

FEEDING *OURSELVES*

*Food access, health disparities, and the pathways
to healthy Native American communities*



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REPORT PREPARED BY ECHO HAWK CONSULTING

COMMISSIONED BY THE AMERICAN HEART ASSOCIATION AND VOICES FOR HEALTHY KIDS

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to Healthy Native American Communities*

COMMISSIONED BY



PREPARED BY



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*For a subject worked and reworked so often in novels,
motion pictures and television, American Indians remain
probably the least understood and most misunderstood
Americans of us all.*

President John F. Kennedy
1963

“
*“When we were strong in our foods on this continent, we were stronger people – we were
healthier. And for Indigenous peoples it all starts with the food. When Indian Country
lost its ability to feed itself, through whatever means, we lost that part of ourselves that
supports our ability to thrive. It is only by regaining our foods will we be able to restore
our health, our resilience as peoples and secure the stability and diversification within our
own communities and local economies. But the challenges to secure that future require
different approaches than those used in other communities and in predominately urban
settings, if for no other reason than our unique legal status, the remote location of our
lands upon which foods can be found, and the language, cultural traditions, and legal
status of our communities.”*

Janie Hipp
Director, Indigenous Food and Agriculture Initiative,
University of Arkansas School of Law

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EXECUTIVE SUMMARY

The loss of Native American lands and purposeful destruction of Native cultures is ink on the fabric of American history. Now-repudiated federal policies that forcibly separated Native peoples from our historical lands and traditional sources of food are manifesting in our bodies today. Separation from healthy foods has been one of the most pernicious health problems we endure. The epidemics of obesity and diabetes in Native communities, even among our children, are direct consequences of limited access to healthy food. In many tribal communities, poverty, inequality, the lack of access to capital, and myriad and complex bureaucratic barriers undermine our current capacities to reestablish strong and vibrant Indian Country food systems.

This report, *Feeding Ourselves: Food Access, Health Disparities, and the Pathways to Healthy Native American Communities*, explores the complex historical and contemporary challenges to Native American healthy

food access, childhood obesity, and health disparities. Looking first at the historical context of colonization, the treatment of Native Americans as sovereign Tribal Nations, and the evolution of Federal Indian policy, *Feeding Ourselves* frames the work ahead to engage and assist Native communities in moving beyond this condition.

Feeding Ourselves encourages its readers to take the first step toward a solution – becoming aware of the extent of the problem of Native health disparities and its deep interconnections to U.S. Indian policy, poverty, historical trauma and food systems. This includes building awareness of the complex historic and present-day situations of Native peoples, innovative models, and how systemic and long-term changes may be supported by policy changes at the tribal, federal, and philanthropic levels.

The goal of *Feeding Ourselves* is to inform and inspire tribal leaders, grassroots activists, philanthropists, and policymakers to identify mutual goals and opportunities to invest in strategies to create lasting systems and policy change that will strengthen Native American food systems, increase access to healthy and affordable foods, revitalize Native cultures and economies, and improve the health outcomes of Native American children and families.

Momentum is already underway by a number of tribes, Native communities, nonprofits, educational institutions, advocates and non-Native champions to create meaningful change to the food systems, diet, health, lives and wellbeing of Native peoples. This report presents some case studies of and lessons learned from Native-led innovations that are creating positive change.

The scope of the report is focused primarily on Tribal (rural and reservation) food access and health issues. While many Native peoples now reside in urban centers, the deep social, political, spiritual, cultural connections with the land base that is defined as Indian Country can not only provide the impetus for improving food systems within remote and reservation communities, but can become inextricably linked to improving the health and wellbeing of urban Indian citizens.

Feeding Ourselves challenges philanthropy, public health experts and policymakers to partner with Native leadership and stakeholders to create a framework for racial and health equity as we move forward together. There is no shortage of opportunity to make a profound difference through strategic partnership, respect for Tribal sovereignty, Native American knowledge, cultures and community-driven solutions.

OVERVIEW OF CHAPTERS

The first two chapters, “An Historical Overview: Colonization, The Evolution of U.S. Federal Indian Policy and Contemporary Indian Country” and “Indian Country Food Systems: An Historical Overview and Contemporary Challenges of Native Food Systems, Diet and Health” present the evolution of U.S. Indian policy and its impact on the political, socio-economic and cultural realities of Native peoples that underpin the immense challenges that Native peoples face today. This includes highly negative consequences on Native food systems, diets and health.

The next chapter, “Indian Country Food Systems Today: Native Agriculture, Federal Feeding Programs, Markets and Healthy Food Financing,” features where food is coming from in Native communities, the role of markets in crafting sustainable solutions to healthy food access and the challenges of financing food-related ventures.

The “Healthy Food Access in Indian Country: Innovations, Investment and Stakeholders” chapter highlights how Native communities are creating their own solutions from the ground up, the invaluable role played by Native intermediary funders and technical assistance providers, and support provided by some federal programs.

Case studies of grassroots advocacy, a Native intermediary funder, and a federal program are featured in “Indian Country Healthy Food Access Case Studies: Lessons Learned by Grassroots, Nonprofit and Federal Agencies.”

“We Stand On the Solution: Recommendations to Empower Indian Country Food Systems and Health” offers an outline of market-driven and policy-driven

(at the tribal, federal and philanthropic levels) solutions that, if implemented, will begin to create change within institutions that will have lasting and positive effects on Native food systems.

And finally, “Steps toward Increased and Strategic Partnership with Indian Country: Recommendations for Funders, Stakeholders and Policymakers” concludes this report by encouraging a deeper level of understanding of this issue and how diverse partners may engage and move forward together.

It is with a sense of urgency and hope that the authors offer Feeding Ourselves. Not only are Native health disparities threatening the very future of tribal communities, but concurrently, the time is ripe for opportunities to make a profound difference through strategic partnership, respect for Tribal sovereignty, Native American knowledge, cultures and community-driven solutions. The futures of Native children and Tribal Nations are at stake. The time to come together and act is now.

SUMMARY OF RECOMMENDATIONS:
“WE STAND ON THE SOLUTION”

There are roles for all concerned who strive to provide every Native American family and individual with increased access to healthy foods and address the health disparities experienced by Native communities. Partnership and collaboration between various entities and stakeholders is of paramount importance.

In presenting recommendations for tribes, philanthropic funders, federal government agencies, educational institutions, community development financial institutions (CDFIs), service providers and Native food producers, one recurring central theme is increased tribal control of assets related to food production and purchasing for and by Native

communities. Placing decision-making power within Native hands will best benefit the health of their community members also will have positive economic, social, cultural, environmental and infrastructure effects.

Below is a summary of recommendations that is further detailed in the chapter, *“We Stand on the Solution: Recommendations to Empower Indian Country Food Systems and Health.”*

FOR TRIBES:

- Advocate for and secure tribal control of federally-funded feeding programs for tribal communities, with the accompanying ability to infuse purchasing decisions to emphasize Native locally produced healthy foods and healthy foods traditional to tribal culture;
- Support agricultural and natural resources with tribal policies that mandate sustainable management of water, community member access to land for food production and for subsistence hunting and gathering;
- Prioritize the production and marketing of healthy foods by financially supporting Native food producers’ transition to production of crops with improved nutritional value, establishing a lending preference for healthy food production, incentivizing healthy food outlets and small-scale health food stores, financially supporting market-based linkages such as farm-to-school and other similar programs, and encouraging healthy food labelling and marketing;
- Adopt a policy preferring the purchase of healthy foods produced by tribal citizens at tribally-run institutions;
- Discourage the purchase and consumption of unhealthy foods by taxing “junk” foods and prohibiting the purchase of unhealthy foods at tribally-run institutions;

- Support a pipeline of Native healthy food producers and food-centered entrepreneurs through academic scholarships, internships, mentorship and apprenticeships and through development of successful food business models;
- Engage the tribal community in conducting community food assessments and planning to enhance control of the local food system;
- Encourage the implementation of tribal-level policies that address the full range of food and agriculture needs and encourage intertribal coordination of food and agriculture activities; and
- Partner with local, regional and national allies to develop and implement an integrated approach to food system management, enhancing health, the economy, the environment and the preservation of tribal cultures.

FOR FEDERAL AGENCIES:

- Study the feasibility of placing management of all feeding programs within USDA Food and Nutrition Service’s jurisdiction under direct tribal government management;
- Ensure greater use of traditional foods within federal feeding programs and as donated food product in all public institutional settings in Indian Country;
- Recalibrate federal feeding programs to better support the local use of Native lands and tribal ability to solve local food access problems;
- Ensure that all agencies at USDA, BIA, and all other federal agencies commit the necessary support and resources to strengthen, support, build and grow healthy food alternatives in Indian Country;
- Create funding programs that will support Native consumers’ healthy food access through small-scale, “self-help” grocery stores and financially supporting healthy foods incentive programs in

- Indian Country; and
- Enhance tribal control of and participation in the local food system by supporting local and regional food processing and packaging infrastructure development.

FOR FOUNDATIONS:

- Fund Native community engagement strategies around the local food system; demonstration models and networks related to healthy food production and/or marketing; capacity building technical assistance for service providers; Native intermediary funders that provide on-the-ground expertise; support for grassroots organizers and organizations; CDFIs that support healthy food businesses; and Native-controlled educational institutions that help to launch the careers of Native food entrepreneurs and that conduct supportive research and policy analysis.
- Convene tribes, public agencies, philanthropic players, public health experts, and Native and non-Native nonprofit organizations to develop consensus, identify expertise and roles, and create plans for local and systemic change; and
- Partner with grantmaking tribes and tribally-led nonprofit organizations to leverage larger-scale joint programs and networks.

**AMERICAN HEART ASSOCIATION
AND VOICES FOR HEALTHY KIDS**

This report was commissioned by the American Heart Association (AHA) and its Voices for Healthy Kids®, a joint initiative of the Robert Wood Johnson Foundation (RWJF) and AHA. Voices for Healthy Kids works to help all young people eat healthier foods and be more active. Nearly one in three kids and teens are overweight or obese. By engaging, organizing and mobilizing people in communities across the United States, Voices for Healthy Kids will help make the

healthy choice the easy choice in the places where children live, learn, and play.

AHA and Voices for Healthy Kids have established a commitment to further their own knowledge and that of the larger fields of public health, philanthropy and healthy food access about Native Americans and “Indian Country,” in order to better understand how they can engage and partner with Tribes and Native Americans to improve access to healthy and affordable food, reduce childhood obesity and address health disparities.

CONTRIBUTORS AND APPRECIATION

The authors of this report are deeply appreciative not only of AHA/Voices for Healthy Kids’ investment in commissioning this report but to the numerous contributors, research and work of various organizations that informed its content and recommendations. We would like to extend our deep gratitude to:

- University of Arkansas School of Law’s Indigenous Food and Agriculture Initiative;¹
- First Nations Development Institute;²
- The Notah Begay III (NB3) Foundation;³
- The Praxis Project’s Communities Creating Healthy Environments (CCHE) Program;⁴
- The Native Organizers Alliance (NOA), a project of the Alliance for a Just Society (CCHE Indian Country technical assistance partner);⁵
- The W.K. Kellogg Foundation;⁶
- The Robert Wood Johnson Foundation;⁷ and
- The Diné Policy Institute.⁸

Echo Hawk Consulting also wishes to thank the external reviewers of this report who contributed invaluable advice, guidance and recommendations:

- NB3 Foundation;
- The Praxis Project;
- Food Trust; and
- Voices for Healthy Kids.

ABOUT ECHO HAWK CONSULTING AND THE AUTHORS



CRYSTAL ECHO HAWK
President & CEO, Echo Hawk Consulting

Crystal Echo Hawk is a member of the Pawnee Nation of Oklahoma. For more than 18 years, Crystal has served as an advocate for the health, wellbeing and rights of Tribes, Native American children and families. Crystal and her firm, Echo Hawk Consulting, provide expert consulting services in executive leadership, fundraising, philanthropic giving, community development, program design, partnership development, evaluation and



communications. Clients include Tribes, dynamic grantmakers, businesses, nonprofit organizations and philanthropic individuals focused on supporting culturally appropriate and community-driven social change, strategic partnerships and increased investment in Native American communities.

Prior to leading Echo Hawk Consulting, Crystal served as the Executive Director for the Notah Begay III (NB3) Foundation from 2009-2014. The NB3 Foundation is a national Native American nonprofit organization established by 4-time PGA TOUR winner and NBC Sports/ Golf Channel TV Analyst Notah Begay III. During her tenure, Crystal helped to grow the NB3 Foundation from a small grassroots organization to an organization that reinvested more than \$9.7 million to fight the grave health issues facing Native children through strategic grantmaking, health and wellness programming, technical assistance, research and advocacy that benefitted more than 50 Native American communities, tribes and 24,000 Native children and families in 13 states.

Before her work with the NB3 Foundation, Crystal served as the Assistant Development Director for the Native American Rights Fund and Tribal Planner for the Pawnee Nation of Oklahoma. Crystal received both her Master’s Degree in Social and Political Thought and Bachelor’s Degree in European History from the University of Sussex at Falmer, England.

JANIE HIPPI
Director of the Indigenous Food and Agriculture Initiative, Visiting Assistant Professor of Law

Professor Janie Hipp serves as the Director of the Indigenous Food and Agriculture Initiative and has the companion title of visiting professor of law. She is a member of the Chickasaw Nation of Oklahoma.

The Indigenous Food and Agriculture Initiative encompasses multi-disciplinary research, services, and education opportunities. The Initiative is the first of its

- kind nationally, and seeks to directly support Indian Country by providing strategic planning and technical assistance, education and professional development, in:
- Tribal Governance Infrastructure to Enhance Business and Economic Development Opportunities;
 - Financial Markets and Asset Management, including Banking, Risk Management, and Stewardship of Land and Natural Resources; and
 - Health and Nutrition Policy for Tribal Community Wellness,
 - Intellectual Property Rights and Protection of Traditional Knowledge.

Prior to joining the Indigenous Food and Agriculture Initiative, she was the senior adviser for tribal relations to Thomas Vilsack, Secretary of the U.S. Department of Agriculture. She is the founder of the USDA’s Office of Tribal Relations in the Office of the Secretary, is a former



National Program Leader at the USDA National Institute of Food and Agriculture, and served two terms on the USDA Secretary’s Advisory Committee for Beginning Farmers and Ranchers.

She is an LL.M. graduate of the University of Arkansas School of Law’s Agricultural and Food Law program. In 2014, she was named a Distinguished Alumni by the University of Arkansas Alumni Association and a Distinguished Member of the American Agricultural Law Association. She holds a J.D. from Oklahoma City University and a B.A. in Social Work from the University of Oklahoma.

WILSON PIPESTEM
Founder, Pipestem Law and Ietan Consulting

Wilson Pipestem’s professional career has been dedicated to advocacy on behalf of American Indians and tribal governments. His advocacy in the federal courts led to the largest settlement in U.S. history between an Indian tribe and the federal government in Osage Nation v. United States. His advocacy before the Congress and federal agencies has led to the recovery of lost tribal lands, reaffirmation of inherent sovereign rights to determine

tribal governmental and individual identity, and return of tribal criminal jurisdiction over non-Indians who commit domestic and dating violence crimes against Native women.

Wilson is a frequent speaker on developments in federal law and policy. He has taught Federal Indian Law at two law schools and appeared on MSNBC, NPR, and other media regarding tribal sovereignty and Native rights. He serves as a Director of the NIKE N7 Fund and served for six years as Chair of the Notah Begay III Foundation, organizations focused on addressing diabetes and obesity in Native communities through sport and nutrition.

He is a graduate of Stanford Law School and Oklahoma State University (OSU). In 2013, he was named a Distinguished Alumni by the OSU Alumni Association and OSU American Indian Alumni Society. Pipestem is an enrolled member of the Otoe-Missouria Tribe and an Osage Headright holder.



AN HISTORICAL OVERVIEW

Colonization, The Evolution of U.S. Federal Indian Policy and Contemporary Indian Country

“We stand at the beginning of a new era for Indian Country and for tribal relations with the United States. Previous eras were defined by what the federal government chose to do: the Indian removal period when tribes were forcibly removed from their homelands to reservations, the reorganization and termination era, the allotment era, even the recent promise of the self-determination era. But this new era is defined by what we, as Indian nations, choose to do for ourselves.”

National Congress of American Indians, Jefferson Keel (Chickasaw), State of Indian Nations Address, January 2011

NATIVE AMERICANS AND ALASKA NATIVES IN THE UNITED STATES

Tribal nations have survived unfathomable hardship and maintained their distinctly separate tribal identities and cultures from the arrival of European colonists until today, engaging in war, trade, and treaty-making, and inspiring the principles of freedom and democracy enshrined in the U.S. Constitution. As the Founders shaped the Constitution, they specifically acknowledged the status of tribal nations as sovereign, along with the states and foreign nations.⁹ Today, tribal nations continue to exercise power as governments over their lands and people.

Federal policies toward Indian tribes and Native peoples have changed radically over the history of United States. The condition of tribal governments and Natives today reflects each of these federal policies.

PRE-CONTACT

Before the establishment of the United States, tens of millions of Indigenous peoples inhabited North America and governed their distinct, complex societies long before European potentates sent explorers to colonize new territories and seize lands and resources from the continent and its inhabitants.

COLONIAL TIMES (1492 TO 1828)

During the colonization of America, the proliferation of European colonies created a dominant presence on the East Coast of North America. These colonies acquired some Indian lands under the Doctrine of Discovery – the legal concept that title to Native lands belongs to the European government whose subject “discovered” it because the inhabitants were not subjects of a European Christian monarch – as well as signed treaties with the tribes for additional land. Colonial governments treated Indian tribes as foreign governments, setting the precedent for future relations. Following the Revolutionary War, the new United States worked to maintain peace and diplomatic relations with neighboring tribes.

REMOVAL, RESERVATION AND TREATY PERIOD (1828 -1887)

As the U.S. population and military strength grew, so did pressure by the U.S. government on eastern tribes to move west, resulting in forced migration such as the Cherokee Trail of Tears. Seeking to obtain more Indian land, the U.S. government embarked on an aggressive military campaign throughout the West, relocating tribes to Indian reservations. In general, reservations were established through treaties, which

required Indians to trade large tracts of land for the continued right of self-governance under the protection of the United States.

ALLOTMENT AND ASSIMILATION PERIOD (1887- 1934)

The demand for the land and resources within reservations and the push to assimilate Indians into mainstream American life led to the General Allotment Act of 1887 and tribe-specific land allotment acts. Allotment and assimilation forced conversion of communally-held tribal lands into small parcels for individual Indian ownership. More than 90 million acres - nearly two-thirds of reservation land - were taken from tribes and given to settlers as “surplus,” usually without compensation to the tribes. The Allotment era resulted in the loss of over two-thirds of tribally entrusted lands from 138 million acres (558,000 km²) in 1871 to 48 million acres (190,000 km²) in 1934. The Bureau of Indian Affairs was tasked with the goal of “civilizing” Natives, discouraging or outlawing expressions of the various tribal cultures, such as speaking a tribal language, participating in tribal ceremonies, or practicing a Native religion.

INDIAN REORGANIZATION PERIOD (1934-1945)

The federal government, under the Indian Reorganization Act of 1934 and the Oklahoma Indian Welfare Act of 1936, ended the discredited policy of allotment. It established procedures to begin to restore lost lands to tribes and attempted to help tribes reconstitute their governments. The federal government created programs and projects to rehabilitate Indian economic life. These efforts were critical in re-establishing tribal economies and formed

a basis for renewed tribal autonomy, but too often forced European values and government structures upon tribes, thereby damaging traditional values and governance.

TERMINATION PERIOD (1945-1968)

Congress decided that the formal relationship between some tribes and the United States, and the federal assistance associated with it, should end. Further Public Law 280, passed in 1953, imposed state criminal and civil jurisdiction over tribes in California, Minnesota, Nebraska, Oregon and Wisconsin. Termination of federal assistance created economic disaster for many tribes, resulting in millions of acres of valuable natural resource land being lost through tax forfeiture sales. Federal policy emphasized the physical relocation of Indians from reservations to urban areas.

SELF-DETERMINATION PERIOD (1968-PRESENT)

A resurgence of tribal government involvement in Congress and in the federal courts ended the termination era and prompted the development of a policy of self-determination and self-governance. Laws like the Indian Self-Determination and Education Assistance Act of 1975 emerged that favored tribal control over federal programs that benefit tribes and Indians. Tribes have made great strides toward reversing economic hardships that resulted from previous federal policies, and have in many cases revived their cultures and societies.

The modern federal policy of self-determination also embraces the concept of tribal sovereignty, the power of Indian tribes to govern and enhance the health, safety, and welfare of tribal citizens within tribal territory. Although tribal nations are located within the geographic borders of the United States, each tribal nation exercises its own sovereignty over

its territory and people. Hundreds of treaties, along with the Supreme Court, the President, and Congress, have repeatedly affirmed that tribal nations retain their inherent powers of self-government.

Today, tribal governments maintain the power to determine their own governance structures and enforce laws through police departments and tribal courts. The governments exercise these inherent rights through the development of their distinct forms of government, determining citizenship, establishing civil and criminal laws for their nations, taxing, licensing, regulating, and maintaining and exercising the power to exclude wrongdoers from tribal lands. In addition, tribal governments are responsible for a broad range of governmental activities on tribal lands, including education, law enforcement, judicial systems, health care, environmental protection, natural resource management, and the development and maintenance of basic infrastructure such as housing, roads, and bridges.

“My fellow tribal leaders, we’ve learned that together, united, we are greater than the sum of our parts. My fellow government officials, we’ve learned that together, working beyond the boundaries of party and state, we can improve countless lives and generate shared prosperity. Together, we can build a strong partnership between all of our nations... one that will secure a brighter future for all our people.”

NCAI President Brian Cladoosby (Swinomish)
State of Indian Nations Address,
January 2014

NATIVE AMERICA TODAY

There are 566 federally-recognized Indian tribes, bands, nations, pueblos, rancherias, communities and Native villages in the United States. Two-hundred and twenty-nine of these are located in Alaska; the rest are located in 33 other states. Tribes are ethnically, culturally and linguistically diverse.¹⁰ American Indian reservation and trust land areas, also known as “Indian Country,” comprise approximately 56.2 million acres.¹¹ Alaska Native corporations and villages control 44 million acres as fee simple land under the Alaska Native Claims Settlement Act.¹² The total landmass under American Indian or Alaska Native control is about 100 million acres and would make Indian Country the fourth largest state in the United States.¹³ The Navajo Nation would be the 42nd-largest state

in the Union. The Navajo Nation is larger than each of the following states: Maryland, New Hampshire, Vermont, Massachusetts, Hawaii, New Jersey, Connecticut, Delaware, and Rhode Island. 19 tribal nations are each larger than the state of Rhode Island. 12 tribal nations have a land base larger than the state of Delaware.¹⁴ [Fig. 1]

DEMOGRAPHIC TRENDS

In 2010, 5.2 million people, or 1.7% of the U.S. population, identified as American Indian/Alaska Native alone or in combination with other races, while 0.9% identified as American Indian/Alaska Native alone. While the overall U.S. population grew about 9.7% between 2000 and 2010, the percentage of the U.S. population identifying as American Indian/Alaska

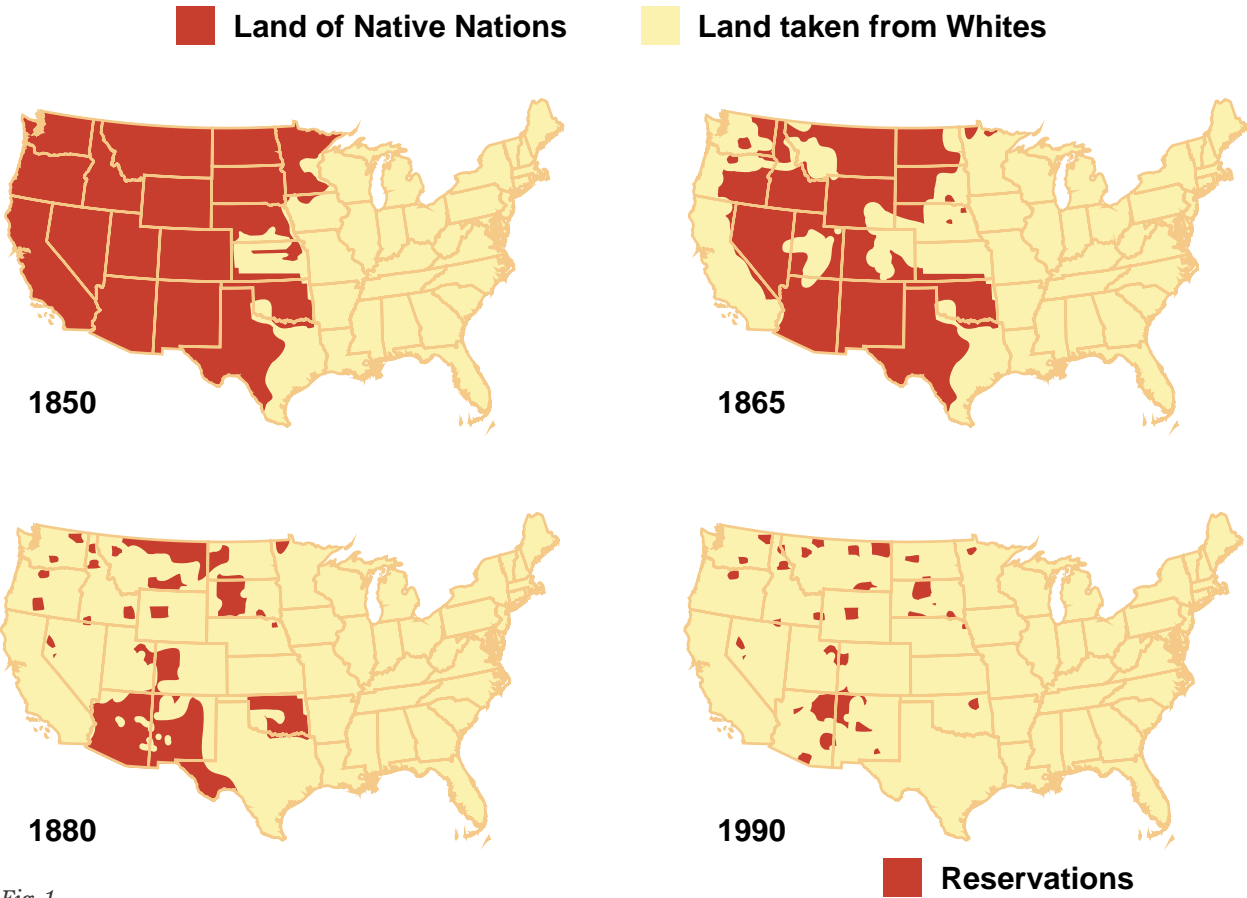


Fig. 1

Native alone or in combination with other races, grew by 27% since the 2000 census.¹⁵ After enormous loss of life since contact with non-Indians, the Indian Country population is growing again.

- In 2013, there were 14 states with more than 100,000 American Indian and Alaska Native residents: California, Oklahoma, Arizona, Texas, New Mexico, Washington, New York, North Carolina, Florida, Alaska, Michigan, Oregon, Colorado and Minnesota;¹⁶ and
- In 2013, the states with the highest percentage of American Indian and Alaska Native population were Alaska (14.3%), followed by Oklahoma (7.5%), New Mexico (9.1%), South Dakota (8.5%), and Montana (6.8%).¹⁷

And Native people are getting younger. About 32% of Natives are under the age of 18 compared to only 24% of the total U.S. population. Some states have

even higher proportions of young Native people. For example, in South Dakota nearly 40% of the 71,817 American Indians are under 18 years old.¹⁸

POVERTY & SOCIO-ECONOMIC CHALLENGES

Poverty continues be a hard truth in many Native communities. About one in four American Indians and Alaska Natives (AI/AN) were living in poverty in 2012.¹⁹ The median income of AI/AN households is \$35,062, compared to \$50,046 for the nation as a whole. Of the ten poorest counties in the United States, eight are located entirely within Indian reservations or have reservations within them, or have 90% or more Native population within the county. 28.4% of Native peoples lived in poverty in 2010, while the corresponding rate is 15.3% for the nation as a whole.²⁰

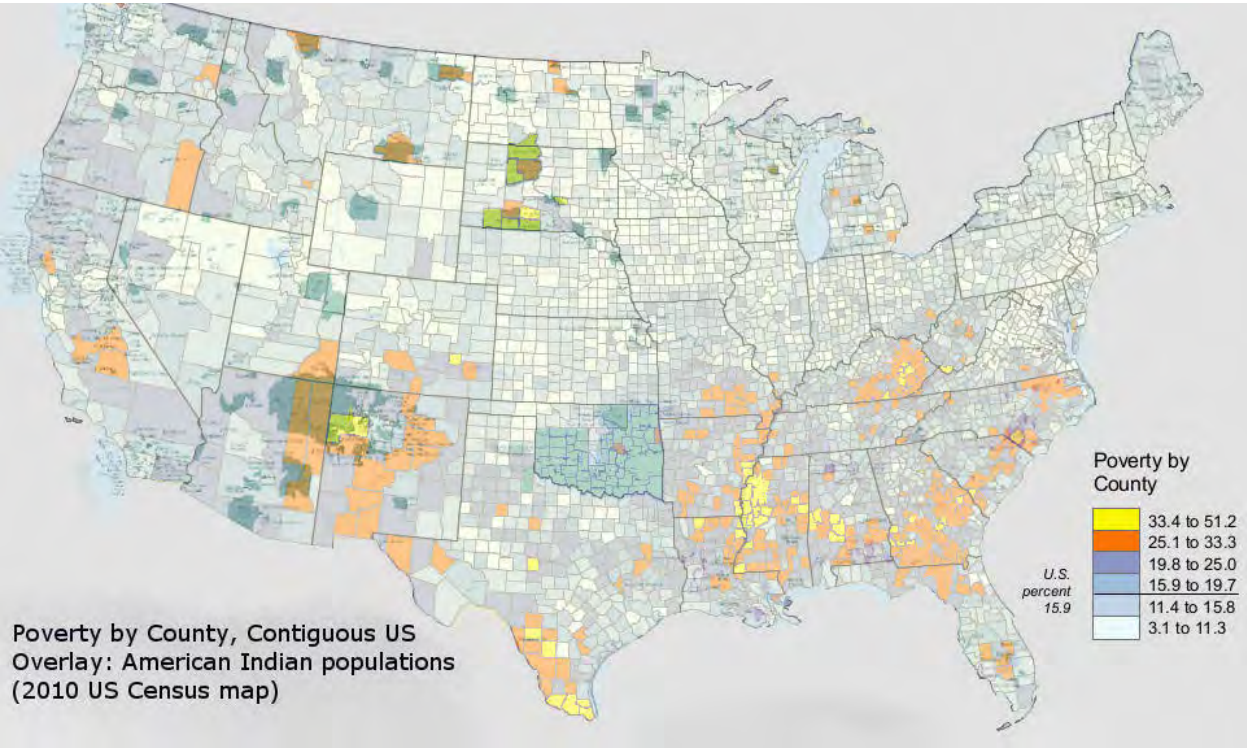


Fig. 2

The map below illustrates the intersection of poverty levels in Indian Country.²¹ The green areas of the map represent on-reservation or trust lands, and the sections where those lands meet with yellow or orange areas indicate counties suffering severe widespread poverty. [Fig. 2]

Some of the poorest counties in the U.S. are home to the Standing Rock Sioux Tribe (ND); Cheyenne River Sioux Tribe, Oglala Lakota Nation, Rosebud Sioux Tribe, as well as portions of the Crow Creek (SD); Lumbee (NC); Navajo (AZ/NM) and Hopi (NM); San Carlos Apache (AZ); portions of the Mississippi Choctaw (MS); and Muscogee Creek and Cherokee Nations (OK);²²

Federal policy of relocating American Indians to urban centers throughout the period of the 1950s through the 1970s resulted in additional pressures on families and individuals. Tribal populations live in poverty in

cities in greater proportions than any other group and the federal funding to meet communities needs did not follow the population to its new location;²³ Unemployment is higher in rural American Indian communities (in some communities 57% or higher) than in non-American Indian communities;²⁴ and Tribal nations own significant assets but cumbersome federally-imposed bureaucratic barriers often undermine their capacity to fully utilize and benefit from those resources.

LACK OF BASIC INFRASTRUCTURE

- Over 14% of reservation homes lack electricity, ten times the national average;²⁵
- One-fifth of reservation households lack running water;²⁶
- Nearly 20% of reservation homes lack basic kitchen facilities, including piped-in water, a range or a cook stove, and a refrigerator;²⁷

HOUSING CHARACTERISTICS ON RESERVATIONS

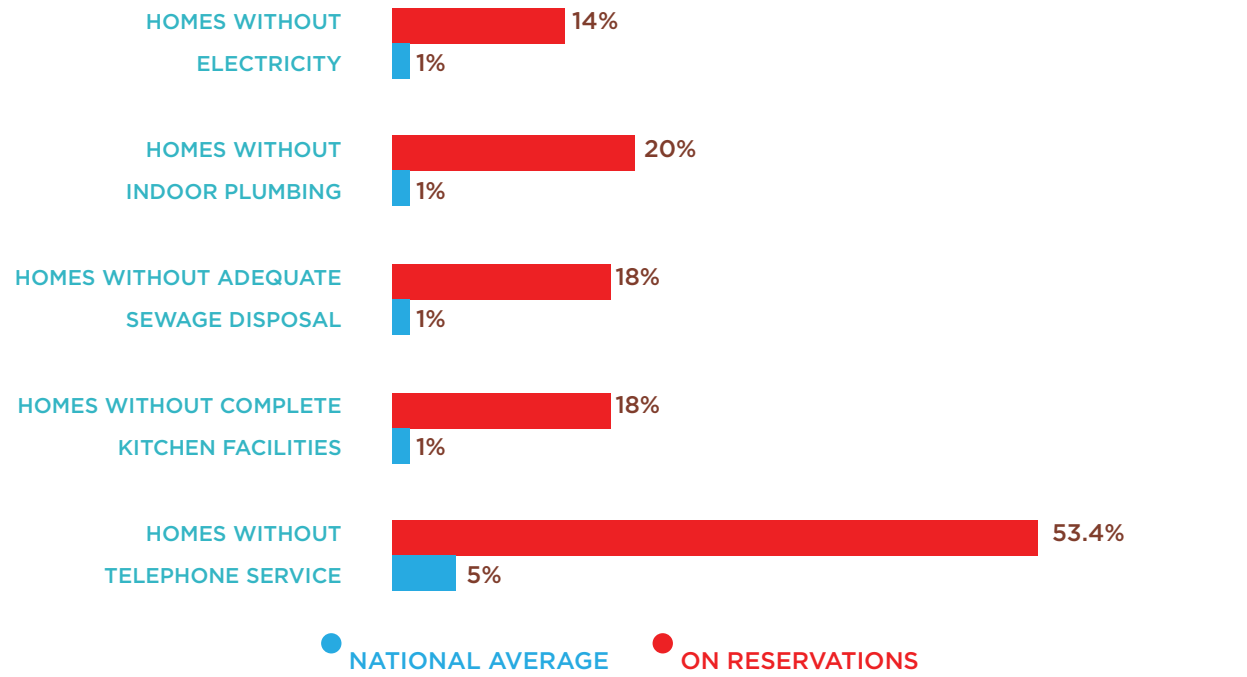


Fig. 3

- More than half of households on reservations do not have phone service;²⁸ and
- Fewer than 10% of reservation residents have Internet access.²⁹ [Fig. 3]

HOUSING

- Over 90,000 American Indian families are homeless or under-housed;³¹ and
- Over 30% of American Indian families live in overcrowded housing and 18% are severely overcrowded with 25-30 individuals sharing a single home. These rates are over six times the national average.³⁴

INSUFFICIENT EDUCATION RATES

- About three out of every ten American Indian students drop out before graduating from high school both on reservations and in cities³³;
- American Indian adults achieve lower levels of education than the national average;³⁴ and
- In 2012, 39% of American Indian students started in 2005 as first-time, full-time students at 4-year institutions graduated, compared to 60% of White students.³⁵

MYTHS OF INDIAN GAMING

Tribal gaming has recently brought significant revenues to some tribes. Tribal gaming revenues totaled \$28.3 billion dollars in fiscal year 2013.³⁶ Tribal gaming revenue is generated at 479 gaming facilities

operated by 244 Indian tribes in 28 states.³⁷ These facilities range from a few slot machines in tribally-owned convenience stores to large scale enterprises that rival Las Vegas casinos.

In 2013, tribal gaming generated over \$13.6 billion for federal, state and local government budgets through compact and service agreements, indirect payment of employment, income, sales and other state taxes, and reduced general welfare payments.³⁸ Although many of the most prosperous tribes act generously toward their less fortunate brothers and sisters, tribal gaming primarily benefits the tribal members who are citizens of the tribes whose lands are near sizable populations. In addition, those tribes whose lands and communities are the farthest from urban populations may well be among those whose continuing access to healthy foods will be most challenged, unless utilization of those lands in new ways is achieved for the benefit of those communities. More research and analysis is needed to fully answer that question.

INDIAN GAMING FACTS IN BRIEF

- Poverty is not countered, in contrast to popular belief, by Indian gaming operations;
- Of the 244 tribes that have casinos, only 25% give per capita payouts to individual members based on gaming revenues. Most tribes' membership is too large to provide per capita payments based on revenue and/or their gaming revenue is not significant enough for individual payments;³⁹
- 75% of gaming Tribes devote all of their revenue to Tribal governmental services, economic

- and community development, neighboring communities and charitable purposes;⁴⁰ and
- According to ABC News, only 23 casinos are deemed highly successful in profit generation.⁴¹

HEALTH DISPARITIES

Natives continue to suffer from serious health problems. The average life expectancy for American Indians has improved yet still trails that of other Americans by almost 5 years.⁴² Health disparities in Indian Country outpace other populations in the U.S. Current data from the National Congress of American Indian's Center for Diabetes Research and Policy Research Center, in addition to other relevant sources, reflects the following:

- According to the Indian Health Clinical Reporting System, over 80% of American Indian and Alaska Native (AI/AN) adults ages 20 to 74 are overweight or obese; among children and youth, between 45 % and 51 % are not at a healthy weight;⁴³
- Childhood obesity rates often exceed 50% in tribal communities;⁴⁴
- Obesity rates are twice as high for American Indian preschoolers than other race and ethnic populations;⁴⁵
- 30% of AI/AN individuals are estimated to have pre-diabetes;⁴⁶
- According to these trends, 1 out of 2 American Indian children will develop type 2 diabetes;
- There was a 110% increase in diagnosed diabetes from 1990 to 2009 in AI/AN youth aged 15-19 years;⁴⁷
- The issues related to poor health, diabetes and obesity translate into oral health, maternal and child health and mental health concerns, and also translate into higher incidence of cancer, heart

- disease and chronic diseases related to obesity and diabetes, including amputations, strokes, and related health trauma;⁴⁸
- AI/AN death rates nearly 50 % greater than those of non-Hispanic whites;⁴⁹
- Among AI/AN people, cancer is the leading cause of death followed by heart disease. Among other races, it is the opposite;⁵⁰ and
- Death rates from lung cancer have shown little improvement in AI/AN populations. AI/AN people have the highest prevalence of tobacco use of any population in the United States.⁵¹

The Indian Health Service is the primary and largest health care provider for many American Indians, yet its resources are unable to meet the immense needs of the people as indicated above by these alarming statistics. About 55% of American Indians rely on the Indian Health Service for medical care.⁵² Yet, the Indian Health Care Improvement Act only meets about 60% of their health needs.⁵³ Due to underfunding, Indian Health Service facilities are crisis-driven and leave a wide gap in adequate and preventative health care for many American Indians on the reservations. Pharmacies and doctor's offices outside of hospitals are completely non-existent in some communities.

HISTORICAL TRAUMA AND RACISM: CONNECTIONS TO HEALTH DISPARITIES

- Leading researchers increasingly point to the role of historical trauma and racism as significant factors in the health of Native peoples and current status of Native Americans;⁵⁴
- Historical trauma has manifested through the





displacement from ancestral homelands, loss of spiritual ties to the land, population loss, “cultural genocide” including the mass killing of millions of Native peoples through colonization, forced relocation of tribes and the removal of Native children forced to attend Boarding Schools where they were assimilated in mission schools mandating that they eradicate their traditional languages, cultural and spiritual lifeways;

- The suicide rate is 25% higher among Native Americans than the overall national rate and is ranked as the second leading cause of death for those aged 10 to 34;⁵⁵
- Native youth suffer from higher rates of mental health disorders related to suicide, anxiety, substance abuse, and depression than other groups;⁵⁶ and
- The U.S. Commission on Civil Rights has found that Native Americans lag 20-25 years behind the general population in health status, representing the most severe unmet health care needs of any group in the U.S. Further study is needed to understand the socio-economic, cultural and human costs of these disparities to Indian Country.⁵⁷

“NATIVE PEOPLE ARE INCLUDED IN THE SAME CATEGORY AS OTHER PEOPLE OF COLOR WITH LITTLE RECOGNITION OF THE FACT THAT NATIVE PEOPLE ARE POLITICALLY SITUATED DIFFERENTLY BECAUSE OF SOVEREIGNTY AND TREATY RIGHTS.”
-LORI POURIER, PRESIDENT, FIRST PEOPLES FUND

their own lands;

- Part of this trust responsibility includes basic governmental services in Indian Country, funding for which is appropriated in the discretionary portion of the federal budget. As governments, tribes must deliver a wide range of critical services, such as education, workforce development, and first-responder and public safety services to their citizens. The federal budget for tribal governmental services reflects the extent to which the United States honors its promises to Indian people;⁵⁸

- Across all federal funding authorities, there are only a few specific funding programs with set-asides for Tribes or created specifically for Tribal members; the rest are of a general focus. While funding levels have improved under the Obama Administration, government funding levels to address unmet

needs in Indian Country are still woefully inadequate;

- During the first term of the Obama Administration, the “Let’s Move in Indian Country” initiative was launched as a component of the First Lady’s Let’s Move national focus on children’s health. While important to drawing focus and impetus to improving children’s health, the initiatives lack dedicated funding to significantly change access to healthy foods at a comprehensive level and rapid rate across Indian Country in ways that would match resources to the dramatic health challenges facing Native youth. In order to follow through on the promise created in early achievements of “Let’s Move in Indian Country,” more attention and more funding investment will be needed to scale up from early successes and deeply embed healthy food access

GOVERNMENT FUNDING AND PHILANTHROPY

FUNDING FOR TRIBES AND NATIVE AMERICANS

- Numerous treaties and laws have created a fundamental contract or “trust responsibility” between tribal nations and the United States: Tribes ceded millions of acres of land that made the United States what it is today, and in return tribes have the right of continued self-government, and to exist as distinct peoples on



in all communities. More is needed;

- In January 2015, President Obama has announced that his administration will seek \$1 billion for his “Generation Indigenous Initiative” that seeks to improve opportunities and wellbeing of Native youth. While this historic investment should be applauded, it is only a fraction of what is needed to address the significant challenges Native youth face today as they experience the highest rates of obesity, suicide, drop-out rates and poverty of any youth population in the U.S.;
- A 2011 report by Native Americans in Philanthropy and the Foundation Center revealed that only 0.3% of all foundation giving in the U.S. is invested in Native Americans. However, in grants awarded,

the majority of these dollars go to non-Native organizations working on “Native American issues.” Total grantmaking benefitting Native Americans by foundations in 2009 was approximately \$68 million. Giving is not widespread across all foundations; rather is it generated consistently from a small group of large, midsize and small funders;⁵⁹

- Tribal Philanthropy is on the rise due in large part to the success that some Tribes have achieved through Indian gaming. For example, the Shakopee Mdewakanton Sioux Community has provided more than \$325 million in charitable giving and loaned more than \$500 million to fellow tribes since the 1990s;⁶⁰ and
- While it is believed other gaming tribes have

contributed over \$200 million in philanthropic donations to Native and non-Native nonprofits organizations across the United States⁶¹, the majority of tribes do not have significant enough gaming revenues to warrant large amounts of charitable giving.

TRIBAL SOVEREIGNTY, GOVERNMENTS, ADVOCACY AND POLICY CHANGE

The modern federal policy of Tribal Self-Determination has ushered in more opportunities for tribal governments to address longstanding problems in their communities.

Supported by tribal governments, innovation and a return to traditional tribal knowledge are taking hold. These grassroots movements among tribal citizens are making vast improvements to lives of Natives in their territories.

These good works usually come through the tribal political systems that vary from reservation to reservation. Innovation sometimes has basic costs to thrive, and some tribal governments are able to respond and support such innovation. Some models from other tribal communities are adapted by tribal leaders or citizens who incorporate best practices to improve their communities.

National Native organizations such as the National Congress of American Indians provide forums for tribal leaders and citizens to exchange and support ideas, and keep abreast of national issues that could impact all tribes. Federal law and policy sometimes differentiates between

tribes or groups of tribes, but more often than not federal policies apply across the board in Indian Country. But to continue to promote this innovation and progress, federal and state laws and policies need to catch up to the realities of modern tribal life. States have traditionally been enemies of the tribes, constantly in competition for access to tribal lands and resources. In many places, this is changing, with states learning to work with tribes, and vice versa, to address their common interests. In others, the states and tribes continue to battle over tribal and individual Indian rights.



Working together, tribal governments have become a political force in Washington, D.C. Understanding that federal policies disproportionately impact tribal communities because of the status of Indian lands and the promise of health care, education, housing, and other programs for Indians, tribal leaders have become increasing more engaged in the federal political and policy

processes. Several U.S. Senators, including Jon Tester from Montana and Maria Cantwell from Washington, credit the newly activated Indian vote as a reason for winning their elections. More and more members of Congress understand the place of tribal governments in the U.S. federal system and acknowledge that tribes and Natives play an increasing role in the political process, and are reacting to this change. Natives are seen less as a special category of recipients of special entitlements and more as active citizens with rights embedded in the U.S. Constitution.

INDIAN COUNTRY FOOD SYSTEMS

An Historical Overview and Contemporary Challenges of Native Food Systems, Diet and Health

HISTORICAL OVERVIEW: INDIAN COUNTRY FOOD SYSTEMS AND THEIR IMPACT ON FOOD, DIET AND HEALTH

Native communities have centuries-old, deeply connected histories of and connections with food. These robust and comprehensive traditional food systems sustained Native peoples and communities well before settlement of this continent by Europeans. Known agriculture production systems and historical relationships of Native peoples with food are well-established history. These traditional food systems were woven deeply into Native peoples’ cultures and traditions and were connected to language, cultural and spiritual lives, families and communities. Food was sourced locally and regionally, and if unavailable, the people moved toward the food.

These complex relationships developed over millennia with food systems began to wane as what would become America’s first immigrants came to these lands. Native communities began to be disengaged and disconnected from their original homelands and original food sources, which only deepened over time. As Native communities were removed to reservations and their original food systems were strained, new food sources had to be found. In many communities, the lack of foods was replaced by rations provided by the federal government. In most cases, those rations were made up of totally unfamiliar foods that not only had no cultural context to the people, but were also damaging to the physiology of the peoples themselves. These rations were mentioned in historical accounts from the period and in many cases within treaties entered into between these Native communities and the new country to be known as the United States.

In most cases, government rationed foods were of substantially lower nutritional value (flour, lard, and other products not normally within the historic diet of Native peoples) or in other cases, the foods were altogether rancid or rotten when received. Through ongoing periods of federal policy of relocation, reservation, assimilation, and termination the impact on social relationships and personal health has resulted in the circumstances we find today in Indian Country.

TRANSFORMATION OF NATIVE PEOPLES’ RELATIONSHIPS WITH FOOD AND THE IMPACT ON HEALTH

As federal policy toward Indian Country has changed over time, what has not changed is the provision of “rations” to Native communities.

In the beginning, those “rations” were provided during removal and relocation and the movement of Native peoples to new locations. Gradually, the provision of “rations” gave way to the provision of food stamps or other foods provided either directly through food distribution or donation programs, or through federal feeding programs such as SNAP, WIC, the Food Distribution Program on Indian Reservations (the “commodities” program), and many others.

Ultimately, the foods of the settlers and rationed foods replaced the foods of the communities. In short, these communities were forced to adjust to inaccessible traditional food sources, loss of historic relationships to the environment that provided traditional foods, a changing economic and social pattern and the introduction of food products into their communities

that were unfamiliar and not well-suited to the physical needs of the peoples. Dramatic shifts occurred in the span of a relatively short period of time and the health of American Indian peoples throughout the United States has never fully recovered. In addition to the sheer lack of access to traditional food sources and the adjustment to new food sources, the impact of stress and trauma associated with federal policies of removal, reservation, and assimilation on the individual cannot be understated as a contributing factor to generational health deterioration in Native communities.⁶²

For example, there was no word for diabetes in traditional Native languages when the Europeans arrived on this continent. In 1933, a physician for the Indian Health Service (IHS) reported just one case in the entire state of Arizona.⁶³ Researchers have also stated that in 1940 the occurrence of diabetes among Native Americans was almost unknown.⁶⁴ Diabetes began appearing in 1950, until during the 1960s, it became a common condition. The incidence of diabetes exploded in the 1970s, becoming an epidemic.⁶⁵ Beginning in the 1990s and through present day, nearly every Native American is

involved either personally with diabetes, or with family and friends with diabetes. It has been called the new smallpox. Researchers point to dramatic changes in the traditional diet of Native Americans, the rise in sedentary lifestyles, poverty, loss of culture, trauma and other factors as contributing to this epidemic and public health crisis that faces Indian Country.

“From what I’m reading and hearing from the American Indian medical community, diabetes is

THE SHEER LACK OF ACCESS TO TRADITIONAL FOOD SOURCES AND THE ADJUSTMENT TO NEW FOOD SOURCES, THE IMPACT OF STRESS AND TRAUMA ASSOCIATED WITH FEDERAL POLICIES OF REMOVAL, RESERVATION, AND ASSIMILATION ON THE INDIVIDUAL CANNOT BE UNDERSTATED AS A CONTRIBUTING FACTOR TO GENERATIONAL HEALTH DETERIORATION IN NATIVE COMMUNITIES.

being framed by those on the front lines as a type of genocide and perhaps the final one for American Indians,” said University of Kansas visiting associate professor in journalism and social scientist Dr. Teresa Trumbly Lamsam, Osage. “It’s already an epidemic. We’re not affecting the trajectory fast enough.”⁶⁶

These significant lifestyle and cultural changes that have impacted Native American diets and health are directly related to less healthy, low cost, western foods that have replaced traditional foods. Moreover, many Native Americans themselves believe their own people’s attitudes toward food have changed, as evidenced by project participants in a 2012 research project conducted by the Notah

Begay III (NB3) Foundation, funded by the Robert Wood Johnson Foundation:

VIRTUALLY ALL OF INDIAN COUNTRY RESIDES WITHIN A “FOOD DESERT” AS DEFINED BY THE UNITED STATES DEPARTMENT OF AGRICULTURE.

[We] used to have a healthy, sacred relationship with food and with each other. [We] literally ate out of one bowl. That was a healthy best practice. Now we no longer have a healthy, sacred relationship with food. We need to figure out how to restore this. Underlying all this is to return to the values...our elderly blessed themselves with the foods they ate. They asked for good health, strength, and asked that the food nourish their bodies and mind. Now in this day and age, we have gone away from that practice.”⁶⁷

One participant interviewed by the NB3 Foundation pointed to the loss of culture due to forced change and outside development as a major reason for the health and social issues Cochiti Pueblo in New Mexico faces.

“In last 30 years, Cochiti [Pueblo] is a classic example of forced impositions of change that came by way of construction of the dam. [Things] changed overnight from an agriculture community and production of our own food. That kind of disruption was both drastic and traumatic in [our] ability to

produce our own foods which was an important part of the cultural environment and which had highest value because it was so closely associated with a spiritual way of life.”⁶⁸

THE CUMULATIVE EFFECT OF FEDERAL POLICY AND POVERTY

The disruption of traditional Native American systems of governance, cultural and spiritual lifeways, and economies has led to disheartening statistics that represent families, children, and entire Nations living in Third World conditions, while paradoxically inhabiting one of the world’s most powerful economies. Years of genocide, isolation, economic

and social disempowerment, and the stripping of assets and wealth have caused overwhelming poverty, lack of basic infrastructure, insufficient education rates and poor health.

Poverty is a central root cause to the food access and health issues that American Indian children and families face today. Poverty and hunger are twin evils, and it is rare to find one without the other.

This fact was illustrated by the Diné Policy Institute when it published its food sovereignty assessment research findings in 2014 regarding the Navajo food system and its negative health, community, economic, cultural, and environmental impacts, in order to identify strategies and recommendations for creating positive change for the Diné (Navajo) people. Poverty was a central and underlying factor identified regarding food insecurity and access issues. Among those Navajo residents surveyed, approximately seventy-three percent (73%) of participants made \$29,999 or less in annual income. More than half of the total respondents made \$19,999 or less per year and close to one third made less than \$4,999 per year.

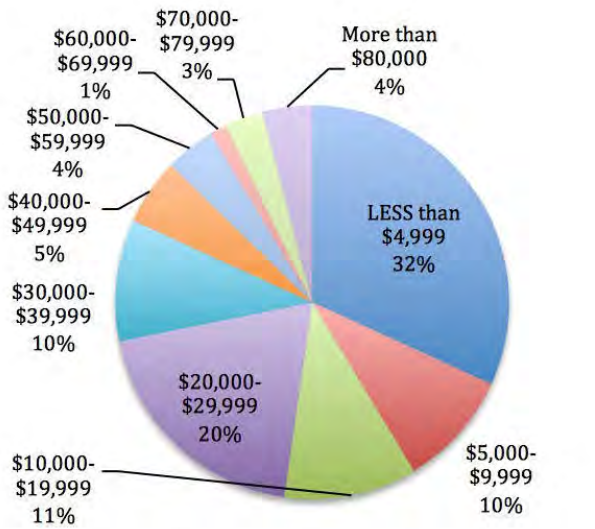


Figure 2.4 Income Level of Participants - Consumer Survey, Community Food Assessment

Fig. 4

Less than a third of respondents made \$30,000 per year or more.⁶⁹ [Fig. 4]

FOOD DESERTS IN INDIAN COUNTRY

Virtually ALL of Indian Country resides within a “food desert” as defined by the United States Department of Agriculture.⁷¹ A community needs a grocery store every ten miles to ensure some measure of food security, yet there are only ten full service grocery stores in the entirety of the Navajo Nation,⁷² which sprawls over 27,413 square miles—and the Navajo Nation is

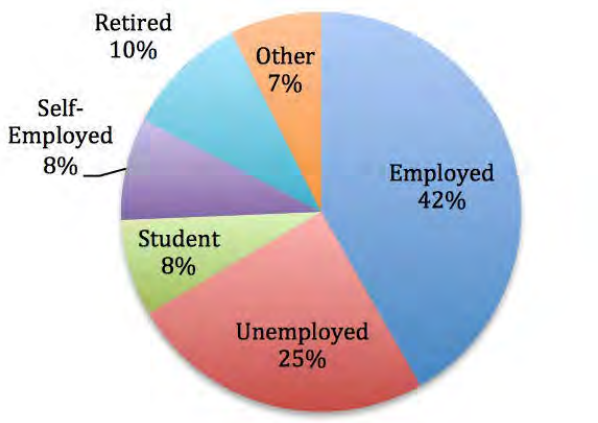


Figure 2.5 Employment Status of Participants - Consumer Survey, Community Food Assessment

not alone in this problem. Almost the entirety of Indian Country resides in a food desert. This term is best clarified by saying that almost the entirety of Indian Country resides in a “retail food desert” as the important access to a food production land base creates unique opportunities for successful policy intervention.

In addition to lack of food vendors, food access in Indian Country is often made more difficult due to lack of vehicle access. In a food desert (or retail food desert), vehicle access is food access. For example, the

TABLE 2.1 ROUND TRIP DISTANCE TO OFF-NATION FOOD STORES FROM PROJECT AREA COMMUNITIES		
	TO GALLUP, NM	TO FARMINGTON, NM
TSAILE, AZ	155 MI	174 MI
ROUND ROCK, AZ	240 MI	236 MI
LUKACHUKAI, AZ	173 MI	155 MI
CHINLE, AZ	183 MI	225 MI
MANY FARMS, AZ	210 MI	218 MI

Fig. 5

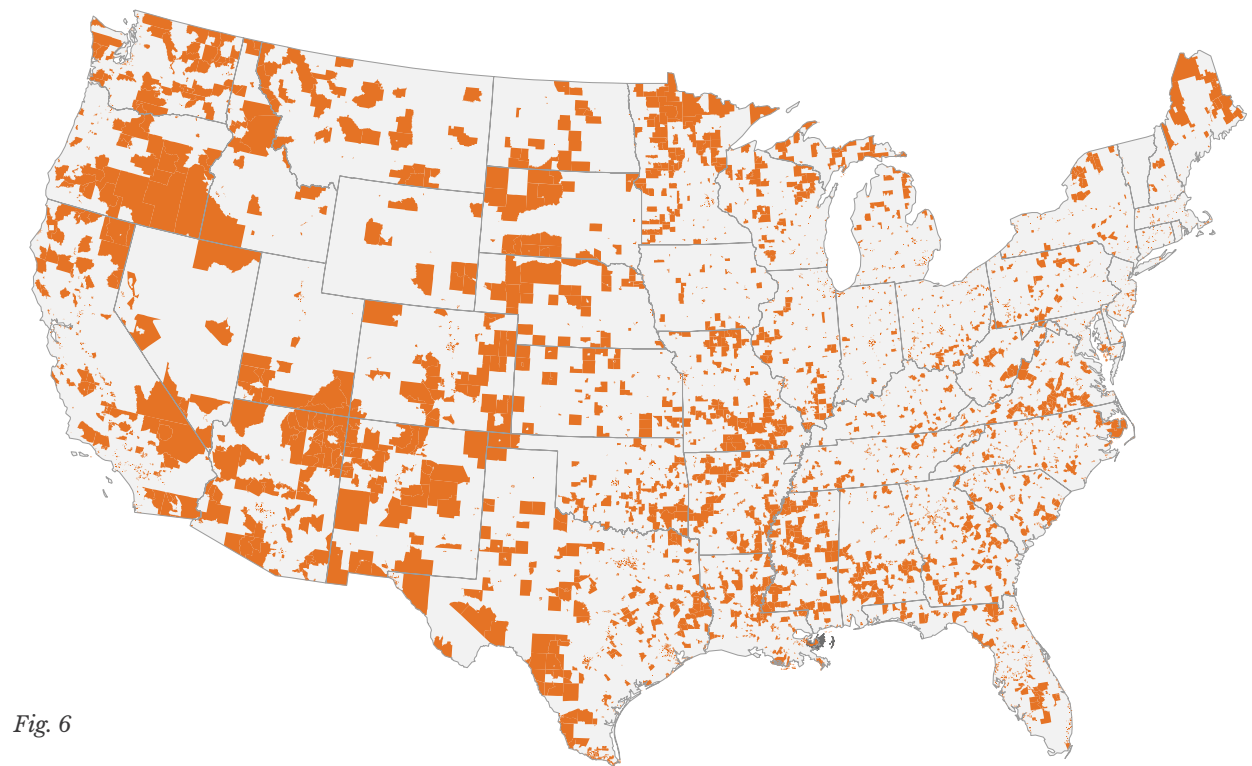


Fig. 6

FOOD DESERTS: 1 AND 10 MILES

Date: 12/3/2014 source usda economic research service, ESRI

● LILA AT 1 IN 10

Diné Policy Institute found that to access an off-nation grocery store with a better supply of fresh, inexpensive food items, Navajo Nation residents were driving a minimum of 155 miles round trip.⁷³ Some residents remarked during the study that they would make a 400-mile trip.⁷⁴ The chart below provided by the Dine Policy Institute documents driving distances for residents surveyed in five Navajo communities.⁷⁵ [Fig. 5]

This is not unique to Navajo.⁷⁷ Similar statistics could be documented for reservations across the country and many urban Indian populations are situated within

food deserts as well.⁷⁸ This particularly impacts Native people who rely on programs like the Supplemental Nutrition Assistance Program (SNAP) for their monthly food supply, because SNAP food can only be purchased at an authorized SNAP vendor—and those vendors are in short supply in Indian Country.⁷⁹

The following maps show food deserts throughout the United States.⁸⁰ In the first map, the green areas represent urban communities where grocery stores are more than a mile away, and rural communities where grocery stores are more than ten miles away.⁸¹ [Fig. 6]

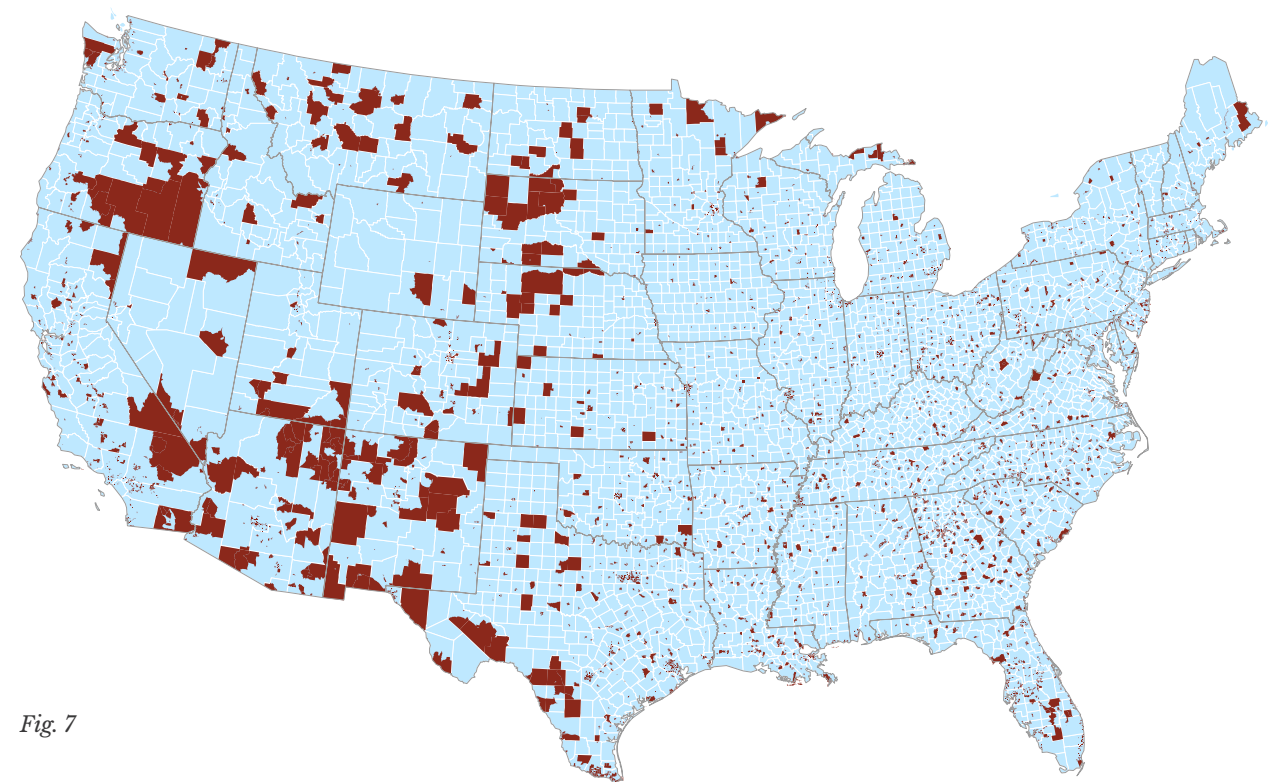


Fig. 7

FOOD DESERTS: 1 AND 20 MILES

Date: 12/3/2014 source usda economic research service, ESRI

● LILA AT 1 IN 20

The second map below is similar, but here the rural measure has changed—in this map, rural areas in orange represent communities where the nearest grocer is twenty miles away. Both maps show the difficulty of accessing food in much of Indian Country; the Navajo, Hopi, Standing Rock Sioux, Oglala Lakota Sioux and Cheyenne River Sioux among many others are all in areas where grocery stores may be twenty miles away by vehicle, if residents are able to access transportation. Even tribal communities throughout much of Oklahoma experience food deserts. [Fig. 7]

Problems accessing a consistent supply of healthy foods lead to widespread food insecurity across Indian Country. Food security is typically defined in terms of access to food itself, but also access to time to acquire that food coupled with access to knowledge and tools to prepare the food. The additional housing crisis throughout Indian Country can also impact the ability of people to prepare what foods they are able to access. The cumulative effect of insufficient housing options in Indian Country coupled with insufficient food vendors and chronic unemployment in rural and remote communities is often debilitating, leaving the

communities and tribal leadership to triage solutions to complex and interrelated problems.

HEALTH DISPARITIES: FOOD ACCESS AND CONTRIBUTING FACTORS

Diet goes hand in hand with food insecurity as a key contributor to chronic diseases and conditions.⁸² Overall, Native Americans are twice as likely as the rest of the U.S. population to experience some manner of nutrition-related health problem.⁸³ In Indian Country, obesity-related disorders, particularly type 2 diabetes, are widespread, with the prevalence of diabetes rising dramatically over the past three decades.⁸⁴

For example, as of 2009 16% of the adult American Indian and Alaska Native population had been diagnosed with diabetes.⁸⁵ On the Navajo Nation

reservation alone 45,000 Navajo citizens have been diagnosed with type 2 diabetes and another 75,000 are pre-diabetic according to the Navajo Area Indian Health Service.⁸⁶ Alarminglly, 59% (10,407) of the total Navajo Nation children ages 1 to 4 years old participating in the Women, Infant and Children (WIC) Program in 2013 were obese.⁸⁷ Moreover, 38.7% of Navajo Head Start students enrolled in 2013-2014 school year were overweight/obese and two students were diagnosed as diabetic.⁸⁸ When taken into context with the issues of food access and poverty highlighted in the Diné Policy Institute’s findings, it becomes increasingly clear there are links between these issues and the high rates of obesity and type 2 diabetes on Navajo Nation.

This example of the high rates of obesity and type 2 diabetes within the Navajo Nation are not unique to

the Navajo people. It is demonstrative of the reality that most reservations and urban Indian populations increasingly face. Indian Country now faces nothing short of a public health crisis with regard to obesity and type 2 diabetes.

Tribal and public health advocates increasingly agree that the lack of access to healthy affordable food and poor diet are major contributing factors to chronic diseases and conditions that increasingly impact Native Americans -- especially children and youth.⁸⁹ However, the root causes of these health disparities are not

limited to the challenges within Native food systems. In order to address and ultimately eliminate Native health disparities, it is important to understand how various factors, including socioeconomic, behavioral, social inequality, racism, culture, historical trauma and environment in conjunction with food deserts and poor nutrition contribute to these disparities.⁹⁰ It is imperative to build an understanding of

not only how specific and unique conditions in which Native Americans are born, grow, live and work impact their health, but these factors must also be examined and understood within the context of the historical legacy of colonization and more than 200 years of failed and destructive U.S. federal policies. Fostering this understanding through more research and empowering tribal public health and food advocates are all important factors in creating pathways toward strengthening Native food systems and eliminating Native American health disparities.⁹¹

PUBLIC PERCEPTION VS. SOCIAL DETERMINANTS OF HEALTH

The lack of access to healthy and affordable food, historical trauma, poverty and the underdevelopment of Native food and health care systems are among the central drivers of the poor health of Native peoples. Despite this, researchers conducting a study of media coverage regarding Native American health issues and diabetes found that journalists have depicted Native Americans as being responsible for their diabetes because of their poor eating habits, obesity,

and sedentary lifestyles.⁹² This is one of the many negative perceptions and stereotypes that researchers have found repeated in media, movies and popular culture.⁹³ However, researchers have noted the important role of poverty and the lack of access to healthy and affordable food have played a profound role in health disparities among Native Americans. For example, reservation stores often only sell foods high in fat, calories and

sugar. The same can be said for convenience stores in urban areas where an increasing share of Native Americans live today. Studies have shown a direct relationship to significantly higher obesity and diabetes in those living near convenience stores rather than grocery stores and fresh produce markets.⁹⁴ However, this side of the equation is often not widely known and reported on in coverage of Native American health in mainstream media. “How mainstream journalists tell the story influences public policy,” Dr. Lamsam says. “Negative portrayals affect public opinion, and that can determine how policymakers act.”⁹⁵



If policy and systems change efforts are to be successful regarding food access issues and health disparities in Indian Country, there must be a clear understanding of the interrelated roles that U.S. government treatment and policies toward Native Americans, their unique political status, the current challenges inherent in contemporary Native American food systems and social determinants of health all play in the health disparities Native Americans face today. Poverty, racism, underdevelopment, historical trauma and the complex political and legal relationships between tribes and the federal government are primary factors.

In looking specifically at the issue of improving food access and health outcomes for children in Indian Country, all of these influences must be taken into account. “When [we] can show the social and institutional factors that help shape the choices that

an individual or community are able to make, then we give the public more context and better tools for policy-making,” stated Professor Sally Lehrman of Santa Clara University Journalism and Public Interest Department.⁹⁶

FOOD ACCESS, DIET AND HEALTH: MORE DATA AND RESEARCH NEEDED

In order to dispel negative stereotypes as well as better inform both public and tribal policy making, additional studies such as the Diné Policy Institute’s food sovereignty assessment cited above are critically needed to better understand the challenges that Native people face from reservation to reservation with regard to access to healthy food. There is a significant lack of this published research available.⁹⁷ Research that does exist is often increasingly outdated. Beyond published research, Tribes also sometimes struggle



internally to access data and analysis on their own reservations to better understand issues they may be facing regarding the connections between tribal food systems, socio-economic realities, the lack of healthy food access and health disparities.⁹⁸

The issue of lack of data on American Indians and Alaska Natives is a longstanding and critical issue -- not only pertaining to food and health, but across the board. According to Jennifer Lee Schultz, senior researcher, and Stephanie Carroll Rainie, tribal health program manager, of The Native Nations Institute for Leadership, Management, and Policy (NNI), of the University of Arizona’s Udall Center for Studies in Public Policy:

“It’s no secret that the current data environment for tribes needs improvement. Because of the small size of Native populations, statistics rarely are reported in the findings of national surveys. When Native peoples and populations are reported, the data are not dependable, even on a matter as fundamental as who should be counted as a Native person. Nearly every tribal program and enrollment office holds a substantial amount of undigested data. Most of this information has been collected to comply with funders’ reporting requirements. Afterward, it is stashed away in separate offices, stored in increasingly outdated formats. Some Tribal councils and program managers may not have

a comprehensive view of available data that could help them make decisions. The challenge for tribes is to convert program data into a strategic resource. This means making better use of what they already have and shifting to more proactive and strategic collection of new data.”⁹⁹

The lack of resources and capacity for Tribes to collect and analyze data and the fact that Native peoples more often than not are not showing up consistently in state and national data sets means in this specific context that the depth of the interconnections between tribal food deserts and health disparities is not always fully known to even Tribes themselves. This also means these issues can be virtually invisible to non-tribal public health and food access advocates. A deeper investment in Native-led data collection and analysis could be a game changer for Native communities that seek to address food access and health issues.

“Good data leads to good sovereignty,” stated Schultz and Rainie. “Armed with dependable and relevant information, Tribes can be strategic...They can be responsive, initiating projects to address emerging needs. As tribes meaningfully engage with data, quantitative information about Native populations will enhance—rather than detract from—the vibrancy and resiliency of tribal communities.”¹⁰⁰



INDIAN COUNTRY FOOD SYSTEMS TODAY

Native Agriculture, Federal Feeding Programs, Markets and Healthy Food Financing

INDIAN COUNTRY FOOD SYSTEMS TODAY

In the effort to chart interventions, policy change and solutions to food access issues and health disparities in Indian Country, it is imperative to understand the complexities and sources of Indian Country food systems today.

A Tribal food system refers to the connectedness of people, culture, politics, law, and economics that allows for a particular Tribal community to provide food for all its members. In this sense, it is no different than a food system existing outside Indian Country. However, the unique role that centuries of traditions play around our foods is critical to how we think about and plan for today's tribal food systems and the Indian Country food system of tomorrow, and the unique

legal and political status that Indian Country holds makes a Tribal food system unlike many others.¹⁰⁰

Like any food system, to some degree all people in Indian Country are involved in a Tribal food system, but there are certainly major players who can contribute significantly to the robustness of the overall system. These include Native farmers and ranchers, Tribal leaders and Tribal governments, Tribal colleges and universities, Tribal health entities, food business owners, food distributors, lending and financial services institutions, nonprofits and of course, the members of the Tribal community themselves, regardless of their role in the community.

While 70% of all Indian people reside now in urban centers, the deep social, political, spiritual, cultural

connections with the land base that is defined as Indian Country can not only provide the impetus for improving food systems within remote and reservation communities, but can become inextricably linked to improving the health and well-being of urban Indian citizens. Many Tribal members hold deep connections to their urban communities, while simultaneously nurturing equally important connections to their historic land base and their family members who continue to reside in those places. Connecting the two in ways that improve healthy food access is a policy and logistical challenge but one worth the undertaking.¹⁰²

As Indian Country begins to take back its overall health and wellbeing, many steps will be taken on the journey. The journey is underway in many Native communities as small community gardens, farmers markets, and an increase in food production becomes more prevalent. However, the road will not be easy and time is of the essence since the health problems and food insecurity of our communities has reached crucial breaking points. Among the first steps that should be taken is an honest analysis of our greatest asset in this fight for our health: our lands and our ability to grow ourselves out of these problems.

FOOD & AGRICULTURE IN INDIAN COUNTRY BY THE NUMBERS

Approximately 2.1 million farms occupy 914 million acres of land in America.¹⁰³ As is borne out by the most recent Agriculture Census of 2012, the total number of American farms and farmers has been in decline for the last twenty years.¹⁰⁴ Across Indian Country, there are at least 58,475 Native American and Alaska Native producers operating 45,000 farms on 53 million acres of land.¹⁰⁵ Interestingly, Bureau of Indian Affairs data reflect that Indian Country is comprised of approximately 56 million acres of land, which would lead to the conclusion that almost all the Indian Country land base is involved in some form of food or agriculture production. While almost the entire land base is involved in some form of agriculture production, there are fewer than 100,000 Native farmers reporting into the Census of Agriculture. An extremely high number of Indian Country acres are in fact under lease to non-Native producers.

The majority of Native American food producers — 80% — reside in only seven states: Arizona, Oklahoma, New Mexico, Texas, Montana, California, and South Dakota.¹⁰⁶ These producers are located in close

proximity to a large percentage of the Indian Country land base. (See, map below from the 2010 Census).
[Fig. 8]

Interestingly, Apache County, AZ is the county with the largest presence of Native American food producers; South Dakota’s largest farm within the entire state is owned by a Tribe; and the state of Oklahoma has the largest number of Native American food producers in the U.S. How is it that food production can be so disconnected with food access in these locations? This phenomenon is repeated throughout the entirety of Indian Country.

Overall, products sold from those farms generated \$3.1 billion in market value¹⁰⁷, yet the majority of those farms — 56% — are classified as small farms, with annual earnings of \$2500 or less.¹⁰⁸ Only 8% of Indian Country farms earn \$50,000 or more each year.¹⁰⁹ And for many Tribes, a significant portion of their land base is leased to non-Native farmers and ranchers and has been for decades. This non-Native control of the land base is heavily regulated by the Bureau of Indian Affairs and requires patience, perseverance, and persistence on the part of Native producers just to gain access to their own lands for food production.¹¹⁰ The historic and ongoing practice of leasing Native lands for commodity food production shipped to

off-reservation markets for consumption outside the communities living on those lands is at the heart of Native communities’ lack of access to healthy foods and at the heart of ongoing economic decline of the very communities located on those fertile lands.

Despite this enviable and large land base in Indian Country to produce healthy and affordable food, this potential is not being realized. For example, in Cochiti Pueblo, New Mexico, Cochiti Youth Experience Director and economist A-Dae Romero (Cochiti/Kiowa) reports that local Cochiti food markets and local food producers capture only \$50,000 annually, yet the community as a whole spends over \$425,000 per month on food items—with at least a third of that coming from SNAP dollars. Nearly 100% of the community’s food purchasing power leaves the Cochiti food system every month. In the course of a year, \$5 million in food dollars flows out of the community, even though the community has a rich and historic tradition of food production.

- School Meals Program (which includes the National School Lunch Program, the School Breakfast Program, the Fresh Fruit and Vegetable Program, and others);
- Summer Food Service Program (SFSP);
- Senior Farmers Market Nutrition Program (SFMNP); and
- Commodity Supplemental Food Program (CSFP).

Two of the most significant federal programs serving Tribal people are the Supplemental Nutrition Assistance Program (SNAP) (because of the number of participants) and the Food Distribution Program on Indian Reservations (FDPIR) (because of its unique focus only on Indian people). It should be noted that SNAP and FDPIR cannot be accessed at the same time; meaning that the individual participant is ineligible to receive both program benefits.

SNAP

According to federal data, SNAP in 2008 served a monthly average of 540,000 low-income people identified as American Indian/Alaska Native only and another monthly average of 260,000 that identified as American Indian/Alaska Native and White. According to the National Congress of American Indians, 20% of all American Indian/Alaska Native households use SNAP.¹¹¹ During the debate leading to the ultimate passage of the 2014 Agricultural Act (2014 Farm Bill), heated debates occurred regarding continued funding for federal feeding programs like SNAP and FDPIR. SNAP was ultimately cut by \$8 billion over the next decade, but \$40 billion was proposed and passed by the House of Representatives in September 2013¹¹² in the arguments and activities leading to ultimate passage of the full Farm Bill. The likelihood of such debates and cuts to SNAP and FDPIR and other feeding programs occurring in the future is extremely high.

FEDERAL FOOD PROGRAMS

The lifeline for most tribal communities to feed themselves is their participation in federal food assistance programs. The federal food programs that provide the safety net for families and children include the:

- Supplemental Nutrition Assistance Program (SNAP);
- The Emergency Food Assistance Program (TEFAP);
- the Food Distribution Program on Indian Reservations (FDPIR);
- Food Help for Disaster Relief;
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC);
- WIC Farmers Market Nutrition Program;
- Commodity Supplemental Food Program (CSFP);

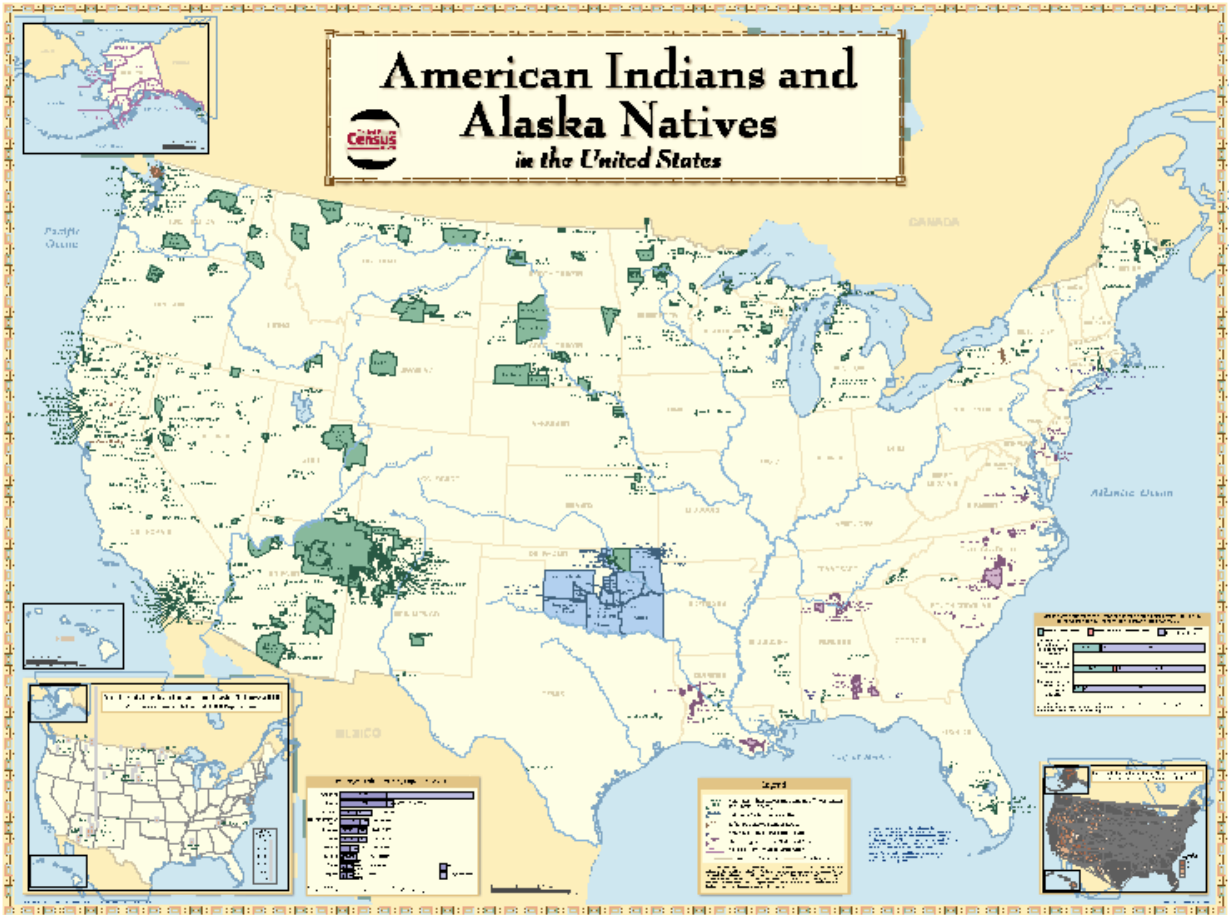


Fig. 8

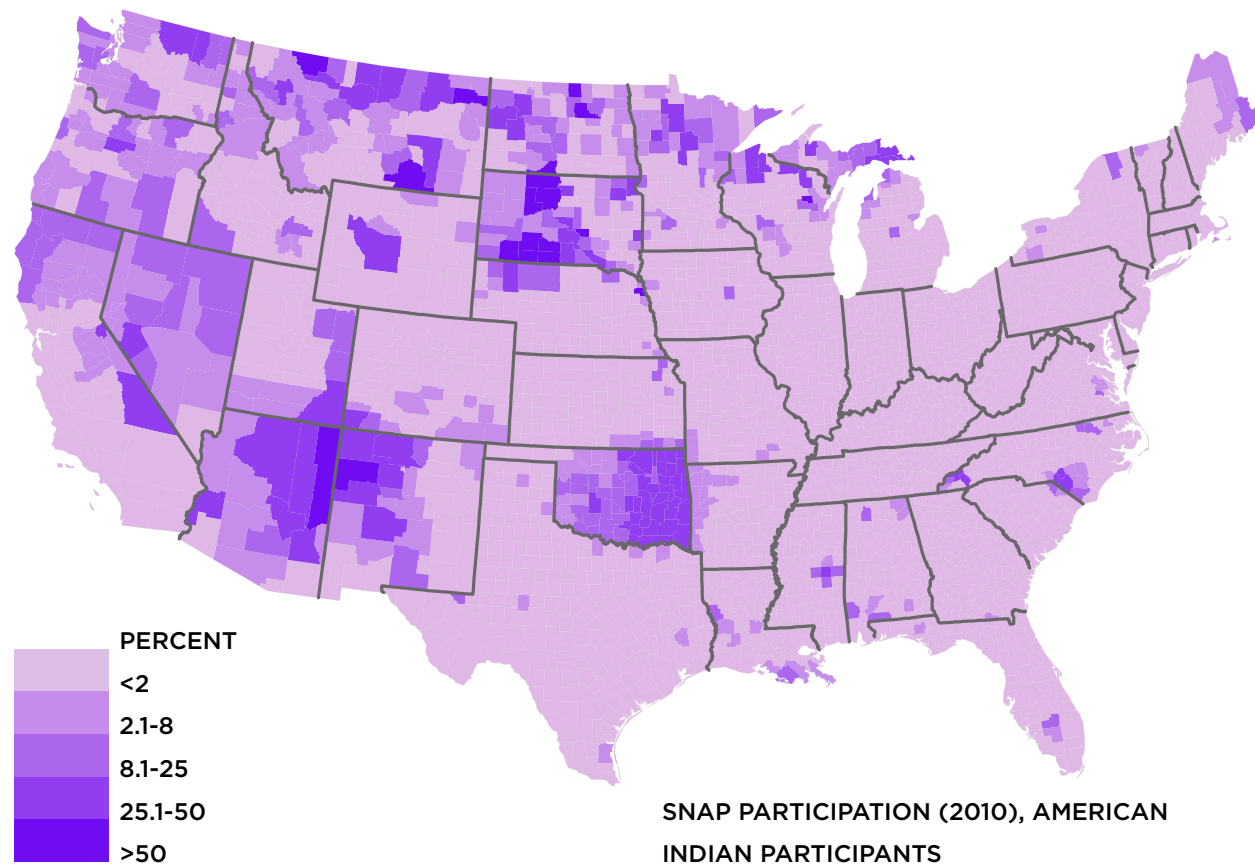


Fig. 9

Even in the midst of food deserts, Tribal citizens still utilize the SNAP program. For example, more than half of Native people residing in Apache County, Arizona, participated in SNAP in 2010. Corson County, South Dakota, where the Standing Rock Sioux Reservation is located, also had a 50%+ SNAP participation rate among Native people in 2010. Between 25-50% of large swaths of Native populations in Oklahoma utilize SNAP. [Fig. 9]

FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)

The only federal food assistance program available only to Native American and Alaska Native communities is FDPIR. The program serves 77,000-80,000 Tribal people on a monthly basis across

276 federally recognized Tribes.¹¹³ Those monthly participation rates have been consistently on the rise since 2010 with virtually all program sites seeing a consistent 15% rise in program participation since 2010.¹¹⁴ Instead of providing cash-like benefits, FDPIR provides participants with an actual physical package of food.

Unlike SNAP, FDPIR is almost exclusively administered at the local level by Indian Tribal Organizations (ITOs), with approximately 100 ITOs administering FDPIR, and only 5 State Agencies doing so.¹¹⁵ Even though numerous Tribes participate in other feeding programs like WIC, Summer Food programs, School Lunch/School Breakfast programs, and others, the most pervasive feeding programs are SNAP and FDPIR.

The cultural significance of FDPIR cannot be ignored. FDPIR provides participants with a monthly food package. The history of commodity food (rations) in Indian Country as explained above is a history of injustice, and to forget that is to inevitably perpetuate that injustice.¹¹⁶ The chart below indicates where FDPIR sites are located within Indian Country. [Fig. 10]

Administrative problems at the national and regional level within the federal government have plagued FDPIR for years and appear to be incapable of being remedied -- leaving Tribal governments with high levels of frustration and persistent injustices in the actual delivery of FDPIR foods.

At one time in late Summer 2014, over 30% of the food package was unavailable on warehouse shelves to be ordered by Tribal governments and all proteins available in the package except one were unavailable. Moreover, fresh fruits and vegetables often arrive to remote reservation delivery points spoiled and unable to be used.

FDPIR AND THE MISSED OPPORTUNITY OF ACCESSING HEALTHY, TRADITIONAL FOODS

The USDA Food and Nutrition Service (FNS) has had Congressional authority for over 10 years to purchase traditional foods for inclusion in the FDPIR food

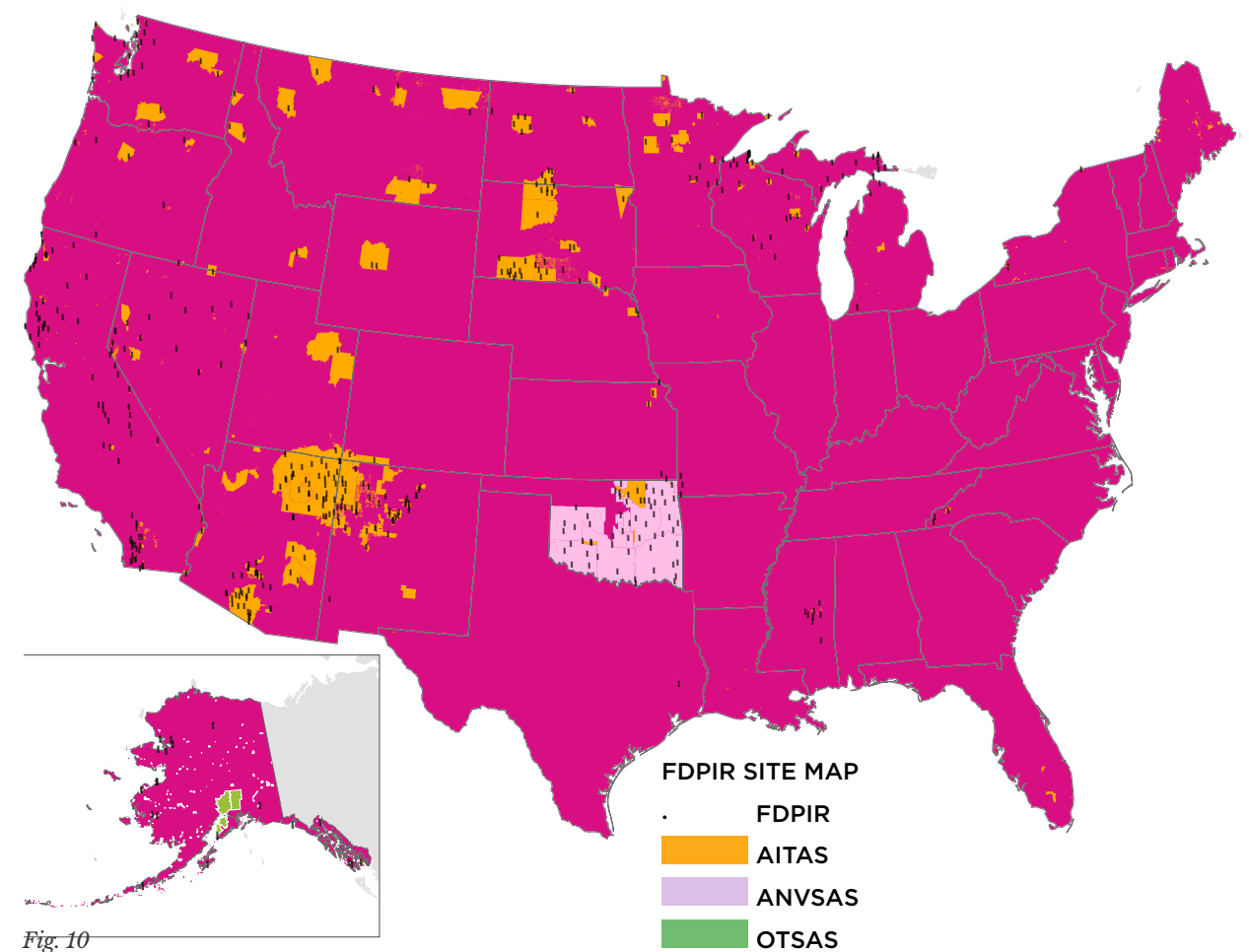


Fig. 10

package. There has been acknowledgement by the lead federal agency responsible for Native American healthcare that traditional foods are an important source of healthy and culturally appropriate nutrition for Native Americans. A 2007 U.S. Department of Health and Human Service’s report, Obesity and American Indians/ Alaska Natives, stated:



wild rice.¹¹⁸ However, to date FNS has failed to consistently purchase traditional foods, even when those traditional foods met all food safety requirements and were readily available on the commercial marketplace. This failure to grasp the cultural significance of traditional foods, even in light of the congressional requirement that such foods be made available

to tribal members, is stark proof that the ongoing administration of FDPIR is harmful to Native peoples, not only in the day-to-day functioning of the program, but in the inability to understand and implement clear congressional directives that would support the cultural health of the communities involved, in addition to improving the health outcomes of individual participants.

Many traditional belief systems include the concepts of harmony and balance in respect to food, and these concepts can motivate individuals and communities to increase their use of traditional foods and adopt healthier lifestyles (Story et al, 2000). Examples of these types of foods include: wild rice (Minnesota), berries, teas, blue corn (Southwest), squash, roots, beans, salmon (Pacific Northwest) and other fish, fermented foods (e.g., heads and eggs of salmon) seal, beaver, bison (Plains) caribou, deer meat, wild game, whale. Most of these traditional foods are high in protein and low in fat and sugar.... One study reported that the extent and use of traditional foods and harvesting practices is often unrecognized or underestimated by non-Native health care providers.¹¹⁷

Moreover, a recent survey of FDPIR participants found that many participants would appreciate the incorporation of more traditional foods into their monthly food packages, especially bison and

SIMPLY PUT, INDIAN COUNTRY IN MANY RESPECTS REQUIRES A MODIFIED POLICY AND SOLUTIONS-BASED APPROACH TO SOLVING PROBLEMS THAT MAY, ON THE SURFACE, APPEAR VERY SIMILAR TO THOSE PROBLEMS FACING OTHER POPULATIONS. BUT, DUE TO OUR UNIQUE POLITICAL, LEGAL, GEOGRAPHIC AND CULTURAL REALITIES, POLICIES AND SOLUTIONS REQUIRE A SECOND LOOK.

daily to increase their communities’ health and wellbeing and to increase their access to better food. There has been strong emphasis placed by countless Tribes to return to traditional means of food access and many of these programs are seeking to build food access resilience by improving the reliance on traditional and locally sourced foods.

There has been a growing emphasis among Tribes to focus more support on Tribal food production as a means to build resilient and diversified local economies while simultaneously improving health of local citizens. There has also been a growing interest in developing community gardens, sometimes in the service of providing traditional crops, though this is not always the case. The perplexing mystery remains: why is there such a disconnect between local, available food production on Tribal lands and the very people who would benefit from those foods, and where is all the food going that is currently being produced in Indian Country?

The combination of federal land leasing (referenced above) that takes agricultural control of local lands out of local Native hands, combined with the failure of feeding programs to calibrate their purchases to prefer foods produced by Native producers coming from Native lands are two fiercely ingrained federal policies that if changed could have dramatic impacts on local economies and healthy food access within a short time span.

CHALLENGES AND OPPORTUNITIES WITHIN NATIVE FOOD SYSTEMS TODAY

Many years ago, the Executive Director of the Intertribal Agriculture Council stated publicly that “we aren’t sovereign if we can’t feed ourselves”.¹¹⁹ The fact remains that in order to fully exercise Tribal self-determination and self-governance principles, Tribes must have support in removing the barriers that exist in this most important area of feeding ourselves.

When we were strong in our foods on this continent, we were stronger people – we were healthier. And for Indigenous peoples it all starts with the food. When Indian Country lost its ability to feed itself, through

whatever means, we lost that part of ourselves that supports our ability to thrive. It is only by regaining our foods will we be able to restore our health, our resilience as peoples, and secure the stability and diversification within our own communities and local economies. But the challenges to secure that future require different approaches than those used in other communities and in predominately urban settings, if for no other reason than our unique legal status, the remote location of our lands upon which foods can be found, and the language, cultural traditions, and legal status of our communities.

Simply put, Indian Country in many respects requires a modified policy and solutions-based approach to solving problems that may, on the surface, appear very similar to those problems facing other populations. But, due to our unique political, legal, geographic and cultural realities, policies and solutions require a second look.

THE CHALLENGES FACED BY LOCAL MARKETS, CORNER STORES, MOBILE MARKETS, AND COMMUNITY GARDENS

An array of strategies appear across Indian Country, but most tend toward the lower end of the “retail spectrum” and with very few exceptions, do not usually incorporate a full-service grocery store setting.¹²⁰ Mobile food markets have been tried with varying degrees of success, most often due to the sheer transportation challenges of moving food across vast distances. Extremely remote stores must also face the challenge of exorbitant transportation costs of securing perishable food shipments, which is alone a formidable challenge.

The NB3 Foundation is already seeing, as are others funding projects in this area, a high number of projects focused on building community gardens to address the access to healthy foods in a remote or rural

community (or urban for that matter). Community gardens can provide a tremendous public service to get people more excited about food, about growing food, more knowledgeable about food, and in the case of Native communities, reenergizing the unique role traditional foods have in the community. However, there are a number of challenges that face this strategy in Native communities that must be taken into consideration.¹²¹

Many Tribal communities have instituted some version of farmers markets, community supported (or “tribally-supported”) agriculture (CSA or TSA) or local food distribution initiatives. First Nations Development Institute, the largest national Native-led intermediary funder in Native food systems work, reported that among the projects it funded in 30 different tribal communities from 2012-2014 under its Native Agriculture and Food Systems Initiative (NAFSI), 13 were able to launch new farmers markets including two mobile farmers markets. Through these farmers markets, NAFSI grantees have sold nearly 10,000 pounds of fresh fruits and vegetables.¹²²

The long-term success of these initiatives is still to be determined. It is evident from the success stories cited above, farmers markets can create important access points for healthy foods for tribal communities.

However, challenges still remain. In some communities, even those efforts at local food production systems that seemed among the most promising can easily die if the formula for success doesn’t factor in the significantly longer distances between distribution points, the challenges of communities’ purchasing power if in a high

unemployment area, or the lack of available technical assistance, expertise, or commitment by the community.

What is often not discussed is that each of these models depends on purchasing relationships. If a farmers market, CSA/TSA, or related “market” based option is launched within a community with a high percentage of citizens unable to pay for their food, then the ability of a community to provide a livable income to the food producer can be challenging. Such programs as “double-up food bucks” simply will not work in a community that is predominately FDPIR client-based, as “double-up food bucks” is predicated on a SNAP

benefit model and FDPIR is prohibited by law from using this as an incentive mechanism for healthier food purchasing. Some CSA/TSA, farmers markets and related models work in Indian Country but quite often their success is directly related to a Tribal government subsidy of some sort.¹²³

FINANCING HEALTHY FOOD ACCESS IN INDIAN COUNTRY

Food deserts in Indian Country are also credit deserts. Centuries of federal policy affecting Indian Country has led to generations of unbanked communities, low financial literacy rates, high unemployment rates, and general lack of experience in long-term private credit arrangements. In addition, lending institutions have generally been hesitant to lend into communities that face significant bureaucratic and regulatory engagement by federal agencies in the lending relationship along with fractionated ownership interests in the land base itself.

TO UNLOCK THE POTENTIAL THAT INDIAN COUNTRY'S PEOPLE, OUR WORKFORCE, AND OUR LAND BASE HAVE IN FOOD PRODUCTION COUPLED WITH FOOD ACCESS, SIGNIFICANT INFRASTRUCTURE INVESTMENTS MUST BE UNDERTAKEN.



The underpinning for healthy food financing -- an individual or entity willing and able to freely enter into financing relationships -- is not easily achieved in Indian Country. While efforts by private and public lending institutions continue, and financial literacy and access to credit programs improve and extend deeper into Native communities, Indian Country simply requires an alternative way to enhance the willingness of financing institutions to engage effectively with communities and individuals.

That is not to say lending never occurs -- it does -- but it is a process that requires significant patience, a high tolerance for bureaucracy, and a deep understanding of the legal and political realities of Indian Country coupled with a commitment to get it done. By focusing the “credit access” conversation, at least partially, to better link credit access to increasing food access, and the creation of a unique policy initiative designed exclusively for Indian Country, the goals of

healthy food financing within Native communities could be achieved.

But the efforts designed for communities that do not face Indian Country’s political, legal, land tenure and related realities that literally do not exist for any other U.S. population group simply won’t work. A fresh look and unique design are required.

FOOD DESERTS IN INDIAN COUNTRY ARE ALSO CREDIT DESERTS.

To unlock the potential that Indian Country’s people, our workforce, and our land base have in food production coupled with food access, significant infrastructure investments must be undertaken. But the investments won’t necessarily be only a corner grocery -- the investments might instead be in the distribution, aggregation, infrastructure, technical assistance and community-level food system deployment uniquely designed to meet the needs of rural and remote reservation communities.



NATIVE COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS (CDFIS)

The unique role that Native Community Development Financial Institutions (CDFIs) can increasingly play in the area of food and health outcomes improvement through targeted financial commitments has yet to be fully realized. At present there are over 70 Native CDFIs located within communities in Indian Country.¹²⁴ They reach deeply into communities considered “high risk” credit areas and produce amazing results. However, they must receive additional attention and support in order for their current successes to be replicated and scaled up in the area of credit access for healthy food initiatives. Partnering in strategic and targeted infrastructure investments with other like-minded financial institutions and increasing access and deployment of training and technical assistance regarding the business development needs of various players in the food system are important and already identified needs.

In its publication, “Food Financing Efforts 2014: Native CDFI Support for Native Farmers and Ranchers” the First Nations Oweesta Corporation specifically noted that while over 40% of all Native CDFIs provide financial services to Native farmers and ranchers, over 70% desire additional

technical assistance development lending products or training specifically for this group of borrowers and over 56% of Native CDFIs report not having enough capital to serve their borrowers’ needs.¹²⁵

In addition to the role of Native CDFIs in financing for healthy food production, special attention should also be paid to understanding the unique challenges faced by retail grocery locations operating on or near tribal lands or within urban Indian communities. While many remote or urban communities have extremely limited access to retail food locations, there are success stories. Knowing the winning combination of resources that leads to long-term sustainability of retail outlets is critical to replicating those successes elsewhere. For example, if a regional grocery chain can successfully provide reasonably priced healthy food options within remote communities, do they do so out of commitment to the community regardless of their financial success or do they do so because they have successfully met the supply chain, distribution, logistics, and purchasing challenges in order to maintain presence in the community. More needs to be understood.

HEALTHY FOOD ACCESS IN INDIAN COUNTRY

Innovations, Investment and Stakeholders

CURRENT INNOVATIONS IN HEALTHY FOOD ACCESS IN INDIAN COUNTRY: SIGNIFICANT FUNDERS

There are numerous examples of healthy food access innovations in Indian Country that are as varied as the people they serve. Among those innovations are projects supported by a variety of federal and philanthropic entities as well as by Tribes and Native nonprofits. Estimates of total funding to support Indian Country food access work are difficult to obtain as this would have to be aggregated over approximately 100 funding authorities in 17 agencies in the USDA alone. However, significant funders of this type of work over a period of time include: USDA; the Centers for Disease Control (CDC); the Administration for Native Americans (U.S. Department of Health and

Human Services); the Indian Health Service (Health and Human Services); W.K. Kellogg Foundation; First Nations Development Institute; the Shakopee Mdewakanton Sioux Community; The Praxis Project; Robert Wood Johnson Foundation; NB3 Foundation; and the Walmart Foundation.

COMMUNITY-DRIVEN SOLUTIONS, GRASSROOTS ADVOCACY & NATIVE ORGANIZATIONS

The number of innovative, community-driven and grassroots advocacy efforts underway in Indian Country to strengthen local Native food systems are organically and explosively occurring.¹²⁶ These innovations are happening in almost every community and many are not even reported outside the

community itself, as people decide to take matters into their own hands and return themselves to healthier foods. Some of these programs are readily duplicable elsewhere, while others are truly unique to the place and people.

Some are led by small community based organizations, some by Tribal governments. Some are fostered and encouraged at Tribal colleges and universities and others have partners outside Indian Country. These innovations need support to continue as most are functioning on small amounts of start-up capital and the sheer will and determination of the people involved.¹²⁷ The listing below is but a very small glimpse into what is happening locally, and the most important things to be done now are focusing on creating lasting generational change that will turn the corner for all of Indian Country.

NETWORK BUILDING, ADVOCACY AND POLICY CHANGE

NATIVE AMERICAN FOOD SOVEREIGNTY ALLIANCE *New Mexico*

The Taos County Economic Development Corporation (New Mexico) partnered with First Nations Development Institute to develop the Native American Food Sovereignty Alliance (NAFSA). The overall goal of NAFSA is to develop a movement that gives voice to issues of Native sovereignty, food-system control and policy development, and serves as a strong network for collaboration among various organizations engaged in Native food-system control. NAFSA is dedicated to restoring the Indigenous food systems that support Indigenous self-determination, wellness, cultures, values, communities, economies, languages, families, and rebuilding relationships with the land, water, plants and animals that sustain us.¹²⁸

NAFSA brings people, communities (rural, remote and

urban), organizations and Tribal governments together to share, promote and support best practices and policies that enhance dynamic Native food systems that promote holistic wellness, sustainable economic development, education, reestablished trade routes, stewardship of land and water resources, peer-to-peer mentoring, and multigenerational empowerment.

NAVAJO NATION JUNK FOOD TAX AND ZERO TAX ON FRUITS AND VEGETABLES *Arizona*

These are two very recent (spring 2015) tribal policies enacted by the elected officials of the Navajo Nation. Simply put, these policies use the inherent taxation rights and authorities of the Tribe to place a tax on all junk foods (as defined by the Navajo Nation) and simultaneously impose no tax on fruits and vegetables sold within the jurisdictional boundaries of the Navajo Nation. Navajo became the first governmental entity to make this bold move in 2015 and watching the impact and outcome of this new policy over time will be important to all Tribal governments as a means to address healthy food access within their jurisdictional boundaries.¹²⁹

As this new policy has not been in place for even a year, the impacts of this policy shift will take some time to quantify and evaluate.

MVSKOKE FOOD SOVEREIGNTY INITIATIVE *Okmulgee, Oklahoma*

The capital of the sovereign tribal Muscogee (Creek) Nation (MCN), an area in which over 50% of the residents live in poverty and 65% are overweight or obese, sought to challenge childhood obesity by targeting the lack of healthy food options in the community via a traditional cultural food revitalization movement. Mvskoke secured two policy wins in this area as a result of their Communities Creating Healthy Environments (CCHE) campaign: (1)

established the Tribal Food and Fitness Policy Council with the Inter-Tribal Council of Five Civilized Tribes — which represents over 500,000 American Indian people in the United States — to carry out health promotion activities nationally, and (2) passed a MCN tribal resolution which was designed to allow MCN tribal programs and entities such as Head Start and Elderly Nutrition to purchase local, fresh versus highly processed, cheap foods.¹³⁰

MCN was the first Tribe that passed a tribal government resolution establishing a ‘food and fitness policy council’ and for over a decade MFSI was successful in receiving federal and foundation funding for its activities. However, in the last several years, its primary funding sources from USDA and RWJF both expired and the organization went on a brief hiatus until the Muscogee Creek Nation stepped in to provide support and stabilization. They have recently hired new staff and are re-energizing their work.

INDIGENOUS ENVIRONMENTAL NETWORK

Bemidji, Minnesota

The organization addressed the childhood obesity problem affecting American Indian tribal groups in their target area by seeking to improve residents’ access to healthier and more affordable food choices in schools and the community. To this end, IEN achieved five policy wins. Two of the policy wins involved the Bemidji school district, which agreed to implement the Federal Great Trays program standards which requires schools to improve their menus with fresh, nutritious fruits, vegetables, and whole grains; many of which must be locally grown and organic. The remaining three policy wins were community-oriented and included establishing a community garden, a community kitchen, and establishing a Food Sovereignty Council that united the different tribal groups into a collective decision-making entity surrounding healthy food access.¹³¹

Establishment of Tribal food policy councils has been one of the central consistent actions among Tribes that tends to embed and encourage a broader array of follow-on actions that improve food and nutrition. In the early days of the “Let’s Move in Indian Country” effort, the encouragement of food policy councils at the Tribal level was acknowledged as a central action important to promote and support. On a different note, as new Food Safety Modernization Act (FSMA) produce regulations become final and start to impact Tribal communities, revisiting the success of community kitchens will be of vital importance to determine if, in implementing these new federal policies, a decline in community kitchens or community gardens occurs.

ROCKY BOY

Montana

The Chippewa Cree Tribe won a fight to require the local farmers market to place food labels on their goods to ensure that residents could make informed nutrition-related decisions about their food purchases.

As the number of farmers markets in Indian Country continues to rise, an important next step should be encouraging the Rocky Boy requirement that all foods at markets place more information in the hands of consumers (food ingredient labels, source of foods, identity of Native food producers, etc.). Tracking the impact of that policy over time is import.¹³²

ATHABASCAN OF YUKON

Alaska

A community organization serving 10 Alaskan Native villages sought to maintain food security for children by protecting the local, natural resources for traditional Alaskan Native subsistence lifestyle practices such as hunting and fishing. Athabaskan accomplished three policy wins during their CCHE campaign, winning an important battle to keep





non-Native hunters out of sacred Alaskan Native lands to reduce devastation to the local wildlife and obtaining agreements with the federal Bureau of Land Management to decriminalize traditional Alaskan Native hunting and fishing practices.¹³³

The policy issues that affect Alaska are uniquely challenging and require a policy response that will look quite different than the approaches utilized with Tribes in the lower 48 states. Subsistence food sources are vital to the health and wellbeing of Alaska Native peoples and ensuring their continued access to those sources is paramount. In addition, augmenting their food access with new approaches to local food production is essential to these communities as their traditional food sources continue to be adversely impacted by climate change.

COMMUNITY GARDENS, ENGAGING YOUTH AND ACCESS TO TRADITIONAL AND HEALTHY FOODS

FOOD IS OUR MEDICINE

Irving, NY (Seneca Nation)

Food is Our Medicine strives to improve Seneca Nation health outcomes by increasing access to culturally significant food and food usage. This joint project between the Seneca Nation and the Seneca Diabetes Foundation began in 2013. Since that time, the organization has overseen the building of multiple community gardens and dozens of raised beds where volunteers have planted over four hundred Native plants.¹³⁴

Because this is such a new joint project, impact and evaluation will accumulate over time.

TOLANI LAKE - CULTIVATING HEALTHY NAVAJO LIFEWAYS IN THE LITTLE COLORADO RIVER VALLEY

Arizona

Tolani Lake Enterprises (TLE), Inc. is strengthening its Youth Initiatives Program by expanding and integrating the adult Edible Gardens workshops series and unifying it with the Sports and Activities Program (SAP). TLE, Inc. serves the Tolani Lake, Leupp, and Bird Springs Navajo communities which sit on the largest food desert in the United States. By growing fresh produce in greenhouses, farm plots, and in gardens located at the TLE Demonstration Site, youth are learning how to develop and maintain gardens at home. In addition, TLE is working to build the strength of the TLE-SAP program by diversifying its activities in an effort to prevent further increases in obesity and type 2 diabetes rates in the local communities.¹³⁵

THE CHEYENNE RIVER YOUTH PROJECT

Cheyenne River Sioux Tribe, South Dakota

CRYP is a youth and family services organization, integral to the Cheyenne River Reservation's support system. It has incorporated the traditional Lakota values into the development of its 2-acre, naturally grown, pesticide-free Winyan Toka Win ("Leading Lady" in the Lakota language) garden. The garden produce is served in daily snacks and meals at the main youth center and the Cokata Wiconi teen center. CRYP has also hosted a small weekly farmers market to sell fresh produce and canned goods from its 2-acre Winyan Toka Win garden.¹³⁶

Incorporating Native youth into any local strategy is essential to success of the project, but also to the health and wellbeing of the youth within the communities. Ensuring that a plan for future youth engagement is in place when the grants run out is important to long-term success of these integrated endeavors.

CSAS AND TRIBAL/NATIVE-OWNED ENTERPRISES

CHOCTAW FRESH PRODUCE

Mississippi Band of Choctaw Indians

Philadelphia, Mississippi

Launched in 2012, Choctaw Fresh Produce is 100% Tribally-owned and offers a variety of fruits, vegetables and herbs to the local community. Choctaw Fresh crops are pesticide- and chemical-free and can be found in select area grocery stores and farmers markets around Choctaw, Mississippi. Choctaw Fresh Produce also offers a CSA membership for their clients, a wholesale option, a Farm to School program, and they hope to expand soon into local casino and other area restaurants.¹³⁷

Choctaw Fresh has strong support from the tribal government and this has provided stability and support for rapid expansion and growth.

ONEIDA COMMUNITY INTEGRATED FOOD SYSTEMS

Oneida, Wisconsin

Since 1994, Oneida Community Integrated Food Systems has helped Oneida families access healthy traditional food products. Through its integrated, holistic take on food systems, OCIFS has not only improved access to nutritious food, but has also stimulated the local economy and revitalized the Tribal community, bringing people closer together through food. OCIFS encourages long-term solutions to farm and nutrition problems on the Oneida reservation through a variety of projects, including farmers markets, food quality and health education, and, an 83-acre certified organic farm, Tsyunhehkwa, where they grow a variety of crops. The farm also allows OCIFS to sell value-added food products through its cannery and retail.¹³⁸

Oneida’s work in local food systems is legendary among other Tribes and it cannot be understated that significant tribal government commitment, staffing and support have been central to its success across its various initiatives.

TRIBAL COLLEGES

DINÉ POLICY INSTITUTE

Dine College, Tsaile, Arizona

Diné Policy Institute (DPI) is established under Diné College as a research institute to “mesh” western research practices with traditional Navajo values and Natural, Traditional, Customary, and Common laws (as found in the CN-69-02 of the Navajo Nation Code). Drawing from the research, DPI provides technical assistance and advisement to Navajo Nation policymakers.¹³⁹

In 2014, it published Diné Food Sovereignty: A Report on the Navajo Nation Food System and the Case to Rebuild a Self-Sufficient Food System for the Diné People.

FOOD PRODUCTION EXTENSION PROJECT

Rosebud Sioux, Sinte Gleska University

Mission, South Dakota

The goal of the Food Production Extension Project,¹⁴⁰ based at Sinte Gleska University (SGU) in South Dakota, is to create a sustainable food system in the Rosebud Sioux Tribal community. Through a combination of education and technical assistance, SGU’s program hopes to promote better health outcomes among Tribal youth and increase overall community food security. Since 2010,¹⁴¹ SGU and the Rosebud Extension Service have been working with Tribal youth, Tribal producers, and SGU students, holding workshops on cultivation techniques, buffalo ranching, food safety, and more.¹⁴²

Sinte Gleska is just one example of the role of Tribal Colleges and Universities in furthering the vision and creating capacity while also serving as learning labs. Tribal Colleges and Universities are significantly underfunded. For those that were provided “land grant” status by Congress in 1994, they do have access to relatively small amounts of formula and endowment funds provided by Congress. However numerous funding authorities are specifically unavailable to these colleges. Lack of equitable access to funding opportunities is a significant federal policy barrier.

FOOD SOVEREIGNTY ASSESSMENTS & COMMUNITY-BASED PARTICIPATORY RESEARCH

COMMUNITY OUTREACH AND PATIENT EMPOWERMENT (COPE) PROJECT

Navajo Nation, Arizona

In partnership with Navajo Nation leadership, local community health representatives, New Mexico Farm to Table and others, this project uses community-based participatory methods to map the Navajo food system. COPE will lead a collectively-designed assessment to inform and create a community-based strategy to increase access to healthy food for families in Navajo Nation. The actions undertaken at Navajo to map the Navajo food system and perform an assessment that will inform strategy is an important activity that all Tribes should incorporate into their work in these areas. The Food Sovereignty Assessment tool developed and recently re-released by First Nations Development Institute is a readily available tool.¹⁴³ What has been missing throughout Indian Country is the small amount of local support and leadership needed to bring those assessments to life.¹⁴⁴

This is but a short list of the many, varied food access and healthy food initiatives emerging in Indian Country, many of which are centrally focused on sustainability, food access, traditional foods, and local food systems. Indian Country communities have shown strong interest and growing engagement in these types of efforts, but the capacity for ongoing success will depend on the ability of each project to find resources (capital, labor, political, etc.) either within their own communities, at an intertribal level, through federal or foundation sources, and ultimately through planned self-sufficiency to meet daily challenges in project deployment and achieve long-lasting stability.

NATIVE-LED FUNDING, TECHNICAL ASSISTANCE, TRAINING AND EDUCATION

The role of Native-led nonprofit intermediary funders and policy and educational institutions has been critical to supporting efforts to increase access to healthy food, improve health outcomes and to strengthen local Native food systems. These institutions are supporting front line work in Native

communities and are able to build relationships with tribes and grassroots groups to deliver critically needed resources, technical assistance and training that many non-Native institutions are either ill-equipped and/or not willing to do for a variety of reasons.

FIRST NATIONS DEVELOPMENT INSTITUTE

The mission of First Nations Development Institute is to strengthen American Indian economies to support healthy Native communities. As a result, First Nations has awarded more than \$25 million grants in total to Indian Country over the last 35 years to support Native food systems, economic and asset development. They are the largest Native-led grantmaker in the country. Between 2010 and 2014, First Nations Development has invested more than \$4 million in funding toward reclaiming Native food systems through grantmaking, training and technical assistance, convenings, advocacy and public education. Since 2012, it has awarded more than 47 grants to 30 tribes and Native nonprofits to help them understand and strengthen their food systems and to eliminate food insecurity and hunger.¹⁴⁵





THE NOTAH BEGAY III FOUNDATION

The mission of NB3 Foundation, a Native-led intermediary, is to reduce childhood obesity and type 2 diabetes among Native children. To this end, NB3 is providing sub-grantees with grants and technical assistance resources to support community driven solutions to increase access to healthy and affordable food and physical activity in communities. Since 2009, NB3 has awarded more than \$1.6 million to more than 50 tribes and Native nonprofits to help increase access to healthy and affordable food, nutrition education, physical activity and to build the capacity of Native communities to develop community-based solutions to reverse trends of childhood obesity and type 2 diabetes.¹⁴⁶

THE INTERTRIBAL AGRICULTURE COUNCIL

Intertribal Agriculture Council was launched in 1987 chartered originally by Congress to respond the urgent need for improving access to federal programs within Indian Country's food sector and to improve the use of natural resource base in Indian Country build community food resources, that would the

health and economic stability of tribes using food and agriculture as a driving force.¹⁴⁷ Intertribal Agriculture Council's 15 regional technical assistance specialists funded by USDA as a component of the Keepseagle litigation settlement¹⁴⁸ provide direct farmer-to-farmer assistance to food producers in accessing programs at USDA, assisting in food systems development, and aiding producers and communities in understanding their business and legal challenges to result in more profitable production and how best to access USDA programs to implement change.¹⁴⁹

THE SEVENTH GENERATION FUND

The Seventh Generation Fund (SGF), a Native-led intermediary funder, has had a long-standing history in providing seed money, organizational support and technical training to Native grassroots, community-based projects striving for holistic community health and renewal. SGF supports traditional agricultural methods, advocacy, community organizing and sustainable strategies for development that preserve or restore healthy and traditional life-ways for future generations.¹⁵⁰

THE INDIGENOUS FOOD AND AGRICULTURE INITIATIVE

Indigenous Food and Agriculture Initiative provides ongoing technical assistance in the area of law and policy to tribal governments, tribal food businesses, tribal producers, and other nonprofit organizations. They also provide legal analyses of ongoing policy challenges and draft legislation, model food and agriculture codes, and legal guidance documents to aid in addressing the necessary issues surrounding food system policies.¹⁵¹

THE POTLATCH FUND

The Potlatch Fund, Native-led intermediary funder in the Northwest, has been providing small and ongoing support for grassroots projects such as the Nisqually Huckleberry Camp, a 10-day food and medicine harvesting camp for youth and families that builds better understanding of sustainable resources on traditional homelands and the Klamath Tribal Health food security program that promotes healthy lifestyles and sustainability by growing foods for Tribal members in need.¹⁵²

THE INDIAN LAND TENURE FOUNDATION

Indian Land Tenure Foundation is providing resources to landowners to better understand and plan for land tenure challenges which is the basis for secure and stable food production on those lands.¹⁵³

TRIBALLY-LED FOOD ACCESS & NUTRITION PHILANTHROPIC INITIATIVES

The Shakopee Mdewakanton Sioux Community of Minnesota undertook an unprecedented step in early 2015 by launching its "Seeds of Native Health" Campaign. The tribe has committed \$5 million over the next two years to improve the nutrition of Native Americans through grant-making, sharing of best

practices, capacity-building, sponsored research, and educational initiatives. To date, Shakopee has tapped First Nations Development Institute and the NB3 Foundation to administer \$2.5 million in grantmaking and technical assistance to tribes and Native nonprofits to increase access to healthy foods and good nutrition. The University of Minnesota has also been named as a strategic campaign partner. In addition to grantmaking, Seeds of Native Health is planning to hold regional and national conferences to promote best practices and engage other funders -- foundations, corporate grantmakers and other tribes -- in efforts to increase investment to help address unmet needs in Indian Country.¹⁵⁴

FEDERAL INITIATIVES

Let's Move in Indian Country (LMIC) seeks to improve the health of American Indian and Alaska Native children who are affected by some of the highest rates of childhood obesity in the country. Tribal governments, Urban Indian Centers, private businesses, youth leaders, and the nonprofit sector are each asked to play a key role by working together to raise the next generation of healthy Native children. LMIC seeks to acknowledge and advance the work that Tribal leadership and community members are already doing to improve the health of Native youth. A key program goal for LMIC is ensuring families have access to healthy, affordable foods.¹⁵⁵

President Obama's recent (February 2015) announcement of the "Generation Indigenous" or "Gen-I" Initiative is focused on removing the barriers that stand between Native youth and their opportunity to succeed.¹⁵⁶ This initiative will take a comprehensive, culturally appropriate approach to help improve the lives of and opportunities for Native youth and affords opportunities for tribal, public and private partnership to improve the health and wellbeing of Native youth.

INDIAN COUNTRY HEALTHY FOOD ACCESS CASE STUDIES

Lessons Learned By Grassroots, Nonprofit and Federal Agencies

CASE STUDIES: LESSONS LEARNED AND CHALLENGES FACED BY GRASSROOTS, NONPROFIT AND TRIBAL FOOD ACCESS AND HEALTH INNOVATORS

Exciting and promising innovations and efforts across Indian Country while face a variety of challenges, and there are a number of lessons learned both by Native advocates and those investing in their work. Below are three brief case studies regarding the lessons learned in supporting strategies to increase access to healthy and affordable food and to improve health outcomes for Native children, families and communities:

- CCHE Challenges and Lessons Learned in Native Food Advocacy Work;
- First Nations Development Institute: The Role of Native-Led Intermediary Funders; and

- Centers for Disease Control’s Traditional Foods & Approaches for Health Promotion and Type 2 Diabetes Prevention.

CASE STUDY: CCHE CHALLENGES AND LESSONS LEARNED IN NATIVE FOOD ADVOCACY WORK¹⁵⁷

The Communities Creating Healthy Environments (CCHE) is a successful model public health initiative that focused on combating childhood obesity. CCHE chose a new path: instead of promoting healthy behaviors on an individual basis – an approach found to lead to minimal long-term population-level health improvements in communities of color – CCHE targeted the structural causes of childhood obesity, such as economic disadvantage, crime, food inequity, and lack of safe recreational spaces for children to

play in historically disenfranchised communities. Community organizers and the Centers for Disease Control and Prevention had proposed the theory that improving a community’s social conditions would allow community parents and children to make healthier choices that would not only reduce childhood obesity but also prevent other community health problems (e.g., chronic medical conditions) connected to childhood obesity.¹⁵⁸

The Praxis Project led the CCHE program’s national funding and capacity building initiative to support diverse, community-based organizations and tribal groups in the development and implementation of effective, culturally competent, policy initiatives to advance food and recreation justice. CCHE shared a number of insights from grantees and partners involved in the program. This included The Native Organizers Alliance (NOA), a project of the Alliance for a Just Society (CCHE Indian Country technical assistance partner). NOA provides training and support for Native organizers and organizations to build community organizing skills, share best practices, collaborate across communities, and elevate local work to the national level. The Alliance identified the following challenges and lessons learned for initiatives to improve community health in Indian Country based on its work providing support to CCHE-funded projects in Alaska (Council of Athabascan Tribal Governments, Fort Yukon, AK), Minnesota (Indigenous Environmental Network, Bemidji, MN), and Oklahoma (Mvskoke Food Sovereignty Initiative, Okmulgee, OK).

According to CCHE and its partners, there is a growing hunger among Native-led groups for training in organizing strategies, outstripping current capacities for culturally appropriate training tailored to the unique challenges of working in Indian Country. The magnitude of the unmet community needs in Indian Country is driving a new interest from leaders in

nonprofit organizations, service providers and tribal governments in implementing community organizing strategies to advance policy reforms that expand access to health services and healthy foods for Native communities.

Since 2010, the Native Organizers Alliance has partnered annually with CCHE to conduct a Native Organizing Training for 25 Native organizers. Yet the level of interest has quickly outgrown a single annual training for 25 organizers: in 2014, over 200 people applied to participate. There is demand both for more national trainings/convenings and for local, on-the-ground trainings in states. For example, participants from the 2014 training cohort have asked for assistance in planning local training sessions in Alaska and Montana in 2015; and the American Indian Center of Chicago, which wants to develop a local organizing project to respond to the food desert problem that has particular impacts on Native children and elders there, has requested the Alliance’s support to develop local trainings.

In reviewing the outcomes of CCHE grantees, program leadership identified that local partners need ongoing support to implement victories, consolidate gains, and plan next steps. For enacted policy changes to result in real improvements in people’s lives, there is often ongoing work needed to implement and monitor the new policy, and also an opportunity to advance next steps that build on it. Without resources – including training, technical support, and financial resources – this important implementation/consolidation stage of the policy change process is often shortchanged.

“After winning changes in tribal policy on healthy food guidelines for the schools as well as the use of local produce, we lost our key organizer after the funding ended.” Reflecting on the limited ability to follow-through on implementation, Stephanie



Berryhill, Program Development staff at Mvskoke Food Sovereignty Initiative, said, “After losing the staff member who led the work of both community engagement and working with the tribal government, we had very little ability to follow through on implementation given the other crucial areas we are working on.”¹⁵⁹

While the Mvskoke Food Sovereignty Initiative was highly effective in setting the stage for the tribal government to pass legislation supporting healthy food access and local sustainable food projects, it is now facing challenges in the implementation of these policies. Both there and elsewhere, there is a clear need for engagement beyond a single training or a limited-time commitment. Newly trained Native organizers and their organizations need regular, ongoing contact and mentorship, boots-on-the-ground support from experienced organizers, tailored local trainings, and help identifying and facilitating funding for ongoing work.

Successful support for policy change initiatives that benefit Native communities requires strategies and materials that are culturally appropriate for

use in tribal communities and adaptable to both rural and urban contexts. For example, the Gwinzii Gwaraandaaii: Athabascan Initiative to Promote Healthy Villages and the Hunt-Fish-Share Campaign won significant policy reforms through a strategic, culturally appropriate story collection project which focused the media and policymakers on the impact of criminalizing traditional hunting and fishing in Alaska. Now, the organizers who participated in the 2014 Native Organizing Training are using their new skill set to raise awareness of the connection between traditional foods and the impact on the health of tribal villages. Yet, the geographic distribution and isolation of small, rural villages presents logistical and relationship-building challenges for this work. Overcoming these challenges will require both financial resources to support travel and special strategies to build relationships and leadership teams across geographic barriers.

Because existing organizational infrastructure in Native communities resides primarily within tribal leadership groups and social service organizations, successful policy change projects in Indian Country require tailored strategies and techniques that

local organizers can deploy effectively in these organizational contexts. In Indian Country, the greatest opportunities to leverage existing resources, infrastructure, and community leadership come from working in partnership with tribal leadership groups and social service groups.

“With technical support, tribal governments, service entities and local organizers can build significant community support for basic policy changes. Public education framed by Native traditions can be created to foster an understanding of the long history of healthier environments captured in our histories. To achieve an all-around healthier environment that includes community communication, commitment and continuing access to decision makers, we need a resourced organizing infrastructure of local activists that has a role far beyond funding cycles and tribal and local elections,” shared Judith Le Blanc, national coordinator of the Native Organizers Alliance of the Alliance for a Just Society.¹⁶⁰

Yet, implementing community organizing strategies within groups that are accustomed to a social service delivery model involves significant shifts in organizational approach, how staff interact with constituents, and comfort level with engagement in the policy change process. Native organizers who see the opportunities and the potential impact of deploying organizing strategies within their groups/organizations need support to create internal alignment and design appropriate tactics and activities for their organizational contexts in order to leverage existing capacities to advance policy change.

There needs to be an avenue to connect Native organizers and local projects across geographies, both to sustain local efforts and to leverage national relationships for broader impact. Creating a nexus for Native organizers to come together, learn from each other, build community and coordinate projects serves two distinct purposes. First, it fulfills participants’

desire to be connected with other Native organizers and communities across the country working to address similar challenges. This learning community sustains participants’ commitment through the inevitable challenges that any local change initiative entails. Second, the establishment of a connected, coordinated network of Native organizers allows that network to engage strategically with potential allies at the national level, to have a seat at the table to elevate the needs of Native communities in national campaigns, and to advance complementary national policies that create further opportunities for progress and impact at the local level.

CASE STUDY: THE ROLE OF NATIVE-LED INTERMEDIARY FUNDERS

As evidenced in this report, Native Americans have a complex history in this country, necessitating an understanding of tribes’ complicated relationship with federal government agencies, competing priorities for community services, and tribal sovereignty and jurisdictional issues. Native-led intermediary funders are best positioned to understand the dynamic forces at play in tribal communities and can bring to the table a knowledge of the “big picture” of Indian Country concerns. As a result, the Native funders are uniquely qualified to help mitigate any challenges with Native grantees, provide needed technical assistance and work with major donors as a bridge to strategically invest resources where they can achieve the biggest impact. The importance of their role has been increasingly recognized by major foundations, such as the W.K. Kellogg Foundation, Robert Wood Johnson Foundation, Walmart Foundation and others who are interested in making investments in Indian Country but need assistance in navigating the political complexities, unique and varied nature of tribal governments, cultures, socio-economic conditions and various capacities of tribes and nonprofits to engage in this important work.

For example, First Nations Development Institute (First Nations) has become the largest private grantmaker in Indian Country that supports programmatic efforts to reclaim control of Native food systems.¹⁶¹ Through the support of the W.K. Kellogg Foundation, First Nations has invested more than \$4 million in funding between 2010-2014 toward reclaiming Native food systems through grantmaking, training and technical assistance, convenings, advocacy and public education.¹⁶² Moreover, First Nations has been a pioneering Native intermediary funder for the last 35 years --particularly in the food systems space -- in which it has awarded over \$25 million to tribes and Native nonprofits. First Nations describes its approach to grantmaking in Indian Country as follows:

“First Nations sometimes invests in what mainstream funders may consider “high-risk” projects. It invests in start-up concepts and projects that are not necessarily heavily tested, but show innovation and potential for Native asset-control and development. By encouraging and rewarding innovation taking place in Native communities, First Nations believes that Native communities will continue to develop and test new models that fit the needs and circumstances of their communities.

Capitalization in the form of grantmaking, coupled with technical assistance and training (a provision of almost all First Nations grants), allows First Nations to make direct financial investments in Native communities and develop the capacity of tribes, nonprofits and community organizations to successfully run their projects. This grantmaking strategy of both financial and technical assistance allows First Nations to invest in projects that spring from the ground up, and which were directly conceptualized, developed and implemented by and for Native communities. Moreover, technical assistance develops organizational capabilities and capacity that

will be in place long after the funding expires, leaving Native institutions stronger and more durable for future investment and community impact.”¹⁶³

Over the past three years, First Nations has awarded 47 grants to 30 tribes and organizations. “The programs and projects funded through the Native Agriculture and Food Systems Initiative (NAFSI) grant program are designed to address food insecurity in Indian Country by providing resources that will: increase access to traditional and fresh, healthy foods; increase community awareness and involvement with where food comes from; expand knowledge about the linkages between Native culture and family income; and finally, to support entrepreneurially-related food ventures.”¹⁶⁴ While First Nations has documented the significant success of Native grantees within the NAFSI program, it has also experienced the reality of significant unmet needs in Indian Country to address food insecurity, hunger and related health disparities.

In its report, Grantmaking in Indian Country: Trends from the Native Agriculture and Food Systems Initiative, First Nations reported that after years of sporadic investment in NAFSI from funding entities, in 2011 it received a consistent stream of funding from the W.K. Kellogg Foundation, AARP Foundation, the Walmart Foundation, the Christensen Fund and USDA Rural Community Development Initiative and Office of Advocacy and Outreach. As a result, from 2011 to 2014 First Nations was able to award grants totaling more than \$1.7 million directly to Native communities engaged in work related to reclaiming control of local food systems.¹⁶⁵

From 2011 to 2014, First Nations reported that it received a total of 614 proposals from Native communities working to reclaim local food-system control. In total, First Nations received \$24,095,124 in NAFSI grant requests from 2011 to 2014. As noted in

GRANT REQUESTS BY YEAR (REQUESTS AND UNMET NEED)					
	2011	2012	2013	2014	TOTAL
TOTAL NUMBER OF GRANT REQUESTS	75	226	134	179	614
TOTAL DOLLAR AMOUNT REQUESTED	\$5,937,633	\$7,704,973	\$4,568,235	\$5,884,283	\$24,095,124
FIRST NATIONS FUNDING	\$300,000	\$555,000	\$375,000	\$500,000	\$1,730,000
TOTAL AMOUNT OF UNMET NEED IN INDIAN COUNTRY	\$5,635,633	\$7,149,973	\$4,193,235	\$5,384,283	\$22,365,124
PERCENTAGE OF NEED MET IN DOLLARS	5.05%	7.2%	8.21%	8.5%	7.18%

Fig. 11

the table below, each year First Nations was unable to meet the full funding demands. In 2011, First Nations met just over 5% of total requested funding, just over 7% in 2012, 8.21% in 2013 and 8.5% in 2014. [Fig. 11]

On average from 2011-2014, First Nations has only been able to meet about 7.18% of total funding requests from tribal communities for food-systems funding.¹⁶⁶ “This sheer unmet need points to the fact that we are only meeting a fraction of the overall need for food, diet and health funding needed in Indian Country. Though First Nations is proud of the impact made over the last three years, there is still much work to be done.”¹⁶⁷

Native-led intermediary funders, like First Nations along with others such as the NB3 Foundation, Seventh Generation Fund, the Potlatch Fund and others, play a critical role in addressing the serious issues related to increasing access to healthy and affordable food, addressing Native health disparities and revitalizing traditional cultural lifeways and tribal economies. These Native grantmakers provide not only grants, but technical assistance, opportunities

for capacity building and network-building for tribes and Native nonprofits. They also serve as a bridge for investment and advocacy between Indian Country and mainstream philanthropy that have traditionally shied away, with the exception of an important few funders, from direct engagement with tribes and Native communities.

However, not only are these Native grantmakers facing large unmet needs in their grantmaking efforts to empower Native-led solutions to food access and health issues, they are often times undercapitalized themselves as they work to invest critical and strategic resources in Indian Country as well as to keep their operations running strong and at a capacity to keep up with the needs of those they serve in Indian Country.

The majority of these Native intermediaries are not endowed. They rely on annual and sometimes multi-year but restricted investments from foundations, corporations, tribes and individual donors to support both their grantmaking and general operating needs. As a result, they often are put in a position where their funding is largely restricted to their grantmaking



efforts leaving a small margin to support important organizational infrastructure and operating needs which can strain and limit the capacity of these organizations, especially in times of economic uncertainty.

Investment in Native intermediaries needs to be increased, both in terms of resources to support increased grantmaking, capacity building and technical assistance in Indian Country, but to also ensure that their ability to be financially viable and sustainable. This is critical if these important conduits for Indian Country investment can keep pace with the evolving and multi-generational needs, challenges and opportunities that tribes and Native organizations face in working to address the challenges inherent in strengthening Native food systems and work to improve health outcomes.

Native intermediaries can serve as indispensable partners to foundations, public health and other food access/sustainable food systems stakeholders who are interested in deeper engagement in Indian Country and work to address disparities, achieve health equity and to create a healthier and sustainable environment. Without increased partnership and investment in these important Native institutions, in addition to tribes and Native nonprofits, the pace of change will continue to be slow and sporadic in Indian Country.

CASE STUDY: CENTERS FOR DISEASE CONTROL'S TRADITIONAL FOODS & APPROACHES FOR HEALTH PROMOTION AND TYPE 2 DIABETES PREVENTION

The Centers for Disease Control (CDC) has done considerable work in tracking the links between poverty and the health effects of limited access to healthy food, most notably in the “Native Diabetes Wellness Program,” a multi-year project focusing on the intersection of nutrition, obesity, physical activity,

heart disease, stroke, traditional foods and other factors that positively impact the health and wellbeing of Native communities. The Program was part of the CDC's Division of Diabetes Translation and was created from federal funding provided in 1997, with additional funding from the Indian Health Service's Special Diabetes Program and other partners.

CDC's support provided ongoing grant resources for development and release of a number of tools to combat these diseases. Two important publications focusing on the importance of traditional foods and food sovereignty in achieving health improvement goals were released through the efforts of this program: *Part I: Traditional Foods in Native America*¹⁶⁸ and *Part II: Good Food is Power*.¹⁶⁹ In addition, other public service and nutritional education activities were released, among these: public service announcements (“Our Cultures Are Our Health”); a Chickasaw TV video series; the EAGLE BOOKS series focusing on healthy living; and the Traditional Foods project, to name a few.¹⁷⁰

The CDC “Traditional Foods Project” supported and followed 17 Native communities that sought to build the connections between healthy living, healthy food access, and local policy changes. The goals of the project were to “support traditionally-oriented, sustainable, valuable ecological approaches to diabetes prevention, focusing on community efforts to reclaim traditional foods and physical activity in their communities.”¹⁷¹ Additional goals were to: encourage local policy changes to increase availability and access to local, traditional foods and forms of exercise; revive, create and preserve stories of healthy traditional ways; and engage community members in health promotion activities.

Traditional Foods partners with CDC were: Nooksack Indian Tribe; Red Lake Band of Chippewa Indians;

Traditional Foods Partners



never know what the full impact of a broader investment in these approaches might have been under continued funding by CDC alone or in combination with other funding partners. What we do know is that the entire effort was uniquely successful and the work should continue. As stated by Aubrey Skye, the Standing Rock Sioux’s Native Gardens project coordinator: “The message is that even in the 21st century with the problems we face today, traditional ways have health benefits for now and for future generations,” explained Skye. “We already have everything we need,” he said, referring to the connection between the land and health. [Fig. 12]

In addition to the unique efforts in the Traditional Foods Project outlined above, the CDC has also identified and written extensively, as has the USDA, on other policy tools for action that can assist in creating what they call “healthy food environments.” The nonprofit sector and others involved in sustainable food production, improvement of food access, and related concerns have likewise incorporated these policy levers as means to the overarching goal of improved healthy food access to rural and urban communities alike. These tools include: zoning

(controlling locations for farmers markets, limiting competing commercial land activities, protecting spaces for food production, and controlling the entry of non-healthy food businesses); land use planning (deliberately influencing distribution and transportation, limiting food waste, locating retail and housing close to food production); farmland protection (controlling the loss of lands for production use); food store creation (encouragement of farmers markets, community gardens, community or tribal supported agriculture, creation of small retail food outlets, mobile markets, and subsidizing grocery retail location); community gardens (personal backyard and broader community-led gardening location development and organization), farmers markets/ CSAs and local food distribution, transportation and institution-based food access; and community food, food sovereignty, and health impact assessments within communities.¹⁷² The most important of these tools is the *Food Sovereignty Assessment Tool, 2nd Edition* updated by the First Nations Development Institute as a re-release of their first edition released over 10 years ago.

Fig. 12

Sault Ste. Marie Tribe of Chippewa Indians; Standing Rock Sioux Tribe; Salish Kootenai College; Confederated Tribes of Siletz Indians; United Indian Health Services; Indian Health Care Resource Center of Tulsa; Ramah Navajo School Board; Cherokee Nation; Prairie Band Potawatomi Nation; Santee Sioux Nation; Eastern Band of Cherokee Indians; Catawba Cultural Preservation Project; Tohono O’odham Community Action; Aleutian Pribilof Islands Association; and the Southeast Alaska Regional Health

Care Consortium. Each project site approached its goals in its own unique ways, incorporating traditional foods, nutritional messages, sustainable and ecological stewardship to the lands and food resources, and other culturally appropriate means to show improvement in Tribal members’ health.

These projects are now coming to an end at the CDC due to decisions within the federal government to discontinue the funding of the project. We might



WE STAND ON THE SOLUTION

Recommendations to Empower Indian Country Food Systems and Health

WE STAND ON THE SOLUTION: HEALTHY FOOD PRODUCTION IN INDIAN COUNTRY

The following section provides a high level overview of recommended considerations for advocacy priorities to increase access to healthy food and improve health outcomes. All of the recommendations pertain to various levels and opportunities for policy and system change related to:

- Market-Based Solutions;
- Native Food Production;
- Tribal and Grassroots Policy Change;
- Federal Feeding Programs: FDIPIR “Commodities Program” and SNAP;
- Food Systems and Connections to Diet, Childhood Obesity Prevention and Improved Health Outcomes; and
- Funders and Technical Assistance Providers.

The underlying theme of these recommendations is simple and straight forward. We need to support Tribal self-determination and empower Indian Country to not only feed ourselves but to improve the health and wellbeing of current and future generations. This will take a variety of strategies to address the myriad of complex bureaucratic barriers, poverty, the lack of access to capital and technical assistance and the underdevelopment that exists in many Tribal communities that prevents the necessary data, infrastructure and resources to support strong and vibrant Indian Country food systems that can in turn help to eliminate health disparities.

As will be noted below, there is not one “silver bullet” or even one or a handful of stakeholders that can make this happen on their own. It will take concerted, collaborative and integrated efforts between Tribes, Native food producers, grassroots advocates, Native

nonprofits, businesses, educational institutions, Foundations and Federal agencies working together to achieve the change that Indian Country needs.

MARKET-DRIVEN AND BUREAUCRATIC FLEXIBILITY AND REFORM TO ACHIEVE SOLUTIONS IN FOOD, FOOD ECONOMIES AND HEALTH

Market-driven solutions are an excellent way to improve both the health of Tribal food systems and the health of the people within them. According to the Intertribal Agriculture Council, the \$1.1 billion in annual Tribal food sales in livestock alone can be turned into \$9 billion by changing distribution and ownership patterns for those foods. At present, most tribal food products (livestock and fruits/vegetables/grains, etc.) go into an undifferentiated, raw product food supply chain. All value of those foods are captured outside the Tribal boundaries and not returned back to the Tribe.¹⁷³

Additional control of the supply chain in the hands of Native producers and Native food companies means more of the value of the products is retained in the community. And the potential for Tribal producers to shift to foods that is higher value and healthier in their raw state is a potential as yet totally unrealized.

The bureaucracy that Native farmers and ranchers face is unique; they must uniquely bear the burden of BIA land use and agricultural leasing regulations that thwart agricultural resource management and local tribal control over the natural resources base. Most tribes have not had the resources to date to undertake a comprehensive agricultural resource management strategic planning and technical assessment process as mandated under the American Indian Agricultural Resource Management Act (AIARMA) passed in 1993.¹⁷⁴ The HEARTH Act of 2012¹⁷⁵ likewise provides significant federal policy levers that, if utilized, would

allow tribes to exercise greater control over agricultural leasing on their lands.

Committing resources to ensure planning, land assessment and local leasing regulation processes will allow tribes to control their own destiny for sustainable and healthier food production on those lands within their jurisdiction. Without such efforts, the complex and draining bureaucracy that currently controls Indian land use will remain in place and thereby stall future

healthy food production as a means to improved health outcomes. The bureaucracies that surround land leasing also translate into related licensing, regulatory issues, and related business-deployment concerns. Unlocking the bureaucracy for the purpose of healthy food production will likewise unlock the



bureaucracy for building healthy food processing, distribution, aggregation, and supply chains; unlocking for one purpose will unlock for all. Special attention must be paid to pushing through these highly technical federal bureaucratic shifts in approach and only those with in-depth knowledge of food systems development and the bureaucracy itself will achieve these goals.

In addition, increasing the amount of healthy foods grown locally and available locally to tribal people, particularly those who receive benefits from feeding programs, will add value to be retained in the local community when individuals use their feeding program benefits locally. Assisting Native food producers today to switch to foods that are healthier in their raw state will in turn increase income to those producers as well. While many producers are willing to do so, the reluctance to do so is normally bound up in the costs of making the transition.¹⁷⁶

A COLLABORATIVE EFFORT TO CHANGE POLICIES AT THE FEDERAL, FOUNDATION, AND TRIBAL LEVELS: A NEW FRAMEWORK AND NEW PARTNERSHIPS

TRIBAL POLICIES

What Indian Country needs, which the federal government -- our trustee -- cannot provide, is support for innovation and the building and maintenance of an interconnected framework for healthy food growth in Indian Country. Federal funding is intermittent, over-committed, and generally ineffective when dealing with the unique challenges of Indian Country. Federal funding programs tend to err on the side of a “one size fits all” approach, and even though they are required by federal law to be in a trust relationship with Tribes, the general unwillingness to craft different policy solutions means that Indian

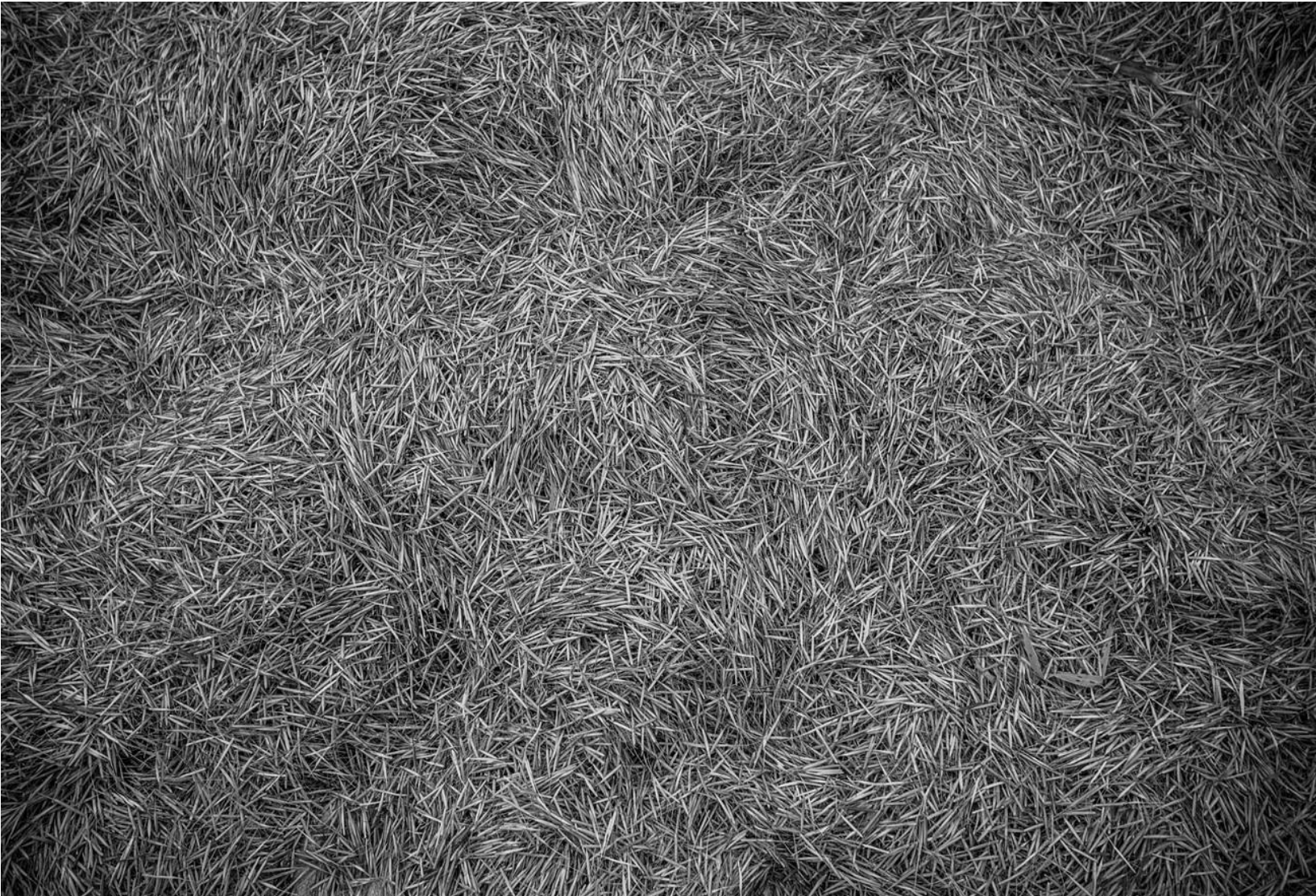
Country can no longer wait on the federal government for assistance. Our health won’t allow us to do so, and our traditions and cultures around food require us to move now, regardless of the ability or capacity of the federal government to assist.

The fact remains that in order to fully exercise Tribal self-determination, Tribes must not only have support in removing the barriers that exist to feeding ourselves, but Tribes, grassroots advocates, nonprofits and other stakeholders should forge pathways to create opportunities through advocacy to increase access to healthy food that can improve the health of Native peoples. Supporting Tribal governments to assume leadership at the local, Tribal level in these areas is critical to long-term stability. Tribal governments and grassroots/community advocates should consider the following recommendations regarding advocacy priorities in Tribal communities:

- Lobby extensively, either alone or in concert with foundations and nonprofit organizations, for the direct tribal management and control over all feeding programs to ensure tribal governments obtain the right and responsibility for purchasing foods for their people;
- Adopt, as financially capable, short-term subsidy programs to shift to local healthier food production on tribal lands;
- Adopt model food and agriculture codes at the tribal government level that protect local food systems, traditional foods, and create more favorable lending environments around healthy food financing;
- Taxes on junk food or unhealthy food (following the recently passed Navajo model) – modified for other tribes as appropriate;
- Prohibition on unhealthy food purchasing for Tribal-level health centers, child and adult care centers, community centers;

- Support for the direct management of all Tribal feeding programs by Tribal governments (as opposed to the current state-control or federal-control status);
- Incentive programs (tax credits and/or local-level financial incentives including preferred purchasing and/or selling) for:
- Healthy foods, farmers markets, tribal-supported agriculture organizations and other local community-driven market models; and
- Small-scale healthy food stores that are appropriate to the constrained infrastructures existing in tribal communities;
- Support of traditional foods outlets linking urban and rural/reservation locations;
- Support for sustainable, organic, traditional food production systems on tribal lands, including:
- Sustainable leasing policies and other land use

- policies that prefer culturally appropriate food systems;
- Land access policies that support traditional hunting and gathering sites and exclude non-traditional uses for those areas;
- Protection of water sources to secure availability of water and soil/land health for future healthy food enterprises;
- Creation of business models appropriate to Indian Country’s healthy food sector stability (tribal food cooperatives, tribal food businesses) and others;
- Support farm-to-school programs, community gardens and farmers markets;
- Support healthy food marketing and labeling;
- Adopt purchasing preference programs in all public institutional settings over which tribal governments exert purchasing power (hospitals, clinics, day care, elder care programs, schools,





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| casinos, etc.); | | generation food producers, businesses, providers, and leaders are supported now and into the future. |
| • Provide land for use by community members and producers for healthy food production, harvesting, aggregation, and distribution; | | |
| • Implement food sovereignty assessments and lead community-based strategic planning efforts at the tribal level to create, within each tribe, a short and long-term vision for healthy food access; | | |
| • Work with local, regional and national tribal and grassroots leadership and public health partners to ensure integration of food access strategies with efforts and best practices to address health disparities; and | | |
| • Establish scholarship and education programs focusing specifically on food to ensure that next | | |

NOW IS THE MOST PROMISING TIME TO ACCOMPLISH THE INTERRELATED GOALS OF HEALTHY FOOD FINANCING AND IMPROVED FOOD ACCESS IN INDIAN COUNTRY, RECALIBRATED TO LOCAL FOOD PRODUCTION.

FEDERAL POLICIES VIS-À-VIS TRIBES

Now is the most promising time to accomplish the interrelated goals of healthy food financing and improved food access in Indian Country, recalibrated to local food production. The federal government is in the process of implementing two key provisions of the 2014 Agriculture Act (Farm Bill). Both provisions, if approached strategically, with a national shift in policy in mind for Indian Country, could result -- particularly when augmented by new philanthropic efforts against a coordinated framework -- in seismic shifts in food access.

First is the requirement that USDA FNS conduct a study of the feasibility of placing management of all feeding programs within FNS' jurisdiction under direct tribal government jurisdiction. Second is the implementation of a provision allowing greater use of traditional foods within federal feeding programs and as donated food product in all public institutional settings in Indian Country.

These provisions, when coupled with the USDA's current broader focus on building capacity and infrastructure that supports local/regional food systems, mean that the promise for Indian Country has never been greater. By shifting focus and collapsing all federal feeding programs serving Indian Country (rural and urban) into one overarching Indian Country healthy food access program, coordinated with building of local/regional infrastructure to support local food producers and food systems infrastructure, the most significant and lasting change in this area since the U.S. first made contact with Indigenous peoples of this continent could occur.

If direct tribal control were implemented, tribal governments could utilize their procurement authorities to prefer food produced by local, tribal and non-tribal producers, as well as local traditional foods, thus causing a shift in food production systems at the local level to a healthier model. If such a shift were also combined at the federal level with creating a preference for tribal food product purchasing in programs serving Indian people, a double-up on impact could occur. In order to achieve these broad goals, the following should be examined:

- Create a tribal preference for local and regional food infrastructure development to allow the building of local and regional packing, grading, storage, distribution, and retail infrastructure development in Indian Country tailored to the unique needs of these remote environments;

- Create "non-profit," "self-help" grocery stores as demonstration models for use in Indian Country allowing sufficient time to determine the usefulness of this model as opposed to a free-market private sector model;
- Amending programs such as "double-up food bucks" and related healthy food incentive programs to ensure flexibility in program implementation in Indian Country would bring additional federal resources to the battle; and
- Recalibrate federal feeding programs in ways that ensure that food aid and food production subsidies directly affecting Indian Country do not further undermine the local use of lands and resources to solve local food access problems.¹⁷⁷

FOUNDATION POLICIES VIS-À-VIS TRIBES AND NATIVE-LED COMMUNITY ORGANIZATIONS

Foundations can play a key role in leading this effort. The ability to make swift change in federal programs is at best ambitious. Foundations and the nonprofit community can serve as a catalyst for change in Indian Country by providing critical funding for the following:

- Convene a tribal/public/private umbrella to solidify an "all appropriate options" framework and approach to policy change for Indian Country healthy food access;
- Provide financial support to Native-led community organizations to use community engagement strategies to advance policy changes that improve access to healthy foods;
- Provide financial support for key demonstration projects such as the nonprofit, self-help grocery model or the local food incubator to provide food producers in Indian Country the added security they need to switch production systems to healthier, locally-destined foods;
- Provide financial support for the launch and



maintenance of a comprehensive interconnected network or web of community gardens, farmers markets, food hubs, CSA/TSAs in Indian Country, and small local greenhouses to augment local production systems;

- Ensure a standard and stabilized approach to technical assistance for food producers, food entrepreneurs, food retailers, and food distributors/aggregators is supported; and
- Create partnerships with Tribes with charitable giving programs at state, regional and national levels such as with the Shakopee Mdewakanton Sioux Community, San Manuel Band of Mission Indians and numerous others that support food access, healthy nutrition and advocacy projects, to leverage and target joint funding, thought leadership, networks and policy change efforts to achieve maximum impact.

FOUNDATION POLICIES VIS-À-VIS NATIVE-LED INTERMEDIARY FUNDERS, TRAINING/TA PROVIDERS, TRIBAL COLLEGES, NATIVE AGRICULTURE AND FOOD SYSTEMS RESEARCHERS AND POLICY GROUPS

Foundations can provide valuable investment in Native organizations and institutions that are ideally positioned to partner directly with Tribes, Native food producers, communities and advocates through direct access to capital, technical assistance and capacity building strategies.

- Increase investment in national, regional and local Native-led intermediary funders and training/TA providers to support:
 - Increased grantmaking, technical assistance, education, culturally appropriate training and capacity building for tribes and Native nonprofits pursuing food access and food systems strategies;
 - General operating support for these intermediaries to sustain and expand their capacity to partner directly with Native communities, to conduct research and advocacy as well as support their efforts to work in partnership with mainstream philanthropy and policymakers to maximize impact of investment;
- Increase financial resources available to the Native CDFI network of institutions to improve their ability to invest in healthy food financing or local projects;
- Increase investment in tribal colleges and organizations engaged in research, policy analysis and technical assistance to tribes and nonprofits working to strengthen Native food systems; and
- Invite the above entities to participate in policy and strategic resource development and investment discussions on the issues of food access and its intersections with health. These organizations can serve as important resources and thought leaders who can not only mobilize internal and specialized expertise but also have direct access to tribal and grassroots leadership and experts in the field who are directly engaged in work to increase food access and address health disparities. Native voices must be at the table moving forward.



STEPS TOWARD INCREASED AND STRATEGIC PARTNERSHIP WITH INDIAN COUNTRY

Recommendations for Funders, Stakeholders and Policymakers

STEPS TOWARD PARTNERSHIP WITH INDIAN COUNTRY

To repeat the words of National Congress of American Indians President Brian Cladoosby:

“Together, we can build a strong partnership between all of our nations...one that will secure a brighter future for all our people.”

These words hold true not only for the potential and transformative change that tribes and Native communities can foster together but also through the building of partnerships with key non-Native allies, stakeholders, policymakers, public health institutions, the private sector and mainstream philanthropy. The first steps in that partnership building are education

and understanding not only of the troubling and often dark history of the U.S. engagement with Tribes but also the failure of federal policies to address the root causes and injustices that persist today. There must also be recognition of the fact that Native peoples have not always had a seat at the table not only in regard to federal policies that impact tribes but in policy and work within public health and philanthropy to address health disparities.

Nevertheless, it is clear a new era is beginning in the specific work to reverse the epidemic of childhood obesity and health disparities that disproportionately affect low income and communities of color that include Native Americans. In recent years, philanthropic leaders such as the Robert Wood Johnson Foundation, W.K. Kellogg Foundation, the

Northwest Area Foundation and others are just a few of a number of philanthropic and public health leaders starting to invest in approaches that seek to address historic inequities and disparities by investing in work to dismantle racial, health and structural inequities and to support community-led work and policy change to transform current conditions. The American Heart Association and its Voices for Healthy Kids Initiative is a part of this growing movement.

However, even in conversations and work aimed at the goal of working toward racial and health equity, Native Americans have not always been included in these discussions and strategies. Today’s conversations in philanthropy and public health regarding racial and health equity are almost always framed with regard to Blacks, Latinos and Whites without mention of Native Americans and other racial and ethnic minorities.

According to Michael Roberts (Tlingit), President of First Nations:

“I would say that American Indians are mostly invisible to philanthropy...[For] most Foundation program officers, most of what they know is what they were taught in school. Generally Indians are examined in one of two ways, that they are either 1) relics of the past – lived in tipis, hunted buffalo, and were either savages or at one with nature (the mythical Indian), or 2) the study of them is like a tourist visiting a culture.”

Negative stereotypes in the media, the lack of knowledge regarding tribes and their unique political and legal status and the fact that very few Native people serve in leadership roles in mainstream philanthropy and large-scale public health institutions are among the reasons for this disconnect. The lack of data on Native Americans and the realities

they currently face is also a key driver for their lack of inclusion in food systems and health-related philanthropy and public health policy work. “In many areas of this country, Native Americans are quite literally an invisible community and I think in those cases it’s likely a symptom of ‘out of sight out of mind,’” recently shared Jasmine Hall Ratliff, Program Officer at The Robert Wood Johnson Foundation. “Even when a foundation wants to address disparities in communities of color, when you look at data Native Americans are completely left out. Data is so often displayed for Black, White, Latino and sometimes (though not always) Asian; it is incredibly rare you see Native Americans included. So unless you pause to ask, “who’s missing?” and make the concerted effort to ensure all people of color are included, it can be easy to have an implicit bias against Native Americans.”

A number of funders and policymakers should be commended for taking an important step in making a commitment to not only ensure the increasing inclusion of Native Americans and Tribes but in also making a commitment to invest the time and resources needed to

build authentic relationships and partnerships within Indian Country. However, in doing so, funders and policymakers not as familiar with Indian Country will need to be open to understanding and embracing the deep and varied levels of underdevelopment, disparities and complex legal and political realities that Tribes and Native American people live within.

Frameworks for advocacy, policy change and strategic grantmaking that serve other populations may not work for Indian Country. Funders and advocates of non-Native food access advocacy and health disparities work will need to be open to sitting down to partner with Native leadership and stakeholders to devise a

framework that can truly work in Indian Country. It will be a process but it is very much achievable and long overdue. Some policy levers and mechanisms to achieve change may be similar to approaches implemented elsewhere in the country with other populations. Others may be vastly different yet will be designed to achieve common outcomes to improve access to healthy and affordable food and address childhood obesity and Native health disparities.

There are multiple levels and opportunities for engagement and impact with Indian Country to support food access advocacy, health, programmatic and food systems infrastructure work at the grassroots, tribal, nonprofit, regional, national and federal levels. These arenas for engagement and investment are vast and sometimes complex but are ripe for engagement and investment that could lead to big policy wins for Native Americans and their day-to-day efforts to increase access to healthy food and improve the health of their children, families and Tribal Nations. To this end, a commitment by funders, policymakers, Native nonprofits, Tribes and communities will be required to engage in dialogue with stakeholders, to partner in working groups with leading Native and non-Native stakeholders to devise actions plans. Work must also take place to find ways increase investment to support food systems/food access strategies, programs and advocacy work in Indian Country.

CONSIDERATIONS FOR PARTNERSHIPS AND FUNDING IN INDIAN COUNTRY

There is recognition that in the past, philanthropy and public health institutions haven’t always had successful engagements with Indian Country projects and partnerships they have invested in. This needs to be explored further. Many of the reasons are real and need to be addressed from both sides.

It is evident generally that funders often feel a great deal of risk is involved when making grants in Indian Country. A frequent response by funders with regard to their engagements in Indian Country have been, “We have made grants to tribes and Native communities previously and they have not gone well.” Typically examples have been shared a lack of capacity for financial management, reporting or challenges related to Native grantees achieving stated deliverables and difficulties encountered in evaluating the “success” of projects.

According to Rick Williams, former President of the American Indian College Fund, “The above reasons for not giving are real. However, the question that is not asked, is ‘How do you deal with these issues to consistently create successful projects?’ The underlying premise is of course that the “Indians failed” when in reality it is the Foundations that failed to understand and learn different ways to create success.”

This statement warrants deeper discussion. Every funder and organization’s experience is different. Nevertheless, it should be noted that this is definitely a two-way process between Native grantees/tribes and funders. Both sides need to work to come to the middle -- a point of collaboration and compromise -- and invest in work together to achieve success.

Moving forward, one strategy that will be important will be to ensure the diversity within partnership building and grantmaking in Indian Country. “Diversification is a way for foundations to mitigate risk,” according to Mike Roberts. “What makes risks more pronounced in Foundations’ portfolios is that fact that there is not diversification of Foundations’ investment in Indian Country. Losses on the one grant in their portfolio looms huge. The way to counter this is to practice the same sort of diversification strategy Foundations use with their investment in Universities,



in Community Foundations, and in organizations led and governed by non-Natives – diversify – make sure that there are many of these investments so that the singular investment in this sector does not sink the entire portfolio.”

FINAL CONSIDERATIONS

There is much work to do to build the multi-level approach and level of partnerships needed to address the deep, complex and immense challenges of improving access to healthy and affordable food that in turn can address health disparities among Native Americans. It will require a great deal of work and commitment from Indian Country, Native institutions (both on tribal lands and in urban settings), Tribes, grassroots advocates, Native producers, philanthropy and policymakers. There are a number of entities both within and outside of Indian Country who are ready and willing to make that commitment.

Patience, openness to mutual learning, compromise, an appreciation for differences of approach, a variety of expertise and the commitment to forge strategic partnerships over time will be needed. What is truly exciting is that despite the immense challenges facing Indian Country that are documented in this report,

there are tremendous opportunities to achieve impact and profound and positive change. Numerous “bright spots” and opportunities for impact and partnership exist. Investment and partnership with Indian Country and urban Indian communities on food systems and health disparities have the potential to have broad implications within public health and philanthropy that could inform work with other low income, rural, urban and/or communities of color.

Finally, it is the belief of the authors and many within Indian Country, that there are unique opportunities for Tribes and Native stakeholders to add tremendous and strategic value to current advocacy and programmatic strategies outside of Indian Country related to food access, childhood obesity prevention, health disparities work and racial equity. The unique political and legal status of tribes, different models of innovation and strong relationships that tribes increasingly have within Congress, The White House and other federal and state entities also afford numerous possibilities for strategic partnership around shared and overarching goals and policy priorities to increase healthy food access and reduce childhood obesity and other health disparities.

ENDNOTES

1. The University of Arkansas’ School Law, Indigenous Food and Agriculture Initiative’s immense body of research and expertise played a significant role in the development of this report and the formulation of its findings.

2. First Nations Development Institutes work, research in food systems and the following publications were instrumental in informing the development of this report and its recommendations: Highlighting Outcomes under the Native Agriculture and Food Systems Initiative 2012-2014, First Nations Development Institute (2015), <http://www.firstnations.org/system/files/2015-Highlighting-Outcomes-Under-NAFSI.pdf>, and First Nations Development Institute. (2014). Food-Systems Grantmaking in Indian Country: Trends from the Native Agriculture and Food Systems Initiative, Longmont, Colorado: First Nations Development Institute.

3. The working draft document, “ Food & Agriculture in Indian Country,” (December 2014) developed by the Indigenous Food Agriculture Initiative, University of Arkansas School of Law, and commissioned by the NB3 Foundation helped to inform the development of this briefing report as did the commitment by AHA/ Voices for Healthy Kids to furthering the knowledge its own knowledge and that of the larger field.

4. The Praxis Project and Native Organizers Alliance of the Alliance for a Just Society were significant contributors to this reports findings and recommendations based on their work with the Communities Creating Healthy Environments Program.

5. Ibid.

6. The W.K. Kellogg is a significant funder of much of the food systems, grantmaking and research cited in this report that was administered by various contributing organizations to this report including First Nations, NB3 Foundation and the Indigenous Food and Agriculture Initiative.

7. The Robert Wood Johnson is a significant contributor to research and grantmaking efforts by the NB3 Foundation as well as its joint partnership with AHA and Voices for Healthy Kids.

8. The following report by the Diné Policy Institute helped to also significantly inform this briefing report and policy recommendations: DINÉ FOOD SOVEREIGNTY: A Report on the Navajo Nation Food System and the Case to Rebuild a Self-Sufficient Food System for the Diné People, Dine Policy Institute (2014), Dine College, <http://www.dinecollege.edu/institutes/DPI/Docs/dpi-food-sovereignty-report.pdf>.

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57. A Quiet Crisis: Federal Funding and Unmet Needs in Indian Country, U.S. Commission on Civil Rights (2003), <http://www.usccr.gov/pubs/na0703/na0204.pdf>

58. Fiscal Year 2015 Indian Country Budget Request: An Honorable Budget for Indian Country, National Congress of American Indians, <http://www.ncai.org/resources/ncai-publications/indian-country-budget-request/fy2015>

59. The Robert Wood Johnson Foundation (RWJF) ranked as the top funder by grant dollars supporting American Indian causes in 2009, with 23 grants totaling \$10.2 million. Over the past ten years, two foundations have ranked as the top funder of American Indians more than once: RWJF (four times) and the Ford Foundation (three times).

60. Seeds of Native Health: Campaign Partners, Shakopee Mdewakanton Sioux Community (March 2015), <http://seedsofnativehealth.org/partners/>

61. Context Is Everything: Reflections On Strengthening Partnerships Between the Philanthropic Community and Native Americans, One Fire Development, Inc. (2009), p. 11

62. Throughout the 1800s and well into the 1900s Native people were actively engaged in food production, harvesting, gathering and food systems. During the allotment period, many highly successful Native farms in key areas of Indian Country were broken up - - losing a contiguous land base and affecting the individual Indian’s ability to access enough land to continue community food habits and activities. This loss of contiguous land base continued unabated well into the 1900s, and in most areas of Indian Country has left the reservation or tribal land base highly fractionated, disjointed, and non-contiguous. The ability to produce food for entire communities has been significantly impacted.

63. Terri Hansen, Two American Indian Academics Examine the Media Slant as the Diabetes Crisis Looms, Indian Country Today, January 15, 2012, <http://indiancountrytodaymedianetwork.com/2012/01/15/two-american-indian-academics-examine-media-slant-diabetes-crisis-looms-72422>

64. Gail King, Type II Diabetes, the Modern Epidemic of American Indians in the United States, The University of Alabama College of Arts and Sciences. Also see: Hill MA (1997) The diabetes epidemic in Indian country. Winds of Change, American Indian Science and Engineering Quarterly, Summer:26-31.

65. Ibid

66. Terri Hansen, Two American Indian Academics Examine the Media Slant as the Diabetes Crisis Looms, Indian Country Today, January 15, 2012, <http://indiancountrytodaymedianetwork.com/2012/01/15/two-american-indian-academics-examine-media-slant-diabetes-crisis-looms-72422>

67. Crystal Echo Hawk, Olivia Roanhorse and Marian Quinlan, “Turning the Tide for American Indian Children: Combatting Childhood Obesity and Type 2 Diabetes in New Mexico.” The NB3 Foundation, Santa Ana Pueblo, New Mexico. (November 2012): 39

68. Another NB3 Foundation focus group participant noted however, that regardless of past experiences and present conditions and diseases, American Indian peoples have the strength within their communities to protect and heal their people, “We focus too much on the disease and not enough on the strengths and opportunities of communities to do what they do best. We need to remember that the strength lies within the community, and [community members] have the ability to understand their culture and what they must do to perpetuate and protect it and their communities.”

69. DINÉ FOOD SOVEREIGNTY: A Report on the Navajo Nation Food System and the Case to Rebuild a Self-Sufficient Food System for the Diné People, Dine Policy Institute (2014), Dine College, p. 13, <http://www.dinecollege.edu/institutes/DPI/Docs/dpi-food-sovereignty-report.pdf>.

70. DINÉ FOOD SOVEREIGNTY: A Report on the Navajo Nation Food System and the Case to Rebuild a Self-Sufficient Food System for the Diné People, Diné Policy Institute, (April 2014, p. 13, <http://www.dinecollege.edu/institutes/DPI/Docs/dpi-food-sovereignty-report.pdf>

71. Food Access Atlas: <http://www.ers.usda.gov/data-products/food-access-research-atlas.aspx>; See also, Gordon, A. and Oddo, V. (2012). Addressing Child Hunger and Obesity in Indian Country: Report to Congress.

72. Diné Food Sovereignty: A Report on the Navajo Nation Food System and the Case to Rebuild a Self-Sufficient Food System for the Diné People, Diné Policy Institute (April 2014) at 54, available at: <http://www.dinecollege.edu/institutes/DPI/Docs/dpi-food-sovereignty-report.pdf>.

73. Ibid. at 17.

74. Ibid at 18.

75. DINÉ FOOD SOVEREIGNTY: A Report on the Navajo Nation Food System and the Case to Rebuild a Self-Sufficient Food System for the Diné People, Dine Policy Institute (2014), Dine College, p. 17, <http://www.dinecollege.edu/institutes/DPI/Docs/dpi-food-sovereignty-report.pdf>.

76. Ibid, p. 17

77. Kaufman et al. at 1-2.

78. Renee E. Walker, Christopher R. Keane, Jessica G. Burkea ,Disparities and access to healthy food in

the United States: A review of food deserts literature, doi:10.1016/j.healthplace.2010.04.013

79. Ibid. at 18.

80. These maps were generated using USDA’s online Food Access Research Atlas tool, available at <http://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas.aspx>.

81. Deepening understanding of the data reflected below to urbanization trends of American Indian people residing in such places as Chicago, Los Angeles, Seattle, and other cities is an important underpinning to creating policy intervention that will reach urban Indian populations.

82. Jessie A. Satia, PhD, MPH, Diet-Related Disparities: Understanding The Problem And Accelerating Solutions, J Am Diet Assoc. 2009 Apr; 109(4): 610–615. doi: 10.1016/j.jada.2008.12.019, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2729116/>

83. Kaufman et al. at 1.

84. Kaufman et al. at 2.

85. National Diabetes Fact Sheet, 2011, CDC, National Center for Chronic Disease Prevention and Health Promotion, available at http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf.

86. Navajo Area Indian Health Service, Dine Community Advocacy Alliance Briefing Report, 22nd Navajo Nation Council 2014 Spring Session, (April 2014)

87. Ibid.

88. Ibid.

89. Address Health Disparities in American Indians — Cultivating Traditions and Promoting Nutrition Can Make a Difference

By Elaine Kovacs, MA, and Melissa Ip, MA, RD Today’s Dietitian Vol. 13 No. 6 P. 36 (June 2011)

90. Jessie A. Satia, PhD, MPH, Diet-Related Disparities: Understanding The Problem And Accelerating Solutions, J Am Diet Assoc. 2009 Apr; 109(4): 610–615. doi: 10.1016/j.jada.2008.12.019, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2729116/>

91. Sotero, Michelle, A Conceptual Model of Historical Trauma: Implications for Public Health Practice and Research (Fall 2006). Journal of Health Disparities Research and Practice, Vol. 1, No. 1, pp. 93-108, Fall 2006. Available at SSRN: <http://ssrn.com/abstract=1350062>

92. Terri Hansen, Two American Indian Academics Examine the Media Slant as the Diabetes Crisis Looms, Indian Country Today, January 15, 2012, <http://indiancountrytodaymedianetwork.com/2012/01/15/two-american-indian-academics-examine-media-slant-diabetes-crisis-looms-72422>

93. Virginia A. McLaurin, Stereotypes of Contemporary Native American Indian Characters in Recent Popular Media, University of Massachusetts Amherst, (May 2012), <http://scholarworks.umass.edu/cgi/viewcontent.cgi?article=1941&context=theses> and

94. Ibid.

95. Ibid.

96. Ibid.

97. First Nations Development Institute has published a free “Food Sovereignty Assessment Tool (FSAT).”

However, tribes sometimes struggle to have adequate resources to fully implement these assessments. <http://www.indigenousfoodsystems.org/sites/default/files/tools/FNDIFSATFinal.pdf>

98. The NB3 Foundation explored these challenges with regard to data collection pertaining specifically to childhood obesity and devised a series of recommendations from Indian health experts on steps needed to improve health data collection and analysis. See “ Convening 4: Obstacles, Challenges and Opportunities to Improve Data Collection, Sharing and Management. ”Crystal Echo Hawk, Olivia Roanhorse and Marian Quinlan, “Turning the Tide for American Indian Children: Combatting Childhood Obesity and Type 2 Diabetes in New Mexico.” The NB3 Foundation, Santa Ana Pueblo, New Mexico. (November 2012): pp.67-69

99. Jennifer Lee Schultz & Stephanie Carroll Rainie, “Good Data Leads to Good Sovereignty,” Indian Country Today, (June 2014) <http://indiancountrytodaymedianetwork.com/2014/06/03/good-data-leads-good-sovereignty>

100. Ibid

101. In discussing food systems, it’s easy to get caught up in the food production aspect, which invariably looks through a more rural or reservation lens. However, the majority of the US American Indian population lives in urban centers, not rural or reservation areas. Focusing on the needs of the urban American Indian communities is as important as focusing on the needs of rural, reservation and remote American Indian communities, but the land base of Indian Country does not exist within urban, metropolitan boundaries. Utilizing the Indian Country land base in a way that allows local rural, reservation and remote citizenry to survive and thrive

while connecting their urban relatives to that land base in a way that supports urban Indian communities is a separate exercise, but one that should be pursued.

102. <http://www.census.gov/prod/cen2010/briefs/c2010br-10.pdf>. Important data reflected in the last two Census periods can help guide the venue for urban investments in healthy food access. The report cited reflects that the ten places with the highest percentage of American Indians and Alaska Natives are: Anchorage, AK; Tulsa, OK; Norman, OK; Oklahoma City, OK; Billings, MT; Albuquerque, NM; Green Bay, WI; Tacoma, WA; Tempe, AZ; Tucson, AZ; Sioux Falls, SD; Spokane, WA; Eugene, OR; Topeka, KS; Sacramento, CA; and Santa Rosa, CA. In addition, the city with the largest American Indian population is New York City, followed by Los Angeles, followed by Phoenix, Oklahoma City, Anchorage, Tulsa, Albuquerque, Chicago, Houston, San Antonio, Tucson, Philadelphia, and San Diego. Targeted efforts into these urban centers, and specific linkages to Tribal land bases could bear important positive results in the health, wellbeing and general food access in urban centers and the rural/reservation homelands.

103. USDA—National Agricultural Statistics Service, Census of Agriculture: Publications 2012, Highlights, available at: http://www.agcensus.usda.gov/Publications/2012/Online_Resources/Highlights/Farm_Demographics/#how_many.

104. Id.

105. USDA—NASS, 2012 Census of Agriculture, Vol. 1, at 581, available at: http://www.agcensus.usda.gov/Publications/2012/Full_Report/Volume_1,_Chapter_1_US/usv1.pdf.

106. USDA—NASS, 2012 Census of Agriculture Highlights: American Indian Farmers, at 1, available

at: http://www.agcensus.usda.gov/Publications/2012/Online_Resources/Highlights/American_Indian_Farmers/Highlights_American_Indian_Farmers.pdf.

107. Ibid.

108. Harris & Radice.

109. Ibid.

110. It does happen, but ongoing fractionation problems within reservation boundaries creates additional challenges to food production.

111. “How Will Farm Bill & Food Stamp Cuts Impact Indian Country, February 5, 2014, found at <http://indiancountrytodaymedianetwork.com/2014/02/05/how-will-farm-bill-food-stamp-cuts-impact-indian-country-153422>.

112. “House Approves \$40 Billion Cut to Food Stamps Over 10 Years”, September 20, 2013, found at: <http://indiancountrytodaymedianetwork.com/2013/09/20/house-approves-40-billion-cut-food-stamps-over-10-years-151360>.

113. USDA-FNS, Food Distribution Program on Indian Reservations Fact Sheet (July 2014), available at <http://www.fns.usda.gov/sites/default/files/pfs-fdpir.pdf>.

114. Interview with Roxanna Newsom, Chickasaw Nation FDPIR Coordinator and Past-President of the National Association of FDPIR program managers (April 2015).

115. NAFDPIR/UDSA-FNS Data (2014).

116. However, the stark realities of the lack of available food vendors and a means to access food vendors makes SNAP as an alternative simply not viable,

and in fact a dangerous and false choice. In some Tribal communities, the fact that the programs are administered by Tribal governments, may actually help with ensuring food makes its way to participants who have no other means to travel to the food. And in some locations, Tribal governments have used their resources to provide grocery store-like settings where participants can pick their foods from available package items in an environment that encourages and supports their own personal dignity, while also allowing participants to access nutrition education opportunities.

117. Halpern, P. “Obesity and American Indians/Alaska Natives,” U.S. Department of Health and Human Services, Office of Assistant Secretary for Planning and Evaluation (2007) xi.

118. NAFDPIR Traditional Foods Survey (2014), on file with author.

119. Ross Racine, Executive Director, Intertribal Agriculture Council who has served as an agricultural advisor to Congress for over two decades and an important figure involved with the National Congress of American Indians advancing policy across all Indian Country.

120. Most market settings also are hinged on a mix of “giving” food to citizens and selling food to citizens, with a mixture of “sales” coming through actual EBT transactions and some through regular commercial non-benefit sales. Hinging a “store” concept to communities that are remote and suffer from high unemployment and in some cases an insufficient infrastructure is creating failure from the beginning. “Stores” depend on willing sellers and buyers, and without that a store will fail as a business venture.

121. Challenges in maintaining community gardens

are seldom addressed or discussed, but should be examined from time to time. These can include: ensuring ongoing engagement with the community; increasing engagement of the next generation; determining the extent or role of tribal government support with community gardens; identifying and securing long-term land access for gardens; identifying labor needs on an ongoing basis; and many more day-to-day challenges of keeping community gardens strong and viable. When initial grant funding for a garden disappears, either within or outside Indian Country, often the garden disappears. These types of challenges aren’t new - - Victory Gardens of decades ago or more recent 1960s and 1970s community efforts at food production are for the most part written of in the past tense. Gardens of today could see the same fate unless efforts are made to more firmly embed them into the community. In addition, little is discussed in the literature concerning challenges in maintaining long-term commitments to community gardens in rural or remote settings.

122. Highlighting Outcomes under the Native Agriculture and Food Systems Initiative 2012-2014, First Nations Development Institute (2015), <http://www.firstnations.org/system/files/2015-Highlighting-Outcomes-Under-NAFSI.pdf>.

123. Finally, as many tribal communities exist within communities that are driven by livestock production and ranching enterprises and not necessarily fruit and vegetable enterprises, the launch and sustainable success of farmers markets, CSAs or local food distribution systems must be preceded by the creation of fruit and vegetable production systems that can harvest into such markets or systems.

124. www.nativecdfi.net. Native CDFIs have been increasing in number and their ability to be in “high risk” credit deserts is critical to building infrastructure

for healthy food. They can alone, or in combination with larger financial institutions, bring much-needed resources to bear. However, they also have needs to increase in number and location throughout Indian Country and increase their own access to greater pools of financing resources. Native CDFIs need further support and attention, particularly if they are to play an increasingly more critical role in healthy food financing in the years to come. They will need more partners in this important work.

125. <http://www.youblisher.com/p/990031-Food-Financing-Efforts-2014/>

126. A number of innovative projects and strategies are highlighted by the First Nations Development Institute’s Highlighting Outcomes Under the Native Agriculture and Food Systems Initiative, 2012-2014, Longmont, Colorado: First Nations Development Institute.

127. See “Native Voices Rising” for an analysis on the challenges that grassroots advocacy groups face and recommendations to funders for best practices for support of these efforts.

128. For information on the Native American Food Sovereignty Alliance: <http://www.nativefoodsystems.org/about/news/fsa>

129. For more information on the Navajo Nation Junk Food Tax & Zero Tax on Fruits and Vegetables, see the Office of the Navajo Tax Commission: <http://www.navajotax.org/> . Also see: <http://www.latimes.com/nation/la-na-ff-navajo-tax-20150330-story.html>

130. For information on the Mvskoke Food Sovereignty Initiative: <http://www.mvskokefood.org>

131. For more information the Indigenous

Environmental Network: <http://www.ienearth.org>

132. For more information on Rocky Boy: www.ccheonline.org

133. For more information on Athabaskan: www.ccheonline.org

134. For more information on Food is Our Medicine: <https://sni.org/search?search=food+is+our+medicine>

135. For more information on Tolani Lake Enterprises: <http://tolanilake.org>

136. For more information on Cheyenne River Youth Project: <http://www.lakotayouth.org>

137. For more information on Choctaw Fresh Produce: <http://www.choctawfreshproduce.com>

138. For more information on Oneida Community Integrated Food Systems: <http://www.oneidanation.org/ocifs/>

139. For more information on the Diné Policy Institute: <http://www.dinecollege.edu/institutes/DPI/policy.php>

140. <http://portal.nifa.usda.gov/web/crisprojectpages/1003761-food-production-extension-project.html>

141. <http://portal.nifa.usda.gov/web/crisprojectpages/0223427-sgu-land-institute-extension-project.html>

142. For more information on the Sinte Gleska University Food Production Extension Project: see <http://www.sintegleska.edu> and <http://portal.nifa.usda.gov/web/crisprojectpages/1003761-food-production-extension-project.html>

143. First Nations offers this free tool to tribes and Native nonprofits. <http://www.indigenousfoodsystems.org/sites/default/files/tools/FNDIFSATFinal.pdf>

144. For more information on COPE, Navajo Nation: <https://www.facebook.com/COPEProject/timeline>

145. For more information on First Nations Development Institute: <http://www.firstnations.org>

146. For more information on the NB3 Foundation: www.nb3foundation.org

147. The technical assistance funded through Intertribal Agriculture Council streamline existing programs, assist producers with applications for federal loans and program funding, and create a working bridge between Indian Country producers and USDA. They work one-on-one with farmers and ranchers, food businesses and those beginning in farming and food production and interface with tribal governments and other nonprofit organizations. In each of the years since their launch, the technical assistance program specialists have held over 350 individual and group meetings to help build individual producer success. The economic impact for Indian Country attributable to this network of specialists has been very significant; nearing \$10 million in loans and over \$3 million in conservation contracts over less than 2 years time. Those impacts range from working with an tribal community conservation districts to ramp up community food access through obtaining hoop house funding through USDA; launching and scaling up individual farmers and ranchers operations through building better business plans that lead to improved credit access; accessing loans to build their operations, and; deploying a “mobile farmers market” that retraces traditional trade routes in Indian Country while exposing Native traditional food products to markets throughout the country.

148. The Keepseagle v. Vilsack settlement allowed those farmers who could prove discrimination a monetary compensation of \$50,000 (Track A) or \$250,000 (Track B – which required higher levels of proof). In addition, farmers received tax relief, debt relief, and programmatic relief. Programmatic relief included the seating of a Council for Native American Farming and Ranching, meant to provide ongoing advise to the Secretary and USDA; the launch of a “Technical Assistance” program that was provided through the Intertribal Agriculture Council. The Intertribal Agriculture Council provides the technical assistance program through 15 regional technical assistance specialists trained to serve as the bridge between the Department and Native producers. The programmatic relief responsibilities of the USDA will expire at the end of 2015, unless voluntarily extended by the USDA. There are at present approximately \$380 million in leftover funds (“cy pres”) that are still the subject of motions and arguments before the Court to determine proper disposition. A trust has been proposed by the parties as a proper next step for disposition of the remaining funds not claimed by individual claimants, however the creation of the trust is by no means accomplished and could not be realized if it becomes the center of protracted litigation

149. For more information on the Intertribal Agriculture Council: <http://www.indianaglink.com>

150. For more information on the Seventh Generation Fund: <http://www.7genfund.org>

151. In addition, the Initiative began a Summer Leadership Summit for Native Youth involved in food and agriculture (2014) and this annual gathering will provide technical assistance and training for young and beginning farmers and ranchers and food entrepreneurs. For more information on the Indigenous Food and Agriculture Initiative: [\[uark.edu/ifai/\]\(http://uark.edu/ifai/\)](http://law.</p></div><div data-bbox=)

152. For more information on The Potlatch Fund: <http://www.potlatchfund.org>

153. For more information on the Indian Land Tenure Foundation: <https://www.iltf.org>

154. For more information on the Shakopee Mdewakanton Sioux Community’s “Seeds of Native Health” Campaign: <http://seedsofnativehealth.org>

155. For more information on Let’s Move Indian Country: <http://lmic.ihs.gov>

156. For more information on Generation Indigenous: <http://genindigenous.com>

157. Makani Themba, Ditra Edwards and Judith LaBlanc, Internal draft working paper on lessons learned from CCHE grantees Indian Country, The Praxis Project and Native Organizers Alliance of the Alliance for a Just Society, (May 2015).

158. Frieden et al., 2010.

159. Ibid.

160. Ibid.

161. First Nations Development Institute. (2015). Highlighting Outcomes Under the Native Agriculture and Food Systems Initiative, 2012-2014, p. 2 Longmont, Colorado: First Nations Development Institute.

162. Ibid.

163. First Nations Development Institute. (2014). Food-Systems Grantmaking in Indian Country: Trends from the Native Agriculture and Food Systems Initiative, p.

2, Longmont, Colorado: First Nations Development Institute.

164. First Nations Development Institute. (2015). Highlighting Outcomes Under the Native Agriculture and Food Systems Initiative, 2012-2014, p. 2 Longmont, Colorado: First Nations Development Institute.

165. First Nations Development Institute. (2014). Food-Systems Grantmaking in Indian Country: Trends from the Native Agriculture and Food Systems Initiative., p. 2, Longmont, Colorado: First Nations Development Institute.

166. First Nations Development Institute. (2014). Food-Systems Grantmaking in Indian Country: Trends from the Native Agriculture and Food Systems Initiative, p. 3, Longmont, Colorado: First Nations Development Institute.

167. First Nations Development Institute. (2015). Highlighting Outcomes Under the Native Agriculture and Food Systems Initiative, 2012-2014, p. 4 Longmont, Colorado: First Nations Development Institute.

168. <http://www.cdc.gov/diabetes/projects/ndwp/pdf/part-i---traditional-foods-in-native-america-april-21.pdf>.

169. <http://www.cdc.gov/diabetes/projects/ndwp/pdf/part-ii--good-food-is-power-april-21.pdf>.

170. <http://www.cdc.gov/diabetes/projects/ndwp/resources.htm>

171. <http://www.cdc.gov/diabetes/projects/ndwp/traditional-foods.htm#%20Project%20Goals>

172. <http://foodsecurity.org/CFAGuide-whatscookin.pdf>. This document provides a strong overview of the means to measure food security, food deserts, and indices/demographics of communities when evaluating and planning for improved food availability. Health impact assessments (HIA) are tools by which policies can be assessed for their potential impact on health outcomes. HHS has identified the HIA tool as an important step in the planning process and strongly suggested using HIA tools in the health impact decision-making process. <http://www.cdc.gov/healthyplaces/hia.htm>. The differing types of health-related assessments are explained here: http://www.cdc.gov/healthyplaces/types_health_assessments.htm. Food sovereignty assessments were first encouraged by the First Nations Development Institute in a publication they released over 10 years ago; that publication was recently updated for use and is the preferred means of community assessment in Indian Country. <http://www.firstnations.org/knowledge-center/foods-health/FSAT-2nd-Ed>.

173. When Tribal-raised raw products leave the reservation in their raw state, they are leaving at the lowest price point possible. By adding value to those products, and controlling the marketing and distribution of those products more closely, a change in income derived from these products can be achieved.

174. Pub. L. 103-177, 107 Stat.2011; 25 U.S.C. 3701 et seq. Passed in 1993, the AIARMA mandates that if tribes undertake a process of community planning and technical analysis of the agricultural productivity of the natural resource base, the plans adopted through this process will control the sustainable long-term use of the lands for agricultural purposes. The tribe can then control those lands for healthy food production purposes. However, the BIA has never received appropriations to deploy this important assessment

and planning tool.

175. The HEARTH Act of 2012 is also known as the Helping Expedite and Advance Responsible Tribal Home Ownership Act of 2012; Pub. L. 112-151, 126 Stat. 1150, 25 U.S.C. 415. The HEARTH Act, while focusing primarily on homeownership also contained important provisions allowing for more stable agricultural leasing to occur in Indian Country upon the enactment of land leasing regulations by tribal governments.

176. Ideally, once the transition occurs, these experienced farmers could bifurcate their markets to ensure their local citizens are fed first, before sending value added food products to other local communities outside their jurisdiction at higher price returns to the individual operation. This would ultimately lead to raising all boats - - locally available healthier foods and production of foods that would yield greater return to the individual farm businesses.

177. Considerable discussion is underway to refine and redraft international food aid programs rooted in federal policy. Recalibration of these food aid and food subsidy programs to ensure that local use of local resources to improve food production for local food access at the international level should gain momentum vis-à-vis Indian Country policy. If food aid and food subsidy policies have an unintended negative consequence on foreign citizens, can the same not be the case as those policies are applied domestically within Indian Country? More research and policy refinement is needed in this important area.