

KEY CONSIDERATIONS

PRIORITIZING HEALTH EQUITY & FOOD SECURITY



Spotlight on Native Americans

+ Feeding America focuses 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 44 million people, including more than 13 million children, in the United States in 2022.¹ Native Americans persistently experience food insecurity at higher rates than non-Hispanic white individuals and face added social, economic and environmental challenges due to systemic and structural inequities.²

If a health condition is experienced to a greater or lesser extent across population groups, there is disparity.³ Compared to non-Hispanic white individuals, Native Americans are more likely to experience disproportionate disease burden for conditions like diabetes and heart disease.⁴ Certain types of cancers are also among the leading causes of death for Native Americans. Access to behavioral and mental health services continues to be a significant challenge among Native Americans.^{5,6} Health equity is achieved when historical and contemporary injustices are addressed; social, economic and other obstacles to health and healthcare are overcome; and preventable health disparities are eliminated.³

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 discussion questions, and offers suggestions on immediate action to take so we all have a fair and just opportunity to live long and healthy lives.



Native Americans make up approximately 2.5%, or 10.1 million, of the total U.S. 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 2016-2020 Current Population Survey, about 1 in 5 Native Americans were food insecure, more than twice the rate for non-Hispanic white individuals.⁷ 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.⁸ 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.⁹ 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.

On average, only 1 in 10 people living in the U.S. eat enough fruits and vegetables. Most Americans consume too much sodium, which can increase one's blood pressure and risk for heart disease and stroke.

— Centers for Disease Control and Prevention

Health

Food insecurity is associated with adverse health outcomes and higher rates of chronic disease.¹⁰ Native Americans experience disproportionate disease burden for conditions like diabetes, heart disease and other chronic illnesses.⁴

DIABETES

Nearly 24% of Native Americans are living with diabetes, and are almost three times more likely to be diagnosed with the disease and three times more likely to die from the disease compared to non-Hispanic white individuals.¹¹

HEART DISEASE

Approximately 27% of Native Americans have hypertension. Native American adults are more likely to live with risk factors such as obesity and high blood pressure that may increase risk to develop heart disease.¹²

MENTAL HEALTH/ TRAUMA

In 2019, suicide was the second leading cause of death for Native Americans ages 10 to 34 years old. Native American adults are two times more likely to report feelings of worthlessness and that everything is too much of an effort compared to non-Hispanic white individuals.⁵



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

Food insecurity is linked to poor nutrition and chronic disease, and poverty is a driver of food insecurity.¹⁰ One in three Native Americans live in poverty.¹³ 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 non-Hispanic white individuals? Why do Native Americans in every age group under 65 years old continue to have significantly higher death rates than non-Hispanic white individuals? Racial inequity is the result of structural racism that is embedded in historical, political, cultural, socio-economic systems and institutions.¹⁴ 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.¹⁴

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.¹⁴ Bias plays a critical role in health inequity and perpetuates structural inequalities. According to the American Medical Association, provider bias can determine if a patient gets proper care.¹⁵ 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.

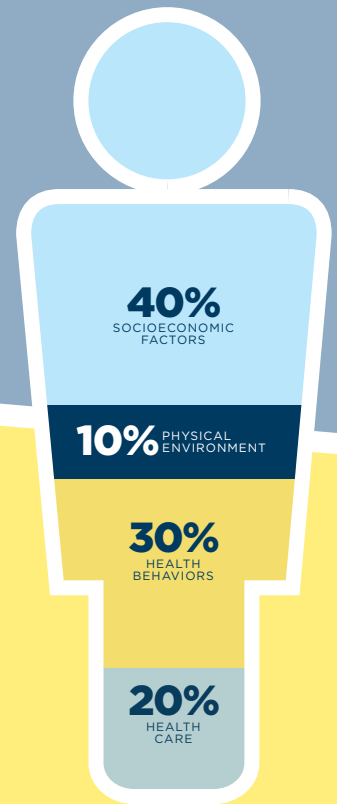


Figure 1: County Health Rankings & Roadmaps (2014)

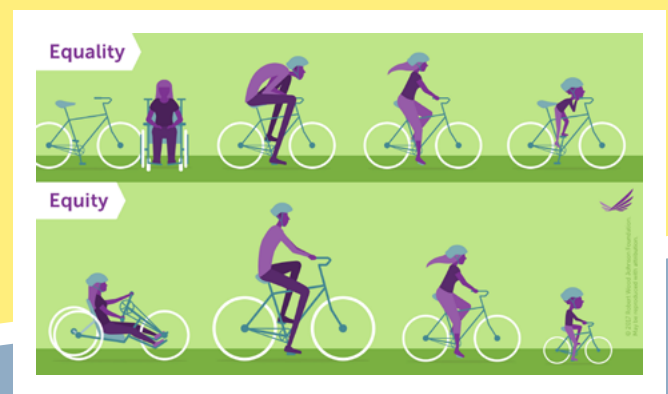


Figure 2: Robert Wood Johnson Foundation (2017)

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.¹⁶ 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.¹⁶ 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.¹⁷ Since Native Americans experience food insecurity at a disproportionate rate, accompanying health risks are also higher within this population group.

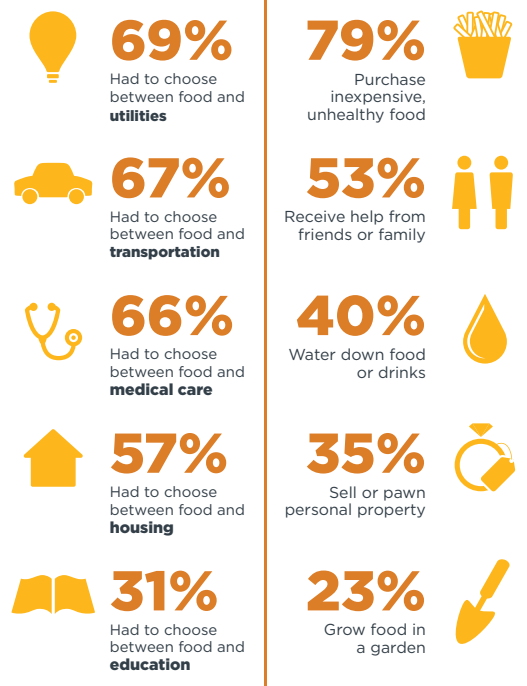
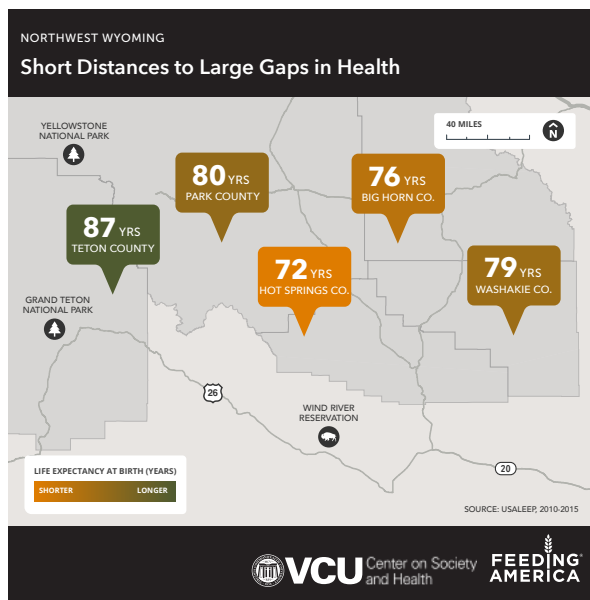


Figure 3: Hunger in America (2014).
The data above represents the more than 60,000 clients served through the Feeding America network who responded to questions about themselves, their households, and the circumstances that led them to seek assistance from the charitable food network.

Health equity is the absence of disparities or avoidable differences among socioeconomic and demographic groups or geographical areas in health status and health outcomes such as disease, disability, or mortality.

— Health Resources and Services Administration

Life Expectancy: There is growing recognition that historical racial segregation by neighborhood plays a role in overall life expectancy.¹⁸ 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.¹⁸ 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 non-Hispanic white individuals. 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.



Northwest Wyoming has a 15 year disparity in average life expectancy across the region depending on the county. Babies born near Hot Springs County near the Native American Wild River Reservation can expect to live to just 72 years on average, while others may live 4-15 years longer on average in other nearby counties. Short distances can mean large differences in health.

Figure 4: Virginia Commonwealth University (2015)

CREATING A HEALTHIER AMERICA

A primary goal of Feeding America is providing access to nutritious 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 historically marginalized communities that experience historical and economic disadvantages to advance health equity.

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

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

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.

Release a statement signaling your joint commitment to equity.

Co-Develop interventions 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 race & ethnicity and food insecurity **here** on the Feeding America website and about hunger, health and equity by going **here**.*



Hunger, Health and Equity Discussion 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 insecure 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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For the purposes of this brief, Native American is used to refer to the American Indian/Alaskan Native population.

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**JOIN THE MOVEMENT TO END HUNGER TODAY.
DONATE. VOLUNTEER. ADVOCATE. EDUCATE.**

Feeding America is committed to an America where no one is hungry. We support tens of millions of people who experience food insecurity to get the food and resources they say they need to thrive as part of a nationwide network of food banks, statewide food bank associations, food pantries and meal programs. We also invest in innovative solutions to increase equitable access to nutritious food, advocate for legislation that improves food security and work to address factors that impact food security, such as cost of living, health and employment.

We partner with people experiencing food insecurity, policymakers, organizations, and supporters, united with them in a movement to end hunger.



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