

Indigenous Foods: A Path to Healthy Living

Healthy eating in the modern world is not always easy. Fast food and prepackaged foods offer inexpensive and easy alternatives to healthier foods or cooking from scratch. Even in remote locations, you can count on finding snacks like burgers, chips, candies, and sodas. But these kinds of foods can be harmful to our health in the long run.

A poor diet can have dramatic impact on the lives of Elders. American Indians/ Alaska Natives (AI/ANs) in particular face a predisposition – a greater likelihood of developing – obesity and diabetes (1)(3). Diet and nutrition play a crucial role in the overall risk that an individual experiences throughout life. Historically, however, AI/ANs did not face these health disparities. History shows how AI/AN communities have come to face these disparities and also points towards how these trends might be reversed.

DISPARITIES RELATED TO DIET

Research suggests that the “modern” western diet is detrimental to the health of all consumers and even more so for Elders. AI/AN Elders face disparate rates of obesity: nearly 40% of men and more than 46% of women are obese. These rates are highest among Elders, age 55-64, and are lower among older Elders.

The rates of diabetes among AI/ANs are more striking: more than 16% of AI/ANs have diabetes, a rate more than twice as high as that of the general population in the United States as a whole. Among AI/AN Elders, 30% - nearly 1 in 3 – have diabetes. Some AI/AN communities suffer even higher rates of diabetes. The Pima of Arizona have seen rates of diabetes as high as 60% in their community. The consequences of diabetes left untreated include amputations, blindness, and death, and AI/ANs are twice as likely to die from diabetes (1).

A variety of factors contribute to the high rates of diabetes and obesity among AI/AN Elders. Along with the predisposition for these conditions, diet, exercise, and other factors are important contributors. It is important to note that while AI/ANs are predisposed to these conditions, they were very rare just 100 years ago (6).

TRADITIONAL VERSUS CONTEMPORARY DIETS & PRACTICES

Diets have changed dramatically since the introduction of European foods into the diet of ANs. The diets of AI/AN ancestors contained more complex carbohydrates (such as whole grains, peas, beans, potatoes) and fewer fats (such as meats, dairy products and oils) 8.. While diets vary from nation to nation, traditional foods consisted of those that could be gathered and hunted in the local area, and sometimes included agricultural products like corn, squash, and beans that were introduced before European influence on diets (4).

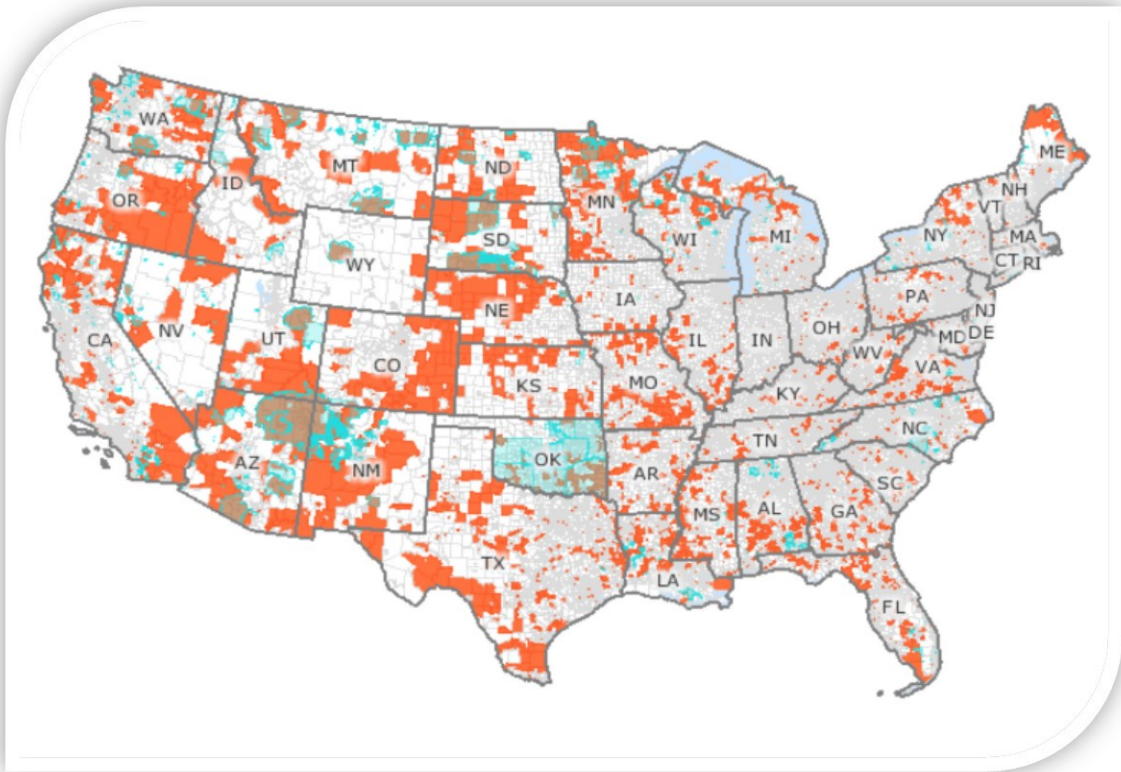


The shift in the way AI/ANs eat came as a result of being removed from their homelands and relocated to reservations. The federal government discouraged AI/ANs from continuing their traditional hunting and gathering traditions, and provided commodity foods such as white flour from wheat and lard to AI/AN communities. Such food products are completely foreign to the traditional AI/AN diet. Combined with the destruction of traditional practices, the diet of the present day has contributed to the disparities in health faced by AI/AN (6)(7).

Those eating a contemporary western diet now experience processed foods high in simple carbohydrates (refined sugar), salts, and fats. One example of such a food that is commonly found in Indian Country is "frybread." Frybread found today is a product of the shift from traditional foods to government-issued commodities. Frybread and foods like it – whether homemade or store-bought - have little nutritional value and can negatively impact health (6).

ACCESS TO FOOD

Elders living on a reservation or in an isolated, rural area may not only have very limited options about where to purchase food, but also difficulty accessing those places at all. Many live in what is known as a "food desert" – defined as parts of the country without access to fresh fruit, vegetables, and other healthful whole foods, usually not found in low-income areas. A food desert can exist both in rural areas and large cities alike. This means that the places many Elders call home may only have access to fast food or convenience stores, rather than healthy



ORANGE shows FOOD DESERTS, BLUE shows RESERVATION BORDERS, and BROWN shows OVERLAP between the two.

Food desert by Census tract: US Department of Agriculture, Economic Research Service <http://www.usda.gov/wps/portal/usda/usdahome>. Map was created at <http://ims2.missouri.edu/tool/maps/default.aspx> (5).

For Elders who no longer drive or those without access to a car or transportation, healthy food choices can be even harder to access. Low access to healthy food options combined with poverty and other factors means that many AI/ANs face what is known as “food insecurity” – lack of access to enough food to stay healthy because of money or resources. Almost 1 of every 4 AI/AN households face food insecurity (5). There is also evidence to show that even those who have access to healthy choices often find them to be unaffordable (2).

EATING INDIGENOUSLY

Recently, some activists in partnership with tribal nations and universities have begun to push for a return to traditional AI/AN diets. One such movement is the “Decolonizing Diet Project” which was started by Professor Marty Reinhardt at Northern Michigan University. The Decolonizing Diet Project takes the perspective that change in dietary practices that resulted from the colonization of North America is like a form of oppression. This project and others like it in AI/AN communities across America are researching what foods existed in the traditional diet prior to colonization (7).

Broadly, these types of projects share common objectives. By engaging Elders, the knowledge of generations is built and shared among the community in support of the local food system. Such programs also educate communities about traditional diets and the importance of embracing and reviving traditional practices (2). By doing so, these programs also help increase physical activity among AI/AN by encouraging hunting, gathering, gardening, and traditional preparation of food. They also promote the preservation of culture and access to healthy traditional foods within AI/AN communities (2).

CHANGING YOUR DIET FOR BETTER HEALTH

All Elders can benefit from a healthier diet. Consider the following:

- Make one change at a time. Changing diets is not easy and habits can be hard to break. By making one change at a time, it will be easier to change habits successfully.
- Reduce how many simple carbohydrates (refined sugars) you eat. Snacks like soda and candy contain very high amounts of these simple sugars and replacing them with healthier choices can make a big difference to your health.
- Control portions – how much is served. Eating until satisfied rather than stuffed is a good habit to create.
- Eat more fruits and vegetables.
- Use healthier cooking techniques regardless of what is being cooked. Avoid frying foods, and try instead to bake, steam or boil more often.
- Try healthy traditional recipes and cooking with traditional ingredients. Eating traditional foods can be a healthy choice that preserves and promotes culture.
- Try gardening to grow the foods you like locally and eat healthier from your own yard.



LEARN MORE

To learn more about traditional foods movements, please see the following sources:

- The CDC Traditional Foods Project has a variety of resources to download, news, and information about specific projects in local communities. <http://www.cdc.gov/diabetes/projects/ndwp/traditional-foods.htm>
- The First Nations Development Institute is a national non-profit that has provided grants to support traditional foods and agriculture. <http://www.firstnations.org/programs/foods-health>

SOURCES

- 1) Andrea Arendt, R. B. (2001). American Indian and Alaska Native Health Care. Retrieved 2015, from Case Western Reserve University: http://www.case.edu/med/epidbio/mphp439/American_Indian.htm
- 2) Centers for Disease Control and Prevention. (2013). Part 1: Traditional Foods in Native America. Retrieved October 2015, from Centers for Disease Control and Prevention: <http://www.cdc.gov/diabetes/projects/ndwp/pdf/part-i---traditional-foods-in-native-america-april-21.pdf>
- 3) Noreen D. Willows, D. M. (2009, June). Diabetes awareness and body size perceptions of Cree schoolchildren. Retrieved October 2015 from Oxford <http://her.oxfordjournals.org/content/24/6/1051.full>
- 4) Northern Michigan University. (2012, October). Challenge: One-Week Indigenous Foods Diet. Retrieved October 2015, from New for NMU Employees: <http://www.nmu.edu/Webb/ArchivedHTML/campus/2012/1019/DDP.htm>
- 5) Oddo, A. G. (2012, January). Addressing Child Hunger and Obesity in Indian Country: Report to Congress. Nutrition Services: <http://www.fns.usda.gov/sites/default/files/IndianCountry.pdf>
- 6) Robertson, T. (2010, April). Retrieved October 2015, Tribal members try to break bad eating habits. from Native American Times: <http://nativetimes.com/index.php/life/health/3469-tribal-members-try-to-break-bad-eating-habits>
- 7) Taylor, K. (2013, October). Eating indigenously changes diets and lives of Native Americans. Retrieved October 2015, from Al Jazeera America: <http://america.aljazeera.com/articles/2013/10/24/eating-indigenouslychangesdietsandlivesofnativeamericans.html>
- 8) United States Department of Agriculture Food and Nutrition Service. (2012, January). Addressing Child Hunger and Obesity in Indian Country. October 2015, from United States Department of Agriculture Food and Nutrition Service: <http://www.fns.usda.gov/sites/default/files/IndianCountrySum.pdf>