

# STATE OF AGING IN CENTRAL INDIANA



## SECTION 3 FOOD INSECURITY



SEASONINGS/  
SPICES

PASTA

In this report, we refer to three subsets of older adults.

Younger-old: age 55-64

Middle-old: age 65-84

Oldest-old: age 85+

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# FOOD INSECURITY

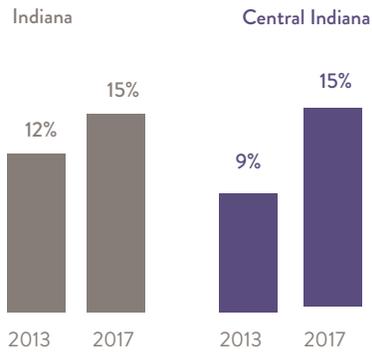
Food insecurity is a challenge for many older adults with low incomes. Nationally, one in ten households are food insecure, and the rate is even higher in Indiana. This section of the report discusses the breadth of food insecurity among Central Indiana's older adults, including food access and barriers to food security. Key findings include:

- One out of 10 adults age 50 and older in Indianapolis are food insecure.
- Indiana's overall food insecurity rate is significantly higher than the national rate and has continued to increase over the past decade.
- According to older adults and service providers, the chief barriers to food access and security are transportation and money.
- The Federal Supplemental Nutrition Assistance Program (SNAP) provides necessary benefits to older adults experiencing poverty, yet only half of eligible adults age 60 and older participate in the program.

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## An increasing number of older adults have a hard time getting enough to eat.

Percent of older adults who report at least a minor problem having enough to eat

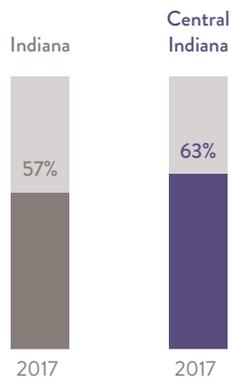


Source: CASOA

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## One in three older adults is challenged to find available and affordable food

Percent of older adults who report the availability of affordable food in their community as good or excellent



Source: CASOA

The U.S. Department of Agriculture (USDA) defines food insecurity as households not having the resources for enough food at some point during the year. In 2019, 10.5% (13.7 million) of U.S. households were food insecure, a significant decline from 2018 (11.1%).<sup>1</sup> This is the second year in a row the food insecurity rate dropped below the 2007, pre-recession level, peaking at 15% in 2011.<sup>2</sup> Nationwide, while adults ages 50-59 and age 60 and older experience lower rates of food insecurity (10.6% and 7.3% respectively) than the general public, their food insecurity rates are still greater than in 2007.<sup>3, 4</sup>

One out of 10 older adults age 50 and older in Indianapolis are food insecure.<sup>5, 6</sup> The rate of food insecurity in Indianapolis is 12.9% for adults age 50 to 59 and 9.9% for those age 60 and older. Both are significantly higher than for the state of Indiana (11.8% and 7.9% respectively),<sup>7, 8</sup> and the Midwest (9.7% and 6.4% respectively).<sup>7, 8</sup> Of the 51 national metro areas compared by Feeding America, the Indianapolis food insecurity rate for adults 60 and older ranks as the sixth highest, and 18th highest for adults age 50 to 59.

Within the Central Indiana region, finding affordable, quality food is a challenge for some. Both older adults and service providers in Central Indiana report that lack of transportation and money are barriers to food security among this population. For a discussion of transportation issues, see the Transportation section of this report.

## FOOD SECURITY AND FOOD ACCESS

In 2020, America's Health Rankings Senior Report ranked Indiana as 43rd in the nation for SNAP reach – only half of adults age 60 and older experiencing poverty participate in the program.<sup>9</sup> According to the Administration for Community Living, 7,313 older adults in Indiana who are at a high nutrition risk received a home-delivered meal in 2018, representing almost 3% of the eligible population. During that same year, 6% received a congregate meal, which is an on-site meal paired with the opportunity to socialize with other older adults.<sup>10</sup>

Survey responses related to food and nutrition are mixed. In 2017, two-thirds (60%) of households responding to the Community Assessment Survey for Older Adults™ (CASOA) in the Central Indiana region rated the availability of affordable, quality food in their communities as excellent or good. A minority (15%) stated that having enough food to eat was at least a minor problem, marking

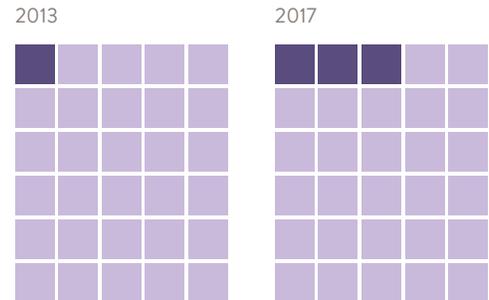
a six percentage point increase since 2013. When asked if they had visited a nutrition or meal site during the past 12 months, only 9% of households had done so at least once, also a six percentage point increase since 2013.<sup>11</sup>

## NEEDS OF OLDER ADULTS

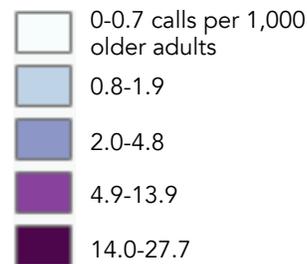
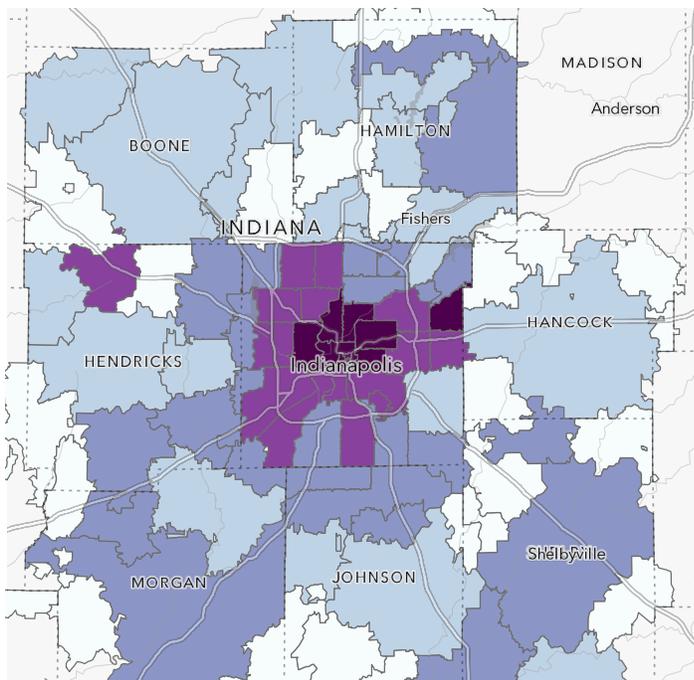
Indiana households experiencing hunger have the option of dialing 2-1-1 to connect with needed services. In 2019, there were 1,768 calls to 2-1-1 from Central Indiana adults age 55 and older requesting assistance obtaining food or a meal.<sup>12</sup> There is a marked difference between age groups—the young-old were two-and-a-half times more likely to contact 2-1-1 to address food insecurity than the middle-old, while the rate of food assistance requests was lowest for the oldest-old.

A small but growing share (9%) of older adult households in Central Indiana visited a nutritional or meal site.

Source: CASOA



## Calls related to food in each ZIP code



The ZIP codes with the greatest number of support calls per 1,000 older adults are in Marion County, with the highest rates originating from downtown Indianapolis, and on the Near Northwest, the Near Northeast, and the Near East sides of the city. The following ZIP codes all have more than 20 calls for help with food needs per 1,000 older adults, which means that at least 2% of older adults

### Top Food-related Older Adult 2-1-1 Inquiries (n=1,768)

Request	Calls	Percent of food-related calls
Food Pantries	1,532	87%
Home Delivered Meals	115	6.5%
Grocery Ordering/Delivery	75	4.2%
Soup Kitchens	73	4.1%
Food Vouchers	30	1.7%

Source: Indiana 2-1-1 via SAVI, 2019

“I don’t need to go to the [food] pantry. I just need to go to the store.”

Focus group participant

Several focus group participants noted that they had the means to purchase food, but lack of transportation is the barrier to accessing it.

in that area called 2-1-1 for help: 46201, 46202, 46204, 46208 and 46218.<sup>13</sup>

The overall state trend of worsening food insecurity over the past decade and the significant increase in older adults in Central Indiana without enough food to eat is counter to the national trend of improved food security.

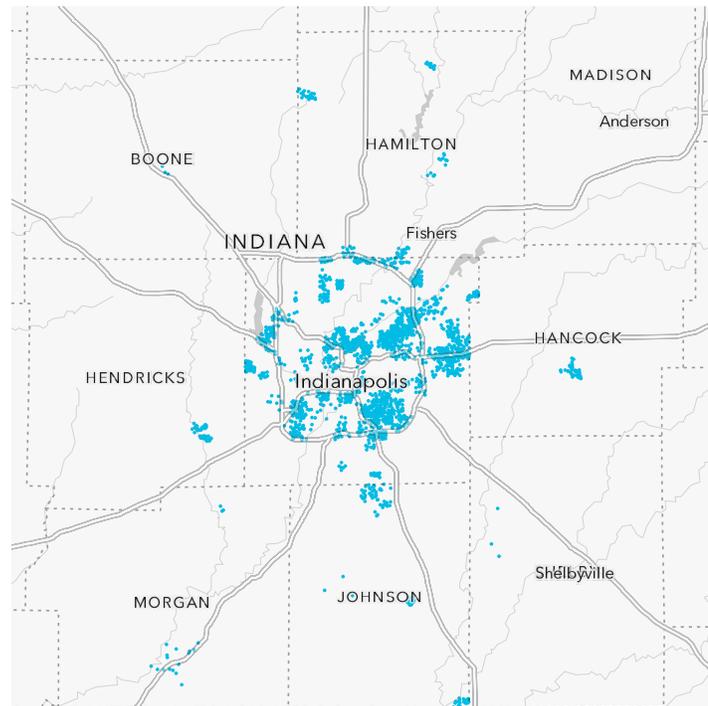
According to the USDA Food Access Research Atlas, areas with low food access tend to be in urban areas.<sup>14</sup> Nationally, food deserts tend to be located primarily in urban areas. Consistent with this trend, most food-insecure older adults in Central Indiana live in Marion County. Over 48,000 (10.6%) older adults live in food deserts in Central Indiana. Of these, 99.1% are in urban areas.

In 2016, the number of residents living in food deserts in

### In Central Indiana, 48,000 older adults live in food deserts

Older Adults Living in Food Deserts

County	Number	Percent of older adults
Boone	63	0.4%
Hamilton	1,669	2.3%
Hancock	730	3.4%
Hendricks	869	2.1%
Johnson	1,892	4.8%
Marion	42,362	18.7%
Morgan	381	1.8%
Shelby	63	0.5%
Central Indiana	48,029	10.6%



the City of Indianapolis increased because of the closure of the Marsh Grocery store chain. By 2019, there was a net increase in grocery stores, but because few of the new stores replaced locations vacated by Marsh, the result was a net increase in those living in food deserts. The number of grocery stores in Indianapolis continued to increase in 2020, reducing the number of individuals living in food deserts to similar levels as 2016.

While food access improved for those near downtown Indianapolis, it diminished for those in Indianapolis who live farther away from downtown and are also affected by limited public transportation to nearby stores. The latter makes it even more difficult for older adults already living in food deserts to obtain the food they need to survive. In addition to local not-for-profit efforts to increase food access, Indianapolis Mayor Joe Hogsett's administration introduced new programs in 2019. One of these is the Neighborhood Food Champion program, which funds proposals to address food access problems.<sup>15</sup> Another recent program is the Lyft Indy Grocery Access program, which provides households living in low food access areas on the city's Far East and Near Northwest sides with low-cost Lyft rides to grocery stores.<sup>16</sup> This program has provided over 17,400 rides since its inception.<sup>17</sup>



## HIGHLIGHTING EQUITY

### FACTORS THAT INFLUENCE URBAN FOOD DESERTS

A variety of factors influence the prevalence of food deserts, particularly in urban areas.



#### ORGANIZATIONAL FACTORS

##### *Food quality at grocery stores and supermarkets*

Large supermarkets, which are more likely to be found outside city centers and on thoroughfare roads, have been shown to stock greater amounts of fresh, healthy foods at lower costs. In contrast, smaller grocery stores and convenience stores that are more common in urban areas typically stock a larger proportion of processed, high-fat foods.<sup>18</sup>

##### *Supermarket growth in suburban locations*

As more people settled outside the city limits at the end of the 20th century, supermarkets began to primarily build new stores in suburban areas.<sup>19</sup> The resulting lack of new supermarket development in urban areas may also be a result of the demographic and socio-economic composition of the neighborhoods most in need of healthy food options. Neighborhoods with higher concentrations of people of color or people experiencing poverty are most likely to have low food access. Because these populations already face other barriers such as low incomes and high unemployment rates, supermarkets and grocery stores may find that these neighborhoods cannot economically sustain new locations.<sup>20</sup> Some food policy experts believe that negative

stereotypes of crime and poverty in Black neighborhoods, as well as perceived challenges in hiring and retaining employees, may cause supermarkets to avoid opening stores in these neighborhoods.<sup>21</sup> In fact, analyses have shown that at equal levels of poverty, majority-Black census tracts have the fewest number of supermarkets compared to majority-White, majority-Latinx, or integrated neighborhoods.<sup>22</sup> This lack of access to healthier food options further exacerbates health disparities among Black older adults and other older adults of color.



### *COMMUNITY FACTORS: ACCESS TO TRANSPORTATION*

Another factor contributing to inability to access food among urban residents is a lack of transportation to grocery stores. As larger supermarkets are built outside the city and smaller neighborhood grocers close, affordable, healthy food is only available to those who have access to a car or public transportation.<sup>23</sup> In urban food deserts, the percentage of households without access to vehicles is significantly higher than in other urban areas.<sup>24</sup> This need for transportation presents specific challenges for older residents in food deserts, as they may face physical limitations when driving, walking or using public transportation. Additionally, they may not be able to afford the travel expenses associated with going to a grocery store.<sup>25</sup> Older adults in urban food deserts who do not own a vehicle were 12 percentage points more likely to report food insufficiency than older adults in the same areas that did own a car.



### *POLICY FACTORS: SNAP BENEFITS MAY BE FALLING SHORT, PARTICULARLY FOR OLDER ADULTS*

Although many older adults experience food insecurity while living on fixed incomes, they are less likely to participate in the Supplemental Nutrition Assistance Program (SNAP) than younger adults. One explanation is that limited access to and affordability of transportation to grocery stores and supermarkets diminishes uptake of SNAP benefits among this age group. As a result, older adults are more likely to rely on meal delivery programs like Meals-On-Wheels.<sup>26</sup>

## FOOD ACCESS AND SECURITY BARRIERS

Both service providers and older adult focus group participants indicated that hunger is a function of both money and access to transportation. An important barrier to obtaining enough food is transportation.<sup>27</sup> In more than one focus group, participants indicated that they have the means to purchase food, but they are sometimes unable to access it due to lack of transportation: “I don’t need to go to the [food] pantry. I just need to go to the store.” One focus group mentioned that the senior center bus that takes them to the grocery store only does so sporadically,

due to lack of funding. Older adults clearly see the linkage between lack of transportation and food insecurity in their lives.

## RESPONDING TO FOOD INSECURITY

According to service providers, many older adults use food pantries as an additional source of food to avoid going hungry between social security payments. There are 311 organizations providing emergency food programs all throughout Central Indiana. These programs include food pantries (190 programs), food vouchers (107 programs) and packed lunches (8 programs). There are also over 100 programs assisting with meals in Central Indiana. These include congregational meals, soup kitchens, meal vouchers and home delivery of meals. CICOA Aging and In-Home Solutions (CICOA), the area agency on aging serving the SoAR geographic area, is the largest organization providing meal assistance for older adults. CICOA assists seniors through multiple programs, including: 1) frozen meal delivery for home-bound individuals 60 and over; 2) neighborhood congregational meals at over 20 locations; and 3) a voucher program that allows individuals 60 and over to purchase discounted meals at 11 hospital cafeterias and restaurants. All these programs have a suggested contribution of \$3.00 per meal.

When asked if they are impacted by food insecurity, focus group participants conveyed different experiences. Some said this was not a problem, while others indicated they can always use extra food when it is available. A variety of opportunities to access additional food were mentioned. These include food pantries and hot prepared meals at senior centers or through Meals on Wheels. Other focus group participants communicated they were unaware of food assistance programs.

Food insecurity and low food access among older adults are influenced not only by cost and availability of healthy food, but by their ability to access it. Access is affected not only by availability of transportation to stores and food pantries, but also by whether the individuals in need are aware of the services that are available. The recent efforts to improve food access among some of the most food insecure neighborhoods in Marion County may help reduce this problem, if used by those in need.

## ENDNOTES

- 1 Alisha Coleman-Jensen, "Household Food Security in the United States in 2019" (USDA ERS, 2019).
- 2 Coleman-Jensen.
- 3 JP Ziliak and C Gundersen, "The State of Senior Hunger" (Feeding America, May 2020), <https://www.feedingamerica.org/research/senior-hunger-research/senior>.
- 4 JP Ziliak and C Gundersen, "Hunger Among Adults Age 50-59 in 2018" (Feeding America, May 2020), <https://www.feedingamerica.org/sites/default/files/2020-05/2020-Hunger%20Among%20Adults%2050-59%20in%202018.pdf>.
- 5 Ziliak and Gundersen, "The State of Senior Hunger."
- 6 Ziliak and Gundersen, "Hunger Among Adults Age 50-59 in 2018."
- 7 Ziliak and Gundersen, "The State of Senior Hunger."
- 8 Ziliak and Gundersen, "Hunger Among Adults Age 50-59 in 2018."
- 9 "2020 Senior Health" (United Health Foundation), accessed February 4, 2021, <https://www.americashealthrankings.org/learn/reports/2020-senior-health>.
- 10 "Aging, Independence, and Disability (AGID) Program Data Portal" (Administration for Community Living U.S. Department of Health & Human Services), accessed February 4, 2021, <https://agid.acl.gov/>.
- 11 National Research Center Inc., "Community Assessment Survey for Older Adults: 2017 Report Results for Central Indiana" (Boulder: CICOA Aging and In-Home Solutions, 2017), <https://cicoa.org/news-events/research/>.
- 12 Polis Center analysis of data provided by Indiana 2-1-1
- 13 Indiana 2-1-1 data analysis is provided by the SAVI Community Information System. 2-1-1 is a free and confidential service that helps Hoosiers across Indiana find the local resources they need. When a client calls 2-1-1 for help, this is referred to as an interaction. During each interaction, a client may communicate one or more needs, related to a single problem or multiple problems. When a call is received by 2-1-1, it is placed in one or more categories, depending on the nature of the need(s) expressed by the caller. For example, if a caller requests a referral for a food pantry, a referral for transportation to help get to that pantry, a referral for donated clothing, and a referral for a soup kitchen, the call is identified as a single, unique call related to food needs, transportation needs and material assistance needs. Even though there are two different food-related needs expressed, the call is only counted as a single call for food-related help. In the 2019 dataset, 75% of caller data specified client age, while the remainder did not. In this report, only data with the age of the client (between 55 and 105 years old) was used.
- 14 "Food Access Research Atlas" (USDA ERS), accessed February 4, 2021, <https://www.ers.usda.gov/data-products/food-access-research-atlas/>.
- 15 "Neighborhood Food Champion Application" (City of Indianapolis), accessed February 4, 2021, <https://www.indy.gov/activity/neighborhood-food-champion-application>.
- 16 Lyft Inc, "Access to Healthy Food in Indianapolis - Lyft Grocery Access," Lyft, accessed February 4, 2021, <https://www.lyft.com/lyftup/grocery-access/indianapolis-in>.
- 17 "Food Insecurity: Indianapolis Launches Division to Battle Food Insecurity," Indianapolis Star Press, January 28, 2021, [www.indystar.com](http://www.indystar.com).
- 18 Kelly M Bower et al., "The Intersection of Neighborhood Racial Segregation, Poverty, and Urbanicity and Its Impact on Food Store Availability in the United States," *Preventive Medicine* 58 (January 2014): 33–39, <https://doi.org/10.1016/j.ypmed.2013.10.010>.

- 19 Nathaniel Meyersohn, "How the Rise of Supermarkets Left out Black America," CNN Business, June 16, 2020, <https://www.cnn.com/2020/06/16/business/grocery-stores-access-race-inequality/index.html>.
- 20 Paula Dutko, Michele Ver Ploeg, and Tracey Farrigan, "Characteristics and Influential Factors of Food Deserts," accessed February 4, 2021, <http://www.ers.usda.gov/publications/pub-details/?pubid=45017>.
- 21 Meyersohn, "How the Rise of Supermarkets Left out Black America."
- 22 Bower et al., "The Intersection of Neighborhood Racial Segregation, Poverty, and Urbanicity and Its Impact on Food Store Availability in the United States."
- 23 Renee E. Walker, Christopher R. Keane, and Jessica G. Burke, "Disparities and Access to Healthy Food in the United States: A Review of Food Deserts Literature," *Health & Place* 16, no. 5 (September 2010): 876–84, <https://doi.org/10.1016/j.healthplace.2010.04.013>.
- 24 Dutko, Ploeg, and Farrigan, "Characteristics and Influential Factors of Food Deserts."
- 25 Katie Fitzpatrick, Nadia Greenhalgh-Stanley, and Michele Ver Ploeg, "The Impact of Food Deserts on Food Insufficiency and SNAP Participation among the Elderly," *American Journal of Agricultural Economics* 98, no. 1 (2016): 19–40, <https://doi.org/10.1093/ajae/aav044>.
- 26 Fitzpatrick, Greenhalgh-Stanley, and Ploeg.
- 27 Thirty-five key informant interviews with caregivers and service providers and nine focus groups with older adults were conducted during 2019 and 2020 to collect input on issues facing the older adult population in Central Indiana. Public and not-for-profit sector leaders and service providers who are knowledgeable about service systems and issues pertaining to older adults in Central Indiana were identified and interviewed as key informants during report preparation. Focus groups composed of older adults were assembled with the identification and recruitment assistance of community service providers. These focus groups were conducted by researchers, in person prior to the COVID-19 pandemic, and by Zoom after the pandemic began. The questions asked of the focus group participants were discussed and agreed upon by research faculty and staff.

# Download the data used in this chapter.

Download spreadsheets containing our source data  
by [clicking here](#) or scanning the QR code below.

