

# National Indian Health Board

May 2010



## Position Paper: Childhood Obesity Prevention Initiative

Since its establishment in 1972, the National Indian Health Board (NIHB) serves federally Recognized American Indian/Alaska Native tribal governments by advocating for the improvement of health care delivery to American Indian/Alaska Natives. The NIHB ensures that the Federal government upholds its treaty obligations to American Indian and Alaska Native populations in the provision and facilitation of quality health care to our people.

Obesity is one of the most critical public health challenges that tribal communities face. Obesity is a major risk factor for developing a variety of diseases and disorders, and obesity rates of American Indian and Alaska Native youth are growing at a faster rate than any other race or ethnic group (Centers for Disease Control and Prevention (CDC), 2009). Evidence of this can be found in a 2009 study which stated that 31.2 percent of AI/AN four-year-olds are obese; a rate higher than any other racial or ethnic group studied and almost double the rate among white four-year-olds (Anderson & Whitaker, 2009). These alarming statistics are associated with an increased risk of type 2 diabetes, high blood pressure, cardiovascular disease, asthma, sleep apnea, low self-esteem, depression and social discrimination (CDC, 2008). And the top ten leading causes of death in the AI/AN population are heart disease, cancer, unintentional injury, diabetes, chronic liver disease and cirrhosis, stroke, chronic lower respiratory disease, suicide, nephritis and influenza (National Center for Health Statistics, 2006), all of which are exacerbated by obesity.

Childhood obesity is not a new issue for NIHB or our Native People. What is new is the fact that the Nation is focusing so much attention on this subject. We are grateful for this and want to ensure that our American Indian and Alaska Native governments and communities are included in the discussion and policy decision making arenas as full partners. The goal of the National Indian Health Board is to raise the profile of the obesity epidemic in American Indian and Alaska Native communities. The National Indian Health Board is engaged with policy makers to ensure American Indian and Alaska Native communities can utilize programs in a culturally appropriate manner to reduce obesity.

There are a few reliable predictors of increased childhood obesity rates: One of the predictors is the role of money. Low cost foods that are high in calories but low in nutritional content have all been linked to rising obesity prevalence among children and youth. Fats and sweets cost only 30 percent more than they did 20 years ago, while the cost of fresh produce has increased more than 100 percent. Lower cost foods, logically, make up a higher proportion of the diet of lower income individuals. Second is the idea of location. Children living in high-poverty areas are more likely to be obese as adults and have higher rates of diabetes. This is after controlling for education, occupation and income. Our tribal communities, as disadvantaged areas lacking a truly built environment may contribute significantly to childhood obesity. Lastly, there is an issue of the poverty of time. The change in our employment environment has contributed to the loss of manufacturing jobs and the increase in a service economy and more women in the work force and is being associated with a real shift in the way families eat.

The National Indian Health Board has been working diligently for the 564 Federally Recognized tribes and with members in Congress to develop legislation to address childhood obesity. House Resolution No. 996 has been introduced highlighting this epidemic, citing that 39 percent of American Indian children ages 2-5 are obese. Additionally, the NIHB is working to develop innovative recommendations and solutions to address the impact of obesity and motivate our partners to make a difference at the tribal, local, regional and national levels. In collaboration with the Indian Health Service, the NIHB began a national survey in October 2009 entitled *Overweight/Obesity Programs in Indian Country Survey*. From this data we have gained a much better understanding of the types of services, funding sources, the median age of participants and the evaluation process of the interventions. Additionally, the National Indian Health Board convened a meeting in December of 2009 entitled "Obesity Prevention and Strategies in Native Youth" to start the lengthy discussion on childhood obesity prevention and the development of potential workgroups and partnerships.

The NIHB has also demonstrated expertise in prevention strategies through community level policy intervention, trainings and program delivery. Through various private and federal funding sources, and upon direct request from our affiliate tribes, the NIHB has worked on healthy living initiatives, including publication of successful implementation of coordinated community specific programs under the Healthy Indian Country Initiative.

For more information on the National Indian Health Board, visit [www.nihb.org](http://www.nihb.org).



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