

Statement Presented
Before the
United States Senate
Committee on Agriculture, Nutrition and Forestry
The Honorable Tom Harkin, Chairman

By
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Mr. Chairman and members of the Committee, thank you for your invitation to present testimony today. My name is Melinda Newport, MS, RD/LD, Director of Nutrition Services for the Chickasaw Nation. In this capacity, I administer eight United States Department Agriculture (USDA) Food & Nutrition Services (FNS) programs for over 10,000 monthly recipients. In the last six years I have served in leadership roles for national associations, which represent USDA programs, including president of the National WIC Association and most recently, president of the National Association of Farmers Market Nutrition Programs. As a Registered Dietitian having worked at the national level on many challenging nutrition program issues over twenty-five years, I am pleased and honored to be invited to testify today. I bring you greetings from Governor Bill Anoatubby of the Chickasaw Nation; I am accompanied today by Mr. Bill Lance, Administrator of the Chickasaw Nation Health System.

Chairman Harkin, I particularly appreciate your commitment to ensuring the viability, strength and quality of federal nutrition programs, most of which have benefited the American Indian tribal governments and their citizens. I further appreciate the attention of the committee to nutrition and food assistance in Native American communities, not only for the Chickasaw Nation, and on reservations all across America.

There are fifty-nine tribes, all reservation based, in fifteen different states that are represented by the Senators on this committee. I cannot speak on behalf of every tribe's individual needs, but I appreciate the opportunity to share with you insights I have gained in my twenty-five years of experience with nutrition programs in collaboration with other tribes throughout the United States. The Chickasaw Nation has administered a number of USDA nutrition programs for many years, including four of those addressed in the Farm Bill. We serve over 10,000 individuals and work with approximately 95 farmers, all benefiting from either the Chickasaw Nation Food Distribution Program on Indian Reservations (FDPIR), the Food Stamp Nutrition Education Program, Senior Farmers' Market Nutrition Program or the Summer Food Program.

Indian Country may be characterized in a number of ways:

- ? Tribes may have a large land base, as is the case with many of the tribes in states represented by members of this Committee, but then there are also tribes with little or no land base;
- ? Some tribes are located on reservation settings; others are not; and

? Some tribes have self-sustaining, viable tribal economies.

According to census data, approximately 1.5% of the United States population is Native American. Poverty disproportionately affects the Native American population, with some 25% living with an income at or below poverty level. The median income of Native Americans in the US is just over \$30,000, relative to the median income of \$41,000 for all Americans. Certainly the rate of poverty can be much higher in some areas, such as South Dakota, where as many as 44% live below the poverty line. In fact, in five of the poorest seven counties in the nation, Native Americans make up the majority of the population. The consequence of these poor economic standards is that 43% of Native American children under the age of 5 are also living in poverty.

Senator Conrad represents a state with large land-based tribes and has five Food Distribution Programs in his state. Likewise, Senator Thune, has over 10,000 American Indian citizens served by seven programs in South Dakota on the reservations in his state.

With poverty being the principal factor causing food insecurity, the Native American community suffers from a much higher incidence of food insecurity and hunger than the general population. In fact, on average rates of food insecurity in Indian Communities are twice as high those of the general US population. Nearly one in four Native American households is hungry or on the edge of hunger. Food insecurity and hunger take a serious toll on the health and well-being of the Native American community. These circumstances, which include the inability to afford nutritionally adequate and safe food or the ability to acquire acceptable foods in socially acceptable ways being limited or uncertain, can profoundly impair physical and mental health status.

Certainly, poverty also imposes barriers on transportation options. Isolation and financial constraints have forced families in some rural areas to rely on less expensive, often high-fat foods, and few fruits and vegetables. This is in stark contrast to the high protein, low-fat diet of previous indigenous generations prior to European contact.

Paradoxically, at the same time that Native Americans experience hunger and food insecurity, obesity has been declared an epidemic. Both obesity and hunger can exist in the same families and the same individuals within that family. A paper called "The Paradox of Hunger and Obesity in America" developed by the Center on Hunger and Poverty and the Food Research and Action Center, discusses this dilemma. Though it sounds contradictory, those with insufficient resources to purchase adequate food can still be overweight, for reasons that researchers are now beginning to understand. It is especially so in many American Indian communities and families. We need to better grasp this paradox if we are to grapple with these parallel threats to the well-being of so many, and avoid potentially damaging policy development in our food assistance programs.

The fear of running out of food causes people to reduce the quality of their diets and/or reduce the quantity of food they consume. Therefore, the lack of adequate resources for food could result in weight gain in several ways:

? Low income families, in an attempt to stretch their food dollars, consume lower cost foods

with typically higher calories to stave off hunger, affecting the overall energy density of the diet;

? Research shows that food insecure households are willing to trade off food quality for food quantity as a coping strategy, after all the stomach registers satiety rather than nutritional value;

? Obesity can be an adaptive response to periods when people are unable to get enough to eat, as people tend to eat more than they normally would when food becomes available, and, over time, this cycle can result in weight gain; and

? Physiological changes may occur to help the body conserve energy when diets are periodically inadequate, basically storing more calories as fat.

Both obesity and hunger/food insecurity require solutions that include regular access to nutritionally adequate food. Suggestions that food allocations in federal nutrition programs should be reduced, on the grounds that they contribute to obesity among the poor, are without scientific merit.

While Native Americans have experienced certain declines in the rates of anemia, growth stunting, underweight and maternal and infant mortality over the last twenty-five (25) years, there is still much work to be done. Chronic diseases now account for 6 of the top 10 leading causes of death of Native Americans, with the epidemic of obesity and diabetes affecting every community. Diabetes is most common among American Indians at alarming rates throughout United States. Diabetes is a major risk factor for cardiovascular disease in all Native American populations, and cardiovascular disease is the leading cause of death in this group. Of equal concern is the prevalence of obesity in Native American children and adolescents, reported at almost 40%. This is attributed to a number of factors, including the paradox described earlier and reduced activity in lifestyles.

Life expectancy has increased by ten years since 1955 for American Indians, leading to a rapid increase in the number of elders. Disappointingly, while senior citizens in the general population are faring better than preceding generations with only 9.9% poverty, Native American seniors are experiencing 23.5% poverty. The incidence of food insecurity and hunger may be even more prevalent among the elders as they are often left to raise their grandchildren, resulting in their doing without as they struggle to make sure the children are fed.

The American Indian population has among the highest rates of obesity, as high as 80% and 67% for women and men, respectively, for example in Arizona. A study in Menominee County, Wisconsin, indicated that 40% of Native American youths age 5-13 years, lack a healthy diet and physical activity, and poverty increases the likelihood that these children will have a five times greater risk of diabetes, along with heart disease, high blood pressure, and adult obesity. It seems that parents are not necessarily making the connection between childhood obesity and the high health risks later in life.

Nutrition and food assistance programs can assist Native American communities in addressing some of these devastating diseases. Health promotion and disease prevention is key--gratefully, many of USDA programs are targeted toward this end.

I would contend, however, that guidance on proper selection and preparation of foods is every bit as important as just making food available. Education and empowering caretakers with the

ability to make healthy food choices is critical if Indian youth are to achieve the successes available to non-Indian population. Although Food Stamp benefits have increased the total dollars spent on food in households, the rate of obesity has increased as well - again, an education challenge. If participants purchase higher priced but healthier foods that were previously out of reach, programs could have a positive effect on weight. Data indicates, however, that Food Stamp recipients do not necessarily tend to purchase more fruits, vegetables and grains, quite possibly because they still fear that possible shortfall at some point each month. Nutrition education must accompany food benefits in every food delivery venue.

The Food Distribution Program on Indian Reservations is summarized as follows:

Just fewer than 100 tribes administer the FDPIR for over 250 reservations/tribal jurisdictions. In 2006, \$79.5 million was appropriated for the FDPIR to serve approximately 90,000 people per month.

The program has been enhanced in recent years through the addition of fresh fruits and vegetables, as well as, frozen chicken and ground beef. We need to continue to improve the nutritional quality of the food package by offering foods with lower fat content, higher whole grain content and lower sugar and sodium content. Foods that are convenient to serve and culturally appropriate are key with many families we serve today.

In our area, because we have very few reservations, eligible Native American families can access either the Food Stamp Program or the FDPIR at their convenience as long as they are only enrolled in one program at a time. We serve our clients in a friendly and attractive grocery store setting, for which we were recognized with the 2000 USDA Pyramid of Excellence Award. We feel strongly that families should be served with dignity and respect and thus, continue to expand the availability of FDP grocery stores across our 13-county area. We constantly offer education to make customers aware of the enhanced value of participating in the FDPIR, including more total volume of food (80 lbs/person/month) and maximum nutrient benefit of food choices, i.e. fresh produce rather than canned, heart healthy substitutions.

Many FDPIR programs continue to deliver food benefits from a truck one day per month at each site and do not have adequate equipment to handle fresh produce or frozen meats and therefore, cannot make them available to their clients. Infrastructure funding for one-time renovations to create a grocery store setting, expand a warehouse or purchase equipment would help this program tremendously. I am only aware of one year in the past decade that such funds were available.

Recommendations

Federal policy should encourage rather than discourage tribes from taking their own creative initiatives. A rubber stamp approach will not meet the needs of all tribes in Indian Country. Given the food insecurity, poverty and health problems disproportionately affecting so many Native Americans, it is only sensible that nutrition and food assistance programs will continue to be a key ingredient in building healthy communities.

We encourage the committee to provide policy changes and adequate funding authorization that enables tribes to:

- ? Directly access programs, be it government-to-government agreements or resources; and
- ? Allow flexibility to implement programs in an innovative and culturally appropriate manner.

Barriers to accessing USDA nutrition programs

There are significant barriers for many tribes to access some of the very best nutrition and food assistance programs USDA offers, including a number of those addressed in the Farm Bill: the Farmers' Market Nutrition Programs, the Food Stamp Nutrition Education Program and the Summer Food Service Program. There are simply too many people in Indian Country and on reservations that do not have the opportunity to experience the health and economic benefits these programs offer.

I urge the Committee to consider the following recommendations to eradicate access barriers to nutrition and food assistance programs and to take the following actions:

? Provide a method in the Food Stamp Act for tribal governments to directly access Food Stamp Nutrition Education (FS NE) funds through the FDPIR, just as individual state governments do. This federal partnership has been correctly extended to most of our nutrition programs. The current posture of forcing tribes to negotiate through the state agencies for FS NE is contrary to the basic tenants of tribal sovereignty and also makes it more difficult to help families with special needs due to extensive delays in approval decisions.

? Expand funding for WIC and Senior Farmers Market Nutrition Programs to allow more tribes to participate in these programs. Funding has remained the same for several years, in spite of the programs' tremendous popularity, thus preventing any new applications to participate. Only a handful of tribes in the entire country currently have FMNP grants. This program helps produce fruits and vegetables and addresses one of the primary objectives of all nutrition education efforts today. The Chickasaw Nation Senior Farmers' Market Nutrition Program (SR FMNP) has brought a considerable infusion of potential funding to growers in the area- over 1.5 million dollars since inception, thus creating opportunity for Native American farmers. Approximately 1,700 Native American seniors have benefited from participation in the FMNP program each year. Native American seniors appreciate and utilize the FMNP benefits as evidenced by the redemption rate of more than 80%.

? Facilitate tribes' direct access to participate in the Summer Food Service Program and At-risk After School Snack Program. Both of these offer terrific opportunities to address hunger for children in a meaningful way. Again, only accessible through the State Education Department and very limited in administrative funds, these programs present an access challenge for tribes. The program encourages partnering and community involvement for administrative in-kind, but the training burden is high for these individuals.

? Allow Native American families living outside of tribal reservations, but close to FDPIR

distribution sites, to elect to participate in the FDPIR rather than Food Stamps.

? Provide infrastructure funding to facilitate one-time funding needs for the FDPIR. Many needs of tribes in administration of this program could be met if there was opportunity to compete for infrastructure grants, much like those provided in the WIC Program, to address the periodic equipment need, renovation of space to better meet client needs or expansion of a warehouse. A number of tribes across the country still need expanded cooler/freezer equipment to optimally benefit from the fresh produce the program now offers, as well as, the frozen chicken and ground beef.

? Provide opportunities for nutrition professionals in the Native American nutrition programs to assist in developing culturally appropriate nutrition education materials, shape policy or counsel program participants toward healthier choices.

? The Senior Farmers' Market Nutrition Program (SR FMNP), the final rule for which was just published last month, lacks adequate administrative funding to minimally carry out the program activities, much less, to include a dietitian in the services it offers. Everything possible must be done to provide more fruits and vegetables or the entrepreneurial opportunity for tribes to produce more of these products.

Allow Flexibility to Implement Programs with Innovation and in a Culturally Appropriate Manner

What the Department of Agriculture can do:

? Promote the recruitment and retention of registered dietitians to support programs at the tribal level. We need the ability to enhance education of Native American students to become nutrition professionals and then return to their own tribes to serve their people with incentives such as offering student loan waivers. To assist in this effort, we recommend that Congress revise the National Health Service Corps Program to include registered dietitians and nutritionists in student loan forgiveness programs.

? Allow for healthy tribal food choices in various regions. Examples include bison, blue corn, wild rice, elk, game birds and salmon. These foods are often invested with spiritual significance and tend to be genetically compatible much more than foods high in sugar, salt and flour or dairy products.

? Cultivate opportunities for tribes to produce foods for use in food assistance programs. For example, a Chickasaw Nation youth initiative to grow fruits and vegetables has evolved as a result of FMNP demands for produce. This program not only provides Chickasaw youth with job skills, it also serves to educate our youth about healthful living. Ultimately, the entire community benefits as they are able to purchase fresh, organically grown produce and bedding plants.

? Support research to identify factors and solutions in addressing the epidemic of obesity and

related chronic diseases.

Improve the use of Information Technology in nutrition programs to enhance service delivery and program management.

? Federal policy should encourage tribal collaborative efforts directed towards federal food service programs for economic and nutritional purposes. For example, we have 13 tribes coordinating efforts to develop software for administration of the WIC Program, using state-of-the-art technology.

? Provide healthy foods that are lower in fat, salt and bleached flour content and higher in whole grain content.

? Continue promoting breastfeeding as the method of choice for infant feeding.

? Recommend the Department facilitate study of the causes for decline in FDPIR participation over recent years.

? Finalize the establishment of an FDPIR Funding Methodology compatible with the needs of the Native American population. The fact that programs in the southwest region overall serve the largest number of FDPIR participants in the country but receive only the third largest regional allocation of funds, presents a tremendous disservice to Native Americans in the underfunded area.

? Update Meal Pattern Requirements in the Child and Adult Care Food Program (CACFP) to be more congruent with current nutrition recommendations and allow comparable substitutions for fluid milk, i.e. yogurt or cheese. Cultured milk products are often better tolerated by the Native American population.

? Require Tribal consultations prior to implementing significant changes to programs.

? Encourage partnership interaction with other tribal programs to maximize the effectiveness of research and achieve more meaningful outcomes for tribal citizens. Programs need to be able to work together to maximize the effectiveness of resources on the epidemic of obesity and other nutrition related chronic diseases. Examples of this include an illustrated series of children's books promoting healthy choices and diabetes prevention, developed through a joint initiative between Centers for Disease Control and Prevention Native Diabetes Wellness Program or the Chickasaw Nation's Camp Survivor initiative, a youth camp full of fun, nutritious foods, health facts and fitness activities designed toward diabetes prevention.

Conclusion

Given the improved state of health enjoyed by most Americans, the lingering health disparity among American Indians and Alaskan Natives is troubling. Food insecurity, poverty and health problems continue to disproportionately affect more than 65% of Native Americans. Food assistance programs continue to be a key factor in building healthy and economically strong

communities. Strengthening federal nutrition programs requires enhancing and not reducing benefits.

Investment by federal nutrition programs in foods of high nutritional quality and the educational support to assist families in using those optimally is far less costly than funding care for the chronic diseases many develop in the absence of sound nutritional status. Nutrition education and provision of foods high in nutritional value can do much to ward off hunger and food insecurity, as well as, combat increasing rates of obesity and diabetes. Improving the health and security of Native American families must ever be present in the minds and hearts of Congress as they establish policy and fulfill the federal trust responsibility to the native people.

Thank you, Mr. Chairman and members of the Committee, and I remain ready to answer any questions or provide additional information you may require.