USDA United States Department of Agriculture
Food and Nutrition Service

ADDRESSING CHILD HUNGER AND OBESITY IN INDIAN COUNTRY: REPORT TO CONGRESS SUMMARY

Office of Research and Analysis **January 2012**

This report responds to the requirement found in section 141 of the Healthy, Hunger-Free Kids Act of 2010 (HHFKA) and summarizes hunger, obesity, and Type II diabetes among American Indian (AI) and Alaska Native (AN) children living on or near reservations or other tribal lands (often referred to as Indian Country). To help frame the scope of the problems, the report provides a summary of the most current available statistics on hunger, obesity, and Type II diabetes among children living in Indian Country and offers comparable statistics for the general population for context and comparison. This report also describes how USDA Federal nutrition assistance programs serve children in Indian Country and how provisions of the HHFKA and other recent initiatives may improve those services.

Background

American Indian (AI) and Alaska Native (AN) children have approximately twice the levels of food insecurity, obesity, and Type II diabetes relative to the averages for all U.S. children of similar ages. Given the high levels of poverty, many AI/ANs living in Indian Country are eligible to participate in Federal nutrition assistance programs. Four major programs are the core of the food safety net—the Food Distribution Program on Indian Reservations (FDPIR), the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the National School Lunch Program (NSLP).

Findings: General Characteristics

AI/ANs make up about 1 percent of the total U.S. population. Compared with the U.S. population as a whole, AI/ANs are a relatively young population, with approximately one-third younger than 20 years old. AI/AN households are larger than those of the general U.S. population (3.01 versus 2.58 people per household) and have higher poverty rates.

More than 24 percent of AI/AN households were below the Federal poverty line in 2010, compared with 15 percent of the U.S. population (the highest since 1993). Additionally, 24 percent of AI/AN households received SNAP benefits in 2010, whereas 13 percent of the U.S. population received SNAP benefits.

Most AI/ANs do not live in Indian Country: 31 percent of the population that identified as AI/AN alone in the 2010 census lived in Indian Country.

Findings: Hunger and Nutrition-Related Health Problems

AI/AN-only households are much more likely than other households to be food insecure. High levels of poverty and unemployment, low education levels, and the relative isolation of many reservations make AI/ANs particularly vulnerable. Access to food can be a challenge. Many reservations have significant food deserts. Isolated settlements create logistical and cost challenges, limiting people's ability to access affordable nutritious food because they live far from a large grocery store and do not have easy access to transportation.

- In 2008, 23 percent of AI/AN households (nearly one in four) were food insecure versus 15 percent of all U.S. households.
- Among households with children, nearly twice as many AI/AN households were food insecure than among non-AI/AN households with children (28 versus 16 percent).

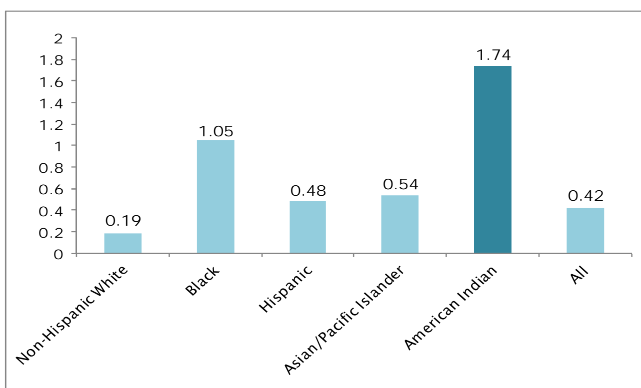
Overweight and obesity have also increased dramatically among AI/AN children. The determinants of overweight and obesity in the United States are complex, but the trend of increasing overweight and obesity among AI/AN, as well as the Nation at large, is associated with environments that promote increased food intake and decreased activity. Historically, the AI/AN diet was higher in complex carbohydrates and lower in fat than current diets and primarily made up of homegrown foods. However, there has been a shift in Indian Country, whereby AI/ANs are eating less traditional food and more food that is commercially prepared and processed, a trend also reported among the U.S. population as a whole.

- Current estimates suggest that overweight and obesity affects one-third to one-half of AI/AN children.
- More recent data (2008) estimate that 20 percent of AI/AN children 2 to 4 years old participating in WIC are obese. For those AI/AN children (aged 2 to 4 years) living in areas served by Indian Tribal Organizations (ITOs), obesity prevalence increases to 22 percent.

AI/ANs are disproportionately affected by diabetes, with some estimates suggesting that AI/ANs are 2.3 times more likely to have diabetes than are individuals in the U.S. general population. Although Type II diabetes has traditionally been a health concern among adults, its prevalence among children has increased in the AI/AN community.

Among AI children aged 10–19 years, prevalence of Type II diabetes was 1.74 per 1,000, whereas the prevalence among all groups surveyed was notably lower.

Prevalence of Type II Diabetes among Youth Age 10-19 (per 1,000)



Federal Food Safety Net

The major USDA programs that serve children and families in Indian Country include FDPIR, the SNAP, WIC, and NSLP. Based on data from the March 2009 Current Population Survey, the NSLP has the widest reach; about 550,000 children identified as AI/AN alone received free or reduced-price school lunches in an average month in 2008, and 328,000 children who identified as AI/AN and white.

SNAP also serves a large number of AI/AN individuals. For example, SNAP served 540,000 people who identified as AI/AN alone and 260,000 who identified as AI/AN and White in an average month in 2008. WIC served approximately 126,000 individuals identified as AI/AN alone, and 85,000 who identified as AI/AN and White. FDPIR, which is available only to households living in Indian Country, served about 80,000 individuals per month in fiscal year 2011, based on administrative data.

Opportunities for Improved Services

Recent policy changes and initiatives in the Federal nutrition assistance programs have focused on healthier meal options, easier access for those in need, and support for broader lifestyle interventions at the family, school, or community level to reduce or prevent food insecurity, obesity, Type II diabetes, and associated long-term health problems. USDA is in the process of implementing the changes included in HHFKA. These changes have the potential for enhancing the ability of USDA nutrition programs to serve children and their families in Indian Country.

USDA also participates in comprehensive, cross-agency collaborations to prevent or reduce child obesity, most notably First Lady Michelle Obama's *Let's Move! in Indian Country*, which was introduced in May 2011 as part of the larger national *Let's Move!* initiative.

U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, "Addressing Child Hunger and Obesity in Indian Country: Report to Congress" by Anne Gordon and Vanessa Oddo. Project Officer Dennis Ranalli. Alexandria, VA: January 2012.

Download full report at:
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