



Consumer Needs Assessment: Caregiver Companion Report

July 2025

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This resource was supported in part by a cooperative agreement No 90PPNU0002 from the Administration on Aging (AoA), Administration for Community Living (ACL), U.S. Department of Health and Human Services (DHHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official AoA, ACL, or DHHS policy.

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Overview

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

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. In addition to these topics, caregivers were asked questions related to their caregiving responsibilities. The *Caregiving in the U.S. 2020: A Focused Look at Family Caregivers of Adults Age 50+* report by the National Alliance for Caregiving and AARP (2020) was used as a reference for some of the phrasing of these questions.

Data were collected from a total of 174 informal caregivers of older adults and adults with disabilities and analyzed for descriptive statistics. An informal caregiver was defined as someone who provides unpaid care to a relative or friend such as assisting with personal needs, household chores, managing finances, or checking in. The findings can inform strategies for Older Americans Act (OAA) Title III-C senior nutrition programs (SNPs) to connect more eligible participants to their services. Additional background and methodology information on the needs assessment survey can be found in the full *Consumer Needs Assessment Report* (Rudolph & Francis, 2025).

Summary of Key Findings

Awareness and Utilization of Community Food and Nutrition Programs

- **Awareness:** “moderate” awareness of food pantries and banks and the Supplemental Nutrition Assistance Program (SNAP); “very low/low” awareness of congregate meals and other community-based food and nutrition programs
- **Utilization:** one-third of the respondents reported that the adults they care for have utilized SNAP and food pantries/banks while most do not care for someone who has utilized SNPs and other community-based food and nutrition programs

- **Top reasons for congregate meal use among care recipients:** nutritious meal, affordable meal, convenience
- **Top reasons for home-delivered meal use among care recipients:** 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, reduce hunger and food insecurity
- **Perspectives of SNP Recipients:** *"moderately agree"* that congregate meal recipients are more likely to be friendly and unemployed/retired, and that home-delivered meal recipients are more likely to have a functional impairment or disability

Informational Needs, Preferences, and Practices

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

Summary of Key Recommendations:

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

Findings

Respondent Demographic Characteristics

A total of 174 informal caregivers of older adults and adults with disabilities completed this survey (Table 1). Within the survey, an informal caregiver was defined as someone who provides unpaid care to a relative or friend such as assisting with personal needs, household chores, managing finances, or checking in. Many respondents identified as white (66%), non-Hispanic (74%), and had acquired at least some college education or higher (70%).

Nearly one-half of respondents resided in suburban areas (45%) and were currently married (42%). Many reported an average income of less than \$40,000 annually (57%) (Table 1). Around two out of every five caregivers had a full-time job at the time of survey completion (42%). The most common sources of healthcare coverage were Medicare (32%) and Medicaid (31%).

Table 1.
Sociodemographic Characteristics of Caregiver Survey Respondents (n=174)

Characteristic	Number	Percentage (%)
Education		
Less than high school	5	3
High school	48	28
Some college	56	32
Bachelor’s degree	36	21
Some post-graduate or advanced degree	29	17
Prefer not to answer	-	-
Spanish, Hispanic, or Latino/a		
No	129	74
Yes	45	26
Prefer not to answer	-	-

Table 1.*Sociodemographic Characteristics of Caregiver Survey Respondents (n=174)*

Characteristic	Number	Percentage (%)
Race^a		
American Indian/Alaskan Native	8	5
Asian	11	6
Black or African-American	44	25
Native Hawaiian/Pacific Islander	1	1
White	114	66
Not Listed	3	2
Do not wish to answer	3	2
Home Location		
Rural	41	24
Suburban	79	45
Urban	54	31
No response	-	-
Marital Status		
Currently Married	73	42
Divorced, Separated, or Widowed	43	25
Never Married	57	33
Other	1	1
Prefer not to answer	-	-
Income		
≤20K	49	28
Over 20K to 40K	50	29
>40K	61	35
No response	9	5
Prefer not to answer	5	3
Employment		
Full-time	73	42
Full-time student	5	3
Homemaker	8	5
Part-time	22	13
Retired	40	23
Unemployed	18	10
Other	5	3
Prefer not to answer	3	2

Table 1.*Sociodemographic Characteristics of Caregiver Survey Respondents (n=174)*

Characteristic	Number	Percentage (%)
Health Coverage^a		
Charity Care	3	2
COBRA or Temporary Insurance	3	2
Medicaid	54	31
Medicare	55	32
Private Insurance: Direct Purchase	22	13
Private Insurance: Employment-Based	41	24
Tricare or VA Coverage	2	1
Uninsured	17	10

^aRespondents were able to select more than one

Of the 174 respondents, 135 (77.5%) reported being a caregiver for an adult 60+, while 42 (24.1%) reported being a caregiver for an adult with a disability. Nearly three out of four respondents indicated having this role for four years or less (72%) (Table 2). Most cared for 1-2 adults that live in their household (72%), while one-third cared for 1-2 adults that live outside of their household (34%). The respondents primarily reported caring for a partner (26%) or family members, including parents (25%), children (20%), siblings (6%), and in-laws (5%). There was wide variability in the number of weekly hours spent providing informal, unpaid care, primarily between 1-40 hours (Table 2).

Table 2.*Caregiving Characteristics of Survey Respondents (n=174)*

Characteristic	Number	Percentage (%)
Duration of Caregiving		
<1 year	55	32
1-4 years	70	40
5-9 years	23	13
≥10 years	29	17
# of Adults Caring for Within Household		
0	44	25
1-2	125	72
3-4	5	3
≥5	-	-

Table 2.*Caregiving Characteristics of Survey Respondents (n=174)*

Characteristic	Number	Percentage (%)
# of Adults Caring for External to Household		
0	106	61
1-2	59	34
3-4	8	5
≥5	-	-
Weekly Hours Spent Caregiving		
<1	17	10
1-10	59	34
11-20	40	23
21-40	36	21
≥41	22	13
Relation to Individuals Caring For^a		
Partner	46	26
Parent	43	25
Child	34	20
Extended	28	16
Friend	24	14
Neighbor	16	9
Aide	14	8
Sibling	10	6
In Laws	8	5
Other	5	3

^aRespondents were able to select more than one

Respondents were asked how frequently they spend time providing various types of unpaid care to their care recipients. Over one-half indicated they “*always/often*” grocery shop (68%), prepare meals (66%), provide transportation (63%), manage healthcare tasks (e.g., scheduling and attending medical appointments, assisting with medications, managing health insurance) (54%), and manage finances (e.g., banking, paying bills), (52%). Notably, respondents spend the most time assisting with food-related tasks, emphasizing the key role caregivers can play in connecting eligible participants with SNPs.

When asked about other household characteristics, a majority indicated that they live with at least one other person (72%), often including their spouse (56%) (Table 3). Among those who lived with others, around two out of three caregivers did not have any children living with them (63%).

Survey respondents were asked questions related to their health (Table 4). A majority self-reported that their quality of life was at least “good” (79%), which further extended to other areas such as physical health (75%), mental health (77%), and social health (72%). On average, quality of life scores were highest for mental health (3.5/5) and lowest for physical health (3.2/5).

Table 3.

Household Characteristics of Caregiver Survey Respondents (n=174)

Characteristic	Number	Percentage (%)
Live Alone		
Yes	47	27
No	126	72
No response	1	0.6
# of People in Household (including self)^a		
1-2	66	52
3-4	48	38
5 or more	12	10
# of Adults Living in Household (including self)^a		
1-2	94	75
3-4	29	23
5 or more	3	2
# of Children Living in Household^a		
0	79	63
1-2	41	33
3-4	4	3
5 or more	2	2
Household Members^{a,b}		
Spouse	71	56
Children	46	37
Relatives	32	25
Domestic Partner	6	5
Other	9	7

^aOut of 126 respondents

^bRespondents were able to select more than one

Table 4.*Household Characteristics of Caregiver Survey Respondents (n=174)*

Characteristic	Number	Percentage (%)
Quality of Life		
Excellent	24	14
Very Good	48	28
Good	65	37
Fair	29	17
Poor	8	5
Physical Health		
Excellent	17	10
Very Good	53	30
Good	61	35
Fair	36	21
Poor	7	4
Mental Health		
Excellent	35	20
Very Good	54	31
Good	45	26
Fair	35	20
Poor	5	3
Social Health		
Excellent	32	18
Very Good	44	25
Good	50	29
Fair	35	20
Poor	13	7

Awareness and Utilization of Community Food and Nutrition Programs

Awareness of community food and nutrition programs is likely to impact participation in these programs, as well as the likelihood of caregivers recommending these services to their care recipients. Most respondents had at least a “*moderate awareness*” of the Supplemental Nutrition Assistance Program (SNAP) (71%) and food pantries/banks (69%). However, between 42% to 54% had “*very low/low*” awareness of the other community food and nutrition programs listed. Notably, 48% of respondents had “*low/very low*” awareness of the congregate meal program, and 42% had “*very low/low*” awareness of OAA funded home-delivered meals. This highlights an opportunity to increase the marketing of SNPs among this population to build greater awareness.

Further, respondents were asked about program utilization among those they are a caregiver for. Around one out of three caregiver respondents reported that the individuals they care for have utilized food pantries/banks (34%) and SNAP (30%). Utilization was less than 25% for the rest of the programs.

Congregate Meal Program Utilization Among Individuals Caring For

Among those who reported that their care recipients have attended congregate meal programs ($n=34$), 51% indicated that these individuals had been attending for less than 2 years, while 38% have attended for 2–5 years. According to the caregivers, the top reasons their care recipients attended were for the nutritious meal (59%), the affordable meal (50%), or convenience (38%) (Table 5).

Table 5.

Reasons for Attending a Congregate Meal Program Among Individuals Caring For ($n=34$)

Attendance Reason ^a	Number	Percentage (%)
A nutritious meal	20	59
An affordable meal	17	50
Convenience	13	38
Functional need	11	32
Ability to age in place	9	26
Choice and variety of meal options	8	24
Delicious and tasty meals	8	24
Socialization	8	24
Nice meal site environment	7	21

Table 5.

Reasons for Attending a Congregate Meal Program Among Individuals Caring For (n=34)

Attendance Reason ^a	Number	Percentage (%)
Programs and activities	4	12
To reduce food waste at home	3	9
Welcoming environment	3	9
Don't know/Other	-	-

^aRespondents were able to select more than one

Home-Delivered Meal Program Utilization Among Individuals Caring For

Among caregivers who reported that their care recipients have received home-delivered meals (n=31), nearly one-half indicated that these individuals had been receiving meals for less than two years (45%), while 35% had received meals for 2-5 years. According to the caregivers, the primary reasons their care recipients utilized the program were for the nutritious meal (52%), the choice and variety of meal options (45%), an inability to prepare or cook meals independently (45%), the affordable meal (42%), and for the meals fulfilling a functional need (42%) (Table 6).

Respondents were asked questions about home-delivered meal consumption among their care recipients. This was due to concerns that there are users who may be using the one meal for two meals and thus may not be receiving adequate nutrition since each OAA-funded meal is required to provide at least one-third of an individual's nutrient needs (OAA, 2020). Over one-third shared that the individuals they care for "sometimes" (40%) or "often" (37%) eat the provided meal in one sitting, while 47% shared that they "sometimes" consume the provided food for two meals.

Table 6.

Reasons for Utilizing a Home-Delivered Meal Program Among Individuals Caring For (n=31)

Utilization Reason ^a	Number	Percentage (%)
A nutritious meal	16	52
Choice and variety of meal options	14	45
Unable to prepare or cook meals independently	14	45
An affordable meal	13	42
A functional need	13	42
Ability to age in place	12	39
Convenience	11	35
Unable to purchase meals/groceries independently	9	29

Table 6.

Reasons for Utilizing a Home-Delivered Meal Program Among Individuals Caring For (n=31)

Utilization Reason ^a	Number	Percentage (%)
Friendly staff	8	26
Socialization with delivery driver	8	26
To reduce food waste at home	6	19
Programs and activities offered online	1	3
Don't know/Other	1	3

^aRespondents were able to select more than one

Nutrition Counseling/Education Utilization Among Individuals Caring For

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 caregivers who reported that individuals they care for have participated having in **nutrition counseling** (n=22), 36% have participated in 11-15 sessions, 27% in 3-5 sessions, 23% in 6-10 sessions, and 14% in 1-2 sessions. Among those who have participated in **nutrition education** (n=22), 41% have participated in 6-10 sessions, and 9% in 11-15 sessions. According to the caregivers, the top reasons the individuals have participated in these services included chronic disease prevention and management (82%), general health and wellness (59%), encouragement of family, friends, or a partner (55%), and gastrointestinal/digestion concerns (55%) (Table 7).

Table 7.

Reasons for Participating in Nutrition Counseling and/or Nutrition Education Among Individuals Caring For (n=22)

Utilization Reason ^a	Number	Percentage (%)
Chronic disease prevention or management	18	82
General health and wellness	13	59
Encouragement of family, friends, or partner	12	55
Gastrointestinal/digestion concerns	12	55
Disordered eating	10	45
Manage allergies, intolerances, or sensitivities	10	45
Ability to age in place	9	41
Manage nutrient deficiencies	9	41

Table 7.

Reasons for Participating in Nutrition Counseling and/or Nutrition Education Among Individuals Caring For (n=22)

Utilization Reason ^a	Number	Percentage (%)
Support with meal plans/preparation	8	36
Weight management (gain or loss)	7	32
Help with eating on a budget	6	27
Referral from a healthcare provider	6	27
Manage feeding tube or total parenteral nutrition	5	23
Optimize sports or physical activity performance	3	14
Don't Know/Other	-	-

^aRespondents were able to select more than one

Attitudes and Perceptions of Senior Nutrition Programs

Understanding the attitudes and perceptions that informal caregivers of adults have toward SNPs can offer insight into their likelihood to recommend the services to others. Respondents were asked about their general perceptions toward: (1) SNPs, (2) individuals that use the programs, (3) eligibility requirements, (4) funding sources, and (5) attitudes toward food assistance. Only respondents who had at least a “*moderate awareness*” of congregate meals ($n=91$) and home-delivered meals ($n=101$) were asked questions about their attitudes toward these specific programs.

Positive and Negative Attitudes

On average, respondents “*somewhat agreed*” that SNPs promote health and wellbeing, enhance socialization, and reduce hunger and food insecurity (Table 8). These perceptions align with the purpose of OAA Title III-C SNPs (OAA, 2020). On average, respondents “*somewhat agreed*” that home-delivered meal programs 1) are suitable for people like them or their care recipients, and 2) do not make people more dependent on assistance programs (Table 8). However, respondents, on average, “*neither agreed nor disagreed*” about these statements when it came to congregate meals. Overall, these results suggest generally positive or neutral perceptions toward congregate and home-delivered meal programs.

Table 8.

Attitudes Toward Senior Nutrition Programs

	Average Likert Score (1-7)	
	Congregate Meals	Home-Delivered Meals
Positive Attitudes		
Promote health and wellbeing	5.03	5.29
Promote socialization	5.33	5.12
Reduce hunger and food insecurity	5.32	5.54
Negative Attitudes		
Not for people like me	4.02	3.83
Make people more dependent	4.08	3.71

Perceptions of Who is Using Senior Nutrition Programs

When asked about the characteristics of individuals who utilize congregate meal programs, on average the caregivers “*somewhat agreed*” that they are more likely to be friendly and unemployed/retired.

On the other hand, respondents, on average, “*somewhat agreed*” that home-delivered meal participants are more likely to have a functional impairment or disability. For both congregate and home-delivered meals, the respondents, on average, “*somewhat disagreed or disagreed*” that recipients of these meals are more likely to be lacking education, greedy, lazy, or boring.

Perceived OAA Senior Nutrition Program Eligibility and Funding

Misunderstanding the eligibility requirements can be another potential barrier of referrals to SNPs. 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 five respondents (59%) selected age as an eligibility requirement to receive congregate and home-delivered meals (Table 9). Additionally, many respondents indicated that having a disability or functional impairment (52%), food/nutrition insecurity status (50%), chronic disease/health status (49%), and living situation (46%) are requirements to receiving home-delivered meals. While these data reflect a general understanding of who the programs are targeted toward, there is an opportunity to educate that many of these characteristics are not requirements.

Table 9.

Perceived Congregate and Home-Delivered Meal Eligibility Requirements

Perceived Eligibility Requirement ^a	Congregate Meals (n=91)	Home-Delivered Meals (n=101)
Age	54 (59%)	60 (59%)
Chronic disease or health status	39 (43%)	49 (49%)
Disability or functional impairment	37 (41%)	53 (52%)
Food/nutrition insecurity status	36 (40%)	50 (50%)
Living situation	36 (40%)	46 (46%)
Nutritional risk status	28 (31%)	36 (36%)
Specific income requirements	26 (29%)	39 (39%)

Table 9.*Perceived Congregate and Home-Delivered Meal Eligibility Requirements*

Perceived Eligibility Requirement^a	Congregate Meals (n=91)	Home-Delivered Meals (n=101)
Age of partner/spouse	20 (22%)	20 (20%)
Work status	16 (18%)	5 (5%)
Race	7 (8%)	5 (5%)
No requirements	6 (7%)	-

^aRespondents were able to select more than one

General Attitudes Related to Food Assistance

Lastly, the survey inquired about general attitudes toward food assistance. Over one-half of respondents *“strongly agreed/agreed”* that:

- 1) It concerns me that some people do not have access to adequate and reliable sources of nutritious food (62%),
- 2) Adequate support should be provided to individuals with low access to adequate and reliable sources of nutritious food (60%), and
- 3) Adequate funding should be allocated to support congregate meal and home-delivered meal programs that provide low-cost/affordable nutritious meals to individuals ages 60 and older and persons with disabilities (54%).

Around one-half reported that they know someone personally who has been impacted by limited or uncertain access to adequate sources of nutritious food (48%) and *“strongly agreed/agreed”* that it is everyone’s responsibility to ensure everyone has access to adequate and reliable sources of nutritious food (49%). Two out of every five respondents reported knowing someone personally who has been impacted by an inability to have choice in the foods they eat (40%).

Programming Needs and Preferences

The caregivers were also asked about 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 all the topics listed in the survey. The topics of greatest interest included nutrition/healthful eating (70%), grocery shopping (66%), physical activity (64%), and community-based food and nutrition programs (63%).

The preferred methods of receiving education included online lessons (43%), written materials (40%), and in-person individual sessions (34%) (Table 10). Preferred ways to learn about available wellness, nutrition, or food safety programs and resources were social media (40%) and email program announcements (40%) (Table 10).

Table 10.

Preferred Programming Features (n=174)

	Number	Percentage (%)
Preferred Methods for Education^a		
Online lessons	75	43
Written materials	69	40
Individual session, in-person	59	34
Individual session, online	53	30
Interactive app	49	28
Group session, online	42	24
Group session in-person	41	24
Live webinar	40	23
Podcast	32	18
Preferred Program Marketing^a		
Social media	70	40
Email program announcements	69	40
Community-based newsletters	54	31
Word of mouth	50	29
Local newspaper	47	27
Personal invitation	47	27
Flyers around town	39	22
Local radio	34	20
I do not wish to learn about	6	3
Other	6	3

^aRespondents were able to select more than one

The primary source of wellness or nutrition information for respondents were websites (40%), medical visits (36%), and Facebook (32%). Most shared that their media use includes the internet (77%), email (76%), social media (72%), texting (69%), computers (67%), and tablets (58%) (Table 11). Of those who utilize social media, the most frequently utilized platforms were Facebook (90%), YouTube (90%) and Instagram (59%) (Table 11). Finally, 86% indicated that they are either “very comfortable” or “somewhat comfortable” with using technology for educational purposes (Table 11).

Table 11.

Media Utilization and Comfort with Technology Use

	Number	Percentage (%)
General Media Use^a (n=174)		
Internet	134	77
Email	132	76
Social media	125	72
Texting	120	69
Computer	116	67
Tablet	101	58
Video calls	72	41
Landline	51	29
Social Media Use^a (n=125)		
Facebook	113	90
YouTube	112	90
Instagram	74	59
Pinterest	58	46
TikTok	57	46
X	55	44
LinkedIn	53	42
Snapchat	41	33
Technology Comfort (n=174)		
Very comfortable	79	45
Somewhat comfortable	72	41
Not comfortable	19	11
I refuse to use technology-based education	4	2

^aRespondents 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. These data can be used to guide areas for intervention and ultimately enhance the nutritional health and wellbeing of U.S. informal caregivers of older adults and adults with disabilities.

Respondents reported accessing food at supermarkets (78%); discount or big box stores (53%), and dollar, 99 cent stores, or similar stores (47%) (Table 12).

Table 12.

Food Source Utilization (n=174)

Food Source	Number (Percentage)
Supermarket	136 (78%)
Discount or big box store	92 (53%)
Dollar, 99 cent store, or similar	82 (47%)
Wholesale club	68 (39%)
Restaurant, cafeteria, fast food, or similar	64 (37%)
Food banks, food pantries, religious sites, 'Meals on Wheels,' or other places or programs that offer free food	61 (35%)
Convenience store	49 (28%)
Food donated from friends, family, neighbors, or other people	49 (28%)
Food grown or harvested, and/or hunting/fishing for food	34 (20%)
Farmers' market	33 (19%)
Produce store or fruit/vegetable stand	28 (16%)
Found discarded food to eat	20 (11%)

The average survey respondent food security rating was *"low food security,"* which indicates many respondents experience some challenges accessing reliable, adequate sources of food (Table 13).

On average, respondents indicated relatively *"moderate"* availability (1.6 out of 3) of high quality, healthful foods that they liked at the food stores they shopped at (Table 13). 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 13).

Based on the “one-item” screeners, nearly one-half of respondents had “*low nutrition security*”, or often worried that the foods they were able to eat would hurt their health and wellbeing (46%), while over 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 (56%) (Table 13).

Table 13.

Food/Nutrition Security Measures

	Average (Score Range)
USDA-Six Item Food Security Survey (n=163)	2.5 (0-6) ^a
Food Store Perceived Limited Availability (n=174)	1.6 (0-3) ^b
Food Pantry Perceived Limited Availability (n=61)	2.1 (0-3) ^b
Nutrition Security One-Item Screener (n=169)	0.5 (0-1) ^c
Healthfulness Choice One-Item Screener (n=170)	0.6 (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

Nearly all the survey respondents were at “*high*” or “*possible*” nutritional risk (93%) at the time of the survey.

Conclusions

These findings offer a range of data that Older Americans Act Title III-C SNPs, and other community-based food and nutrition programs, can use to guide marketing and programming efforts. **Notably, the data identify an opportunity to address gaps in awareness of SNPs and other community-based food and nutrition programs among informal caregivers of older adults and adults with disabilities.** While attitudes of SNPs and general food assistance were fairly positive or neutral, there is room to increase average attitudes from “somewhat” to “strong” positive perceptions of these services. Information on the programming preferences of caregivers can be used to develop or maintain offerings that are of interest to this population.

Recommendations

- **Increase Marketing of Congregate and Home-Delivered Meals.** Between 42–48% of survey 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 social media, email announcements, and community-based newsletters. These were identified as top methods respondents prefer to learn about wellness, nutrition, or food safety programs and resources. [Marketing tips and guides](#) can be found on the NRCNA website.
- **Offer and Spread Awareness on Programming Attributes of Interest.** According to the caregivers, their care recipients who use SNPs were most interested in the nutritional content of the meals, affordability, and choice and variety of options. This signifies an opportunity to market or incorporate these programming features toward potential clients and their caregivers. [Guides and best practices for incorporating innovative ideas](#) can be found on the NRCNA website.
- **Provide Education/Information via Preferred Formats:** When providing education to informal caregivers of adults, the aging network should explore utilizing preferred formats such as online lessons, written materials, and in-person individual sessions. For sharing food and nutrition information, websites, medical visits, and Facebook were identified as common sources where respondents are accessing this information. Additionally, the aging network can provide information on topics of interest such as nutrition/healthful eating, grocery shopping, physical activity, and community-based food and nutrition programs.

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