

AT FIRST GLANCE

HUNGER HEALTH EQUITY



Spotlight on Native Americans

+ HEAL is Feeding America's Health Equity Action League. We focus on solutions and supports that inform models of community health, free from injustices and inequities.

Introduction

Food insecurity, defined as having limited access to enough food to lead a healthy and active lifestyle, impacted more than 35 million people, including more than 10 million children, in the United States in 2019.¹ Native Americans persistently experience food insecurity at higher rates than whites and face added social, economic and environmental challenges.²

If a health outcome is seen to a greater or lesser extent between populations, there is disparity.³ Compared to whites, Native Americans are more likely to experience disproportionate disease burden for conditions like obesity, diabetes and heart disease.⁴ Diseases like cancers are also among the leading causes of mortality for Native Americans.⁵ Access to behavioral and mental health services continues to be a significant challenge among Native Americans.⁶

COVID-19 has amplified food insecurity and health disparities in the U.S. Feeding America estimates that over 50 million people may face hunger in 2020 as a result of the pandemic. COVID-19 has also wreaked havoc on the health and wellbeing of people of color in every corner of the nation. Native Americans received COVID-19 related diagnoses 3.5 times more than whites, although gaps in the data suggest these rates may be relatively higher than reported.⁷ More than one in three (34%) Native American nonelderly adults are at higher risk of serious illness if infected with the coronavirus.⁸

To achieve our vision of a hunger-free America, Feeding America commits to reducing the racial equity gap by understanding and addressing the priorities and needs of our most impacted communities, individuals and families served. **This foundational issue brief describes food and health disparities within Native American communities, provides key research questions, and offers suggestions on immediate action to take so we all have a fair opportunity to live long and healthy lives.**



Native Americans make up approximately 2%, or 6.8 million, of the total US population. Alaska, Oklahoma, New Mexico, South Dakota, and Montana have the highest proportion of Native American residents.

— U.S. Census Bureau



Hunger

Native American populations experience many unique challenges and are more likely to face hunger. Using the United States Department of Agriculture’s 5-year Current Population Survey averages (2015-19), 1 in 4 (23.5%) Native Americans were food insecure, more than twice the rate for white individuals.⁹ A long history of colonization, forced relocation, and harmful federal policies have restricted access to traditional and nutritious food sources in Native communities, further exacerbating challenges in food access.¹⁰ This history has led to high rates of food insecurity in Native communities in the U.S. The USDA found that only 26% of the population in predominantly Native communities resides within one mile from a supermarket, compared to 59% of the total U.S. population.¹¹ To address food insecurity in Native American communities, Feeding America is working with national organizations to develop partnerships to meet the need in local communities.

Fewer than 1 in 10 people living in the U.S. eat enough fruits and vegetables. Nine in 10 consume too much sodium.

— Centers for Disease Control and Prevention

Health

Food insecurity is associated with adverse health outcomes and higher rates of chronic disease.¹² Native Americans experience disproportionate disease burden for conditions like obesity, diabetes and heart disease¹³ and other chronic illnesses.

OBESITY

Native Americans are 50% more likely to be obese compared to whites; adolescents are 30% more likely to be obese. In 2018, 41% of Native American adults did not meet physical activity guidelines.¹⁴

DIABETES

Nearly 24% of Native Americans are living with diabetes, and are almost three times more likely to be diagnosed with the disease.¹⁵

HEART DISEASE

Approximately 27% of Native Americans have hypertension. Native American adults are more likely to live with risk factors (e.g., obesity and high blood pressure) that contribute to heart disease.¹⁶

MENTAL HEALTH/TRAUMA

In 2017, suicide was the second leading cause of death for Native American ages 10 to 34. Native American adults are two times more likely to report feelings of everything being too much of an effort compared to their white counterparts.¹⁷



Despite high rates of diet related disease, 80-90% of a person's health can be attributed to non-medical factors, often referred to as social determinants of health, which include, but are not limited to, food security, housing, transportation, education, and employment

— National Academy of Medicine

Equity

We know that food insecurity is linked to poor nutrition and chronic disease, and that poverty is a driver of food insecurity. One in three Native Americans live in poverty.¹⁸ Native Americans represent a relatively small proportion of the population in large cities, are geographically dispersed, and often socially isolated. Why does there continue to be high rates of poverty coupled with very limited access to culturally appropriate health and social services in Native American communities? Why does there continue to be such a glaring wealth divide in this country between Native Americans and whites? Why do Native Americans in every age group under 65 continue to have significantly higher death rates than whites?

Racial inequity is the result of structural racism that is embedded in historical, political, cultural, socio-economic systems and institutions.¹⁹ For centuries, structural racism has contributed to stark and persistent racial disparities in wealth, health and wellbeing in Native American communities. Historical consequences of colonization, forced relocation, and harmful policies have contributed to health disparities in Native American populations.

Racism in the health care industry, systemic barriers that limit access to care, unethical research practices, and culturally insensitive health care delivery all contribute to health implications for Native Americans. Bias plays a critical role in health inequity and perpetuates structural inequalities. According to the American Medical Association (AMA), provider bias can determine if a patient gets proper care.²⁰ Native American populations have developed cultural resiliency despite disparate access to health care and economic resources, and continue to work to revitalize traditional languages, cultures and preserve their traditional healing systems. In order to improve health outcomes, structural, cultural, and systemic circumstances must always be considered, acknowledged, and addressed.

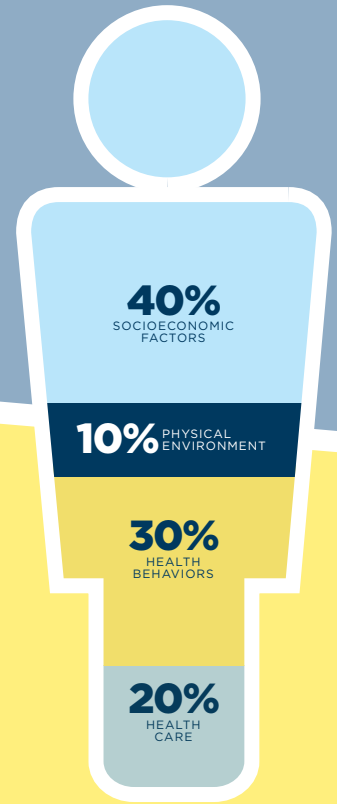


Figure 1:
County Health Rankings
& Roadmaps (2014)

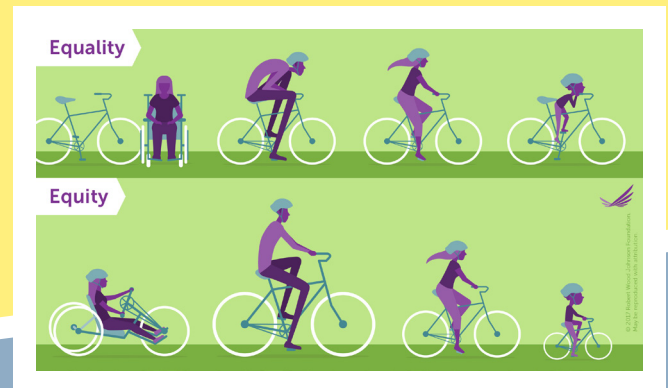


Figure 2: Robert Wood Johnson Foundation (2017)

At Feeding America, we pledge to identify and work towards solutions to eliminate social, structural, and systemic inequities that contribute to food insecurity for individuals that have been historically disadvantaged and/or adversely impacted by racial inequities.



Consequences of Hunger and Inequity

Health and Wellbeing: Healthy bodies and minds require nutritious meals at every age. When people facing hunger are forced to choose between food or other resources, the result is often long-term negative effects on health and wellbeing. These individuals often stretch already limited budgets, and use other coping strategies such as underusing medication, postponing or discontinuing medical care, or forgoing the foods needed for disease specific diets. For example, over 65% of households served by the Feeding America network reported having to choose between food and medical care due to limited resources, and close to 80% of households reported having to choose inexpensive, unhealthy food to feed their families.²¹ Difficult choices can lead to higher rates of chronic conditions, complications from uncontrolled disease, and delayed development in children. Members of food-insecure households are also more likely to struggle with psychological and behavioral health concerns.²² Since Native Americans face hunger at disproportionate rates, accompanying health risks are also higher for them.

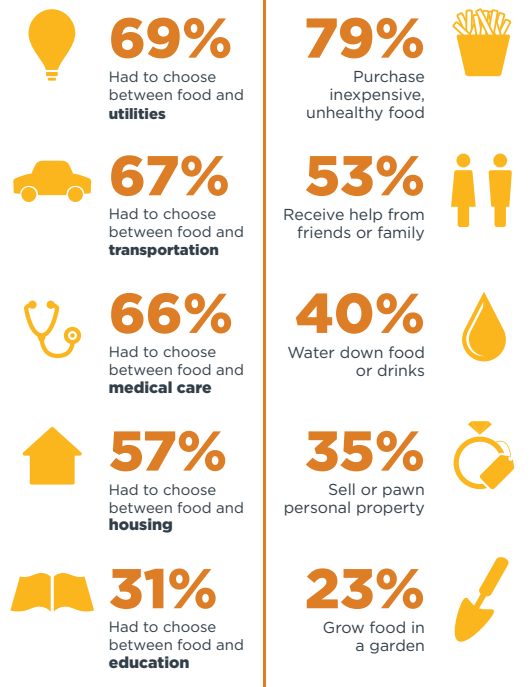


Figure 3: Hunger in America (2014). The data above represents the more than 60,000 clients served through the Feeding America network who responded to questions about themselves, their households, and the circumstances that led them to seek assistance from the charitable food network.

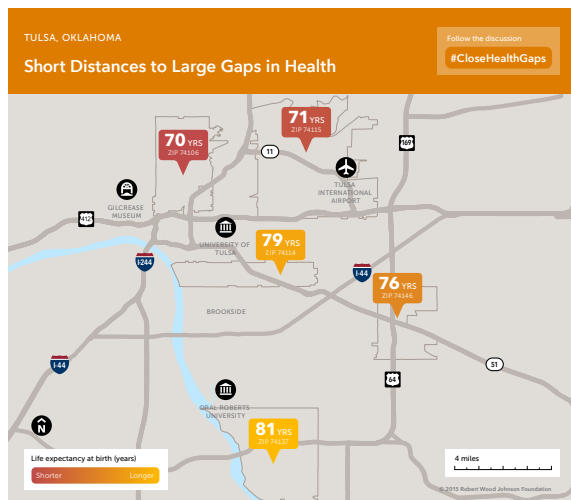


Figure 4: Virginia Commonwealth University (2015)

Tulsa has an 11-year disparity in life expectancy across the city's neighborhoods. Babies born on the working-class northside can expect to live to age 70 while those born in the more affluent southside can live to be 81.*

**It should be noted that the area with the lowest life expectancy in the state was Stilwell, Oklahoma, where the average life expectancy was 56 years old. Stilwell has the highest concentration of Cherokee people in the country. In Stilwell, 49% of people are Native American.*

Native Americans have been disproportionately affected by COVID-19 and are at higher risk for severe outcomes from the disease. Mortality rates ran twice as high as their white counterparts during the first half of 2020.

— Centers for Disease Control and Prevention

Life Expectancy: There is growing recognition that historical racial segregation by neighborhood plays a role in overall life expectancy. In other words, your zip code may mean more than your genetic code. Among the 500 largest U.S. cities, 56 have very wide life expectancy gaps with stark differences between racial and ethnic groups. On average, people in one neighborhood can expect to live 20 to 30 years longer than their neighbors a few miles away.²³ Disparities in education, income, poverty, and access to quality medical care are understood to be predominant contributors to life expectancy gaps among Native Americans compared to whites. Many native communities have not received key investments and protections customary for predominantly white communities, putting them at a disadvantage for poor health and opportunity, and contributing to lower life expectancy rates.

COVID-19

COVID-19 is exacerbating the ongoing disproportionate hunger and health crisis for Native Americans. The pandemic has led to a sharp increase in U.S. food insecurity rates. Feeding America estimates that an additional 50 million people could be food insecure in 2020 as a result of COVID-19.²⁴ Food insecurity and other consequences of the pandemic are most acute in communities of color. Native communities' heightened vulnerability to the pandemic is connected to unique challenges and systemic barriers to health care. Data shows that underlying health conditions, disparities in health care access, and socioeconomic factors contribute to Native American adults' higher likelihood of severe complications and illness from COVID-19, compared to their white counterparts.²⁵

CREATING A HEALTHIER AMERICA

A primary goal of Feeding America is providing access to healthy food in all of our communities. This means supplying food banks with more fruits, vegetables, whole grains, low-fat dairy and lean proteins and prioritizing resources for marginalized communities to advance health equity.



“Hunger in this country existed long before COVID-19, but the pandemic has thrust more and more of our neighbors into food insecurity, and food banks are responding to a sustained, increased demand. With support of the community, together we can end hunger one helping at a time.”

— Claire Babineaux-Fontenot,
CEO, Feeding America

Health Equity Action Items: What Food Banks and Community Partners Can Do

Align with national, state and local organizations committed to improving health and advancing equity in communities of color.

Release a statement signaling a mutual commitment to health equity and your shared vision on how to advance it.

Build trust, positive interactions and communication with people of color in your community to better understand unique social and systemic factors that contribute to food insecurity and poor health.

Develop interventions with local health care organizations to connect people of color to critical resources aimed at correcting food insecurity and other social determinants of health.

Help make “the healthy choice the easy choice” through improved access to culturally appropriate nutritious food, nutrition education, health literacy programs and other services in your community.

*Learn more about HEAL, and trends in hunger, health and equity by visiting **Hunger + Health** and **Feeding America Action** or contacting nutritionteam@feedingamerica.org.*

Hunger, Health and Equity Research Questions

- 1 How and why do different racial and ethnic groups move in and out of food insecurity over time and what are the long-term health impacts?
- 2 How does the charitable food system influence food insecurity and health for different racial and ethnic groups?
- 3 What coping strategies and tradeoffs do food secure households make and what are the health consequences of these coping strategies. How does this differ by race and ethnicity?
- 4 How do hunger and health challenges affect multi-generational households of color?

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References

For the purposes of this brief, Native American will be used to refer to the American Indian/Alaskan Native population.

1. Coleman-Jensen, A., Rabbit, M.P., Gregory, C.A., Singh, A. (2019). *Household Food Security in the United States in 2019*. www.ers.usda.gov/webdocs/publications/99282/err-275.pdf?v=6938.8
2. U.S. Department of Health and Human Services Office of Minority Health. *Profile: American Indian/Alaska Native* (n.d.). www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=62
3. *Disparities | Healthy People 2020*. (n.d.). Retrieved November 13, 2020, from www.healthypeople.gov/2020/about/foundation-health-measures/Disparities
4. U.S. Department of Health and Human Services Office of Minority Health. *Profile: American Indian/Alaska Native* (n.d.). Retrieved November 13, 2020 from www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=62
5. U.S. Department of Health and Human Services Office of Minority Health. *Profile: American Indian/Alaska Native* (n.d.). Retrieved November 13, 2020 from www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=62
6. Indian Health Service. *The Federal Health Program for American Indians and Alaska Natives. Fact Sheets: Behavioral Health* (n.d.). Retrieved November 13, 2020 from www.ihs.gov/newsroom/factsheets/behavioralhealth
7. Centers for Disease Control and Prevention. (2020, August 28). *COVID-19 Among American Indian and Alaska Native Persons – 23 States, January 31–July 3, 2020*. Centers for Disease Control and Prevention. Retrieved from www.cdc.gov/mmwr/volumes/69/wr/mm6934e1.htm?s_cid=mm6934e1_e&deliveryName=USCDC_921-DM35683
8. Disparities Policy. (n.d.). Retrieved November 13, 2020 from www.kff.org/coronavirus-covid-19/issue-brief/covid-19-presents-significant-risks-for-american-indian-and-alaska-native-people/
9. Food Insecurity and Race/Ethnicity | Feeding America (2020, December 4). Retrieved January 28, 2021, from research@feedingamerica.org
10. Bread for the World. (n.d.). Retrieved November 13, 2020 from www.paperturn-view.com/us/bread-for-the-world/applying-racial-equity-to-u-s-federal-nutrition-assistance-programs?pid=NTg58712&p=57&v=3
11. Kaufman, P., Dicken, C., and Williams, R. (2014). *Measuring Access to Healthful, Affordable Food in American Indian and Alaska Native Tribal Areas*, EIB-131, U.S. Department of Agriculture, Economic Research Service. Retrieved from: www.ers.usda.gov/webdocs/publications/43905/49690_eib131_errata.pdf?v=0
12. Seligman, H.K., Jacobs, E.A., López, A., Tschann, J., Fernandez, A. (2012). Food insecurity and glycemic control among low-income patients with type 2 diabetes. *Diabetes Care*. 35 (2): 233 – 8
13. U.S. Department of Health and Human Services Office of Minority Health. *Profile: American Indian/Alaska Native* (n.d.). www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=62
14. U.S. Department of Health and Human Services Office of Minority Health. *Minority Population Profiles: Obesity and American Indian/Alaska Native* (2020, March 26). Retrieved November 13, 2020 from www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=40
15. U.S. Department of Health and Human Services Office of Minority Health. *Minority Population Profiles: Diabetes and American Indian/Alaska Native* (2019, December 19). Retrieved November 16, 2020 from www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=33
16. U.S. Department of Health and Human Services Office of Minority Health. *Minority Population Profiles: Heart Disease and American Indian/Alaska Native* (2019, December 19). Retrieved November 16, 2020 from www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=34
17. U.S. Department of Health and Human Services Office of Minority Health. *Minority Population Profiles: Mental and Behavioral Health - American Indian/Alaska Native* (2019, September 25). Retrieved November 16, 2020 from www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=39
18. Institute for Policy Research. (2020, February 24). *What Drives Native American Poverty?* Retrieved November 16, 2020 from www.ipr.northwestern.edu/news/2020/redbird-what-drives-native-american-poverty.html
19. Center for the Study of Race and Ethnicity in America, “How Structural Racism Works” (lecture series, Brown University, 2015), accessed March 30, 2020, www.brown.edu/academics/race-ethnicity/programs-initiatives/signature-series/how-structural-racism-works-project
20. *COVID-19 FAQs: Health equity in a pandemic*. (n.d.). American Medical Association. Retrieved November 13, 2020, from www.ama-assn.org/delivering-care/health-equity/covid-19-faqs-health-equity-pandemic
21. *Hunger & Food Insecurity in America | Feeding America*. (n.d.). Retrieved November 13, 2020, from www.feedingamerica.org/hunger-in-america/impact-of-hunger
22. *Importance of Nutrition on Health in America | Feeding America*. (n.d.). Retrieved November 13, 2020, from www.feedingamerica.org/hunger-in-america/impact-of-hunger-hunger-and-nutrition
23. *Large Life Expectancy Gaps in U.S. Cities Linked to Racial & Ethnic Segregation by Neighborhood | NYU Langone News*. (n.d.). Retrieved November 13, 2020, from www.nyulangone.org/news/large-life-expectancy-gaps-us-cities-linked-racial-ethnic-segregation-neighborhood
24. Gundersen, C., Hake, M., Dewey, A., Engelhard, E. (2020). *The Impact of the Coronavirus on Food Insecurity in 2020, Update October 2020* [Data file and FAQ]. Available from www.feedingamerica.org/research/coronavirus-hunger-research
25. *Low-Income and Communities of Color at Higher Risk of Serious Illness if Infected with Coronavirus*. (2020, May 7). Retrieved from www.kff.org/coronavirus-covid-19/issue-brief/low-income-and-communities-of-color-at-higher-risk-of-serious-illness-if-infected-with-coronavirus/

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Feeding America is a nationwide network of food banks that feeds more than 40 million people through food pantries and meal programs in communities across America and leads the nation in the fight against hunger.



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