UNDERSTANDING FOOD SECURITY IN INDIAN COUNTRY:
Results From A Survey Of Native Communities’ Food Access During Covid-19

March 1, 2023
ABOUT THE NATIVE AMERICAN AGRICULTURE FUND

• Founded in 2018 as a private charitable trust created by the settlement of the Keepseagle v. Vilsack class-action lawsuit
• Supports Native farmers and ranchers in:  
  • business assistance
  • agricultural education
  • technical support, and
  • advocacy services
• Eligible grant recipients are:
  • 501(c)(3) organizations
  • Educational organizations
    • Including K-12 schools and college-level institutions
  • Community Development Financial Institutions (CDFIs)
  • Tribes
    • State and federally recognized
    • Instrumentalities
NAAF GRANTEES 2019-2022
REIMAGINING HUNGER RESPONSES IN TIMES OF CRISIS

Insights from Case Examples and a Survey of Native Communities’ Food Access During COVID-19

Food insecurity rates are statistically significantly higher for respondents with children under age 18 in their household (Fig. 1), with 16 percent experiencing food insecurity and 31 percent experiencing very low food security during COVID-19. Similarly, 39 percent of respondents with children under age 5 in their household experienced food insecurity and 32 percent experienced very low food security (Fig. 4).

Households with children experiencing greater levels of food insecurity are a pattern consistent across online survey of food insecurity conducted during COVID-19 and with the latest 2020 USDA Economic Research Service (ERS) annual food security estimates. A recent review of other online surveys during COVID-19 provides evidence that regardless of the data source, studies consistently find that food hardship has increased during COVID-19 and is higher among households with children. Congruent with this pattern, USDA ERS’s annual report, Household Food Security in the United States in 2020, shows that the rate of food insecurity in 2020 (most of which was characterized by COVID-19) for households with children (14.4 percent) was higher than for those without children (10.8 percent).
Who We Are

FRAC is the leading national nonprofit organization working to eradicate poverty-related hunger and undernutrition in the United States.

What We Do

- Conduct research to document the extent of hunger and identify effective solutions
- Advocate for federal, state and local public policies that protect and strengthen the federal nutrition programs
- Provide coordination, training, technical assistance, and support on hunger-related issues
FOOD INSECURITY AND ITS HEALTH IMPLICATIONS
DEFINING FOOD INSECURITY

FOOD SECURITY

- Access at all times to enough nutritious food for an active, healthy life
- Always enough of the kinds of food you want to eat (food sufficiency)

FOOD INSECURITY

Low food security
- Reduced quality / variety of foods
- Worry about food running out

Very low food security
- Reduced quality / variety of foods
- Multiple signs of disrupted eating / reducing intake
- Sometimes or often not enough to eat (food insufficiency)

Source: Food Research & Action Center 2021 ©
HUNGER IS LINKED WITH POVERTY, HEALTH, AND COVID-19

An equity lens: These linkages are all influenced by systems of oppression, like structural racism, gender inequity, and classism, making adverse effects and feedback loops stronger among marginalized communities.

Source: Food Research & Action Center 2021 ©
FOOD INSECURITY COPING STRATEGIES

1. Forgoing the foods needed for special medical diets (e.g., eating pattern recommended for diabetes);
2. making trade-offs between food and other necessities (e.g., housing and medication);
3. postponing preventive or needed medical care;
4. purchasing a low-cost diet that relies on energy-dense but nutrient-poor foods; and
5. adults forging food so children can eat enough

• Exacerbates disease and compromise health
• Increases physician encounters
• Increases ER visits and hospitalizations
• Increases expenditures for prescription medications

Sources: FRAC’s Hunger & Health Series, 2017; Gundersen et al., Health Affairs, 2015
FOOD INSECURITY & HEALTH CONSEQUENCES

Diabetes
Heart Disease
Pregnancy Complications
Poor Sleep Outcomes

Depression and Mental Health Complications
Low Birth Weight
Iron Deficiency Anemia
Asthma

Poor Oral Health
Mental Health and Behavioral issues
Poor Educational Outcomes
Developmental Risks

Sources: FRAC’s Hunger & Health Series, 2017; Gundersen et al., Health Affairs, 2015
## 2020 Food Insecurity

### Household Characteristics | Food Insecurity
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All Households | 10.5%
With Children <18 years | 12.5%
With Income Below 185 percent of the poverty threshold | 26.5%

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REIMAGINING HUNGER RESPONSES IN TIMES OF CRISIS

Insights from Case Examples and a Survey of Native Communities’ Food Access During COVID-19

Food insecurity rates are statistically significantly higher for respondents with children under age 18 in their household (9.2%), compared to 16% of respondents without children (2.5%). The rate of food insecurity among respondents with children under age 18 is 14.8%.

One concern is the food insecurity rate among households with children, which has increased from 14.8% in 2019 to 19.4% in 2020. This increase is particularly concerning for households with children, given the higher rates of food insecurity among children compared to adults.

Households with children experiencing greater levels of food insecurity are at a higher risk of other health problems, including mental health issues and learning difficulties. The rate of food insecurity among households with children is 24.8%, compared to 15.8% among households without children.

The data also show that households with children are more likely to experience food insecurity during times of crisis. For example, during the COVID-19 pandemic, households with children were more likely to report food insecurity, with 26.8% of households with children reporting food insecurity compared to 15.4% of households without children.

Source: Native American Agriculture Fund Food Access Survey

Average age is 49 with a range of 12 to 80

Income: $20,000 - $50,000 in regular household income

Gender: 72% female, 24% male

Martial Status: 17% married, 26% female-headed

Older Adults: 30% of households have an adult 65 years of age or older

Household Size: 3.8 household members on average

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Source: Native American Agriculture Fund Food Access Survey

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Food Insecurity is Too High in Indian Country

• Half (49%) of survey respondents experienced food insecurity
Food Insecurity is Too High in Indian Country

- Half (49%) of survey respondents experienced food insecurity
- 1 in 4 (26%) experienced very low food security
Food Insecurity is Too High in Indian Country

Sometime or often during COVID-19 they couldn't afford to eat balanced meals.

- 54%

They cut the size of meals or skipped meals because there wasn't enough money for food in at least 1 month during COVID-19.

- 37%

Sometime or often during COVID-19 the food their household bought just didn't last, and they didn't have money to get more.

- 48%

Ate less than they felt they should because there wasn't enough money for food.

- 34%

Food Research & Action Center
HUNGER VARIES BY RESPONDENT CHARACTERISTICS

Food insecurity was higher among households with:

- Children
- An employment disruption during COVID-19
- Self-reported poor or fair health status
Hunger Varies by Respondent Characteristics

Figure 4. Food Insecurity and Very Low Food Security Rates During COVID-19 Among Households With and Without Children

- Household with Children Under 5:
  - Food Insecurity: 58.6%
  - Very Low Food Security: 33.3%

- Household with Children Under 18:
  - Food Insecurity: 50.8%
  - Very Low Food Security: 27.8%

- Household without Children:
  - Food Insecurity: 42.30%
  - Very Low Food Security: 18.30%
3% live within 1 mile of a grocery store

At least 48% have low food access, living greater than 10 miles from a grocery store
FOOD PROCUREMENT PLACES USED DURING COVID-19

- Grocery Delivery
- Food Pantries, Food Banks
- Soup Kitchens, Shelters

- Grocery Stores
- Markets and Farm Stands
- Eat-in Restaurants
Proportion of Respondents That Received Food Assistance Before and During COVID-19

- Tribal Governments: 8% (47% before COVID-19)
- Tribal-Led Organizations: 6% (40% before COVID-19)
- Local Farmer Donations: 5% (29% before COVID-19)
- Other Community Programs: 5% (27% before COVID-19)
- Faith Based Organizations: 6% (17% before COVID-19)
49% of American Indian and Alaska Natives experienced food insecurity during COVID-19.
INCREASING ACCESS TO CAPITAL TO SUPPORT HUNGER, NUTRITION AND HEALTH IN INDIAN COUNTRY

- NAAF investments in addressing food disparities in Tribal communities
- Regional food and agriculture infrastructure strengthen Native food systems to provide food security
- Reclaiming and revitalizing Tribal foodways leads to healthy lands, people and economies
  - Improving food access and affordability
  - Integrating Indigenous-led nutrition programming
  - Empowering Tribal consumers to have access to healthy choices
  - Enhancing nutrition and food security research
TRIBAL ENTITIES ON THE GROUND

• NAAF has provided $55 million in grants since 2019
• Examples of grant projects:
  • Utah Dine Bikeyah delivered 128,000 gallons of water to more than 400 Native farmers
  • Flower Hill Institute delivered seeds to more than 1,700 Native households from over 113 communities
  • Fruit and vegetable vouchers distributed to Tribal elementary students for use at Tribal marketplace for local farmers
  • 16,000 pounds of fresh produce distributed to Tribal member
  • Soil, seed, starters, and irrigation kits distributed to Tribal members
STRATEGIES TO SUPPORT YOUR COMMUNITY’S FOOD SECURITY
Screen and Intervene: A Toolkit to Address Food Insecurity

- **Prepare**
  - Connect Patients and Their Families to the Federal Nutrition Programs and Other Food and Community Resources
    - **STEP 1:** Educate the medical team on available federal nutrition programs and emergency food resources
    - **STEP 2:** Decide who in your practice can help connect patients and their families to nutrition programs and food assistance, and when you need to enlist the help of a partner
    - **STEP 3:** Post or distribute the most up-to-date information at your practice on federal nutrition programs to encourage program participation

- **Screen**

- **Intervene**
Make Referrals to the Federal Nutrition Programs
FEDERAL NUTRITION PROGRAMS ARE KEY HEALTH SUPPORTS FOR FAMILIES EXPERIENCING FOOD INSECURITY

- Food Distribution Program on Indian Reservations (FDPIR)
- Supplemental Nutrition Assistance Program (SNAP)
- Special Nutrition Program for Women, Infants, and Children (WIC)
- Child Nutrition Programs
FDPIR provides income-eligible households living on Indian reservations with nutrition benefits in a food package.

FDPIR serves approximately 90,000 individuals across Indian Country each month.

For eligibility and to apply, contact your state or Tribal FDPIR Agency. Find the contact information here.
SNAP

SNAP Provides low and medium-income families with nutrition benefits on an EBT card.

466,000 Native American individuals participated in SNAP in FY 2020

For eligibility and to apply, visit your state’s SNAP website.

You can find your SNAP website at fns.usda.gov/snap/state-directory
WIC provides nutritious food, infant formula, and breastfeeding help to moderate- and low-income families including:

- Pregnant and postpartum individuals
- Infants and children 5 years and younger

For eligibility and to apply use your state or Tribal agency’s:
- website or
- Toll-free number

In 2020:

- 476,000 American Indian and Alaska Native individuals participated in WIC
- 6.8% of all WIC participants identified as American Indian or Alaska Native

CHILDS NUTRITION PROGRAMS

- School Breakfast Program
- National School Lunch Program
- Summer Nutrition Programs
- Child and Adult Care Food Program
- Pandemic Electronic Benefit Transfer (P-EBT)

Find meals at: fns.usda.gov/meals4kids
Make Referrals to Community Food Resources
COMMUNITY FOOD RESOURCES

USDA’s Hunger Hotline
The Hunger Hotline connects callers with emergency food providers in their community, government assistance programs, and various social services. 1-866-3-HUNGRY (1-866-348-6479) or 1-877-8-HAMBRE (for Spanish) Monday through Friday, 7 a.m. to 10 p.m. ET.

2.1.1.
211 connects callers to expert, caring help with a variety of services including finding food and mental health. Call 211 or text your zip code to TXT-211 (898211).
UPCOMING EVENTS AND RESOURCES
The State of Native Agriculture

• This first annual virtual broadcast will focus on the current state of Tribal agricultural economies and highlight the leadership of the Native American producers and Tribes revitalizing our economies, feeding our people, and building our future for generations to come.
• March 9th, 12pm Central
• Register Here

National Anti-Hunger Policy Conference

• Save the Date – May 7-9, 2023
• Washington, DC and Virtual
• Look for Updates including Registration Here
RESOURCES

Food Security and Food Access in Indian Country
- Reimagining Hunger in Times of Crisis: Insights from Case Examples and a Survey of Native Communities’ Food Access During COVID-19
- Livestream Webinar – Reimagining Hunger Responses in Times of Crisis Report Findings Presentation
- Hunger, Poverty, and Health During COVID-19 SPOTLIGHT: American Indian and Alaska Native (AIAN) Communities

Connections Between Hunger and Health
- Hunger, Poverty, and Health Disparities During COVID-19 and the Federal Nutrition Programs’ Role in an Equitable Recovery
- Linkages Between Food Insecurity, Poverty, and Health During COVID-19
- Hunger and Health – The Impact of Poverty, Food Insecurity, and Poor Nutrition on Health and Well-Being
RESOURCES

Resources for Health Care Providers to Make Referrals to Food Access and Food Security Supports

• Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity
• WIC Guide for Health Care Providers
  • Blog - From Research to Action: Screen and Intervene With WIC
  • Webinar – Pediatricians’ Role in Maximizing WIC’s Support for Health and Food Security

• Webinar Course - Screen & Intervene: Addressing Food Insecurity Among Older Adults
  • Receive 1 AMA PRA Category 1 Credit of Continuing Medical Education (CME) for MDs and DOs as well as other professional groups.

• Federal Nutrition Programs’ Role in Improving Health and Well-Being
  • The Role of the Supplemental Nutrition Assistance Program (SNAP) in Improving Health and Well-Being
  • The Role of the Federal Child Nutrition Programs in Improving Health and Well-Being
  • WIC is a Critical Economic, Nutrition, and Health Support for Children and Families
QUESTIONS
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