HEALTH DISPARITIES & NUTRITION

KEY POINTS & TAKEAWAYS:

- Colonization and disruption of traditional foodways and lifeways has caused significant health disparities among Native people today.
- Promoting indigenous-led efforts to address these disparities is essential realizing health equity for Native people.
- Many of the health equity projects, programs, and initiatives across Indian Country are improving health outcomes by increasing their community's access to fresh, locally produced food, especially traditional foods.

Colonization, and its disruption or destruction of traditional indigenous foodways, has resulted in serious challenges to health for American Indian and Alaska Native (AIAN) peoples. Life expectancy for AIAN people is less than half that of their white counterparts in many parts of the country. Cancer and heart disease are the leading causes of death for AIAN people, and other chronic disease like Type II Diabetes, kidney disease, and liver disease also affect Native peoples disproportionately when compared to the rest of the population.[1] Even common injuries, like car accidents, poisoning, and falls cause death for AIAN people twice as often than their white counterparts suffer death from these injuries. When combined with federal policies that have created conditions of high poverty and high unemployment in extremely rural and remote communities, AIAN people are also at a higher risk for suicide: death rates are nearly 50% higher for AIAN people in this area, and especially at high risk are young Native men under the age of 25.[2]

The root causes of these striking health disparities are colonization, forced removal from traditional foodways and lifeways, and the historical trauma

stemming from that violence, and inadequate food access also plays a huge role in exacerbating these health disparities.[3] Most reservation communities meet the U.S. Department of Agriculture definition of a "food desert," or a place where a community is removed from consistent access to a food source by ten miles.[4] This puts many AIAN people at a serious disadvantage in trying to access foods with the nutritional content that supports, not actively harms, their health.

However, while this definition illustrates a systemic problem with access to resources for many Tribal communities, it also illuminates the problems in attempting to address Indigenous health solely through a Westernized lens: this definition is somewhat problematic for accurately assessing food sources in Indigenous communities, because it measures access to grocery stores and other similar establishments, while many people in Tribal communities still engage in subsistence hunting and gathering where they have the ability, rights, and protected access practice customary and traditional lifeways. Not only do subsistence practices allow for the incorporation of more traditional foods into diet patterns, the hunting and gathering of these foods incorporates active lifestyles that were always part of Indigenous lifeways and are protected by treaty rights and the United States trust responsibility. Western nutritional science is now "discovering" what Indigenous science learned thousands of years ago—for example, the health benefits of primarily high omega-3/low omega-6 diets is something common to many indigenous diets that Western nutritional science has recently begun to understand and champion. While there are principles of Western nutritional science that find a place in addressing these health disparities, truly promoting success in indigenous-led health equity work means recognizing the depth of knowledge in an indigenous science and medicine that sustained vibrant Tribal communities on this land for thousands of years.

Supporting health equity work as Indigenous-led and community driven sometimes necessitates a shift in understanding for non-Native allies and funders, but it is essential for developing long-lasting partnerships with the thousands of Native-led programs, projects, and initiatives across Indian Country who are working to heal historical trauma and improve health outcomes through food systems work.

MOST RESERVATION COMMUNITIES MEET THE U.S. DEPARTMENT OF AGRICULTURE DEFINITION OF A "FOOD DESERT," OR A PLACE WHERE A COMMUNITY IS REMOVED FROM CONSISTENT ACCESS TO A FOOD SOURCE BY TEN MILES.

1. CDC Newsroom, https://www.cdc.gov/media/releases/2014/p0422-natamerican-deathrate.html (2014)
2. Id.
3. Feeding Ourselves; see also Satterfield, Dawn, Lemyra Debruyn, Carolee D. Francis and Aiko Allen. "A Stream Is Always Giving Life: Communities Reclaim Native Science and Traditional Ways to Prevent Diabetes and Promote Health." American Indian Culture and Research Journal 38, no. 1 (2014): 157-190.
4. Feeding Ourselves; USDA ERS
5. Heshmati, J., et al, "Omega-3 fatty acids supplementation and oxidative stress parameters: a systematic review and meta-analysis of clinical trials," 26 Sept. 2019, Pharmacological Research, https://doi.org/10.1016/j.phrs.2019.104462.
6. Simopoulous, A., "Omega-6/Omega-3 Essential Fatty Acid Ratio and Chronic Diseases," Food Reviews International, Vol. 20, Issue 1 (2004): 77-90, https://doi.org/10.1081/FRI-120028831.