Food & Health Survey 2018

Medicaid Recipients' Food Attitudes, Purchasing Habits, Barriers and Opportunities

A Partnership Between the International Food Information Council Foundation and the Root Cause Coalition
Background

The International Food Information Council (IFIC) Foundation’s 2018 Food and Health Survey marks the 13th time the IFIC Foundation has surveyed American consumers to understand their perceptions, beliefs and behaviors around food and food purchasing decisions.

This year, the IFIC Foundation conducted an oversample of Medicaid recipients, in partnership with the Root Cause Coalition. The goal of this oversample was to determine how those on Medicaid view their health and diet, food production and safety, as well as how their diets compare to dietary guidelines. In addition, it explores how secure Medicaid recipients feel about their food and how financial constraints impact their food choices.
Findings are presented for those on Medicaid and, where significantly different, comparisons to those who do not receive Medicaid. Additional insights are provided based on how findings vary by different types of demographic groups such as by age, race, gender and income.

Topics explored in the survey include:

• The link between food and desired health outcomes
• Food insecurity and barriers to healthy eating
• How consumer diets compare to recommendations
• The prevalence and motivation behind certain eating patterns
• Information sources and trust
• Food and beverage purchase drivers
• The influence of food values and views on food safety
• Where food is purchased
Methodology

Online survey of 1,005 Medicaid recipients ages 18 to 80. The survey was fielded March 12 to March 26, 2018 and took approximately 23 minutes to complete.

The results were weighted to ensure that they are reflective of the American population ages 18 to 80, as seen in the 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.
Executive Summary

Key Findings

• Medicaid recipients rate their health worse than non-Medicaid recipients. Yet, Medicaid recipients are very similar to non-Medicaid recipients in wanting the same desired outcomes from food (cardiovascular health, energy, weight loss) but unclear on how to achieve them.

• One-third of Medicaid recipients indicate shopping is stressful, compared to just 11% of non-Medicaid recipients. 67% of those who experienced stress indicate that the cost of the food was a source.

• Cost is a significant driver of food choice. Although cost is important to all consumers, for Medicaid recipients it is even more impactful. For this population, taste and cost are essentially tied as purchase drivers.

• Cost again, along with access, are key barriers to eating fruits and vegetables. Medicaid recipients consume less fruits/vegetables than recommended.

• Food insecurity is an issue for Medicaid recipients. Three in 10 often purchase less food overall because they do not have enough money and often run out of food before they get money to purchase more.

• Skipping meals is more common among Medicaid recipients than non-Medicaid recipients. Over four in 10 indicate they often skip a meal once a day. In addition, more Medicaid recipients often replace at least one meal a day with snacks, compared to non-Medicaid recipients.

• Familiarity is more of a factor for Medicaid recipients in selecting foods. Recipients were asked to choose between two products, one they are familiar with and one that is exactly the same but did not contain artificial ingredients. Although the majority prefer the product without artificial ingredients, fewer prefer that product as compared to non-Medicaid recipients.

• Super-stores as well as convenience stores are more common sources of food for Medicaid recipients, compared to non-Medicaid recipients. However, supermarkets are the most common source for food purchases.
Demographic Profile of Respondents
General Demographics

### Household Income

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $35,000</td>
<td>58%</td>
</tr>
<tr>
<td>$35,000 to $49,999</td>
<td>19%</td>
</tr>
<tr>
<td>$50,000 to $74,999</td>
<td>14%</td>
</tr>
<tr>
<td>$75,000 to $99,999</td>
<td>4%</td>
</tr>
<tr>
<td>$100,000 to $149,999</td>
<td>--</td>
</tr>
<tr>
<td>$150,000 and above</td>
<td>--</td>
</tr>
<tr>
<td>Don't know</td>
<td>1%</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>4%</td>
</tr>
</tbody>
</table>

### Education

<table>
<thead>
<tr>
<th>Level</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>8%</td>
</tr>
<tr>
<td>Graduated high school</td>
<td>50%</td>
</tr>
<tr>
<td>Some college</td>
<td>19%</td>
</tr>
<tr>
<td>AA degree/technical/vocational</td>
<td>10%</td>
</tr>
<tr>
<td>Bachelor's degree</td>
<td>9%</td>
</tr>
<tr>
<td>Graduate/professional degree</td>
<td>4%</td>
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</tbody>
</table>

### Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>44%</td>
</tr>
<tr>
<td>Female</td>
<td>56%</td>
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</tbody>
</table>

### Age

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>18 to 34</td>
<td>40%</td>
</tr>
<tr>
<td>35 to 49</td>
<td>25%</td>
</tr>
<tr>
<td>50 to 64</td>
<td>25%</td>
</tr>
<tr>
<td>65 to 80</td>
<td>9%</td>
</tr>
</tbody>
</table>

### Race/Ethnicity

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>47%</td>
</tr>
<tr>
<td>Hispanic/Latino/Spanish descent</td>
<td>25%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>18%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>7%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
</tr>
</tbody>
</table>
Household Demographics

**US Region**
- Northeast: 21%
- South: 29%
- West: 30%
- Midwest: 19%

**Type of location**
- Suburban: 33%
- Urban: 32%
- Rural: 20%
- Small town: 15%

**Marital Status**
- Married: 27%
- Living with partner: 12%
- Single, never married: 42%
- Divorced or separated: 14%
- Widowed: 3%
- Other/Prefer Not to Say: 1%

**Children’s Ages**
- Newborn to 2 years old: 9%
- 2 to 8 years old: 18%
- 9 to 17 years old: 19%
- 18 or older: 27%
- Do not have any children: 38%
- Prefer not to say: 1%

**Currently have Medicaid**
- Yes: 100%
- No: --
- Prefer not to say: --

**Receive food assistance**
- Yes, SNAP program: 42%
- Yes, WIC program: 9%
- Yes, both SNAP and WIC: 5%
- Yes, other program: 1%
- No, do not receive food assistance: 41%
- Prefer not to say: 1%
Health Demographics

BMI score

- Normal or Low: 32%
- Overweight: 29%
- Obese: 37%
- No answer: 2%

Weight

- Less than 100 pounds: 3%
- 100 to 149 pounds: 26%
- 150 to 199 pounds: 38%
- 200 to 249 pounds: 20%
- 250 to 299 pounds: 7%
- 300 to 349 pounds: 4%
- 350 to 399 pounds: 1%
- 400 pounds or more: 1%
- Prefer not to answer: 1%

Height

- Less than 5’0: 8%
- 5’0 to 5’5: 38%
- 5’6 to 5’11: 40%
- 6’0 or taller: 13%

Diseases

- High blood pressure: 28%
- Stress/anxiety/depression: 27%
- High cholesterol: 22%
- Overweight/obesity: 14%
- Diabetes: 13%
- Attention deficit hyperactivity disorder: 6%
- Heart disease: 4%
- Muscle strength/mobility: 4%
- Osteoporosis: 4%
- Cancer: 3%
- Stroke: 3%
- None of the above: 36%
Medicaid Recipients Struggle More with Health and Achieving Health Goals
Medicaid Recipients Indicate Worse Health

Only 38% of Medicaid recipients rate their health as excellent or very good, compared to 58% of non-Medicaid recipients.

Q1: How would you describe your own health, in general? (n=1,005)

- **Excellent**: 10%
- **Very good**: 20%
- **Good**: 30%
- **Fair**: 20%
- **Poor**: 10%

**53%**
Of Medicaid recipients age 18-34 rate health as excellent or very good, compared to **28%** of older recipients.

**30%**
Of Medicaid recipients with high food insecurity ranked their health as fair or poor, compared to **18%** of those with no food insecurity.
Cardiovascular Health Top Desired Benefit from Food

Energy, weight loss, and brain function also rank as top benefits Medicaid recipients are interested in getting from food.

Interest in Health Benefits from Food and Nutrients

- Cardiovascular health
- Energy
- Weight loss/weight management
- Brain function (memory, focus, cognition)
- Digestive health
- Muscle health/strength
- Immune function
- Emotional/mental health
- Other: Diabetes management/blood sugar
- Bone health
- Other: Athletic performance
- None of the above
- Other

Of women ranked weight loss as a top three health benefit, compared to 27% of men.

More older adults (65+) ranked diabetes management in top 3 benefits from food.

Q31: Which of the following health benefits are you most interested in getting from foods or nutrients? Please rank the top 3 benefits. (n=1,005)
Two-Thirds Could Not Connect a Food to a Goal

Although Medicaid recipients listed various types of foods/nutrients to help achieve health goals, 65% were unable to name at least one.

### Food or Nutrient Sought for Top Issue

- **Protein**
- **Vegetables**
- **Fruits**
- **Vitamins and Minerals**
- **Dairy**
- **Grains/Grain Foods**
- **Food Ingredients/Components**
- **All Oils/Fats**

#### Able to Link Top Health Issue to Food

- **35%**
- Ability to name a food they would seek for top health issue.

Q52: Can you name a food or nutrient that you would seek out to help with [1st Health Issue]? (Of those who mentioned a health benefit they are interested in getting from food or nutrients, n=949)
Sugar Believed to be Top Cause of Weight Gain

Similar to non-Medicaid recipients, Medicaid recipients ranked carbs second most likely to cause weight gain; only 17% believe calories from all sources impact weight the same.

Source of Calories Most Likely to Cause Weight Gain

26% of Medicaid recipients in excellent/very good health say that fats are most likely to cause weight gain.

33% of Medicaid recipients age 65+ state all sources of calories cause weight gain.

Q7: What source of calories is the most likely to cause weight gain? (n=1,005)
Medicaid Recipients Use Sugar More Often

48% of Medicaid recipients choose to sweeten food with sugar, compared to 38% of the non-Medicaid population; when using low/no-calorie sweeteners they do so to consume less sugar, manage diabetes, and to lose weight.

Sweeteners Likely to Use

- 48% Use any type of sugar to sweeten food or drinks
- 27% Use low/no calorie sweeteners

Perceived Benefits of Using Low/No-Calorie Sweeteners
(Of those who use low/no-calorie sweeteners)

- Consume less sugar: 27%
- Manage diabetes or control blood sugar: 20%
- Lose weight: 15%
- Maintain my weight: 12%
- Consume fewer calories: 10%
- Consume an appropriate amount of total calories: 8%
- Consume an appropriate amount of sugar: 8%
- Reduce carbohydrate intake: 7%
- Other: 2%
- None of the above: 0%

Q37: Which of the following are you more likely to use to sweeten foods and/or beverages? (n=1,005)
Q38: Which of the following, if any, do you believe consuming low/no-calorie sweeteners helps you do? (Select top answer.) (Of those who use low/no-calorie sweeteners, n=298)
Recipients Take Multiple Actions to Limit Sugar

Compared to non-Medicaid recipients, fewer Medicaid recipients are trying to limit sugar. Instead, they are more likely to be trying to avoid sugars altogether.

Limiting/ Avoiding Sugars in Diet

73% Are trying to limit/avoid sugars

Avoid  Limit

78% Of Medicaid recipients with high food insecurity indicate they try to limit/avoid sugars, compared to 58% of those with no food insecurity

Actions Taken to Limit/ Avoid Sugars
(Of those limiting/avoiding sugars)

- Drinking water instead of caloric beverages
- Eliminating certain foods and beverages from my diet
- Consume smaller portions
- No longer adding table sugar to foods and beverages
- Using the Nutrition Facts label to choose foods and beverages with less sugar
- Reducing the number of calories I consume each day
- Ordering or purchasing "sugar-free" options*
- Using low-calorie sweeteners instead of adding sugar
- Switching to low-or no-calorie beverage options*
- Reducing fruit intake

Q34: Are you trying to limit or avoid sugars in your diet? (n=1,005)
Q35: What action(s) are you taking to limit or avoid sugars? (Of those limiting/avoiding sugars, n=753)

*Response text has been abridged
Candy/ Soft Drinks Top List of Foods To Limit

*Other types of foods avoided vary but include baked goods and frozen desserts*

Types of Foods and Beverages Eliminated to Reduce Sugar Consumption

(Of those eliminating foods and beverages to limit/avoid sugar)

<table>
<thead>
<tr>
<th>Top Responses</th>
<th>Less Common Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candy</td>
<td>Breads (bagels, dinner rolls)</td>
</tr>
<tr>
<td>Soft drinks</td>
<td>100% fruit juice</td>
</tr>
<tr>
<td>Baked goods (cookies, cakes, pastries)</td>
<td>Yogurt</td>
</tr>
<tr>
<td>Frozen desserts (ice cream, frozen yogurt)</td>
<td>Fruits</td>
</tr>
<tr>
<td>Juice flavored drinks (fruit punch)</td>
<td>Breakfast cereal</td>
</tr>
<tr>
<td>Energy drinks</td>
<td>Milk or other dairy products</td>
</tr>
<tr>
<td>Sweetened teas and coffees</td>
<td>Dairy substitutes (soy, almond milk)</td>
</tr>
<tr>
<td>Sweet snacks (granola bars, trail mix)</td>
<td>Sauces and condiments</td>
</tr>
</tbody>
</table>

Q36: Which types of foods or beverages do you most often eliminate to reduce the amount of sugars you consume? (Select up to three.) (Of those eliminating foods and beverages to limit/avoid sugar, n=337)
4 in 10 View Added Sugars Negatively

Medicaid recipients have a less negative view of sugars, compared to non-Medicaid recipients, 43% vs 65%

Q39: What is your opinion of ‘added’ sugars (ex. table sugar or high fructose corn syrup)? (n=1,005)
Q40: Thinking about the past year, how has your opinion changed, if at all, about ‘added’ sugars (ex. table sugar or high fructose corn syrup)? (n=1,005)

Opinion of Added Sugars

- Very positive
- Somewhat positive
- Neutral
- Somewhat negative
- Very negative
- Not sure

Change in Opinion of Added Sugars in the Past Year

- Much more positive
- Somewhat more positive
- My opinion hasn't changed
- Somewhat more negative
- Much more negative
- Not sure

- 18% Very / Somewhat positive
- 24% Of Medicaid recipients with high food insecurity have a positive view of added sugars, compared to 12% of those with no food insecurity
- 43% Very / Somewhat negative
- 24% Much more / Somewhat more negative

Medicaid recipients have a less negative view of sugars, compared to non-Medicaid recipients, 43% vs 65%
4 in 10 View Low/ No-Cal Sweeteners Negatively

Men, those under age 50, and those in excellent/good health have a more positive opinion of low/no-calorie sweeteners.

Opinion of Low/ No-Calorie Sweeteners

- **Very positive**: 28% Very / Somewhat positive
- **Somewhat positive**: 37% Very / Somewhat positive
- **Neutral**: 23% Much more / Somewhat more positive
- **Somewhat negative**: 23% Much more / Somewhat more negative
- **Very negative**: 19% Much more negative
- **Not sure**: 35% Not sure

Change in Opinion of Low/ No-Calorie Sweeteners in the Past Year

- **Much more positive**: 28% Very / Somewhat positive
- **Somewhat more positive**: 37% Very / Somewhat positive
- **My opinion hasn't changed**: 23% Much more / Somewhat more positive
- **Somewhat more negative**: 23% Much more / Somewhat more negative
- **Much more negative**: 19% Much more negative
- **Not sure**: 35% Not sure
Medicaid Recipients Concerned about Cost of Healthy Diet
Shopping is Stressful for One-Third

Compared to the non-Medicaid population, Medicaid recipients are more likely to experience stress often or always when shopping; cost of food is the biggest driver of stress.

**Experiences Stress Shopping for Food**

- **All Medicaid consumers:** 34% Always/Often
- **Non-Medicaid:** 11%
- **Age:**
  - 18-34: 43%
  - 35-49: 37%
  - 50-64: 23%
  - 65-80: 15%
- **Gender:**
  - Men: 29%
  - Women: 38%
- **Has kids under 18:**
  - Yes: 44%
  - No: 29%
- **SNAP/WIC Recipient:**
  - Yes: 42%
  - No: 24%
- **Food Insecurity:**
  - High insecurity: 52%
  - Some insecurity: 14%
  - No insecurity: 6%

**Sources of Stress**

*(Of those who experience stress while shopping)*

- The cost of food: 60%
- Having to think through what you need: 48%
- The general shopping experience: 28%
- The time it takes: 24%
- The pressure to choose a healthy option: 22%
- Too many choices: 20%
- Not knowing what food is healthy: 18%
- Conflicting information about food: 16%
- Other: 6%

Q23: How often in the past 12 months, have you experienced any form of stress when shopping for food and beverages? (n=1,005)
Q24: What were the causes of your stress while shopping for food and beverages? Select all that apply. (Of those who experience stress while shopping, n=609)
Food Insecurity Impacts Medicaid Recipients

3 in 10 indicate they often purchase less food because they don’t have enough money

Food Insecurity in Past Year

Q20: In the past 12 months... (n=1,005)

- I have purchased less healthy food options than I would otherwise because I don't have enough money to purchase healthier food options
- I have purchased less food overall than I would otherwise because I don't have enough money
- I worried whether our food would run out before I got money to buy more
- I have delayed purchasing food or purchased less food because of other expenses like rent or utility bills
- The food that I bought just didn’t last and I didn’t have money to buy more
- I have delayed purchasing food or purchased less food because of medical or prescription expenses

23% Of Medicaid recipients indicate the food they had did not last and they didn’t have the money to purchase more, as compared to 8% of non-Medicaid recipients

35% Of those age 18-34 say they often worry that food will run out, while only 22% of older recipients say the same
Recipients Take Steps to Limit Food Costs

Medicaid recipients are more likely than non-Medicaid recipients to take many of these cost cutting actions, although they are less likely to use coupons.

Cost Cutting Actions in Past Year

- Purchasing more products on sale
- Using coupons
- Cut back on eating out or getting take out from restaurants
- Purchasing generic or store brands over brand names
- Shopping at discount stores
- Shopping less frequently
- Purchasing fewer food or beverages
- None of the above – have not tried to spend less on food

Women, more than men, take action to limit costs.

71% Of those age 65+ purchase more products on sale, compared to half of those under age 65.

Medicaid recipients with high food insecurity were more likely to take action, compared to those with no food insecurity.

Q21: In the past 12 months, have you done any of the following in order to spend less on food and beverages? Select all that apply. (n=1,005)
Recipients Work to Avoid Reducing Groceries

Cutting back on eating out and delaying new clothing purchases top steps that will be taken, especially by those in fair/poor health.

Cost Cutting Actions Medicaid Recipients Would Take Before Reducing Amount Spent on Groceries

- Cut back on eating out or getting take out from restaurants: 75%
- Delay purchasing new clothing: 60%
- Reduce or eliminate all entertainment spending: 58%
- Shop for non-essential items (such as clothing, toys, etc.) at store known to offer better pricing: 40%
- Put less money into savings: 35%
- Delay car repairs/maintenance: 20%
- Delay medical care/prescription medicine purchases: 15%
- None, I would reduce spending on grocery purchases before any of these options: 10%

Q22: If you needed to cut back on your spending one month, which of the following would you do before reducing the amount you spend on grocery purchases? Select all that apply. (n=1,005)
Cost, Access Are Top Barriers to Good Nutrition

Just over half eat less fruits/vegetables than they think an expert would recommend; 41% of Medicaid respondents indicate cost is a top barrier, compared to 28% of non-Medicaid recipients.

Get Less Fruits/Vegetables Than What They Believe Experts Recommend

53% Less than experts recommend

- The cost of fruits/vegetables
- You don't always have access to good quality fruits/vegetables
- You don't know how best to cook or prepare fruits/vegetables
- Don't like the taste of fruits or vegetables
- Don't have enough of an appetite
- You are trying to eat a diet high in protein
- You have other issues/priorities to worry about
- You already eat healthy enough
- Not enough time to prepare them
- None of these apply
- I eat fruits for breakfast/snacks
- Other

52% of Medicaid recipients with high food insecurity indicate the cost of fruit and vegetables is a barrier, compared to 22% of those with no food insecurity.

Q2: What percentage of a healthy adult's plate do you think health experts recommend should contain each of the following types of food? Please note, your response must total to 100% (n=1,005)

Q5: The amount of fruit and vegetables you get in the average meal is less than the amount you think a health expert would recommend. Which of the following reasons prevent you from eating more fruits/vegetables? Select all that apply. (If own fruit/veg % is less than "expert recommends" n=552)
4 in 10 Often Skip a Meal Once a Day
Similarly, more Medicaid recipients often replace at least one meal a day with snacks, compared to non-Medicaid recipients.

## Eating Patterns

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>I stop eating when I’ve had enough but not too much</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>I pay close attention to the flavors and textures of my food as I eat</td>
<td></td>
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</tr>
<tr>
<td>I stop myself from eating if I’m not hungry</td>
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<td></td>
</tr>
<tr>
<td>I skip at least one meal a day</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>I snack at least twice a day</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>I try not to eat before or after a certain time of day</td>
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<tr>
<td>I try to limit distractions when I am eating a meal or snack</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>I replace at least one meal a day with snacks</td>
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<td></td>
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</tr>
</tbody>
</table>

Q25: How often do you do the following? (n=1,005)

50% of those with high food insecurity skip at least one meal always or often.

Similarly, 33% of those with high food insecurity replace at least one meal a day with snacks always or often.
Supermarkets Remain Most Common Source of Food, but Superstores and Corner Stores Prevalent
Superstores and Convenience Stores Utilized

While supermarkets are the top grocery location for all consumers, Medicaid recipients are less likely to frequent supermarkets than are non-Medicaid recipients, and more likely to shop at alternatives such as super-stores and convenience stores.

How Often Shop For/ Purchase Food or Beverages

Q16: How often do you shop for/purchase food and beverages… (n=1,005)

0% 20% 40% 60% 80% 100%

- At a supermarket
- At a super-store (ex: Walmart, Target)
- At a convenience store (ex: 7-Eleven)
- At a natural foods store (ex: Whole Foods)
- At a farmers’ market
- At a drug store (ex: CVS, Walgreens)
- At a warehouse/discount club (ex: Costco, Sam’s Club, BJ’s)
- From a meal kit delivery service
- From an online grocery delivery/pick-up service

Q16: How often do you shop for/purchase food and beverages… (n=1,005)
Use of Online Delivery/ Meal Kits Limited

Medicaid recipients cite desire to shop in-person and cost of these services as barriers to use

How Often Shop/ Purchase from Online Grocery Delivery/ Meal-Kit Service

79% Use online grocery services less than once a month

Reasons Don’t Use Online Grocery Delivery/ Meal-Kit Service Often

- You are just more comfortable shopping in-person
- The cost of these services
- Don't know enough about these services
- Concern about quality/freshness
- Concern about safety of ingredients
- The options available are too limited
- It is hard to have things delivered to your home
- Concern about healthfulness of the food
- These services create too much packaging waste
- Other
- None of these apply

Q16: How often do you shop for/purchase food and beverages… (n=1,005)
Q17: Which of the following are reasons why you don’t use online grocery or meal kit delivery services (more often)? Select all that apply. (If less than once a month/never shops or purchases from online grocery delivery/pick-up service, n=794)
Eating Behaviors of Medicaid Recipients Not Ideal
4 in 10 Know A Lot/ Fair Amount About MyPlate

Medicaid recipients in better health and women are particularly familiar with the icon

Familiarity with the MyPlate Graphic

- I have seen it and know a lot about it
- I have seen it and know a fair amount about it
- I have seen it but know very little about it
- I have never seen it before
- Not sure

45% of women know a fair amount or a lot about the MyPlate graphic, compared to 35% of men.

46% of recipients in excellent or very good health know a fair amount or a lot about the graphic.
A Typical Dinner Plate is Mismatch to MyPlate

Medicaid recipients report getting less fruits and vegetables than is recommended by MyPlate, and make up for it with protein.

My Plate Vs. What Medicaid Recipients Say Is On Their Plate

- 54% include dairy often

Medicaid recipients with high food insecurity allocate less of their plate to proteins (35% vs. 40%) and more of their plate to fruits (16% vs. 11%), compared to those with no food insecurity.
Beliefs about Expert Recommendations

Medicaid recipients believe experts recommend a larger portion of fruit and a smaller portion of protein than what they say is actually on their plate.

Q2: Thinking about your average dinner, what percentage of your plate would contain each of the following types of food? Please note, your response must total to 100%. (n=1,005)

Q4: What percentage of a healthy adult’s plate do you think health experts recommend should contain each of the following types of food? Please note, your response must total to 100% (n=1,005)

What Medicaid Recipients Say is On Their Plate

- Fruits: 15%
- Grains: 22%
- Vegetables: 26%
- Protein: 37%

What Medicaid Recipients Believe Experts Recommend

- Fruits: 22%
- Grains: 21%
- Vegetables: 28%
- Protein: 30%
4 in 10 Follow a Specific Eating Pattern

Medicaid and non-Medicaid recipients are very similar in following a specific eating pattern

**Following Specific Eating Pattern**

38% Followed a specific eating pattern in the past year

**Type of Eating Pattern Followed**

- Intermittent fasting
- Paleo diet
- Gluten-free diet
- Low-carb diet
- Whole 30
- High-protein diet
- Weight-loss plan
- Cleanse
- Mediterranean diet
- Vegetarian or vegan diet
- DASH diet
- Ketogenic or high-fat diet
- Low-fat diet
- Other

0% 10% 20%

A higher number of younger Medicaid recipients (18 to 34) followed a specific eating pattern/diet.

Medicaid recipients with high food insecurity are more likely to follow one of these diets (notably: fasting, paleo, and Whole 30).

Q27: Have you followed any specific eating pattern or diet at any time in the past year? Select all that apply. (n=1,005)
Motivators for Adopting Specific Eating Pattern

Almost half of Medicaid recipients indicate they adopted a new eating pattern in an effort to feel better and have more energy

Motivations for Adopting a New Eating Pattern
(Of those who followed a specific eating pattern in past year)

- I wanted to feel better and have more energy
- I wanted to lose weight
- I wanted to prevent weight gain
- I wanted to improve my health so I can have more independence in life
- I wanted to prevent any changes in my physical appearance
- I noticed a change in my physical appearance
- A conversation with my personal health care professional
- A conversation with a friend or family member
- I was diagnosed with a health condition
- I wanted to set a good example for my friends and family
- A news article, blog post, or study that discussed the effects of poor eating habits
- Other

55% of those with children under 18 who tried a new eating pattern did so to have more energy

62% of those age 50-64, compared to 35% of those age 18-49, followed a new eating pattern in an effort to lose weight

Q28: Which of the following motivated you to make an effort to adopt a new eating pattern/diet? Select all that apply. (Of those who followed a specific eating pattern in past year, n=383)
Information about What to Eat from Multiple Sources – Consumer Confusion Remains
Sources for Information About Which Foods to Eat/Avoid

- Conversation with personal healthcare professional
- Friend or family member
- Conversation with registered dietitian nutritionist
- Doctor or nutritionist on TV or via social media
- Health-focused website
- Conversation with wellness counselor or health coach
- News article or headline, or news on TV
- Government agency (USDA, EPA, FDA, or CDC)
- Health, food or nutrition bloggers
- Reading a scientific study
- Conversation with fitness professional
- Fitness, diet or nutrition mobile app
- Chef or culinary professional
- A food company or manufacturer

Younger Medicaid recipients tend to listen to multiple sources for information about which foods to eat or avoid more than older recipients.

Medicaid recipients with high food insecurity indicate they use multiple sources of information more than those with no food insecurity.

Q11: How often do you get information from the following on which foods to eat and avoid? (n=1,005)
Medicaid Recipients Highly Trust RDNs and HCPs

Recipients place more trust in a number of sources than non-Medicaid recipients do, such as a food company or manufacturer (22% highly trusted by Medicaid recipients vs 11% for non-Medicaid)

Q10: How much would you trust information from the following on which foods to eat and avoid? (n=1,005)
Healthcare Professionals Impact Eating Habits

Most Medicaid recipients indicate they made a change to eating habits as a result of a conversation with healthcare professional.

Q11: How often do you get information from the following on which foods to eat and avoid? (n=1,005)

Q12: Have you changed your eating habits as a result of a conversation with a personal healthcare professional? (If has conversation with Personal Healthcare Professional 3-5, n=576)

Getting Information From Personal Healthcare Professional

- 59% Gets information from a personal healthcare professional

Changed Eating Habits as Result of Conversation

- Yes, completely changed my eating habits (i.e., started a new diet plan or eating pattern)
- Yes, made significant changes (i.e., reduced or eliminated certain types of foods)
- Yes, made minor changes (i.e., eat a serving of vegetables at lunch)
- No, have not made any changes

79% Of Medicaid recipients made a change
Relationship Between Trust and Reliance

Health professionals trusted and used by Medicaid recipients to guide health and food decisions

Level of Trust vs. Reliance as a Source

- High Trust, Uncommon Source
- High Trust, Common Source
- Low Trust, Uncommon Source
- Low Trust, Common Source

- RDN
- Healthcare Prof.
- Wellness Counselor or Health Coach
- Fitness Prof.
- Scientific Study
- Health-Focused Website
- Gov’t Agency
- Dr./RDN on TV/Social Media
- Friends/Family
- Apps
- Chef or Culinary Professional
- Bloggers
- Food Company
- News Article/Headline/TV

FOODINSIGHT.ORG
Conflicting Information Creates “Confusion”

More Medicaid recipients than non-Medicaid recipients indicate conflicting information makes them doubt choices (65% vs 56%)

Q8: Do you agree or disagree with the following statement? “There is a lot of conflicting information about what foods I should eat or avoid.” (n=1,005)

Q9: Do you agree or disagree with the following statement? “The conflicting information about what I should be eating makes me doubt the choices I make.” (Of those who agree about conflicting information, n=806)

Of those with high food insecurity strongly/somewhat agree, compared to 56% of those without Medicaid

65% strongly/somewhat agree, compared to 56% of those without Medicaid

76% of those with high food insecurity strongly/somewhat agree

- 80% strongly/somewhat agree
- 65% strongly/somewhat agree

FOODINSIGHT.ORG
Food Choice Impacted by Taste and Price, Familiarity also Important
1 in 5 Feel Need to Maximize Choices

Large share of consumers agree they have to look at multiple options before making a decision; 20% of Medicaid recipients have a maximizer personality type, compared to 12% of the non-Medicaid population.

**Decision Making Behaviors**

- When deciding to purchase a food or beverage, it is important to me to look at all of the options to know I am making the best possible choice.
- When buying clothes, I have to try lots of options on before deciding on the right item to buy.
- When picking something to watch on TV, I often spend a lot of time searching for the right choice.
- When deciding where to eat out, I often spend a lot of time finding the right place.

**“Maximizer” Index**

Taking all of these decision making behaviors into account, an index was created to identify a key consumer type: the “maximizer.” Maximizers stress over making the optimal decision and weigh all options to do so. Among the Medicare population, 20% are high maximizers.

Degree of Maximizer Personality Type:
- High
- Moderate
- Low
Taste and Price Equal As Purchase Drivers

Price has a greater impact on decisions for Medicaid recipients than for non-Medicaid recipients

Drivers of Food/ Beverage Purchases

- Taste: 5 - A great impact (43%), 4 (27%), 3 (17%), 2 (9%), 1 - No impact (2%)
- Price: 5 - A great impact (40%), 4 (30%), 3 (17%), 2 (8%), 1 - No impact (5%)
- Familiarity: 5 - A great impact (38%), 4 (23%), 3 (19%), 2 (15%), 1 - No impact (5%)
- Convenience: 5 - A great impact (37%), 4 (23%), 3 (19%), 2 (16%), 1 - No impact (5%)
- Healthfulness: 5 - A great impact (59%), 4 (23%), 3 (15%), 2 (2%), 1 - No impact (1%)
- Sustainability: 5 - A great impact (45%), 4 (25%), 3 (19%), 2 (9%), 1 - No impact (2%)

Medicaid recipients who report being in fair or poor health are more likely to be influenced by taste and price.

69% Of those age 65+ say healthfulness is a top driver, vs. roughly half of younger recipients.

79% Of Medicaid recipients with high food insecurity indicate price has a high impact, compared to 63% of those with no food insecurity.

Q13/14: How much of an impact do the following have on your decision to buy foods and beverages? (n=1,005)
6 in 10 Prefer No Artificial Ingredients

However, more Medicaid recipients, in comparison to non-Medicaid recipients prefer the familiar product with artificial ingredients

Preference for Products with No Artificial Ingredients

Imagine you are going to the store to purchase a food or beverage you like. You see they have made a newer version of the product. Option A has all the original ingredients you are familiar with, including artificial ingredients. Option B has similar ingredients, except no artificial ingredients. Which option would you likely purchase?

Q55: Imagine you are going to the store to purchase a food or beverage you like. You see they have made a newer version of the product. Option A has all the original ingredients you are familiar with, including artificial ingredients. Option B has similar ingredients, except no artificial ingredients. Which option would you likely purchase? (n=1,005)

Q56: If Option A costs $1.00, what is the most you would be willing to pay for Option B? (Of those who are likely to purchase Option B, n=639)

- Highly likely would purchase Option A
- Somewhat likely would purchase Option A
- Somewhat likely would purchase Option B
- Highly likely would purchase Option B

- Only 6 in 10 would pay more than $1.00
- Nearly half would pay an additional 50%
- 3 in 10 would go as high as 2x the base cost

Max Price Willing to Pay
Those Who Prefer No Artificial Ingredients

Preference for Option B (Without Artificial Ingredients) varies by age, gender, and other demographics

Preference for Products with No Artificial Ingredients

Imagine you are going to the store to purchase a food or beverage you like. You see they have made a newer version of the product. Option A has all the original ingredients you are familiar with, including artificial ingredients. Option B has similar ingredients, except no artificial ingredients. Which option would you likely purchase?

Q55: Imagine you are going to the store to purchase a food or beverage you like. You see they have made a newer version of the product. Option A has all the original ingredients you are familiar with, including artificial ingredients. Option B has similar ingredients, except no artificial ingredients. Which option would you likely purchase? (n=1,005)

- **Highly likely would purchase Option A**
- **Somewhat likely would purchase Option A**
- **Somewhat likely would purchase Option B**
- **Highly likely would purchase Option B**

Likely to Purchase Option B

- **Gender**
  - Men: 51%
  - Women: 64%

- **Age**
  - 18-34: 46%
  - 35-49: 59%
  - 50-64: 69%
  - 65-80: 35%

- **Region**
  - Northeast: 55%
  - South: 53%
  - West: 69%
  - Mid-west: 56%

- **Has kids**
  - Yes: 33%
  - No: 62%
How Context Influences Medicaid Recipients

With the exception of fresh vs. frozen, Medicaid recipients are more likely than non-Medicaid recipients to see Product A as healthier across these various comparisons.

### If Two Products Have the Same Nutrition Facts Panel, Which is Healthier?

- **Highly likely that Product A healthier**
- **Somewhat likely that Product A healthier**

- **Highly likely that Product B healthier**
- **Somewhat likely that Product B healthier**

**Product A contains genetically engineered (GMO) ingredients and Product B is labeled as non-GMO**

**Product A tastes sweeter than Product B**

**Product A has a longer ingredients list than Product B**

**Product A is produced using newer technology than Product B**

**Product A is produced in a more environmentally sustainable way than Product B**

**Product A is a fresh product and Product B is frozen**

---

Q18: Imagine you came across two food products that had the exact same Nutrition Facts panel. Would any of the following details lead you to believe that one of the products was more likely to be healthier? (n=1,005)
Ingredients List Consulted by Medicaid Recipients

Medicaid recipients, versus their non-Medicaid counterparts, more frequently look at statements about health benefits when making a purchasing decision (43% vs 35%)

Q15: How often do you consult the following packaging information before deciding to purchase a food or beverage? (n=1,005)

- Ingredients list
- Statements about health or nutrition benefits (e.g., "Reduces risk of heart disease"; "Made with 100% whole grains")
- Nutrition facts panel

All three packaging information types were viewed most by those in excellent/very good health.

Q15: How often do you consult the following packaging information before deciding to purchase a food or beverage? (n=1,005)
Recipient Select Food Based on Ingredients

6 in 10 Medicaid recipients indicate recognizing the ingredients and knowing where the food comes from as key.

Important Factors When Purchasing Food

- Recognizing the ingredients listed on the package
- Knowing where the food comes from
- Understanding how the food is produced
- Being able to access information about how my...
- Knowing that the food was produced with animal...
- Knowing that the manufacturer has a...
- The number of ingredients on the food’s label

Q43: How important are the following factors in your decision to purchase a food or beverage? (Split Sample A, n=491)

A higher percentage of women rate almost all factors as important, compared to men.
Knowing Food Sources Key to Restaurant Choice

Medicaid recipients in excellent/very good health more likely to find all the following factors important when choosing a restaurant

<table>
<thead>
<tr>
<th>Important Factors When Choosing a Restaurant or Cafeteria</th>
<th>5 - Very important</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1 - Not at all important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowing where the food comes from</td>
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<tr>
<td>Knowing the food contains only natural ingredients</td>
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<tr>
<td>Understanding how the food is produced</td>
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<tr>
<td>Knowing that the restaurant has a commitment to environmental sustainability</td>
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<td></td>
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<tr>
<td>Availability of organic options</td>
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</tbody>
</table>

Q44: How important are the following factors when it comes to choosing a restaurant or cafeteria? (Split Sample B, n=514)
Recipients See Many Nutrients As Healthy

Vitamin D, fiber, whole grains, and protein from plant sources ranked healthy by at least 70% of Medicaid recipients

Perceived Healthfulness of Foods

% Healthy by Gender

A higher percentage of non-Medicaid recipients indicated vitamin D, fiber, whole grains and protein from plant sources are healthy sources

Q30: How would you rate the healthfulness of each of the following? (n=1,005)
Natural, No Added Hormones Important Labels

Most influential labels are similar between Medicaid and non-Medicaid recipients; “natural” is slightly more influential among Medicaid recipients when eating away from home.

Labeling Influence on Purchasing Behavior

shopping for food and beverages

Eating away from home

Natural, No added hormones or steroids, Non-GMO, Organic, Pesticide-free, Raised without antibiotics, Locally sourced, Sustainably sourced, None of the above

Q47a: Which of the following, if any, do you do on a regular basis (that is, most times when you shop for foods and beverages)? Buy foods and beverages because they are advertised on the label as...? Select all that apply. (Split Sample A, n=491)

Q47b: Which of the following, if any, do you do on a regular basis (that is, most times when you eat away from home)? Eat at restaurants because they advertised their foods and beverages as...? Select all that apply. (Split Sample B, n=514)
Majority Say Sustainability of Food is Important

Sustainability for Medicaid recipients means reducing pesticides and conserving natural habitats, and an affordable food supply

Importance of Sustainability in Food Products Purchased

Ranked Important Aspects of Sustainable Food Production
(Of those who say it’s important their food be produced sustainably)

Reducing the amount of pesticides*
Conserving the natural habitat*
Ensuring an affordable food supply
Ensuring sufficient food supply for the growing population*
Less food and energy waste
Conserving farmland over multiple generations
Produce more food with less use of natural resources
Fewer food miles (shorter distance from farm to point of purchase)
None of the above are important*

Q45: How important is it to you that the food products you purchase or consume are produced in a sustainable way? (n=1,005)
Q46: What 3 aspects of producing food in a sustainable way are most important to you? (Select top answer.) (Of those who say it’s important their food be produced sustainably, n=593)

*Response text has been abridged
Food Safety Remains a Concern
Over 6 in 10 Have Confidence in Food Supply

Yet, foodborne illness, chemicals, and carcinogens in foods remain safety issues

Confidence in Overall Food Supply

- Very confident
- Somewhat confident
- Not too confident
- Not at all confident
- Not sure

Most Important Food Safety Issues Today

- Foodborne illness from bacteria
- Chemicals in food
- Carcinogens or cancer-causing chemicals in food
- Pesticides / pesticide residues
- Food additives and ingredients
- The presence of allergens in food
- Biotechnology / “GMO”s
- Animal antibiotics
- Other

Q49: Overall, how confident are you in the safety of the US food supply? (n=1,005)
Q50: What in your opinion are the three most important food safety issues today? Please rank from 1 to 3, with 1=Most Important. (n=1,005)
Less than Half Changed Eating Because of Safety

Yet, a higher percentage of Medicaid recipients indicate they changed their eating habits, compared to non-Medicaid recipients (47% vs 41%)

Q51: Have you changed your eating habits due to concerns about [TOP FOOD SAFETY ISSUE]? (n=1,005)

47% Changed eating habits due to concern

### Changed Eating Habits by the Concern Driving the Change

- Foodborne illness from bacteria
- Carcinogens or cancer-causing chemicals in food
- Chemicals in food
- Pesticides / pesticide residues
- The presence of allergens in food
- Food additives and ingredients
- Biotechnology / "GMO"s
- Animal antibiotics
- Other

### Changed Habits

- 0%
- 5%
- 10%
- 15%
- 20%
- 25%

Q51: Have you changed your eating habits due to concerns about [TOP FOOD SAFETY ISSUE]? (n=1,005)
**News Sources Impact Opinion on Food Safety**

*Generations influenced by different sources, with younger Medicaid recipients more influenced by family, health bloggers, fitness apps or food companies*

### Top Sources of Influence on Opinion about Top Safety Concern

<table>
<thead>
<tr>
<th>Source</th>
<th>18 to 34</th>
<th>35 to 49</th>
<th>50 to 64</th>
<th>65 to 80</th>
</tr>
</thead>
<tbody>
<tr>
<td>News article or headline, or news on TV</td>
<td>57</td>
<td>46</td>
<td>37</td>
<td>24</td>
</tr>
<tr>
<td>Friend or family member</td>
<td>18</td>
<td>14</td>
<td>14</td>
<td>16</td>
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<tr>
<td>Government agency (USDA, EPA, FDA, or CDC)</td>
<td>5</td>
<td>6</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Reading a scientific study</td>
<td>8</td>
<td>10</td>
<td>9</td>
<td>11</td>
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<tr>
<td>Doctor or nutritionist on TV or social media</td>
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<td>11</td>
<td>12</td>
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<td>Health-focused website</td>
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<td>A food company or manufacturer</td>
<td>11</td>
<td>11</td>
<td>12</td>
<td>10</td>
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<td>Health, food or nutrition bloggers</td>
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<td>10</td>
</tr>
</tbody>
</table>

Q52: What one source of information most influenced your opinion on [TOP FOOD SAFETY ISSUE]? (n=1,005)
THANK YOU

For more information:
www.foodinsight.org
www.rootcausecoalition.org