



SNAP-Ed Needs Assessment



Purpose

In February 2023, Indiana Department of Health (IDOH) contracted with Limelight Analytics, LLC to conduct a needs assessment for Indiana's Supplemental Nutrition Assistance Program Education (SNAP-Ed). The results of the needs assessment are intended to inform the development of Indiana's 2024 SNAP-Ed Plan. The needs assessment will also be used to inform strategic planning for the Division of Nutrition and Physical Activity (DNPA) of IDOH, which is the department responsible for implementing SNAP-Ed in Indiana.

SNAP-Ed Overview

The Supplemental Nutrition Assistance Program (SNAP) is a federally funded and state-administered program that provides eligible households with financial support to purchase food at participating retailers. In Indiana, SNAP is administered by the Family and Social Services Administration (FSSA), and families that receive support from SNAP can buy nutritious food through Electronic Benefits Transfer cards. To qualify for SNAP in Indiana, applicants must meet certain non-financial and financial requirements. Non-financial requirements include state residency, citizenship status, work registration and cooperation with the IMPACT (job training) program. Financial criteria include both income and asset limits.

SNAP-Ed is intended to strengthen the public health impact of SNAP by increasing food security and improving nutrition to prevent or reduce the prevalence of chronic disease, including obesity, among the SNAP-eligible population. The US Department of Agriculture (USDA) funds SNAP and SNAP-ed, with oversight provided by Food and Nutrition Service (FNS). USDA defines food security as, "access at all times to enough food for an active, healthy life. An active, healthy life depends on both adequate amounts of food and the proper mix of nutrient-rich food to meet an individual's nutrition and health needs¹".

The goal of SNAP-Ed is, "To improve the likelihood that persons eligible for SNAP will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current DGA and the USDA food guidance²."

NOTES:

(1) The United States Department of Agriculture Economic Research Service. (2022, October). *Definitions of Food Security*. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security/>.

(2) Supplemental Nutrition Assistance Program Nutrition Education (SNAP-Ed) Plan Guidance for Fiscal Year (FY) 2024, United States Department of Agriculture Food and Nutrition Service. <https://snaped.fns.usda.gov/sites/default/files/documents/FY24SNAPedPlanGuidancememo.pdf>.

SNAP-Ed implementation includes three evidence-based strategies: (1) direct education; (2) social marketing; and (3) policy, systems, and environmental (PSE) changes. It should be noted that although the primary audience of SNAP-Ed is SNAP-eligible people, PSE changes frequently reach wider audiences of varying income levels. The federally defined SNAP-Ed target audience includes, “SNAP-Ed eligible individuals; specifically, SNAP participants and other low-income individuals who qualify to receive SNAP benefits or other means-tested Federal assistance programs.” Individuals who live in communities with a significant (50 percent or greater) proportion of low-income residents are also included within the target audience for SNAP-Ed.

Needs Assessment Questions

Methodology for the needs assessment was developed using a health equity lens, for which the motivating question was, “Which communities or populations should SNAP-Ed focus on reaching in order to reduce nutrition-related health inequities in the SNAP-eligible population?” To answer this overarching question, a subset of four questions was developed to frame the needs assessment:

1. What are the sociodemographic, health, and environmental needs of Indiana’s SNAP-eligible population?
2. Who is eligible for SNAP but not currently being served by SNAP-Ed?
3. Which partners are best positioned to deliver nutrition and physical activity resources and services to SNAP-eligible populations?
4. How can Indiana include SNAP-eligible communities in SNAP-Ed planning and implementation?

SNAP-Ed Needs Assessment Advisory Committee

To ensure the quality and integrity of the needs assessment process, a statewide advisory committee was formed. This advisory committee included 15 people who were: 1) very familiar with the SNAP-Ed target audiences, and 2) had the experience and/or knowledge to provide subject-matter expertise related to food access, nutrition, and physical activity behaviors. With input from DNPA, invitations were extended to leaders and experts in Indiana who met these criteria.

The advisory committee convened via Zoom in March 2023 to review and provide feedback on the needs assessment methodology and guiding questions. A second online convening was held again in June 2023 to review the preliminary results, identify key findings, and develop recommendations. Representation from IDOH was provided by the SNAP-Ed and Nutrition Programs Director and the Director of the Division of Nutrition and Physical Activity (DNPA), both of whom attended the advisory committee meetings to provide information and context. With gratitude, we recognize the contributions of the following advisory committee members, who generously gave their time to this project.

Table 1. SNAP-Ed Needs Assessment Advisory Committee Members

<p>Allie Caito-Sipe Assistant Director of School Nutrition Indiana Department of Education</p>	<p>Kylee Bennet, MBA-HCA Parkview Health Community Well-Being Manager</p>
<p>Anastasia Oguntade, CLS Indiana Breastfeeding Coalition</p>	<p>Marcie L. Memmer, MPH, MCHES Program Manager, Community Benefit & Health Policy Indiana University Health - System Health Solutions</p>
<p>Antonia Sawyer, MS Lead, Hoosier Health and Wellness Alliance</p>	<p>Mylan Gaston, MPH Healthy Hoosier Communities Liaison Center of Rural Engagement, Indiana University Bloomington</p>
<p>Dawn Sanford Director of Barrier Reduction Indiana Family and Social Services Administration</p>	<p>Tony Gillespie Vice President of Public Policy/Engagement Indiana Minority Health Coalition</p>
<p>Emily Weikert Bryant Executive Director Feeding Indiana's Hungry</p>	<p>Priscilla Barnes, MPH, PhD, MCHES Associate Professor IU School of Public Health - Bloomington</p>
<p>Jodee Smith Indiana University IU Food Institute, Sustainable Food Systems Science</p>	<p>Virginia Pleasant, PH.D. Co-Executive Director Northwest Indiana Food Council</p>
<p>Joyce Fillenwarth State Office Rural Health Manager Indiana Department of Health</p>	<p>Cheryl Kilmark After-school Program Coordinator Get On Board Active Living (GOAL)</p>
<p>Karen Shore, MPH Founder and Principal Upstream Strategies LLC</p>	

Data Collection

Limelight Analytics, LLC utilized a mixed-methods approach for the 2023 Indiana SNAP-Ed Needs Assessment. The assessment included both quantitative and qualitative methods including secondary analysis of public health data, analysis of qualitative data from key-informant interviews and focus groups, review of community dialogues conducted by the Indiana State Nutrition Action Committee (SNAC), and GIS data mapping. Limelight Analytics, LLC facilitated all data collection, analysis, and reporting. Primary data collection and analyses of secondary data occurred from March through May 2023. A summary of all data collected and analyzed for the purpose of the needs assessment is presented in Table 2.

Table 2. SNAP-Ed Needs Assessment Data Sources

Assessment Topic	Data Sources
1. Sociodemographic, health, and environmental needs of the SNAP-eligible population.	Secondary Data Sources: US Census, CDC, BRFSS, Food Access Research Atlas, County Health Rankings (RWJ Foundation), SNAP-Ed Assessment, Purdue University Research Repository.
1. SNAP-Ed coverage and service gaps.	Secondary Data Sources: US Census, Indiana SNAP-Ed Administrative Data (PEARS), Share Our Strength, Indiana Department of Health.
1. State/local partners positioned to support SNAP-Ed service delivery.	Primary Data Collection: (2) Focus Groups and/or Interviews with key informants; (2) SNAC Dialogue Sessions (completed earlier in 2022).
1. Including SNAP-eligible communities in planning and implementation.	Primary Data Collection: (1) Focus Groups and/or Interviews with key informants; (2) SNAC Community Conversations (Spring 2023).

Primary Data Collection

Limelight Analytics, LLC conducted 12 key-informant interviews and five focus groups with leaders of statewide and local organizations supporting food access, healthcare, and capacity-building in rural communities. Indiana University faculty who studied food systems from a variety of perspectives were also interviewed. Additional interviews were conducted with representatives from SNAP-Ed implementing agencies and grantees including Purdue Extension (PEX) Nutrition Education Program (NEP), the Division of Nutrition and Physical Activity (DNPA) at IDOH, JumpIN for Healthy Kids, and Indy Hunger Network. Interviews and focus groups with representatives of PEX included members of the NEP leadership team, regional supervisors, and community wellness coordinators. Although all interviews were tailored to include questions specific to the research, knowledge base, or experience of the interviewee, general topics included:

- Populations most in need of SNAP-Ed
- Support most often needed within SNAP-eligible populations
- Underserved SNAP-Ed eligible populations
- Barriers and opportunities for SNAP-Ed

Secondary Data Analysis

Limelight Analytics, LLC analyzed existing (secondary) data from means-tested state and national sources including the American Community Survey (ACS), Behavioral Risk Factor Surveillance System (BRFSS), Robert Wood Johnson County Health Rankings, Centers for Disease Control Social Vulnerability Index (SVI), Food Access Research Atlas, and SNAP-Ed Assessment tool. Additional sources and definitions are listed in the footnotes of this report. Additional qualitative data included in the needs assessment came from two data collection efforts led by the Indiana State Nutrition Action Committee (SNAC): (1) *Dialogue Sessions* completed fall 2022; and (2) *Community Conversations* conducted in partnership with the Indiana Minority Health Coalition in spring 2023. The Dialogue Sessions conducted in 2022 were designed to gather feedback about food access and safe physical activity environments from 130 public health professionals around the state. The community conversations in the Spring of 2023 were facilitated in four counties (Tippecanoe, Delaware, Vigo, Lake). An additional community conversation was facilitated in partnership with the PEX NEP CWC and other partners in Fayette County. The goal of these sessions was to hear from local partners in food systems and community nutrition work. Limelight Analytics, LLC did not facilitate these data collection efforts, but examined the results and reviewed the results with DNPA staff members.

The results of data collection and analyses conducted for the needs assessment are presented in alignment with each of the guiding questions. A review of key findings, accompanied by implications for the FY 2024 SNAP-Ed State Plan is presented following these results.

Question 1: What are the sociodemographic, health, and environmental needs of Indiana’s SNAP-eligible population?

Indiana’s Population

Indiana is the 17th most populous state in the United States with an estimated population of 6.83 million in 2022³. The total area is 35,826 square miles, making Indiana the 38th largest state in size. Although Indiana is often perceived to be a predominantly rural state, less than 14% (900,000 residents) live in rural counties, as defined by the Purdue Extension Center for Rural Development⁴. Their criteria for classifying rural, rural/mixed, and urban counties in Indiana include consideration of the size of the overall county population, the population density, and size of the largest city or town in the county. Using the specific delineations shown in Table 3, there are 42 counties classified as rural, 33 classified as rural/mixed, and 17 classified as urban.

Table 3. Classification Criteria Used by the Center for Rural Development for Indiana Counties

Criteria	Rural	Rural/Mixed	Urban
Population	Less than 40,000	40,000 – 100,000	Over 100,000
Density (people per sq. mi.)	Less than 100	100 to 200	Over 200
Population of largest city	Less than 10,000	10,000 to 30,000	Over 30,000
Identity	Rural	Rural with larger town(s)	Urban/suburban
Number of counties	42	33	17
Total population & percent of state’s population	891,906 (14%)	1,827,247 (24%)	4,012,542 (62%)
Area (sq. mi.) & percent of total state’s land mass	15,963 (44%)	12,783 (35%)	7,674 (21%)

NOTES:

(3) Indiana Quick Facts, 2022 ACS 5-year estimates, United States Census Bureau, <https://www.census.gov/quickfacts/IN>.

(4) “Defining Rural Indiana – The First Step”, Purdue Extension Center for Rural Development, <https://www.extension.purdue.edu/extmedia/ec/ec-766-w.pdf>.

The *Index of Relative Rurality* (IRR) is a continuous measure of rurality that is similarly based on population size, density, remoteness, and built-up area. The original version of the IRR was developed by Waldorf⁵ in 2006 as an alternative to the threshold-based classifications, such as the one presented in Table 3. In 2015 Waldorf and Kim developed an improved county level IRR using 2000 and 2010 Census data. The IRR ranges between 0 (low level of rurality, i.e., urban) and 1 (most rural). Although there are several ways of identifying rural geographies, rurality is a concept that remains challenging to define. Because rurality is an important consideration when designing and delivering a statewide public health intervention, we elected to use the IRR as the conceptual representation of “rurality” for Indiana’s SNAP-Ed needs assessment. This measure of rurality allows Indiana to consider two interrelated questions: (1) What is the degree of rurality in each Indiana County; and (2) How does this affect the design and delivery of SNAP-ed programming to reach underserved populations?

Map 1 displays county-level estimated SNAP-eligibility rates (based on the percent of households earning less than 185% of the Federal Poverty Level (FPL) and the rurality of each county dichotomized as greater than or less than .5. Counties that include yellow stripes are the most rural of Indiana’s 92 counties. As shown in the map, four of the five counties with the highest rates of SNAP eligibility have an RRI of .5 or greater. Map 1 illustrates the extent to which SNAP eligibility in Indiana is often most prevalent within rural counties. It should be noted that even though greater *numbers* of SNAP-eligible people live in more populated counties (which are also less rural), the proportion of SNAP-eligible household relative to the total number of households is frequently higher in more rural counties.

NOTES:

(5) A Continuous Multi-dimensional Measure of Rurality: Moving Beyond Threshold Measures:
<https://ageconsearch.umn.edu/record/21383>

Map 1.

SNAP Eligibility and Relative Rurality of Indiana Counties

SNAP Eligibility (%)

8 - 15

16 - 22

23 - 29

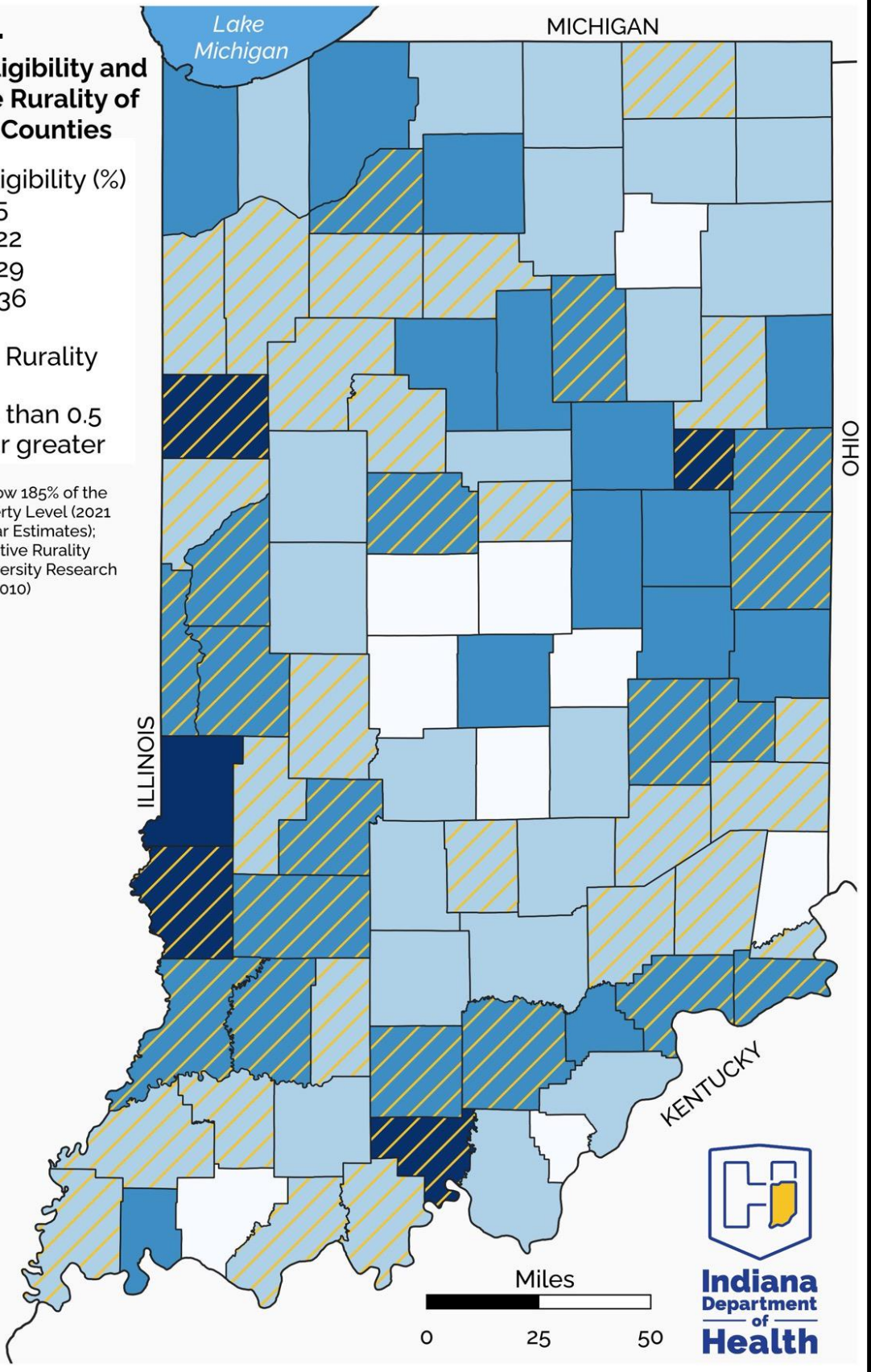
30 - 36

Relative Rurality Index

Less than 0.5

0.5 or greater

Families Below 185% of the Federal Poverty Level (2021 ACS Five-Year Estimates); Index of Relative Rurality (Purdue University Research Repository, 2010)



Racial and Ethnic Composition of Indiana

Most Hoosiers identify as White alone (non-Hispanic). The largest minority group in Indiana is black or African American, accounting for around 9% of the population in 2021. Hispanic/Latinos make up approximately 8% of the population, while Asian and individuals of mixed race represent smaller percentages⁷.

Table 4. Indiana Race/Ethnicity Estimates (2021 ACS)

Race/Ethnicity	Percent of Population
White alone, not Hispanic or Latino	77%
Black or African American alone	9%
Hispanic or Latino (of any race)	8%
Two or more races	4.1%
Asian alone	2%
Some other race alone	0.4%
American Indian and Alaska Native alone	0.1%
Native Hawaiian and Other Pacific Islander alone	Less than 0.1%

Race, Ethnicity & Rurality in Indiana

Even though nearly a quarter of all Indiana residents are non-white, most Indiana’s 92 counties have a population base that is at least 90% white. Indiana’s ten most diverse are shown in Table 5, and it’s evident that Lake and Marion Counties are by far the most diverse with 47% of the population identifying as non-white.

Table 5. Indiana's Ten Most Racially/Ethnically Diverse Counties (2021 ACS)

County	% White Alone	% Black Alone	% Hispanic
Lake	53%	23%	20%
Marion	53%	28%	11%
St. Joseph County	71%	12%	9%
Allen	72%	11%	8%
Elkhart	74%	5%	17%
Tippecanoe	74%	6%	9%
Cass	78%	1%	16%
LaPorte	78%	11%	7%
Bartholomew	80%	2%	8%
Clinton	81%	1%	17%

NOTES:

(7) U.S. Census Bureau, (2023). Demographic and Housing Estimates, 2021 American Community Survey 1-Year Estimates. Retrieved from <https://data.census.gov/table?q=indiana+DP05&tid=ACSDP1Y2021.DP05>

The Hispanic population in Indiana has grown significantly over the past 20 years. From 2000 to 2020, the Hispanic population has more than doubled, reflecting a similar trend across the United States. U.S. Census data show that in 2000, Indiana had an estimated Hispanic population of approximately 233,000, which accounted for around 4% of the state's total population. By 2020, the Hispanic population had increased to approximately 619,000, constituting about 9% of the state's total population. This increase reflects a growth rate of over 165%.

Indiana's most populous counties also include the greatest numbers of Hispanic individuals. However, as show in Table 6, many of Indiana's more rural counties include increasing larger proportions of Hispanic individuals. Among all Indiana counties with a Hispanic population of at least 5% or more, 12 have an IRR score of .49 or higher. These same counties have relatively small proportion of Black residents.

Table 6. Indiana Counties with at least 5% Hispanic Population (2021 ACS)

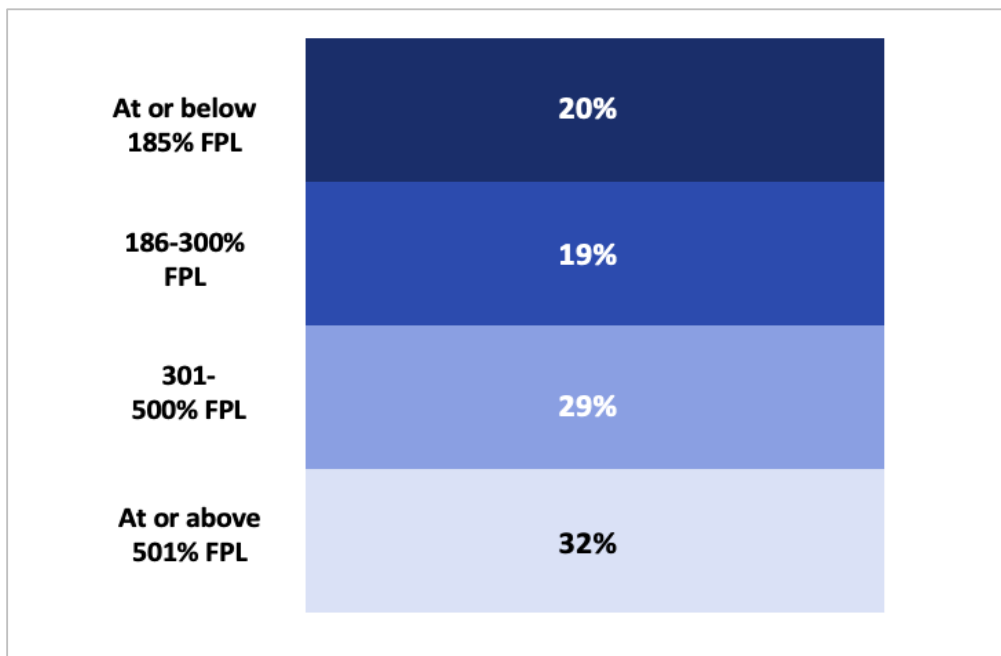
County	% White Alone	% Black Alone	% Hispanic	IRR
Lake	53%	23%	20%	0.27
Elkhart	74%	5%	17%	0.37
Clinton	81%	1%	17%	0.50
Cass	78%	1%	16%	0.49
Marion	53%	28%	11%	0.14
Noble	86%	0%	11%	0.48
Porter	82%	4%	10%	0.38
Marshall	87%	1%	10%	0.48
St. Joseph	71%	12%	9%	0.35
White	89%	0%	9%	0.52
Tippecanoe	74%	6%	9%	0.40
Dubois	89%	1%	8%	0.49
Kosciusko	87%	1%	8%	0.46
Allen	72%	11%	8%	0.35
Jackson	87%	1%	8%	0.49
Bartholomew	80%	2%	8%	0.45
Newton	90%	1%	7%	0.54
LaPorte	78%	11%	7%	0.44
Jasper	89%	1%	6%	0.51
Clark	82%	7%	6%	0.41
Benton	91%	1%	6%	0.56
Daviess	89%	2%	6%	0.51
Fulton	91%	1%	5%	0.52
Montgomery	91%	1%	5%	0.49
Shelby	92%	1%	5%	0.48
Adams	93%	1%	5%	0.49
Grant	84%	7%	5%	0.46
Carroll	93%	1%	5%	0.52

SNAP-Ed Eligibility in Indiana

The federally defined SNAP-Ed target audience includes, “SNAP-Ed eligible individuals; specifically, SNAP participants and other low-income individuals who qualify to receive SNAP benefits or other means-tested Federal assistance programs.” Individuals who live in communities with a significant (50 percent or greater) proportion of low-income residents are also included within the target audience for SNAP-Ed. FNS 2024 guidance for SNAP-Ed also includes “those who qualify for other means tested Federal assistance programs” to include those programs that require income and/or assets of a family to be at or below 200% of the Federal Poverty Level (FPL) to qualify. **For this reason, SNAP-Ed eligibility for Indiana’s SNAP-Ed needs assessment will be estimated by using 185% FPL**, an indicator commonly used by other states for needs assessment purposes, one for which data are readily available at the state and county level through the US Census Bureau.

There are an estimated 1.7 million families in Indiana, of which 20% are estimated to be eligible for SNAP-Ed (<185% FPL)⁸. SNAP-Ed eligibility among families living in the 36 most rural counties in Indiana (those counties with an Index of Relative Rurality of greater than 0.5⁹) is 22%, slightly higher than the statewide rate.

Figure 1. Federal Poverty Levels of Indiana Families (2021 ACS)



NOTES:

(8) U.S. Census Bureau, (2023). Poverty Status in the Past 12 Months of Families, 2021 American Community Survey 1-Year Estimates. Retrieved from <https://data.census.gov/table?q=indiana+S1702&tid=ACST1Y2021.S1702>

(9) Waldorf, B.; Kim, A. (2018). [The Index of Relative Rurality \(IRR\) : US County Data for 2000 and 2010](#). Purdue University Research Repository. [doi:10.4231/R7959FS8](https://doi.org/10.4231/R7959FS8)

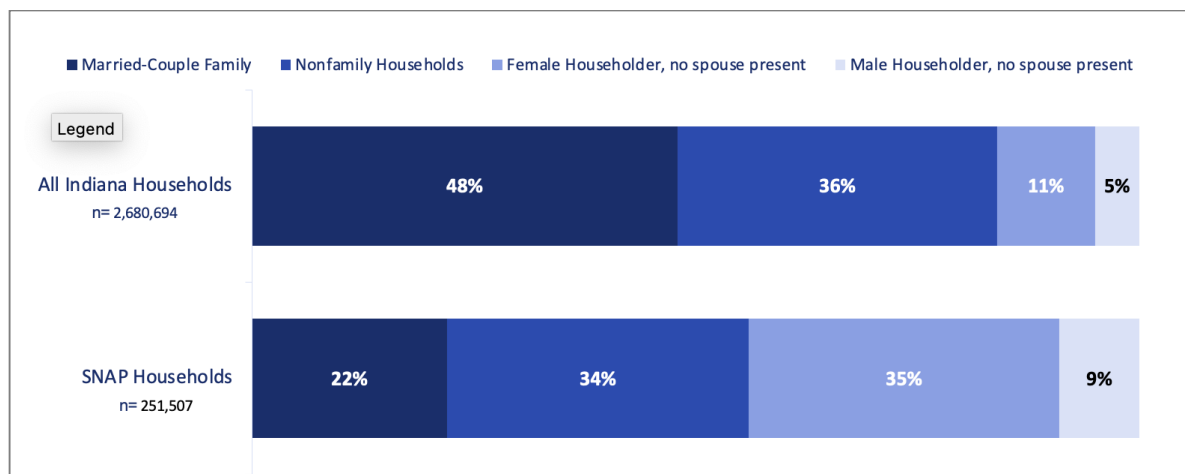
As shown in Map 2, the proportion of SNAP-Ed eligible families greatly varies between counties, with rural counties having, on average, a higher percent of the total population eligible. The five counties with the highest proportion of SNAP-eligible families are rural or rural/mixed according to the Center for Rural Development. Among those counties with the lowest proportion of SNAP-Ed eligible families, three are urban, five are rural/mixed, and one is rural.

Based on a review of 2021 American Community Survey¹⁰ estimates for individuals with income at or below 125% of the federal poverty level (data are not available for 185% FPL), there are several populations disproportionately eligible for SNAP-Ed services:

- Individuals with less than a high school diploma
- Unmarried female householders with children
- Households with one or more persons living with a disability
- Households led by a black or African American person.

Similar trends are shown in the data on households receiving SNAP benefits in Indiana in 2021¹¹. First, households that received SNAP are more likely to be headed by a single householder (most frequently a female). In addition, households that received SNAP are more likely to be headed by a non-White adult.

Figure 2. Characteristics of All Indiana Households and SNAP Households (2021 ACS)



NOTES:

(10) U.S. Census Bureau, (2023). Selected Characteristics of People at Specified Levels of Poverty in the Past 12 Months, 2021 American Community Survey 1-Year Estimates.

(11) U.S. Census Bureau, (2023). Food Stamps/Supplemental Nutrition Assistance Program (SNAP), 2021 American Community Survey 1-Year Estimates. ¹⁴

There are 17 counties in Indiana in which 20% or more of non-White households receive SNAP benefits (see Map 3). Although, rates of SNAP-Ed eligibility among non-white families are not available at the county-level, it should be noted that SNAP-eligibility rates differ markedly from overall participation rates in many counties.

Racial Disparities in Food Insecurity

Food insecurity is defined by the USDA as, "limited or uncertain ability to acquire acceptable foods in socially acceptable ways¹²." Annual food insecurity rates at the county, congressional district, and state level are estimated by Feeding America through the *Map the Meal Gap* project. The annual estimates are based on the relationship between food insecurity and its determinants (e.g., non-undergraduate student poverty, unemployment, median income, homeownership, and disability status).

Because food insecurity is influenced by poverty, unemployment, and a lack of household assets, *Map the Meal Gap* reports that food insecurity among Black or Hispanic individuals is higher than white individuals in more than 9 out of every 10 counties in the United States¹³. Indiana is no exception to this trend. Food insecurity levels among Hoosiers differ greatly by race and ethnicity. For example, in Marion County, the overall food insecurity rate is estimated to be 11% among white people based on 2021 ACS data. However, the food insecurity rate among Black Hoosiers living in Marion County is 21%. Table 7 displays the food insecurity rate among Black and White individuals in Indiana counties that have at least a 20% food insecurity rate among Black residents. The counties are organized in descending order, with counties that have the highest food insecurity rates among Black residents appearing at the top of the list.

NOTES:

(12) Life Sciences Research Office, S.A. Andersen, ed., "Core Indicators of Nutritional State for Difficult to Sample Populations," *The Journal of Nutrition* 120:1557S-1600S, 1990.

(13) Hake, M., Engelhard, E., & Dewey, A. (2023). *Map the Meal Gap 2023: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2021*.

Map 3. Non-White Households Receiving SNAP Benefits

Non-White
Households
Receiving SNAP
Benefits (%)

- Less than 5
- 5 - 11
- 12 - 19
- 20 or greater

SNAP (2021 ACS Five-Year
Estimates)

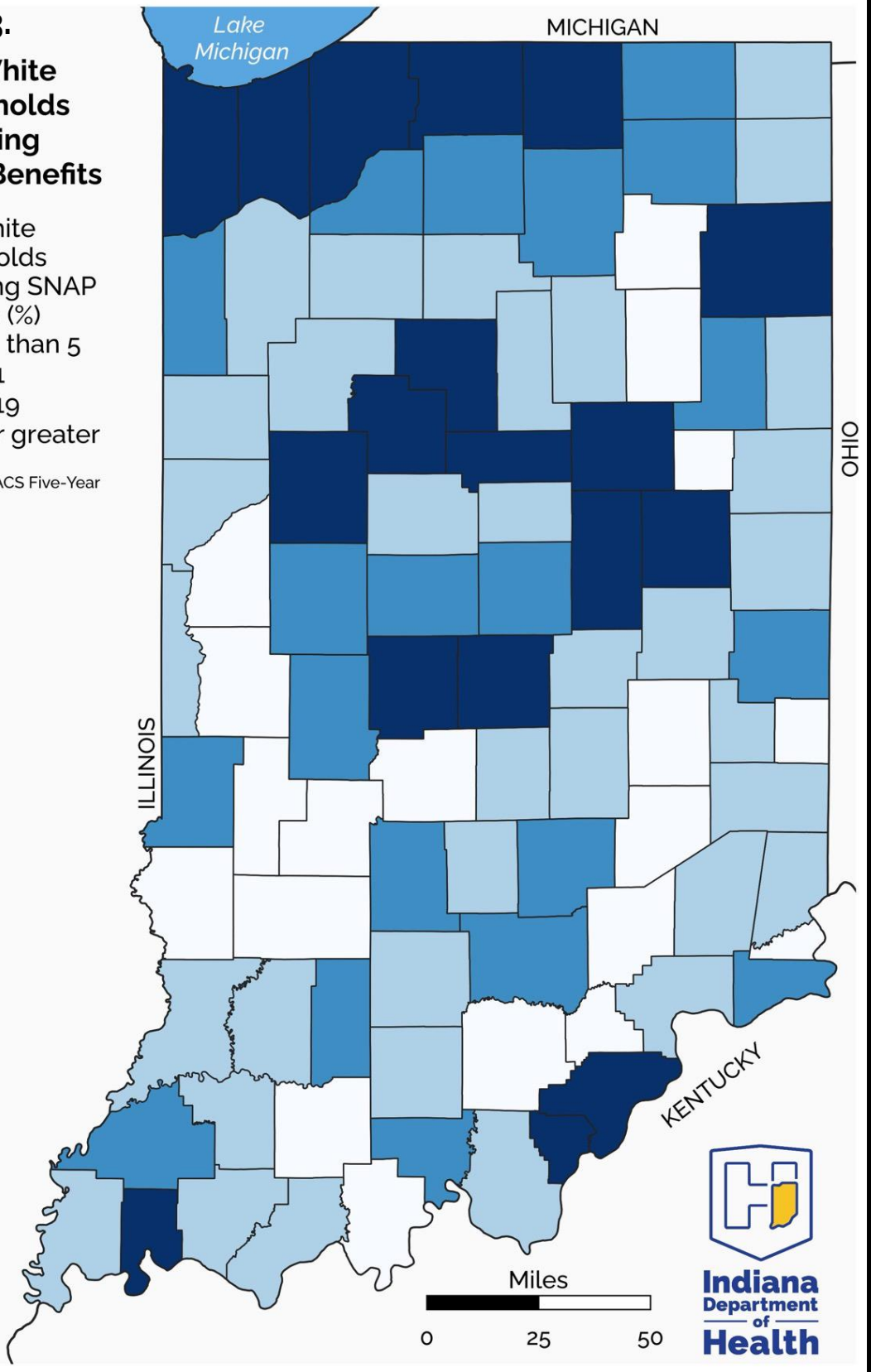


Table 7. Indiana Counties with at Least a 20% Rate of Food Insecurity among Black Residents (Feeding America, Map the Meal Gap 2023)

County	Food Insecurity Rate among Black Persons (all ethnicities)	Food Insecurity Rate among White, non-Hispanic Persons
Knox County	37%	12%
Grant County	29%	13%
Monroe County	27%	14%
Tippecanoe County	27%	12%
Elkhart County	26%	9%
Delaware County	25%	14%
Kosciusko County	25%	9%
Madison County	24%	12%
Vanderburgh County	24%	12%
Allen County	24%	9%
St. Joseph County	23%	10%
Wayne County	23%	13%
Daviess County	23%	10%
Floyd County	22%	9%
Vigo County	22%	15%
Lake County	22%	9%
Marion County	21%	11%
Howard County	20%	11%

Disparities in food insecurity rates between white people and Hispanic people are particularly notable in Indiana. In 43 of Indiana’s 92 counties, the rate of food insecurity among Hispanic people is estimated to be at least 5% greater than rates among white people. In nine of these counties, food insecurity is twice as prevalent among Hispanic people as it is among white people. Table 8 displays the food insecurity rate among Hispanic individuals and White individuals in Indiana counties with at least a 20% food insecurity rate among Hispanic residents. The counties are organized in descending order, with counties that have the highest food insecurity rates among Hispanic residents appearing at the top of the list. Appendix A includes a table of all county-level food insecurity rates by race.

Table 8. Indiana Counties with at Least a 20% Rate of Food Insecurity among Hispanic Residents (Feeding America, Map the Meal Gap 2023)

County	Food Insecurity Rate among Hispanic Persons (any race)	Food Insecurity Rate among White, non-Hispanic Persons
Knox County	28%	12%
Harrison County	24%	9%
Grant County	24%	13%
Adams County	23%	10%
Montgomery County	23%	10%
Randolph County	23%	12%
Delaware County	23%	14%
Jefferson County	22%	11%
Jennings County	21%	10%
Whitley County	20%	9%
Floyd County	20%	9%

Food Access

Limited access to supermarkets, supercenters, grocery stores, or other sources of healthy and affordable food makes it more challenging for people to eat a healthy diet. There are many ways to measure access for individuals and neighborhoods. Most measures and definitions consider at least some of the following indicators of access:

- Accessibility to sources of healthy food, as measured by distance to a store or by the number of stores in an area;

- Individual-level resources that may affect accessibility, such as family income or vehicle availability; and
- Neighborhood-level indicators of resources, such as the average income of the neighborhood and the availability of public transportation.

The Food Access Research Atlas (FARA), supported by the US Department of Agriculture, utilizes several indicators to measure food access along these dimensions. First, “Low-income neighborhoods” are identified according to the standards used by the Department of Treasury’s New Markets Tax Credit (NMTC) program. This program defines a low-income census tract as any tract where:

- The tract’s poverty rate is 20 percent or greater; or
- The tract’s median family income is less than or equal to 80 percent of the state-wide median family income; or
- The tract is in a metropolitan area and has a median family income less than or equal to 80 percent of the metropolitan area’s median family income.

Low access to healthy food is defined as, “being far from a supermarket, supercenter, or large grocery store¹⁴.” A census tract is considered to have low access if a significant number or share of individuals in the tract is far from a supermarket. FARA estimates different demarcations to estimate what constitutes “far from”. The following demarcation was used for the present needs assessment because it appeared to identify those census tracts with the greatest needs related to food access:

“Low-income census tracts where a significant number (at least 500 people) or share (at least 33 percent) of the population is greater than 1 mile from the nearest supermarket, supercenter, or large grocery store for an urban area or greater than 10 miles for a rural area.”

Map 4 displays four levels of SNAP eligibility for Indiana’s 92 counties. In addition, the map highlights those census tracts within each county that are considered Low-Income Low-Access (LILA) according to the FARA definitions described above. Although there are many LILA tracts in Indiana’s rural counties, there are also many urban counties with multiple LILA tracts. Addressing low access to food in rural and urban communities may require somewhat different interventions. However, these data can provide opportunities to identify neighborhoods and regions that could be prioritized by SNAP-Ed programming.

NOTES:

(14) Economic Research Service (ERS), U.S. Department of Agriculture (USDA). Food Access Research Atlas, <https://www.ers.usda.gov/data-products/food-access-research-atlas/>

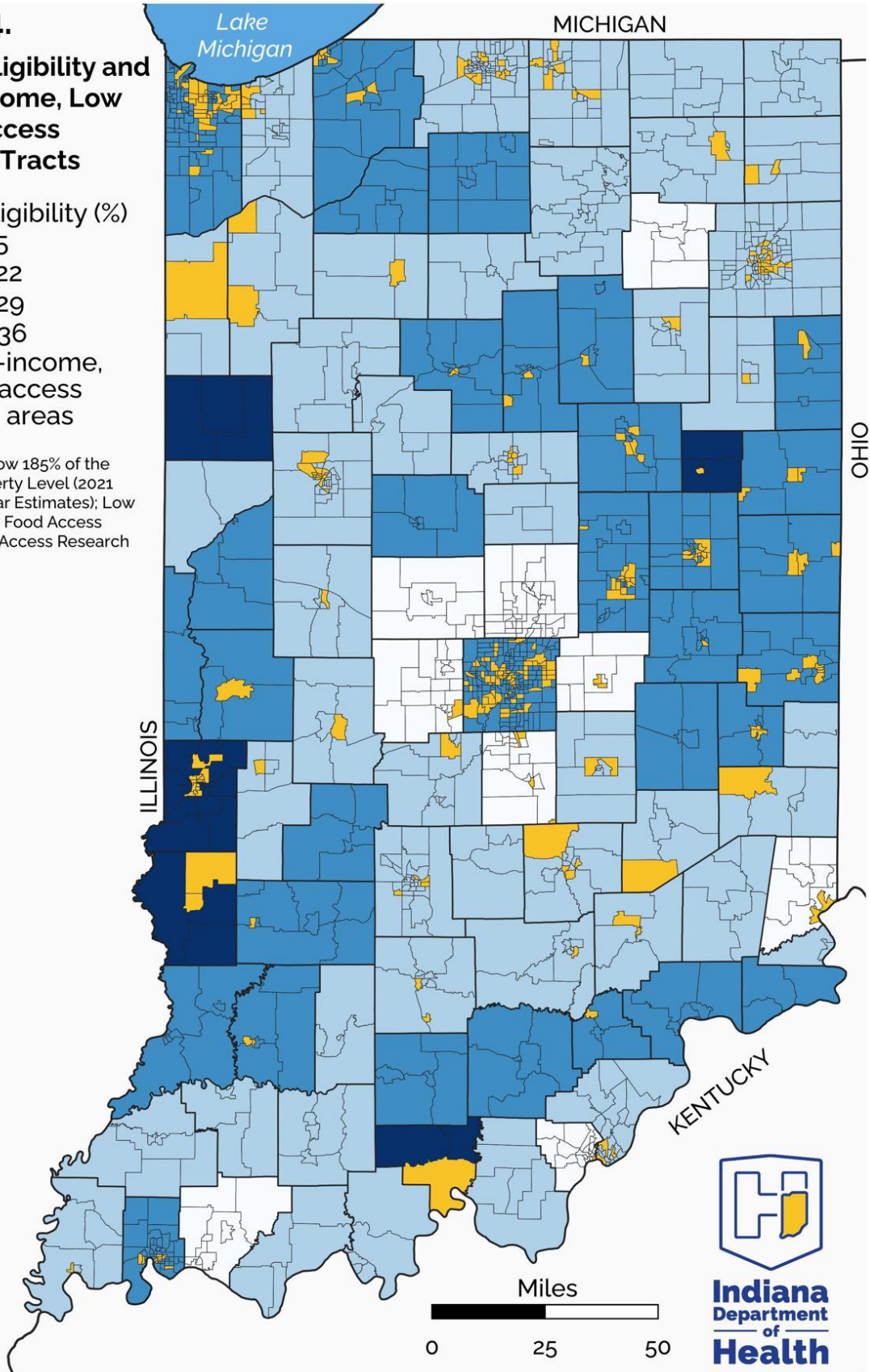
Map 4.

SNAP Eligibility and Low Income, Low Food Access Census Tracts

SNAP Eligibility (%)

- 8 - 15
- 16 - 22
- 23 - 29
- 30 - 36
- Low-income, low-access food areas

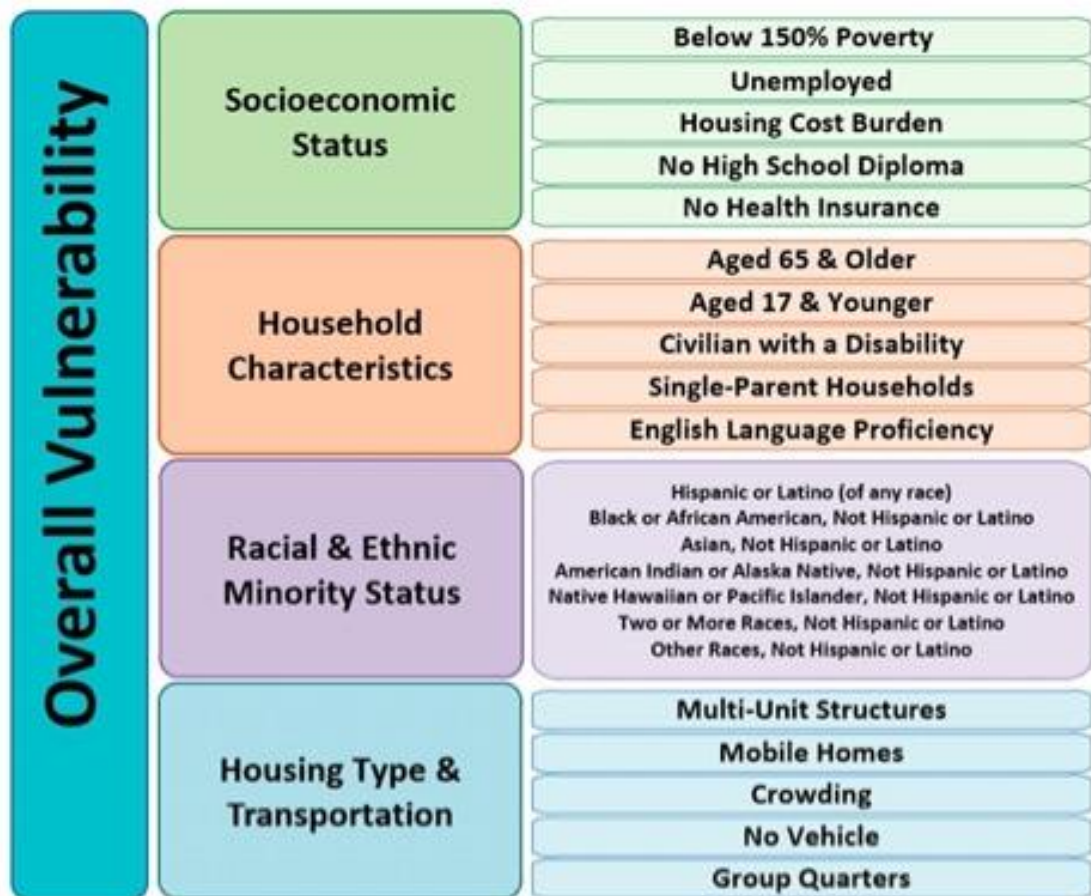
Families Below 185% of the Federal Poverty Level (2021 ACS Five-Year Estimates); Low Income, Low Food Access (USDA Food Access Research Atlas, 2019)



Social Vulnerability & SNAP Eligibility

Social Vulnerability (SVI) is a construct used by the Centers for Disease Control and Prevention (CDC) to help public health officials and emergency response planners identify and map the communities that will most likely need support before, during, and after a hazardous event. SVI is available at the county and Census tract level and indicates the relative vulnerability of every county or tract relative to others in the same state (state-level SVI) or across the country (national-level SVI). SVI ranks each geographic area on 16 social factors, including unemployment, racial and ethnic minority status, and disability, and further groups them into four related themes (shown below in Figure 5). Aggregate SVI scores range from 0 to 1 at the county or Census tract level, with higher scores indicating greater levels of vulnerability.

Figure 4. Social Vulnerability Index (SVI) Themes

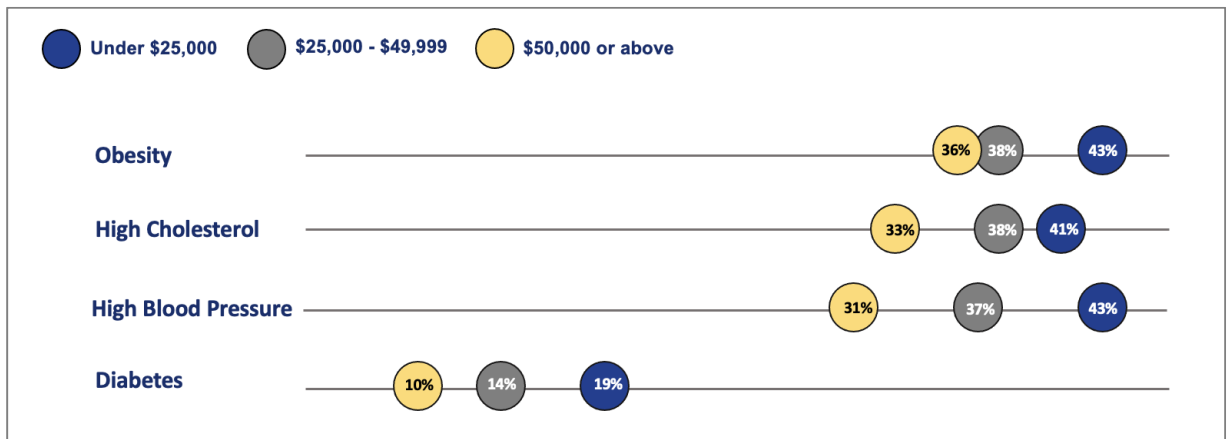


SVI is positively correlated with SNAP-Eligibility. Nearly all the counties with the highest rates of SNAP eligibility also have SVI scores of .5 or above. For the purposes of this report, Map 5 illustrates the relationship between overall SVI and SNAP eligibility in Indiana counties. Within counties, however, SVI scores for each theme at the Census tract level may be most useful for identifying specific needs of local SNAP-eligible populations.

Health Risk Factors Related to Diet and Physical Activity

Indiana’s Behavioral Risk Factor Surveillance System (BRFSS)¹⁵ data on nutrition- and physical activity-related chronic conditions were stratified by income and race. The findings demonstrate disparities in health conditions among people with lower incomes. Adults earning less than \$25,000 annually are more likely to be obese and diagnosed with high cholesterol, high blood pressure and diabetes. Chronic health conditions related to nutrition and physical activity are unevenly distributed across Hoosiers of different race and ethnicity. Prevalence rates of obesity, high blood pressure and diabetes were higher among Black Hoosiers, but high cholesterol was most prevalent among White Hoosiers. Hispanic adults had the lowest prevalence rates of high blood pressure, high cholesterol, and diabetes. However, just over 40% of Hispanic adults were obese.

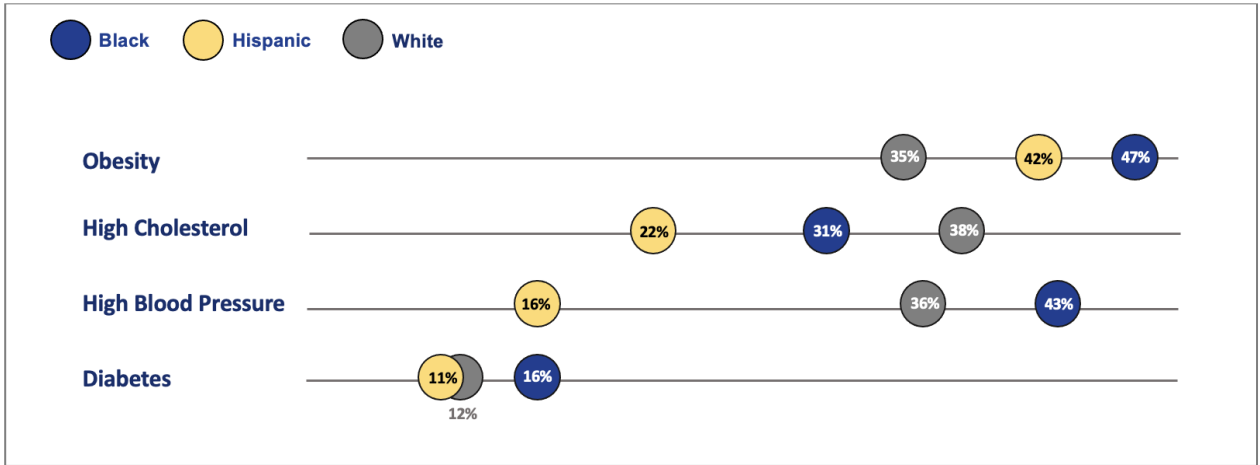
Figure 5. Health Risk Factors by Income Level in Indiana (2021 Indiana BRFSS)



NOTES:

(15) Indiana Department of Health, Office of Data and Analytics, (2023). Indiana Behavioral Risk Factor Surveillance System, 2021 Calculated Variables Report.

Figure 6. Health Risk Factors by Race/Ethnicity in Indiana (2021 Indiana BRFSS)



Protective Behaviors for Chronic Disease

Protective behaviors related to nutrition and physical activity were unevenly prevalent among all Hoosiers and those eligible for SNAP-Ed. Compared to all Hoosiers, SNAP-Ed eligible adults reported lower rates of vegetable consumption and aerobic activity. Rates of fruit consumption were similar between the two groups. As shown in Table 9, approximately one-third of all Hoosiers and SNAP-Ed eligible adults engaged in these protective behaviors¹⁶.

Table 9. Health-Protective Behaviors Among Indiana Adults and SNAP-Eligible Adults

Protective Behavior	Indiana	SNAP-Eligible Adults (<185% FPL)
Adequate Vegetable Consumption	36%	31%
Adequate Fruit Consumption	33%	33%
Meeting Aerobic Activity Guidelines	46%	36%

NOTES:

- Adequate Vegetable Consumption:* Adults aged 18+ who report consuming two or more servings of vegetables per day.
- Adequate Fruit Consumption:* Adults aged 18+ who report consuming two or more servings of whole fruits or fruit juice per day.
- Meeting Aerobic Activity Guidelines:* The guidelines recommend at least 150 minutes per week of moderate-intensity aerobic physical activity or 75 minutes per week of vigorous-intensity aerobic physical activity.

NOTES:

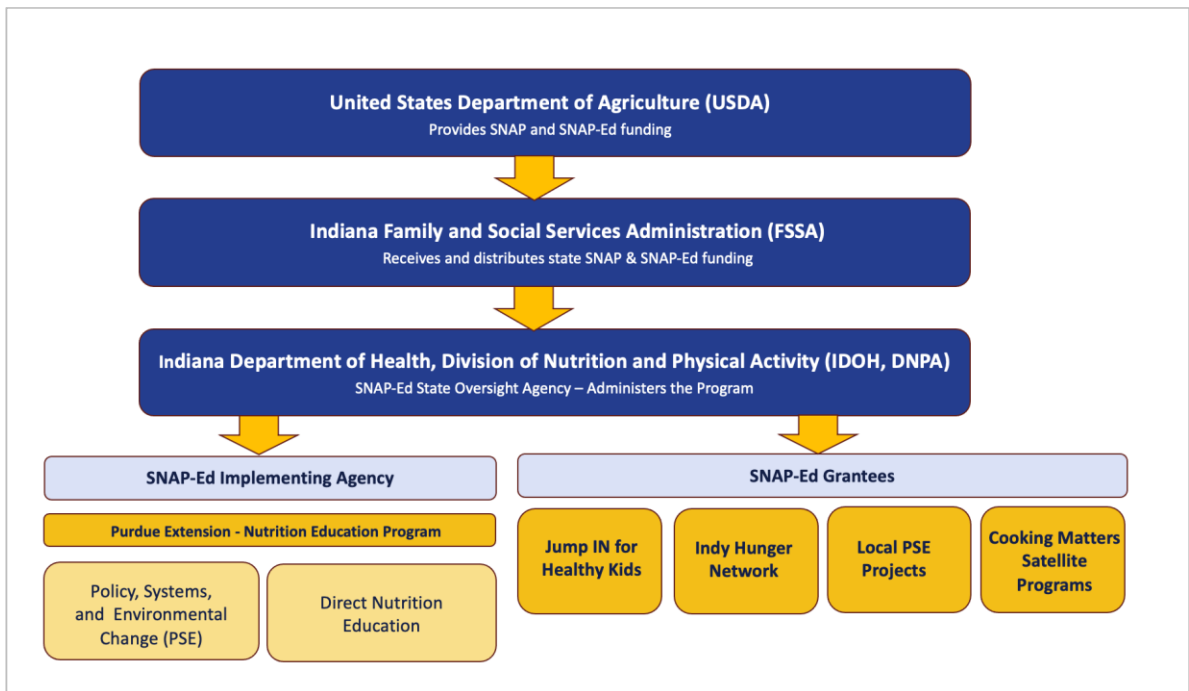
(16) SNAP-Ed Assessment - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (2023). Additional data analysis by CARES, 2019. Source geography: Indiana.

Question 2: Who is eligible for SNAP but not currently being served by SNAP-Ed?

SNAP-Ed Implementation in Indiana

SNAP-Ed strategies are implemented by several partner organizations in Indiana. In FY 2023, FSSA received SNAP-Ed funding from USDA and distributed it the IDOH Division of Nutrition and Physical Activity (DNPA), which oversees implementation of the program. DNPA provides funding to Purdue Extension Nutrition Education Program (PEX NEP), which is considered an “implementing agency”, to support both PSE change interventions and nutrition education. DNPA also allocated funding to four other implementation partners and efforts (JumpIN for Healthy Kids, Indy Hunger Network, local PSE projects, and satellite nutrition education programs using the *Cooking Matters* curriculum).

Figure 7. Indiana SNAP-Ed Organizational Chart (2022-2023)



NOTES:

(3) Indiana Quick Facts, 2022 ACS 5-year estimates, United States Census Bureau, <https://www.census.gov/quickfacts/IN>.

(4) “Defining Rural Indiana – The First Step”, Purdue Extension Center for Rural Development, <https://www.extension.purdue.edu/extmedia/ec/ec-766-w.pdf>.

Approximately 70% of the total SNAP-Ed budget (and 83% of the funds for SNAP-Ed implementation partners) was distributed to PEX NEP in fiscal year 2023. As such, most annual implementation data available for SNAP-Ed are collected and managed by PEX NEP using an online data system called PEARS (Program Evaluation And Reporting System).

Until recently, PEX NEP was the sole implementing agency for SNAP-Ed in Indiana. Although IDOH now provides implementation support (administratively, strategically and through direct grants to statewide and community-based implementation efforts), just over two-thirds of Indiana's SNAP-Ed budget funds PEX NEP. In addition to direct program support, these funds support administrative leadership, professional development, marketing, and evaluation efforts needed to effectively implement SNAP-Ed. Programmatically, PEX NEP supports two types of regional staff: Nutrition Education Program Advisors (NEPAs) and Community Wellness Coordinators (CWCs). NEPAs and CWCs receive administrative and programmatic support from three Regional Supervisors in the West, East, and North Regions.

NEPAs are responsible for planning and delivering direct nutrition education sessions and series with children/youth, adults, and older adults. Each NEPA is typically assigned to one or more county and tends to travel between 1-4 hours each week to deliver sessions. Additional time is spent preparing for sessions (including purchasing food) and managing data needed for reporting and evaluation. At the time of this report, there were 47 NEPAs employed by PEX NEP to provide SNAP-Ed direct nutrition education (12 in the West Region, 18 in the East Region, and 17 in the North Region). Most, but not all, NEPAs are full-time employees.

CWCs are responsible for supporting SNAP-Ed PSE work throughout the state. The goal of their work is to provide technical assistance, facilitate planning efforts, and connect local community-based partners to resources to help support healthy eating and physical activity among SNAP-eligible audiences. CWCs commonly work with schools, food access organizations (e.g., food banks and food pantries), local health-focused consortia, and non-profit organizations. At the time of this report, there were 30 CWCs employed by PEX NEP to provide SNAP-Ed PSE support (10 in the West Region, 9 in the East Region, and 11 in the North Region). All CWCs are full-time employees, and several of them also serve as "Specialists" that provide additional support to their colleagues related to topical areas such as community gardens, nutrition incentive programs, and equity/inclusion.

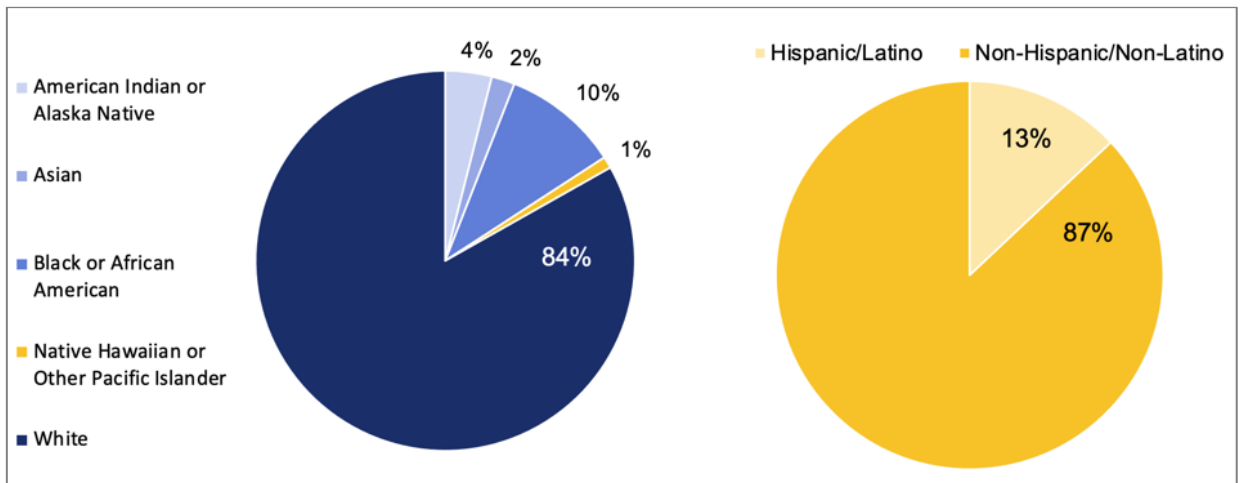
Direct Nutrition Education

Data from fiscal year 2022 (the most recent year for which complete implementation data are available) show that PEX NEP direct education efforts reached a total of 16,743 Hoosiers (6,826 adults and 9,917 youth) through more than 5,000 lessons delivered in person or through virtual formats. As shown in Table 10, adult participants in these sessions were more likely to be female than male. In addition, as shown in Figure 8, most nutrition education participants served were White (84%) and non-Hispanic (87%).

Table 10. Age and Gender of PEX NEP SNAP-Ed Participants (FY 2022)

Age	Female	Male	Unreported/Estimated	Total
5-17 years	4,756	4,365	796	9,917
18-59 years	2,793	861	553	4,207
60+ years	1,878	461	280	2,619
Total	9,427	5,687	1,629	16,743

Figure 8. Race and Ethnicity of PEX NEP SNAP-Ed Participants (FY 2022)



Additional nutrition education sessions and series were conducted using the Cooking Matters curriculum with support from the Indy Hunger Network in central Indiana and by seven additional satellite programs that received grants from IDOH. As shown in Table 11, PEX NEP provided more than 1,100 completed nutrition education series from May 2022 through May 2023¹⁷, and Indy Hunger Network and satellite partners delivered 58 completed series using the Cooking Matters curricula from June 1, 2022, through May 30, 2023¹⁸. PEX NEP uses several curricula tailored to children/youth, adults, and older adults. Cooking Matters uses curricula tailored for parents, families, kids, and childcare professionals. Across all nutrition education sessions provided, the majority of completed series were facilitated with adult participants.

Table 12. SNAP-Ed Direct Education Series - by Group Size (May 2022 – May 2023)

Completed Series*	PEX NEP	Cooking Matters
Youth	25% (282)	5% (3)
Adults	70% (799)	79% (46)
Adults & Youth	5% (52)	16% (9)
Total	1,143	58

*Includes educational series that were completed by May 30th, and for which data were recorded for the number of participants served during the series.

As shown in Table 12, Nutrition education series were typically delivered to groups of 10 people or less for those provided by both PEX NEP and the Cooking Matters partners. Just over 50% of the PEX NEP sessions were delivered to groups of 5 or smaller, and slightly fewer Cooking Matters series included five or fewer participants.

Table 13. SNAP-Ed Direct Education Series Length (May 2022 – May 2023)

Provider/Curricula	1-5 participants	6-10 participants	11-20 participants	More than 20 participants
Purdue Extension	53%	20%	19%	8%
Cooking Matters	38%	47%	14%	2%

NOTES:

(17) Program Evaluation And Reporting System (PEARS), 2023.

(18) Share Our Strength, 2023

Nutrition Education Settings

Information on the settings in which nutrition education series were provided were also available for both PEX NEP and Cooking Matters providers. For those educational activities delivered by PEX NEP from May 2022 through May 2023, delivery settings were available based on the age group of the participants served.

Among activities provided to adults aged 18-59:

- 16% occurred in individual homes or public housing sites.
- 15% occurred in Family Resource Centers.
- 12% occurred in other places people go to “shop” for or otherwise access food to prepare and eat at home.
- 8% occurred at Extension offices.
- 6% occurred at emergency shelters and temporary housing sites.

Among activities provided to adults aged 60 and above:

- 46% occurred in individual homes or public housing sites.
- 20% occurred in congregate meal sites & other senior nutrition centers.

Among activities provided to youth (Grades 3-12):

- 69% occurred in schools.
- 9% occurred in youth organizations (Boys & Girls Clubs, YMCA).

As shown in Table 14, nutrition education series delivered to adults by PEX NEP were more likely to include five or fewer participants. Alternatively, those sessions provided to youth in grades 3-12 were more likely to be delivered to groups of 11 or more.

Table 14. PEX NEP SNAP-Ed Completed Direct Education Series by Age and Group Size (FY 2022)

Nutrition Education Completed Series by Group Size	1-5 participants	6-10 participants	11-20 participants	More than 20 participants
Youth – Grades 3-12 (n=328)	20%	18%	40%	23%
Adults 18-59 years old (n= 694)	69%	18%	11%	2%
Adults 60+ years old (n=120)	47%	39%	13%	1%

Cooking Matters nutrition education classes were delivered to 419 participants (344 adults & 75 children) from June 2022 through May 2023. Sixty percent of these sessions were delivered online, and 40% were delivered in-person. In total, 58 completed series were delivered, 48 of which were offered in Marion County. Additional sessions were delivered in Ripley, Tippecanoe, Noble, Clark, Hamilton, Howard, and Porter counties. Cooking Matters sessions were most often delivered in WIC clinics, schools, early childhood care centers, and in food assistance sites such as food banks and food pantries.

Table 15. Cooking Matters Delivery Settings (July 2022 – June 2023; 49 series)

Settings	Percent
WIC clinics	31%
Early care and education facilities	14%
Schools (K-12, elementary, middle, and high)	10%
Food assistance sites, food banks, and food pantries	10%
Health care clinics and hospitals	8%
Other	26%

Geographic Distribution of Nutrition Education

Location data for SNAP-Ed nutrition education series were available from PEX NEP in the PEARS data system from May 2022 through May 2023. Comparable data were available for Cooking Matters series from IDOH and the Share Our Strength data system. The total number of SNAP-Ed nutrition education series completed in each county was determined by combining PEX NEP data with Cooking Matters data. "Completed Series" include both single-session and multiple-session series that were completed as of May 31, 2023, and for which participant data were available.

Map 6 identifies gaps in SNAP-Ed nutrition education support based on geography.

Counties shaded in the darkest blue are those in which there were no SNAP-Ed nutrition education series delivered from May 2022 through May 2023. There are 17 counties in which no completed nutrition education series were offered through PEX NEP or Cooking Matters satellite sites. As indicated by the yellow stripes in the map, five of these counties have estimated SNAP-Ed eligibility rates of 20% or more.

Map 6.

SNAP-Ed Direct Education Series & County SNAP Eligibility Rates

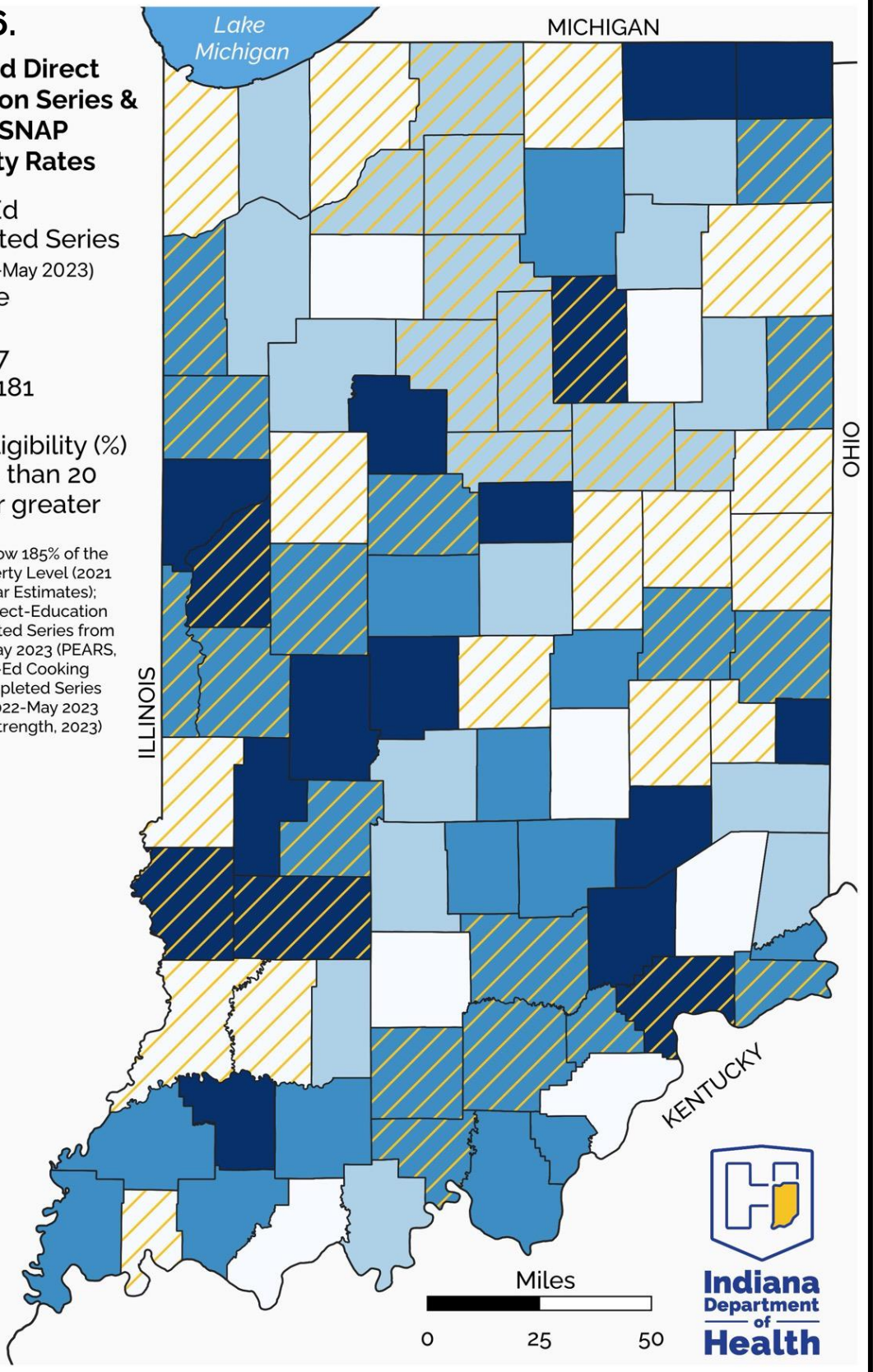
Direct-Ed Completed Series
(May 2022-May 2023)

- None
- 1 - 7
- 8 - 17
- 18 - 181

SNAP Eligibility (%)

- Less than 20
- 20 or greater

Families Below 185% of the Federal Poverty Level (2021 ACS Five-Year Estimates); SNAP-Ed Direct-Education PEX Completed Series from May 2022-May 2023 (PEARS, 2023); SNAP-Ed Cooking Matters Completed Series from June 2022-May 2023 (Share Our Strength, 2023)



Policy, Systems, and Environmental (PSE) Change

In 2022-2023, PSE change initiatives were supported by both Purdue Extension NEP (PEX NEP) and local grantees that received grants from IDOH for up to \$25,000 each. A total of 427 PSE Initiatives were supported by PEX NEP Community Wellness Coordinators (CWCs) October 2020 through April 2023. The most common settings for these initiatives were schools, community-based organizations, and food-assistance sites (e.g., food banks and pantries). An additional 18 PSE initiatives were supported by grantees with funding from IDOH from July 2022 through June 2023¹⁹. These initiatives were located primarily in Marion, Lake, and Allen Counties (this included 13 of the 15 initiatives) and most commonly were set in community-based organizations and schools.

Geographic Distribution of PSE Initiatives

Location data for SNAP-Ed PSE initiatives were available from PEX NEP in the PEARS data system from October 2020-April 2023. Additional data were available from IDOH for local organizations funded to support SNAP-Ed eligible audiences through PSE initiatives in their local communities. The total number of SNAP-Ed PSE initiatives in each county was determined by the address of the partner organization or site of the initiative recorded by the CWC in the PEARS database. The extent to which PSE initiatives occurred in multiple counties or neighboring counties of the reported site is not represented in this report due to the limitations of the reporting fields currently listed in PEARS.

Map 7 identifies gaps in SNAP-Ed PSE support based on geography. Counties shaded in the darkest blue are those in which there were no SNAP-Ed PSE initiatives that were initiated in October 2020-April 2023. Counties shaded in lighter colors are those where more PSE initiatives were supported by SNAP-Ed. There are 33 counties in which there were no PSE initiatives supported by SNAP-Ed in 2020-2023. As indicated by the yellow stripes in the map, twelve of these counties have estimated SNAP-Ed eligibility rates of 20% or more. The scope of PSE changes can often reach beyond county lines, especially for SNAP-Ed eligible families that may live near a city or town in an adjacent county. The map, however, shows four regions of the state with multiple adjacent counties in which PSE change was not initiated by SNAP-Ed in 2020-2023.

NOTES:

(19) SNAP-Ed Grantees, 2023. Indiana Department of Health.

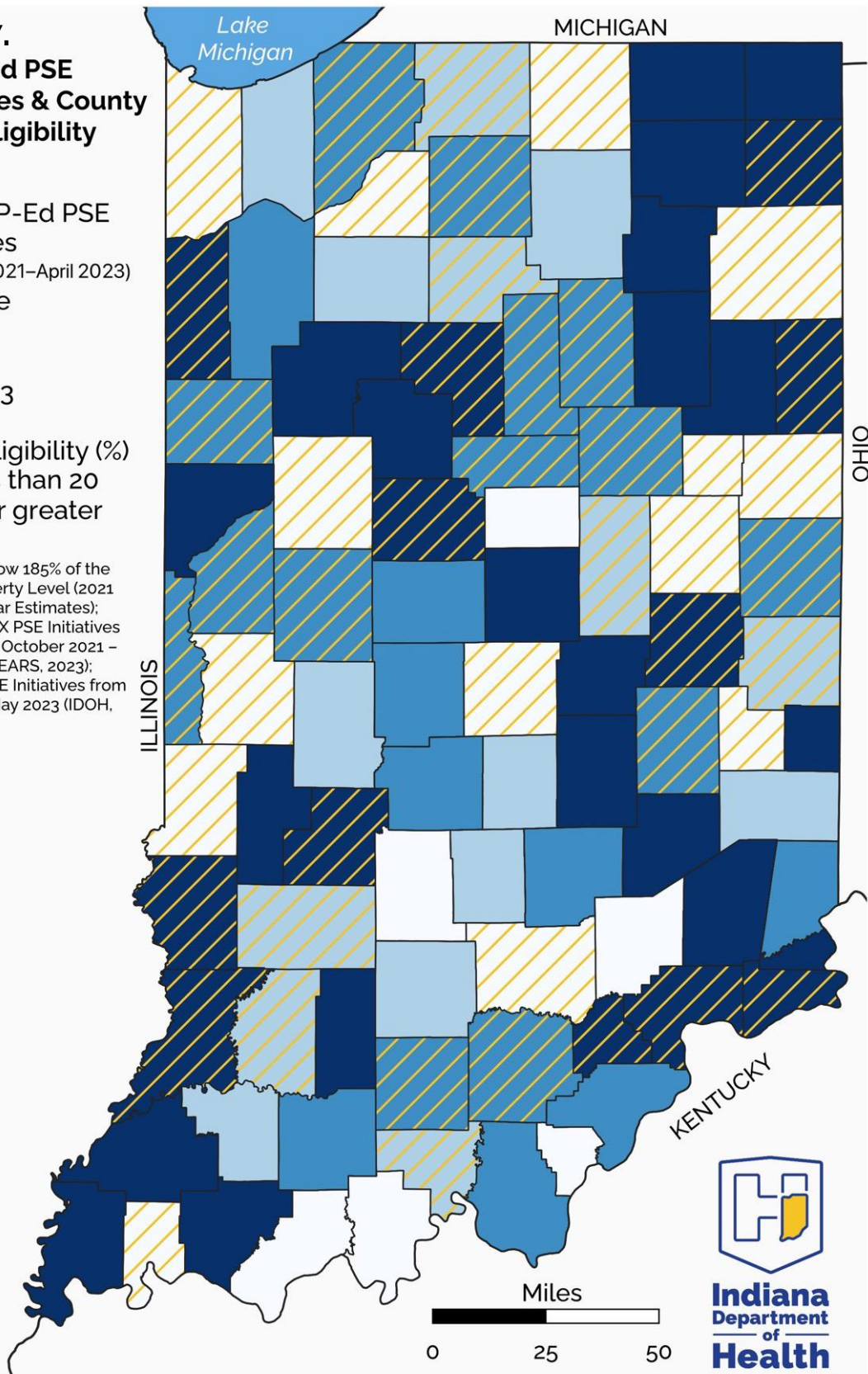
Map 7. SNAP-Ed PSE Initiatives & County SNAP Eligibility Rates

All SNAP-Ed PSE
Initiatives
(October 2021–April 2023)

- None
- 1 - 2
- 3 - 5
- 6 - 63

SNAP Eligibility (%)
Less than 20
20 or greater

Families Below 185% of the
Federal Poverty Level (2021
ACS Five-Year Estimates);
SNAP-Ed PEX PSE Initiatives
beginning in October 2021 –
April 2023 (PEARS, 2023);
SNAP-Ed PSE Initiatives from
June 2022–May 2023 (IDOH,
2023)



Question 3: Which partners are best positioned to deliver nutrition and physical activity resources and services to SNAP-eligible populations?

Key Findings from SNAC Dialogue Sessions Conducted in Fall 2022

Twelve Dialogue Sessions were conducted in 2022 with support from Indiana's State Nutrition Action Committee (SNAC). The purpose of the sessions was to gather feedback from 130 public health professionals around the state about food access and safe physical activity environments. Several strengths were identified, including examples of successful cross sectoral partnerships and local programs, the importance of community members seeing changes, and utilizing students and interns to contribute to new projects.

In particular, the session on nutrition incentive programming identified several existing programs in Northwest Indiana, as well as farmers markets and WIC clinics. Successful efforts include supporting dedicated market managers, layering incentives, matching programs, partnering with nonprofits that are ready doing health promotion, and offering culturally appropriate products. Future programming to expand healthy access to food could include expanding incentive programs to more markets, increased marketing, including a direct education component, and providing technical assistance to new or existing markets. Barriers of nutrition incentive programs include having enough produce available to participants, lack of transportation to markets, stigma felt by participants, lack of market capacity, language barriers and minimal program promotion and communication.

Interviews and Focus Groups: Feedback on Current and Potential SNAP-Ed Partners

1. Purdue Extension NEP - Community Wellness Coordinators

Several providers, researchers, and public health professionals were interviewed who had previously worked with Community Wellness Coordinators (CWCs) on regional and community-based PSE initiatives. Among those interviewed who provided public health support but did not live in the counties they were supporting, a CWC often served as a critical link to local organizations, thought leaders, and resources. CWC skillsets and familiarity with state-level resources, requirements, and models for systems change were also highly valued within the local communities in which they worked.

It should be noted that guidance from FNS on the development of FY 2024 State SNAP-Ed Plans includes a statement that encourages, “the maximum use of PSE approaches for SNAP-Ed implementation.” In addition, research indicates that when applied together, direct education, PSE initiatives, and marketing are more effective for improving health than any of those strategies alone.

In a focus group with CWCs from across the state, the areas of coordination and support emerging in many communities focused on SNAP-matching opportunities to increase consumption of fresh produce, food as medicine programs, and increased access to fresh produce through food pantries. CWCs noted that additional training and technical assistance would be particularly helpful around food as medicine initiatives.

CWCs have not been active in just over one-third of Indiana counties over the past year, meaning that SNAP-Ed supported coordination and technical assistance around nutrition and PA is not currently distributed equitably around the state. While it is true that resources are not available to support a CWC dedicated to each county, there are likely models for regional coordination and engagement that would allow more counties to benefit from PSE change initiatives with support from SNAP-Ed.

2. Indiana’s Non-Profit Healthcare Systems

The largest healthcare systems in Indiana (i.e., IU Health, Ascension St. Vincent, and Parkview Regional) are all non-profit organizations, which means they may qualify for favored tax treatment under federal and state tax laws. In addition to tax exemptions, their non-profit status allows these healthcare systems to benefit from tax-exempt bond financing and to receive charitable contributions that are tax-deductible to the donors. In 2008, the Affordable Care Act (ACA) included four new requirements related to community benefits that non-profit hospitals must meet to qualify for tax-exempt status, one of which was to conduct a community health needs assessment with an accompanying implementation strategy. Many SNAP-Ed CWCs are currently collaborating with regional community benefits staff members in support of needs assessment activities, food access initiatives, and community-based opportunities for physical activity. Food as medicine and produce prescription programs are becoming more commonly pursued opportunities to increase access to healthy foods among Hoosiers with known health factors (e.g., high blood pressure, diabetes). These local partnerships serve as useful models and help to identify the facilitators and barriers

to these initiatives (e.g., barriers include lack of funding to purchase food and pay for assembly and distribution). Some level of regional and/or state coordination and planning with these hospital systems could provide opportunities to increase the reach of these efforts.

3. Statewide Organizations Supporting Older Adults

Like all states, Indiana is experiencing a population shift due to the aging Baby Boomer generation and recent declines in birth rates. In 2021, 16% of Hoosiers (just over 1.1 million) were age 65 and older. Many older adults remain socially isolated, especially those who live in rural areas, and often have limited transportation to connect them with in-person learning and food access opportunities. In addition, older adults are more likely to lack access to the internet and face barriers related to the online application process for SNAP.

Information dissemination to Hoosiers aged 50 and above is a priority for AARP Indiana. It should be noted that many Indiana residents aged 50 and above are caring for or serve as information sources for their parents, nearly all of whom are age 70 and above. Although AARP is often viewed as an advocacy organization, their Indiana affiliate is also engaged in increasing access to health-related information among older Hoosiers. There certainly appear to be opportunities for strategic partnerships at the state level that could support regional and local PSE initiatives.

Indiana's 16 regional Area Agencies on Aging provide case management, information and referrals to people who are aging or developmentally disabled. These agencies are funded, in part, by Indiana's Family and Social Services Administration (FSSA), and many are also within the network of Indiana's Community Action Agencies, connecting them all to multiple statewide agencies. FSSA's 2023-2026 State Plan on Aging reports that 13.5% of Hoosiers aged 60 and older experience food insecurity. It is also noted that Indiana's SNAP participation rate among older adults in 2018 was 34%, considerably lower than the national average participation rate of 42%. FSSA's plan also includes the following objective: *Support programs and partnerships that increase health awareness, knowledge, and/or prevention efforts that improve health and well-being and help create aging-friendly communities.* However, partners included in the related strategies do not include SNAP or SNAP-Ed.

4. Indy Hunger Network

Created in 2009 to unify a network of hunger relief partners in the greater Indianapolis area, Indy Hunger Network is a non-profit organization that aims to end food insecurity in central Indiana. While most of their work continues to focus on central Indiana, several more recent projects have extended their impact statewide. Specifically, Indy Hunger Network has partnered with both FSSA to produce a series of videos to increase the visibility of SNAP and WIC across the state. In addition, Indy Hunger Network expanded their Marion County Community Compass website, smartphone app, and texting service to a statewide Community Compass in 2021. The multiplatform resource helps people find assistance in their community including food pantries, free meal sites, WIC clinics, and retailers that accept SNAP and WIC benefits. Users can also communicate with the chat bot via text and voice to determine their eligibility for SNAP, WIC, and other federal nutrition programs. Community Compass is available in multiple languages and includes an events feature that shares information about free community events related to food access and health. Indy Hunger Network received SNAP-Ed funding in 2022-2023 to support Community Compass statewide. SNAP-Ed funds were also granted to support their Pantry Nutrition project called, "Healthy Nudges", which supports central Indiana food pantries, and a pilot program to establish satellite sites to implement the Cooking Matters nutrition education program.

Question 4: How can Indiana include SNAP-eligible communities in SNAP-Ed planning and implementation?

Key Findings from SNAC Community Conversations

In spring 2023, SNAC conducted community conversations in four counties in partnership with Indiana Minority Health Coalition affiliates in four Indiana counties: Tippecanoe, Delaware, Vigo, Lake. An additional community conversation was facilitated in partnership with the PEX NEP CWC and other partners in Fayette County. The overall aim of the conversations was to support a continuous cycle of feedback and relationship building between the IDOH DNPA and local communities around the state. As stated by DNPA, the specific objectives of the SNAC community conversations were to:

1. Listen to and better understand community perspectives, questions, and concerns regarding the local food landscape (challenges, successes, unique features, promising best practices, community leaders, etc.).
2. Facilitate connections between community members, trusted leaders, and decision makers. Build authentic relationships between the DNPA/SNAC and community participants.
3. Open a space of two-way communication with community members and organizations to inform the allocation of federal and state dollars that support policy, systems, and environmental change through community projects/initiatives.

Limelight Analytics reviewed the reports submitted from each of the community conversation events held in the five counties. Participation in the single session events ranged from seven to 27 participants, and it appeared that both SNAP-eligible community members and resource providers attended the sessions. The Fayette County conversation was facilitated across several community events, involved one-on-one conversations, and included approximately 150 community members, most of whom were likely to be SNAP-eligible.

Several themes emerged from these sessions related to community assets and barriers to healthy eating. For the purposes of this report, and the relevant needs assessment question, some of the most important findings are related to the process

used to convene these sessions, and the extent to which the results can be incorporated into the ongoing DNPA/SNAC planning efforts. Some key findings identified by Limelight Analytics include:

- The expanded reach of the Fayette County effort suggests that future community conversations may be best facilitated through the combined planning and coordination of multiple organizations and lead organization that is familiar with and invested in SNAP-Ed (e.g., Community Wellness Coordinators).
- Participants of the community conversations consistently expressed the desire to “continue the conversation”. It is unclear if there was a plan or protocol in place to sustain the momentum initiated by these sessions, but sustainability should be given consideration with future efforts.
- A challenge to SNAC with this effort and future efforts will be to demonstrate how the feedback gathered during these conversations contributed to specific policies, programming, and planning efforts led by IDOH. Because “two-way” communication is part of the overall aim for these conversations, it is imperative that IDOH identify and implement communication strategies with participants of these sessions.

Key Findings from Interviews and Focus Groups / Advisory Committee Reflections

The inclusion of SNAP-eligible Hoosiers in the SNAP-Ed planning process is a priority for Indiana. Although there are several challenges to gathering authentic feedback from SNAP-eligible Hoosiers from diverse backgrounds and geographic areas, SNAP-Ed leaders should initially pursue multiple strategies, identify which are most successful, and then work to focus on those, utilizing formative feedback and strategic priorities to improve their ongoing efforts.

Through the interviews and focus groups, Limelight Analytics identified three general strategies that may allow SNAP-Ed to systematically gather and utilize the perspectives and feedback from SNAP-eligible Hoosiers in their ongoing planning efforts. These strategies were reviewed by the SNAP-Ed Advisory Committee for the purposes of gathering additional feedback related to strategies SNAP-Ed could pursue to develop the two-way conversation to demonstrate the ways in which their feedback is being used.

1. Nutrition Education Providers (PEX NEP and Cooking Matters Providers)

These SNAP-Ed providers already collect feedback from SNAP-eligible audiences both formally (through surveys), and informally (through casual conversations and dialogue during their sessions). However, these audiences are already over-surveyed; they typically complete surveys at the beginning and/or at the end of an education series. However, there are still opportunities for their *informal* feedback to be *formalized, acknowledged, and compensated*, and ultimately included in strategic planning. SNAP-Ed will need to identify a protocol for this process and dedicate the resources necessary to ensure the process yields useful information.

2. Community Compass Website and Mobile Phone App (Indy Hunger Network)

The Community Compass website and mobile phone app supported by Indy Hunger Network (IHN) already includes built-in functionality that allows for the collection of feedback from users. This feature was used on a limited basis when IHN expanded the scope of the service from Marion County to Indiana statewide. Further conversations with IHN staff most familiar with technological potential of the service may serve to identify opportunities to engage website and app users in providing feedback about the service and allow for the identification of SNAP-eligible individuals who might wish to attend additional in-person conversations or focus groups in their local area. In additional, geographic analytics could identify parts of the state where there is less familiarity with food resources.

3. Locally Coordinated Events with Multiple Community Partners

The series of SNAC community conversations facilitated in Fayette County in spring 2023 took place at four different community events, included four community partners in the facilitation process, and allowed for one-on-one conversations with community members. The community partners also hired a local consulting firm with experience planning and facilitating community engagement events and focus groups. This allowed for the development of strategies to increase overall participation and ensure data integrity. Feedback was aggregated across 150 community members, each of whom received a gift card as a token of appreciation. DPNA or SNAC could choose to seek similar may partnerships with local

organizations and include representation from SNAP-Ed (through local CWCs and/or DNPA staff). Communities interested in this type of action research (who likely have food councils or interests in PSE efforts) may be likely to partner with DNPA on similar efforts.

Advisory Committee Feedback on Strategies

The previous three strategies were presented to the SNAP-Ed Needs Assessment Advisory Committee in June 2023, and members of the committee were asked to consider strategies SNAP-Ed could use to demonstrate that feedback from SNAP-eligible audiences was being used to plan, implement, and evaluate programming. Several themes emerged from their feedback:

- Create ongoing opportunities for the collection of local feedback from SNAP-eligible audiences, and then share written reports or briefs for them that describe how their feedback was utilized.
- Publish information in publicly available reports and on the website that connect specific types of feedback to changes in strategy and/or implementation of SNAP-Ed.
- Show annual changes in SNAP-Ed strategy and/or implementation with annual reports and/or maps.

Advisory Committee members also recommended additional strategies for increasing input from SNAP-eligible Hoosiers in SNAO-Ed planning and implementation:

- Collect feedback through the engagement of trusted partners (e.g., churches, food pantries, WIC offices) that can collect feedback through brief, but candid, interactions with SNAP-eligible community members. Formalize the data collection and reporting processes by standardizing the questions for each community partner.
- Engage people who have experienced hunger and poverty through employment with SNAP-Ed or through partner agencies. Ensure they are included in the strategic planning process for SNAP-Ed and/or specific programming efforts.

Implications and Application to the SNAP-Ed State Plan



The goal of SNAP-Ed is to improve the likelihood that persons eligible for SNAP will make nutritious food choices within a limited budget and choose physically active lifestyles consistent with current guidance. Indiana SNAP-Ed is also focused on reducing nutrition-related health inequities in the SNAP-eligible population. The table below provides a summary of key findings from the needs assessment along with implications for the 2024 SNAP-Ed Plan.

Needs Assessment Result	Implications for the SNAP-Ed Plan
<p>1. The current approach to SNAP-Ed programming leaves a considerable number of Indiana counties with little or no direct education or PSE support. Vacancies in CWC positions further exacerbate the gap in multi-level program implementation prioritized by FNS.</p>	<ul style="list-style-type: none">• Developing and implementing a regional approach to PSE could allow CWCs to provide broader coverage across geographic areas that would likely include rural, rural/mixed, and urban counties.• PSE initiatives could focus on cities, towns, counties, or larger geographic areas within the region.• SNAP-Ed should use Census tract-level indicators of need (e.g., SVI and LILA) to identify more localized needs, and tailor interventions based on the local barriers to healthy food access.• Current PEX Regional Supervisors are well positioned to provide both administrative and strategic leadership for this approach.
<p>2. Certain PSE initiatives provide support only to SNAP or WIC participants (e.g., SNAP Matching, Fresh Bucks), while other initiatives support broad-based populations experiencing food insecurity. It's not clear if SNAP-eligible audiences have equitable access to both types of PSE support around the state, or if service redundancies exist in specific geographic areas.</p>	<ul style="list-style-type: none">• Because SNAP-eligible populations may not necessarily be on SNAP or WIC or qualify for other direct service programs such as Produce RX, there should be strategies in place to ensure equitable access to broad-based PSE initiatives.• SNAP-Ed should consider establishing PSE categories to ensure that counties or regions can benefit from both types of initiatives.• Once these PSE categories available in the program data set, strategies should be put in place to prevent service redundancies.• Creating local, regional, and statewide approaches to PSE will further facilitate the multi-level approach for SNAP-Ed in Indiana.

Implications and Application to the SNAP-Ed State Plan



Needs Assessment Result	Implications for the SNAP-Ed Plan
<p>3. Since 2021, less than a third of all PSE initiatives included a direct education component, suggesting that most direct nutrition education was provided outside the context of a multi-level intervention.</p>	<ul style="list-style-type: none"> • Both PSE and direct education services appear to have the highest levels of efficacy when they are implemented in conjunction with each other to support behavior change at multiple levels. • Increased coordination for direct education and PSE efforts (perhaps at the regional level) can increase prevalence of multi-level interventions delivered to SNAP-eligible populations in Indiana.
<p>4. SNAP-Ed implementation, which formerly was solely the responsibility of Purdue Extension NEP, has been diversified to include more strategic and programmatic involvement from IDOH.</p>	<ul style="list-style-type: none"> • State-level oversight and capacity from IDOH provides opportunities to strengthen strategic planning, evaluation, alignment with FNS priorities, and equitable service-delivery. However, without clear leadership delineations, it's unclear where the responsibility lies for pursuing strategy-level changes to increase equitable access to SNAP-Ed. • Creating a multi-level PSE system that includes initiatives at the local, county, regional, and state-levels, as well as leadership for these efforts, can help Indiana SNAP-Ed provide more equitable access to SNAP-ed programming. • Additional partners and leaders at these levels are necessary to ensure that initiatives can be implemented at various levels.
<p>5. Data currently collected and managed in PEARS does not clearly identify the county of residence or race/ethnicity for populations supported by PSE initiatives. As a result, the data have limited use for ongoing evaluation and needs assessment purposes.</p>	<ul style="list-style-type: none"> • 2024 SNAP-Ed guidance from FNS encourages states to emphasize multi-level interventions and prioritize PSE approaches to service delivery. Given the large number of counties in Indiana and the distribution of rural, rural/mixed, and urban communities across the state, PSE approaches provide opportunities to reach larger numbers of SNAP-Eligible Hoosiers. • SNAP-Ed's current evaluation approach, tools, and reporting requirements required by FNS do not support the collection of data needed to adequately assess the scope and impact of PSE initiatives. • Indiana will likely need to develop and implement additional state-level practices (perhaps beginning with several pilot PSE initiatives) to increase the rigor of their PSE evaluation data.

Implications and Application to the SNAP-Ed State Plan



Needs Assessment Result	Implications for the SNAP-Ed Plan
<p>6. Although there are limitations to the available data, SNAP-Ed programming appears to be disproportionately delivered to White populations in Indiana.</p>	<ul style="list-style-type: none"> • In addition to increasing the rigor of data collection efforts for PSE initiatives described above, Indiana should prioritize PSE support for communities with high levels of low-income non-White families, especially where data show there has been few multi-level SNAP-Ed interventions and/or persistently low access to food. • Regional approaches to identifying and supporting underserved SNAP-eligible populations could prove useful.
<p>7. SNAP-Ed grants provided by IDOH to community-based organizations in 2022-2023 supported predominantly urban communities.</p>	<ul style="list-style-type: none"> • Competitive SNAP-Ed grants from IDOH have the potential to support PSE models that can be scaled up or applied along with capacity-building efforts in less-resourced communities. • These grants can be strategically aligned with equity goals and capacity-building efforts within regions or across the state to address regional and/or racial gaps in service delivery. • Given the increasing proportion of Hispanic residents in Indiana’s rural counties, non-white individuals have been underserved by SNAP-Ed, a proportion of IDOH grants can be allocated for rural PSE efforts to support Hispanic individuals and families.
<p>8. There have been limited opportunities to incorporate involvement of the SNAP-eligible population in the planning and implementation of SNAP-Ed.</p>	<ul style="list-style-type: none"> • Current and future SNAP-Ed partners should develop strategies to formalize feedback from SNAP-Eligible audiences. These partners should consider creating advisory councils of SNAP-eligible people and other community partners to begin this process. • Communicating the results of information-gathering efforts back to the communities from which data were collected should be a priority for SNAP-Ed partners.
<p>9. The statewide <i>Community Compass</i> platform supported by Indy Hunger Network has additional potential to serve as a needs assessment and evaluation tool.</p>	<ul style="list-style-type: none"> • IDOH should work closely with IHN to review available utilization data collected through the analytics of <i>Community Compass</i>. Depending upon utilization rates across the state, localized marketing and outreach efforts may be needed. • IDOH and IHN should consider exploring opportunities to reach SNAP-eligible individuals who could provide further feedback on local food access.

Appendix A.

County Food Insecurity Rates by Race & Ethnicity²⁰



Denotes 5% or greater difference from Food Insecurity Rate among White, non-Hispanic Persons

County	Overall Food Insecurity Rate 2021	Food Insecurity Rate among Black Persons (all ethnicities)	Food Insecurity Rate among Hispanic Persons (any race)	Food Insecurity Rate among White, non-Hispanic Persons
Adams County	10.1%	--	23%	10%
Allen County	9.9%	24%	17%	9%
Bartholomew County	10.4%	13%	16%	10%
Benton County	12.4%	--	--	12%
Blackford County	14.4%	--	--	13%
Boone County	6.7%	12%	13%	7%
Brown County	9.0%	--	--	9%
Carroll County	8.6%	--	--	9%
Cass County	11.2%	--	15%	11%
Clark County	9.5%	18%	14%	9%
Clay County	10.8%	--	--	10%
Clinton County	9.4%	--	15%	10%
Crawford County	13.5%	--	--	12%
Daviess County	10.1%	23%	15%	10%
Dearborn County	9.2%	--	--	8%
Decatur County	9.8%	--	--	10%
DeKalb County	9.3%	--	15%	9%
Delaware County	13.6%	25%	23%	14%
Dubois County	8.8%	--	17%	8%
Elkhart County	9.2%	26%	16%	9%
Fayette County	14.6%	--	--	14%
Floyd County	9.2%	22%	20%	9%
Fountain County	11.4%	--	--	11%
Franklin County	8.5%	--	--	8%
Fulton County	11.6%	--	15%	12%
Gibson County	10.3%	7%	--	10%
Grant County	13.9%	29%	24%	13%
Greene County	12.2%	--	--	12%
Hamilton County	6.0%	9%	13%	6%
Hancock County	7.3%	3%	10%	7%
Harrison County	9.4%	--	24%	9%
Hendricks County	6.4%	9%	14%	6%

NOTES:

(20) Hake, M., Engelhard, E., & Dewey, A. (2023). Map the Meal Gap 2023: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2021.

Appendix A.

County Food Insecurity Rates by Race & Ethnicity²⁰



Denotes 5% or greater difference from Food Insecurity Rate among White, non-Hispanic Persons

County	Overall Food Insecurity Rate 2021	Food Insecurity Rate among Black Persons (all ethnicities)	Food Insecurity Rate among Hispanic Persons (any race)	Food Insecurity Rate among White, non-Hispanic Persons
Henry County	11.9%	--	17%	12%
Howard County	12.2%	20%	18%	11%
Huntington County	10.1%	--	16%	9%
Jackson County	11.3%	19%	17%	11%
Jasper County	9.7%	--	14%	9%
Jay County	11.7%	--	--	11%
Jefferson County	12.3%	--	22%	11%
Jennings County	11.6%	--	21%	10%
Johnson County	8.2%	17%	15%	8%
Knox County	12.8%	37%	28%	12%
Kosciusko County	9.2%	25%	16%	9%
LaGrange County	6.9%	--	10%	7%
Lake County	10.8%	22%	16%	9%
LaPorte County	11.5%	19%	16%	11%
Lawrence County	11.0%	--	--	10%
Madison County	12.9%	24%	18%	12%
Marion County	11.3%	21%	17%	11%
Marshall County	9.8%	--	17%	10%
Martin County	11.3%	--	--	10%
Miami County	12.5%	15%	13%	13%
Monroe County	12.2%	27%	17%	14%
Montgomery County	10.8%	--	23%	10%
Morgan County	9.3%	--	14%	9%
Newton County	11.0%	--	18%	11%
Noble County	8.9%	--	12%	9%
Ohio County	10.1%	--	--	9%
Orange County	13.0%	--	--	11%
Owen County	12.6%	--	--	12%
Parke County	12.3%	--	--	13%
Perry County	10.2%	--	--	10%
Pike County	9.8%	--	--	9%
Porter County	9.3%	15%	14%	9%

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County	Overall Food Insecurity Rate 2021	Food Insecurity Rate among Black Persons (all ethnicities)	Food Insecurity Rate among Hispanic Persons (any race)	Food Insecurity Rate among White, non-Hispanic Persons
Posey County	8.8%	--	--	8%
Pulaski County	11.2%	--	--	11%
Putnam County	9.7%	--	17%	9%
Randolph County	11.4%	--	23%	12%
Ripley County	9.9%	--	--	10%
Rush County	11.4%	--	--	12%
Scott County	15.2%	--	--	14%
Shelby County	10.0%	--	--	9%
Spencer County	8.7%	--	12%	9%
St. Joseph County	11.0%	23%	17%	10%
Starke County	12.4%	--	18%	12%
Steuben County	9.3%	--	--	10%
Sullivan County	12.3%	--	--	12%
Switzerland County	15.0%	--	--	14%
Tippecanoe County	11.3%	27%	17%	12%
Tipton County	9.9%	--	--	9%
Union County	8.9%	--	--	9%
Vanderburgh County	12.1%	24%	18%	12%
Vermillion County	13.4%	--	--	14%
Vigo County	13.9%	22%	18%	15%
Wabash County	10.8%	--	--	11%
Warren County	10.5%	--	--	9%
Warrick County	7.5%	12%	19%	7%
Washington County	11.1%	--	--	11%
Wayne County	13.1%	23%	17%	13%
Wells County	8.2%	--	--	8%
White County	9.6%	--	14%	10%
Whitley County	8.9%	--	20%	9%

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