  - Never: 60%

- Use prepackaged or ready to eat foods (e.g. meal replacement shakes) to meet my nutrition needs
  - Daily/Several times a week: 10%
  - Once a week: 20%
  - Several times a month: 30%
  - Once a month: 40%
  - Less than once a month: 50%
  - Never: 60%

- Have prepared meals delivered to your home (or bring “take-out” food home to eat)
  - Daily/Several times a week: 10%
  - Once a week: 20%
  - Several times a month: 30%
  - Once a month: 40%
  - Less than once a month: 50%
  - Never: 60%

- Order groceries online and pick-up at the store
  - Daily/Several times a week: 10%
  - Once a week: 20%
  - Several times a month: 30%
  - Once a month: 40%
  - Less than once a month: 50%
  - Never: 60%

- Order groceries online and have groceries (or meal-kits) delivered to your home
  - Daily/Several times a week: 10%
  - Once a week: 20%
  - Several times a month: 30%
  - Once a month: 40%
  - Less than once a month: 50%
  - Never: 60%

65% Of low income older Americans go out to eat at least once a month, vs. 83% of older Americans in general.

Low income consumers in their 50s are more likely than those age 70+ to do the following at least monthly:
- Go out to eat (72% vs. 61%)
- Use prepackaged foods to meet nutrition needs (47% vs. 21%)
- Get delivery/take-out (36% vs. 23%)
- Have someone else prepare dinner (34% vs. 23%)
- Order groceries online and pick them up at the store (10% vs. 2%)
Technology Impacts Purchasing for 1 in 5

For 6 in 10 of those impacted, technology has made it easy to eat healthy; That said, low income older Americans are less likely to say it has made it easier than older Americans in general.

Q16: To what extent do you agree or disagree with the following statements? (n=1,032)

Q27: Earlier you mentioned that technology has had an impact on the way you purchase food. Would you say that technology has made it...?

If Impacted by Technology:

Is Impact Positive or Negative

<table>
<thead>
<tr>
<th>Agree/Disagree: Technology (such as smartphone apps and online shopping) has had an impact on the way I purchase food</th>
</tr>
</thead>
<tbody>
<tr>
<td>19% Agree</td>
</tr>
<tr>
<td>- Strongly agree</td>
</tr>
<tr>
<td>- Somewhat agree</td>
</tr>
<tr>
<td>- Neither agree nor disagree</td>
</tr>
<tr>
<td>- Somewhat disagree</td>
</tr>
<tr>
<td>- Strongly disagree</td>
</tr>
</tbody>
</table>

61% Healthier

- Easier to eat healthy
- About the same
- Harder to eat healthy
- Not sure

Low income older Americans are less likely to say that technology has made it easier to eat healthy: 61% vs. 74% of older Americans in general.

Q16: To what extent do you agree or disagree with the following statements? (n=1,032)

Q27: Earlier you mentioned that technology has had an impact on the way you purchase food. Would you say that technology has made it...? (Technology has impact on purchasing food, n=185)
Supermarkets and Super-stores Dominate

While supermarkets are most common choice, super-stores are a more likely choice among low income older Americans vs older Americans in general; Super-stores are also more common in the South and the Midwest.

Where Older Americans Regularly Grocery Shop

Q18: When you go grocery shopping in person, which best describes where you regularly go to? Please select all that apply, but only those that you regularly go to. (Grocery shops in person, n=1,020)
Grocery Stores are Often in Close Proximity

7 in 10 go to grocery stores less than 15 minutes away, although interestingly those over age 60 are more likely to live closer to stores than those in their 50s.

Q19: Thinking about when you go grocery shopping in person, about how long does it take you to get there? (Grocery shops in person, n=1,020)

Distance to Grocery Stores

- Less than 5 minutes
- More than 5 minutes but less than 15 minutes
- More than 15 minutes but less than 30 minutes
- More than 30 minutes
- Not sure

Age Group Breakdown:
- Age 50-59
- Age 60-69
- Age 70+
Half Use Coupons/Shop Sales Regularly

Women in particular are likely to be regular coupon shoppers at the grocery store

Q20: How often, if ever, do you use coupons or sales promotions when buying groceries? (Grocery shops, n=1,022)

Use of Coupons/Sales Promotions

- Every time
- Most of the time
- Rarely
- Never
- Not sure

56% of women use coupons regularly when buying groceries, vs. 44% men.
REACHING LOW INCOME OLDER AMERICANS

While the news and family and friends are the most common sources of nutrition information for older Americans, one’s own personal healthcare professional is most likely to be the primary source. In terms of how to talk to and about this demographic, the phrase “adults over 50” is the most preferred label. However, label preference is greatly dependent on one’s age.

For crafting messages that resonate, older Americans in general favor a message that makes an emotional appeal about the impact that a balanced diet can have on quality of life. This is also appreciated by those with lower income, but the top choice is a fact-based message that explains how that balanced diet translates to a reduced risk of heart disease. Interestingly, the “accessibility” message that emphasizes it being easy and affordable to accomplish is least motivating.
One's own personal healthcare professional is most likely to be the primary source of nutrition information.

Q14: Which of the following do you use as sources of information about nutrition and food choices? (n=1,032)

**Sources for Information About Nutrition and Food Choices**

- Friend or family member
- News articles or headlines
- Personal Healthcare Professional
- Health-focused website
- Scientific studies
- Healthcare Professional on TV or via social media
- Health, food or nutrition bloggers
- A food company or manufacturer
- Registered Dietitian Nutritionist
- Government agency
- Wellness counselor or health coach
- Chef/culinary professional
- Fitness professional
- Mobile Health or Fitness App
- Other

**51%**
Of low income older Americans get information from the news, vs. 62% of older Americans in general.

Similarly, only 43% get information from scientific studies, vs. 50% of older Americans in general.

**56%**
Of those age 70+ get information from the news, vs. 46% of those in their 50s.

Women are more likely to count many of these as sources of information.
Label Preference Greatly Dependent on Age

Those in their 50s prefer to be described as “adults over 50,” while “seniors” and “senior citizens” are popular among those 70+

Preferred Name for People Over 50

Q25: Which of the following names for people age 50 and older do you prefer? (n=1,032)
Low Income 50+ Prefer Fact-Based Message

Motivational messages were tested on randomly chosen subsets of consumers; the favorite amongst low income older Americans is the fact-based message, while older Americans in general prefer the quality of life message.

Motivational Messages to Eat Healthier

**Fact-Based Message:** Eating a balanced diet* has been shown to reduce your risk of heart disease by nearly one-third.

**Quality of Life Message:** Eating a balanced diet* can not only help you live longer, but it can help you remain independent and active.

**Accessibility Message:** Eating a balanced diet* is not only good for your health, but it is easy to do and affordable.

* a balanced diet maximizes fruits and vegetables, whole grains, and healthy proteins, and limits things like added sugar, sodium, or saturated fat.

65% of low income older Americans find the fact-based message very motivating, vs. 55% of older Americans in general.

Q26: How personally motivating is the following message as a reason to eat healthier foods? (SPLIT SAMPLE)