Food Insecurity in Indian Country: A Case Study Approach

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# Food Security Defined

<table>
<thead>
<tr>
<th>Label</th>
<th>Formerly known as</th>
<th>Defined as</th>
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<tbody>
<tr>
<td>High Food Security</td>
<td>Food Security</td>
<td>No reported indications of food-access problems or limitations</td>
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</table>
| Marginal Food Security | Food Security             | • One or two reported indications – typically anxiety over food sufficiency or shortage of food in the house  
• Little or no indication of changes in diet or food intake |
| Low Food Security      | Food insecurity without hunger | • Reports of reduced quality, variety, or desirability of diet  
• Little or no indication of reduced food intake |
| Very Low Food Security | Food insecurity with hunger | Reports of multiple indications of disrupted eating patterns and reduced food intake |

Food Insecurity in US – Overall 2015

Source: http://map.feedingamerica.org
Food Insecurity in US – Children 2015

Source: http://map.feedingamerica.org
Food Deserts in Indian Country
Location of food deserts and AI reservations in contiguous US

Orange = food desert
Green = reservation borders
Brown = overlap

Source: Food desert by Census tract: US Department of Agriculture, Economic Research Service
Understanding Food Insecurity

Risk Factors

- Financial
  - Low, inconsistent or lost income
    - Recent job loss or reduction in hours
  - Inadequate SNAP allotment or access to government food programs
- Senior citizens
- Single-parent homes
- Drug and alcohol dependency
- Uninsured or underinsured with a medical illness

More Likely

- At the end of the month
  - SNAP or income may have run out
- Important to consider when taking a diet history
- Holiday seasons
- Birthdays, life-cycle rituals
- Feast Days
- Ceremonies
- Summer
- Seasonal bills
- Competing housing and medical costs
Health Impacts of Food Insecurity (1)

Children and Adolescents

- Chronic health/behavior issues
- Asthma
- Iron-deficiency anemia in infants and toddlers
- Greater chance of being hospitalized
- Greater developmental risk
- Low birth weight
- Higher anxiety and depression
  - Suicide in adolescents
Health Impacts of Food Insecurity (2)

Adults

- Diabetes
- Asthma
- Cardiovascular disease
- Cancer
- Obesity
- Depression and mental illness
- Chronic/toxic stress
- Medication underuse
- Tobacco use
- Exposure to violence
Cycle of Food Insecurity and Chronic Disease


Policy, Systems, and Environmental (PSE) Change Approaches

Supporting healthy eating patterns in multiple settings, from home to school to work, to the communities in which people live, learn, work, shop, worship, and play

- **Policy** is a written statement of an organizational position, decision, or course of action. Ideally policies describe actions, resources, implementation, evaluation, and enforcement.

- **Systems** changes are unwritten, ongoing, organizational decisions or changes that result in new activities that alter how the organization or network of organizations conducts business.

- **Environmental** includes changes to the built or physical, economic, social, normative or message environments.
School and Early Care and Education (ECE) Settings

- National School Lunch Program
- School Breakfast Program
- Child and Adult Care Food Program
- Summer Food Service Program
- Fresh Fruit and Vegetable Program
- Initiate Farm to School Program
- Enact policy to remove all unhealthy options from vending machines
- Offer healthy breakfast, lunch, and after-school snacks
Community Center

- Supplemental Nutrition Assistance Program (SNAP)
- Food Distribution Program on Indian Reservations (FDPIR)
- SNAP-Ed
- Older Americans
- Commodity Supplemental Food Assistance Program
- Congregate Dining
- Home-delivered Meals
- Offer healthy options in vending machines.
- Host events featuring Indigenous foods.
- Work with kitchen management to make Elder Nutrition Program meals healthy and tasty.
Community Garden

• Provide education on the role of food in Indigenous culture and medicine.
• Create space for all generations to connect with traditional-foods knowledge.
Farmer’s Market

• Install EBT system to accept SNAP and WIC benefits.
• Waive vendor fees for Indigenous producers and assist with licensure.
Dance Grounds

• Provide incentives to vendors for offering healthy options and posting nutrition information for all items.

• Encourage bringing healthy dishes to community gatherings.
Natural Resources and Produce Farm

Natural Resources:
• Offer opportunities for skill building in traditional hunting and gathering practices.
• Include Indigenous foods in commodity programs.

Produce Farm:
• Offer youth training to support development of farming, leadership, and job skills.
• Supply foods to schools, stores, and other tribal programs.
Food Retail

• Enact policy requiring healthy advertising and marketing at checkout area.
• Increase taxes on unhealthy options and decrease taxes on healthy options.
• Apply a Health in All Policies (HiAP) framework to decision-making policies.
  • (HiAP is an approach to tribal policy that weighs the potential health impacts of decisions, seeking to avoid harmful health impacts and improve community outcomes.)

• Enact a tribal health and wellness policy.

• Support community health and wellness coalition or committee.

  “Right to healthy and culturally appropriate food produce through local, sustainable ways and the right of people to define their own food and agriculture systems”
Clinic

• Offer culturally appropriate nutritional counseling, including breastfeeding education.
• Initiate fruit and vegetable prescription program with vouchers redeemable at stores and farmers market.
Meet the Bird Family
Michelle

- 44 years old
- Family history of heart disease, diabetes
- Presents to clinic with frequent headaches
- Blood pressure is 150/90
- Doctor recommends lifestyle changes
- **Referral to Health Educator/Dietitian/Nurse**
- Works as a home health aid
- Three children (ages 4, 8, 14)
- Recently separated from husband, moved in with mother
- Recent reduction in work hours
Food Insecurity Assessment Tool and Resource List

• Produced by the IHS Division of Diabetes Treatment and Prevention, 2015

• Available at https://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Resources/InstantDownloads/FoodInsecurityAssessTool.pdf

• The following is a sample from the form:

To help your patients and clients improve their health, it is important to understand food insecurity and provide them with resources to get more healthy food.

When patients/clients and their children cannot get enough healthy food, they have food insecurity. They:

• Are at greater risk for being emotionally distressed.
• Eat less expensive foods which are often unhealthy.
• Have little choice over what kinds of food to buy or receive for free, making it difficult or impossible to eat balanced meals.
• Have periods when they don’t eat, then overeat when food is available. If they have diabetes, this makes it very difficult to manage blood sugar.
• Have a greater risk for being overweight or obese.
• Are more likely to get diseases like diabetes.
Screening

1. Within the past 12 months, we worried whether our food would run out before we got money to buy more.

2. Within the past 12 months, the food we bought just didn’t last and we didn’t have money to get more.

Answer Options:

- Often True
- Sometimes True
- Rarely True
- Never True

If the answer is either “Often True” or “Sometimes True” for either statement, it is likely that the person is experiencing food insecurity.
Z59.4

Event capture:

- Lack of adequate food and safe drinking water

- Billable/specific ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes.
What you don’t see…
Ella – Michelle’s Mom

- 72 years old
- Active in community
  - Attends Senior Center fitness classes
- Low monthly income from social security benefits
- Food budget has been impacted due to recent deaths in community
- She’s concerned about how she’s going to take care of her daughter and her daughter’s family
- The fitness specialist notices that Ella has a decrease in energy during classes.
Michelle’s Children

James
- 14 years old
- Plays JV basketball
- Trying to make new friends
- The coach notices that James doesn’t have snacks or money for food during away games.

Max
- 8 years old
- Attends Boys & Girls Club
- Interested in community garden
- The B&G Club staff see Max take extra snacks, especially on Fridays.

Mariah
- 4 years old
- Attends Head Start program
- Quiet and shy
- Mariah regularly asks for seconds and thirds.
What do you do?
Possible Interventions – Ella

(Michelle’s Mom)

• Fitness Specialist:
  • Check in with her privately to see how things are going at home
  • Ask about her food situation and if there have been any changes in her food budget or meals
  • Connect her with a food advocate, such as a dietitian, nurse, health educator, or Community Health Representative (CHR)
Possible Interventions – Michelle

Food advocate:

• Connect her with food resources in the community
  • Reduced or free meals application for kids’ school meals
  • Supplemental Nutrition Assistance Program (SNAP) Benefits
  • Food Distribution Program
  • Clinic Food Pantry
  • Tribal Programs
  • Local Food Banks
How do you begin to identify the layers of resources?
Tools for Educators and Clinicians

• Where to Get Food Assistance in This Community form
  • Second page of the Food Insecurity Assessment Tool and Resource List
  • Download at https://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Resources/InstantDownloads/FoodInsecurityAssessTool.pdf
Food Assistance Sheet Tips

- Keep sheet updated
- Normalize the situation
- Get to know internal and external resources
- Collaborate with local programs
  - Tribal programs
  - Extension programs
  - Food Distribution Programs
Emerging Approaches

MEANS Database
Matching Excess and Need for Stability
How MEANS Works

• An online platform and app for food pantries and the donors
• Donors: List a donation
• Food Banks and Pantries: Get notifications on nearby food donations
  • Claim and pick up food when possible, otherwise ignore the alerts
• Learn more at https://www.meansdatabase.com/
Addressing Food Insecurity: A Toolkit for Pediatricians

- **Prepare**: Educate, train, follow AAP recommendations, incorporate screening info, show sensitivity
- **Screen**: Use the AAP-recommended Hunger Vital Sign
- **Intervene**: Administer appropriate interventions, connect patients to resources, document and track interventions, support advocacy and efforts to end childhood food insecurity
- Learn more and find tools at [http://frac.org/aaptoolkit](http://frac.org/aaptoolkit).
Federal Nutrition Programs and Emergency Food Referral Chart

<table>
<thead>
<tr>
<th>Age of Patient</th>
<th>Name of Program</th>
<th>How It Works</th>
<th>Who Can Apply</th>
<th>Learn More</th>
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<td>All ages</td>
<td>Supplemental Nutrition Assistance Program (Also known as SNAP, formerly known as Food Stamps)</td>
<td>Monthly benefits to purchase food at grocery stores, farmers’ markets, and food retail outlets across the country that accept SNAP. Benefits loaded onto an EBT card (much like a debit card). The average benefit is about $311 for the week — or about $1.47 per person, per meal.</td>
<td>Gross income typically at 130% of the federal poverty level but can be higher in some states¹. Assist tests may apply in some states². Many low-income employed individuals.</td>
<td>National resources: Call the SNAP information line at 1-800-221-5369 for information on how to apply in your state. Online application for SNAP available for residents in 42 states. Learn more at <a href="http://frac.org/aaptoolkit">http://frac.org/aaptoolkit</a>.</td>
</tr>
<tr>
<td>Pregnant, postpartum, and breastfeeding women; infants; children up to age five</td>
<td>The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</td>
<td>Nutritional intake, monthly food packages (worth approximately $15–20/month), and services that help families remain healthy and food stores that accept WIC. Breastfeeding support, nutrition services, screening, immunizations, and health referrals.</td>
<td>Low-income pregnant, breastfeeding, and postpartum women, and infants, and children up to age five deemed nutritionally at risk by a healthcare provider. Income eligibility typically at or below 130% of the federal poverty level². Families on Medicaid.</td>
<td>State resources: Contact your state’s WIC agency [<a href="http://www.fns.usda.gov/wic">http://www.fns.usda.gov/wic</a>] for information on local WIC services in your area. Learn more at <a href="http://frac.org/aaptoolkit">http://frac.org/aaptoolkit</a>.</td>
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<td>Typically, children up to age five</td>
<td>Child and Adult Care Food Program (CACFP)</td>
<td>Up to two free meals and a snack to infants and young children at child care centers and homes. Head Start and Early Head Start.</td>
<td>Children attending eligible childcare centers and homes. Head Start and Early Head Start.</td>
<td>State resources: Contact the state Department of Education for information on local childcare centers and homes. Learn more at <a href="http://frac.org/aaptoolkit">http://frac.org/aaptoolkit</a>.</td>
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<td>Children K–12</td>
<td>National School Lunch Program and School Breakfast Program</td>
<td>Free, reduced-price, or paid school meals in participating schools. Upgraded meal patterns feature more whole grains, 5 grams of trans fat per portion, appropriate caloric levels by age, more fruits and vegetables, and reduction of sodium.</td>
<td>Children of families at low or moderate income levels can qualify for free or reduced-price meals. Free or reduced-price meals available to all students at schools adopting community eligibility verification — which allows schools with high numbers of low-income children to offer free breakfast and lunch to all students without collecting school meal applications.</td>
<td>Contact child’s school for information on free breakfast and lunch. Learn more at <a href="http://frac.org/aaptoolkit">http://frac.org/aaptoolkit</a>.</td>
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Learn more at [http://frac.org/aaptoolkit](http://frac.org/aaptoolkit)
Farm Bill 2018

- SNAP and SNAP-Ed
- Expanded Food and Nutrition Education Program (EFNEP)
- Food Distribution Program on Indian Reservations (FDPIR)
- Native Farm Bill Coalition: http://seedsofnativehealth.org/native-farm-bill-coalition/
- Academy of Nutrition and Dietetics: https://www.eatrightpro.org/advocacy/legislation/all-legislation/farm-bill
Resources

• First Nations Nourishing Native Foods & Health: https://firstnations.org/programs/foods-health
• American Indian Cancer Foundation, Healthy Native Foods: https://www.americanindiancancer.org/healthynativefoods
• Seeds of Native Health: http://seedsofnativehealth.org/
• American Academy of Pediatrics Food Insecurity Toolkit: http://frac.org/aaptoolkit
• Feeding America: https://hungerandhealth.feedingamerica.org/