

Food and Health Disparities in American Native Communities: Exploring the Impacts of Systemic Inequities

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Cite as: Newbauer, Marissa. 2025. "Food and Health Disparities in American Native Communities: Exploring the Impacts of Systemic Inequities". Food-Fueled, 2, e00016. <https://doi.org/10.57912/28908956>.

Web address: <https://edspace.american.edu/foodfueled/issues/volume-2/food-and-health-disparities-in-american-native-communities-exploring-the-impacts-of-systemic-inequities/>

Abstract

Historically, Native American communities were often depicted as having strong connections and traditions when it comes to health and food cultivation. However, it comes as a surprise to many that upon historical analysis, the American Indian/Alaska Native (AIAN) population is in much poorer health than most of the United States. The U.S. government has consistently stripped Native communities of the ability to grow, produce, or buy culturally significant food products, especially those that provide nutritional value. Tribes throughout the country have become dependent on government-rationed food, which is often ultra-processed and not meant for maintaining a healthy or sustainable diet. This, in turn, has led to a plethora of chronic health issues such as diabetes, heart disease, and cirrhosis among these groups. While the issues are deeply rooted and would be difficult to eliminate, there are several policy and community-based solutions that could improve food sovereignty and further health status among the American Native population.

Introduction

As some of the earliest inhabitants of the land that would become the United States of America, Indigenous communities were the backbone of culinary preparation and cultivation on the continent. Food helped shape the traditions and culture of Native tribes that would evolve over centuries. However, external intervention in these tribes led to extremely poor health and well-being outcomes. Since the arrival of European settlers, Native communities have been forced to adapt to unfamiliar food cultivation and consumption methods. This became especially relevant after the United States government's mass relocation efforts in the 19th century. These circumstances left communities without the access and support needed to fulfill their nutritional needs. Today, the American Native population consistently displays higher rates of death and chronic illness when compared to all other groups in the U.S. (National Indian Council on Aging, n.d.).

Research Question

This research aims to further investigate the causes of poor health and food sovereignty among Native communities and the ways in which it can be resolved.

Pre-Contact Native Culinary History

Spanning as far back as the arrival to the North American continent between 12,000 and 15,000 years ago, Indigenous civilizations developed new manners of food cultivation and preparation into their adaptive lifestyles. This led to a wide variety of crops and techniques spreading throughout the Americas and around the world. These resulted in over 60% of the modern diet having roots within the regional tribes across the New World (Park et al. 2016, 171). Early Native Americans were primarily hunters and gatherers, later evolving into thriving agricultural societies. Staple crops within many tribes were corn, beans, and squash, often referred to as the "Three Sisters" due to the intercropping strategies often used to cultivate them (Lewandowski 1987, 77). In addition to a variety of fruits and vegetables, hunting and fishing in the surrounding forests or bodies of water helped to provide a "balanced and highly palatable diet" for Native tribes.

Types of food would vary based on region, with foods like palmetto berries being popular among tribes in Florida, and bison among those in the Great Plains region (Park et al. 2016, 173).

Post-Contact Native Culinary History

Following the 15th century arrival of European settlers in the Americas, the well-established food systems of Indigenous tribes shifted with the introduction of new animals, crops, and culinary customs. These groups brought with them their own animals such as pigs, goats, cattle, sheep, horses, and plants such as apricots, plums, cherries, melons, apples, grapes and wheat. Some of these elements were integrated into different tribes and came to be essential to daily life and culture. For example, sheep introduced to the Navajo (Diné) people by Spanish settlers became a large part of the tribe and are still a symbol of wealth and good luck. The newcomers also incorporated many aspects of Native cooking and cultivation into their own, with items such as the presence of Irish potatoes and Italian tomatoes existing post-contact (Frank 2023). This exchange has an initially positive impact on the food culture of Indigenous people throughout the United States. However, westward expansion proved to be the dawn of a downfall in Native American food sovereignty.

Following the Louisiana Purchase in 1803, there was a large influx of settlers in new western territories that were the homes of dozens of Native Tribes. Congress later passed the Federal Indian Removal Act of 1830, which forced the relocation of over 100,000 Native Americans from their tribes east of the Mississippi into Oklahoma, “completely disrupting traditional Native foodways—and all of their traditional food sources” (Frank 2023). This left thousands of people with no stable food source, in addition to the United States government banning most tribes from hunting, fishing, and in some, planting their own crops on certain reservations (Ford 2021). This resulted in the federal government providing rations to tribes only twice a month. Packages consisted of lard, flour, coffee and sugar and canned meat; a drastic shift from the foods they had been consuming for thousands of years. While it was meant to be a temporary solution, many Native communities

ended up becoming dependent on these rations, with some tribes deserting all traditional food acquisition methods. The system, however, was never able to provide enough food or nutrition to American indigenous communities (Frank 2023).

Food Insecurity in Modern Native Tribes

This problem persists into the 21st century. Native tribes are systematically dependent on government support, and a vast majority of reservations are considered food deserts. Between 2000 and 2010, around 25% of American Indian and Alaska Native groups were “consistently food insecure” (Maillacheruvu 2022, 3). This figure grew between 2010 and 2020, with the average being as high as double or triple that of white people (Figure 1). Even families receiving support from the government still struggle to easily access the food they are provided with. Approximately 31% of households with assistance from the Food Distribution Program on Indian Reservations (FDPIR) did not have access to a vehicle for transportation, and the average distance to pick up food was 16 miles, with almost a quarter or participants having to drive 25 miles or more (Pindus et al. 2016, 85 and 86).

Households that lacked access to adequate food at some point in the year

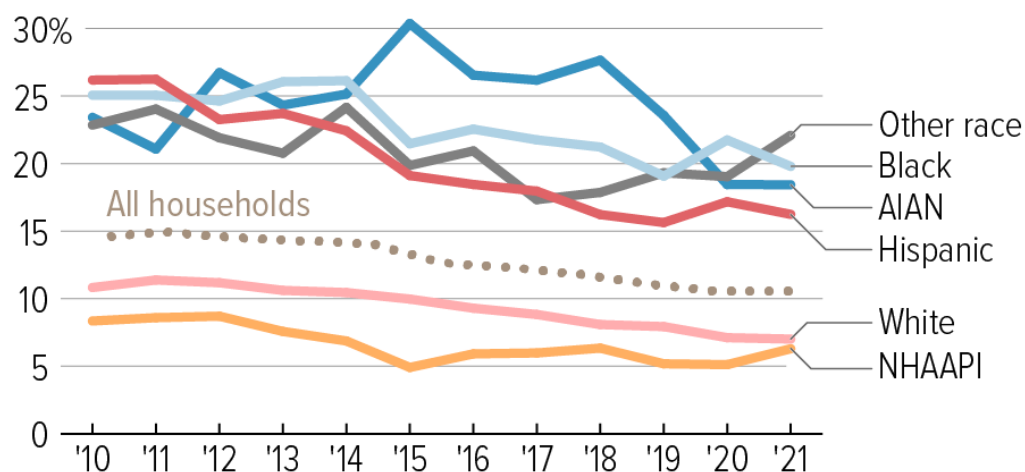


Fig. 1 (Center on Budget and Policy Priorities 2022).

In addition to an extreme lack of accessibility, Native communities on reservations pay overall higher prices for food than the rest of the United States. For basic foods like milk, bread, and eggs, prices could be as much as 85% higher than the national average (Figure 2). This, however, does not apply to all foods. Some items that are highly processed and considered unhealthy, such as Cheetos, were found to be cheaper for consumers living on reservations when compared to the national prices (First Nations Development Institute 2016, 10). It is evident that Native groups throughout the United States are still not being provided the support they need to maintain sufficient food security. This is in addition to the fact that the AIAN community has “the highest rate of poverty of any other racial group in the nation” with numbers almost doubling the national average at times (First Nations Development Institute 2013, 1). Alongside a severe shortage of food to begin with, food that is affordable and accessible to individuals and families does not provide adequate nutrition and sustenance to live a healthy life.

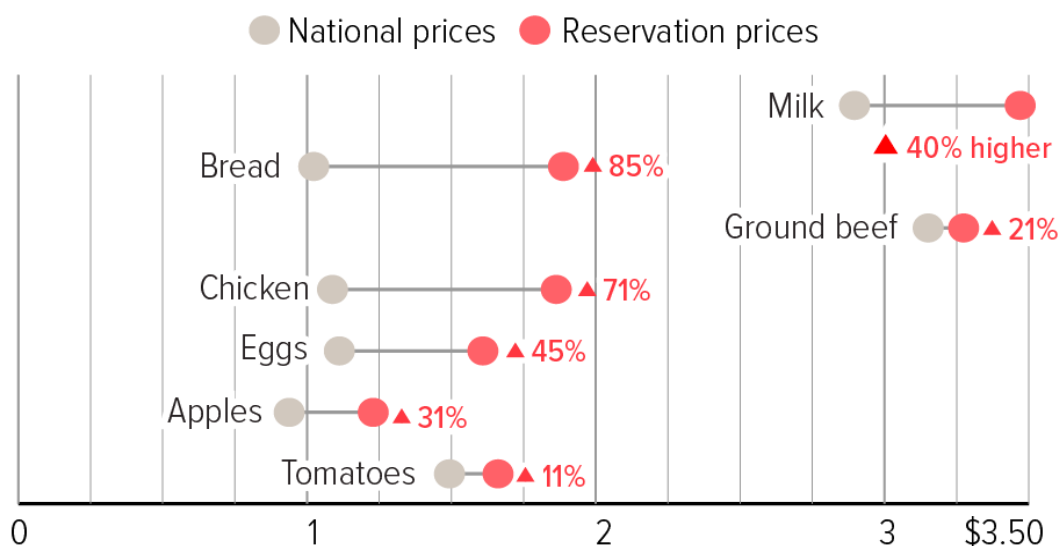


Fig. 2 (Center on Budget and Policy Priorities 2018)

Links Between Food and Health Disparities

Since the United States government intervened in American indigenous food cultivation and consumption practices close to 200 years ago, the health and wellbeing of these communities has drastically declined. Rations provided were “aimed to prevent starvation rather than provide adequate nutrition,” and the impact is evident. AIAN individuals have a lifespan of 73.0 years, 5.5 years less than that of the average American among all other races. Additionally, they have significantly higher rates in 15 major causes of death among the American population, including diabetes, heart disease, cancer, chronic liver disease and unintentional injuries (Indian Health Service 2019, 2). In 2023, obesity rates for AIAN youth were a staggering 33.8%, a number that is almost 50% higher when compared to all adolescents in the U.S. (Johnson-Jennings et al. 2023, 297). Among several other social determinants of health (SDOH) such as education, housing, and employment status, it is clear that the quality and accessibility of the food consumed by Native people is not to the standard of the rest of the country, and is the root cause of a plethora of health issues that individuals experience from a young age.

Diabetes has proven to be one of the most widespread health outcomes in modern Native tribes, with a type 2 diabetes rate almost triple the national average in white adults. This epidemic in AIAN communities is some of the strongest evidence in proving the destruction of Native health and food sovereignty from the post-contact era. In several Native languages, a word for diabetes did not exist because the disease was so rare among the population prior to the 20th century (Center for Disease Control 2024). The increased prevalence of this condition since European contact and later government intervention is not only proof of the lack of nutritious food options offered on Native reservations, but the lack of proper medical attention as well. Among all populations, many diabetes cases often go undiagnosed, likely leaving more of the American Indigenous population without critical care (Sandefur et al. 1996). These inequities come in addition to areas that are already inadequately served and severely underfunded in healthcare and related fields (American Bar Association 2018). While diabetes is one of the most

common health issues in Native communities, it is only one example of the life-threatening consequences that are inflicted upon those whose health and well-being have been neglected by their government.

Protecting Native Food Sovereignty

Despite the centuries of damage caused by colonizing powers, there remains the possibility of rebuilding Native food sovereignty and restoring the once thriving communities throughout North America. The U.S. Food Sovereignty Alliance outlines six main principles of ensuring food sovereignty. It is an approach that 1) “focuses on food for people” 2) “values food providers” 3) “localizes food systems” 4) “puts control locally” 5) “builds knowledge and skills” and 6) “works with nature.” (U.S. Food Sovereignty Alliance n.d.). A return to traditional cooking and cultivation methods within indigenous tribes could be one of the best solutions to create healthier and interconnected communities. It is possible that doing this will also have a plethora of less direct social impacts on the wellbeing of individuals, families, and communities overall. However, it is not realistic given the lack of resources and funding to people living on reservations by the U.S. federal government. While complete restoration is feasible, there must be smaller steps taken to re-integrate traditional and/or culturally significant methods and foods into everyday life.

Developments in food assistance programs like FDIIR have demonstrated an effort to protect food sovereignty in Native communities. In the past 5 years, more traditional Native foods such as bison meat, wild rice, and blue corn meal have been distributed through these programs, but not consistently (DeBruyn 2020). A social ecological model could also be applied to addressing food sovereignty and health inequalities among the AIAN population. This method emphasizes interactions in one’s environment on differing levels (individual, interpersonal, community, and policy/enforcement) (William and Mary, n.d.). Instead of solutions only proposed at the state or federal level, this model considers the historical and cultural complexities that exist within Native food cultivation and consumption. This could mean implementing “talking circles” or programs at tribal colleges that aim to

educate people on diseases such as diabetes and “provide support and encouragement for community members” have proven successful in certain Native tribes, but not all, due to variation in cultural values (Companion 2008, 25). Despite the roots of Native health disparities tracing back to the U.S. government and their actions, individualized and community-based education on health and nutrition can result in steady progress towards restoring full food sovereignty to millions of Indigenous people across the country.

Conclusion

Among the modern American population, Native communities face a plethora of intersecting challenges surrounding food, health, and culture. For centuries, the history and tradition responsible for crops, animals, and resulting food and medicine products have been forcefully erased by colonization and its resulting governing bodies. Though these issues are repeatedly ignored by much of the nation, it does not prevent individuals from dying of preventable diseases or communities struggling to feed themselves. While efforts have been made to increase the amount or accessibility of food assistance to those living on reservations, it is often not enough to solve the overarching issue at hand. Any effective solution to food insecurity and subsequent health problems must account for the historical and cultural value of the foods cultivated and consumed in Native communities. In the 21st century, America’s ability to preserve Native food sovereignty will depend on its commitment to respecting Indigenous groups and repairing the centuries of harm inflicted upon those it has continuously marginalized.

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